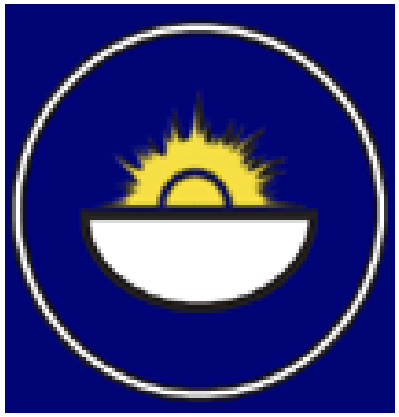
# Registered Nurses Association of the Northwest Territories and Nunavut



# Nurse Recruitment and Retention Survey 2005

# **NWT** Survey Results Report

**March 31, 2006**

## HIGHLIGHTS AND IMPLICATIONS

The Registered Nurses Association of the Northwest Territories and Nunavut (RNANT/NU) is very pleased to present this survey results report. Project funding by the Government of the Northwest Territories, Department of Health and Social Services has allowed us to survey our membership and identify their day-to-day issues as we move forward into uncertain times.

A national and international registered nurse staffing crisis of unprecedented proportion is looming.[1] Fueled by the "baby boomer" phenomenon, and exacerbated by health funding and staff cuts in the 1990's, we are faced with mass retirement of experienced nurses over the next 5-10 years, with insufficient numbers of new graduates to fill those vacancies. Strategic Human Resource planning is critical to ensure sufficient numbers of nurses to meet operational needs in the future. In the north, where many communities are dependent upon registered nurses as their primary on-site health care providers, the importance is magnified. This report showcases several areas that need urgent attention, and also highlights some successes.

Aging Workforce

The following quote succinctly outlines how an aging workforce is affecting nursing across Canada.

> *During the foreseeable future, the nursing workforce will be driven increasingly by the swelling number of older RNs and the forces that determine their decision to participate in the nursing workforce. Consequently, obtaining a better understanding of older-employed RNs relative to middle and younger-age RNs is critical to developing strategies to retain this rapidly growing segment of the workforce. Not only will the proportion of older RNs in the workforce grow in the years ahead, but older RNs possess a wealth of experience and knowledge that make them valuable resources to the nation's health care delivery system.*[2]

In the NWT, our survey results show that over 63% of NWT nurses are over the age of 40. Older nurses reported higher levels of satisfaction with both the opportunities to use their skills to their fullest potential and overall job satisfaction than did their younger counterparts. We have an amazing resource: experienced nurses who enjoy professional challenges and are happy with their career choices. Clearly more attention needs to be focused on this age group, particularly in how to retain them in northern practice, and how to best utilize their expertise.

Nurse Practitioners

Nurse Practitioners (NP's), experienced RN's with additional educational preparation and regulatory authority for more autonomous practice, may be part of the solution to shortages of health care personnel. The foresight of this government in moving forward with Nurse Practitioners is commendable. Over the last few years, GNWT has funded an NP education program with a northern focus delivered in Yellowknife. New legislation has been passed (2003) to enable NP registration, bursaries and other educational supports provided for RN's wishing to qualify as NP's. Currently GNWT is engaged in a process to integrate NP's into the health care system of the NWT, and working with RNANT/NU to look into a process for experienced RN's to challenge the regulatory

[1] Canadian Nurses Association, 2002.
[2] Norman et al, 2005.

requirements to qualify as NP's. The survey results show that nurses are ready for this challenge. RNANT/NU supports this important initiative.

Continuing Competence

The survey also shows that continuing competence and opportunities for professional learning are extremely important to northern nurses, and that they participate in high numbers when opportunities are presented. GNWT has in place the Professional Development Initiative (PDI), a system of financial support to enable nurses to participate in ongoing education as well as several bursaries which apply to nurses. Results show these to be effective, with encouragement from nurses to provide even more opportunities for updating and upgrading. Keep up the good work! Clearly professional learning opportunities are an important retention factor and ongoing strategies will be necessary to satisfy the needs of nurses in an increasingly complex patient environment.

Working Conditions

A high portion of respondents (85%) indicated a level of satisfaction with the opportunities to use their skills land abilities to their fullest potential. And approximately 75% had a high satisfaction rate with working conditions in general. However, other sections of the report and many anecdotal comments indicate areas of concern: inadequate staffing levels are a concern for over two-thirds of the nurses who responded; and overtime was a regular occurrence (to help fill in the staffing shortfall) – causing stress for nurses.

There is a clear tension here – nurses get to stretch professionally in the north, and take satisfaction from that, but as caregivers, they are frustrated by the inability to meet the needs of their clients when they are working short staffed, with inadequate orientation, lack of administrative support and/or communication difficulties. The opportunities for improvement are multiple. Some fit with initiatives already underway, such as the Integrated Services Delivery Model (ISDM) which aims to improve staffing patterns and service delivery configurations. However, it is clear that there is much more to be done on many fronts.

The Quality Professional Practice Environments (QPPE) initiative is a focus nationally for the Canadian Nurses Association and their member jurisdictions including RNANT/NU. It is an approach which looks at the overall culture of the organization rather than piecemeal attention to each identified problem area. RNANT/NU is interested in collaborating on this approach with GNWT.

Human Resource Issues

A clear theme emerges from the survey data collected: general dissatisfaction with human resource processes (orientation not delivered or cut short due to lack of staffing, overtime requirements, inability to participate in educational opportunities due to lack of staffing, etc.). RNANT/NU has more than twice as many nurses registered than the number of indeterminate nursing jobs available in the territory, and notes the continual turnover of nurses and dependence on relief staffing. There is a clear mandate for care and skill in the recruitment and retention of nurses, yet anecdotal evidence shows a high level of frustration with human resources processes – from delays in returning calls to lack of respect. Improvements in the HR system must become a major focus if any progress is to be made in recruitment and retention issues.

This overview has not addressed every important issue raised by nurses in the survey. Concerns about salaries, housing, respect, community and professional relationships also have ongoing implications for employers.

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## ACKNOWLEDGMENTS

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Special thanks to our data entry consultant – Alexander Legarree. His hard work and dedication helped ease a burdensome process.

Jennifer Luckay of J Luckay Communications did an excellent job with the layout and design of the survey. Her work helped make it easier for nurses to navigate and respond to the survey.

A special thanks goes to Barb Round, Executive Director of the RNANT/NU for "beating the bushes" and encouraging nurses to respond to the survey. Her efforts – and those of her staff – proved invaluable in helping achieve such a high response rate.

Finally – and most importantly – thank you to the nurses who took the time to respond to the survey. Your input will be a valuable source of information as we all work towards solutions to the important and complex issues surrounding the recruitment and retention of nurses in the NWT.

Bernie Hogan, PhD
Northern Research + Evaluation

RNANT/NU would like to extend a sincere thank you to Bernie Hogan. His expertise and analytical skills made this report possible. Bernie designed the survey and introduced an electronic format, accessible online, which was appreciated by many respondents and which helped to increase the survey response rates. Bernie provided all the data compilations and data analysis in this report. We appreciate his expertise, and his willingness and ability to work within very tight timelines.

Barb Round
Executive Director, RNANT/NU

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## 1. INTRODUCTION

The Registered Nurses Association of the Northwest Territories and Nunavut (RNANT/NU) is the legislated regulatory body and professional association for registered nurses in the Northwest Territories (NWT). Established in 1975 by the *Nursing Profession Act*, it's purpose is to register nurses for practice in the NWT for the benefit and protection of the public, and to promote the standards of nursing practice and education. The Association deals with issues such as registration, professional conduct, education and nursing practice.[3]

The recruitment and retention of nurses has been an on-going challenge for the NWT for many years.[4] An unstable nursing workforce can affect continuity of care and the level of nursing expertise available in communities. This can negatively impact the health status of the people of the NWT.[5]

One important element in the identification of solutions to this problem is asking nurses directly what the issues are related to nurse recruitment and retention. To that end, the RNANT/NU has undertaken a series of surveys regarding recruitment and retention.

This report outlines the findings of the 2005 survey. The main sections covered by the report include:

- the context within which the survey was undertaken;
- project methodology;
- an overview of the survey results;
- an analysis of the survey results; and
- conclusions.

[3] From the RNANT/NU website.
[4] GNWT 2002, p. 3.
[5] *2000 Report of Results*, p. 12.

## 2. BACKGROUND

The first Nursing Recruitment and Retention Survey was conducted in 1990[6], and a follow-up survey was undertaken in 2000. Much has happened – both in the NWT and across Canada – since those first surveys were published:

- in 1997, the delivery of health and social services was devolved to regional and community authorities through the NWT;

- in 1999, the NWT was divided into two separate territories, each responsible for it's own health care delivery;[7] and

- in 2003, during the development of a National Nursing Strategy, the ongoing recruitment and retention of nurses was recognized as a critical issue nationwide.[8]

The RNANT/NU has also recognized that the issue of recruitment and retention of nurses in the NWT is an ongoing priority issue that must be monitored closely. Ongoing discussion of issues with the Department of Health and Social Services led to the 2005 survey. This latest survey builds upon the previous two surveys, and uses many of the same questions. The data collected from nurses will be used to plan and implement effective recruitment and retention initiatives. It will also aid the RNANT/NU in its' lobbying efforts, to ensure that the recruitment and retention of nurses remains a priority for the Government of the Northwest Territories (GNWT).

Finally, an analysis of the comparative results from all three surveys is being prepared as a separate report. That report will analyze changes over time in the major issues affecting nurse recruitment and retention.[9]

Please note that this report focuses solely on NWT nurses. A separate report was prepared to analyze the data collected from Nunavut nurses – who were surveyed at the same time as those in the NWT.

[6] See the *1990 Report of Results*.
[7] See the *2000 Report of Results* (p. 12-13).
[8] Canadian Nursing Advisory Committee 2002, (p. 2).
[9] See *A Comparative Analysis of Nursing Recruitment and Retention Issues in the NWT: 1990 – 2005.*

## 3. METHODOLOGY

This section outlines:

- how the survey was designed;
- how the survey was carried out (administered);
- the processes which took place so that the results could be analyzed; and
- the limitations of the study.

### 3.1 Survey Design

The 2005 Nursing Recruitment and Retention Survey was modeled on the same survey carried out in 2000, although some questions were updated or added to reflect new recruitment and retention initiatives which have been undertaken in the past five years. The final version of the survey consisted of 94 questions, divided into the following 11 sections:

- demographics
- present employment
- recruitment
- orientation
- working conditions
- workload
- professional development
- salary and benefits
- housing/accommodation
- questions on specific programs
- general questions regarding nursing as a career

The survey included two basic types of questions: closed questions and open-ended questions. Closed questions are those questions where the answers were provided, and the respondent simply had to tick off the appropriate box. For example, nurses were asked how realistically their job was described during the interview process (with the answers “Realistically”, “Somewhat Realistically”, “Somewhat Unrealistically” and “Unrealistically” provided as possible choices).

Open-ended question are those questions where the answers were supplied only by the respondent. For example, “Do you have any suggestions for improving the recruitment process?” Including these two types of questions on the survey allowed for both the gathering of a great deal of rich data, and ensured that what was collected could be thoroughly and meaningfully analyzed.

## 3.2 Survey Administration

Paper copies of the survey were sent out to all current NWT members of the RNANT/NU in mid December, 2005. Nurses had approximately 1 month to complete the survey in one of three ways: they could fill out the paper copy and return it by regular mail; they could fax it back to the RNANT/NU; or they could fill out the survey online. Reminder notices were also sent out to the entire membership in late December 2005, which helped to improve the response rate.

## 3.3 Survey Analysis

The Project Consultant undertook the following steps in order to analyze and report on the original data collected by the survey: data capture; data cleaning; data conversion, coding and labeling; variable reductions; variable transformations; development of a qualitative coding scheme; and data analysis.

A full description of each of these steps is included in Appendix II (Detailed Methodology).

## 3.4 Limitations

There are two major limitations to this study.

The first deals with the low response rate for certain questions. Although the overall response rate is more than statistically adequate, the low numbers of responses received within certain categories meant that some analysis could not be undertaken. For example, because of the number of responses, it was not possible to see if there were statistically significant differences between nurses at the eight Health and Social Services Authorities on any of the scale-type questions. Although some variables were collapsed so that they could be statistically analyzed, the result was a loss of even greater specificity in analysis that could have taken place had there been more responses. See section 5.3 for a description of which variables were collapsed, and the resulting categories.

Second, it was not possible to present in this report every comment received on the open-ended questions. There was a wealth of data gathered through those questions. Over 200 pages of text was generated from the open-ended questions alone (and it would have been unwieldy to present it all here). What is presented here are the summary themes that emerged from all of that data.

# 4. OVERVIEW OF SURVEY RESULTS

Overall, 594 surveys were sent out, and 259 were returned complete – for an overall response rate of 44% (and a confidence level of +/- 5%, 19 times out of 20).

The results are presented in the same format as that of the survey, and follow the same sections outlined earlier. Please note that in this section, "N" stands for "number of surveys/responses"; and due to rounding, sometimes percentages do not add up to 100.

Please also note that this section outlines the full overall results of the survey; for differences in results between various sub-groups of nurses who responded to the survey, see section 5. For example, any significant differences in satisfaction levels between nurses based at Hospitals and those based in Community Health Centres would be reported there.

## 4.1 Demographics

Of the 259 surveys that were returned, 92% (N = 234) were from female nurses. The majority of nurses who responded (i.e. the respondents) were married (68%; N = 175), while fewer respondents were single (27%; N = 70). Five per-cent of respondents (N =12) were either separated, divorced, widowed or in common-law or same-sex partnerships.

Table 4.1.1 shows the breakdown of respondents by age category. The largest group of respondents were in the 41-50 year age range.

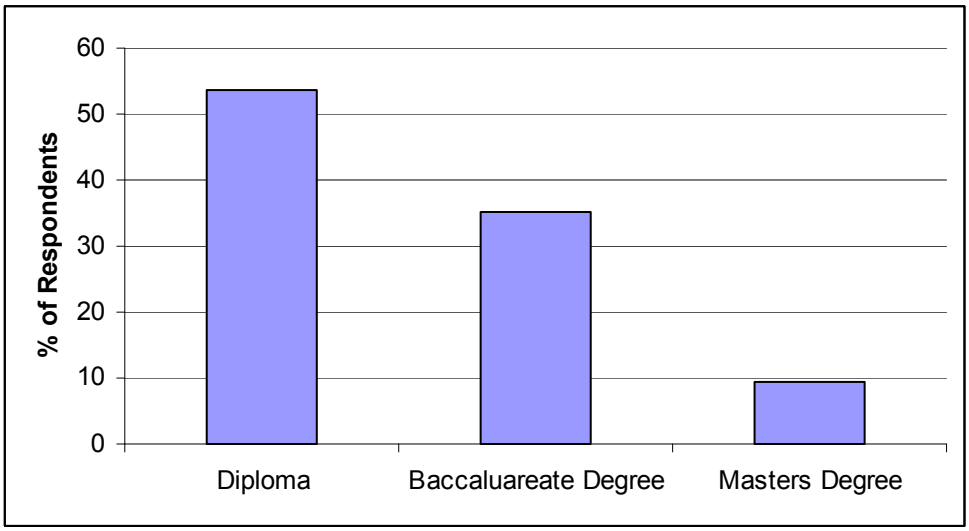
**Table 4.1.1: Respondents by Age Category**

| | | Frequency | Percent |
|---|---|---|---|
| Valid | 30 or Under | 38 | 14.7 |
| | 31-40 | 56 | 21.6 |
| | 41-50 | 85 | 32.8 |
| | 51-60 | 62 | 23.9 |
| | 60+ | 18 | 6.9 |
| | Total | 259 | 100.0 |

The majority of nurses who responded to the survey were registered as "Registered Nurses" (97%; N = 252), while fewer were registered as "Nurse Practitioners" (3%; N = 7).

Figure 4.1.1 shows the educational background of the nurses who responded to the survey. The majority of nurses (55%; N = 139) were educated at the Diploma level, while just over a third of nurses were educated at the Baccalaureate (36%: N = 91) level. Fewer nurses (9%; N = 24) were educated at the Master's level.

### Figure 4.1.1: Respondents' Education




Lifelong learning was clearly a priority for many of the nurses who responded to the survey. Just under one-third (32%; N = 85) of respondents indicated that they had qualifications in addition to their nursing education. Types of qualifications included:

- Baccalaureate degrees in other disciplines;
- Basic Trauma Life Support and Advanced Cardiac Life Support certifications;
- National certifications by the Canadian Nurses Association in Emergency Nursing and Occupational Health Nursing; and
- Outpost Nursing Diplomas and Certificates in Midwifery.

Tables 4.1.2 and 4.1.3 show respondents total years of experience and total years of northern experience (respectively). The average total experience of respondents was 18.4 years, with 7.9 of those years spent in the north.

### Table 4.1.2: Total Nursing Experience

| | Frequency | Percent |
|---|---|---|
| More than 20 Years | 106 | 41.4 |
| 10-20 Years | 67 | 26.2 |
| 5-10 Years | 47 | 18.4 |
| More than 1 Year, Less than 5 Years | 28 | 10.9 |
| 1 Year or Less | 8 | 3.1 |
| Total | 256 | 100.0 |

### Table 4.1.3: Total Northern Nursing Experience

| | Frequency | Percent |
|---|---|---|
| More than 20 Years | 19 | 7.6 |
| 10-20 Years | 59 | 23.5 |
| 5-10 Years | 58 | 23.1 |
| More than 1 Year, Less than 5 Years | 70 | 27.9 |
| 1 Year or Less | 45 | 17.9 |
| Total | 251 | 100.0 |

The majority of nurses (71%; N = 182) who responded to the survey have their permanent residences in the NWT. Alberta, British Columbia, Saskatchewan and Ontario were the most listed provinces of those residing outside the NWT.

The demographics of the survey respondents closely reflects the distribution of nurses currently registered in the NWT in terms of age and gender (as verified through the RNANT/NU membership database on March 29, 2006).

However, the demographics of the survey respondents is not reflective of the full RNANT/NU membership in terms of educational background. The survey respondent's educational background was outlined above (in Figure 4.1.1). The educational background of the full RNANT/NU membership is as follows: 74.8% are Diploma educated, 24.8% have Bachelor's degrees, and 0.3% have Master's degrees. What this means is that Diploma prepared nurses are under-represented in these results, and nurses with Bachelors and Masters degrees are over-represented. Therefore, analysis which is based on educational background should be viewed with caution.

## 4.2 Present Employment

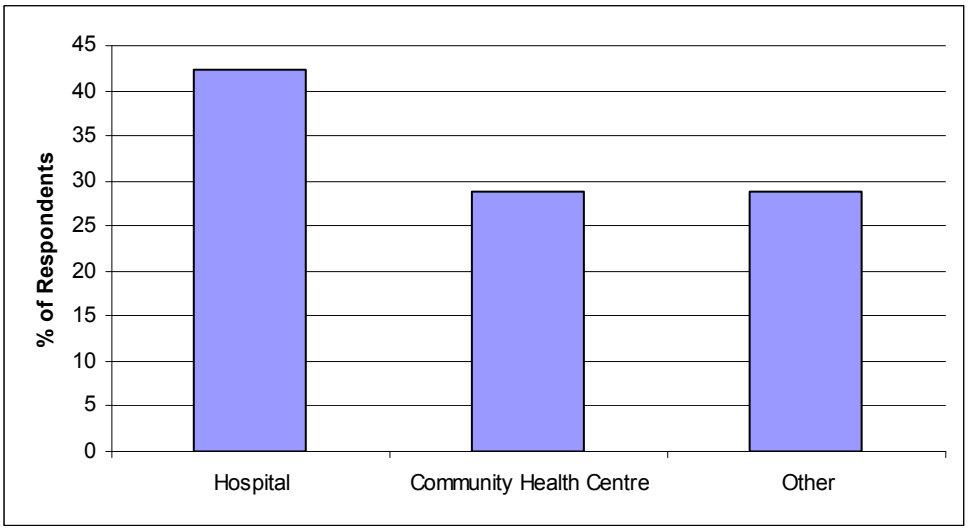
Table 4.2.1 shows the present employers of the respondents. Responses were received from all eight health and social services authorities, from the GNWT Department of Health and Social Services and Agency employed nurses, and from other employers such as Aurora College, other GNWT Departments (like the Workers Compensation Board and the Department of Justice), Clini-data (the contractor for the Tele-Care NWT service), and Medflight. The largest single group of responses were from Stanton Territorial Health Authority.

**Table 4.2.1: Present Employer**

| | Frequency | Percent |
|---|---|---|
| Stanton THA | 69 | 27.1 |
| Beaufort Delta HSSA | 30 | 11.8 |
| Yellowknife HSSA | 29 | 11.4 |
| GNWT HSS | 22 | 8.6 |
| Deh Cho HSSA | 15 | 5.9 |
| Hay River CHSSA | 15 | 5.9 |
| Tli Cho CSA | 12 | 4.7 |
| Agency | 10 | 3.9 |
| Sahtu HSSA | 9 | 3.5 |
| Ft Smith HSSA | 9 | 3.5 |
| Other | 35 | 13.7 |
| Total | 255 | 100.0 |

Figure 4.2.1 shows the workplaces of the nurses who responded to the survey. The largest group were hospital based nurses (42%; N = 109), while nurses in community health centres (29%; N = 74) and those based in other workplaces (29%; N = 74) comprise a smaller portion of the sample. Other workplaces included: public health units, homecare, long-term care facilities, medical clinics, Tele-Care NWT, air ambulance services, educational institutions, and the RNANT/NU.

**Figure 4.2.1: Workplace**




The main work emphasis of the majority of respondents was clinical practice (80%; N = 207), while fewer respondents listed administration (11%; N = 27), education (8%; N = 21) or research (1%; N = 3) as their main work emphasis.

More than two-thirds of responding nurses (67%; N = 172) indicated that they were indeterminate employees; fewer nurses indicated that they were casual (23%; N = 60) or term (9%; N = 22) employees.

Likewise, the majority of respondents were employed full-time (72%; N = 186) as compared to part-time (28%; N = 72).

Please note that the demographics of the survey respondents does not match the distribution of nurses currently registered in the NWT in terms of employment status (as verified through the RNANT/NU membership database on March 29, 2006). A greater proportion of indeterminate nurses responded to the survey compared to nurses who were casual/term.[10] Therefore, analysis which is based on the indeterminate versus casual/term split should be viewed with caution.

## 4.3 Recruitment

Table 4.3.1 presents the results of how nurses first became aware of nursing opportunities in the NWT. The largest groups of respondents indicated that that they were either referred by another nurse or they read an advertisement in a professional journal (Canadian Nurse was the main one listed). Other methods of becoming aware of nursing opportunities in the NWT were cited less often.

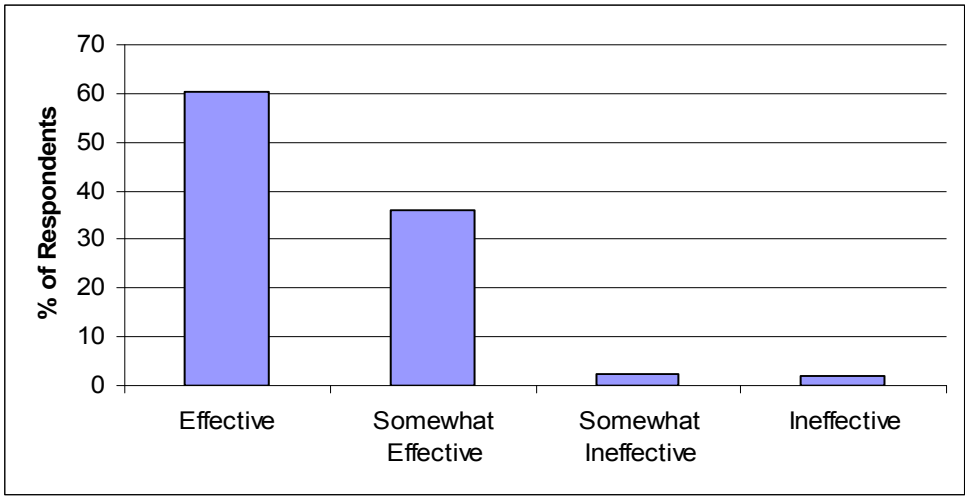
**Table 4.3.1: Aware of Nursing Opportunities**

| | Frequency | Percent |
|---|---|---|
| Referral by another nurse | 64 | 24.9 |
| Ad in a Professional Journal | 43 | 16.7 |
| Website | 25 | 9.7 |
| Newspaper/Magazine Ad | 23 | 8.9 |
| Relocated with spouse | 20 | 7.8 |
| Grew up here | 17 | 6.6 |
| Word of mouth | 16 | 6.2 |
| Self-inquiry | 13 | 5.1 |
| Job Fair | 11 | 4.3 |
| Other | 25 | 9.7 |
| Total | 257 | 100.0 |

Figure 4.3.1 shows nurses ratings of the effectiveness of the various methods of becoming aware of nursing opportunities in the NWT. A majority of respondents rated their particular method as either effective (60%; N = 136) or somewhat effective (36%; N = 81). Fewer respondents found those methods either somewhat ineffective (2%; N = 5) or ineffective (2%; N = 4).

[10] There are approximately 298 Full Time Equivalent (FTE) positions in the NWT. Although these 298 FTE's represent 58% of the total number of nurses registered to work in the NWT, 172 of the Indeterminate nursing staff (or 67%) responded to the survey – meaning that there is an over-representation of that group compared to Casuals/Terms.

**Figure 4.3.1: Effectiveness of Awareness Methods**

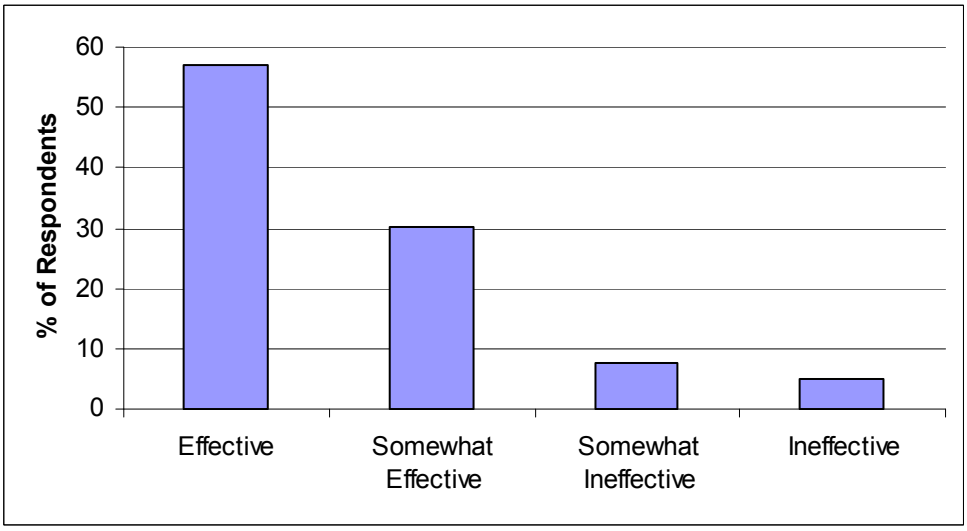



When asked who their first contact was in the recruitment process, nurses were split almost equally between GNWT Health and Social Services (48%; N = 111) and the regional health and social services authorities (47%; N = 108) as their first contact. Fewer respondents (5%; N = 12) indicated that the RNANT/NU was their first contact within the recruitment process.

The majority of those first contacts were with Human Resources/Recruitment Officer type positions (56%; N = 139). The next largest type of first contacts were with Nursing Directors/Nurse Manager type positions (28%; N = 70). Fewer first contacts were made directly with staff nurses (6%; N = 15) or with other types of positions – including administrative staff, nurse mentors, or agency employers (10%; N = 24).

As Figure 4.3.2 shows, a majority of respondents rated those first contacts either as effective (57%; N = 139) or somewhat effective (30%; N = 74). Fewer respondents found those contacts either somewhat ineffective (8%; N = 19) or ineffective (5%; N = 12).

**Figure 4.3.2: Effectiveness of First Contact**



The majority of respondents had their job interview conducted by phone (68%; N = 160). Fewer nurses had their interview in person (32%; N = 77).

A majority of the nurses who responded felt their interviews were either helpful (47%; N = 114) or somewhat helpful (42%; N = 100) in assisting them to make their decision to accept employment in the NWT. Fewer nurses stated that the interview was somewhat unhelpful (8%; N = 19) or unhelpful (3%; N = 8).

Tables 4.3.2 through 4.3.4 outline nurses responses to whether their jobs, benefits, and the realities of living in the north were described realistically during the recruitment process. Note that although the majority of respondents felt their jobs (76%) and benefits (76%) were described either realistically or somewhat realistically, fewer respondents felt that the realities of living in the north (69%) were described realistically or somewhat realistically. This is consistent with anecdotal comments from the survey – where one of the most important ways noted to improve the recruitment process was for recruiters to accurately and honestly portray what it's like living in the north.

### Table 4.3.2: Job Described Realistically

| | Frequency | Percent |
|---|---|---|
| Realistically | 87 | 36.0 |
| Somewhat Realistically | 107 | 44.2 |
| Somewhat Unrealistically | 35 | 14.5 |
| Unrealistically | 13 | 5.4 |
| Total | 242 | 100.0 |

### Table 4.3.3: Benefits Described Realistically

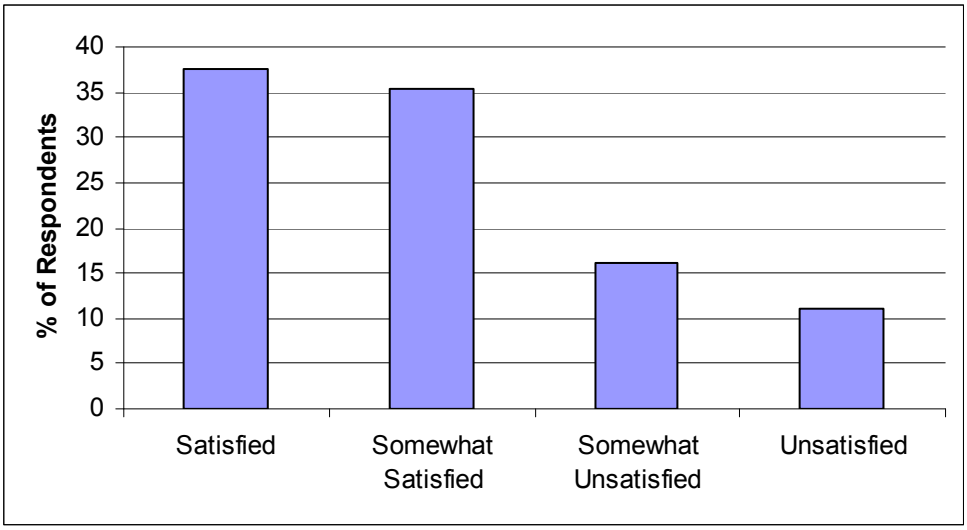
| | Frequency | Percent |
|---|---|---|
| Realistically | 87 | 36.1 |
| Somewhat Realistically | 95 | 39.4 |
| Somewhat Unrealistically | 35 | 14.5 |
| Unrealistically | 24 | 10.0 |
| Total | 241 | 100.0 |

### Table 4.3.4: Realities of Northern Living Described Realistically

| | Frequency | Percent |
|---|---|---|
| Realistically | 73 | 31.3 |
| Somewhat Realistically | 87 | 37.3 |
| Somewhat Unrealistically | 41 | 17.6 |
| Unrealistically | 32 | 13.7 |
| Total | 233 | 100.0 |

Figure 4.3.3 shows respondents' satisfaction with the recruitment process. The majority of nurses who responded were either satisfied (38%; N = 89) or somewhat satisfied (35%; N = 84). Fewer respondents were either somewhat unsatisfied (16%; N = 38) or unsatisfied (11%; N = 26).

**Figure 4.3.3: Satisfaction with Recruitment**




Respondents were invited to make comments about concerns they had with their recruitment experience and suggest improvements for the recruitment process in the future. The following is a summary of the main issues that were raised:

- Many respondents expressed **dissatisfaction with their dealings with Human Resources** staff. Complaints were related to the length of the recruitment process, unanswered inquiries, lost resumes, misinformation, and lack of continuity in dealing with personnel.

  *"It took much persistence on my behalf and months of e-mails and phone calls to get a response from HR… although there were continuously positions to be filled."*

  *"More timely responses, dedicated resource personnel, current lists of opportunities/education availabilities [are needed]."*

  *"Assign the job of recruiting to one consistent individual who knows all the job specifications and postings."*

- Respondents emphasized that recruitment staff should be more **clear and honest** about what nurses who are new to the North can expect in terms of cost of living, community life, job expectations and career opportunities.

  *"Be honest. More nurses come for the 'Northern' experience and to expand outside their nurse portfolio and experience other ways of living and nursing."*

*"Living in the North is extremely expensive for single people – travel out is unrealistic – people need to be alerted to these things before actually moving here."*

*"Provide nurses with a package of information regarding community, accommodation, cost of living, health center and staff."*

- Respondents noted that better **incentives** should be offered, and should be offered **consistently and fairly** to everyone. These incentives could include bonuses, housing assistance, travel allowance, childcare, and greater work flexibility.

*"Make salaries, benefits and living allowances attractive and competitive enough to allow for the same standard of living as in the south."*

## 4.4 Orientation

As Table 4.4.1 shows, the main people who primarily performed the orientations for new nurses were co-workers and Nurses In Charge (of Community Health Centres). It is important to note that almost 10 percent of nurses indicated they did not receive an orientation.

**Table 4.4.1: Who Performed Orientation**

| | Frequency | Percent |
|---|---|---|
| Co-worker | 107 | 42.1 |
| Nurse In Charge | 74 | 29.1 |
| Unit Manager | 18 | 7.1 |
| Nurse Mentor | 13 | 5.1 |
| Nurse Educator Consultant | 11 | 4.3 |
| Other | 7 | 2.8 |
| Didn't Receive an Orientation | 24 | 9.4 |
| Total | 254 | 100.0 |

The average length of orientation for the nurses who responded to the survey was about 5 days.

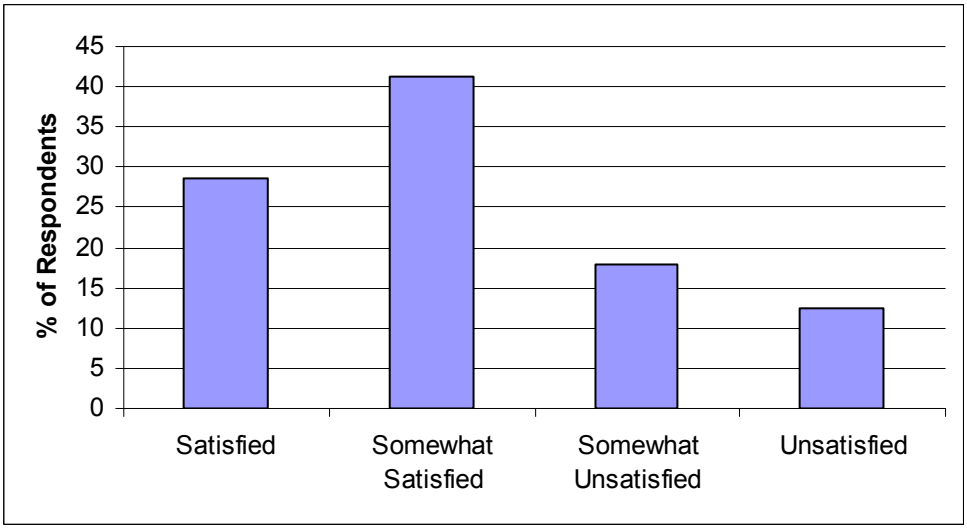
The major topics covered during the orientation included:

- introduction to staff (79%; N = 204);
- physical tour of facilities (78%; N = 202);
- daily routine (75%; N = 194);
- supplies and services (61%; N = 157);
- workplace policies and procedures (57%; N = 147);
- job description (55%; N = 143); and
- salary and benefits (54%; N = 141).

The remaining topics were covered less frequently: organizational chart (47%; N = 121); special procedures/clinical skills (46%; N = 119); fire and disaster plans (42%; N = 108); supervised practice (31%; N = 81); government policies and procedures (27%; N = 70); department programs (25%; N = 65); tour of the community (21%; N = 54); and introduction to key community members (14%; N = 37).

Figure 4.4.1 shows respondents' satisfaction with the orientation process. The majority of nurses who responded were either somewhat satisfied (41%; N = 97) or satisfied (29%; N = 67). Fewer respondents were either somewhat unsatisfied (18%; N = 42) or unsatisfied (12%; N = 29).

**Figure 4.4.1: Satisfaction with Orientation**




Respondents were asked, based on their experience, to make suggestions on how the orientation process could be improved. The following are some of the suggestions that were made:

- A large number of the respondents were concerned that the **length of the orientation process was insufficient**, and that orientation was not always provided in a **timely manner**.

  *"If nurses are going to the communities there should be a very detailed orientation – at least 2-3 months."*

  *"I would like to have been given…time to understand the programs and learn without pressure. There was intense pressure on arrival at the health center to start working immediately."*

  *"I received general orientation one year AFTER starting work. This was ridiculous!"*

- Respondents suggested that the orientation process should be **comprehensive, structured, and consistent** for all new nurses. This would include orientation to the community as well as the main regional facilities, familiarization with benefits, and the provision of an information manual outlining policies and procedures guidelines.

  *"The orientation should be planned and organized to cover set topics."*

  *"A more structured orientation – perhaps with a specific orientation manual – is needed."*

- Respondents were concerned that **staffing issues** often left their orientation process **incomplete or inadequate**. It was suggested that having a staff member specifically designated to conduct the orientation would help ensure it was completed.

  *"Allow the specified orientation to be completed. New staff are frequently removed from orientation due to staffing issues."*

  *"Schedule education days and not cancel them because you need the nurse to work due to staffing shortage."*

  *"Do not use RN's who are assigned to be working that day – they don't have the time!"*

- Respondents stressed the value of the "**buddy system**" to complement the orientation process, to be provided by an **appropriate, qualified, and experienced** nurse.

  *"Some nurses… are being oriented by nurses with only 1-2 years experience. A hospital cannot run on new grads."*

  *"Assign a buddy to ask questions of, seek advices, provide moral support, etc. for the first couple of months."*

## 4.5 Working Conditions

The majority of nurses believed they were either adequately prepared (67%; N = 173) or somewhat adequately prepared (28%; N = 72) – through their education and experience – to carry out their nursing duties. Fewer respondents felt they were either somewhat inadequately prepared (4%; N = 10) or inadequately prepared (1%; N = 2) to carry out their nursing duties.

The majority of nurses believed their workplaces were either somewhat adequately resourced (45%; N = 113) or adequately resourced (40%; N = 101) – with supplies and equipment – so that they can perform their jobs. Fewer respondents felt their workplaces were either somewhat inadequately resourced (12%; N = 31) or inadequately resourced (4%; N = 9).

A majority of respondents felt that the community had either a somewhat positive (51%; N = 128) or positive (30%; N = 77) view of health services. Fewer nurses felt that their community had either a somewhat negative (18%; N = 46) or negative (1%; N = 2) view of health services.

Figure 4.5.1 shows respondents' satisfaction with the opportunities to use their skills and abilities to their fullest potential. A majority of nurses were either satisfied (49%; N = 126) or somewhat satisfied (36%; N = 91). Fewer respondents were either somewhat unsatisfied (12%; N = 31) or unsatisfied (3%; N = 8).

**Figure 4.5.1: Satisfaction with Opportunities to Use Skills**

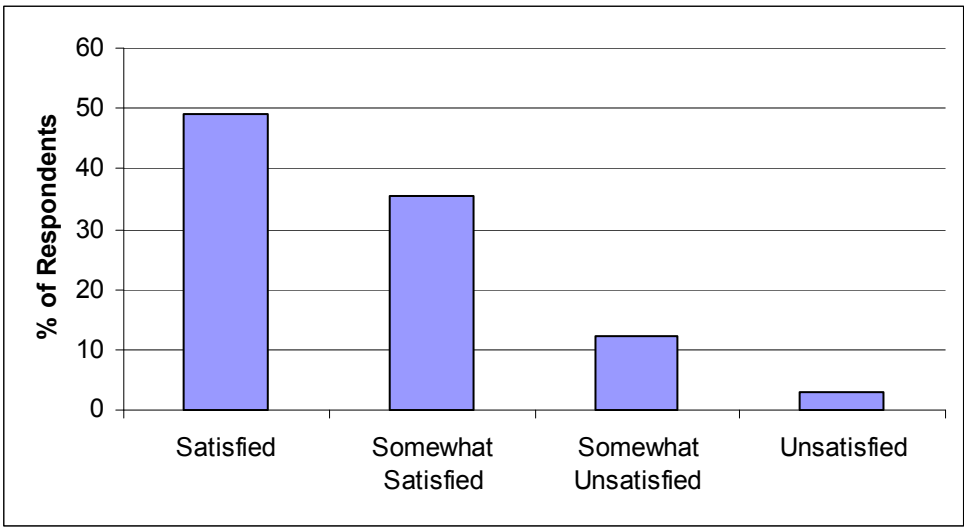
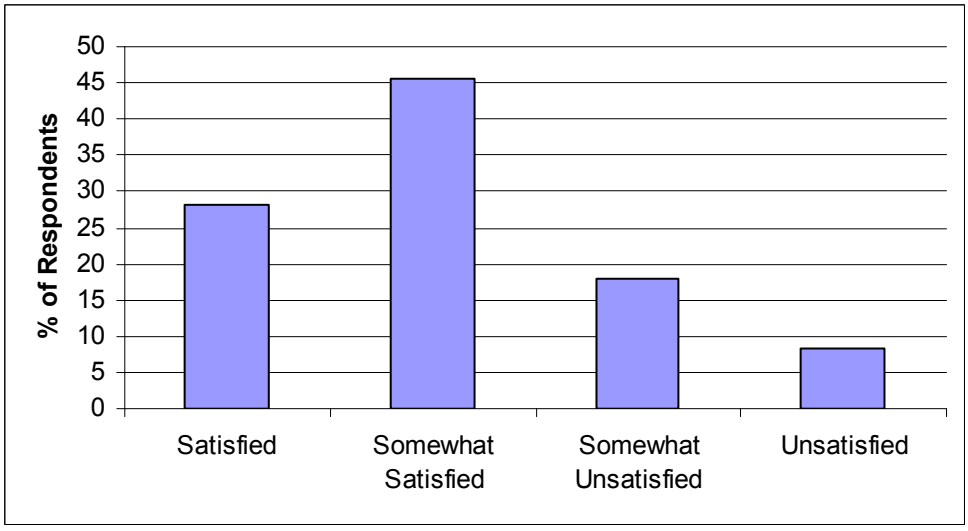



Figure 4.5.2 shows respondents' satisfaction with their working conditions. A majority of nurses were either somewhat satisfied (46%; N = 115) or satisfied (28%; N = 71). Fewer respondents were either somewhat unsatisfied (18%; N = 45) or unsatisfied (8%; N = 21).

**Figure 4.5.2: Satisfaction with Working Conditions**



Respondents noted two major things that would improve satisfaction with their working conditions:

- staffing to be maintained at adequate levels (70%; N = 180); and
- improved administrative support for nurses – including data entry, ordering supplies, etc. (57%; N = 142).

Other suggestions for improving satisfaction with working conditions were noted less frequently:

- nurses be respected/valued for their knowledge and skills (47%; N = 121);
- encourage more teamwork and cooperation (45%; N = 117);
- support and advice be readily available when it's need to do the job (45%; N = 116);
- nurse managers involve staff nurses in decisions (44%; N = 114);
- more time is made available for health promotion/prevention activities (42%: N = 109);
- policies and procedures be reviewed regularly (42%: N = 109);
- feedback on job performance is provided in a constructive manner (41%; N = 106);
- policies and procedures provide clear guidelines for directing nursing action (40%; N = 103);
- more opportunities are provided for nurses to share their knowledge and skills with other colleagues (40%; N = 103);
- performance appraisals are carried out at regularly scheduled intervals (35%; N = 91);
- job descriptions provide a clear outline of what is expected (34%; N = 90); and
- there are clear lines of reporting and authority (31%; N = 81).

The majority of nurses who responded (87%; N = 222) indicated that they were aware of the Zero Tolerance Policy. Table 4.5.1 also shows that a majority of nurses (75%; N = 156) felt that the policy was having a positive or somewhat positive impact on their workplaces.

### Table 4.5.1: Impact of the Zero Tolerance Policy

| | Frequency | Percent |
|---|---|---|
| Positive | 59 | 28.5 |
| Somewhat Positive | 97 | 46.9 |
| No Impact | 46 | 22.2 |
| Somewhat Negative | 4 | 1.9 |
| Negative | 1 | .5 |
| Total | 207 | 100.0 |

Respondents were asked to suggest ways to improve the effectiveness of the **Zero Tolerance Policy**. The responses centered on the following main themes:

- Respondents felt that **awareness** of the guidelines/policies should be increased for nurses and patients, through **regular education, reviews, and updates**.

*"It seems as though staff are not always aware of what the 'Zero Tolerance Policy' really means; it should be discussed more at the inservice/hospital orientation."*

*"There needs to be education of the general public by the nurses and the administrators of the Zero Tolerance Policy… Nurses should not have to put up with foul language, yelling, and fists being raised."*

- Many respondents felt that **enforcement** of these guidelines/policies was lacking in some cases. They called for greater **support from management and the RCMP** in enforcing the guidelines/policies regularly and consistently.

*"IMPLEMENT THEM!! Nurses are abused verbally almost every shift and sometimes physically abused as well."*

*"We need administration who has confidence in our judgment when a client is being abusive, and to support us."*

*"We need to stand firm on zero tolerance and be prepared to enforce it. I've seen co-workers harmed and no charges laid."*

*"Enforcement is great when you have RCMP in the community, but all communities do not have RCMP. Have volunteers available to help."*

## 4.6 Workload

Eighty-five percent (N = 211) of the nurses who responded indicated that they spent some portion of their workday doing non-registered nursing related duties. The average amount of time spent on non-registered nursing duties each day was about 2 hours.

The majority of respondents (95%; N = 200) believed that other workers could be trained to take on these non-registered nursing duties. Administrative and clerical staff were the most frequently listed workers who would take on these duties. The duties they would take on included:

- data entry and photocopying;
- ordering and stocking supplies;
- answering the telephone;
- booking appointments; and
- filing.

Two-thirds of respondents (66%; N = 148) believed that their workplace was not fully staffed with nurses. Additionally, sixty percent (N = 141) believed that nursing staff levels were not adequate to meet patient needs. Further, almost half of responding nurses (45%; N = 98) felt that the staffing ratio of nurses to other workers was not adequate to perform the required daily tasks.

Ninety percent (N = 220) of the nurses who responded indicated that they worked overtime each month. The average amount of scheduled overtime worked each month was approximately 10-15 hours, with another 15-20 hours of emergency/callback overtime worked on top of that.

Figure 4.6.1 shows nurses views on how stressful it is to work this amount of overtime. The majority of respondents indicated that working this amount of overtime was either somewhat stressful (46%; N = 103) or stressful (27%; N = 61). Fewer nurses felt that working this amount of overtime was not stressful (26%; N = 59). Respondents indicated that 10-15 total hours a month was a more reasonable amount of time to be working overtime.

**Figure 4.6.1: Whether Amount of Overtime is Stressful**

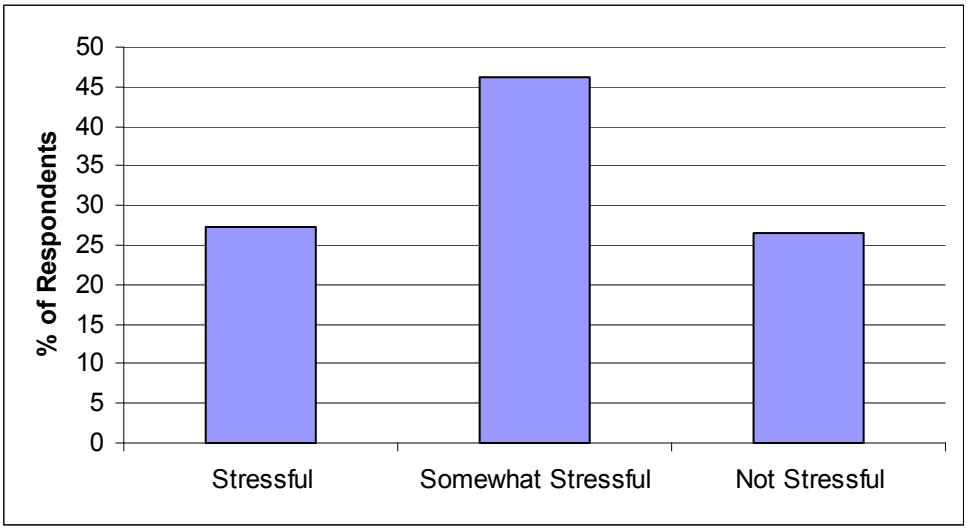
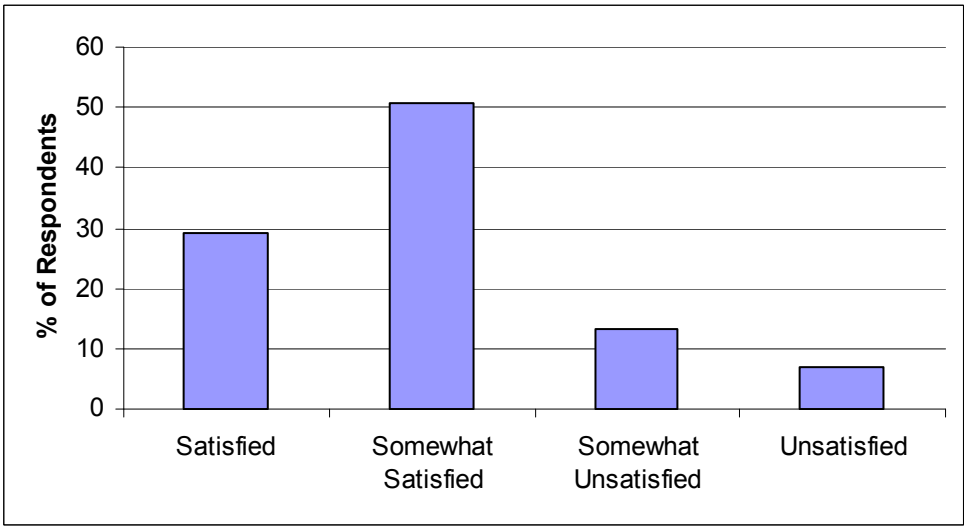



Figure 4.6.2 shows respondents' satisfaction with their current workloads. A majority of nurses were either somewhat satisfied (51%; N = 126) or satisfied (29%; N = 72). Fewer respondents were either somewhat unsatisfied (13%; N = 33) or unsatisfied (7%; N = 17).

**Figure 4.6.2: Satisfaction with Workload**



Respondents were asked for suggestions on how their satisfaction with their workload situation could be improved.

- The main issue respondents raised was related to ensuring the **hiring and retention of a sufficient number of staff**, including nurses, nurse educators, and administrative and clerical staff, in order to ensure that patients and nurses have a safe and less stressful environment.

  *"We need more staff and experienced educators to lessen individual workloads."*

  *"There is the expectation that regardless of nursing staff available we are able to accomplish all that is required. Plans need to be put in place when there is a shortage of staff and the community as a whole needs to know."*

  *"Make sure the nurse-patient ratios are consistent so the load isn't so heavy and the environment is patient-safe."*

- A further issue brought up by respondents was that better **communication and support** could help create a more positive working environment.

  *"Communication among team members regarding workload distribution and team work is required."*

  *"When you go home feeling like you did not do a 'good' job day after day, you feel defeated!"*

  *"A happier environment at work… with positive reinforcement and respect… can go a long way."*

## 4.7 Professional Development

A majority of nurses (93%; N = 237) indicated that in-services/continuing education opportunities are important. Fewer respondents felt that these opportunities were either somewhat important (7%; N = 17) or somewhat unimportant (1%; N = 1).

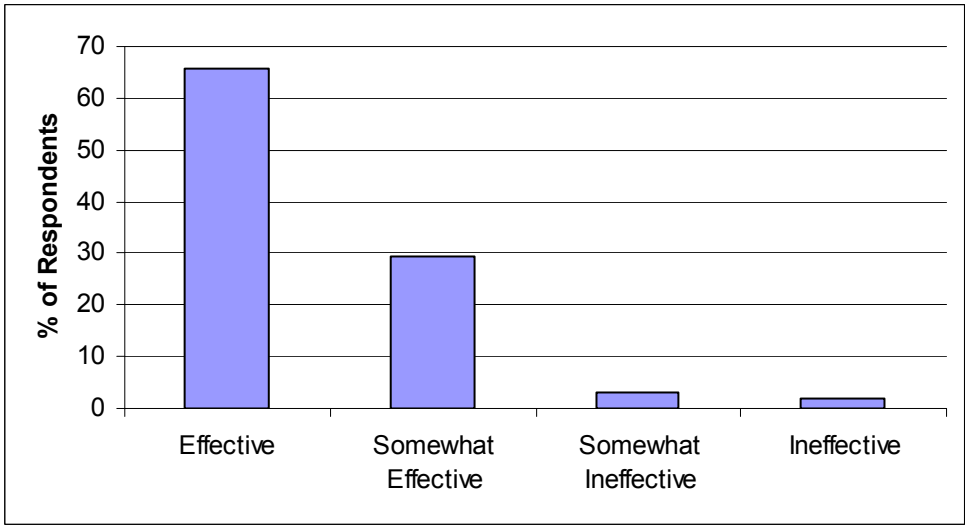
A majority of responding nurses (85%; N = 216) had participated in in-services/continuing education over the past 2 years. The average number of programs undertaken during that time-span was 4.6. As Table 4.7.1 shows, the two most used methods of delivering continuing education were onsite (face to face) both within and outside nurse's home communities.

## Table 4.7.1: Method of Delivering In-Services/Continuing Education

| | Frequency | Percent |
|---|---|---|
| On-site (face to face) within your community | 89 | 38.5 |
| On-site (face to face) outside your community | 71 | 30.7 |
| Telehealth (Video-conferencing) | 31 | 13.4 |
| Internet | 21 | 9.1 |
| Correspondence/Mail | 10 | 4.3 |
| Teleconference | 9 | 4.0 |
| Total | 231 | 100.0 |

Figure 4.7.1 shows how effective in-services/continuing education has been in supporting nurses' careers. A majority of nurses felt these opportunities were either effective (66%; N = 150) or somewhat effective (29%; N = 67). Fewer respondents felt these opportunities were either somewhat ineffective (3%; N = 7) or ineffective (2%; N = 4).

## Figure 4.7.1: Effectiveness of In-Service/Continuing Education




Nurses were asked to indicate what the most important type of in-services/continuing education opportunities were. A majority of respondents (65%; N = 163) indicated that clinical development courses were most important to them. Fewer nurses indicated that courses leading to a bachelors degree in nursing (15%; N = 40), administration/management/leadership courses (8%; N = 20), courses leading to a Master's degree in nursing (6%; N = 15), or courses leading to a PhD in nursing (1%; N = 3) were the most important types of professional development opportunities.

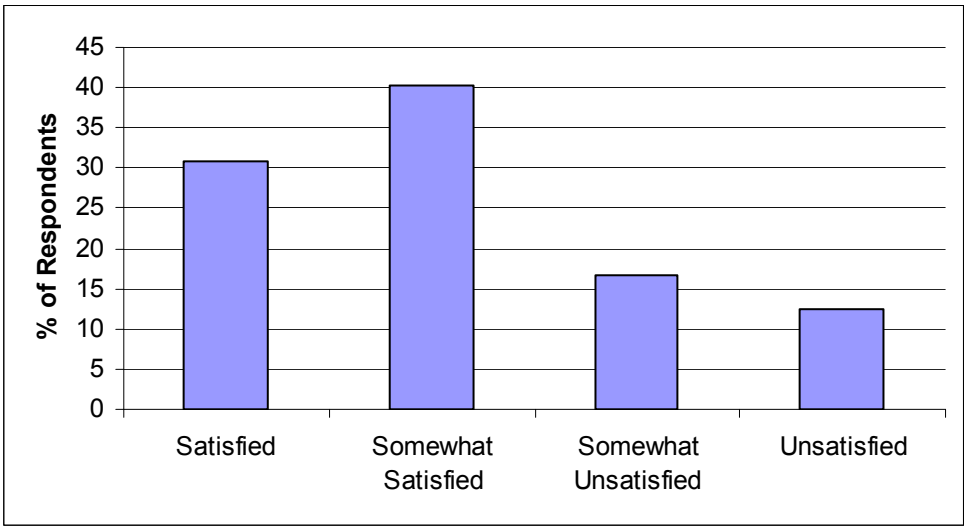
For those nurses not participating in in-services/continuing education opportunities over the past 2 years, the most important reasons for not doing so included:

- lack of replacement staffing (9%; N = 24);
- lack of access to programs (9%; N = 23);
- too busy at work (7%; N = 18);

- programs are not presented on a regular basis (7%; N = 18);
- lack of financial support (7%; N = 17);
- lack of management support (6%; N = 15);
- information on educational opportunity is not readily available (6%; N = 15); and
- too busy in my personal life (1%; N = 3).

Figure 4.7.2 shows respondents' satisfaction with current in-service/continuing education opportunities. A majority of nurses were either somewhat satisfied (40%; N = 97) or satisfied (31%; N = 74). Fewer respondents were either somewhat unsatisfied (17%; N = 40) or unsatisfied (12%; N = 30).

**Figure 4.7.2: Satisfaction with In-Service/Continuing Education Opportunities**




Responding nurses also offered suggestions on improving their satisfaction with current in-service/continuing education programs:

- Respondents expressed that professional development should be a priority **supported** by management in their work environment.

  *"Schedule time on a regular basis and be supported by management."*

  *"Managerial support and encouragement [are required]."*

- Respondents called for improved **accessibility** of training opportunities. Measures that would help make these opportunities more accessible included **sufficient and flexible funding** to allow nurses to take advantage of opportunities, and **adequate staffing** in order for nurses to take **time off**. It was further suggested that more training opportunities should be offered **locally**.

  *"There needs to be more cash set aside for staff to be able to access workshops/ conferences. The amount we presently receive isn't adequate funding."*

*"The funding provided by the government has so many rules attached that it makes it nearly impossible to access."*

*"We need more time for such activities, but we do not have enough staff to do so."*

*"Bring courses to the region at least twice per year and ensure all nurses are able to attend."*

- Respondents also advocated the use of more **technology** to provide regular training opportunities to keep nurses up to date with current information.

*"More webcasts, more telehealth, and more sharing of information could be implemented."*

*"Online/Internet opportunities are excellent as they provide education… for nurses who can't travel or [who have] children."*

*"Education must be offered in a timely manner, i.e. changes in the health delivery system must be relayed to those trying to provide the necessary support to the system."*

Just over one-third of respondents (34%; N = 80) were considering becoming Nurse Practitioners. Of those who were considering such a career path, 50% (N = 40) felt they currently possessed the skills and experience necessary to challenge the Nurse Practitioner registration requirements.

The nurses who felt they did not currently posses such skills were asked what supports are most important to help them challenge the Nurse Practitioner registration requirements. Table 4.7.2 shows that responding nurses indicated that Financial Supports, Time, and Preceptors were the three most important supports that could be provided.

**Table 4.7.2: Most Important Supports to Challenge NP Registration**

| | Frequency | Percent |
|---|---|---|
| Financial Supports | 12 | 35.3 |
| Time | 9 | 26.5 |
| Preceptors | 8 | 23.5 |
| Other | 3 | 8.8 |
| Study Groups/Support Networks | 2 | 5.9 |
| Total | 34 | 100.0 |

## 4.8 Salary and Benefits

The majority of nurses believed that their nursing education was either somewhat adequately (40%; N = 101) or adequately (38%; N = 97) reflected in their salary. Fewer respondents felt that their nursing education was either somewhat inadequately (12%; N = 31) or inadequately (10%; N = 26) reflected in their salary.

The majority of nurses believed that their nursing experience was either adequately (37%; N = 96) or somewhat adequately (32%; N = 98) reflected in their salary. Fewer respondents felt that their nursing experience was either somewhat inadequately (18%; N = 45) or inadequately (13%; N = 33) reflected in their salary.

The majority of nurses believed that their nursing responsibilities were either adequately (32%; N = 82) or somewhat adequately (30%; N = 77) reflected in their salary. Fewer respondents felt that their nursing responsibilities were either somewhat inadequately (20%; N = 51) or inadequately (18%; N = 45) reflected in their salary.

Figure 4.8.1 shows respondents' satisfaction with their salary. A majority of nurses were either somewhat satisfied (38%; N = 97) or satisfied (32%; N = 81). Fewer respondents were either somewhat unsatisfied (18%; N = 46) or unsatisfied (12%; N = 30).

**Figure 4.8.1: Satisfaction with Salary**

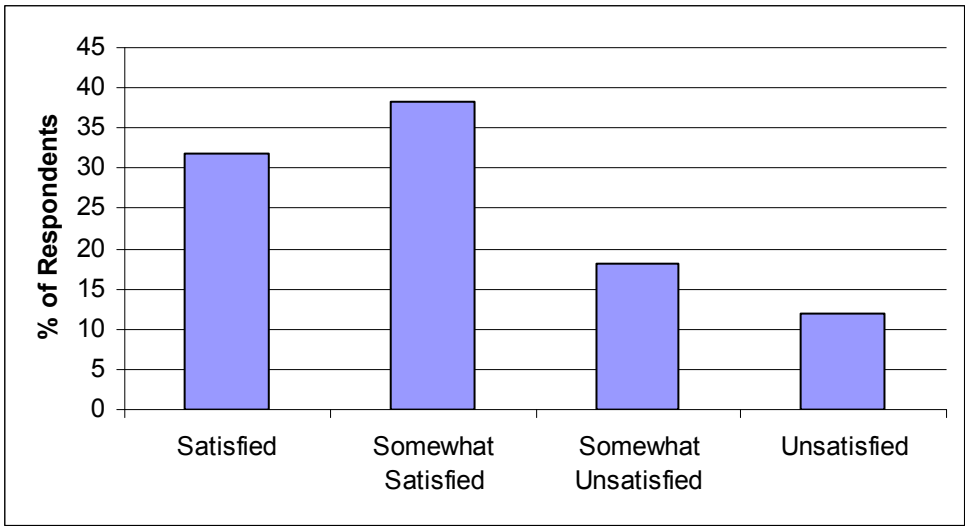
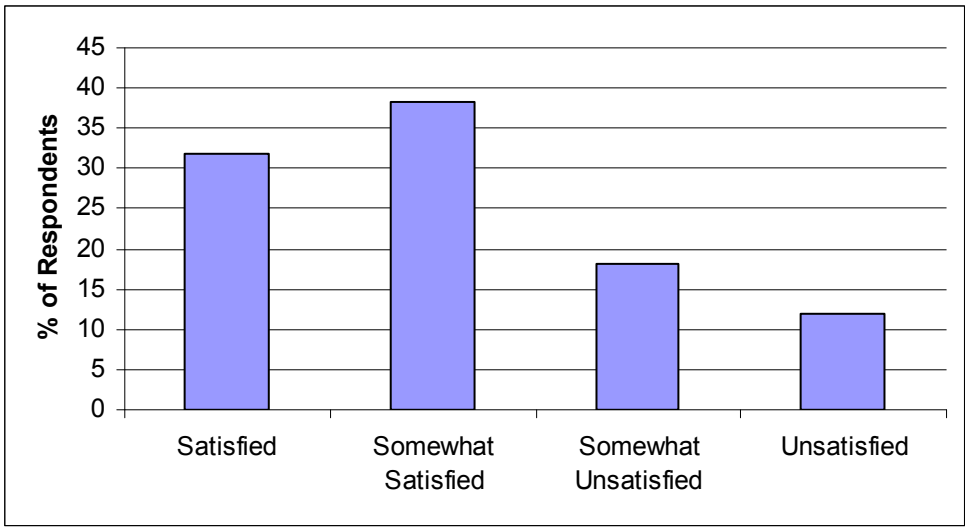



Figure 4.8.2 shows respondents' satisfaction with their benefits. A majority of nurses were either somewhat satisfied (39%; N = 94) or satisfied (27%; N = 66). Fewer respondents were either somewhat unsatisfied (20%; N = 47) or unsatisfied (14%; N = 34).

**Figure 4.8.2: Satisfaction with Benefits**




As Table 4.8.1 shows, a majority of respondents (63%) felt that their overall compensation (salary and benefits) was adequate compared to similar positions in other jurisdictions.

**Table 4.8.1: Satisfaction with Overall Compensation**

| | Frequency | Percent |
|---|---|---|
| Adequately | 68 | 27.3 |
| Somewhat Adequately | 88 | 35.3 |
| Somewhat Inadequately | 60 | 24.1 |
| Inadequately | 33 | 13.3 |
| Total | 249 | 100.0 |

Respondents were asked what changes could be made to improve their satisfaction with their salary and benefits. Their responses were varied, but centered on some major themes:

- Overwhelmingly, respondents suggested that a **higher salary, more benefits, and more frequent bonuses** for long-term service would help make their working experience more competitive with working in other jurisdictions. Specifically, they noted that the high cost of living and travel made working in the north less economical.

  *"I am satisfied with my salary… however to improve benefits, travel allowances, and housing allowances would be a start."*

  *"Living in Inuvik is very costly…once you take cost of living into consideration there really isn't much difference between pay in the North and pay in the South."*

*"It is always going to be expensive to have nurses in health centers in the north – we need a treatment model in which those costs will simply be accepted and borne by the provider."*

- Respondents emphasized that salary should be made more **equitable** by taking into account to a greater extent nurses' qualifications including **education, experience, and level of responsibility**. Some respondents critiqued the "Hay Plan" for the differential salaries between nurses working in different clinical areas. There were also suggestions that **casual and part time nurses** should receive some benefits as well.

  *"All RN's within the hospital sector should be paid equally regardless of the area they work in."*

  *"Get rid of the Hay Plan. Pay staff according to their education, training and experience."*

  *"Permanent part-time staff should receive benefits appropriate to their hours worked."*

  *"There should be a better benefit program for casual nurses."*

- Some respondents also critiqued the **pay scale** used by the GNWT.

  *"Pay levels and steps are not reflective of education and experience, and do not make sense."*

  *"Insert more salary steps for years of commitment to the NWT."*

  *"I have taken a job where I have more responsibility and am required to have more education… Despite these factors, I took a pay cut… as a result of me being at the highest pay scale in my previous job and now at the lowest step in this position."*

- Some respondents suggested that nurses in the north should possibly have their own **collective bargaining agreement** and their own union.

  *"Look into feasibility of forming a separate nursing union that can address issues that are important to nurses. There are many restrictive rules in place in the current contract."*

  *"If the collective agreement is an impediment, then nurses should be in a separate bargaining unit."*

## 4.9 Housing/Accommodation

A majority of the nurses (59%; N = 128) who responded to the survey thought that finding acceptable housing in their community was a problem. Additionally, even more nurses (82%; N = 175) thought that finding affordable housing in their community was a problem. Yet only a minority of nurses (27%; N = 31) received guidance in finding acceptable/affordable housing in their community.

Nurses were asked to suggest ways to improve the housing/accommodation situation for nurses. The following issues were raised:

- The main demand was for greater **availability** of housing that is **affordable, safe, and in good condition**. Many respondents were in favour of a **housing allowance or subsidies** for both indeterminate and casual employees, in order to reduce the cost of living in northern communities.

  *"The apartments in the nurses' residence are cramped, dark, old and awful to live in!"*

  *"A housing subsidy would be a major recruitment and retention asset."*

  *"Communities have to… provide safe housing and safe working conditions along with ongoing support of their role in the community."*

  *"Some regions don't have casuals pay for accommodation – but it is not the same across the board".*

- Respondents also suggested that new nurses moving to the north need **greater awareness** of the housing market before their arrival.

  *"All employees should receive a local real-estate prospective before making a final decision on whether to accept employment."*

  *"Make new employees aware of housing situation prior to the move to NWT."*

## 4.10 Specific Programs

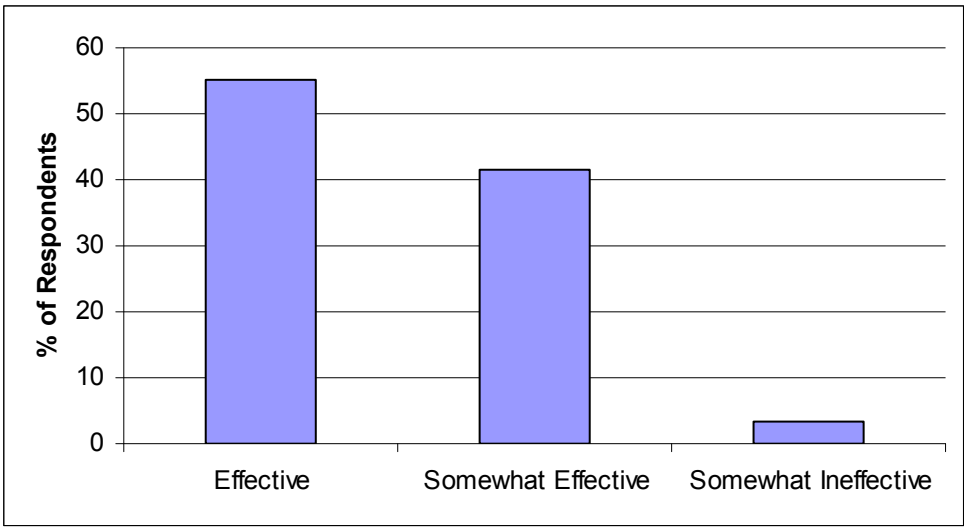
Nurses were asked a series of questions surrounding three specific programs:

- the Mentorship Program;
- the Tele-Care NWT Service; and
- the Professional Development Initiative (PDI).

## The Mentorship Program

Twenty percent of the respondents (N = 29) participated in a Mentorship. Figure 4.10.1 shows respondents' views on the effectiveness of the Mentorship Program in adequately preparing new graduates for their duties. A majority of nurses felt the program was either effective (55%; N = 16) or somewhat effective (41%; N = 12). Only one respondent (3%) felt the program was somewhat ineffective.

**Figure 4.10.1: Effectiveness of the Mentorship Program**




Nurses were invited to suggest ways to improve the Mentorship program so that is better prepares nurses to perform their duties. Overall respondents had a positive view of the program; their suggestions focused on the need to **extend and diversify** the program, and ensure that it is offered by **skilled and knowledgeable mentors**.

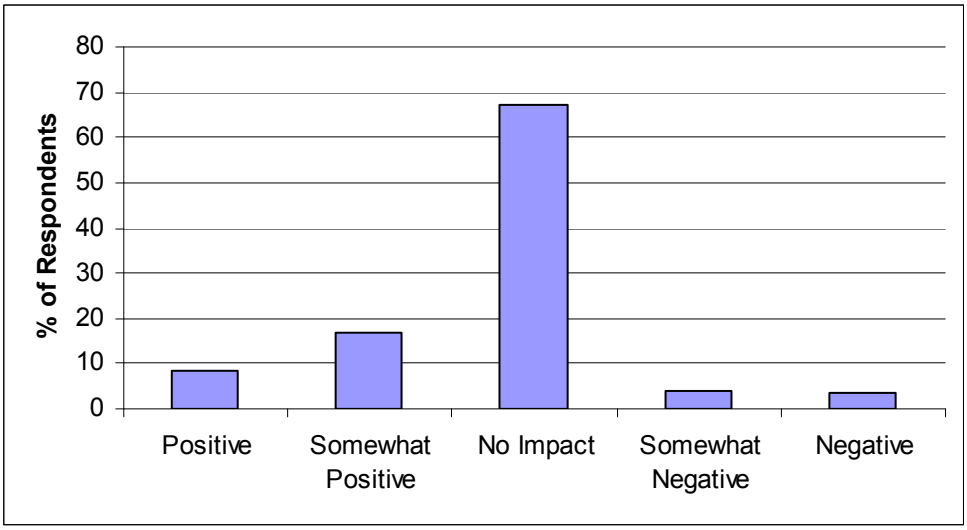
> *"I think it is an excellent opportunity for new grads!"*
>
> *"When I took the program, I had the opportunity for 6 months; now it is quite a bit shorter. I think it should be longer again."*
>
> *"In addition to being knowledgeable, mentors also need to be compatible to teaching and have strong interpersonal skills."*

## Tele-Care NWT

A majority of respondents (71%; N = 120) felt that people in their community were aware of the Tele-Care NWT service. A majority of responding nurses (61%; N = 101) also felt that people in their communities were accessing/using the service.

Figure 4.10.2 shows respondents' views on the impact of the Tele-Care NWT service on nurses' workload (i.e. reduced callbacks, reduced time with patients who have used the service, etc.). A majority of nurses (67%; N = 97) felt the service had no impact. Approximately one-quarter of respondents felt that the service had either a somewhat positive (17%; N = 24) or positive (8%; N = 12) impact. Under 10% of respondents felt the program had a somewhat negative (4%; N = 6) or negative (4%; N = 5) impact.

**Figure 4.10.2: Impact of Tele-Care NWT on Nursing Workload**




Respondents were asked to suggest ways to improve the Tele-Care NWT service so that it has a more positive impact on their workload. The following issues were raised:

- Respondents emphasized the need for greater **awareness** of the Tele-Care service.

  *"Increase public awareness, and have the Tele-Care phone number programmed into hospital phones so callers can be transferred readily."*

  *"Have more 'hands on' sessions to inform community members of the service."*

  *"Periodic public campaigns to let people know about it. The population in the north is very transient and new people need to know about this service."*

- Respondents were concerned about the **effectiveness** of the service, claiming that patients are usually advised to go to the hospital or the emergency room anyway, even in cases where this is not necessary.

  *"They usually tell all patients to come in and be seen within 12-24 hours even if usually they can wait to see a GP."*

  *"They send a large proportion of non-emergency cases to the clinic where interventions could have been given over the phone."*

- Respondents also expressed concerns that encouraging patients in northern communities the switch to Tele-Care may not be **culturally appropriate**.

  *"There should be more community-oriented nurses to take the calls."*

  *"Community members want to see a person, not talk on the phone."*

  *"Culturally, people in remote communities have been used to having the health center nurse. They do not willingly try to make first contact with an anonymous stranger."*

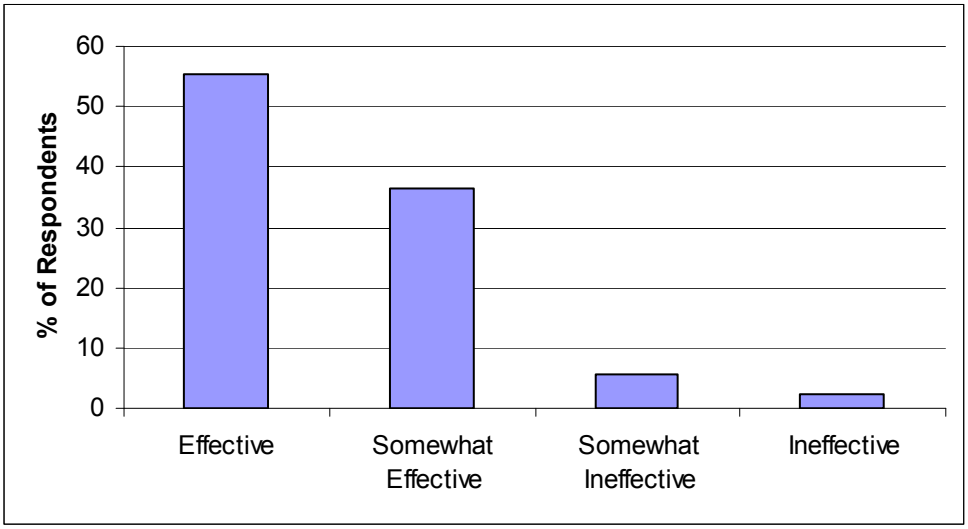
  *"When I refer people in small communities to Tele-Care, they often get angry. I think it's more an issue of social marketing to get people to use the service, rather than the need to actually improve the service itself."*

## The Professional Development Initiative (PDI)

A majority of respondents (82%; N = 179) were aware of the PDI.[11] Additionally, a majority of those nurses who were aware of the PDI (58%; N = 126) had accessed funding for a variety of professional development activities, including: conferences, workshops, online distance education courses, and clinical development courses.

Figure 4.10.3 shows respondents' views on the effectiveness of PDI in supporting nurse's careers. A majority of nurses felt the initiative was either effective (55%; N = 68) or somewhat effective (37%; N = 45). Fewer respondents felt the initiative was either somewhat ineffective (6%; N = 7) or ineffective (2%; N = 3).

**Figure 4.10.3: Effectiveness of PDI**




[11] Note – as Casual nurses are not eligible to receive PDI, their responses were excluded from the results reported in this section.

Nurses were asked to suggest ways to improve PDI funding so that it would support their career as a nurse more effectively. Many of the respondents emphasized that this funding was important for improving their skills, and offered the following suggestions for making it more effective:

- Respondents emphasized the need for **increased funding** to ensure that nurses have the opportunity to improve their skills and knowledge.

  *"Increase funding as it is only covers transportation cost to and from Yellowknife."*

  *"The cost of travel eats up most of the funding even before paying for books, tuition, or accommodation."*

- They also stressed that funding should be **easier to access**, and should not be impeded by a **lack of staffing**.

  *"The 'process' to access PDI is extremely cumbersome."*

  *"Staffing issues need to be resolved so this money may be used to further the individuals' level of knowledge and clinical experience."*

- Respondents suggested that PDI funding should be more **flexible**, and that nurses should be able to **carry over** unused funds from year to year.

  *"Allow nurses to carry over funds if [they are] unable to use them each year. Some courses are costly so it would be good to accumulate funds."*

  *"Sometimes there are no courses that you can get or, more commonly, no staff to cover your position."*

- Other suggestions included extending PDI funding to **nursing educators**, and using the funding for other **training implements** such as subscriptions to publications and Palm Pilots.

  *"Funding should be available for the nurse educator mentors."*

  *"PDI allowance could be used for subscribing to RN magazines or other health books for staff."*

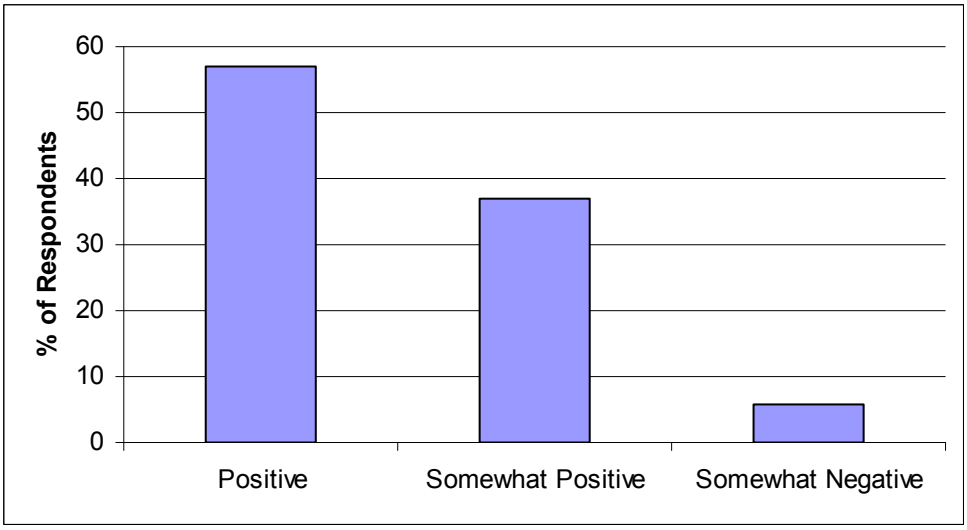
  *"Allow things to be purchased with funding to increase knowledge, i.e. Palm Pilot."*

  *"There are many nursing databases that can be used on palm computers for medications, etc… Using these at work would be very helpful."*

## 4.11 Overall Questions

Figure 4.11.1 shows respondents' overall views on nursing as a career.

**Figure 4.11.1: Nursing as a Career**




A majority of nurses were either positive (57%; N = 145) or somewhat positive (37%; N = 94). Fewer respondents indicated they were somewhat negative (6%; N = 15). No respondents indicated that they were negative regarding nursing as a career.

The following outlines what attracted respondents to nursing in the NWT (from most listed to least):

- adventure of northern living;
- opportunity for skills development;
- utilization of a range of skills and knowledge;
- salary;
- independence of practice;
- nursing in remote communities;
- benefits;
- relocation of family/spouse; and
- alternative lifestyle.

Other reasons (such as grew up in the north, job security/to find work, learning about another culture, and community service) were cited less frequently.

The following outlines the factors that were most likely to influence their continued employment in NWT (from most listed to least):

- opportunities for professional growth;
- salary;
- relationship with colleagues;
- relationship with community;
- benefits;
- relationship with management;
- workload; and
- accommodation/housing.

At the end of the survey, nurses were invited to provide any additional comments on issues or concerns that they felt had not been adequately addressed in the survey. Many respondents reiterated concerns they had expressed in the previous sections of the survey about recruitment and retention, orientation, salary and benefits, housing, and professional development. While it is not feasible to recount in entirety the 46 pages of responses that were collected, this section highlights some of the main themes that were not outlined in other parts of the survey.

- Many of the nurses often felt that their **contribution and role** in the health field was not appreciated by management and the community.

  *"Centralization of Human Resources and payroll has left staff feeling like a 'number' rather than a valued professional whose skills and attributes are appreciated and needed."*

  *"Until nurses are given support, respect, and accepted as an important member of the health team, nurses will remain mobile in their search for nursing jobs that value their contribution."*

  *"Nurses want a positive and pleasant workplace where staff are treated respectfully with positive, constructive feedback…This type of environment tends to improve staff retention, and ultimately you end up with a less stressed nurse who will go the extra mile to provide optimum nursing care in a knowledgeable, effective, and efficient manner."*

  *"Fairness and equality need to be kept in mind. There have been times when the attention has been on either southern recruitment or on new graduates that the individuals who have been 'slogging it out in the trenches' get forgotten… and feel undervalued."*

  *"Community leadership needs to be far more supportive of nursing workload issues."*

- There is clear frustration with the **perceived benefits of working on a casual basis** as opposed to working on a permanent basis.

  *Because I work on a casual basis I don't pay rent. But my full time colleagues pay very high rent given the services available in each community. The rents are on a par with Vancouver and Victoria, but without the same level of good services. If you were to lower rent considerably my colleagues tell me they would stay longer.*

  *Agency nurses hired from the "south" to staff northern health centres are paid more than NWT nurses providing the same services. This doesn't feel right. The cost of living in a small northern community is high – groceries are scarce & high priced. The "adventure" is just not worth it especially when you know agency nurses are treated with more care.*

- Respondents expressed concern about the **inadequate staffing mix** (the lack of experienced nurses) and its impact on the **safety** of patients. It was felt that Human Resources and the GNWT had a role to play in pursuing more **effective** recruitment and retention policies, but that this role was inhibited by the recent **reorganization of HR** across the GNWT.

  *"We need to recruit and retain nurses with valuable years of experience."*

  *"Depleted nursing numbers with marginal skills lead to burnout and failure."*

  *"There is an inadequate patient-staff ratio; as a result, nurses are being put into positions that they are not trained for. We are in need of skilled nurses that are willing to make the NWT their home."*

  *"I have grave concerns about patient safety with this unequal staff mix (experienced vs. new grads) in the area where I work."*

  *"There must be an aggressive, creative and sustained recruitment and retention strategy… I do not think the recent consolidation of centralized HR services has provided sufficient resources to meet the ongoing and very competitive nature of nursing recruitment and retention."*

- There were also some other important concerns related to **safety** in light of new policies and changes in the communities.

  *"The communities are again in the midst of change in some places… My safety is also becoming a concern with the increase of drug use."*

- In the end, many respondents expressed satisfaction and appreciation of their **northern experience**.

  *"I love northern nursing… I think everyone should have this experience. You learn so much clinically, culturally, and also professionally."*

  *"It brings out a sense of adventure in each individual when they come to live in the North, the land is beautiful and unspoiled, all the people friendly and easy going. It's a privilege to live and work here."*

  *"I find working as a casual in the NWT exciting and satisfying and my co-workers immensely supportive. Unfortunately I don't find many opportunities for my spouse in the communities, which means he remains in BC while I go up north to work."*

# 5. ANALYSIS OF SURVEY RESULTS

The results outlined in the previous section were analyzed in five areas, looking for:

- differences between the various dimensions of satisfaction;
- the underlying predictors of the individual dimensions of satisfaction;
- differences along key demographic variables;
- other important highlights; and
- the most important reasons why nurses were attracted to the NWT in the first place, and the most important factors that might influence their decision to stay here.

Note that in this section, "M" stands for "mean" (or average) score, "F" is the test statistic, "p" is the significance level, and "$R^2$" is the Multiple Regression Co-efficient .

## 5.1 Differences Between the Various Dimensions of Satisfaction

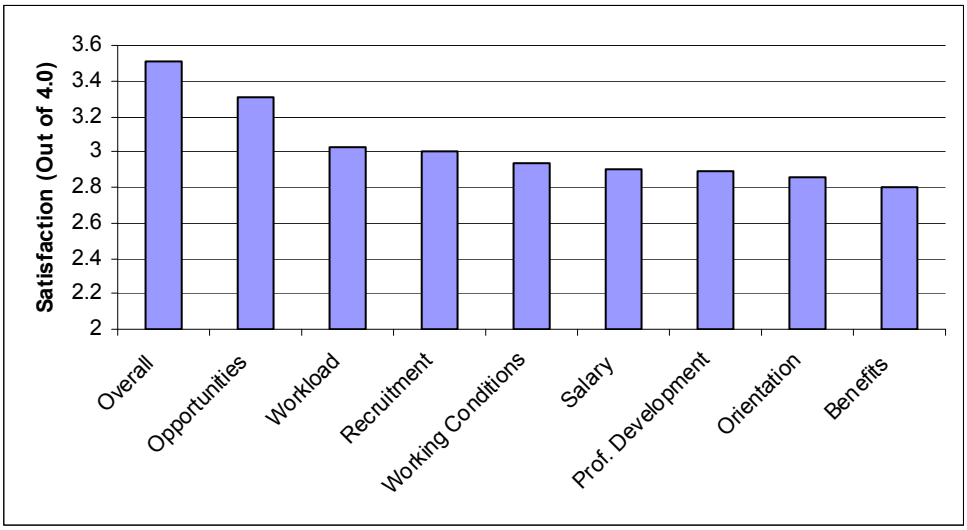
Even though responding nurses were mostly satisfied with their jobs (scoring an average of 3.51 out of a possible 4.00 on overall job satisfaction), statistical analysis showed differences between the various[12] dimensions of satisfaction:

- nurses were most satisfied with the opportunities to use their skills to their fullest potential (M = 3.31);
- nurses were less satisfied with:
    - workload (M = 3.02);
    - the recruitment process (M = 3.00);
    - working conditions (M = 2.94);
    - salary (M = 2.90);
    - professional development opportunities (M = 2.89); and
    - orientation (M = 2.86).
- nurses were least satisfied with their benefits (M = 2.80).

[12] The 7 dimensions discussed in Section 4 are supplemented by 2 additional dimensions – "satisfaction with the opportunities to use skills and knowledge to their fullest potential" and "overall satisfaction with nursing as a career".

These differences are depicted in Figure 5.1.1. The Friedman Test of Statistical Significance confirms that these differences in mean satisfaction scores were in fact significant (p = .000), and did not occur just by chance.[13]

**Figure 5.1.1: Differences Between the Various Dimensions of Satisfaction**




Multiple regression analysis determined the strongest predictors of overall job satisfaction:

- the strongest predictor of overall job satisfaction was satisfaction with working conditions ($R^2$ = .353; p = .000);

- other important predictors included:

    - satisfaction with workload ($R^2$ = .388; p = .018); and
    - satisfaction with opportunities to use skills to their fullest potential ($R^2$ = .416; p = .023).

These results indicate that overall satisfaction amongst nurses is relatively high. But it could be further increased by focusing on improving satisfaction levels in these three areas.

## 5.2 Underlying Predictors of the Individual Dimensions of Satisfaction

In this section, the underlying factors contributing to nurse's satisfaction with recruitment, orientation, working conditions, workload, professional development, salary and benefits are examined. These factors are important as they shed light on ways to improve satisfaction with each of the individual dimensions of satisfaction (and thus lead to increased overall satisfaction amongst nurses in general).

[13] In other words, if the survey was undertaken again, the same differences in the various dimensions of satisfaction are likely to emerge.

## Recruitment

Multiple regression analysis determined the strongest predictors of satisfaction with the recruitment process:

- the strongest predictor was the effectiveness of the first contact ($R^2 = .440$; $p = .000$);
- other important predictors included:
    - that benefits are described realistically ($R^2 = .585$; $p = .000$); and
    - that the realities of living in the north are described realistically ($R^2 = .616$; $p = .000$).

Therefore, nurse's satisfaction with the recruitment process could be improved by ensuring that the person undertaking the first contact is knowledgeable and efficient. Additionally, that person must be honest with nurses about both their benefits and the realities of living in the north.

## Orientation

Multiple regression analysis determined the strongest predictors of satisfaction with the orientation process:

- the strongest predictor was the length of the orientation – the longer the orientation, the more satisfied the respondent was ($R^2 = .209$; $p = .003$).

Therefore, nurses' satisfaction with the orientation process could be improved by ensuring that nurses receive at least some form of formalized orientation (i.e. one that is at least a few days in length).

## Working Conditions

Multiple regression analysis determined the strongest predictors of satisfaction with working conditions:

- the strongest predictor was how positively the community views health services ($R^2 = .296$; $p = .000$);
- another important predictor was whether there were adequate physical resources at the worksite ($R^2 = .326$; $p = .001$).

Therefore, nurse's satisfaction with working conditions could be improved through some form of communications/marketing aimed at educating the general public about the work undertaken by nurses throughout the NWT. Additionally, all worksites must be equipped with adequate supplies and equipment for nurses to do their jobs.

## Workload

Multiple regression analysis determined the strongest predictors of satisfaction with workload:

- the strongest predictor was whether the staffing ratio of RN's to other workers was adequate to perform the required tasks ($R^2 = .381$; $p = .000$);

- another important predictor was the average amount of emergency overtime that nurses had to work ($R^2 = .464$; $p = .001$).

Therefore, nurse's satisfaction with workload could be improved by ensuring that staffing levels of registered nurses (compared to other workers) are adequate. Additionally, the amount of emergency overtime that nurses are required to work should be reduced.

## Professional Development

Multiple regression analysis determined the strongest predictors of satisfaction with professional development:

- the strongest predictor was whether nurses viewed the inservices/courses as effective in supporting their careers ($R^2 = .354$; $p = .000$);

- another important predictor was the number of inservices/courses attended ($R^2 = .419$; $p = .001$).

Therefore, nurse's satisfaction with professional development could be improved by working with nurses to ensure that they are able to take the inservices/courses that they feel will be most beneficial to their careers. Additionally, nurses should be encouraged to continue to take inservices/courses throughout their careers.

## Salary

Multiple regression analysis determined the strongest predictors of satisfaction with salary:

- the strongest predictor was whether nursing responsibilities were adequately reflected in nurses salaries ($R^2 = .602$; $p = .000$);

- other important predictors included:

    - that experience be reflected in nurses salaries ($R^2 = .685$; $p = .000$);
    - that compensation be seen to be adequate compared to similar positions in other jurisdictions ($R^2 = .733$; $p = .000$); and
    - that education be reflected in nurses salaries ($R^2 = .744$; $p = .001$).

Improving nurse's satisfaction with salary will require a review of nursing pay-scales (to compare actual responsibilities, education, experience, and rates of pay in other jurisdictions).

## Benefits

Multiple regression analysis determined the strongest predictors of satisfaction with benefits:

- the strongest predictor was that overall compensation (both salary and benefits) be seen to be adequate compared to similar positions in other jurisdictions ($R^2 = .436$; $p = .000$);

- another important predictor was whether nursing responsibilities were adequately reflected in nurses salaries ($R^2 = .464$; $p = .001$).

As with salaries above, improving nurse's satisfaction with benefits will require a review (to compare actual responsibilities and benefit levels provided in other jurisdictions).

## 5.3 Differences Along Key Demographic Variables

The approach in this section was to compare the numerous demographic variables against the scale type questions on the survey in order to explore underlying relationships and gain deeper insights into the data. Because of the mass of raw data generated by the survey, only those variables which were statistically significant are reported here. These included: workplace; age; work emphasis; and employment status.

Please note that due to low response numbers for certain questions, some variables had to be collapsed before being analyzed. The ones that were collapsed prior to analysis include:

- workplace – which was collapsed from the original seven categories into Community Health Centres, Hospitals, and Other;[14]

- work emphasis – which was collapsed from the original four categories into Clinical Practice and Non-Clinical Practice;[15] and

- employment status – which was collapsed from the original three categories into Indeterminate and Casual/Term.

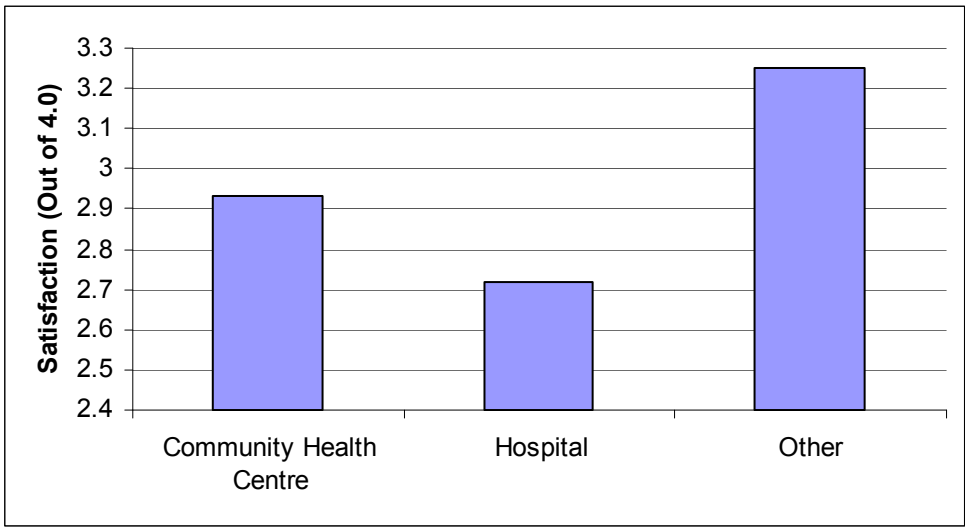
## Workplace

One-way Analysis of Variance (ANOVA) revealed several significant differences between responding nurses based in different workplaces.

First, there was a significant difference amongst nurses and their level of satisfaction with working conditions ($F = 7.80$; $p = .001$). Hospital ($M = 2.72$) and Community Health Centre based nurses ($M = 2.93$) had significantly lower satisfaction levels than did nurses based at Other work-sites ($M = 3.25$). These differences are depicted in Figure 5.3.1.

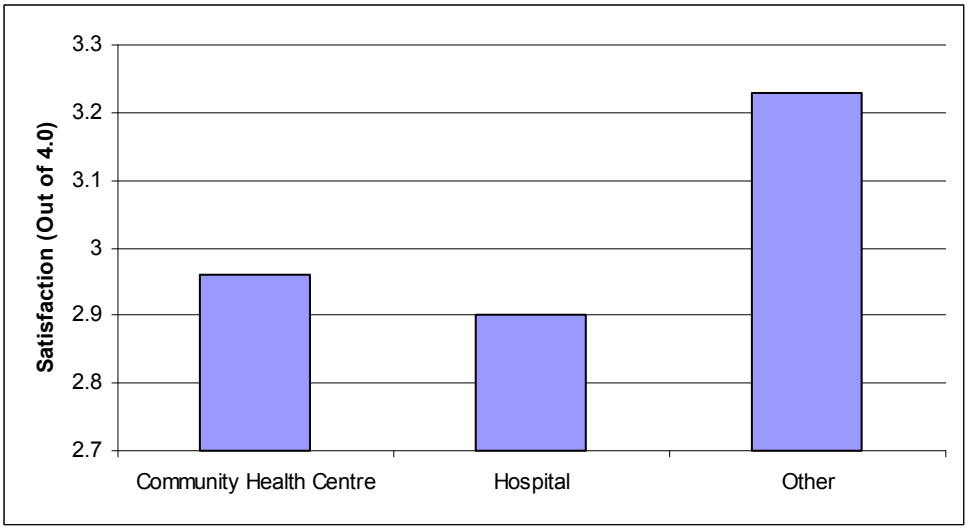
[14] As outlined above, "Other" workplaces include: public health units, homecare, long-term care facilities, medical clinics, Tele-Care NWT, air ambulance services, educational institutions, and the RNANT/NU.
[15] "Non-Clinical Practice" includes: administration, education, and research.

**Figure 5.3.1: Workplace – Satisfaction With Working Conditions**



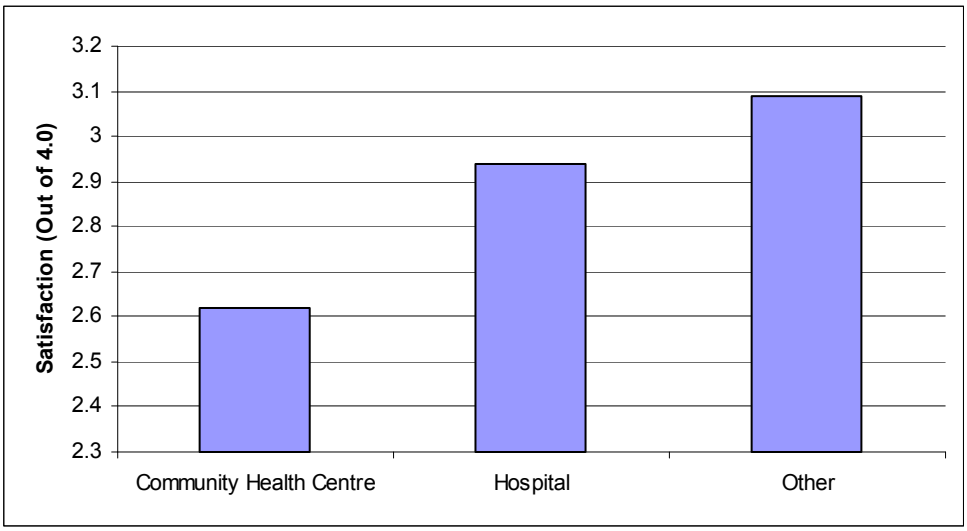

Second, there was a significant difference amongst nurses and their level of satisfaction with workload (F = 3.43; p = .034). Hospital (M = 2.90) and Community Health Centre based nurses (M = 2.96) had significantly lower satisfaction levels than did nurses based at Other work-sites (M = 3.23). These differences are depicted in Figure 5.3.2.

**Figure 5.3.2: Workplace – Satisfaction With Workload**




Finally, there was a significant difference amongst nurses and their level of satisfaction with professional development (F = 4.26; p = .015). Community Health Centre based nurses (M = 2.62) had significantly lower satisfaction levels than did nurses based at Hospitals (M = 2.94) and Other work-sites (M = 3.09). These differences are depicted in Figure 5.3.3.

**Figure 5.3.3: Workplace – Satisfaction With Professional Development**




Statistical analysis also revealed several other significant differences amongst nurses based on their workplaces:

- Hospital based nurses were younger ($F = 16.55$; $p = .000$) and had less overall experience ($F = 23.91$; $p = .000$) than nurses based at Community Health Centres and Other workplaces;

- Hospital based nurses received longer orientations than did those based at Community Health Centres ($F = 13.26$; $p = .000$);

- Nurses based at Hospitals and Community Health Centres felt the community viewed health services less positively than did those nurses based at Other workplaces ($F = 2.61$; $p = .018$);

- Nurses based at Community Health Centres worked more emergency overtime ($F = 25.93$; $p = .00$), while those based at Hospitals worked more scheduled overtime ($F = 20.62$; $p = .001$);

- Nurses based in Hospitals and Other work-sites were more likely to participate in professional development activities than Community Health Centre nurses ($F = 7.10$; $p = .001$); and

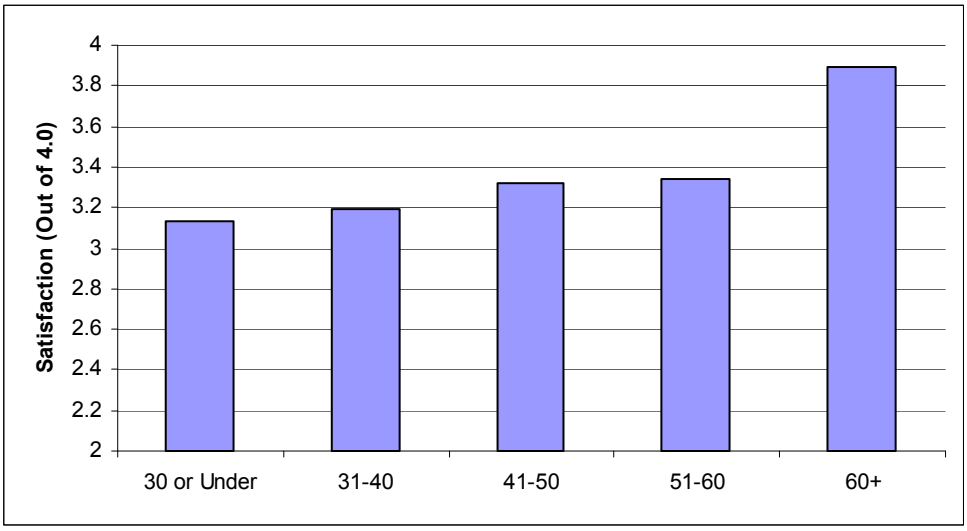
- Hospital based nurses were more likely to be aware of the PDI ($F = 1.79$; $p = .000$) and indicate that members of the community were using the Tele-Care NWT service ($F = 9.46$; $p = .000$) than were Community Health Centre nurses.

## Age

Statistical analysis also revealed several significant differences between responding nurses based on age.

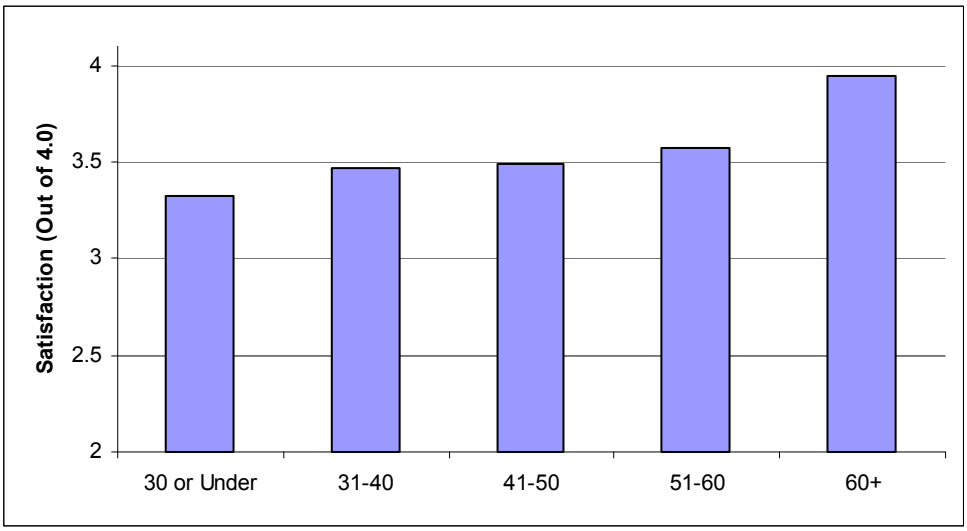
First, there was a significant difference between younger and older nurses in their level of satisfaction with the opportunities to use their skills to their fullest potential (F = 3.26; p = .012). Older nurses had higher levels of satisfaction than younger nurses: those 30 and under had the lowest satisfaction levels (M = 3.13); those 31-40 had higher satisfaction levels (M = 3.19); those 41-50 (M = 3.32) and 51-60 (M = 3.34) had still higher satisfaction levels; and those over 60 had the highest satisfaction levels (M = 3.89). These differences are depicted in Figure 5.3.4.

**Figure 5.3.4: Age – Satisfaction With Opportunities to Use Skills**




There was also a significant difference between younger and older nurses in their level of overall satisfaction with nursing as a career (F = 3.37; p = .010). Older nurses had higher levels of satisfaction than younger nurses: those 30 and under had the lowest satisfaction levels (M = 3.32); those 31-40 (M = 3.47), 41-50 (M = 3.49) and 51-60 (M = 3.57) had higher satisfaction levels; and those over 60 had the highest satisfaction levels (M = 3.94). These differences are depicted in Figure 5.3.5.

**Figure 5.3.5: Age – Overall Satisfaction With Nursing as a Career**

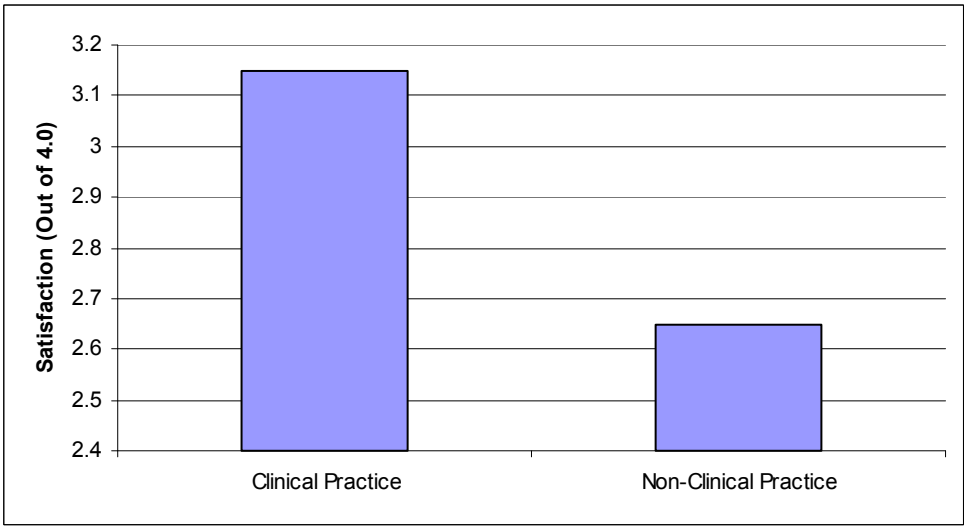



## Work Emphasis

Statistical analysis also revealed several significant differences between responding nurses based on work emphasis.

First, there was a significant difference between nurses on the frontlines (i.e. those involved in clinical practice) and those in administration, management, etc. (i.e. non-clinical practice) in their views on whether their nursing education was adequately reflected in their salary ($F = 10.98$; $p = .001$). Nurses whose main emphasis was clinical practice had higher levels of satisfaction ($M = 3.15$) than did those whose emphasis was not clinical practice ($M = 2.65$). These differences are depicted in Figure 5.3.6.

**Figure 5.3.6: Work Emphasis – Education Adequately Reflected in Salary**



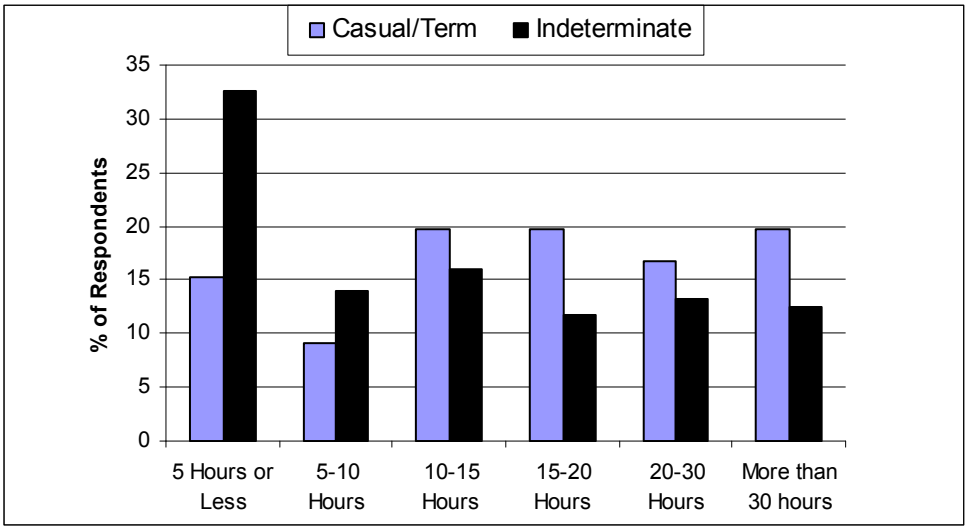
There was also a significant difference between clinical practice and non-clinical practice nurses in their views on the effectiveness of the PDI (F = 4.83; p = .030). Nurses whose main emphasis was clinical practice viewed the PDI as more effective (M = 3.35) than did those whose emphasis was not clinical practice (M = 2.93).

## Employment Status

Statistical analysis also revealed several significant differences between responding nurses based on their employment status.

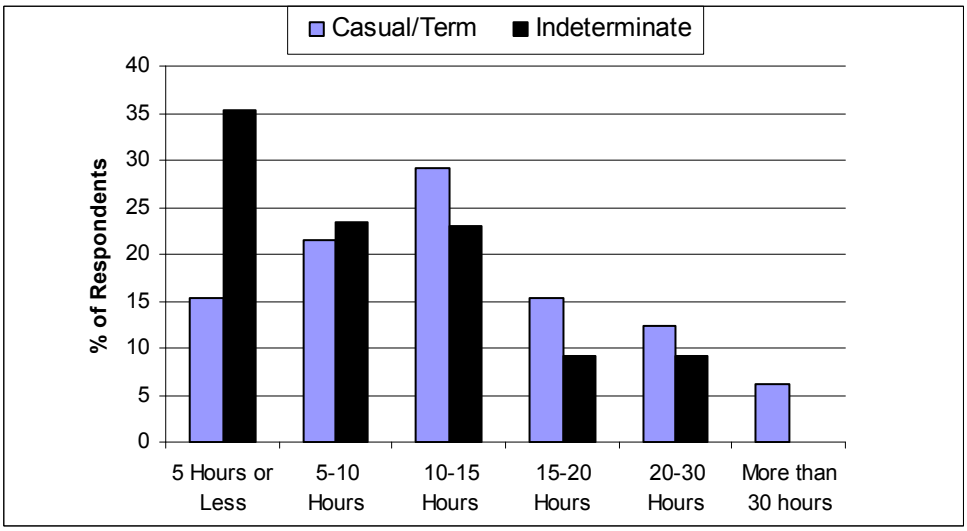
First, there was a significant difference between nurses who were indeterminate and those who were employed as casuals or terms in the amount of emergency overtime they worked (F = 8.43; p = .004). Nurses who were term or casuals worked more emergency overtime (roughly 15-20 hours per month) than did nurses who were indeterminate (roughly 10-15 hours per month). These differences are depicted in Figure 5.3.7.

**Figure 5.3.7: Employment Status – Amount of Emergency Overtime Worked**



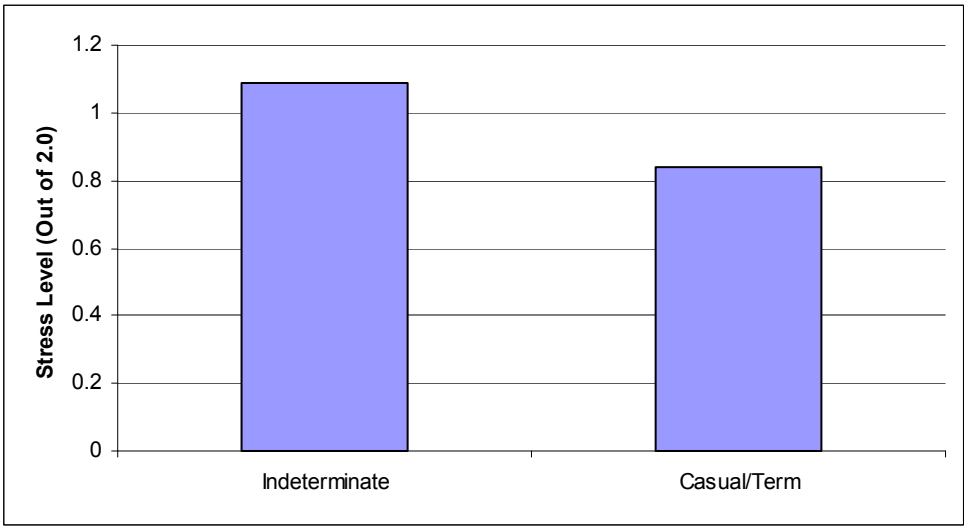

Second, there was a significant difference between nurses who were indeterminate and those who were employed as casuals or terms in the amount of overtime they consider reasonable per month (F = 13.54; p = .000). Nurses who were term or casuals consider roughly 10-15 hours per month as reasonable compared to nurses who were indeterminate (roughly 5-10 hours per month). These differences are depicted in Figure 5.3.8.

**Figure 5.3.8: Employment Status – Amount of Overtime That's Reasonable**




Third, there was a significant difference between nurses who were indeterminate and those who were employed as casuals/terms in whether the amount of overtime they work is stressful ($F = 5.40$; $p = .021$). Nurses who were indeterminate find it more stressful ($M = 1.09$) than do nurses who were term/casual ($M = .84$). These differences are depicted in Figure 5.3.9.

**Figure 5.3.9: Employment Status – Whether Overtime is Stressful**




Focusing on any of the sub-groups outlined in this section could lead to improved satisfaction levels for nurses overall. For example, focusing on improving professional development opportunities for nurses based in Community Health Centres could improve their satisfaction with that element, which would in turn translate into improved overall satisfaction amongst nurses in general.

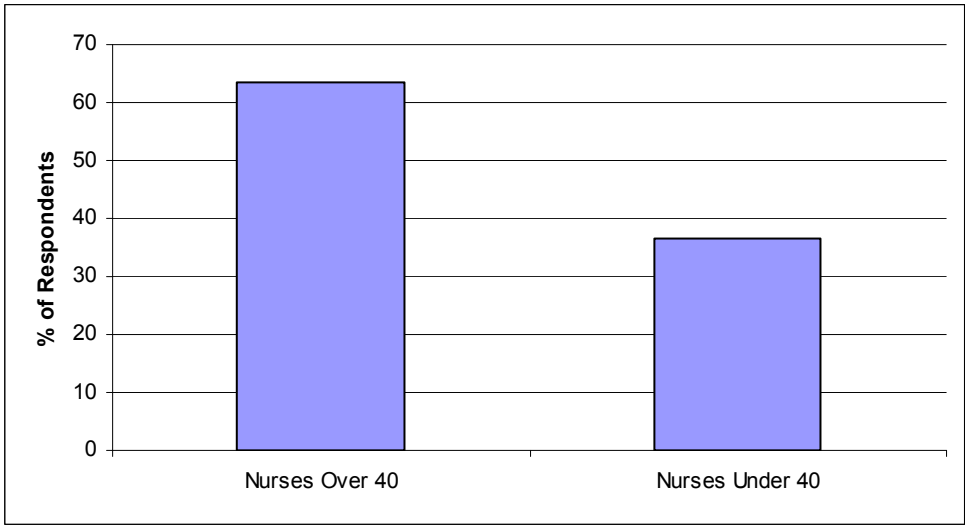
## 5.4 Other Important Highlights

There are several other highlights which must be mentioned regarding the 2005 survey results. Although these highlights are not statistically significant, they are important to note nonetheless – as many provide support/confirmation for similar issues raised in other parts of the report.

### Age

The overall age of respondents has been reported previously in section 4.1 (see Table 4.1.1). It is important to note that almost 64% of respondents were over 40 years of age – a fact which has implications for nurse human resource planning. Figure 5.4.1 shows that the workforce in the NWT is aging.

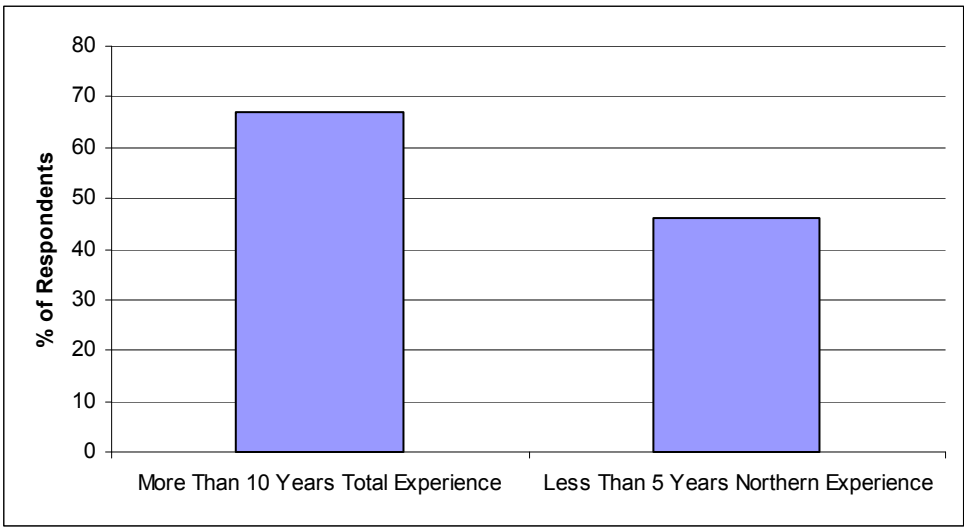
**Figure 5.4.1: Nurses Over 40 Years of Age**




### Total Experience and Total Northern Experience

Respondents total years of experience and total years of northern experience has been reported previously in section 4.1 (see Tables 4.1.2 and 4.1.3). It is important to note that although a majority of responding nurses had more than 10 years of total nursing experience (67%), a significant portion still had less than 5 years experience working in the NWT (46%). Figure 5.4.2 shows a nursing workforce with relatively high years of total experience – yet with most of it spent outside the north.

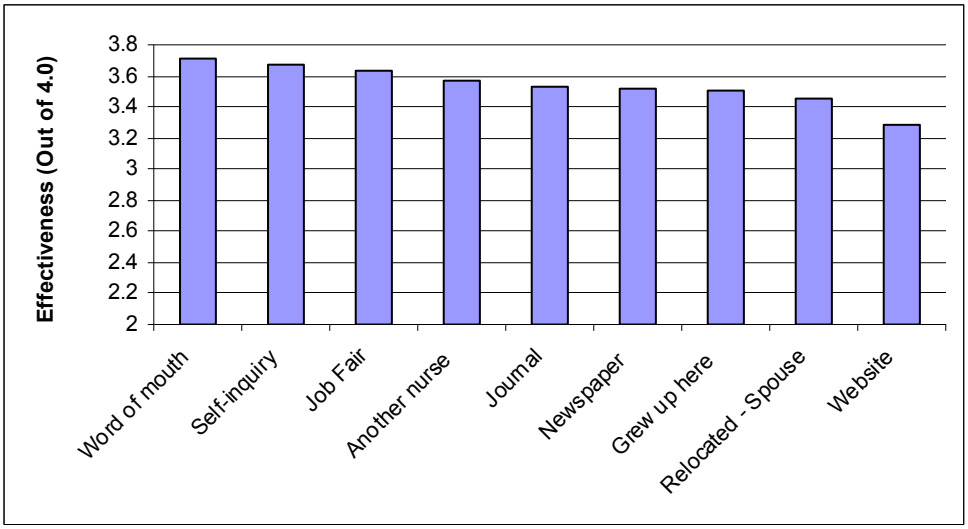
**Figure 5.4.2: Total Experience and Total Northern Experience**




## Effectiveness of the Various Recruitment Methods

Respondents ratings of the overall effectiveness of the various recruitment methods has been reported previously in section 4.3 (see Figure 4.3.1). It is important to note that there were no statistically significant differences in the effectiveness of the methods used to make nurses aware of opportunities in the north (rating a combined average of 3.54 out of a possible 4.00). Figure 5.4.3 shows that all of the methods were about equally as effective.

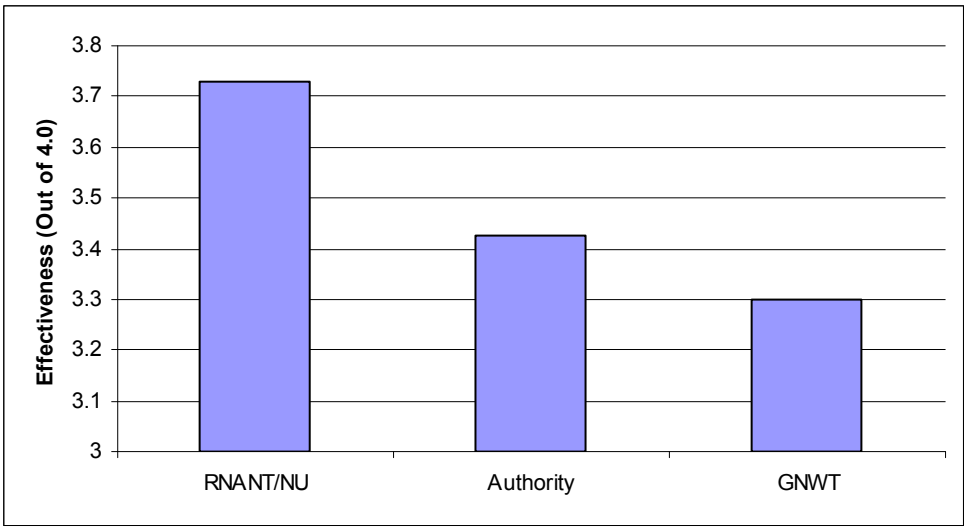
**Figure 5.4.3: Effectiveness of Awareness Methods**



## Effectiveness of the Various First Contacts

Respondents ratings of the effectiveness of their first contacts within the recruitment process has been reported previously in section 4.3 (see Figure 4.3.2). It is important to note that while there were no statistically significant differences in the effectiveness of the various first contacts, respondents rated their contacts with the GNWT (M = 3.30) as less effective than their contacts with the RNANT/NU (M = 3.42) or the HSS Authorities (M = 3.72). Figure 5.4.4 presents these results.

**Figure 5.4.4: Effectiveness of Various First Contacts**




This is also confirmed by anecdotal comments from the respondents – who noted some backlash to the GNWT centralizing Human Resources functions within the Department of the Executive (and removing those functions from the Department of Health and Social Services). As one respondent noted:

> *Communication between HR and the candidates needs to improve. It required multiple contacts on my part to secure a referral to the health authority (which was also slow to respond). The whole process took between 4 - 6 months to really get going. This process should be much faster.*

And as another outlined:

> *I contacted the human resources person and submitted my resume. After several weeks there was no response, so I contacted an authority directly. Their response was quick and they were evidently interested in my offerings. I would suggest that interest in candidates be shown. Timely responses are important. And more information and help to register etc. is mandatory.*

## Accurately Describing the Realities of Northern Living

The importance of accurately describing the realities of northern living has previously been outlined through anecdotal comments received from respondents (see section 4.3). These comments are also supported by respondent's answers to other questions on the survey. As Table 4.3.4 shows, over 31% of respondents indicated that the realities of northern living were described either unrealistically or somewhat unrealistically. This result – which highlights the fact that almost a third of nurses are coming to the NWT with unrealistic expectations – has implications for how long nurses may stay to live and work in the NWT. As one respondent noted:

> *When recruiting, provide clear, realistic information on the facility, the job expectations, career development opportunities, and the cost of living.*

And as another outlined:

> *Be truthful when you are recruiting. I was initially recruited to a community health center – and life as I was lead to believe existed certainly did not. Once I was there, it was too expensive to leave (although I immediately started looking for a way out). Had my eyes been wide open going in, I may have not come; but if I did, I would have been more prone to stay.*

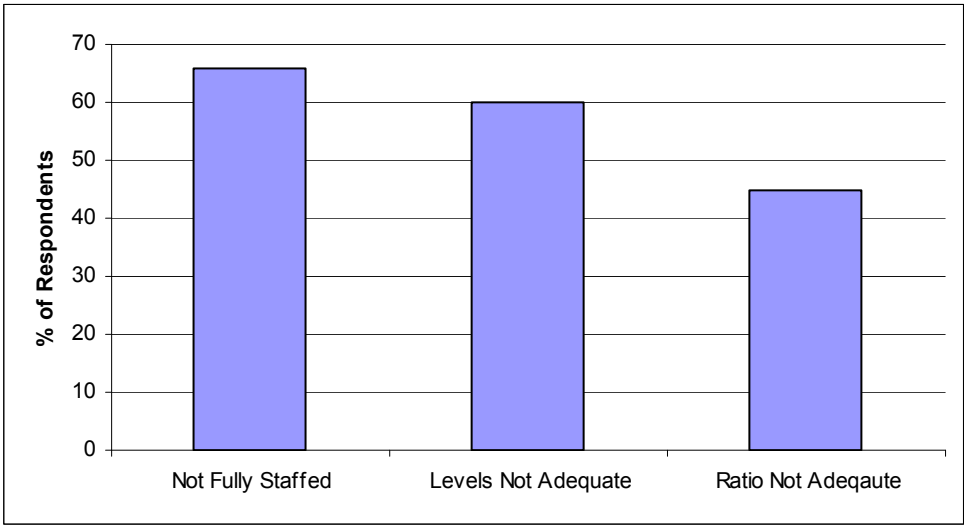
## Staffing and Workload Issues

Respondents views on whether workplaces were fully staffed, whether staffing levels were adequate to meet patient needs, and whether the staffing ratio of RN's to other workers was adequate to perform the required daily tasks have been reported previously in section 4.6. It is important to note the high percentage of respondents who felt that staffing and workload were important issues in 2005:

- workplaces were not fully staffed (66%);
- staffing levels were not adequate (60%); and
- the staffing ratio was not adequate (45% in 2005).

Figure 5.4.5 shows these results.

**Figure 5.4.5: Staffing and Workload Issues**




Anecdotal comments from nurses also support their views on these important issues. As noted above, 70% of responding nurses indicated that the main way to improve the satisfaction with their working conditions was for staffing to be maintained at adequate levels. Additionally, the second most noted way to improve satisfaction with working conditions was for improved administrative support for nurses – so they didn't have to spend time on clerical tasks (cited by 57% of respondents). As one respondent outlined:

> *Having full-time staff would help a lot. Hiring enough support staff to do the non-nursing work would also help a lot.*

And as another noted:

> *I refer to the workload I had in one small community. At the end I was NIC and there was the expectation that 50% of my time would be administrative. However, because there was so frequently only 2 nurses, I had no choice but to devote close to 100% of my time to patient care. We also had been given explicit instructions that there would be no authorization of overtime for administrative work. When was it supposed to get done?*

## Effectiveness of PD Funding

Respondent's rating's of the effectiveness of the Professional Development Initiative (PDI) has been reported previously in section 4.10 (see Figure 4.10.3). It is important to note that the overall effectiveness of PDI was high, rating a score of 3.38 (out of 4.00).

Anecdotal comments from nurses also support these results. Despite the areas that could be improved (listed in section 4.10), nurses generally felt the initiative was worthwhile. As one respondent noted:

> *Keep the program going --it is actually one of the really good things happening up here!*

And as another outlined:

> *I think the changes made to the program since its inception have helped improve funding. It is definitely a nice perk!*

## Themes From the Anecdotal Comments

A variety of anecdotal comments were presented throughout section 4. These anecdotal comments provide support/confirmation of the importance of similar issues raised in other parts of this report.

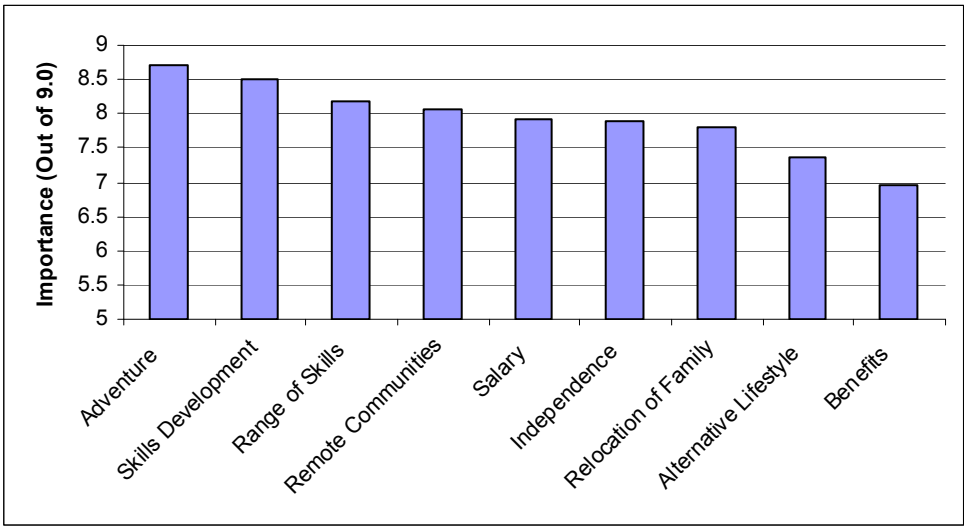
For example, one of the main themes to emerge from the open-ended question at the end of the survey was that nurses wanted their contributions and roles in the health system to be appreciated more by management and the community. This issue of respect links with other elements of nursing worklife – as it was listed as the third most important way to improve nurse's satisfaction with working conditions.

Additionally, the differences between casual and indeterminate staff on benefits (especially housing) was likewise outlined at the end of section 4. These differences are also inter-twined with other elements of nurse recruitment and retention, including differences in views surrounding overtime.

## 5.5 Factors Attracting and Affecting Employment

The main **reasons why nurses were attracted to work in the NWT (i.e. recruitment)** have been outlined previously (see section 4.11). Figure 5.5.1 compares those reasons.

**Figure 5.5.1: Attractions to Working in the NWT**




Of the nine reasons outlined:

- the two most important are Adventure of Northern Living (M = 8.72) and Opportunities for Skills Development (M = 8.49);

- the next most important reasons include:

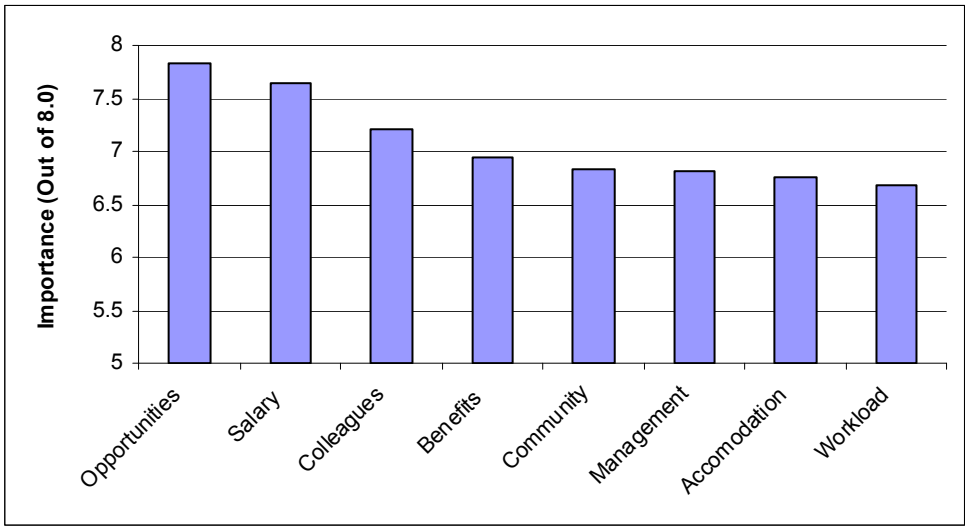
    - Utilization of a Range of Skills and Knowledge (M = 8.18);
    - Nursing in Remote Communities (M = 8.07);
    - Salary (7.91);
    - Independence of Practice (7.90); and
    - Relocation of Family/Spouse (M = 7.79);

- the least important reasons are Alternative Lifestyle (M = 7.36) and Benefits (M = 6.95).

The Friedman Test of Statistical Significance shows that these differences in the attractions to working in the NWT were in fact significant (p = .000), and did not occur just by chance.

The main **factors that are most likely to influence nurses continued employment in the NWT (i.e. retention)** have also been outlined previously (see section 4.11). Figure 5.5.2 compares those reasons.

**Figure 5.5.2: Factors Influencing Employment in the NWT**




Of the eight factors outlined:

- the two most important are Opportunities for Professional Growth (M = 7.83) and Salary (M = 7.64);
- the next most important factor is Relationship with Colleagues (M = 7.20);
- the least important factors include:
    - Benefits (M = 6.94);
    - Relationship with Community (M = 6.83);
    - Relationship with Management (M = 6.82);
    - Accommodation/Housing (M = 6.75); and
    - Workload (M = 6.68).

The Friedman Test of Statistical Significance shows that these differences in the factors which are likely to influence continued employment in the NWT were in fact significant (p = .000), and did not occur just by chance.

Recruitment initiatives would be well served by focusing on the important factors which attracted nurses to the NWT (especially the adventure of northern living and the opportunity for skills development). Retention efforts would likewise be well served by focusing on the factors which are likely to influence continued employment in the NWT (including the opportunities for professional growth, salary, and improving relationships with colleagues).

## 6. CONCLUSIONS

This report has outlined the findings of the third RNANT/NU Nurse Recruitment and Retention survey. There are several major conclusions that can be drawn from this study.

First, nurses were mostly satisfied in terms of overall job satisfaction – and especially with the opportunities to use their skills to their fullest potential. Yet, despite those satisfaction levels, there are still some areas where improvements could be made. Nurses were less satisfied with workload, the recruitment process, working conditions, salary, professional development opportunities, and orientation (and least satisfied with their benefits).

Second, satisfaction levels amongst nurses could be improved by focusing on the three strongest predictors of overall job satisfaction: satisfaction with working conditions, satisfaction with workload, and satisfaction with opportunities to use skills to their fullest potential. Additionally, overall satisfaction levels amongst nurses could also be increased by making improvements within the individual dimensions of satisfaction. For example, nurse's satisfaction with the recruitment process could be improved by ensuring that the person undertaking the first contact is knowledgeable and efficient, and that that person is honest with nurses about both their benefits and the realities of living in the north.

Third, satisfaction levels amongst nurses could also be improved by focusing on specific sub-groups of nurses. Specifically, this includes examining the differences between nurses based on workplace, age, work emphasis, and employment status. For example, satisfaction levels of nurses at Community Health Centres could be improved in regards to professional development.

Fourth, other important highlights were outlined. These focused on specific points to consider regarding: the age and experience of the respondents; the overall effectiveness of various recruitment and contact methods; the importance of accurately describing the realities of northern living when recruiting nurses; the effectiveness of various programs (including PDI); the importance of staffing and workload issues; the issue of nurse's role in the health system being respected; and the differences between casual and indeterminate staff regarding the benefits of living and working in the NWT.

Finally, the data from this survey highlights specific ways to focus recruitment and retention efforts. Recruitment efforts should be focused on the important factors which attracted nurses to the NWT in the first place, including the adventure of northern living and the opportunity for skills development. Likewise, retention efforts should be focused on the factors which are likely to influence continued employment in the NWT, specifically the opportunities for professional growth, salary, and improving relationships with colleagues.

These conclusions highlight ways to improve nurse's satisfaction with their jobs and life in the north. And these improvements must be made – or nurses will be less inclined to live and work in the NWT on a permanent full-time basis, as the following comments from different respondents point out:

*I truly enjoy working and living in the NWT. But I find being on call every second night very exhausting (even if there are not any calls). The Monday to Friday 9 to 5 work is fantastic – it's the overtime and being on-call that gets to me! I find that after about 6 weeks, I'm ready for a break.*

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*Extra money and benefits will bring some nurses to the North, but it will not keep them here if there are no real professional development programs for the young grads and a reasonable workload for the older grads. Support services must be developed and maintained at the highest levels to ensure that the LPN/RN ratio is adequate. Depleted nursing numbers leads to burnout and failure.*

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*I feel that the health boards and the GNWT spend more time on recruitment than on retention. It seems to me that as the years roll by, the climate for nurses increases in hostility; we're slowly loosing all perks to remain here. No more flights home, no more affordable housing. Today, people (men, but mostly women) have all the choices in the world when they start a career. With all of our options, why will we stay here as the reasons to stay are chipped away? For those of use who enjoy the work, love the North and want to keep working here, agency nursing teams are the obvious answer!*

# APPENDIX I: REFERENCES

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# APPENDIX II: DETAILED METHODOLOGY

## 1. Data Capture

Data capture is the process of transcribing survey responses into an analyzable format. Approximately two-thirds of respondents used the paper version of the survey – and either faxed or mailed them to the RNANT/NU. Those surveys were then data entered by a data entry clerk. An audit was performed on approximately 5% of the surveys to ensure that what was transcribed into the database matched the paper version. Once the audit turned up no major mistakes, the database was merged with the surveys obtained from the online process.

## 2. Data Cleaning

The survey data was cleaned prior to analysis. Data cleaning is the process of identifying false or inconsistent answers and then correcting them. This process mostly dealt with the open-ended questions. For example, the survey respondent may have been asked to provide a suggestion for improving professional development, but may have instead provided a suggestion for improving teamwork. Data cleaning resulted in approximately 5% of the answers to the open-ended questions being moved to their proper places.

## 3. Data Conversion, Coding and Labeling

Data was converted from the original format it was collected in (Access Database) to the Statistical Package for the Social Sciences (SPSS) prior to analysis. SPSS is the same software that the GNWT Bureau of Statistics uses to analyze their survey data. SPSS allows for robust statistical analysis, and results are exportable to a variety of formats (Microsoft Word, WordPerfect). Once the raw data was imported into SPSS, it was coded and labeled so that it could be analyzed.

## 4. Variable Reductions

Variable reduction is the process of reducing the number of categories of responses to a more manageable and analyzable format. Three questions had their original categories reduced in this fashion: workplace; work emphasis; and employment status (and are described in more detail in section 5.3)

## 5. Variable Transformations

The Forced Ranking Scale Questions (#'s 10.2 and 10.3) – where respondents were asked to rank the importance of various items – were transformed from the original 1-9 and 1-8 scales to 9-1 and 8-1 scales (respectively) prior to analysis. For a comparison to be meaningful, the higher the mean score in, for example, the factors that might influence continued employment in the NWT must be reflective of a higher score on the scale. Transforming the Most Important to a 9 (from a 1), the Second Most Important to an 8 (from a 2), the Third Most Important to a 7 (from a 3), etc. accomplished this task.

## 6. Development of a Qualitative Coding Scheme

A Qualitative Coding Scheme is a framework that allows a mass of raw qualitative data to be analyzed in a more formal fashion. For this survey, such a framework was used for all of the open-ended questions (i.e. the "suggestions for improving" questions). For example, the 46 pages of responses received for the final question were grouped into the four themes presented in section 4.11.

## 7. Data Analysis

Data analysis usually proceeds from the simple to the complex; and because the survey sample size was large enough, this process was used for the 2005 Nurse Recruitment and Retention Survey:

- first, raw frequencies were calculated and reported to give a better understanding of the overall survey results;
- second, means were calculated as an additional level of analysis (this included means for individual variables such as satisfaction with working conditions);
- third, one-way Analysis of Variance (ANOVA) was conducted to see whether statistically significant differences existed between variables (for example, the differences between nurses in Hospitals and those in Community Health Centres on satisfaction with workload);
- fourth, multiple regression analysis was used to highlight the most important predictor variables (for example, what were the most important predictors of overall job satisfaction); and
- finally, Friedman Tests of Statistical Significance were calculated to ensure that the differences in means scores (for example, in the most important factors attracting nurses to employment in the NWT) were in fact significant, and did not occur just by chance.