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ISC Nursing Workforce Survey 2026

Final Report

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EXECUTIVE SUMMARY

A. BACKGROUND AND OBJECTIVES

Indigenous Services Canada's (ISC) vision is to support Indigenous peoples to independently deliver services and address the socio-economic conditions in their communities. This includes the delivery of sustainable, quality healthcare services to Indigenous communities. This is only possible in community healthcare if the department can stabilize its nursing workforce. Stabilizing this workforce is essential to improve First Nations communities' continuity and quality of care. Supporting and growing Indigenous nurses' representation is also essential to a stable and sustainable nursing workforce to position these services for transfer to First Nations management and control.

Indigenous Services Canada (ISC) conducted the current nursing workforce survey in follow-up to surveys conducted in 2002, 2006, 2020, and 2023. The 2026 survey provides an opportunity to compare results with 2023 and 2020, and provide data considering the global nursing shortage and the reported increased vacancy rates in remote and isolated First Nations communities. The specific objectives of the 2026 nurses' workforce survey were to:

- Gather current information using survey questions on the existing ISC nurses' demographics, job satisfaction, and future employment intentions to:
 - Improve upon the current Nursing Health Human Resource Framework (NHHRF) initiatives, including targeted marketing strategies;
 - Inform human resource planning over the next three to five years; and,
 - Inform the process for transfer of healthcare delivery.
- Determine the impact of retention and recruitment initiatives on nurses' job satisfaction based on the following criteria: healthy workplace, workload, work-life balance, career progression, professional development, safety and security, and leadership training;
- Compare the ISC nursing workforce to the national nursing workforce statistics (i.e. Canadian Institute for Health Information) for nurses working in:
 - A) rural, remote and/or isolated communities; and
 - B) Indigenous communities across Canada.
- Utilize previous survey data to describe the impact of the pandemic on the nursing workforce, comparing indicators (as outlined), highlighting changes which have occurred as a result; and,

- To outline key findings and recommendations for future nursing human resource planning.

B. METHODOLOGY

The 2026 survey was finalized after a review by the ISC Workforce Survey Advisory Committee. As the goal was to allow for a direct comparison of results to the previous iterations of the 2023 and 2020 surveys. Approximately 70% of the 2025 survey closely matched the previous iterations, while allowing for removing and adding some questions to reflect current priorities. Following the programming and translation of the survey, an invitation was sent to 26 cases to participate in a pretest online, of which 11 cases were completed in: 10 in English and one in French. Some minor changes were subsequently made to clarify a few questions, and the survey was launched online on January 22, 2026, and closed on March 6, 2026.

During data collection, weekly reminders were sent by EKOS (for a total of 6 reminders by email), as well as a minimum of four reminder calls where a telephone number was listed, to all non-responding nurses. ISC took a multi-pronged approach to communicate with nurses and build awareness of the survey to encourage participation among nurses and remind them that EKOS is conducting the survey with associated email and call display details. The communication campaign included emails from the Chief Nursing Officer, Directors of Nursing, along with information campaigns in various internal newsletters.

A sample of 870 nurses were provided. After the initial survey invitation, 50 emails bounced back and were determined to be invalid addresses of those who were no longer with the organization. A total of 303 of the 820 nurses in the valid sample at ISC participated in the survey. Of these, 297 participated online. The overall response rate was 37%. Of the 303 responding nurses, 68 identified as Indigenous. Appendix A provides details of the response rate by region. The survey questionnaire can be found in Appendix B.

C. KEY FINDINGS

Education

Most of the 303 nurses responding to the survey have an undergraduate degree as their highest nursing education qualification, including a Bachelor of Science in Nursing (BScN) or a Bachelor of Nursing (BN) (56%). The remainder primarily have a Masters in Nursing (MN, MScN) (20%) or an RN college diploma (12%).

Employment

One in three (34%) have been nurses for 25 years or more. Another 32% have been a nurse for 15 to 25 years, and 27% have been employed for five to 15 years. Only 7% have worked as a nurse for less than five years. Regarding employment with ISC specifically, 44% of respondents have been with ISC for fewer than five years, while 36% have been with the department for 15 to 25 years.

Just under six in 10 (57%) nurses responding to the survey are working full-time, more than 30 hours per week. Four in 10 (39%) are working part-time, a 10-point increase from 2023, while very few work in a casual position (1%) or another (1%) employment arrangement.

Four in 10 (38%) nurses responding to the survey are employed as clinicians or in clinical care, while 24% work in public health, 18% are in management, and 12% are practice advisors. Half (49%) work at a nursing station, while 31% are in a regional, zone, or branch office. The remainder are primarily located in a health centre either with (7%) or without (8%) a treatment component.

Recruitment and Retention

The majority of nurses surveyed were first attracted to their job because of the opportunity to work with a diverse culture (75%). Over half were first attracted by the job because of the flexible work hours (59%) and opportunities for expanded scope of practice (53%). Roughly half (47%) were attracted to the job because of the autonomy (50%) or a desire to work in remote or rural settings (47%). Opportunities to work in a diverse culture (65%) and salary and benefits (61%) are the most cited reasons for continuing to work in their job.

One in three (35%) nurses in the survey plan to leave their current employer in the next three years, unchanged from 2023. Of those planning to leave, 20% expect to leave within the year, a notable decrease from 36% in 2023. The primary reasons for those planning to leave include retirement (37%), a different job (19%), and poor working conditions (18%, up from 11% in 2023). Six in 10 (62%) nurses agree that the quality of their work suffers because of high staff turnover.

Job Satisfaction

Just over half (51%) of the nurses responding to the survey are satisfied with their job in general and an equal proportion (51%) say they would recommend the job to others with the same professional qualifications. The majority feel attached (64%) or tightly connected (60%) to their job, with over half (53%) indicating it would be difficult to leave the job.

Similar to 2023, half (51%) also agree that they feel valued at work; one in three (31%) disagree. The majority of nurses (54%) responding to the survey are satisfied with their ability to deliver or influence quality care. Satisfaction is lower for the physical maintenance of their facility (35%), number of allied health professionals or support staff (29%), or the number of health care and para-professional staff (24%). Although nearly half (47%) agree they have opportunities to provide input into decisions, over one in three (34%) disagree.

Over half (54%) of nurses responding to the survey are satisfied with their work-life balance. Most say they have a moderate (44%) to high (37%) level of workplace stress. Stress primarily stems from a heavy workload, not enough employees to do the work, or a lack of resources. Half feel emotionally drained a few times a week (33%) or every day (21%).

One in four (25%) are satisfied with the quality and availability of resources to help relieve stress in their workplace, a slight improvement from 20% in 2023 and 17% in 2020. Other areas that would be useful to relieve stress include more professional development, clinical staff, support from management/leadership, improved communication, or more support staff. Under half (48%) agree they receive the training needed to do their job, while 46% are satisfied with their orientation training (an increase from 38% in 2023 and 40% in 2020.) Two in five (40%) are satisfied with their opportunities for professional development, while fewer (31%) are satisfied with opportunities for nursing leadership development.

Three-quarters (75%) have used the Nursing Services Response Centre (NSRC) in the past year; the vast majority (86%) were satisfied with their interaction. However, 30% say the support they received from the NSRC had no impact on their decision to continue their career with ISC.

Adequacy of Communications

In line with 2023, there is modest satisfaction with the communication received, including being informed by the immediate supervisor (61%), regional office (41%), or national office (28%). Related to improvements in safety, six in 10 (62%) report that efforts are made to ensure future prevention following a serious error. Only half said that management promotes a climate of patient safety and fewer than half said that staff suggestions are considered (47%) or that client safety reports are followed up on (46%). One in three said they worry about facing consequences if a serious mistake is made and only one-third said that changes are made to address client safety concerns.

Information Management and Technology

Half of nurses said their quality of work suffers due to a lack of access to technology, which is an increase from 43% in 2023, although a slight decrease from 54% in 2020. Nonetheless

satisfaction has increased from 2023 and 2020. More nurses responding to the survey are satisfied with the reliability of access to the internet (64%, a notable increase from 53% in 2023 and a large increase from 36% in 2020), IT equipment (51, up from 40 in 2023 and 27% in 2020), medical or diagnostic equipment (40%, up significantly from 23% in 2023), and training received (39%, up from 28% in 2023). Seven in 10 nurses say it is easy to submit a request for IT support (an increase from 61% in 2023 and more than double the number in 2020 when it was 30%). Three in four (73%) nurses say IT support staff is responsive to a submitted request, an improvement from 61% in 2023 and a vast increase from 24% in 2020.

Safety and Security

Factors that have negatively impacted nurses' sense of safety and security at work include the physical work environment (46%), verbal (34%) or physical (20%) threats from patients or family members, which were among the main factors in 2023. While just over one in four (27%) said they have seen improvements in the safety and security of nursing stations or facilities they stay in; however, one in three disagree.

One in three (34%) of those responding to the survey said they have been harassed on the job in the previous 12 months, most often harassment from individuals with authority over them (42%) or co-workers (41%). About one in four of those harassed said this came from a member of the public (29%) or individuals for whom they had duty of care (25%).

Just under half (44%) reported that they participated in the Occupational and Critical Incident Stress Management (OCISM) resources in the previous 12 months. Of those, 10% said their work environment allows them to practice the skills obtained, and about half said it has a positive impact on their intent to stay with ISC.

As in 2023, three in four (75%) nurses responding to the survey said they had used the services of the Nursing Services Response Centre (NSRC) in the previous year. Satisfaction with the NSRC is high, with 86% of those who have used the services indicating satisfaction. Only 4% are dissatisfied.

TRC Calls to Action

As in 2023, two in three nurses responding to the survey have been informed about the Truth and Reconciliation (TRC) Calls to Action. However, only 17% feel they have experienced any changes to their workplace due to the TRC Calls to Action.

Indigenous Traditional Health Knowledge Exchange

More than eight in 10 (85%) nurses responding to the survey have a strong understanding of the terms Indigenous cultural awareness, safety and humility, an increase from 71% in 2023. In a new question related to satisfaction with the opportunities and degree of support they have to use traditional medicine in their practice, only 11% indicated satisfaction, whereas 35% said they were dissatisfied (although 26% said they do not know).

Attachment to Primary Work Community

Half of nurses said they feel attached to their primary work community (53%), that it would be difficult to leave their primary work community (48%), or that they are tightly connected to their primary work community (48%). About one in six to one in four report that they do not feel this attachment.

D. NOTE TO READERS

Detailed findings are presented in the following sections. Overall results are presented in the central portion of the narrative and are typically supported by graphic or tabular presentation. Bulleted text is used to point out any statistically and substantively significant differences between sub-groups of responding nurses.

The study attempted to include all ISC-employed nurses. Therefore, since no random sample was selected, no margin of error should be applied to the final sample in describing the results. To preserve confidentiality, study results were not reported for groups smaller than 20, nor were individual results reported where they represented fewer than 10 nurses (i.e., cell sizes smaller than 10). If sub-group differences are not noted in the report, it can be assumed they are either not substantively significant in their variation from the overall result or the difference was deemed to be substantively too small to be noteworthy.

Results for the proportion of respondents in the sample who either said “do not know” or did not provide a response are not indicated in the graphic representation of the results in all cases, mainly where they are not sizable (e.g., 10% or greater). Results may also not total 100% due to rounding.

E. CONTRACT VALUE

The contract value for the POR project is \$46,069.32 (including HST).

Supplier Name: EKOS Research Associates

PWGSC Contract Number: CW2415086

Contract Award Date: August 21, 2025

To obtain more information on this study, please e-mail
communicationspublications@canada.ca

F. POLITICAL NEUTRALITY CERTIFICATION

I hereby certify as Senior Officer of EKOS Research Associates Inc. that the deliverables fully comply with the Government of Canada political neutrality requirements outlined in the Policy on Communications and Federal Identity and the Directive on the Management of Communications. Specifically, the deliverables do not include information on electoral voting intentions, political party preferences, standings with the electorate, or ratings of the performance of a political party or its leaders.

Signed by:



Susan Galley (Vice President)

DETAILED FINDINGS

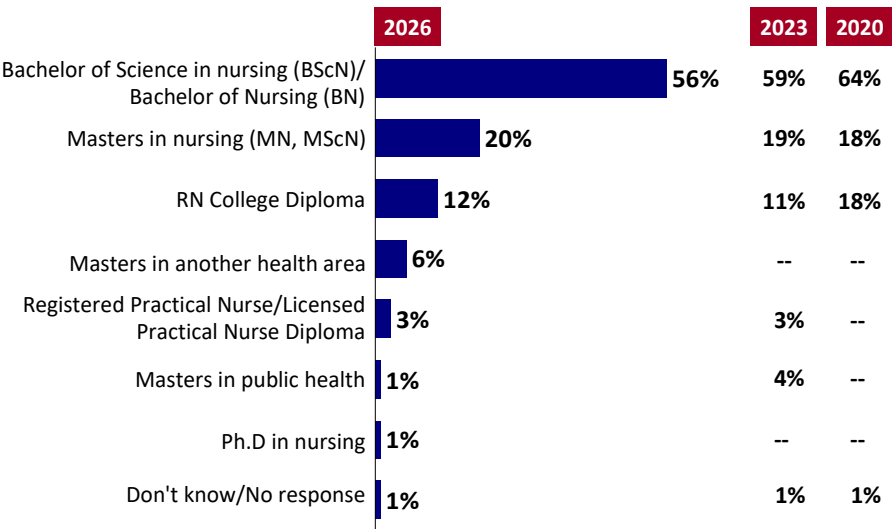
A. EDUCATION

Current Nursing-Related Education

Most of the 303 nurses responding to the survey have an undergraduate degree as their highest nursing education qualification. More than half (56%) have either a Bachelor of Science in Nursing (BScN) or a Bachelor of Nursing (BN). One in five respondents has a Master’s in Nursing (MN, MScN) (20%), while 12% have an RN college diploma. Additionally, 6% have a Master’s in another health area, 3% are Registered Practical Nurses or have a Licensed Practical Nurse Diploma, 1% has a Master’s in Public Health, and 1% has a PhD in nursing.

The proportion of nurses who report having a BScN or BN has declined eight points since 2020 and five since 2023.

Chart 1: Current Nursing-Related Education



Q20. What is your highest nursing education qualification level?
Base: n=303

- Responding nurses employed in public health (73%) are more likely to hold a BN/BScN, while those employed as clinicians and in clinical care (20%) are more likely to have an RN college diploma.
- Those who work at a nursing station or a health centre with treatment (18%) are more apt to have an RN college diploma, while those who work in regional offices are more apt to have an MN or MScN (31%) or a Master's degree in another health area (15%).
- Those employed full-time are comparatively more likely to have an MN or MScN.
- Nurses in Saskatchewan (64%) are more likely than those in other regions to have a BScN. Those in Manitoba were more likely than in other regions to say they have an RN College Diploma (25%).
- Those who are 40 and younger are more apt to have a Bachelor of Science in Nursing (55% of those aged 31 – 40, and 62% of those aged 30 and under), while those aged 51 and over are more apt to have an RN College Diploma (27% to 29%).

B. EMPLOYMENT

Employment History

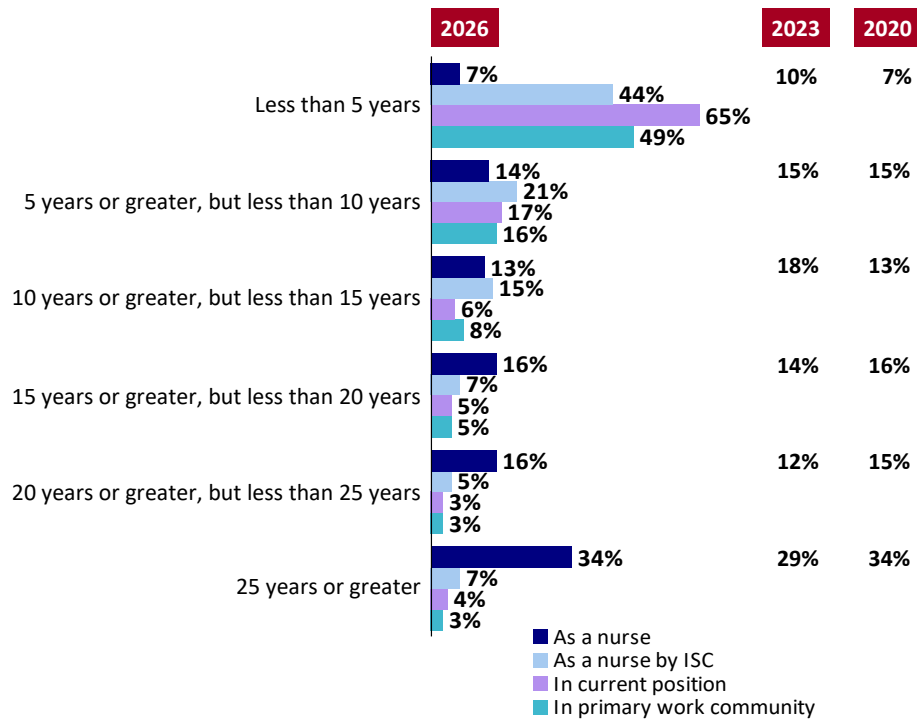
Compared to 2023, there are more longer-term nurses in 2026. Regarding overall employment history in nursing, 34% of nurses responding to the survey have been employed for 25 years or more, up from 29% in 2020. Another 32% have been a nurse for 15 to 25 years (up from 26%), and 27% have been employed for five to 15 years (down from 33%). Only 7% have worked as a nurse for less than five years.

Regarding employment with ISC specifically, 44% of respondents have been with ISC for less than five years. Another 36% have been with ISC for five to 15 years, 12% have been with the department for 15 to 25 years, and 7% have been with ISC for 25 years or more.

Roughly two-thirds of respondents (65%) have been in their current position less than five years. About one-quarter (23%) have served in their current role for five to 15 years, 8% have served for 15 to 25 years, and 4% have been in their current position for 25 years or more.

Almost half of respondents (49%) have been employed in their current primary work community less than five years. About one-quarter (24%) have served in their primary community for five to 15 years, 8% have for 15 to 25 years, and 3% have been employed in their current primary work community for 25 years or more.

Chart 2: Employment History



Q5. For how many years have you been employed as a nurse?

Q6. For how many years have you been employed as a nurse by Indigenous Services Canada?

Q7. For how many years have you been employed as a nurse in your current position?

Q8. For how many years have you been employed in your current primary work community?

Base: n=303

- Survey respondents with an RN college diploma are more likely to have been employed as a nurse for 25 years or more (63%), to have worked at ISC for 25 years or more (21%), and have been employed in their current position for 25 years or more (13%).
- Those who work full-time are more likely to have been employed at ISC for five to 15 years (47%), while other respondents are more likely to have worked at ISC less than five years (68%).
- Indigenous nurses are more likely to have served 20 years or more in their current role (17%, compared to 3% of other respondents).

Just under six in 10 (57%) nurses responding to the survey work full-time, more than 30 hours per week. Four in 10 (39%) are working part-time, a 10-point decrease from 2023. Very few are in a casual position (1%, down from 7%) or another employment arrangement (1%, down from 4%). Fully nine in 10 of those responding to the survey (90%) are in an indeterminate position, a six-point increase from 2023.

Table 1: Employment Status

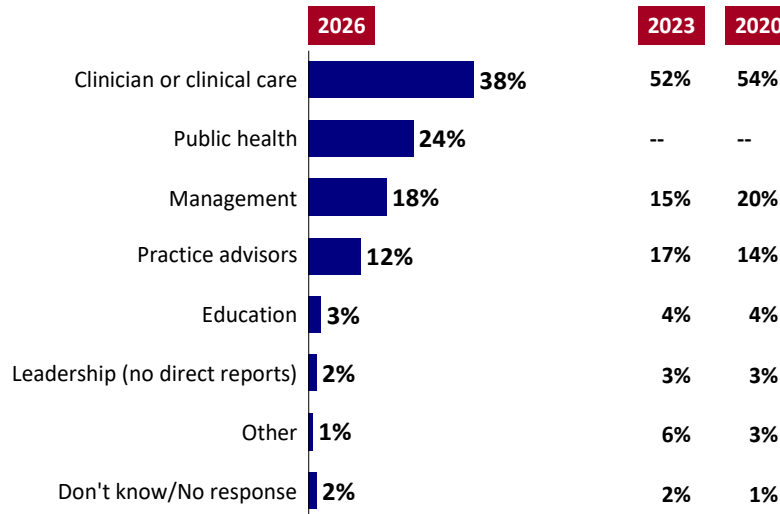
	Total 2026	Total 2023	Total 2020
<i>Q11. Which of these best describes your current employment status with your current employer?</i>	<i>n=303</i>	<i>n=340</i>	<i>n=322</i>
Full-time: regularly working 30 or more hours a week	57%	60%	61%
Part-time: regularly working less than 30 hours a week	39%	29%	30%
Casual position (employment that doesn't exceed 120 hours a year)	1%	7%	4%
Other	1%	4%	5%
<i>Q12. Are you considered to be in an indeterminate, or term position?</i>	<i>n=303</i>	<i>n=340</i>	<i>n=322</i>
Indeterminate	90%	84%	89%
Term	7%	13%	7%
Casual	1%	2%	2%
Don't know/No response	2%	2%	2%

- Nurses working as practice advisors (93%), in management and leadership (78%), and in public health (72%) tend to be employed full-time. Those in clinical care are more likely to report being part-time (75%).
- Nurses in regional branch offices are more likely to be full-time (99%), while those in a nursing station or health centre with treatment are more apt to be part-time (66%).
- The incidence of full-time employment is lowest in Manitoba (39%) and Ontario (48%). Term employment is comparatively more common in Alberta (20%).
- Nurses with an MN or greater (76%) are more likely to work full-time.

Area of Responsibility

About four in 10 (38%) nurses responding to the survey are employed as clinicians or in clinical care. One-quarter (24%) work in public health, while about one in five (18%) work in management. One in eight (12%) are practice advisors.

Chart 3: Area of Responsibility



Q13. Which of the following areas best describes your primary area of responsibility?

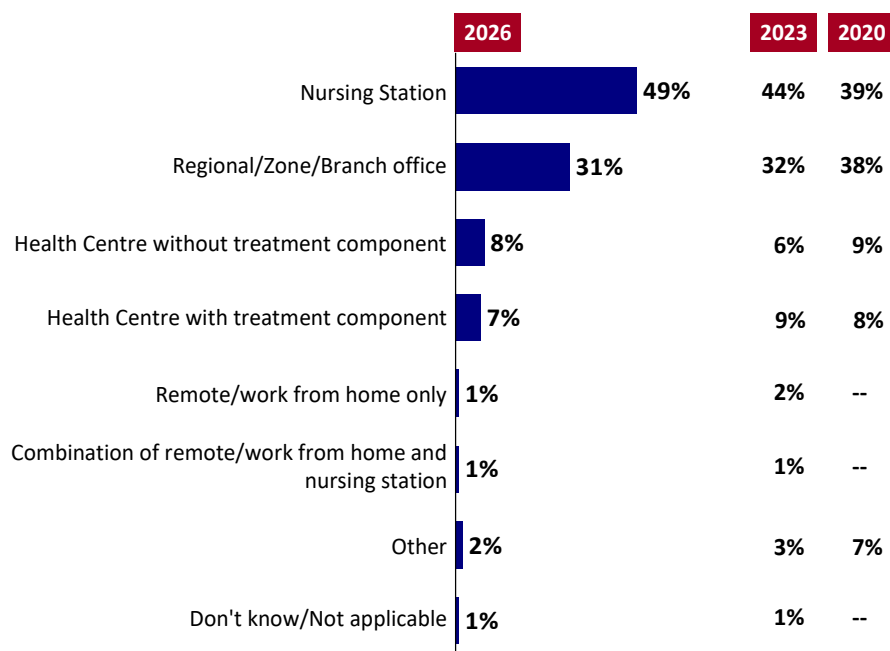
Base: n=303

- Responding nurses working in Manitoba (51%) and Ontario (49%) are more likely than in other regions to be in clinical care. Nurses based in Saskatchewan (55%) or Alberta (50%) are more apt to work in public health.
- Those who work at a nursing station or health centre with treatment (64%) are more likely to work in clinical care. Those who work at a regional branch office are more likely to work in management (34%) or as practice advisors (24%).
- Those with an RN college diploma (63%) are more likely to work in clinical care. Those with a BScN (33%) are more likely to work in public health.
- Those working part-time or casual tend to be in clinical care (71%).

Workplace

Half of nurses responding to the survey work at a nursing station (49%, an increase from 44% in 2023). Three in 10 are in a regional, zone, or branch office (31%). The remainder are primarily located in a health centre either with (7%) or without (8%) a treatment component.

Chart 4: Workplace



Q14. Which of the following types of facilities best describes your primary place of work?

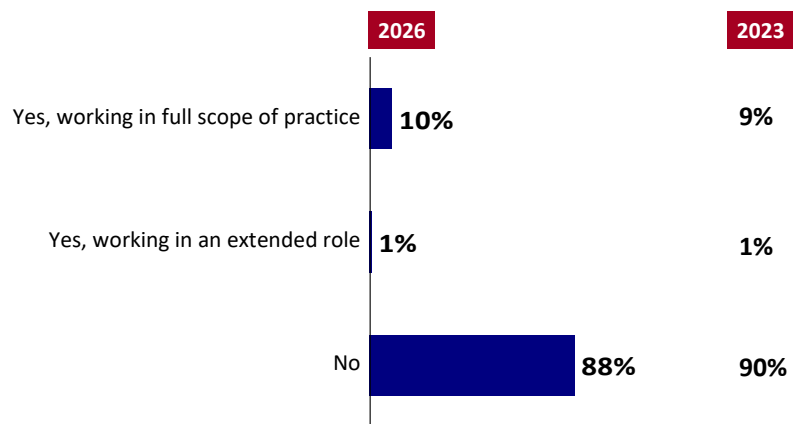
Base: n=303

- Those who provide clinical care (84%) are considerably more likely to work at a nursing station.
- Responding nurses working part-time or casual (90%) are far more likely to work at a nursing station, while full-time nurses (54%) are more likely to work in a regional office.
- Those with an RN college diploma are more likely to work at a nursing station (74%). Those with a BN (45%) or an MN or greater (55%) are more likely to work in a regional office.
- Responding nurses based in Manitoba (68%) or Ontario (62%) are more likely to work at a nursing station. Nurses in Saskatchewan (38%) or Alberta (18%) are apt to work in a health centre without a treatment component.

Nurse Practitioner

One in 10 responding nurses works as a nurse practitioner in full scope of practice (10%) or in an extended role (1%).

Chart 5: Nurse Practitioner



Q15. Are you registered as a Nurse Practitioner?

Base: n=303

- Nurses employed in clinical care (21%) are more likely to work in full scope of practice.
- Of all responding nurses with an MN or greater, 29% are registered as nurse practitioners.
- Nurses based in Ontario (19%) are more likely to work in full scope of practice.

Working Conditions

Of all the nurses who responded to the survey, the mean reported annual income was \$121,444. Respondents are scheduled to work an average of 34.5 hours per week; however, the average reported time actually worked is 42.9 hours per week. Half (50%) are required to be on-call for their work.

Six in 10 respondents (58%) say their working time arrangements are set by their employer. Roughly one in five say they can adapt their working hours within certain limits (22%) or choose between several fixed working schedules (17%). Only 1% report determining their own working hours.

Table 2: Work Conditions

	2026 Total
<i>Q21. What is your total compensation (i.e. - your annual salary and all your allowance and premiums) before taxes and other deductions?</i>	<i>n=303</i>
\$100,000	7%
\$100,000-109,000	10%
\$110,000-119,000	8%
\$120,000-129,000	12%
\$130,000-149,000	11%
\$150,000 and up	9%
Don't know/not applicable	43%
<i>Q22. How many working hours are you scheduled to work in a usual week?</i>	<i>n=303</i>
<20 hours	15%
20-37 hours	25%
38 hours	40%
40 hours or more	15%
Don't know/not applicable	5%
<i>Q23. On average, how many hours do you usually work per week?</i>	<i>n=303</i>
<20 hours	6%
20-37 hours	18%
38-39 hours	22%

	2026 Total
40-49 hours	18%
50 hours or more	24%
Don't know/not applicable	12%
<i>Q24. Are you required to be on-call for your work?</i>	<i>n=303</i>
Yes	50%
No	49%
Don't know / Not applicable	2%
<i>Q25. How are your working time arrangements set in your job?</i>	<i>n=303</i>
They are set by the employer	58%
You can adapt your working hours within certain limits (e.g., flextime)	22%
You can choose between several fixed working schedules determined by the employer	17%
Your working hours are entirely determined by yourself	1%
Don't know / Not applicable	3%

- Average annual earnings range from \$108,930 among those employed in public health to \$130,836 among those working in management roles. Those employed at regional branches earn comparatively more than other respondents (\$128,470).
- Indigenous nurses report an average salary of \$114,217, compared to \$123,472 among other respondents.
- Those employed in clinical care report the fewest scheduled working hours (31.5 on average), while they report the highest number of hours actually worked (45.8), with 35% reporting working 50 hours or more per week.
- Regionally, those in Ontario are more likely to work 50 hours or more (35%), while those in Saskatchewan (43%) and Alberta (34%) tend to say they work 38 to 39 hours per week.
- Likewise, those who work at a nursing station or health centre with treatment are scheduled to work comparatively fewer hours (32.8), but report actually working considerably more hours than other respondents (46.6), with 36% reporting working 50 or more hours.
- The vast majority of nurses employed in clinical care (84%) and at nursing stations or health centres with treatment (74%) are required to be on-call. Those who work on a part-time or casual basis are much more likely to have this requirement (82%), as are those with an RN

college diploma (74%). Nurses in Ontario (68%) and Manitoba (63%) are also more likely to have on-call requirements.

- Those employed at a nursing station or health centre with treatment (66%) are more likely to say their hours are set by their employer, while regional branch employees (33%) are more likely to say they can adapt their working hours within certain limits. Those employed on a part-time or casual basis (69%) are more likely to say they work fixed hours.

C. RECRUITMENT AND RETENTION

Motivation for Joining / Staying

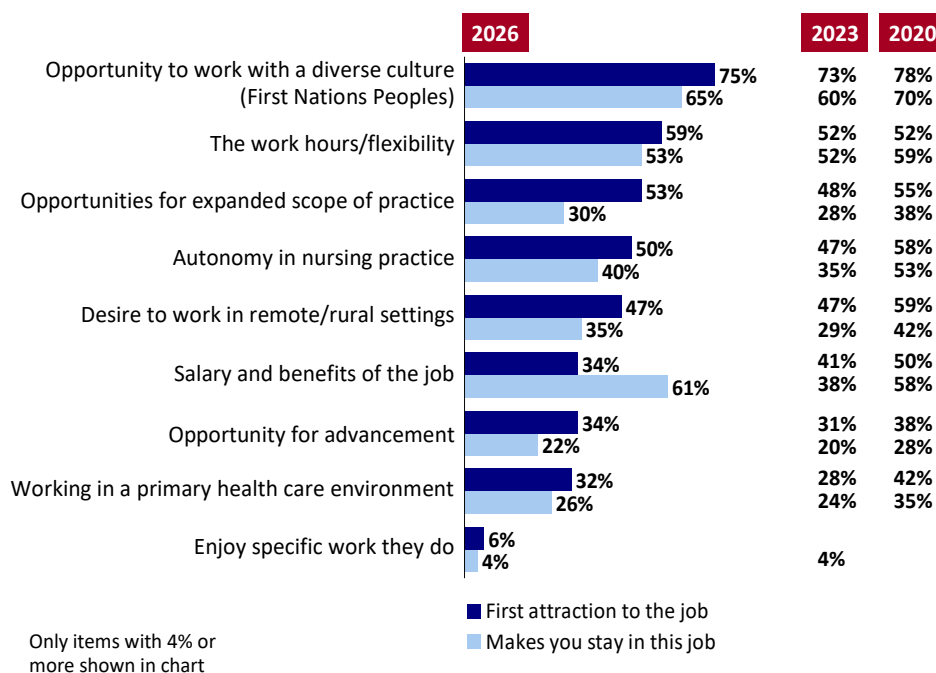
Most nurses responding to the survey were first attracted to their job because of the opportunity to work with a diverse culture (75%); 65% continue to stay with the job for this reason, an increase from 60% who stayed in their job for this reason in 2023. Six in 10 (59%) were attracted because of the work hours and flexibility, an increase from 52% in 2023; just over half (53%) stayed for this reason. A significant divide is seen with the opportunities for expanded scope of practice. Over half (53%, an increase from 48% in 2023) were attracted to their job for the opportunities for expanded scope of practice, but only 30% stayed for this reason.

Half (50%) were first attracted to the job because of the autonomy it affords, while 40% stay for this reason, an increase from 35% in 2023. Slightly fewer (47%) were attracted to the job because of a desire to work in remote or rural settings; one in three (35%) continue to stay for this reason, up from 29% in 2023. Another significant divide is seen with salary and benefits (this first attracted 34%, a drop from 41% in 2023, but 61% stayed for this reason, a substantial increase from 38% in 2023).

One in three (34%) nurses said they were initially attracted to the opportunities for advancement, but only 22% stayed for this reason. A similar proportion (32%) were first attracted to the job to work in a primary healthcare environment, down from 28% in 2023, while 26% stayed for this reason.

Only 6% were first attracted to the job because they enjoy the specific work it entails, while merely 4% stayed for this reason.

Chart 6: Motivation for Joining / Staying



Q9. What aspects of your current job first attracted you to it?

Q10. What aspects keep you working as an employee in this job?

Base: n=303

- Responding nurses currently working in clinical care, at a nursing station, or health centre with treatment, as well as those working part-time, are more likely than other nurses in the survey to have been attracted or kept their position because of the desire to work in remote or rural settings (44%-68%), opportunities for expanded scope of practice (41%-65%), the ability to work in a variety of settings (42%-50%), or the ability to work in a primary health care environment (34%-45%).
- Those who identified as non-white were more likely to cite salary and benefits (41%), ability to work in a variety of settings (42%), and opportunities for advancement (41%) as key selling points.

Unchanged from 2023, one in three nurses responding to the survey (35%) plan to leave their current employer in the next three years, while a similar proportion (36%) have no plans to leave their employer, and three in 10 (29%) are unsure. Of those planning to leave, one in five (20%) expect to leave within the year, a decrease from 36% in 2020. Another 33% expect to leave within one or two years, down from 38% in 2023, and 18% said it will be three years. Another 30% are unsure, up from 8% in 2023.

Among those who intend to leave within the next three years, 37% plan to retire, one in five intend to leave for a different job (19%), while one in five cited poor working conditions (18%, up from 11% in 2023)

Table 3: Seeking Changes

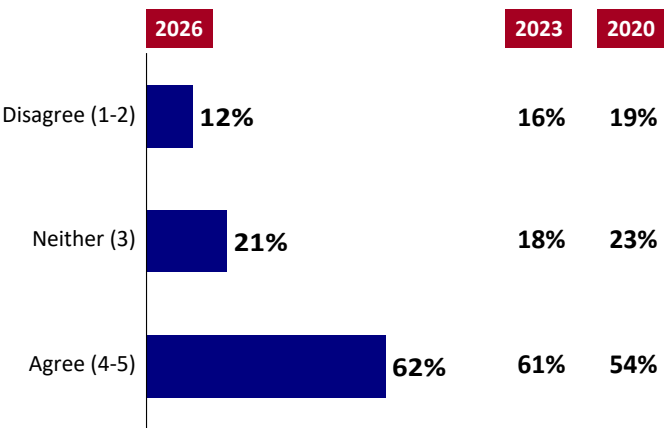
-	Total 2026	Total 2023	Total 2020
<i>Q16. Do you currently have any plans to leave your current employment within the next three years, either to retire or for other reasons?</i>	<i>n=303</i>	<i>n=340</i>	<i>n=322</i>
Yes	35%	35%	36%
No	36%	36%	46%
Don't know/No response	29%	29%	18%
<i>Q17. What is your expected timeframe for leaving?</i>	<i>n=106</i>	<i>n=114</i>	<i>n=109</i>
Less than 1 year	20%	36%	23%
1 year	19%	19%	13%
2 years	14%	19%	25%
3 years	18%	18%	19%
Don't know/No response	30%	8%	20%
<i>Q18. What is the main reason you intend to leave?</i>	<i>n=106</i>	<i>n=114</i>	<i>n=109</i>
Retirement	37%	38%	44%
Different job	19%	22%	17%
Poor working conditions	18%	11%	--
Attend school/returning to studies	6%	3%	--
Poor management practices	5%	13%	--
Stay at home/parental leave	5%	4%	--
Issues with salary/pay	4%	6%	--
Term assignment/contract ending	--	2%	--
Relocation	--	1%	--
Other	4%	1%	16%
Don't know/No response	1%	--	1%

- Naturally, nurses aged 61 and over (71%) are more likely to have plans to leave in the next three years.

Impact of Staff Turnover

Six in 10 nurses responding to the survey (62%) agree that the quality of their work suffers because of high staff turnover. About one in 10 (12%) disagree, and another 21% indicated a more neutral response.

Chart 7: Impact of Staff Turnover



Q28G. Please indicate whether you agree or disagree with the following: I feel the quality of my work suffers because of high staff turnover.

Base: n=303

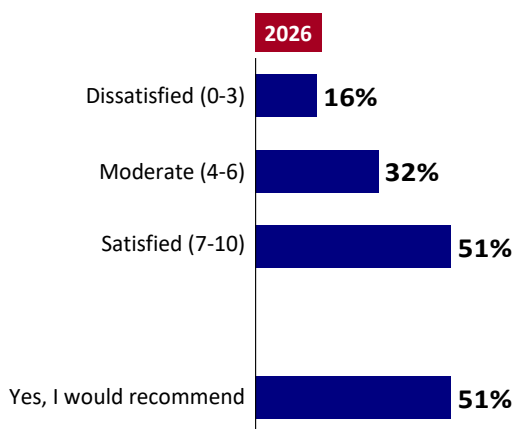
- Nurses currently working at a nursing station or health centre with treatment (70%), or who are not employed full-time (75%), are more likely than other nurses in the sample to feel the quality of work suffers because of high staff turnover.
- Nurses who operate in Manitoba (74%) are also more likely to agree that high staff turnover negatively impacts their work.

D. JOB SATISFACTION

Satisfaction and Attachment to Job

Half of nurses participating in the survey (51%) are satisfied with their job in general. One in three (32%) are moderately satisfied and 16% indicated they are dissatisfied with their job. Half of nurses (51%) also said that they would recommend their job to others with the same professional qualifications.

Chart 8: Satisfaction with Job



Q59X. How satisfied are you with your job in general?

Q60. Would you recommend this job to others with the same professional qualifications?

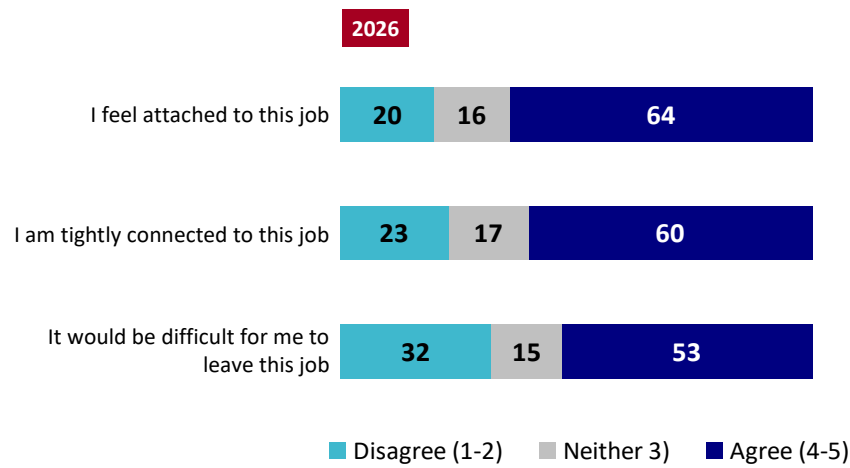
Base: n=303

- Nurses currently working in management or leadership position (26%), or in a regional, zone, or branch office (23%) are more likely to be dissatisfied with their job. Those working in Saskatchewan (29%) are also more likely to be dissatisfied with their job.
- Responding nurses aged 61 and over are more likely to be satisfied, compared to other age cohorts. Those aged 61 and over are also more likely to recommend their job.
- Non-Indigenous nurses (55%), and specifically white nurses (58%), are more likely than Indigenous nurses (46%) to be satisfied with the job.
- Respondents in Ontario are more likely to be satisfied with (59%) or recommend (61%) their job, while those in Saskatchewan (29% and 24%, respectively) are least likely.

- Nurses working at a nursing station or health center with treatment (59%) are more likely to recommend their job, along with those employed part-time or casual (60%).

Nearly two in three nurses responding to the survey (64%) agree that they feel attached to their job. Six in 10 (60%) agree that they feel tightly connected to their job. Although over half (53%) agree that it would be difficult to leave their job, 32% disagree.

Chart 9: Attachment to Job



Q58. To which extent do you agree or disagree with the following statements?

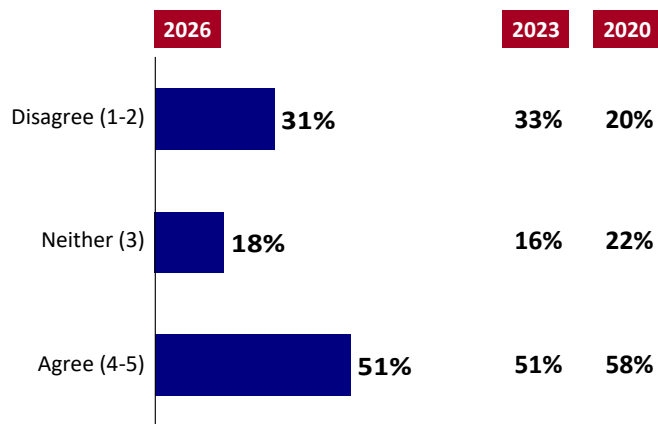
Base: n=303

- Nurses working at a nursing station or health center with treatment (70%) are more likely than other nurses to feel attached to their job. Those in a regional, zone, or branch office are least likely to agree (54%).
- Responding nurses aged 61 and over (81%) are more likely than younger cohorts to agree they are attached to their job.
- Non-Indigenous nurses are more likely than Indigenous nurses to agree they are attached to their job (68%), or that it would be difficult to leave their job (58%).

Perceived Value

As reported in 2023, half (51%) of the nurses responding to the survey feel valued at work, compared to 58% in 2020. Nearly one in three (31%) disagree that they feel valued.

Chart 10: Perceived Value



Q28A. Please indicate whether you agree or disagree with the following: Overall, I feel valued at work.
Base: n=303

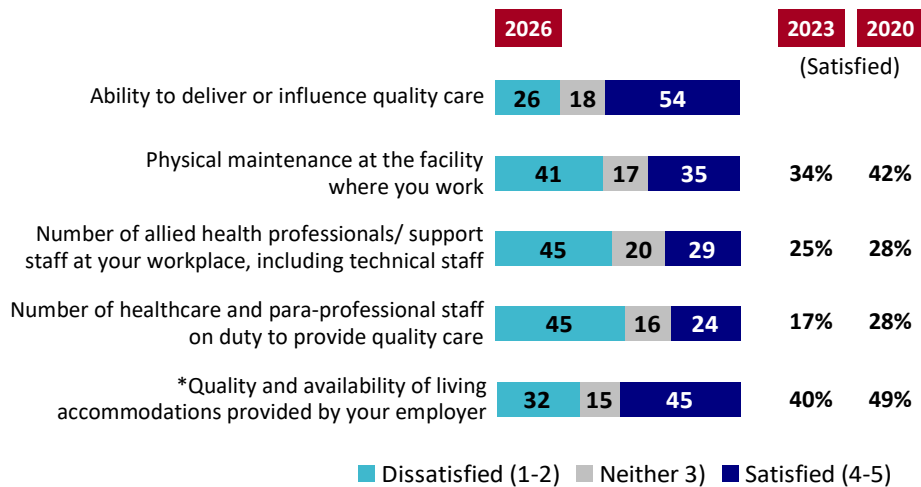
- Responding nurses working at a nursing station or treatment center (54%), are more likely than others to feel valued at work.
- Regionally, those in Saskatchewan (24%) are less likely to say they feel valued.

Satisfaction with Job Support

Satisfaction with various aspects of job support was measured. A new measure this period, over half (54%) are satisfied with their ability to deliver or influence quality care. One in three is satisfied with the physical maintenance at their work facility (35%), similar to 2023, but remains a decrease from 42% in 2020. Over one-quarter of nurses (29%) indicate they are satisfied with the number of allied health professionals or support staff at their workplace, including technical staff (fairly consistent to previous results). Fewer nurses are satisfied with the number of healthcare and paraprofessional staff on duty to provide quality care (24%, an increase from 17%, and closer to 28% in 2020), with a considerably large proportion dissatisfied (56%).

Among only nurses working in nursing stations, 45% are satisfied with the quality and availability of living accommodations provided by their employer, somewhat aligned between 40% in 2023 and 49% in 2020.

Chart 11: Satisfaction with Job Support



Q26. Please rate the extent to which you are satisfied or dissatisfied with each of the following aspects of your current workplace.
Base: n=303 – * n=151

- Those working in a regional, zone, or branch office are less likely to be satisfied (46%) with their ability to deliver or influence quality care compared to those in other workplaces. Women (57%) are more likely than men (50%) to be satisfied with their ability to deliver or influence care.

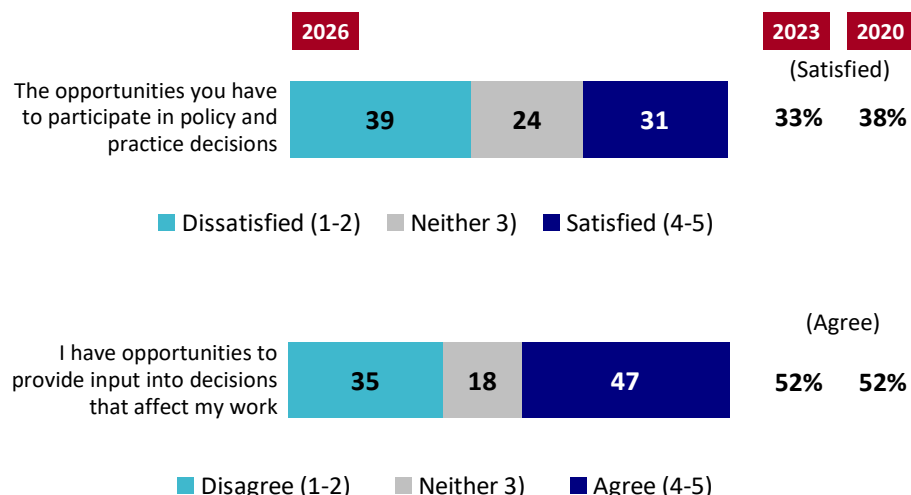
- Indigenous nurses (45%) are more likely than non-Indigenous nurses (33%) to be satisfied with the physical maintenance at the facility where they work. Those in Ontario (55%), at nursing stations with treatment centre (50%), or employed part time or casual (53%) are more likely to be dissatisfied with the physical maintenance.
- Those working in clinical care (55%), a nursing station or treatment centre (57%), employed part time or casual (62%), or in Manitoba (61%) are all more likely to be dissatisfied with the number of allied health professionals and support staff at their workplace.
- Nurses working in clinical care (33%), along with those with an RN education (42%), are more likely to be satisfied with the number of healthcare and para-professional staff on duty to provide quality care.

Satisfaction with Level of Influence

Nearly half (47%) of nurses participating in the survey agree they have opportunities to provide input into decisions affecting their work, although over one in three (35%) disagree. The proportion of those who agree has decreased from 52% in both 2023 and 2020.

Satisfaction with the opportunities to participate in policy and practice decisions is lower, with roughly as many nurses indicating they are dissatisfied as satisfied. Satisfaction in this area decreased from 38% in 2020 and 33% in 2023 to 31%. Nearly two in five (39%) disagree that they have opportunities to participate.

Chart 12: Satisfaction with Level of Influence



Q26E. Please rate the extent to which you are satisfied or dissatisfied with each of the following aspects of your current workplace.

Q28B. Please indicate whether you agree or disagree with the following.

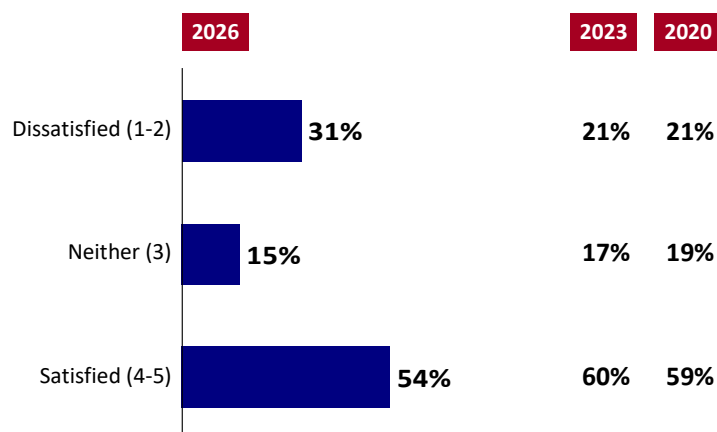
Base: n=303

- Responding nurses working in management or leadership positions (48%), working in a regional, zone or branch office (46%), or working full-time (44%) tend to agree they have opportunities to participate in policy and practice decisions. Regionally, nurses in Saskatchewan are less likely to agree (12%) than those in other regions, followed by Manitoba (20%).
- Those in Saskatchewan are less likely to agree (14%, compared to the average of 47%) they have opportunities to provide input into decisions.

Satisfaction with Work-Life Balance

Over half (54%) of nurses responding to the survey are satisfied with their family and work-life balance, while 15% are neutral and nearly one in three are dissatisfied (31%). The proportion of those satisfied have decreased from 60% in 2023 and 59% in 2020. By comparison, in 2006, 46% of nurses were satisfied with their family and work-life balance, and 38% were dissatisfied.

Chart 13: Satisfaction with Work-Life Balance



Q26A. Please rate the extent to which you are satisfied or dissatisfied with the following aspects of your current workplace: your family/work-life balance.

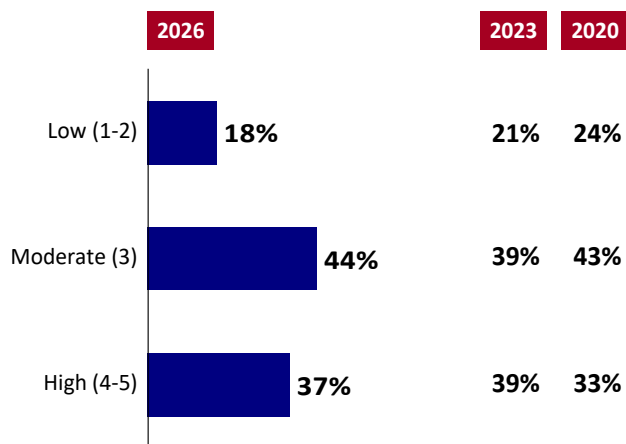
Base: n=303

- Responding nurses who are white are more likely to be satisfied with their work/life balance (62%) compared to any other ethnicity (53%).

Degree of Work-Related Stress

Nearly two in five (37%) nurses participating in the survey say they regularly have a high level of work-related stress. This is similar to 39% in 2023 and an increase from 33% in 2020. A higher proportion (44%) report a moderate stress level, while one in five (18%) say their stress level is low.

Chart 14: Degree of Work-Related Stress



Q45. All things considered, how would you rate your level of regular work-related stress?

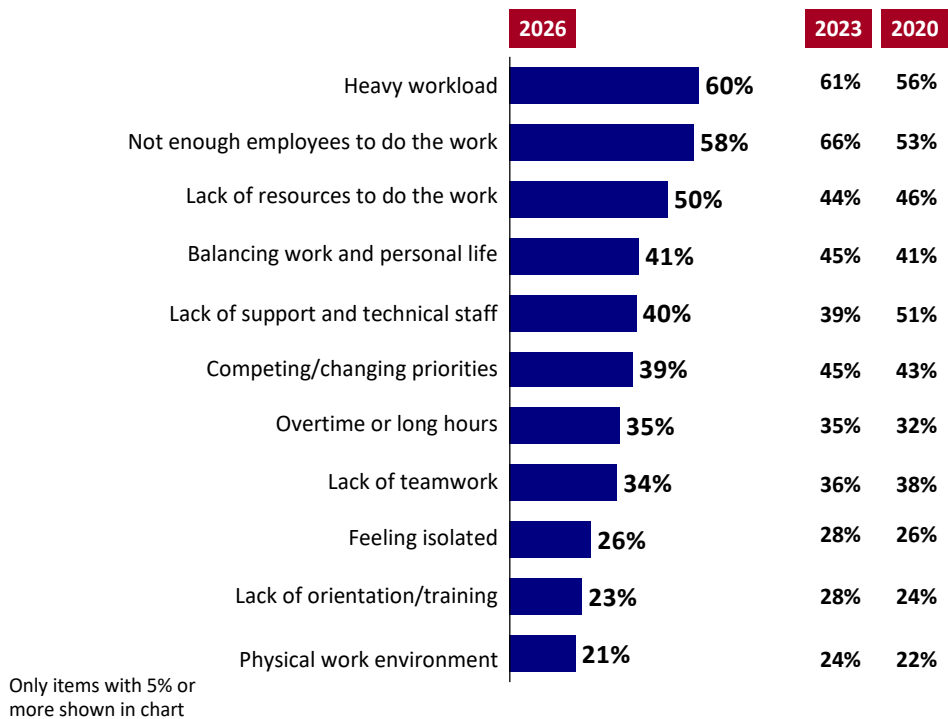
Base: n=303

- Nurses responding to the survey who are working in a management or leadership position are more likely to report a higher level of stress (53%).

Sources of Stress

All nurses responding to the survey were asked to indicate sources of their workplace stress. The top sources identified are a heavy workload (60%, similar to 2023 and up from 56% in 2020) or not enough employees to do the work (58%, a decrease from 66% in 2023, though higher than 53% in 2020). Half cite a lack of resources to do the work (55%, an increase from 44% and 46% in previous iterations). About one in four cite balancing work and personal life (41%, returning to 2020 level), lack of support and technical staff (40%, essentially unchanged from 2023 and lower than 2020), and competing and changing priorities (39%, down from 45% in 2023 and 43% in 2020). One in three continue to feel stress from overtime long hours (35%) or lack of teamwork (34%). One in four or less say they feel isolated (26%), have a lack of orientation or training (23%), or feel stress from the physical work environment (21%).

Chart 15: Sources of Stress

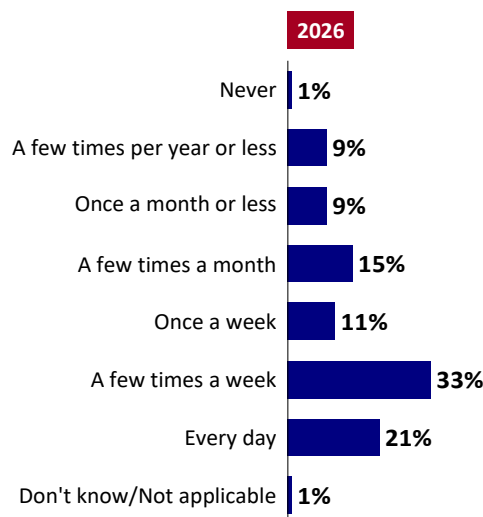


Q44. Which of the following factors, if any, cause you stress on a regular basis at work?
Base: n=303

- Responding nurses who work in clinical care, at a nursing station or health center with treatment, along with those who are employed part-time or on a casual basis, are more likely than other nurses to cite overtime or long hours, lack of resources, and lack of support as sources of stress. Those at a nursing station or health center with treatment are also more likely to feel stress from a heavy workload and not enough employees to do the work.
- Those in management or leadership positions, a regional zone or branch office, along with full time employees, are apt to feel stress from balancing work and personal life, or competing and changing priorities.
- Responding nurses in Manitoba are more likely than those in other regions to say they are stressed from not enough employees (75%), heavy workload (72%), lack of support (50%), overtime or long hours (47%), or lack of orientation or training (32%). Those in Saskatchewan are apt to say they feel isolated (45%), have a lack of communication and transparency (12%), or feel disrespect discrimination or favouritism from managers (10%).

Half of nurses responding to the survey say they feel emotionally drained from their work a few times a week (33%) or daily (21%). Roughly one in 10 feel emotionally drained once a week (11%), a few times a month (15%), once a month or less (9%), or a few times a year (9%).

Chart 16: Emotionally Drained



Q28N. How often do you feel emotionally drained from your work?

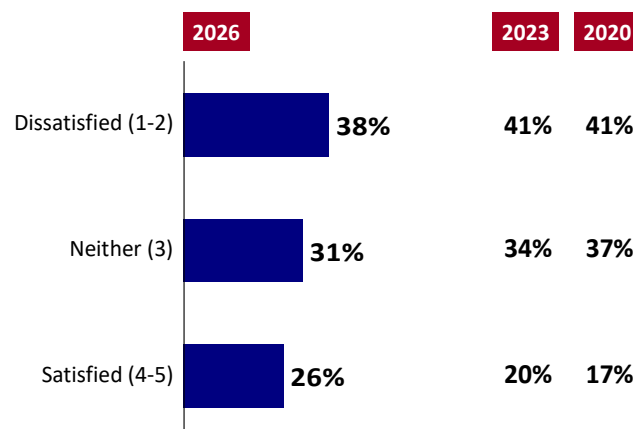
Base: n=303

- Nurses responding to the survey in management or leadership positions (36%), along with those in Manitoba (32%) are more likely to say they feel emotionally drained every day.
- Those aged 61 and over (19%) are more likely to say they feel drained a few times a year, compared to other age cohorts (4% to 11%).
- Indigenous respondents (19%) are more likely than non-Indigenous (6%) to say they feel drained a few times per year or less.

Satisfaction with Stress Relief Efforts

Only one in four nurses responding to the survey (26%) say they are satisfied with the quality and availability of resources to help relieve stress at their workplace. A higher proportion rate themselves as dissatisfied (38%) or neutral (31%). Results are relatively consistent with the 2020 survey. Satisfaction has improved slightly from 20% in 2023 and 17% in 2020.

Chart 17: Satisfaction with Stress Relief Efforts



Q46. How satisfied are you with the quality and availability of resources to help relieve stress at your workplace?

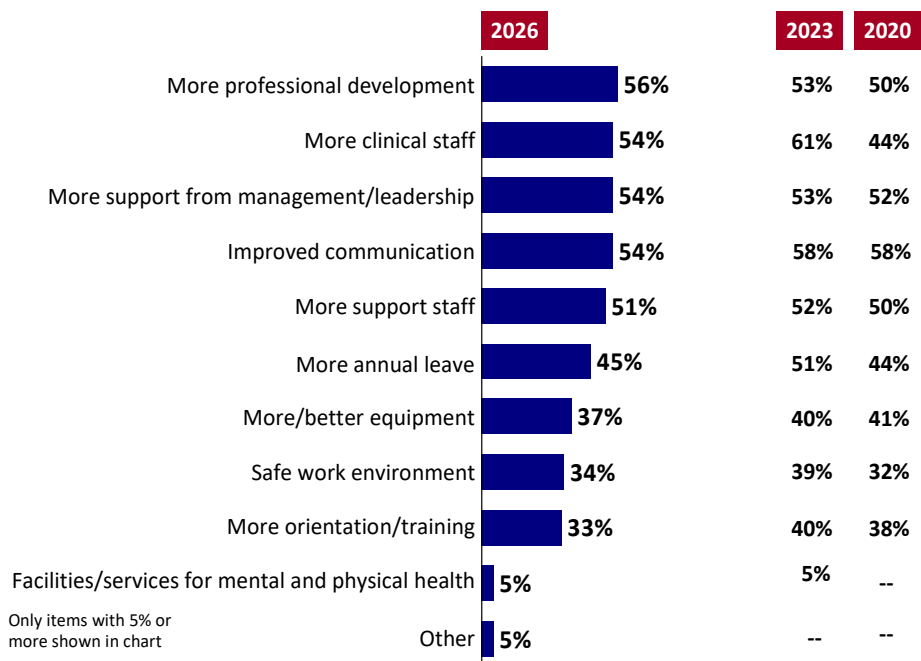
Base: n=303

- Those with an RN (39%) are more likely to be satisfied with the resources to relieve stress compared to those with other education levels.

Suggested Areas for Stress Relief Efforts

A cluster of efforts would be useful in helping to relieve stress, according to over half of nurses responding to the survey. This includes more professional development (56%), clinical staff (54%, a notable variation from 61% in 2023 and 44% in 2020) support from management and leadership (54%), improved communication (54%, down slightly from 58% in previous iterations), and more support staff (51%). Fewer would like more annual leave (45%, down from 51% in 2023 and returning to 2020 level). About one in three suggest more or better equipment (37%), safe work environment (34%), or more orientation or training (decreased to 33% from 40% in 2023 and 38% in 2020).

Chart 18: Suggested Areas for Stress Relief Efforts



Q47. Which of the following would be useful to you in helping to relieve stress?

Base: n=303

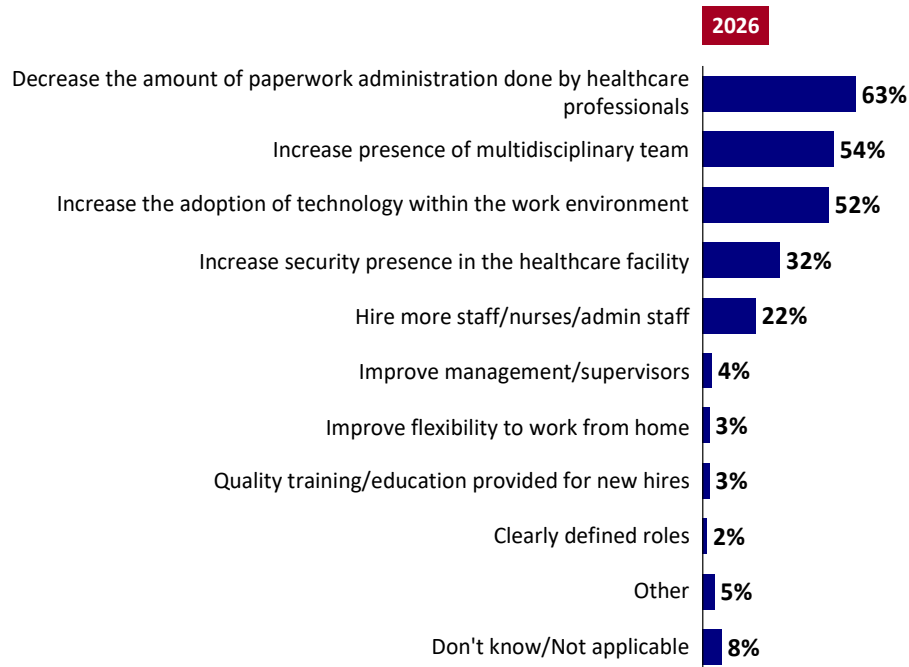
- Responding nurses who are currently working at a nursing station or health center with treatment, or are part-time or casual are more likely than others to suggest more support staff, clinical staff and better equipment to relieve stress. Practice advisors are more likely to say they need more support from management or leadership.
- Regionally, nurses in Manitoba are more likely to suggest more clinical (74%) or support (63%) staff. Those in Saskatchewan are apt to suggest improved communication (86%),

more support from management or leadership (81%), more professional development (79%) or annual leave (69%).

- Those aged 31-40 (50%) are more likely than other age groups (21% to 44%) to say they need more orientation or training.

Nearly two in three (63%) nurses responding to the survey say that ISC could assist with managing their workload by decreasing the amount of paperwork administration done by healthcare professionals. Over half would like ISC to increase the presence of multidisciplinary team (54%) or increase the adoption of technology within the work environment (52%). One in three (32%) would like ISC to increase the security presence in the healthcare facility. Just over one in five (22%) would like ISC to hire more staff, nurses, or administration.

Chart 19: Managing Workload



Q27. In what way could ISC assist with managing workload? [Select all that apply]

Base: n=303

- Responding nurses who are currently working in clinical care, a nursing station or health center with treatment, or are part-time or casual are more likely than others to suggest increase presence of multidisciplinary team. Those currently working in a nursing station or health center with treatment, or are part-time or casual, are apt to suggest increase security presence in the healthcare facility or to hire more staff. Those working in a nursing station

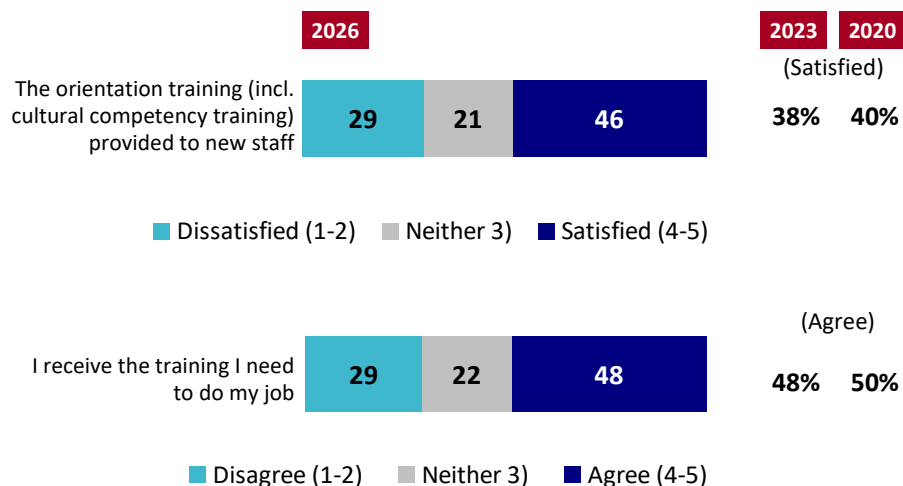
or health center with treatment (72%) are more likely than those in other workplaces (36% to 67%) to suggest ISC decreased the amount of paperwork.

- Regionally, those in Ontario are more likely to suggest ISC decreases the amount of paperwork (74%) or increases the adoption of technology (60%). Those in Saskatchewan suggest an improvement in management or supervisors (17%).

Satisfaction with Training and Orientation

Almost half (48%) of nurses responding to the survey agree they receive the training they need to do their job, although 29% disagree. Satisfaction with training is largely similar to previous results. Fewer (46%) nurses are satisfied with the orientation training they receive, including cultural competency training provided to new staff; however, this is an increase from 38% in 2023 and 40% in 2020.

Chart 20: Satisfaction with Training and Orientation



Q26F. Please rate the extent to which you are satisfied or dissatisfied with each of the following aspects of your current workplace.

Q28C: Please indicate whether you agree or disagree with the following.

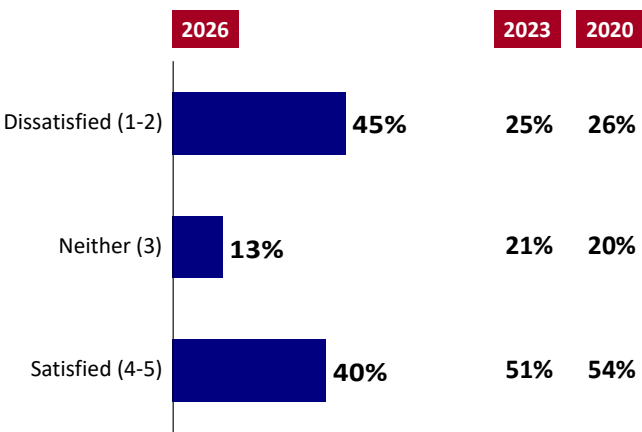
Base: n=303

- Those with an RN college diploma are more likely to be satisfied with training to do their job (62%) and orientation training (63%) than those with other levels of nursing education.
- Regionally, those in Ontario (58%) are more likely to be satisfied with orientation training. Those in Saskatchewan (29%) and Alberta (27%) are least likely. Those in Saskatchewan are also least likely agree they receive the training to do their job (31%).

Satisfaction with Professional Development

Two in five (40%) nurses are satisfied with the current opportunities for professional development or continuing education. Satisfaction has decreased from 51% in 2023 and 54% in 2020. A higher proportion are currently dissatisfied (45%) than satisfied (40%).

Chart 21: Satisfaction with Professional Development



Q26B. Please rate the extent to which you are satisfied or dissatisfied with each of the following aspects of your current workplace: Your current opportunities for professional development/continuing education.

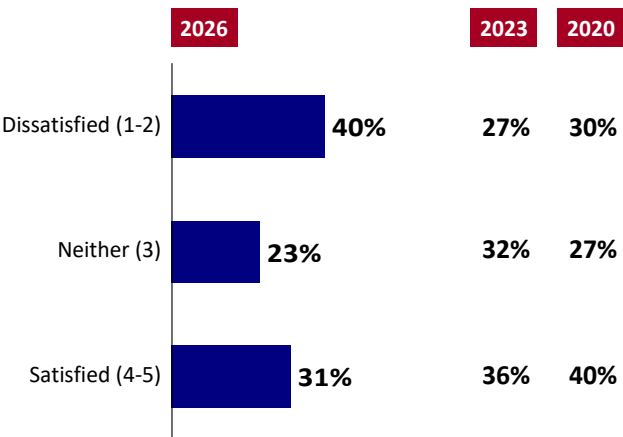
Base: n=303

- Women (42%) are more likely than men (37%) to be satisfied with professional development.
- Respondents in Saskatchewan were far less satisfied (19%) than those in other regions with their opportunities for professional development.

Satisfaction with Leadership Development

Nearly one in three (31%) are satisfied with the current opportunities for nursing leadership development, although 40% are dissatisfied. Satisfaction has been decreasing since 2023 (36%) and 2020 (40%), with dissatisfaction notably increasing.

Chart 22: Satisfaction with Leadership Development



Q26C. Please rate the extent to which you are satisfied or dissatisfied with each of the following aspects of your current workplace: Your current opportunities for nursing leadership development.

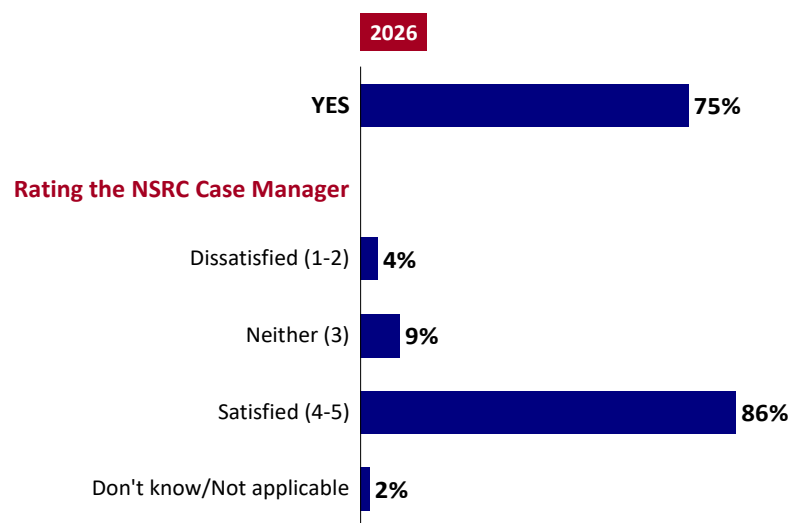
Base: n=303

- Nurses in Saskatchewan are less satisfied than those in other regions with their current opportunities for nursing leadership development, with only 5% satisfied and 62% dissatisfied.

Use of NSRC

Three-quarters (75%) of nurses who responded to the survey have used the Nursing Services Response Centre (NSRC), while only 22% have not. Among those who used the service, the vast majority (86%) indicated they were satisfied with their interaction with the NSRC Case Manager assigned to their case. Just 4% were dissatisfied, while 9% were neutral on the matter.

Chart 23: Use of NSRC



Q50. In the past year, have you used the Nursing Services Response Centre (NSRC)?

Base: n=303

Q51. How would you rate the interaction with the NSRC Case Manager who worked on your case?

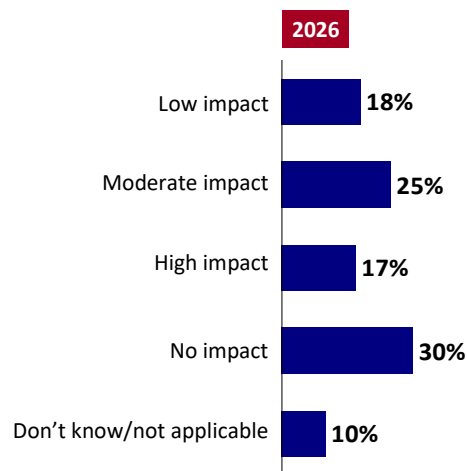
Base: n=220

- Nurses who work in management roles (86%), those who work at a nursing station or health centre with treatment (82%), and those not employed full-time (83%) are comparatively more likely to have used the service. Those who work in public health (59%), Indigenous nurses (63%), and those who identify as non-white (66%) are less likely to have used it.
- Non-Indigenous (89%) nurses are more likely than Indigenous (78%) nurses to report they were satisfied with the interaction with their NSRC Case Manager.

Impact of NSRC

Among responding nurses who have used NSRC services, one in six (17%) said the support they received had a high impact on their decision to continue their career with ISC, while one in four (25%) said it had a moderate impact. One in five (18%) indicated it had a low impact, while three in ten (30%) said it had no impact at all.

Chart 24: Impact of NSRC



Q52. What impact has the support you received from the NSRC had on your decision to continue your career with ISC?

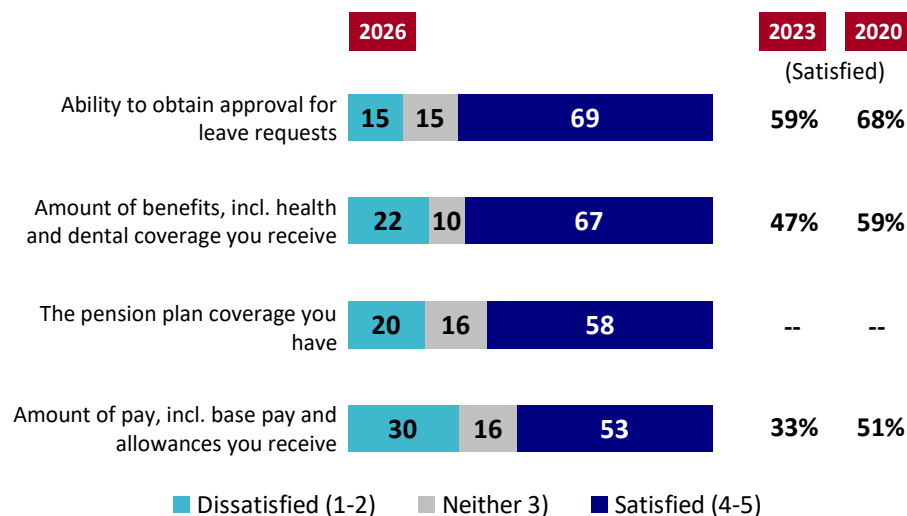
Base: n=220

- Nurses with an RN college diploma (34%) were more likely to say their interaction had a high impact.

Satisfaction with Pay and Benefits

Nearly seven in 10 (69%, returning to the 2020 level) responding nurses are satisfied with their ability to obtain approval for leave requests in their current workplace. Two in three (67%, a notable increase from previous iterations) are satisfied with the benefits, including health and dental coverage they receive. About three in five (58%) are satisfied with their pension plan coverage. Over half (53%, also returning to the 2020 level) of the nurses responding to the survey indicated they are satisfied with the amount of pay, including base pay and allowances.

Chart 25: Satisfaction with Pay and Benefits



Q26. Please rate the extent to which you are satisfied or dissatisfied with each of the following aspects of your current workplace.

Base: n=340

- Responding nurses who are practice advisors/educators (88%) or in management or leadership (78%) are more likely to be satisfied with the ability to receive leave requests.
- Those who work in a regional, zone, or branch office are more likely to be satisfied with the ability to receive leave requests (78%) or with their pension plan (73%).
- Nurses in Public Health are more likely to be satisfied with their amount of pay (70%) compared to those working in other areas of responsibility.
- Those who are full time are more likely to be satisfied in all four areas: their ability to receive leave requests (80%), amount of benefits (74%), pension plan (70%), and pay (60%) than those part time or casual.

- Regionally, nurses in Manitoba are least satisfied with their ability to obtain approval for leave requests (54%), pension plan (43%), or amount of pay (38% satisfied).
- Indigenous nurses report higher satisfaction with the amount of benefits (79%) and lower satisfaction with their ability to obtain leave requests (64%) compared with non-Indigenous respondents.

Payroll Issues

Nearly two in three (64%) nurses participating in the survey have experienced pay or other compensation issues within the past three years, consistent with 2023 and a decrease from 70% in 2020. The types of issues reported by the two in three nurses include errors in processing pay information (50%), being overpaid (36%), underpaid (29%, a decrease from 47% in 2023 and 60% in 2020), errors related to a change in position or department (22%, a 10 point decrease from 2023), missing regular payments (21%, a decrease from 34% in 2023 and 42% in 2020), and errors in leave credits (18%).

Nurses responding to the survey with pay issues typically go to the Nursing Services response Centre (37%), a Nurse Manager (29%), or the Pay Centre (28%) as their first point of contact. The compensation issues have been resolved for 44% of nurses reporting payroll issues. The issue is unresolved for 15%, and another 41% are unsure or indicate it is in progress. Nearly two in five (39%) are satisfied with the support they received to try to resolve the issue while nearly as many (35%) are dissatisfied.

Table 4: Degree and Nature of Payroll Issues Experienced

	Total 2026	Total 2023	Total 2020
<i>Q30. Have you experienced any pay or other compensation issues within the past three years?</i>	<i>n=303</i>	<i>n=340</i>	<i>n=322</i>
Yes	64%	64%	70%
No	28%	30%	23%
Unsure, it depends	8%	6%	7%
<i>Q31. What type of issues have you experienced?</i>	<i>n=217</i>	<i>n=340</i>	<i>n=247</i>
Errors in processing pay information	50%	53%	51%
Overpaid	36%	33%	31%
Underpaid	29%	47%	60%
Errors related to change in position/department	22%	32%	33%
Missing regular payment	21%	34%	42%
Errors in leave credits	18%	18%	18%

-	Total 2026	Total 2023	Total 2020
Errors in pension deductions	6%	6	10%
Missing/extremely long delays in receiving over time payment	2%	9%	--
Extremely long delays to receive payment, takes months to resolve issues (general)	2%	6%	--
Missing/extremely long delays receiving reimbursements/allowances	2%	11%	--
Complex/lack of transparency of pay	1%	10%	--
Lack of access/ transparency (pay stub information)	0%	--	8%
Late payments, long waits for compensation	0%	--	6%
Other	2%	5%	4%
No response	1%	3%	5%
<i>Q32. Who is your first point of contact for pay issues/discrepancies?</i>	<i>n=212</i>		
Nursing Services Response Center	37%		
Nurse Manager	29%		
Pay Center	28%		
Administration/time keepers, admin officer	4%		
Other	1%		
Don't know/ Not applicable	2%		
<i>Q33. Have these issues been resolved?</i>	<i>n=212</i>	<i>n=340</i>	<i>n=247</i>
Yes	44%	30%	30%
No	15%	28%	36%
Unsure, in progress	41%	41%	33%
<i>Q34. How satisfied are you with the support you have received in trying to resolve these issues?</i>	<i>n=212</i>	<i>n=340</i>	<i>n=247</i>
Dissatisfied (1-2)	35%	52%	64%
Neither (3)	25%	28%	22%
Satisfied (4-5)	39%	16%	11%
Don't know/ Not applicable	1%	5%	4%

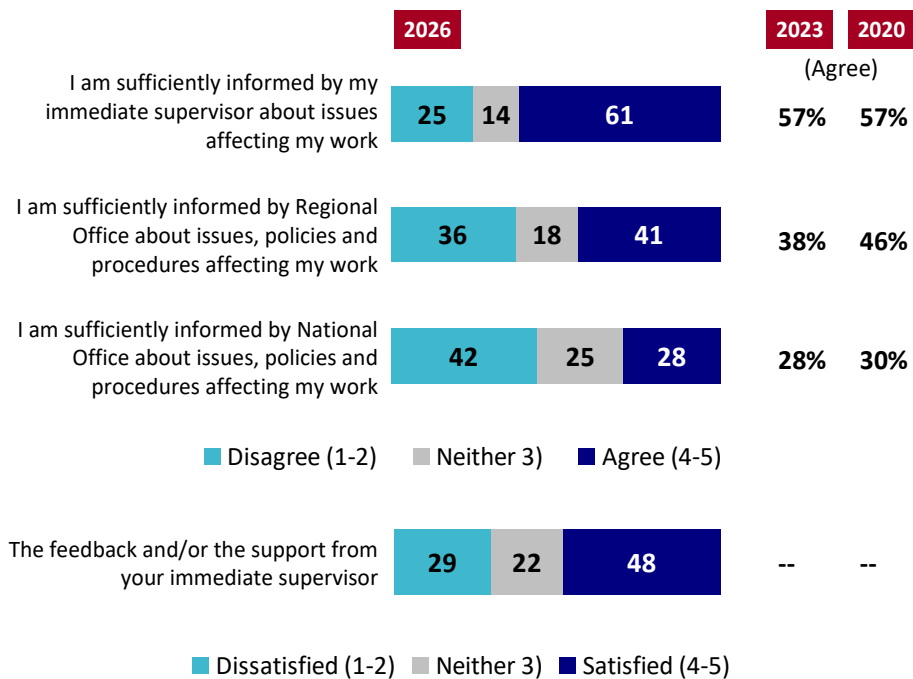
- Responding nurses who work at a nursing station or health center with treatment (73%) or are part-time or casual (75%) are more likely than others to say they experienced compensation issues. Those working at a nursing station or health center with treatment (78%) were apt to say they experienced a delay in receiving reimbursement.
- Those in Ontario (74%) are more likely to say they experienced errors in processing pay information (64%) or were underpaid (40%) than those in other regions.
- Nurses working in Public Health (50%), along with Indigenous respondents (43%) are more likely to say they contact the Nurse Manager. Those with an MN or greater are apt to contact the Nursing Services Response Centre (54%).
- Those working full time (54%) are more likely than those part time or casual (34%) to say the issues have been resolved.

E. ADEQUACY OF COMMUNICATIONS

Adequacy of Communications

Satisfaction with communication decreases with the distance from the source. Six in 10 nurses (61%) participating in the survey agree their immediate supervisors sufficiently inform them about issues affecting their work, although 25% disagree. Fewer feel adequately informed by policy or procedural information coming from the Regional Office, with a decrease in agreement from 46% in 2020 to 41%, as was also the case in 2023. Regarding information from the National Office, slightly more than one in four respondents agree they are informed (28%), and a higher proportion disagrees (42%).

Chart 26: Adequacy of Communications



Q28. Please indicate whether you agree or disagree with the following.

Q26D. Please indicate whether you are satisfied or dissatisfied with the following.

Base: n=340

- Responding nurses with an RN (77%) and those working full-time (66%) are more likely to feel sufficiently informed by their immediate supervisor.
- The same is true of RNs with regard to Regional Office (63%). Nurses in Saskatchewan are most likely to disagree (57%).
- Nurses in Ontario more often feel they are informed by National Office (35%)

Barriers to Communicating at Work

Three-quarters of participating nurses (76%) report using a work email as their primary communication method, a notable increase from 71% in 2023 and 57% in 2020. While personal email was used by one in four to one in five nurses in the past, this is now down to only 6%. Most nurses (73%) responding to the survey agree the tool they currently use is their preferred method to receive policy updates and announcements from their employer, an increase from 69% in 2020 but a decrease from 80% in 2023.

Of the 14% indicating they would prefer to communicate through an alternative method, which is primarily a preference for work e-mail (49%), or their work phone (15%).

Table 5: Methods of Communicating About Work-Related Issues

	Total 2026	Total 2023	Total 2020
<i>Q35. What is the primary method you use to communicate with your workplace?</i>	<i>n=303</i>	<i>n=340</i>	<i>n=322</i>
Work e-mail	76%	71%	57%
Work phone	7%	4%	9%
Personal phone	7%	3%	6%
Personal e-mail	6%	18%	24%
MS TEAMS	4%	1%	--
Other method	0%	3%	4%
<i>Q36. Is this your preferred method of communication with your employer regarding new / changes in policies, events/announcements?</i>	<i>n=303</i>	<i>n=340</i>	<i>n=322</i>
Yes	73%	80%	69%
No	14%	9%	20%
Unsure, it depends	13%	11%	11%

	Total 2026	Total 2023	Total 2020
<i>Q37. How would you prefer to communicate with your workplace to obtain information?</i>	<i>n=41</i>	<i>n=31</i>	<i>n=59</i>
Work e-mail	49%	36%	47%
Work phone	15%	17%	--
Personal e-mail	10%	37%	--
In person, face to face/meetings	10%	6%	20%
Other method	3%	4%	27%
Not applicable	4%	0%	6%

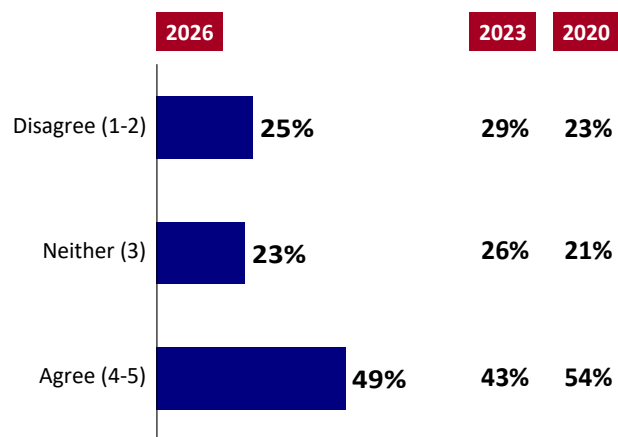
- Those more likely to use personal email as their primary method to communicate with their workplace are nurses working in Manitoba (15%), nurses working in clinical care (15%), work at a nursing station or health center with treatment (11%), those with an RN (13%), and nurses working part-time or casual (12%).
- A personal phone is also more likely to be used by nurses working in clinical care (12%), those who work at a nursing station or health center with treatment (11%), nurses with an RN (14%), individuals working in Manitoba (12%), and Indigenous nurses (17%).

F. ISSUES RELATED TO INFORMATION MANAGEMENT AND TECHNOLOGY

Degree of Issues with IM/IT

Half (49%) responding to the survey agree their quality of work suffers due to a lack of access to technology. This level of agreement has decreased marginally from 54% in 2020 but has risen since 2023 when it was 43%. Roughly one in four provided either a neutral rating (23%) or said the quality of their work does not suffer due to lack of access (25%).

Chart 27: Degree of Issues with IM/IT



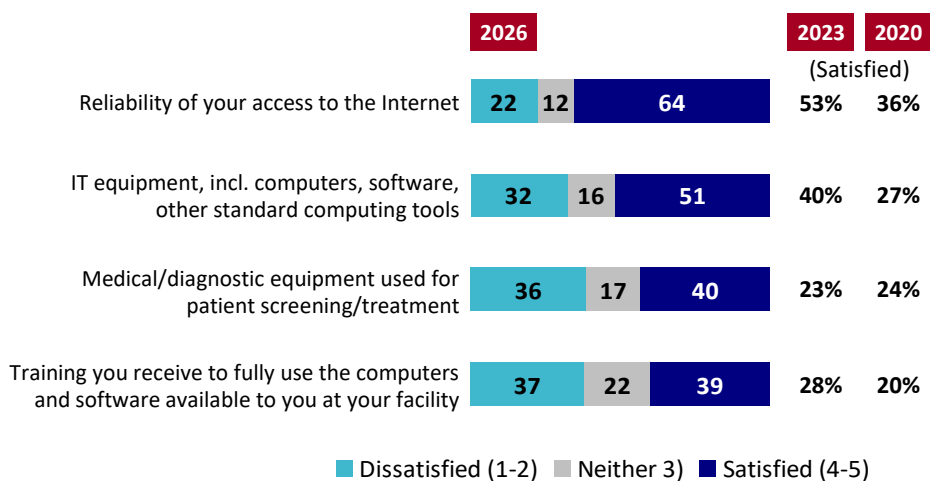
Q28. Please indicate whether you agree or disagree with the following: The quality of my work suffers because of lack of access to technology.
Base: n=303

- As in 2023, responding nurses who are currently working in clinical care (57%), work at a Nursing station or Health center with treatment (57%), or are part-time or casual (59%) are more likely to agree with this statement. This is also true of nurses working in Ontario (58%).

Satisfaction with IM/IT Service and Support

Participating nurses rated their satisfaction with various aspects of existing IT services and support at their workplace. Overall, satisfaction has increased significantly since 2023 and even more so since 2020 across each of the dimensions tested. Two-thirds (64%) of nurses responding to the survey say they are content with the reliability of their internet access, an increase from 53% in 2023 and has nearly doubled since 36% in 2020. Half are satisfied with their IT equipment, such as computers or software (51%, an increase from 40% in 2023 and 27% in 2020). Nonetheless, one in three (32%) are dissatisfied. Four in 10 are satisfied with the medical diagnostic equipment used for patient screening and treatment (40%, a considerably increase from 23% to 24% in previous measurements), and the training they receive to use these tools (39%, an increase from 28% in 2023 and 20% in 2020).

Chart 28: Satisfaction with IM/IT Service and Support



Q29. Please rate the extent to which you are satisfied or dissatisfied with each of the following aspects of IT at your work.

Base: n=303

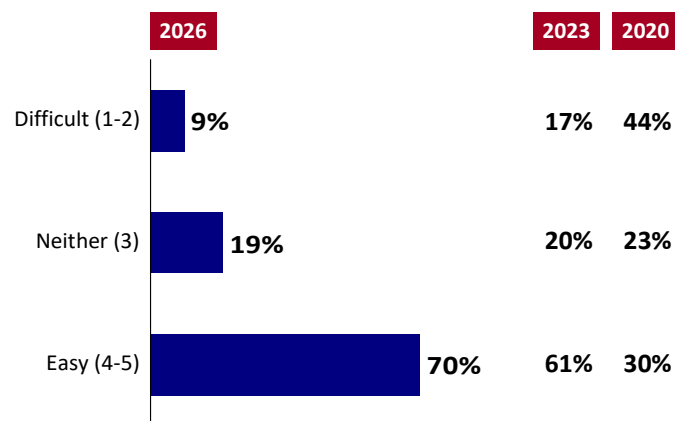
- Satisfaction with internet reliability is highest among nurses working in public health (73%), and among those working in Saskatchewan (79%).
- Dissatisfaction with IT equipment is highest among participating nurses employed at a nursing station or health center with treatment (37%). Conversely, satisfaction with IT equipment is comparatively greater among participating nurses working in public health (62%).

- Nurses with a BScN are the least satisfied with the medical/diagnostic equipment (50%). Those with a BN are least satisfied with the training to use computers. (50%).

Ease of Access to IM/IT Support

Seven in 10 (70%) of nurses responding to the survey say it is easy to submit a request for IT support at their workplace. This is an increase from 61% in 2020 and more than a two-fold increase from 2020, when 30% said it was easy.

Chart 29: Ease of Access to IM/IT Support



Q29E. How easy or difficult is the process for submitting a request for IT support in your workplace?

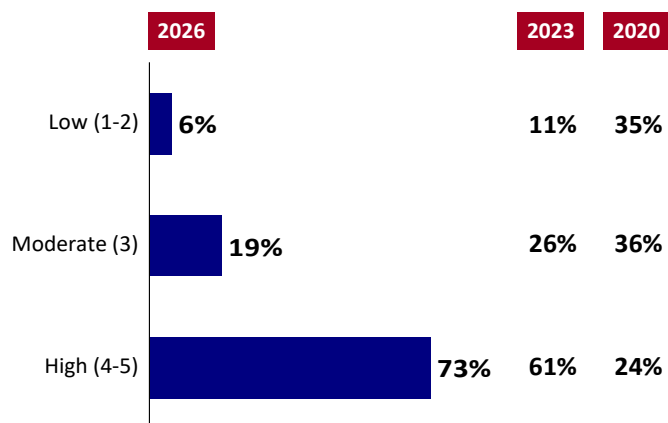
Base: n=303

- Those working in management or leadership positions (81%) are more likely to say it is easy.

Responsiveness of IM/IT Support Services

Regarding the responsiveness of IT staff when addressing a submitted request, close to three in four (73%) of responding nurses described it as high. This has also risen since 2023 when it was 61%, and is a vast improvement from 2020, when only 24% said IT support staff was highly responsive.

Chart 30: Responsiveness of IM/IT Support Services



Q29F. How responsive is IT support staff once you have submitted a request?

Base: n=303

- Responsiveness of IT staff does not vary significantly by subgroup.

G. ISSUES RELATED TO SAFETY AND SECURITY

Nurses had the opportunity to identify multiple safety and security concerns from a provided list that have had a negative impact on their sense of personal safety at the workplace. Results highlight that nearly half of nurses (46%) responding to the survey experienced an adverse impact on their sense of personal safety and security due to their physical work environment. One in three (34%) say they have received verbal threats from patients or their family members, and one in five (20%) has encountered physical threats from patients or their family members. A similar proportion (21%) voiced concern over the location of their facility within the community. One in 10 (9%) reports verbal threats from other staff members. In addition to the six aspects provided in the list, a range of other security concerns were identified (unprompted) including concerns about insufficient numbers (8%) and training (8%) of security staff. One in five (21%) report no security concerns.

Table 6: Nature of Safety & Security Concerns

	Total 2026	Total 2023	Total 2020
<i>Q41. Which of the following, if any, have had an adverse impact on your sense of personal safety and security at work?</i>	<i>n=303</i>	<i>n=340</i>	<i>n=322</i>
The physical work environment	46%	41%	47%
Verbal threats from patients/family members	34%	32%	30%
The location of the facility in the community	21%	17%	15%
Physical threats from patients/family members	20%	18%	16%
Verbal threats from other staff	9%	10%	9%
Security staff do not show up for shifts/leave during their shifts (unprompted)	8%	4%	--
Security is untrained, does not address concerns (unprompted)	8%	1%	--
Lack of support from management/regional office (unprompted)	3%	2%	--
Physical threats from other staff	2%	3%	4%
Travel issues (unprompted)	2%	2%	--
Bullying/intimidation/harassment/discrimination/ by staff/management unprompted) (	2%	3%	--
Wild dogs/animals (unprompted)	2%	1%	--
Understaffed, working alone (unprompted)	2%	--	--
Other safety/security concerns	2%	1%	1%

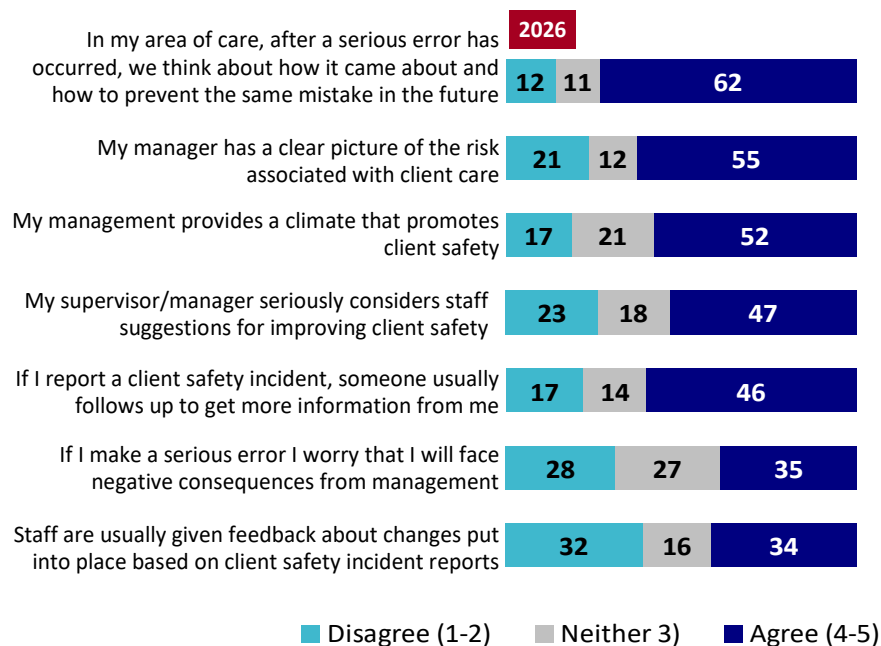
-	Total 2026	Total 2023	Total 2020
No safety and security issues	21%	21%	8%
Don't know/No response	8%	6%	17%

*Only aspects with 2% or more shown.

- Responding nurses who are currently working in clinical care, work at a nursing station or health center with treatment, working on a part-time or casual basis, and those working in Manitoba are each more likely than other nurses to have identified the physical work environment, verbal and physical threats from patients or family members as having had an adverse impact.

In a new series of questions, 62% of responding nurses said that when a serious error has occurred, time is taken to think about future prevention. Just over half said that their manager has a clear understanding of the risk associated with client care (55%) and that management provides a climate that promotes safety (52%). Fewer (47%) said that management considers staff suggestions or that client safety reports are followed up (46%). One in three (35%) said that they worry about facing negative consequences when a serious mistake is made. One in three (34%) also agree that staff are usually given feedback about changes that have been put into place as a result of client safety concerns.

Chart 31: Safety Concerns



Q55. Indicate the extent to which you agree or disagree with each of the following statements?

Base: n=303

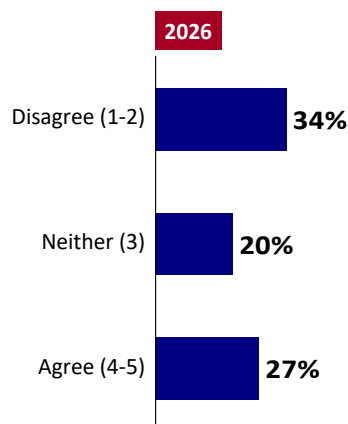
- Those working as practice advisors or in education (71%) are more likely than those working in other areas to agree their manager has a clear picture of the risk associated with client care.
- Responding nurses currently working in clinical care, at a nursing station or health centre with treatment, as well as those working part-time, are more likely than other nurses in the survey to disagree that their management provides a climate that promotes safety, that someone follows up with them if they report a client safety issue, that staff are usually given

feedback about changes based on client safety incident reports, or that their manager seriously considers staff suggestions for improving client safety.

- Nurses who work in clinical care (46%), or at a nursing station or health centre with treatment (40%) are more likely to worry about negative consequences following a serious error.
- Nurses with an RN (73%) are more likely to agree their manager has a clear picture of the risk than those with other levels of nursing education. Those with a BN (67%) are more likely to agree that their manager considers staff suggestions for improving client safety.

Just over one in four (27%) nurses responding to the survey agree that they have seen improvements in the safety and security of nursing stations or facilities they stay in, although one in three (34%) do not believe they have seen improvements.

Chart 32: Perceived Improvements at Nursing Stations



Q28M. I have seen improvements in the safety and security of the nursing stations and/or facilities I stay in?

Base: n=303

- Improvements were most likely to be reported by nurses who work in a clinical setting (35%), a nursing station or health centre (35%), and part time or on a casual basis (33%), as well as among Indigenous nurses (37% compared with 25% among non-Indigenous nurses).

Newly added in 2026, one in three (34%) of those responding to the survey said that they have been harassed on the job in the previous 12 months. This was most often harassment from individuals with authority over them (42%) or co-workers (41%). About one in four of those harassed said it was from a member of the public (29%) or individuals for whom they had duty of care (25%).

Table 7: Incidence and Source of On-the-Job Harassment (Past 12 months)

	2026 Total
<i>Q42. Having carefully read the definition of harassment, have you been the victim of harassment on the job in the past 12 months?</i>	<i>n=303</i>
Yes	34%
No	61%
Don't know / Not applicable	5%
<i>Q43. If yes, from whom did you experience harassment on the job? [Select all that apply.]</i>	<i>n=102</i>
Individuals with authority over me	42%
Co-workers	41%
Members of the public (individuals or organizations)	29%
Individuals for whom I have a duty of care	25%
Individuals from other departments or agencies	12%
Individuals working for me	7%
Don't know / Not applicable	3%

- Nurses with a BScN are more likely than others to have experienced harassment (42%).
- Harassment from members of the public is more likely among those working in clinical care (45%). Nurses working in a nursing station or health care centre are more likely than others to have experienced harassment from their clients (38%), which is also true of nurses working on a part-time or casual basis (37%). Nurses working full-time are more likely than their counterparts to have experienced harassment from a person with authority over them (51%).

Just over four in 10 (44%) of responding nurses have accessed OCISM in the previous 12 months, which is on par with 2023 results (46%). Of those who participated, only 10% say their work environment allows them to practice the skills obtained from the OCISM training (a decrease from 28% in 2023).

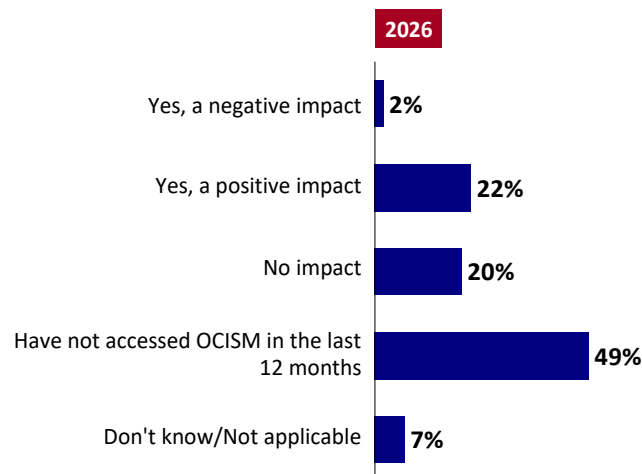
Table 8: Participation in & Satisfaction with OCISM

	Total 2026	Total 2023	Total 2020
<i>Q49. To what extent do you feel your work environment allows you to practice the skills you obtained in your OCISM training?</i>	<i>n=303</i>	<i>n=159</i>	<i>n=322</i>
Low (1-2)	17%	17%	--
Somewhat (3)	32%	46%	--
High (4-5)	10%	28%	--
No training received	18%	--	--
Don't know/ No response	23%	10%	--

- Those in clinical care (60%), those working in a nursing station or health centre (60%), and those working part-time or casually (51%) are more likely than others to say they have participated in OCISM training.

Of nurses who participated, half (50% or 22% of all nurses) said it had a positive impact on their intent to stay with ISC. Another 45% (20% of all nurses) said it did not have an impact. Very few said it had a negative impact.

Chart 33: Impact of OCISM on Intent to Stay



Q48. If you have accessed Occupational and Critical Incident Stress Management in the last 12 months, has access to the services it provides had an impact on your intent to stay?

Base: n=303

- Nurses more likely to have experienced a positive impact on their intent to stay work in clinical care (31%), work at a nursing station or health centre (32%), work part-time or casually (36%), are an RN (39%).
- Regionally this is more likely in Ontario (33%).

H. AWARENESS OF TRC CALLS TO ACTION

Two in three nurses responding to the survey (64%) have been informed by their employer about the TRC Calls to Action, which is in line with previous results. In terms of the result of any positive changes to their workplace, fewer than one in five (17%) report a high impact, one-quarter (23%) report a moderate impact, and one-third (32%) describe the impact as low, which is less positive than found in 2023 when only 23% indicated a minimal impact.

Table 9: Awareness of TRC Calls to Action

	Total 2026	Total 2023	Total 2020
<i>Q38. Have you been informed by your employer about the Truth and Reconciliation (TRC) Calls to Action?</i>	<i>n=303</i>	<i>n=340</i>	<i>n=322</i>
Yes	64%	66%	60%
No	15%	14%	19%
Unsure/Do not recall	21%	20%	21%
<i>Q39. Have you experienced any changes in your workplace as a result of the Truth and Reconciliation (TRC) Calls to Action?</i>	<i>n=202</i>	<i>n=340</i>	<i>n=203</i>
Low (1-2)	32%	23%	27%
Moderate (3)	23%	30%	37%
High (4-5)	17%	17%	15%
Don't know/ No response	27%	30%	21%

- Responding nurses working in management or leadership roles (78%), those in regional, zone or branch offices (80%), along with those working full-time (73%), are more likely to report having been informed about the TRC Calls to Action.
- Regionally, those in Manitoba are least likely to have been informed of this initiative (49%).
- Indigenous nurses are more likely to say their employer did not inform them about the TRC Calls to Action (28%) than non-Indigenous nurses (11%).

I. INDIGENOUS TRADITIONAL HEALTH KNOWLEDGE EXCHANGE

More than eight in 10 (85%) nurses have a strong understanding of the terms Indigenous cultural awareness, safety and humility, which has increased significantly from 71% in 2023.

Access to language interpreters to provide Indigenous client care has decreased over time. Compared with 23% indicating frequent access in 2023 (28% in 2020), only 12% said the same in 2026. One in three (34%), however, said they never (20%) or rarely (14%) have access, which has increased significantly from 17% saying they never or rarely had access in 2023.

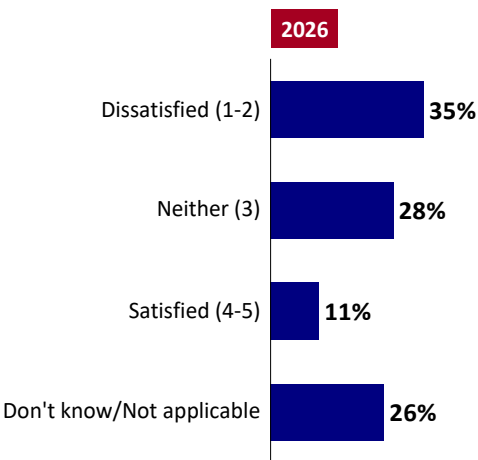
Table 10: Use of Indigenous Traditional Health at Work

	Total 2026	Total 2023	Total 2020
<i>Q40. To what extent would you say you are aware of (i.e., have an understanding of) the terms Indigenous cultural awareness, safety humility?</i>	<i>n=303</i>	<i>n=340</i>	<i>n=322</i>
Low (1-2)	1%	3%	5%
Moderate (3)	13%	25%	22%
High (4-5)	85%	71%	72%
<i>Q53. How often do you have access to language interpreters when required to provide client care?</i>	<i>n=303</i>	<i>n=340</i>	<i>n=322</i>
All or most of the time	12%	23%	28%
Some of the time	13%	14%	16%
Occasionally	11%	14%	7%
Rarely or never	34%	17%	15%
Not applicable	27%	28%	27%
Don't know/prefer not to say	2%	5%	6%

- Nurses over 60 years of age are more likely (25%) to say they are aware of the terms Indigenous cultural awareness, safety, and humility.
- Responding nurses who are currently working in clinical care (21%), work at a Nursing Station or Health Centre with treatment (18%), or are part-time or casual (20%) are more likely to say they have regular access to language interpreters all or most of the time, although the proportion of each of these segments has decreased significantly since 2023.

Nurses were asked in the current survey about their satisfaction with the number of opportunities and degree of support they have to use traditional medicine in their practice. While one in four said they do not know (26%), only 11% said they are satisfied and 28% indicated a neutral response. More than one in three (35%) said they are dissatisfied.

Chart 34: Satisfaction with Opportunities to Use Traditional Medicine



Q54. How satisfied are you with number of opportunities and degree of support in your work environment to incorporate traditional medicine into your nursing practice?

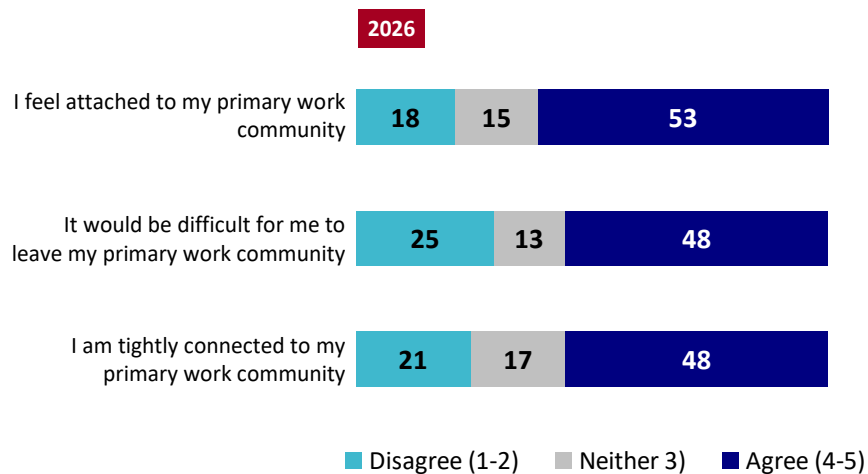
Base: n=303

- Nurses who work in clinical care (45%), at a nursing station or health centre with treatment (45%), or work in part-time or casual capacity (44%) are more likely to disagree.
- Nurses over 60 years of age are more likely to be satisfied (25%) compared with those who are younger.

J. ATTACHMENT TO COMMUNITY

Roughly half of nurses responding to the survey said that they feel attached to their primary work community (53%), that it would be difficult to leave their primary work community (48%), and that they are tightly connected to their primary work community (48%). Across each of these, between one in four and one in six indicated they disagree.

Chart 35: Attachment to Primary Work Community



Q57. After considering non-work related factors (e.g., quality of neighbors, hobbies you have, community perks you enjoy), please rate your agreement with these statements?

Base: n=303

- Nurses working in clinical care, at a nursing station or health centre with treatment, or working part-time or casual are more likely to agree with all three areas.
- Regionally, those in Manitoba are more likely than those in other regions to disagree (33%) that they feel attached to their primary work community.
- Those aged 61 and over (76%) are more likely than younger cohorts to agree they feel attached to their primary work community.

One in three (34%) nurses responding to the survey lived in a large centre the longest time as a child. One in 10 (9%) grew up in a medium centre and one in four (26%) in a small centre. Just over one in five (22%) lived in a small centre the longest as a child and 5% are from a remote area isolated from other communities.

Table 11: Community as a child

	Total 2026
<i>Q56. Which of the following best describes the place you lived the longest time as a child?</i>	<i>n=303</i>
Large centre with 100,000 or more residents	34%
Medium centre with 30,000 to 100,000 residents	9%
Small centre with 1,000 to 30,000 residents	26%
Rural area with under 1,000 residents	22%
Remote area (isolated from other communities)	5%
Prefer not to specify	3%

- Regionally, those in Ontario (51%) are more likely to be from a large centre with 100,000 or more residents. Those in Saskatchewan (38%) are more likely to be from a rural area with under 1,000 residents.
- Indigenous nurses are more likely to say they are from a remote area (18%). Non-Indigenous nurses are more likely to be from a large centre (40%) compared to Indigenous nurses (18%).

APPENDICES

A. METHODOLOGICAL DETAILS

Following is a breakdown of the 303 nurses responding to the survey by region and age group, as well as by gender and Indigenous status. Results presented in this table and the body of the report are weighted by region to reflect the distribution of nurses at ISC. Results presented for the region in the table below are **unweighted** (i.e., reflecting the actual proportion of nurses responding to the survey before weighting).

Compared to the results of the 2023 survey, there are slightly fewer younger nurses in the current results (4% compared to 9% of age 30 and younger) and slightly more aged 31 to 40 (26% compared to 22%) 22% compared to 18% aged 31 to 40).

Table 12: Sample Characteristics

	2026 Total	2023 Total	2020 Total
<i>Region (unweighted)</i>	<i>n=303</i>	<i>n=340</i>	<i>n=340</i>
Atlantic	3%	4%	4%
Quebec	3%	4%	5%
NCR	9%	11%	10%
Ontario	31%	33%	30%
Manitoba	25%	21%	19%
Saskatchewan	14%	12%	15%
Alberta	15%	14%	17%
<i>QAGE. What is your age group?</i>	<i>n=303</i>	<i>n=340</i>	<i>n=340</i>
30 or younger	4%	9%	5%
31-40	26%	22%	18%
41-50	28%	27%	25%
51-60	29%	28%	31%
61 or older	11%	11%	17%
Prefer not to specify	2%	3%	3%

	2026 Total	2023 Total	2020 Total
<i>QGEND. What is your gender?</i>	<i>n=303</i>	<i>n=340</i>	<i>n=340</i>
Male	10%	10%	13%
Female	87%	85%	84%
Prefer not to specify	3%	4%	2%
<i>QINDIG. Are you First Nations, Métis or Inuk (Inuit)?</i>	<i>n=303</i>		
No, not First Nations, Métis or Inuk (Inuit)	73%		
Yes, First Nations, (North American Indian)	18%		
Yes, Métis	4%		
Yes, Inuk (Inuit)	0%		
Prefer not to specify	4%		
<i>QETHNIC. Which of these race/ethnicities do you identify as...? [Select all that apply]</i>	<i>n=235</i>		
White	70		
Black	6		
Chinese	3		
Filipino	3		
South Asian	3		
Southeast Asian	0		
Canadian	1		
European	1		
Mixed ethnicity	1		
Japanese	0		
Other	1		
Prefer not to say	12		

B. SURVEY QUESTIONNAIRE

WINTRO

EKOS Research Associates has been commissioned by Indigenous Services Canada (ISC) to conduct a survey of all nurses employed by ISC who are currently working in nursing stations, health centres, ISC hospitals, regional, zone, and ISC offices. The purpose of the survey is to gather important information concerning the current nursing workforce demographics, work environment and job satisfaction to allow ISC to focus on key human resources management priorities and strategies needed to build a healthy, productive workplace and workforce.

The survey is voluntary, and by taking part in the survey consent to collect this information is implied.

You should have recently received a communication from ISC informing you of the survey and the reasons for undertaking this initiative. The survey will take between 25 and 30 minutes to complete and your responses will be kept strictly confidential. You can start the survey and come back to it later if you don't have enough time right now.

The collection, use and disclosure of personal information by Indigenous Services Canada (ISC) for the purpose of conducting the Nursing Workforce Survey is authorized under the *Department of Indigenous Services Act*, and is in accordance with the requirements of the *Privacy Act*. By participating in the ISC Nursing Workforce Survey, you're providing your consent to the collection, use, disclosure and retention of your personal information for the purposes listed below. As this survey is voluntary, you may choose not to participate. Only information needed to respond to program requirements will be requested.

Information collected will be used exclusively for the purpose of recruitment, retention and to develop materials necessary to inform the development of the supports for nurses working for ISC. ISC is providing you the option to share your personal contact information directly to EKOS Research Associates Inc. to facilitate your access to completing the voluntary and confidential ISC Nursing Workforce Survey. Information collected will also be shared with the Treasury Board of Canada to assess trends in retention and recruitment. Personal information will be retained pursuant to the *Privacy Act* and its *Regulations*. The collection of information is described in the Personal Information Banks for Outreach Activities (PSU 938) and Public Communications (PSU 939) located in the departmental Info Source publication online at <https://www.sac-isc.gc.ca/eng/1639748667069/1639748703555>.

Individuals have the right to the protection of, access to and request the correction of their personal information under the *Privacy Act*. If you require clarification concerning the Privacy Notice Statement, please contact the Departmental Access to Information and Privacy Office at 1-819-997-8277 or by email at upvp-ppu@sac-isc.gc.ca. For more information on privacy issues, your right to file a complaint and the *Privacy Act* in general, you can consult the Privacy Commissioner at 1-800-282-1376.

A few reminders before beginning:

- Definitions to some terms are provided. Hover your mouse over the underlined terms as you move through the survey in order to see the definition.
- On each screen, after selecting your answer, click on the "Continue" button at the bottom of the screen to move forward in the questionnaire.
- If you leave the survey before completing it, you can return to the survey URL later, and you will be returned to the page where you left off. Your answers up to that point in the survey will be saved.
- If you have any questions about how to complete the survey or prefer to participate by telephone, please call EKOS at 1-866-211-8881 or email us at ISCnurses@ekos.com.

Thank you in advance for your participation.

PINTRO

Good morning/afternoon, my name is _____ and I'm calling from EKOS Research Associates.

Would you prefer to continue in English or French?

We have been commissioned by Indigenous Services Canada (ISC) to conduct a telephone survey of all nurses currently employed by ISC who are currently working in nursing stations, health centres, Health and Social Services (HSS) hospitals, regional, zone, and branch offices. The purpose of the survey is to gather important information concerning the current nursing workforce demographics, work environment and job satisfaction to allow ISC to focus on key human resources management priorities and strategies needed to build a healthy, productive workplace and workforce.

The survey is voluntary, and by taking part in the survey consent to collect this information is implied.

You should have recently received a communication from ISC informing you of the survey and the reasons for undertaking this initiative. The survey will take about 30 minutes to complete and your responses will be kept strictly confidential.

Please be assured that the information you provide will be administered in accordance with the *Privacy Act of Canada* regarding the protection of personal information. Your responses will remain confidential and no identifiable individual responses will appear in the report or sent to ISC in a way that will allow responses to be linked with individuals.

This research is also registered with the Research Verification Service maintained by the Canadian Research Insights Council and can be verified at <https://canadianresearchinsightscouncil.ca/rvs/home/> by entering project code 20251215-EK717.

Did you receive this letter?

IF ASKED: The collection, use and disclosure of personal information by Indigenous Services Canada (ISC) for the purpose of conducting the Nursing Workforce Survey is authorized under the *Department of Indigenous Services Act*, and is in accordance with the requirements of the *Privacy Act*. By participating in the ISC Nursing Workforce Survey, you're providing your consent to the collection, use, disclosure and retention of your personal information for the purposes listed below. As this survey is voluntary, you may choose not to participate. Only information needed to respond to program requirements will be requested.

Information collected will be used exclusively for the purpose of recruitment, retention and to develop materials necessary to inform the development of the supports for nurses working for ISC. ISC is providing you the option to share your personal contact information directly to EKOS Research Associates Inc. to facilitate your access to completing the voluntary and confidential ISC Nursing Workforce Survey. Information collected will also be shared with the Treasury Board of Canada to assess trends in retention and recruitment. Personal information will be retained pursuant to the *Privacy Act* and its *Regulations*. The collection of information is described in the Personal Information Banks for Outreach Activities (PSU 938) and Public Communications (PSU 939) located in the departmental Info Source publication online at <https://www.sac-isc.gc.ca/eng/1639748667069/1639748703555>.

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Yes	1
No	2

PRE1

Would you be willing to take part in the survey? We could do the interview now over the telephone, or schedule an appointment for a time that works for you or you could go online to complete the survey on your own, if you prefer?

(IF PREFER ONLINE) We would have sent you an email invitation to the survey on [date], but I will also send you one now and you can use either one to go to the link in the email.

Telephone now	1
Telephone, but not now (make appointment, click continue to return to PINTRO)	2
Online, send invitation (Confirm email address) :	3

SCRN1

Would you prefer to wait until you receive the letter before taking part in the survey?

Yes, wait until letter received (Click continue to return to PINTRO)	1
No, prefer to continue	2

SCRN2

The survey will take about 30 minutes to complete and your responses will be kept strictly confidential. Would you be available now to take part in the survey?

Yes	1
No (make appointment, click continue to return to PINTRO)	2

SCRN3

An invitation email has been sent, it should be received shortly. Thank you for your time and cooperation.

CLICK "CONTINUE" TO RETURN TO INTRODUCTION

1

PRIV

This call may be recorded for quality control or training purposes.

QINDIG

Are you First Nations, Métis or Inuk (Inuit)?

No, not First Nations, Métis or Inuk (Inuit)	1
Yes, First Nations, (North American Indian)	2
Yes, Métis	3
Yes, Inuk (Inuit)	4
Prefer not to specify	99

QETHNIC [1,12]

Which of these race/ethnicities do you identify as:

Select all that apply

Arab	1
Black	2
Chinese	3
Filipino	4
Japanese	5
Korean	6
Latin American	7
South Asian (e.g., East Indian, Pakistani, Sri Lankan, etc.)	8
Southeast Asian (e.g., Vietnamese, Cambodian, Malaysian, Thai, Laotian, etc.)	9
West Asian (e.g., Iranian, Afghan, etc.)	10
White	11
Other (please specify) :	77
Prefer not to specify	99

QAGE

What is your age group?

30 or younger	1
31-40	2
41-50	3
51-60	4
61 or older	5
Prefer not to specify	99

QGEND

What is your gender?

Man	1
Woman	2

Or please specify	77
Prefer not to specify	99

Q5

For how many years have you been employed as a nurse?

<[PHONE]Prompt if needed>

Less than 1 year	1
1 year or greater, but less than 2 years	2
2 years or greater, but less than 3 years	3
3 years or greater, but less than 5 years	4
5 years or greater, but less than 10 years	5
10 years or greater, but less than 15 years	6
15 years or greater, but less than 20 years	7
20 years or greater, but less than 25 years	8
25 years or greater	9
Don't know / Not applicable	99

Q6

For how many years have you been employed as a nurse by Indigenous Services Canada?

<[PHONE]Prompt if needed>

Q5 >= 1	
Less than 1 year	1
Q5 >= 2	
1 year or greater, but less than 2 years	2
Q5 >= 3	
2 years or greater, but less than 3 years	3
Q5 >= 4	
3 years or greater, but less than 5 years	4
Q5 >= 5	
5 years or greater, but less than 10 years	5
Q5 >= 6	
10 years or greater, but less than 15 years	6
Q5 >= 7	
15 years or greater, but less than 20 years	7
Q5 >= 8	
20 years or greater, but less than 25 years	8
Q5 >= 9	
25 years or greater	9
Don't know / Not applicable	99

Q7

For how many years have you been employed in your current position?

<[PHONE]Prompt if needed>

Q6 >= 1	
Less than 1 year	1
Q6 >= 2	
1 year or greater, but less than 2 years	2
Q6 >= 3	
2 years or greater, but less than 3 years	3

Q6 >= 4	
3 years or greater, but less than 5 years	4
Q6 >= 5	
5 years or greater, but less than 10 years	5
Q6 >= 6	
10 years or greater, but less than 15 years	6
Q6 >= 7	
15 years or greater, but less than 20 years	7
Q6 >= 8	
20 years or greater, but less than 25 years	8
Q6 >= 9	
25 years or greater	9
Don't know / Not applicable	99

Q8

For how many years have you been employed in your <HOVER="Primary community is defined as the community where you are scheduled to work in the most.">current primary work community - definition: Primary community is defined as the community where you are scheduled to work in the most.>?

<[PHONE]Prompt if needed>

Q5 >= 1	
Less than 1 year	1
Q5 >= 2	
1 year or greater, but less than 2 years	2
Q5 >= 3	
2 years or greater, but less than 3 years	3
Q5 >= 4	
3 years or greater, but less than 5 years	4
Q5 >= 5	
5 years or greater, but less than 10 years	5
Q5 >= 6	
10 years or greater, but less than 15 years	6
Q5 >= 7	
15 years or greater, but less than 20 years	7
Q5 >= 8	
20 years or greater, but less than 25 years	8
Q5 >= 9	
25 years or greater	9
Don't know / Not applicable	99

Q9 [1,10]

What aspects of your current job first attracted you to it?

<[PHONE]Read list> <[PHONE]Prompt if needed> Select all that apply

Opportunities for expanded scope of practice	1
Opportunity for advancement	2
Desire to work in remote/rural settings	3
Opportunity to work with a diverse culture (First Nations Peoples)	4
Working in a primary health care environment	5
Autonomy in nursing practice	6

Salary and benefits of the job	7
The work hours/flexibility	8
Ability to work in a variety of settings (such as public health, emergency care, home care, etc)	9
Other, specify :	77
Don't know / Not applicable	99

Q10 [1,9]

What aspects keep you working as an employee in this job?

<[PHONE]Read list> <[PHONE]Prompt if needed> Select all that apply	
Opportunities for expanded scope of practice	1
Opportunity for advancement	2
Desire to work in remote/rural settings	3
Opportunity to work with a diverse culture (First Nations Peoples)	4
Working in a primary health care environment	5
Autonomy in nursing practice	6
Salary and benefits of the job	7
The work hours/flexibility	8
Other, specify :	77
Don't know / Not applicable	99

Q11

Which of these best describes your current employment status with your current employer?

<[PHONE]Read list> NOTE: Relief nurse is the same as casual	
Full-time: regularly working 30 or more hours a week	1
Part-time: regularly working less than 30 hours a week	2
Casual position (employment that doesn't exceed 120 hours a year)	3
Other, specify :	77
Don't know / Not applicable	99

Q12

Are you considered to be in an indeterminate, term, or casual position?

Indeterminate	1
Term	2
Casual	3
Other, specify :	77
Don't know / Not applicable	99

Q13

Which of the following areas best describes your **primary** area of responsibility?

<[PHONE]Read list> If more than one, please select the one that you consider to be your main responsibility	
Clinician or clinical care	1
Practice advisors	2
Management	3
Leadership (no direct reports)	4
Education	5
Public Health	6

Other, specify :	77
Don't know / Not applicable	99

Q14

Which of the following types of facilities best describes your **primary** place of work?

<[PHONE]Read list> If more than one, please select the one that you consider to be your main place of work	
Nursing Station	1
Health Centre with treatment component	2
Health Centre without treatment component	3
Regional/Zone/Branch office	4
Other, specify :	77
Don't know / Not applicable	99

Q15

Are you registered as a Nurse Practitioner?

Yes, working in full scope of practice	1
Yes, working in an extended role	2
No	3
Don't know / Not applicable	99

Q16

Do you currently have any plans to leave your current employment within the next three years, either to retire or for other reasons?

Yes	1
No	2
Don't know / Not applicable	99

Q17

What is your expected timeframe for leaving?

(Please select to response that is closest to your plans)

Less than 1 year	1
1 year	2
2 years	3
3 years	4
Don't know / Not applicable	99

Q18

What is the main reason you intend to leave?

<[PHONE]Read list> <[PHONE]Prompt if needed>

Retirement	1
Different job	2
Stay at home/parental leave	3
Relocation	4
Other, specify :	77
Don't know / Not applicable	99

Q20

What is your highest nursing education qualification level?

<[PHONE]Read list if necessary>

RN College Diploma	1
Bachelor of Nursing (BN)	2
Bachelor of Science in nursing (BScN)	3
Masters in nursing (MN, MScN)	4
Ph.D. in nursing	5
Registered Practical Nurse/Licenced Practical Nurse Diploma	6
Masters in another health area	7
Other, specify :	77
Don't know / Not applicable	99

Q21

What is your total compensation (ie - your annual salary and all your allowance and premiums) before taxes and other deductions?

	77
Don't know / Not applicable	99

Q22

How many working hours are you **scheduled** to work in a usual week?

Please round the number

	77
Don't know / Not applicable	99

Q23

On average, how many hours do you **usually** work per week?

Please round the number

	77
Don't know / Not applicable	99

Q24

Are you required to be on-call for your work?

Yes	1
No	2
Don't know / Not applicable	99

Q25

How are your working time arrangements set in your job?

They are set by the employer	1
You can choose between several fixed working schedules determined by the employer	2
You can adapt your working hours within certain limits (e.g., flextime)	3
Your working hours are entirely determined by yourself	4
Don't know / Not applicable	99

PREQ26

<[PHONE]For each one tell me if you are very dissatisfied, somewhat dissatisfied, neither satisfied nor dissatisfied, somewhat satisfied or very satisfied with each of the following aspects of your current workplace.[ELSE]Please indicate whether you are satisfied or dissatisfied with each of the following aspects of your current workplace.>

Q26A

Your family/work life balance

Very dissatisfied 1	1
Somewhat dissatisfied 2	2
Neither satisfied nor dissatisfied 3	3
Somewhat satisfied 4	4
Very satisfied 5	5
Not applicable	98
Don't know / Not applicable	99

Q26B

Your current opportunities for professional development/continuing education

Very dissatisfied 1	1
Somewhat dissatisfied 2	2
Neither satisfied nor dissatisfied 3	3
Somewhat satisfied 4	4
Very satisfied 5	5
Not applicable	98
Don't know / Not applicable	99

Q26C

Your current opportunities for nursing leadership development

Very dissatisfied 1	1
Somewhat dissatisfied 2	2
Neither satisfied nor dissatisfied 3	3
Somewhat satisfied 4	4
Very satisfied 5	5
Not applicable	98
Don't know / Not applicable	99

Q26D

The feedback and/or the support from your immediate supervisor

Very dissatisfied 1	1
Somewhat dissatisfied 2	2
Neither satisfied nor dissatisfied 3	3
Somewhat satisfied 4	4
Very satisfied 5	5
Not applicable	98
Don't know / Not applicable	99

Q26E

The opportunities you have to participate in policy and practice decisions

Very dissatisfied 1	1
Somewhat dissatisfied 2	2
Neither satisfied nor dissatisfied 3	3
Somewhat satisfied 4	4
Very satisfied 5	5
Not applicable	98
Don't know / Not applicable	99

Q26F

The orientation training (including cultural competency training) provided to new staff

Very dissatisfied 1	1
Somewhat dissatisfied 2	2
Neither satisfied nor dissatisfied 3	3
Somewhat satisfied 4	4
Very satisfied 5	5
Not applicable	98
Don't know / Not applicable	99

Q26G

Your ability to deliver or influence quality care

Very dissatisfied 1	1
Somewhat dissatisfied 2	2
Neither satisfied nor dissatisfied 3	3
Somewhat satisfied 4	4
Very satisfied 5	5
Not applicable	98
Don't know / Not applicable	99

Q26H

The number of healthcare and para-professional staff on duty to provide quality care

Very dissatisfied 1	1
Somewhat dissatisfied 2	2
Neither satisfied nor dissatisfied 3	3
Somewhat satisfied 4	4
Very satisfied 5	5
Not applicable	98
Don't know / Not applicable	99

Q26I

The number of allied health professionals and support staff at your workplace, including technical staff

Very dissatisfied 1	1
Somewhat dissatisfied 2	2
Neither satisfied nor dissatisfied 3	3
Somewhat satisfied 4	4
Very satisfied 5	5
Not applicable	98
Don't know / Not applicable	99

Q26J

The physical maintenance at the facility where you work	
Very dissatisfied 1	1
Somewhat dissatisfied 2	2
Neither satisfied nor dissatisfied 3	3
Somewhat satisfied 4	4
Very satisfied 5	5
Not applicable	98
Don't know / Not applicable	99

Q26K

The quality and availability of living accommodations provided by your employer	
Very dissatisfied 1	1
Somewhat dissatisfied 2	2
Neither satisfied nor dissatisfied 3	3
Somewhat satisfied 4	4
Very satisfied 5	5
Not applicable	98
Don't know / Not applicable	99

Q26L

The amount of pay, including base pay, overtime and allowances you receive	
Very dissatisfied 1	1
Somewhat dissatisfied 2	2
Neither satisfied nor dissatisfied 3	3
Somewhat satisfied 4	4
Very satisfied 5	5
Not applicable	98
Don't know / Not applicable	99

Q26M

The pension plan coverage you have	
Very dissatisfied 1	1
Somewhat dissatisfied 2	2
Neither satisfied nor dissatisfied 3	3
Somewhat satisfied 4	4
Very satisfied 5	5
Not applicable	98
Don't know / Not applicable	99

Q26N

The amount of benefits, including health and dental coverage you receive	
Very dissatisfied 1	1
Somewhat dissatisfied 2	2
Neither satisfied nor dissatisfied 3	3
Somewhat satisfied 4	4
Very satisfied 5	5
Not applicable	98
Don't know / Not applicable	99

Q260

The ability to obtain approval for leave requests	
Very dissatisfied 1	1
Somewhat dissatisfied 2	2
Neither satisfied nor dissatisfied 3	3
Somewhat satisfied 4	4
Very satisfied 5	5
Not applicable	98
Don't know / Not applicable	99

Q27 [1,5]

In what way could ISC assist with managing workload?

Select all that apply	
Increase presence of multidisciplinary team	1
Increase the adoption of technology within the work environment	2
Decrease the amount of paperwork administration done by healthcare professionals (not directly related to patients)	3
Increase security presence in the healthcare facility	4
Other, specify :	77
Don't know / Not applicable	99

PREQ28

<[PHONE]For each of the following please tell me if you strongly disagree, somewhat disagree, neither agree nor disagree, somewhat agree or strongly agree.[ELSE]Please indicate whether you agree or disagree with the following.>

Q28A

Overall, I feel valued at work	
Strongly disagree 1	1
Somewhat disagree 2	2
Neither agree nor disagree 3	3
Somewhat agree 4	4
Strongly agree 5	5
Not applicable	98
Don't know / Not applicable	99

Q28B

I have opportunities to provide input into decisions that affect my work	
Strongly disagree 1	1
Somewhat disagree 2	2
Neither agree nor disagree 3	3
Somewhat agree 4	4
Strongly agree 5	5
Not applicable	98
Don't know / Not applicable	99

Q28C

I receive the training I need to do my job

Strongly disagree	1
Somewhat disagree	2
Neither agree nor disagree	3
Somewhat agree	4
Strongly agree	5
Not applicable	98
Don't know / Not applicable	99

Q28D

I am sufficiently informed by **my immediate supervisor** about issues affecting my work

Strongly disagree	1
Somewhat disagree	2
Neither agree nor disagree	3
Somewhat agree	4
Strongly agree	5
Not applicable	98
Don't know / Not applicable	99

Q28E

I am sufficiently informed by **Regional Office** about issues, policies and procedures affecting my work

Strongly disagree	1
Somewhat disagree	2
Neither agree nor disagree	3
Somewhat agree	4
Strongly agree	5
Not applicable	98
Don't know / Not applicable	99

Q28F

I am sufficiently informed by **National Office** about issues, policies and procedures affecting my work

Strongly disagree	1
Somewhat disagree	2
Neither agree nor disagree	3
Somewhat agree	4
Strongly agree	5
Not applicable	98
Don't know / Not applicable	99

Q28G

I feel the quality of my work suffers because of high staff turnover

Strongly disagree	1
Somewhat disagree	2
Neither agree nor disagree	3
Somewhat agree	4
Strongly agree	5
Not applicable	98
Don't know / Not applicable	99

Q28H

The quality of my work suffers because of lack of access to technology	
Strongly disagree 1	1
Somewhat disagree 2	2
Neither agree nor disagree 3	3
Somewhat agree 4	4
Strongly agree 5	5
Not applicable	98
Don't know / Not applicable	99

Q28I

I cannot ever seem to catch up at work	
Strongly disagree 1	1
Somewhat disagree 2	2
Neither agree nor disagree 3	3
Somewhat agree 4	4
Strongly agree 5	5
Not applicable	98
Don't know / Not applicable	99

Q28J

I can count on my coworkers for support when I need it	
Strongly disagree 1	1
Somewhat disagree 2	2
Neither agree nor disagree 3	3
Somewhat agree 4	4
Strongly agree 5	5
Not applicable	98
Don't know / Not applicable	99

Q28K

I have good opportunities for promotion within ISC	
Strongly disagree 1	1
Somewhat disagree 2	2
Neither agree nor disagree 3	3
Somewhat agree 4	4
Strongly agree 5	5
Not applicable	98
Don't know / Not applicable	99

Q28L

My job enhances the welfare of others	
Strongly disagree 1	1
Somewhat disagree 2	2
Neither agree nor disagree 3	3
Somewhat agree 4	4
Strongly agree 5	5
Not applicable	98
Don't know / Not applicable	99

Q28M

I have seen improvements in the safety and security of the nursing stations and/or facilities I stay in

Strongly disagree	1
Somewhat disagree	2
Neither agree nor disagree	3
Somewhat agree	4
Strongly agree	5
Not applicable	98
Don't know / Not applicable	99

Q28N

Please rate the extent to which you agree or disagree with the following statement: How often do you feel emotionally drained from your work? Would you say.... <[PHONE]Would you say (read list)>

Never	1
A few times per year or less	2
Once a month or less	3
A few times a month	4
Once a week	5
A few times a week	6
Every day	7
Not applicable	98
Don't know / Not applicable	99

PREQ29

The following questions focus on information technology (IT) at your workplace.

<[PHONE]For each one tell me if you are very dissatisfied, somewhat dissatisfied, neither satisfied nor dissatisfied, somewhat satisfied or very satisfied with each of the following aspects of IT at your work.[ELSE]Please rate the extent to which you are satisfied or dissatisfied with each of the following aspects of IT at your work.>

Q29A

The IT equipment, including computers, software, other standard computing tools

Very dissatisfied	1
Somewhat dissatisfied	2
Neither satisfied nor dissatisfied	3
Somewhat satisfied	4
Very satisfied	5
Don't know / Not applicable	99

Q29B

The medical/diagnostic equipment used for patient screening/treatment such as telehealth, and x-ray machines

Very dissatisfied	1
Somewhat dissatisfied	2
Neither satisfied nor dissatisfied	3
Somewhat satisfied	4
Very satisfied	5
Don't know / Not applicable	99

Q29C

The reliability of your access to the Internet

Very dissatisfied	1
Somewhat dissatisfied	2
Neither satisfied nor dissatisfied	3
Somewhat satisfied	4
Very satisfied	5
Don't know / Not applicable	99

Q29D

The training you receive to fully use the computers and software available to you at your facility

Very dissatisfied	1
Somewhat dissatisfied	2
Neither satisfied nor dissatisfied	3
Somewhat satisfied	4
Very satisfied	5
Don't know / Not applicable	99

Q29E

How easy or difficult is the process for submitting a request for IT support in your workplace?
<[PHONE]Would you say it is (read list)>

Very difficult	1
2	2
Neither easy nor difficult	3
4	4
Very easy	5
Don't know / Not applicable	99

Q29F

How responsive is IT support staff once you have submitted a request? <[PHONE]Would you say they are (read list)>

Not at all responsive	1
2	2
Moderately responsive	3
4	4
Very responsive	5
Don't know / Not applicable	99

Q30

Have you experienced any pay or other compensation issues within the past three years?

Yes	1
No	2
Unsure, it depends	99

Q31 [1,9]

What type of issues have you experienced?

<[PHONE]Read list if necessary> <[PHONE]Prompt if needed> Select all that apply

Missing regular payment	1
Underpaid	2
Overpaid	3
Errors in processing pay information	4
Errors in pension deductions	5
Errors in leave credits (e.g., vacation, compensation time, family leave)	6
Errors related to change in position/department (e.g., acting pay)	7
Delay in receiving reimbursement	8
Other, specify :	77
Not applicable	99

Q32

Who is your first point of contact for pay issues/discrepancies?

Nursing Services Response Center	1
Nurse Manager	2
Pay Center	3
Other, specify :	77
Don't know / Not applicable	99

Q33

Have these issues been resolved?

Yes	1
No	2
Unsure, in progress	99

Q34

How satisfied are you with the support you have received in trying to resolve these issues?

<[PHONE]Would you say you are (read list)>

Very dissatisfied 1	1
Somewhat dissatisfied 2	2
Neither satisfied nor dissatisfied 3	3
Somewhat satisfied 4	4
Very satisfied 5	5
Don't know / Not applicable	99

Q35

What is the primary method you use to communicate with your workplace?

<[PHONE]Prompt if needed>

Work Email	1
Personal e-mail	2
Work phone	3
Personal phone	4
Other method (specify) :	77

Not applicable	99
----------------	----

Q36

Is this your preferred method of communication with your employer regarding new or changes in policies, events or announcements?

Yes	1
No	2
Unsure, it depends	99

Q37

How would you prefer to communicate with your workplace to obtain information?

<[PHONE]Prompt if needed>

Q35 not = 1	
Work Email	1
Q35 not = 2	
Personal e-mail	2
Q35 not = 3	
Work phone	3
Q35 not = 4	
Personal phone	4
Other method (specify) :	77
Not applicable	99

Q38

Have you been informed by your employer about the Truth and Reconciliation (TRC) Calls to Action?

Yes	1
No	2
Unsure / Do not recall	99

Q39

Have you experienced any changes in your workplace as a result of the Truth and Reconciliation (TRC) Calls to Action? <[PHONE]Would you say (read list)>

No positive impact at all 1	1
2	2
A moderate positive impact 3	3
4	4
A strong positive impact 5	5
Don't know / Not applicable	99

Q40

To what extent would you say you are aware of (i.e., have an understanding of) the term Indigenous cultural awareness, safety & humility? <[PHONE]Would you say (read list)>

Not at all 1	1
2	2
Moderately 3	3
4	4
Very 5	5
Don't know / Not applicable	99

Q41 [1,7]

Which of the following, if any, have had an adverse impact on your sense of personal safety and security at work?

<[PHONE]Read list> Select all that apply

The physical work environment (e.g., layout and security features)	1
The location of the facility in the community	2
Verbal threats from other staff	3
Physical threats from other staff	4
Verbal threats from patients/family members	5
Physical threats from patients/family members	6
Other safety/security concerns (specify) :	77
No safety and security issues	98
Don't know / Not applicable	99

Q42

Having carefully read the definition of **<HOVER="Improper conduct by an individual, that is directed at and offensive to another individual in the workplace, including at any event or any location related to work, and that the individual knew or ought reasonably to have known would cause offence or harm. It comprises objectionable act(s), comment(s) or display(s) that demean, belittle, or cause personal humiliation or embarrassment, and any act of intimidation or threat. It also includes harassment within the meaning of the Canadian Human Rights Act (i.e. based on race, national or ethnic origin, colour, religion, age, sex, sexual orientation, marital status, family status, disability and pardoned conviction).">harassment - definition: Improper conduct by an individual, that is directed at and offensive to another individual in the workplace, including at any event or any location related to work, and that the individual knew or ought reasonably to have known would cause offence or harm. It comprises objectionable act(s), comment(s) or display(s) that demean, belittle, or cause personal humiliation or embarrassment, and any act of intimidation or threat. It also includes harassment within the meaning of the Canadian Human Rights Act (i.e. based on race, national or ethnic origin, colour, religion, age, sex, sexual orientation, marital status, family status, disability and pardoned conviction).>**, have you been the victim of harassment on the job in the past 12 months?

Yes	1
No	2
Don't know / Not applicable	99

Q43 [1,7]

From whom did you experience **<HOVER="Improper conduct by an individual, that is directed at and offensive to another individual in the workplace, including at any event or any location related to work, and that the individual knew or ought reasonably to have known would cause offence or harm. It comprises objectionable act(s), comment(s) or display(s) that demean, belittle, or cause personal humiliation or embarrassment, and any act of intimidation or threat. It also includes harassment within the meaning of the Canadian Human Rights Act (i.e. based on race, national or ethnic origin, colour, religion, age, sex, sexual orientation, marital status, family status, disability and pardoned conviction).">harassment - definition: Improper conduct by an individual, that is directed at and offensive to another individual in the workplace, including at any event or any location related to work, and that the individual knew or ought reasonably to have known would cause offence or harm. It comprises objectionable act(s), comment(s) or display(s) that demean, belittle, or cause personal humiliation or embarrassment, and any act of intimidation or threat. It also includes harassment within the meaning of the Canadian Human Rights Act (i.e. based on race, national or ethnic origin, colour, religion, age, sex, sexual orientation, marital status, family status, disability and pardoned conviction).>** on the job?

Select all that apply

Co-workers	1
Individuals with authority over me	2
Individuals working for me	3
Individuals for whom I have a duty of care	4
Individuals from other departments or agencies	5
Members of the public (individuals or organizations)	6
Other, specify :	77
Don't know / Not applicable	99

Q44 [1,12]

Which of the following factors, if any, cause you stress on a regular basis at work?

<[PHONE]Read list> Select all that apply

Heavy workload	1
Feeling isolated	2
Lack of teamwork	3
Not enough employees to do the work	4
Overtime or long hours	5
Physical work environment	6
Balancing work and personal life	7
Competing/changing priorities	8
Lack of resources to do the work (e.g., supplies, equipment, access to computers/Internet)	9
Lack of support and technical staff	10
Lack of orientation/training	11
Other, specify :	77
No issues related to stress	98
Don't know/Not applicable	99

Q45

All things considered, how would you rate your level of regular work-related stress?
<[PHONE]Would you say (read list)>

Very low	1
Low	2
Moderate	3
High	4
Very high	5
Don't know/prefer not to say	99

Q46

How satisfied are you with the quality and availability of resources to help relieve stress at your workplace? <[PHONE]Would you say (read list)>

Very dissatisfied 1	1
Somewhat dissatisfied 2	2
Neither satisfied nor dissatisfied 3	3
Somewhat satisfied 4	4
Very satisfied 5	5
Don't know / Not applicable	99

Q47 [1,10]

Which of the following would be useful to you in helping to relieve stress?

<[PHONE]Read list> Select all that apply

More support staff	1
More clinical staff	2
More/better equipment	3
Improved communication	4
Safe work environment	5
More support from management/leadership	6
More annual leave	7
More professional development	8
More orientation/training	9
Other, specify :	77
Nothing necessary	98
Don't know/Not applicable	99

Q48

If you have accessed Occupational and Critical Incident Stress Management in the last 12 months, has access to the services it provides had an impact on your intent to stay?

Yes, a negative impact	1
Yes, a positive impact	2
No impact	3
Have not accessed OCISM in the last 12 months	4
Don't know / Not applicable	99

Q49

To what extent do you feel your work environment allows you to practice the skills you obtained in Nursing Safety and Awareness Training or Occupational & Critical Incident Stress Management Training? <[PHONE]Would you say (read list)>

Not at all	1
Very little	2
To some extent	3
To a considerable extent	4
No training received	98
Don't know/ Not applicable	99

Q50

In the past year, have you used the Nursing Services Response Centre (NSRC)?

Yes	1
No	2
Don't know / Not applicable	99

Q51

How would you rate the interaction with the NSRC Case Manager who worked on your case?

Very dissatisfied 1	1
Somewhat dissatisfied 2	2
Neither satisfied nor dissatisfied 3	3
Somewhat satisfied 4	4
Very satisfied 5	5
Don't know / Not applicable	99

Q52

What impact has the support you received from the NSRC had on your decision to continue your career with ISC?

No impact	1
Low impact	2
Moderate impact	3
High impact	4
Don't know / Not applicable	99

Q53

How often do you have access to language interpreters when required to provide client care? <[PHONE]Would you say (read list)>

All or most of the time	1
Some of the time	2
Occasionally	3
Rarely	4
Never	5
Not applicable	98
Don't know/prefer not to say	99

Q54

How satisfied are you with number of opportunities and degree of support in your work environment to incorporate traditional medicine into your nursing practice? <[PHONE]Would you say (read list)>

Very dissatisfied 1	1
Somewhat dissatisfied 2	2
Neither satisfied nor dissatisfied 3	3
Somewhat satisfied 4	4
Very satisfied 5	5
Don't know / Not applicable	99

PREQ55

Indicate the extent to which you agree or disagree with each of the following statements.

Q55A

My manager has a clear picture of the risk associated with client care.

Strongly disagree 1	1
Somewhat disagree 2	2
Neither agree nor disagree 3	3
Somewhat agree 4	4
Strongly agree 5	5
Don't know / Not applicable	99

Q55B

My management provides a climate that promotes client safety.

Strongly disagree 1	1
Somewhat disagree 2	2
Neither agree nor disagree 3	3
Somewhat agree 4	4
Strongly agree 5	5
Don't know / Not applicable	99

Q55C

If I make a serious error I worry that I will face negative consequences from management.

Strongly disagree 1	1
Somewhat disagree 2	2
Neither agree nor disagree 3	3
Somewhat agree 4	4
Strongly agree 5	5
Don't know / Not applicable	99

Q55D

If I report a client safety incident, someone usually follows up to get more information from me.

Strongly disagree 1	1
Somewhat disagree 2	2
Neither agree nor disagree 3	3
Somewhat agree 4	4
Strongly agree 5	5
Don't know / Not applicable	99

Q55E

Staff are usually given feedback about changes put into place based on client safety incident reports.

Strongly disagree	1
Somewhat disagree	2
Neither agree nor disagree	3
Somewhat agree	4
Strongly agree	5
Don't know / Not applicable	99

Q55F

My supervisor/manager seriously considers staff suggestions for improving client safety.

Strongly disagree	1
Somewhat disagree	2
Neither agree nor disagree	3
Somewhat agree	4
Strongly agree	5
Don't know / Not applicable	99

Q55G

In my area of care, after a serious error has occurred, we think about how it came about and how to prevent the same mistake in the future.

Strongly disagree	1
Somewhat disagree	2
Neither agree nor disagree	3
Somewhat agree	4
Strongly agree	5
Don't know / Not applicable	99

PREQ58

After considering **work-related factors** (e.g., relationships you enjoy at work, quality of fit with your job, the benefits you draw) please rate your agreement with the statements below:
<[PHONE]Would you say (read list)>

Q58A

I feel attached to this job

Strongly disagree	1
Somewhat disagree	2
Neither agree nor disagree	3
Somewhat agree	4
Strongly agree	5
Don't know / Not applicable	99

Q58B

It would be difficult for me to leave this job

Strongly disagree	1
Somewhat disagree	2
Neither agree nor disagree	3
Somewhat agree	4
Strongly agree	5

Don't know / Not applicable	99
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Q58C

I am tightly connected to this job	
Strongly disagree 1	1
Somewhat disagree 2	2
Neither agree nor disagree 3	3
Somewhat agree 4	4
Strongly agree 5	5
Don't know / Not applicable	99

Q59

How satisfied are you with your job in general? <[PHONE]Would you say you are (read list)>

Very dissatisfied 0	11
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9
Very satisfied 10	10
Don't know / Not applicable	99

Q60

Would you recommend this job to others with the same professional qualifications?

Yes	1
No	2
Don't know / Not applicable	99

PREQ57

After considering **non-work related factors** (e.g., quality of neighbourhood, hobbies you have, community perks you enjoy), please rate your agreement with the statements below about your <HOVER="Primary community is defined as the community where you are scheduled to work in the most.">primary community - definition: Primary community is defined as the community where you are scheduled to work in the most.>

Q57A

I feel attached to my primary work community	
Strongly disagree 1	1
Somewhat disagree 2	2
Neither agree nor disagree 3	3
Somewhat agree 4	4
Strongly agree 5	5
Don't know / Not applicable	99

Q57B

It would be difficult for me to leave my primary work community	
Strongly disagree 1	1
Somewhat disagree 2	2
Neither agree nor disagree 3	3
Somewhat agree 4	4
Strongly agree 5	5
Don't know / Not applicable	99

Q57C

I am tightly connected to my primary work community	
Strongly disagree 1	1
Somewhat disagree 2	2
Neither agree nor disagree 3	3
Somewhat agree 4	4
Strongly agree 5	5
Don't know / Not applicable	99

Q56

Which of the following best describes the place you lived the longest time **as a child**?

Large centre with 100,000 or more residents	1
Medium centre with 30,000 to 100,000 residents	2
Small centre with 1,000 to 30,000 residents	3
Rural area with under 1,000 residents nearby	4
Remote area (isolated from other communities)	5
Prefer not to specify	99

THNK

Thank you for taking the time to participate! Your input will be very helpful in future planning and policy decisions to build a healthy, productive workplace and workforce. Your answers have been saved and you may now close your browser window.

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C. KEY REGIONAL RESULTS BY THEMATIC AREA

Following are results for survey items where there are significant and substantive differences in one or more region(s). Questions are organized by thematic area, following the same flow as presented in the body of the report. In each cell, the top number is the number of employees providing this response in a given region, unweighted. The bottom number represents the weighted percentage of all employees in that region who responded to the question. In some cases where fewer than ten employees responded, no results can be provided, indicated with NA (Not Available), to preserve confidentiality. Results for Quebec and Atlantic were combined for this reason. The bold font has been used in cells where the result for a specific region is significantly and substantively different from the overall results.

Table 13: Key Regional Results by Thematic Area

	Total	AB	SK	MB	ON	NCR	QC/ATL
<i>n= (weighted)</i>	303	42	25	96	111	17	13
<i>n=</i>	303	44	42	76	95	27	19
EDUCATION							
Q31 What is your highest nursing education qualification level?							
RN College Diploma	32 12%	NA	NA	19 25%	NA	NA	NA
Bachelor of Nursing (BN)	46 17%	NA	NA	26 34%	NA	NA	NA
Bachelor of Science in nursing (BScN)	123 39%	22 50%	27 64%	18 24%	43 45%	NA	NA
EMPLOYMENT							
Q2 Which of these best describes your current employment status with your current employer.							
Full-time: regularly working 30 or more hours a week	189 57%	33 75%	36 86%	30 39%	46 48%	25 94%	19 100%
Q4 Which of the following areas best describes your primary area of responsibility?							
Clinician or clinical care	100 38%	NA	NA	39 51%	47 49%	NA	NA
Q5 Which of the following types of facilities best describes your primary place of work?							
Nursing Station	129 49%	10 23%	NA	52 68%	59 5862	NA	NA

	Total	AB	SK	MB	ON	NCR	QC/ATL
<i>n= (weighted)</i>	303	42	25	96	111	17	13
<i>n=</i>	303	44	42	76	95	27	19

JOB SATISFACTION

Please indicate whether you agree or disagree with the following.

<i>Q28A Overall, I feel valued at work</i> Agree (4-5)	149 51%	27 61%	10 24%	33 43%	54 57%	16 64%	NA
<i>Q28G I feel the quality of my work suffers because of high staff turnover</i> Agree (4-5)	181 62%	23 52%	21 50%	56 74%	58 61%	15 56%	NA

Please rate the extent to which you are satisfied or dissatisfied with each of the following aspects of your current workplace:

<i>Q26C Your current opportunities for nursing leadership</i> Dissatisfied (1-2)	127 40%	18 41%	26 62%	30 39%	37 39%	NA	NA
<i>Q26E The opportunities you have to participate in policy and practice decisions</i> Dissatisfied (1-2)	120 39%	15 34%	25 60%	40 42%	40 42%	NA	NA
<i>Q26F The orientation training (including cultural competency training) provided to new staff</i> Dissatisfied (1-2)	19 29%	19 43%	24 57%	23 30%	18 19%	NA	NA
<i>Q26I The number of allied health professionals and support staff at your workplace, including technical staff</i> Dissatisfied (1-2)	127 45%	15 34%	16 38%	46 61%	41 43%	NA	NA
<i>Q26J The physical maintenance at the facility where you work</i> Dissatisfied (1-2)	116 41%	17 39%	NA	31 41%	52 55%	NA	NA
<i>Q26L The amount of pay, including base pay, overtime and allowances you receive</i> Dissatisfied (1-2)	82 30%	12 27%	NA	36 47%	25 26%	NA	NA
<i>Q26M The pension plan coverage you have</i> Dissatisfied (1-2)	54 20%	NA	NA	25 33%	19 20%	NA	NA

	Total	AB	SK	MB	ON	NCR	QC/ATL
<i>n= (weighted)</i>	303	42	25	96	111	17	13
<i>n=</i>	303	44	42	76	95	27	19
<i>Q26O The ability to obtain approval for leave requests</i> Dissatisfied (1-2)	44 15%	NA	10 24%	21 28%	NA	NA	NA
<i>Q29D The ability to obtain approval for leave requests</i> Dissatisfied (1-2)	105 37%	14 32%	14 33%	45 59%	26 27%	NA	NA