

CONFIDENTIAL

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**ARNNL Member Survey 2019
Research Report**

Prepared For:

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1.0 EXECUTIVE SUMMARY

ARNNL commissioned a Benchmark Study in 2003 with its members. Subsequent tracking studies have been conducted in 2007, 2011, 2013, 2015 and this year. The overall objective of this study in 2019 was to investigate members' feedback on the following key areas:

- Quality Professional Practice Environments
- Nursing Management
- Quality Client Care
- Member Contact

Some areas of investigation that were used in previous questionnaires were modified for this study and mostly new areas were also added to this year's questionnaire. Where the questions were consistent between the studies, the results were compared.

The 'location' of respondents obtained in the studies and noted in the report relates to the region where the respondent lived and not to their Health Authority or their employer.

It should also be noted that the results obtained are representative of the general membership base and therefore, correspond to the fact that approximately 81% are in 'direct care' (versus 11% in admin/management and 6% in education) and 68% work in hospitals (versus 13% in community health, 6% in nursing homes, 3% in Community Health Centers, and 3% in educational institutions).

Respondents were screened to ensure that they met the following criteria:

- Currently a practicing member
- Home phone number recorded in the database
- Province in mailing address is NL and
- Employer is not listed as "outside NL" or "ARNNL"

A quota of 500 interviews was set from a random sample of ARNNL members. A total of 499 interviews were completed providing a statistical margin of error $\pm 4.2\%$ at the 95% level of confidence (19 times out of 20).

Interviewing was conducted from March 2nd to April 23rd, 2019.

The following table shows the completion rate based on the actual contacts made with the rates being consistent with past surveys however, this year had the highest rate of refusals.

Completion Rate in Each Year					
	2007	2011	2013	2015	2019
Total Number of Completed Interviews	78%	79%	76%	76%	76%
Total Number of not in service #s	11%	9%	13%	7%	8%
Total Number of Screen Outs (not a practicing member or working outside NL)	5%	3%	2%	10%	3%
Total Number of Refusals	6%	8%	9%	7%	13%
Total number of contacts	100%	100%	100%	100%	100%

The following is a summary of the highlights of this research. Section 2.0 follows with a more detailed summary of key findings by area of investigation. Section 3.0 outlines the research methodology in more detail.

Highlights

The following are the key highlights from the survey.

➤ Quality Professional Practice Environments

- **Level of agreement with a number of statements relating to their practice environment**
 - 97% (versus 94% in 2015, 92% in 2013 and 91% in 2011) of members indicated that they are 'able to fully use their knowledge and skills in their current role'.
 - 87% (versus 81% in 2015 and 77% in 2013) felt that 'there are adequate supports in their work environment to allow them to meet their continuing competence needs'.
 - 85% (versus 83% in 2015, 80% in 2013 and 79% in 2011) said that they 'have access to leaders/mentors'.
 - 85% agreed with this statement (versus 89% in 2015) that they 'have access to appropriate resources to resolve professional practice or ethical issues'

- **Opportunities to take on new roles**
 - New to this survey, members were asked to consider this next question by reflecting on their specific domain of nursing practice such as direct care, advanced practice, administration, education, etc. They were asked the following: “Are there opportunities for you in your nursing position to take on new roles, activities or skills that would benefit your clients but that are not currently within your scope of practice – that is, you are not currently educated, authorized, and/or competent to perform?”
 - One third (33%) of the members surveyed indicated ‘yes’ to this question.

- **Elaborate**
 - Those who indicated ‘yes’ mentioned a number of different roles, activities or skills that they would like to take on/acquire and the most common responses related to being able to do the following:
 - Administer drugs/write prescriptions (9%)
 - Suture wounds (8%)
 - Insert IVs (4%) g18g
 - Do various arterial lines (3%)
 - Foot care (3%)
 - Give Tylenol/OTC drugs (3%).

- **Communicated with a remote patient**
 - New to this survey, members were asked whether they provided nursing services or communicated remotely with a patient or client outside of NL during the past year and only 6% had done so.

➤ **Nursing Management**

- **Currently in a management role**
 - 14% (versus 11% in 2015, 12% in 2013 and 8% in 2011) indicated that they were.

- **Likelihood of pursuing a career in management**
 - Those not in management were asked how likely they would be to pursue a career in management on a scale of 1-10 where 1 was ‘not at all likely’ and 10 was ‘very likely’
 - Average response of 3.2 (versus 2.8 in 2015, 3.11 in 2013, 2.93 in 2011 and 2.71 in 2007).

- 79% (versus 82% in 2015, 79% in 2013, 82% in 2011 and 83% in 2007) of these members gave a rating or '5 or less'.
- 9% (versus 7% in 2015, 10% in 2013, 9% in 2011 and 8% in 2007) appeared to be more positively predisposed to such a career track based on those who gave a rating of '8 or more'.

➤ **Quality Client Care**

- **Any concerns about client care during the past year in their area of practice**
 - 55% responded 'yes' (versus 56% in 2015, 61% in 2013, 50% in 2011 and 48% in 2007).
- **What, if anything, they did to resolve the concern**
 - The 55% who indicated having any concerns about client care in the past year were then asked what, if anything, they did to resolve the concern. As in previous surveys, the most common responses were:
 - 84% (versus 69% in 2015, 71% in 2013, 66% in 2011 and 74% in 2007) 'Talked to their supervisor/manager/employer'
 - 12% (versus 14% in 2015, 5% in 2013, 9% in 2011 and 16% in 2007) 'Filled out a Professional Practice Occurrence form/referred to the Professional Practice Committee'
- **Why didn't do anything about the concern**
 - New to this survey, those who indicated that they didn't do anything about their concern were then asked why. In this case only 3 respondents said they 'did nothing'. Two of those felt that 'no one would listen/care/do anything about it' while one felt that 'nothing could be done'.
- **How satisfied with how the concern was handled**
 - In the previous surveys, those members who had concerns about client care were asked "how successful their actions were in addressing the concern". However, for this year's survey, members were asked a slightly different version of the same premise – "To what extent were you satisfied or dissatisfied with how your concern was handled".
 - 61% of the members who had concerns about client care said that they were satisfied with how the concern was handled – on par with those in previous years who said they were successful in addressing the concern (63% in 2015, 62% in 2013 and 63% in 2011).

- **Why not 'very satisfied' with how concern was handled**
 - New to this survey, those who were not satisfied with how the concern was handled were asked for reasons why
 - Over 80% indicated that it was because they felt that nothing was done about it/was not resolved, they didn't see any changes as a result, and/or the issue was not resolved to their liking.
 - Some others said that changes were made but things went back to the way they were (7%) or that they are still working on it (4%).

- **What did then if not satisfied**
 - New to this survey, those who were not satisfied with the way their concern was handled were asked what they did next.
 - 50% said they did nothing else
 - 20% spoke to their manager/supervisor/employer
 - 9% said that it was still an on-going concern or still working on it
 - 4% filled out forms/Professional Practice forms.

➤ **Member Contact**

- **Contact with ARNNL by phone or email with questions about a particular area and level of satisfaction with ARNNL's response**
 - 30% of members contacted ARNNL with questions about 'registration/licensure' and 92% were satisfied with ARNNL's response.
 - 21% contacted the Association with questions about nursing practice and 83% were satisfied with their response while 17% (or 3% of all members) were dissatisfied.
 - Only 9% contacted ARNNL with questions regarding 'discipline/professional conduct' and 77% were satisfied with the Association's response while 16% (or 1% of all members) were dissatisfied with the response they received

- **Incidence of ever visiting ARNNL's website other than for registration**
 - Members were asked whether they used ARNNL's website for reasons other than for their registration and just over two thirds (67%) said they have.

- **How frequently use ARNNL's website other than for registration**
 - Those who had used ARNNL's website for something other than for registration were asked how frequently they use the site. Approximately one half (49%) reported using the site once or twice a year while just over one third (36%) indicated using it once every few months, and 13% consulted the site the most - at least once a month.

- **Reasons for using ARNNL's website**
 - Members were asked on an unaided basis reasons for accessing ARNNL's website and the main reasons included:
 - Continuing competence/CPP (57%)
 - Education session/archived education sessions/teleconference (36%)
 - Events/news (18%)
 - Document library/documents/publications (15%)
 - Member search (7%)

- **Extent able to find what you were looking for on the website**
 - 67% who visited ARNNL's website said they were 'always' able to find what they are looking for
 - 29% said that they 'sometimes' find what they are looking for
 - 2% said they 'never' find the info they were looking for.

- **Helpfulness of various methods of member education and outreach used by ARNNL**
 - Members were asked how helpful they found various methods of member education and outreach. It appears that many may not know of some of these resources.
 - Notwithstanding, the most helpful resources included:
 - Access magazine (91% felt this resource is helpful)
 - ARNNL documents/publications (79%)
 - CCP Tutorial (64%)
 - Regulation Matters e-newsletter (62%)
 - Educational teleconferences as they happen (49%).

- **Usage of and perception of how informative Access magazine is**
 - 95% of the members surveyed indicated reading some part of Access magazine including approximately one quarter (26%) who reported reading 'all of it', nearly half (47%) read 'some of it' while another quarter (23%) said that they 'scan the headlines'
 - 95% of those who read at least some part of Access magazine found it to be informative including one third (33%) who perceived the magazine to be 'very' informative and 61% who felt it is 'somewhat' informative
 - For the 5% who don't read any of Access magazine reasons included 'have never received it/seen it', 'too busy', or 'not interested'

- **Usage of and perception of how informative Regulation Matters e-newsletter is**
 - 61% of members surveyed indicated reading some part of Regulation Matters e-newsletter including approximately 7% who reported reading 'all of it', 29% who read 'some of it', while another quarter (25%) said that they 'scan the headlines'. Over one third (37%) said they don't read any of the e-newsletter and 3% were unsure if they read it or not.
 - 93% of those who read at least some part of Regulation Matters e-newsletter found it to be informative including 18% who perceived the magazine to be 'very' informative and 75% who felt it is 'somewhat' informative.
 - For the 40% who don't read any of Regulation Matters e-newsletter the main reasons included 'have never received it/seen it' (39%), 'not interested' (19%) or 'too busy' (17%). Only 4% said it was because they prefer a hard copy and 3% indicated it was because they spend little or no time on the computer.

- **Usage of and perception of how informative ARNNL's Annual Report is**
 - Members were asked if they had read ARNNL's Annual Report in the past three years and just over one third (37%) reported that they had.
 - 12% of those who reported reading ARNNL's Annual Report in the last three years said they read 'all of it', while 56% indicated reading 'some of it' and approximately one third (32%) reported that they 'scan the headlines'.
 - 94% of those who read at least some part of ARNNL's Annual Report found it to be informative including 26% who perceived it to be 'very' informative and 67% who felt it is 'somewhat' informative.
 - 63% who said that they don't read any of ARNNL's Annual Report the main reasons mentioned included 'not interested' (33%), 'too busy'

(20%), and 'have never received it/seen it' (17%). Another 19% couldn't say why they haven't read the Annual Report and 5% felt it was 'too long'.

- **Overall how confident feel that ARNNL is fulfilling its role in 'protecting the public'**
 - New to this survey, members were asked instead how confident they feel that ARNNL is fulfilling its role in protecting the public
 - 96% were confident of this, including 62% who said they were 'very' confident and 35% who indicated being 'somewhat' confident. Only 2% said they were not confident and another 2% said they didn't know.

- **Areas would like more information on to more fully understand ARNNL's role**
 - New to this survey, members were asked if there was anything about ARNNL that they would like more information on in order to more fully understand the Association's role.
 - 96% said 'no' or that they 'couldn't think of anything'.
 - The other 4% mentioned a variety of topics including how their fees are spent, more about the support/ education system, ARNNL's position on scope of practice, among other topics/comments listed in the table that follows.

- **Areas would like ARNNL's Council to work on or continue to work on**
 - New to this survey, members were given an opportunity to say what they want the ARNNL Council to work on or to continue to work on.
 - 57% of members said 'no/can't think of anything'.
 - Other responses related to staffing, fees, communication, visibility and outreach to all nurses including in rural areas, protecting the public, technology and professionalism, among many other comments.

2.0 KEY FINDINGS BY AREA OF INVESTIGATION

2.1 QUALITY PROFESSIONAL PRACTICE ENVIRONMENTS

2.1.1 Level Of Agreement Or Disagreement With Various Statements That Relate To Their Scope Of Nursing Practice

Members were asked their level of agreement with a number of statements about their scope of nursing practice.

A high percentage of members indicated that they can fully use their knowledge and skills, have adequate support and have access to leaders/mentors and resources.

Indeed, 97% (versus 94% in 2015, 92% in 2013 and 91% in 2011) of members indicated that they are 'able to fully use their knowledge and skills in their current role'. However, each year more members 'strongly' agreed with this statement and so this year 65% 'strongly' agreed with it (versus 43% in 2015, 42% in 2013 and 37% in 2011).

Likewise, 87% of members (versus 81% in 2015 and 77% in 2013) felt that 'there are adequate supports in their work environment to allow them to meet their continuing competence needs'. However, in previous surveys the phrase 'meet their professional development needs' was used.

This year 85% (versus 83% in 2015, 80% in 2013 and 79% in 2011) said that they 'have access to leaders/mentors'. In previous surveys this statement was followed by 'to help them expand their scope of practice'.

Members were asked their level of agreement with the statement 'I have access to appropriate resources to resolve professional practice or ethical issues'. Overall, 85% agreed with this statement (versus 89% in 2015). However, significantly more members 'strongly' agreed with this statement this year versus the last survey (36% versus 13% in 2015). It should be noted that in the last survey the word 'forums' was used instead of 'resources'.

**Level Of Agreement Or Disagreement With Various Statements
That Relate To Their Scope Of Nursing Practice**

	Strongly Agree	Agree	SUB TOTAL	Disagree	Strongly Disagree	SUB TOTAL	DK	N/A
I am able to fully use my knowledge and skills in my current role.								
2019	65%	32%	97%	2%	1%	3%	0%	<1%
2015	43%	51%	94%	6%	1%	7%	0%	0%
2013	42%	50%	92%	7%	1%	8%	<1%	<1%
2011	37%	54%	91%	6%	1%	7%	<1%	1%
There are adequate supports in my work environment to allow me to meet my continuing competence needs. (written as 'professional development' needs in 2015 and 2013)								
2019	43%	44%	87%	9%	4%	13%	<1%	<1%
2015	18%	63%	81%	16%	2%	18%	0%	<1%
2013	19%	58%	77%	19%	4%	23%	<1%	<1%
I have access to leaders/mentors. (also included the phrase 'to help me expand my scope of practice' in 2015 and 2013)								
2019	39%	47%	85%	10%	4%	14%	<1%	<1%
2015	16%	67%	83%	2%	<1%	2%	<1%	1%
2013	17%	63%	80%	17%	3%	20%	<1%	<1%
2011	22%	57%	79%	17%	1%	19%	<1%	2%
I have access to appropriate resources ('forums' used in 2015) to resolve professional practice or ethical issues								
2019	36%	50%	86%	9%	5%	14%	2%	0%
2015	13%	76%	89%	8%	3%	11%	<1%	<1%

A Higher Than Average Proportion Of The Following Segments 'Strongly Agreed' or 'Disagreed/Strongly Disagreed'.

With Various Statements About Their Scope of Practice

	Strongly Agree	Disagree/Strongly Disagree
I am able to fully use my knowledge and skills in my current role.	<ul style="list-style-type: none"> ▪ Those in Admin/Management (74%) ▪ Those working in Education (79%) ▪ Those employed in Educational Institutions (88%) ▪ Those in business/private industry (73%) 	<ul style="list-style-type: none"> ▪ Those working in Community Health Centres (8%)
There are adequate supports in my work environment to allow me to meet my continuing competence needs. (written as 'professional development' needs in 2015 and 2013)	<ul style="list-style-type: none"> ▪ Those in Admin/Management (70%) ▪ Those working in Education (71%) ▪ Those employed in Educational Institutions (75%) ▪ Those in business/private industry (73%) ▪ Those aged 60 or more (55%) ▪ Those in the Eastern region (48%) 	<ul style="list-style-type: none"> ▪ Those working in nursing homes/LTC (9%) ▪ Males (13%)
I have access to leaders/mentors. (also included the phrase 'to help me expand my scope of practice' in 2015 and 2013)	<ul style="list-style-type: none"> ▪ Those in Admin/Management (46%) ▪ Those working in Education (58%) ▪ Those employed in Educational Institutions (56%) ▪ Those in business/private industry (80%) ▪ Those aged 60 or more (52%) ▪ Those working in St. John's (43%) 	<ul style="list-style-type: none"> ▪ Those working in Nursing Homes/LTC (10%) ▪ Those in Labrador-Grenfell region (12%) ▪ Those working in Community Health (8%)
I have access to appropriate resources ('forums' used in 2015) to resolve professional practice or ethical issues	<ul style="list-style-type: none"> ▪ Those in Admin/Management (62%) ▪ Those working in Education (50%) ▪ Those employed in Educational Institutions (63%) ▪ Those in business/private industry (67%) ▪ Those working 11 to 20 years (41%) ▪ Those working in Community Health (46%) ▪ Those aged 60 or more (52%) ▪ Those in Labrador-Grenfell region (41%) 	<ul style="list-style-type: none"> ▪ Those working in nursing homes/LTC (29%)

2.1.2 Opportunities To Take On New Roles/Activities/Skills Not In Your Scope Of Practice

New to this survey, members were asked to consider this next question by reflecting on their specific domain of nursing practice such as direct care, advanced practice, administration, education, etc. They were asked the following: “Are there opportunities for you in your nursing position to take on new roles, activities or skills that would benefit your clients but that are not currently within your scope of practice – that is, you are not currently educated, authorized, and/or competent to perform?”

One third (33%) of the members surveyed indicated ‘yes’ to this question.

Are there opportunities for you in your nursing position to take on new roles, activities or skills that would benefit your clients but that are not currently within your scope of practice

	Frequency	Percent
Yes	162	32.5
No	308	61.7
Refused	8	1.6
Don't Know/Not Sure	21	4.2
Total	499	100.0

A higher than average (33%) proportion of the following segments indicated ‘yes’:

- Those working in Community Health (43%)
- Males (55%)

Those who indicated 'yes' mentioned a number of different roles, activities or skills that they would like to take on/acquire as listed in the table below.

The most common responses related to being able to do the following:
Administer drugs/write prescriptions (9%), suture wounds (8%), insert IVs (4%), do various arterial lines (3%), foot care (3%), give Tylenol/OTC drugs (3%).

What Are Some Opportunities To Take On New Roles, Activities Or Skills			
		N	%
	Skills needed but don't have the training/not allowed to do	16	10%
	Should be able to administer drugs/write prescriptions	14	9%
	Not being able to suture wounds	13	8%
	Can't think of anything	9	6%
	Should be able to insert IVs	7	4%
	Ask the clinical educator to train us/not enough mentors and instructors for new roles	6	4%
	There are still certain arterial lines that nurses are not permitted to perform	5	3%
	Foot care is not in scope of practice	5	3%
	Something as simple as being able to give Tylenol/OTC drugs	5	3%
	To insert/remove pic lines	3	2%
	To be able to order tests	2	1%
	Not able to provide certain injections	2	1%
	Like to be trained for chemo	2	1%
	New skills that nurses are not familiar with and have to improvise	2	1%
	Working on it/getting the training	2	1%
	There is no education for night shift workers	2	1%
	Not being able to practice to my full scope of practice	2	1%
	Be able to do arterial blood gases	2	1%
	Not being able to practice to my full scope of practice	2	1%
	Be able to assist clients with simple ailments	2	1%
	Could design a program to enhance front-line nurses	2	1%
	Seniors given management jobs over juniors	1	1%
	In mental health field and need proper training to do the job	1	1%
	Want more decision making and independence	1	1%
	To insert IUDs	1	1%
	Refused to elaborate	1	1%
	Catheters	1	1%
	Advanced cardiac life support	1	1%
	No innovation	1	1%
	Have monthly education days	1	1%
	Give more advice to new nurses that is not in the Code of Practice	1	1%
	Students have to do best evidence-based practice research but there are other ways to learn patient care	1	1%
	Protocols could be put in place for nursing treatment/care	1	1%

	Increase surveillance of patients	1	1%
	Be able to do casts	1	1%
	Oncology clients at hospital can't avail of some of the same services get at the Cancer Clinic	1	1%
	Quality assurance	1	1%
	Should be able to do anemia protocols – dry weight adjustments	1	1%
	Works in OR like to be able to get consent forms completed	1	1%
	Can remove sutures but if an infection occurs have to refer to a different type of nurse	1	1%
	On surgery floor nurses should be able to take out tubes and put in stitches	1	1%
	To be able to provide vaccines	1	1%
	Managing overtime is unreal/ridiculous	1	1%
	Works in cath lab and if could put in radio sheath it could speed up the procedure	1	1%
	Only some are trained for SWAN GAIN monitoring and if they require someone to do this someone needs to be brought in on overtime	1	1%
	In triage and not able to request x-rays	1	1%
	Working in a rural site sometimes puts you in positions you are not trained for	1	1%
	Not comfortable with palliative care issues	1	1%
	Need dementia education	1	1%
	Help new nurses	1	1%
	Be able to do liquid nitrogen on warts	1	1%
	As far as I could go – nursing procedures for home care are not approved by ARNNL	1	1%
	PB exams	1	1%
	Parta cath	2	1%
	CNA offers a course that could help her	1	1%
	Be eligible to attend conferences/seminars to increase role	1	1%
	Be able to take on some things that physical therapists do that help in LT care	1	1%
	In rural areas not able to do certain duties like tick care	1	1%
	Works with air ambulance and there are times when more evasive skills are needed	1	1%
	Teaches at a college and needs research answers for students sometimes	1	1%
	Could work in specialized areas	1	1%
	Works in ICU – don't have training for ventilators	1	1%
	No provision for DVT training	1	1%
	Permission to order up diagnostic forms	1	1%
	Can't attend education in service due to short staffing	1	1%
	DBT skills	1	1%
	Medical marijuana treatment	1	1%
	NP courses available but haven't taken yet	1	1%
	Resuscitation course	1	1%
	Like to have certification to help stroke victims	1	1%
	Need a Masters degree to be a Clinical Nurse Educator	1	1%
	Like to be able to do certain courses but not allowed	1	1%
	Like to be able to use more advanced skills in the case room	1	1%
	Short staffing should be dealt with to ensure patient safety	1	1%
	Other	9	6%
	Total	162	100%

NOTE: Total adds to more than 100% due to multiple mentions.

2.1.3 Incidence Of Providing Nursing Services Or Communicating (By Phone Or Electronically) With A Remote Patient Or Client Outside Of NL

New to this survey, members were asked whether they provided nursing services or communicated remotely with a patient or client outside of NL during the past year and only 6% had done so.

During the past year, have you provided nursing services or communicated (by phone or electronically) with a remote patient or client outside of Newfoundland & Labrador?

	Frequency	Percent
Yes	31	6.2
No	467	93.6
Don't Know/Not Sure	1	0.2
Total	499	100.0

A higher than average (6%) proportion of the following segments indicated that they provided this service during the past year:

- Those working in administration/management (19%)
- Those working in Education (14%)
- Those working in Community Health Centres (15%)
- Those working in Educational Institutions (19%)
- Those working in Business/Private Industry (20%)

2.2 NURSING MANAGEMENT

2.2.1 Incidence Of Currently Being In A Management Role

All members were asked if they are currently in a management role and 14% (versus 11% in 2015, 12% in 2013 and 8% in 2011) indicated that they were.

Are you currently in a management role?								
	2011		2013		2015		2019	
	Frequency	Percent	Frequency	Percent	Frequency	Percent	Frequency	Percent
Yes	42	8%	47	12%	56	11%	69	14%
No	457	91%	354	88%	443	89%	429	86%
Refused	1	.2%	-	-	1	.2%	0	0
Not sure	1	.2%	1	.2%	-	-	1	.2%
Total	501	100%	402	100%	500	100%	499	100%

2.2.2 Predisposition To Pursue A Career In A Management Position

There is little appeal among those currently in non-management roles to pursue a career in that area. Indeed, when asked on a scale of '1-10' how likely they would be to pursue a career in management where 1 was 'not at all likely' and 10 was 'very likely' those who are not currently in a management role gave an average response of 3.2 (versus 2.8 in 2015, 3.11 in 2013, 2.93 in 2011 and 2.71 in 2007).

Approximately eight out of 10 (79% versus 82% in 2015, 79% in 2013, 82% in 2011 and 83% in 2007) of these members gave a rating or '5 or less'. Only 9% (versus 7% in 2015, 10% in 2013, 9% in 2011 and 8% in 2007) appeared to be more positively predisposed to such a career track based on those who gave a rating of '8 or more'.

How likely would you be to pursue a career in a management position?								
	2011		2013		2015		2019	
	Frequency	Percent	Frequency	Percent	Frequency	Percent	Frequency	Percent
Very unlikely 1	255	55.6	189	53.2	259	58.5	213	49.7
2	25	5.4	18	5.1	22	5.0	19	4.4
3	24	5.2	20	5.6	21	4.7	35	8.2
4	32	7.0	17	4.8	18	4.1	24	5.6
5	39	8.5	38	10.7	42	9.5	46	10.7
6	18	3.9	21	5.9	25	5.6	28	6.5
7	24	5.2	17	4.8	26	5.9	24	5.6
8	18	3.9	16	4.5	18	4.1	19	4.4
9	9	2.0	3	.8	3	.7	9	2.1
Very likely 10	14	3.1	16	4.5	9	2.0	12	2.8
Don't know	1	.2	-	-	-	-	-	-
Total	459	100	355	100	443	100	429	100

Those who appeared to be the most interested in a management role (those who gave a rating of '8-10') included a higher than average (9%) proportion of the following segments:

- Those with 1-10 years of nursing experience (14%)
- Those working in educational institutions (17%)
- Those aged 20 to 29 (17%)

Those who appeared to be somewhat interested in a management role (those who gave a rating of '6-7') included a higher than average (12%) proportion of the following segments:

- Those working in educational institutions (18%)
- Those with 1-10 years of nursing experience (27%)
- Those aged 20 to 29 (30%)
- Those working in administration/management (50%)
- Males (18%)

Those who appeared to be the least interested in a management role (those who gave a rating of '1-5') included a higher than average (79%) proportion of the following segments:

- Those with more than 20 years of nursing experience (92%)
- Those working in business/private industry (100%)
- Those aged 50 to 59 (97%)
- Those aged 60 or more (96%)
- Those in the 'rest of Avalon' region (85%)

2.3 QUALITY CLIENT CARE

2.3.1 Incidence Of Having Any Concerns About Client Care During The Past Year In Your Area Of Practice

When asked if they had any concerns about client care during the past year in their area of practice, 55% responded 'yes' (versus 56% in 2015, 61% in 2013, 50% in 2011 and 48% in 2007). Correspondingly, 45% said 'no' (versus 43% in 2015, 38% in 2013, 50% in 2011 and 51% in 2007).

During the past year in your area of practice, have you had any concerns about client care?								
	2011		2013		2015		2019	
	Frequency	Percent	Frequency	Percent	Frequency	Percent	Frequency	Percent
Yes	250	50%	247	61%	280	56%	273	55%
No	248	50%	154	38%	217	43%	224	45%
Can't recall/refused	3	.6%	1	1%	3	1%	2	.2%
Total	501	100%	402	100%	500	100%	499	100%

Those who indicated having concerns about client care during the past year included a higher than average (55%) proportion of the following segments:

- Those with 1 to 10 years' experience (61%)
- Those working in nursing homes/LTC (77%)
- Those in the 'rest of Avalon' region (64%)
- Males (65%)

2.3.2 What, If Anything, Was Done To Resolve Most Recent Concern About Client Care

The 55% who indicated having any concerns about client care in the past year were then asked what, if anything, they did to resolve the concern. As in previous surveys, the most common responses were:

- 'Talked to their supervisor/manager/employer' (84% versus 69% in 2015, 71% in 2013, 66% in 2011 and 74% in 2007)
- 'Filled out a Professional Practice Occurrence form/referred to the Professional Practice Committee' (12% versus 14% in 2015, 5% in 2013, 9% in 2011 and 16% in 2007)

However, it appears that significantly more spoke to their supervisor/manager/ employer this past year and less so to others such as their colleagues/co-workers, Doctor, social worker, etc.

Likewise, it seems that more decided to take it upon themselves to do something about it this year versus in other years.

Other alternatives were each mentioned by fewer than 3% of members.

**Thinking about your most recent concern about client safety,
what, if anything, did you do to resolve this concern?
(All responses)**

	2007 (N=240)	2011 (N=249)	2013 (N=247)	2015 (N=280)	2019 (N=273)
Consulted my manager/supervisor	74%	66%	71%	69%	84%
Reported problems to higher level employees	13%	11%	0%	4%	
Did something about it myself (worked overtime, voiced opinion, advocated for the client, researched the matter)	-	-	-	-	3%
Filled out a Professional Practice Occurrence form/referred to Professional Practice Committee	16%	9%	5%	14%	12%
Consulted my colleagues/co-workers (spoke with the nurse treating the client/occupational safety rep, Chief of Discipline, policy maker)	7%	12%	17%	11%	2%
Request for extra staff	6%	0%	0%	2%	1%
Referred to other such as doctor/Social Services/Social worker	5%	6%	3%	11%	1%
Implemented policies/standards/procedures	1%	4%	0%	<1%	0%
Consulted with ARNNL staff/referred to ARNNL's protocol	4%	3%	1%	1%	3%
I didn't do anything/didn't report it/nothing can be changed	3%	1%	<1%	0%	1%
Took extra care/spent more time with the client	2%	2%	0%	2%	1%
Consulted union rep/filed a grievance	2%	2%	2%	1%	0%
Sought or arranged education/training	0%	1%	2%	1%	1%
Did a managerial assessment to correct problem (action plan)	1%	<1%	3%	<1%	1%
Spoke with family of client	1%	<1%	1%	0%	0%
Referred to Nursing Council	1%	0%	0%	0%	0%
Left job because didn't agree with how things were done	0%	0%	1%	0%	0%
Other	2%	5%	5%	10%	11%
Don't know	<1%	2%	2%	4%	0%
TOTAL	100.0%	100.0%	100.0%	100.0%	

NOTE: Total adds to more than 100% due to multiple responses.

2.3.3 Why Didn't Do Anything About Their Concern

New to this survey, those who indicated that they didn't do anything about their concern were then asked why. In this case only 3 respondents said they 'did nothing'. Two of those felt that 'no one would listen/care/do anything about it' while one felt that 'nothing could be done'.

Why didn't you do anything about your concern?

	Frequency	Percent	Valid Percent
Didn't think anyone would listen/care/do anything about it	2	0.4	66.7
Nothing could be done	1	0.2	33.3
Total	3	0.6	100.0
Not Applicable	496	99.4	
Total	499	100.0	

2.3.4 Level Of Satisfaction With How The Concern Was Handled

In the previous surveys, those members who had concerns about client care were asked “how successful their actions were in addressing the concern”. However, for this year’s survey, members were asked a slightly different version of the same premise – “To what extent were you satisfied or dissatisfied with how your concern was handled”.

Just over six in ten (61%) of the members who had concerns about client care said that they were satisfied with how the concern was handled – on par with those in previous years who said they were successful in addressing the concern (63% in 2015, 62% in 2013 and 63% in 2011).

2019: To what extent were you satisfied or dissatisfied with how your concern was handled? 2011 – 2015: How successful were your actions in addressing the concern you had about client care?								
	2011		2013		2015		2019	
	Frequency	Percent	Frequency	Percent	Frequency	Percent	Frequency	Percent
Very successful (2011-15) Very satisfied (2019)	46	19%	28	11%	51	18%	44	16%
Somewhat successful (2011-15) Somewhat satisfied (2019)	112	45%	125	51%	127	45%	121	45%
Not very successful (2011-15) Not very satisfied (2019)	45	18%	49	20%	51	18%	47	18%
Not successful at all (2011-15) Not satisfied at all (2019)	36	14%	35	14%	42	15%	54	20%
Can't recall/refused	11	4%	10	4%	9	3%	3	1%
Total	250	100%	247	100%	280	100%	499	100%

Those who felt they were not satisfied (‘not very’ or ‘not at all’) included a higher than average (38%) proportion of the following segments:

- Those working in business/private industry (50%)
- Those working in nursing homes/LTC (54%)
- Those working in Community Health Centres (43%)
- Those aged 50 to 59 (44%)
- Those in St. John’s (43%)

2.3.5 Why Not 'Very Satisfied' With How Concern Was Handle

New to this survey, those who were not satisfied with how the concern was handled were asked for reasons why and over 80% indicated that it was because they felt that nothing was done about it/was not resolved, they didn't see any changes as a result, and/or the issue was not resolved to their liking.

Some others said that changes were made but things went back to the way they were (7%) or that they are still working on it (4%). The table that follows provides more detail.

Why were you not “very satisfied” with how your concern was handled? (All mentions)

	Frequency	Percent
Nothing was done about it	73	35%
Didn't see any significant changes as a result	64	31%
Changes made and then eventually went back to the way it was	14	7%
Concern wasn't addressed/taken seriously	3	1%
Communication was poor/No feedback	2	1%
Remains unresolved	6	3%
Not resolved due to staff shortages	12	6%
Financial concerns restraint	1	0%
Involved HR	2	1%
Ongoing concern/issue	4	2%
Still working on it	8	4%
Kept working on it with management	1	0%
Could never tell if supervisors progressed or not	2	1%
Can't get trained on the equipment being used	1	0%
Resulted in animosity between parties involved	1	0%
Safety concerns – there were two different points of view	1	0%
No reply from the ethics board	1	0%
Management's hands are tied	1	0%
Only changes that we made were implemented	1	0%
Patients needs didn't come first	1	0%
Wanted to do more but the opportunity wasn't there	1	0%
Took multiple attempts to be resolved	1	0%
Not happy with the result	1	0%
Couldn't get enough staff to help out	1	0%
Only some not all issues addressed	2	1%
Made but not in favour of nurse	1	0%
Refused	2	1%
Don't know/Not sure	1	0%
Total	207	100%

2.3.6 What Did You Do Then If Not Satisfied With The Way The Concern Was Handled

New to this survey, those who were not satisfied with the way their concern was handled were asked what they did next. Of those who answered, half (50%) said they did nothing else while 20% spoke to their manager/supervisor/employer. Another 9% said that it was still an on-going concern or still working on it and 4% filled out forms/Professional Practice forms. More details are contained in the table that follows.

What did you do then? (All mentions)

	Frequency	Percent
Did nothing else	99	50%
Spoke to my manager/supervisor or employer	39	20%
Contacted ARNNL – Association of Registered Nurses of NL	1	1%
Contacted NL Nurses' Union (RNUNL)	4	2%
Involved HR	2	1%
Ongoing concern/issue	8	4%
Still working on it	4	2%
Kept working on it with management	5	3%
Went above my manager	1	1%
Wrote formal letter to senior team	1	1%
Filled out forms	3	2%
Waiting on staffing	1	1%
Left the position	1	1%
Going to take time to realize the importance of patient care	1	1%
Considering moving to another place	1	1%
Spoke to educator	1	1%
Put employee off work until complaint is resolved	1	1%
Fixed it themselves	3	2%
Arranged for case conference	1	1%
Nowhere else to bring her complaint	1	1%
Occupational Health & Safety	1	1%
Social worker got involved and made a plan of action	1	1%
Going to call labour relations	1	1%
Putting it under ethics	1	1%
Write more professional practice forms	4	2%
Put it in the hands of the people concerned	1	1%
Refused/rather not say	1	1%
Don't know/Not sure	16	8%
Total	199	100%

Note: total adds to more than 100% due to multiple mentions

2.4 MEMBER CONTACT

It should be noted that the following sections and questions relating to ‘member contact’ are new to this survey.

2.4.1 **Contact With ARNNL By Phone Or Email With Questions About A Particular Area And Level Of Satisfaction With ARNNL’s Response**

Members were asked about contacting ARNNL with questions regarding particular areas and how satisfied they were with ARNNL’s response. Three in ten (30%) members contacted ARNNL with questions about ‘registration/licensure’ and 92% were satisfied with ARNNL’s response.

Another 21% contacted the Association with questions about nursing practice and 83% were satisfied with their response while 17% (or 3% of all members) were dissatisfied.

Only 9% contacted ARNNL with questions regarding ‘discipline/professional conduct’ and 77% were satisfied with the Association’s response while 16% (or 1% of all members) were dissatisfied with the response they received.

Contact with ARNNL and Level of Satisfaction With ARNNL’s Response								
	Yes	No/ DK	Very Satisfied	Somewhat Satisfied	Neither S nor D	Somewhat Dissatisfied	Very Dissatisfied	Don’t know
Nursing practice	21%	79%	58%	25%	0%	6%	11%	1%
Registration/licensure	30%	70%	76%	16%	0%	3%	3%	3%
Discipline/professional conduct	9%	91%	56%	21%	2%	7%	9%	5%

Those who contacted ARNNL with questions about ‘registration/licensure’ included a higher than average (30%) proportion of the following segments:

- Those working in education (57%)
- Those working in community health (38%)
- Those working in an educational institution (56%)
- Those aged 30 to 39 (36%)
- Those living in the Eastern region (42%)
- Those living in Labrador-Grenfell (44%)

Those who contacted ARNNL with questions about nursing practice included a higher than average (21%) proportion of the following segments:

- Those working in administration/management (26%)
- Those working in Education (46%)
- Those working in community health centres (38%)
- Those working in an educational institution (44%)
- Those aged 50 to 59 (28%)
- Those in Labrador-Grenfell (26%)

Those who contacted ARNNL with questions about 'discipline/professional conduct' included a higher than average (9%) proportion of the following segments:

- Those working in administration/management (21%)
- Those working in community health centres (23%)
- Those working in an educational institution (19%)
- Those aged 60 or more (18%)
- Males (16%)

2.4.2 Incidence of ever visiting ARNNL's website other than for registration

Members were asked whether they used ARNNL's website for reasons other than for their registration and just over two thirds (67%) said they have.

Aside from using ARNNL's website for your registration, have you ever visited the website for other reasons?

	Frequency	Percent
Yes	336	67.3
No	158	31.7
Don't know/Not sure	5	1.0
Total	499	100.0

Those who used ARNNL's website for reasons other than for their registration included a higher than average (67%) proportion of the following segments:

- Those with 11 to 20 years of nursing experience (77%)
- Those working in administration/management (85%)
- Those working in Education (79%)
- Those working in Community Health Centres (85%)
- Those working in Educational Institutions (75%)
- Those working in business/private industry (80%)
- Those aged 30 to 39 (77%)
- Those in the Western region (73%)
- Those in Labrador-Grenfell (85%)
- Males (74%)

2.4.3 How Frequently Use ARNNL's Website Other Than For Registration

Those who had used ARNNL's website for something other than for registration were asked how frequently they use the site. Approximately one half (49%) reported using the site once or twice a year while just over one third (36%) indicated using it once every few months, and 13% consulted the site the most - at least once a month.

How frequently have you used ARNNL's website other than for your registration?

	Frequency	Percent	Cumulative Percent
At least once a month	44	13.1	13.1
Once every few months	120	35.7	48.8
Once or twice a year	164	48.8	97.6
Don't know/Not sure	8	2.4	100.0
Total	336	100.0	

Those who used ARNNL's website 'at least once a month' included a higher than average (13%) proportion of the following segments:

- Those working in administration/management (18%)
- Those working in Education (41%)
- Those working in an educational institution (50%)
- Those working in business/private industry (25%)
- Those aged 60 or more (29%)
- Those in Labrador-Grenfell (24%)

Those who were more likely to use ARNNL's website only 'or twice once a year' included a higher than average (49%) proportion of the following segments:

- Those working in a hospital (55%)
- Those working in business/private industry (58%)
- Those in St. John's (56%)
- Those in Central (57%)
- Males (61%)

2.4.4 Reasons for using ARNNL's website

Members were asked on an unaided basis reasons for accessing ARNNL's website and the main reasons included:

- Continuing competence/CPP (57%)
- Education session/archived education sessions/teleconference (36%)
- Events/news (18%)
- Document library/documents/publications (15%)
- Member search (7%)

A number of other reasons for using the site are listed in the table that follows.

What did you use the ARNNL website for? (All mentions)

	Frequency	Percent
Continuing competence/CCP	193	57%
Member search	22	7%
Confirm registration/licensure	46	14%
Voting for ARNNL Council	7	2%
Education session/archived education session/teleconference	122	36%
NCLEX information	1	0%
Discipline/PCR information	11	3%
Document library/documents/publications	50	15%
Events/news	60	18%
Jobs	5	1%
Looking up courses	2	1%
Research/information/resource materials	8	2%
Policies/Standards of Practice/Code of Ethics	19	6%
Disciplinary actions	1	0%
Volunteer opportunities	1	0%
Just browsing the website	3	1%
Scope of practice	3	1%
Apply for grad school	1	0%
Scholarship/bursaries	5	1%
To chat with network groups re nursing issues	1	0%
Checked legal site	1	0%
Portal web	2	1%
General announcements	3	1%
Conferences/seminars/webinars	4	1%
Change of address	1	0%
Looking up agreement	1	0%
Committee meeting	1	0%
Other	1	0%
Don't know/Can't recall	8	2%
Total	336	100%

Note: total adds to more than 100% due to multiple mentions

2.4.5 Extent Able To Find What You Were Looking For On The Website

Two in three members (67%) who visited ARNNL's website said they were 'always' able to find what they are looking for, while 29% said that they 'sometimes' find what they are looking for and only 2% said they 'never' find the info they were looking for.

To what extent were you able to find what you were looking for on the website?

	Frequency	Percent	Cumulative Percent
Always	225	67.2	67.2
Sometimes	100	29.9	97.0
Never	5	1.5	98.5
Don't know/Not sure	5	1.5	100.0
Total	335	100.0	

2.4.6 Helpfulness Of Various Methods Of Member Education And Outreach Used By ARNNL

Members were asked how helpful they found various methods of member education and outreach. It appears that many may not know of some of these resources. Notwithstanding, the most helpful resources included Access magazine (91% felt this resource is helpful), ARNNL documents/publications (79%), CCP Tutorial (64%), Regulation Matters e-newsletter (62%) and educational teleconferences as they happen (49%).

Helpfulness Of Various Methods Of Member Education And Outreach Used By ARNNL (%)								
	Very Helpful	Somewhat Helpful	SUB TOTAL	Neither H nor U	Not Very Helpful	Not Helpful At All	N/A	D K
CCP Tutorial	27	37	64	1	6	2	13	15
ARNNL documents/publications	31	48	79	1	4	1	6	10
Archived Education Teleconferences	13	18	31	2	1	1	23	42
Educational Teleconferences as they happen	17	32	49	2	1	1	18	29
ARNNL's YouTube channel (youtube.com/ARNNL)	3	3	6	1	<1	1	30	62
Regulations Matters e-newsletter	18	44	62	1	2	1	10	24
ARNNL's Twitter	1	5	6	1	<1	1	30	62
Access magazine	39	52	91	1	2	2	1	3

2.4.7 Usage Of And Perception Of How Informative Access Magazine Is

Nearly all (95%) of the members surveyed indicated reading some part of Access magazine including approximately one quarter (26%) who reported reading 'all of it', nearly half (47%) read 'some of it' while another quarter (23%) said that they 'scan the headlines'.

On average, how much of ACCESS magazine do you read?

	Frequency	Percent
All of it	129	25.9
Some of it	232	46.5
Scan the headlines	116	23.2
None of it	19	3.8
Don't know/Not sure	3	0.6
Total	499	100.0

Those who reported reading all of Access magazine on average included a higher than average (26%) proportion of the following segments:

- Those with more than 20 years of nursing experience (38%)
- Those working in administration/management (38%)
- Those working in Education (46%)
- Those working in community health (31%)
- Those working in nursing homes/LTC (42%)
- Those working in community health centres (54%)
- Those working in an educational institution (56%)
- Those working in business/private industry (40%)
- Those aged 50 to 59 (35%)
- Those aged 60 or more (45%)
- Those in Western region (31%)

Those who said they only 'scan the headlines' of Access magazine included a higher than average (23%) proportion of the following segments:

- Those with 1 to 10 years of nursing experience (30%)
- Those aged 20 to 29 (33%)

Nearly all (95%) of those who read at least some part of Access magazine found it to be informative including one third (33%) who perceived the magazine to be 'very' informative and 61% who felt it is 'somewhat' informative.

Would you say that ACCESS magazine is

	Frequency	Percent	Cumulative Percent
Very informative	153	33.3	33.3
Somewhat informative	293	61.4	94.8
Not very informative	16	3.4	98.1
Not informative at all	7	1.5	99.6
Don't know/Not sure	2	0.4	100.0
Total	477	100.0	

For the 5% who don't read any of Access magazine reasons included 'have never received it/seen it', 'too busy', or 'not interested'.

Why don't you read ACCESS magazine?

	Frequency	Percent
Have never received it/seen it	7	31.8
Don't know/Not sure	7	31.8
Too busy	3	13.6
Not interested	2	9.1
Not timely	1	4.5
Not relevant	1	4.5
Negative articles are a turn off	1	4.5
Total	22	100.0

2.4.8 Usage Of And Perception Of How Informative Regulation Matters E-Newsletter Is

About six in ten (61%) members surveyed indicated reading some part of Regulation Matters e-newsletter including approximately 7% who reported reading 'all of it', 29% who read 'some of it', while another quarter (25%) said that they 'scan the headlines'. Over one third (37%) said they don't read any of the e-newsletter and 3% were unsure if they read it or not.

On average, how much of Regulation Matters e-newsletter do you read?

	Frequency	Percent
All of it	33	6.6
Some of it	143	28.7
Scan the headlines	124	24.8
None of it	184	36.9
Don't know/Not sure	15	3.0
Total	499	100

Those who reported reading all/some of Regulation Matters e-newsletter included a higher than average (35%) proportion of the following segments:

- Those with 11 to 20 years of nursing experience (41%)
- Those working in nursing homes/LTC (48%)
- Those working in business/private industry (60%)
- Those in the 'rest of Avalon' region (50%)
- Those in Labrador-Grenfell (41%)

Those who said they don't read any of Regulation Matters e-newsletter included a higher than average (37%) proportion of the following segments:

- Those working in community health (49%)
- Those working in community health centres (46%)
- Those in the Eastern region (47%)
- Those in Central region (48%)

Nearly all (93%) of those who read at least some part of Regulation Matters e-newsletter found it to be informative including 18% who perceived the magazine to be 'very' informative and 75% who felt it is 'somewhat' informative.

Would you say that Regulation Matters e-newsletter is

	Frequency	Percent	Cumulative Percent
Very informative	53	17.7	17.7
Somewhat informative	226	75.3	93.0
Not very informative	15	5.0	98.0
Don't know/Not sure	6	2.0	100
Total	300	100.0	

For the 40% who don't read any of Regulation Matters e-newsletter the main reasons included 'have never received it/seen it' (39%), 'not interested' (19%) or 'too busy' (17%). Only 4% said it was because they prefer a hard copy and 3% indicated it was because they spend little or no time on the computer.

Why don't you read Regulation Matters e-newsletter?

	Frequency	Percent
Have never received it/seen it	77	38.7
Not interested	37	18.6
Too busy	33	16.6
Don't know/Not sure	33	16.6
Prefer hard copy	8	4.0
Spent little or no time on computer	5	2.5
Not relevant	4	2.0
Not timely	2	1.0
Total	199	100.0

2.4.10 Usage Of And Perception Of How Informative ARNNL's Annual Report Is

Members were asked if they had read ARNNL's Annual Report in the past three years and just over one third (37%) reported that they had.

In the past 3 years have you read ARNNL's Annual Report?

	Frequency	Percent
Yes	186	37.3
No	288	57.7
Don't know/Not sure	25	5.0
Total	499	100.0

Those who indicated reading ARNNL's Annual Report in the last three years included a higher than average (37%) proportion of the following segments:

- Those working in administration/management (51%)
- Those working in Education (43%)
- Those working in an educational institution (56%)
- Those working in business/private industry (60%)
- Those aged 40 to 49 (43%)
- Those aged 60 or more (52%)
- Those in the Western region (43%)
- Males (48%)

Those who said they haven't read ARNNL's Annual Report in the last three years included a higher than average (58%) proportion of the following segments:

- Those aged 20 to 29 (64%)
- Those aged 50 to 59 (64%)
- Those in the Central region (67%)

Only 12% of those who reported reading ARNNL's Annual Report in the last three years said they read 'all of it', while 56% indicated reading 'some of it' and approximately one third (32%) reported that they 'scan the headlines'.

How much of the Annual Report have you read?

	Frequency	Percent
All of it	23	12.3
Some of it	104	55.6
Scan the headlines	60	32.1
Total	187	100.0

Those who indicated reading all of ARNNL's Annual Report in the last three years included a higher than average (12%) proportion of the following segments:

- Those with more than 20 years of nursing experience (18%)
- Those working in administration/management (19%)
- Those working in Education (42%)
- Those working in an educational institution (56%)
- Those working in business/private industry (33%)
- Those working in community health centres (40%)
- Those aged 50 to 59 (25%)
- Those aged 60 or more (17%)
- Those in Labrador-Grenfell (22%)

Those who said they only 'scanned the headlines' of ARNNL's Annual Report in the last three years included a higher than average (32%) proportion of the following segments:

- Those with 11 to 20 years of nursing experience (39%)
- Those working in nursing homes/LTC (67%)
- Those working in direct care (78%)
- Those working in community health centres (81%)
- Those aged 40 to 49 (43%)
- Those in the 'rest of Avalon' region (63%)
- Those in Central region (43%)

Nearly all (94%) of those who read at least some part of ARNNL's Annual Report found it to be informative including 26% who perceived it to be 'very' informative and 67% who felt it is 'somewhat' informative.

Would you say that the Annual Report is

	Frequency	Percent	Cumulative Percent
Very informative	49	26.2	26.2
Somewhat informative	126	67.4	93.6
Not very informative	5	2.7	96.3
Not informative at all	2	1.1	97.3
Don't know/Not sure	5	2.7	100.0
Total	187	100.0	

For the nearly two thirds (63%) who said that they don't read any of ARNNL's Annual Report the main reasons mentioned included 'not interested' (33%), 'too busy' (20%), and 'have never received it/seen it' (17%). Another 19% couldn't say why they haven't read the Annual Report and 5% felt it was 'too long'.

Why don't you the Annual Report?

	Frequency	Percent
Too busy	63	20.2
Not timely	4	1.3
Not relevant	9	2.9
Not interested	102	32.7
Have never received it/seen it	51	16.3
Too long	17	5.4
Waste of money	1	0.3
Not aware of it	2	0.6
Don't read due to medical reasons	2	0.6
Don't understand its premise	1	0.3
Don't know/Not sure	60	19.2
Total	312	100.0

2.4.11 Overall How Confident Feel That ARNNL Is Fulfilling Its Role In 'Protecting The Public'

In previous surveys members were asked what they perceived the role or purpose is of the ARNNL. Overall combining unaided and aided responses, in the 2015 survey 97% (versus 94% in 2013 and 93% in 2011) perceived it to be 'protecting the public'.

New to this survey, members were asked instead how confident they feel that ARNNL is fulfilling its role in protecting the public and 96% were confident of this, including 62% who said they were 'very' confident and 35% who indicated being 'somewhat' confident. Only 2% said they were not confident and another 2% said they didn't know.

Overall how confident are you that ARNNL is fulfilling its role in "protecting the public"?

	Frequency	Percent	Cumulative Percent
Very confident	308	61.7	61.7
Somewhat confident	172	34.5	96.2
Not very confident	7	1.4	97.6
Not confident at all	2	0.4	98.0
Don't know/Not sure	10	2.0	100.0
Total	499	100.0	

Those who said they were 'very' confident that ARNNL is fulfilling its role in protecting the public included a higher than average (62%) proportion of the following segments:

- Those working in community health (74%)
- Those working in nursing homes/LTC (68%)
- Those working in business/private industry (73%)
- Those aged 20 to 29 (67%)
- Those in the Eastern region (70%)
- Those in the Western region 67%)

Those who said they were 'somewhat' confident that ARNNL is fulfilling its role in protecting the public included a higher than average (35%) proportion of the following segments:

- Those working in community health centres (46%)
- Those aged 30 to 39 (40%)
- Those in Central region (40%)

2.4.12 Areas Would Like More Information On To More Fully Understand ARNNL's Role

New to this survey, members were asked if there was anything about ARNNL that they would like more information on in order to more fully understand the Association's role. The majority (96%) said 'no' or that they 'couldn't think of anything'. The other 4% mentioned a variety of topics including how their fees are spent, more about the support/ education system, ARNNL's position on scope of practice, among other topics/comments listed in the table that follows.

Is there anything about ARNNL that you would like more information on in order to more fully understand their role? (All mentions)

	Frequency	Percent
Great support system/doing great job for us/making us better nurses/great resources	1	0%
Try to provide more full-time nurses/nurses overworked/impact on safety	1	0%
Use more technology such as Facetime, education sessions online	1	0%
More targeted info to front liners/More active with them	1	0%
Costs keep going up, but nothing changes	1	0%
Lower license fees/fees too high	1	0%
How are fees are spent	3	1%
Like to more about ARNNL/clarification of the role	2	0%
More social media presence to attract new members	1	0%
More support for new grads	1	0%
Website not user friendly	1	0%
Don't have a lot of trust in ARNNL	1	0%
Doesn't seem like ARNNL works for the people but for nurses	1	0%
Support/education system and what it has to offer	1	0%
Want to know ARNNL's position on scope of practice	1	0%
Improve nurse/patient relationships	1	0%
No/Can't think of anything	480	96%
Rarely given opportunity to participate in ARNNL	1	0%
Total	499	100%

Note: total adds to more than 100% due to multiple mentions

2.4.13 Areas Would Like ARNNL's Council To Work On Or Continue To Work On

New to this survey, members were given an opportunity to say what they want the ARNNL Council to work on or to continue to work on. Nearly six in ten (57%) members said 'no/can't think of anything'.

Other responses related to staffing, fees, communication, visibility and outreach to all nurses including in rural areas, protecting the public, technology and professionalism, among many other comments.

What Areas/Topics That Members Would Like ARNNL Council To Work On Or Continue To Work On			
		N	%
	No/can't think of anything	282	57%
	Great support system/doing a great job for us/making us better nurses/great resources	56	11%
	Provide more full-time nurses/nurses overworked/workload too heavy/impact on safety	26	5%
	ARNNL should advocate for/support nurses more	7	1%
	Lower license fees/fees too high	6	1%
	Wonder how much ARNNL is involved with level of care in small communities/outreach in rural is not as good as urban	5	1%
	Protecting nurses in situations they need to deal with	5	1%
	CCP needs to be clarified/are regulations being followed by everyone/expecting too much from us	4	1%
	Fulfilling its role in protecting the public	4	1%
	Have to work with the Union together to promote protecting the public/safer patient care	3	1%
	Become more visible in hospitals and places where nurses work including in rural areas	3	1%
	Send emails/keep us up to date re upcoming educational events	3	1%
	ARNNL should be more in touch with nurses	2	0%
	More professionalism with nurses	4	0%
	Use more technology such as Facetime, education sessions online, pod casting	2	0%
	Too new to comment	2	0%
	Keeping up with current events e.g. how to deal with transgenders	2	0%
	Educate public on respect for and protection of nurses	2	0%
	Like to know more about ARNNL/clarification of the role	2	0%
	More social media presence to attract new members	2	0%
	More studies on rural nursing and impact on staffing and public safety	2	0%
	Expanding the scope of practice	2	0%
	Should be more supportive of RNs than LPNs	2	0%
	ARNNL should provide a bridge between RN & BN	2	0%
	Too focused on protecting clients not nurses	2	0%

	Website not user friendly	2	0%
	Professional practice forms to be implemented and reviewed	2	0%
	ARNNL should be more visible in the public eye in promoting RNs for public safety	2	0%
	Patient ratio	2	0%
	Help small groups of nurses be heard (e.g. Emergency, CC, Operating Room)	2	0%
	Support Nurses' Union in retention of Nurses in Labrador	2	0%
	ARNNL doesn't provide critical level advice; they use abstracts	2	0%
	Ensure all practitioners can work to their full scope of practice	2	0%
	Too long since had a contract	1	0%
	Don't agree with two bodies paying two fees	1	0%
	Can reach them whenever you need to	1	0%
	More info to allow us to branch out into different areas	1	0%
	Can't do much more than they are doing now	1	0%
	Keep regulations on social media	1	0%
	Great job re continuing competence	1	0%
	Offer more educational sessions	1	0%
	More targeted info to front liners/more active with them	1	0%
	Costs keep going up, but nothing changes	1	0%
	All nurses should be required to attend workshops from ARNNL	1	0%
	Council members need to be more informed without influence from Executive	1	0%
	Too much erosion of the role of nurses	1	0%
	ARNNL is doing what it can to make nurses safe	1	0%
	No professionalism with new nurses	1	0%
	More hands-on training/opportunity to grow not just education	1	0%
	Would like to deal directly with ARNNL versus going up a chain of campaign	1	0%
	More ways to get novice nurses involved in ARNNL versus the Union	1	0%
	Staffing regulations	1	0%
	Fairness between contracts from 10 years ago	1	0%
	Get rid of publications on high gloss paper – waste of money	1	0%
	Upgrade whenever I can/love the educational resources	1	0%
	How our fees are spent	1	0%
	They teach me so I can teach others	1	0%
	Great website	1	0%
	More support for new grads	1	0%
	Get recognition for work done not for # of years of service	1	0%
	Students should be more familiar with safety issues of dealing with patients	1	0%
	Continuing competence forms	1	0%
	Gotten away from patient care	1	0%
	More professional development	1	0%
	More representation of nurse practitioners	1	0%
	ARNNL asking for paper verifications of U.S. license even though it's online	1	0%

	More communication	1	0%
	ARNNL doesn't accept criticism well and passes off decision making	1	0%
	Like to receive annual report and e-newsletter	1	0%
	Don't have a lot of trust in ARNNL	1	0%
	Doesn't seem like ARNNL works for the people but for nurses	1	0%
	More autonomy	1	0%
	Continue to support the role of Advanced Nurse Consultants	1	0%
	Nurses should get involved in the community to restore the faith in nurses	1	0%
	More bursaries for nurses	1	0%
	The newsletter has a lot of fluff	1	0%
	Support/education system and what it has to offer	1	0%
	Want to know ARNNL's position on scope of practice	1	0%
	There's not a collegial relationship between members and association	1	0%
	Everyone should have their turn in getting competency rated	1	0%
	Data quality of members with regard to practice requirements	1	0%
	Have a NP on staff	1	0%
	Advancing nursing practices particularly re prescribing medications for certain areas	1	0%
	Clarification with RNs re collective agreement	1	0%
	CCPs should be spread more – seems like they pick on the same people	1	0%
	They don't really look after nurses' backs re liability	1	0%
	Improve nurse/patient relationships	1	0%
	ARNNL should consider the future health needs of NL (e.g. not enough beds)	1	0%
	Update the community health transfer of nurse functions	1	0%
	Registration is not user friendly	1	0%
	Continuing competency is not necessary if you are a Registered Nurse	1	0%
	Have the option of completing the audit later if don't feel mentally ready	1	0%
	ARNNL always gives the same answers – refers you to the Standards of Practice – calling because I want clarification on the Standards	1	0%
	Preserve the RNs	1	0%
	Not enough resources to do the job in rural areas	1	0%
	Other	2	0%
	Total	499	100%

NOTE: Total adds to more than 100% due to multiple mentions.

2.5 DEMOGRAPHICS

2.5.1 Years Of Nursing Experience Of Respondents

On average, members have 18.96 years of nursing experience (versus 19.5 in 2015, 18.6 in 2013, 18.9 in 2011 and 19.3 in the 2007 survey) with 30% (versus 29% in 2015, 33% in 2013, 27% in 2011 and 24% in 2007) having '1 to 10 years', 25% (versus 24% in 2015, 23% in 2013, 28% in 2011 and 2007) having '11 to 20 years' and 45% having 'more than 20 years' (versus 47% in 2015, 44% in 2013, 45% in 2011 and 49% in 2007).

Years of Nursing Experience (recoded)								
	2011		2013		2015		2019	
	Frequency	Percent	Frequency	Percent	Frequency	Percent	Frequency	Percent
1 to 10 years	136	27%	131	33%	143	29%	151	30%
11 to 20 years	140	28%	94	23%	120	24%	123	25%
More than 20 years	225	45%	177	44%	237	47%	224	45%
Total	501	100%	402	100%	500	100%	499	100%

2.5.2 Primary Area of Responsibility of Respondents

Approximately eight in ten (81% versus 84% in 2015, 82% in 2013, 83% in 2011 and 82% in 2007) respondents reported working in 'direct care' while 11% (versus 7% in 2015, 9% in 2013 and 2011 and 11% in 2007) said 'administration/management', 6% said 'education' (versus 7% in 2015 and 2013 and 5% in 2011 and 2007) and another 1% mentioned 'other' areas of responsibility (versus 2-3% in the other years).

Which of the following is your primary area of responsibility?								
	2011		2013		2015		2019	
	Frequency	Percent	Frequency	Percent	Frequency	Percent	Frequency	Percent
Direct Care	418	83%	328	82%	419	84%	406	81%
Admin/Management	46	9%	36	9%	37	7%	53	11%
Education	27	5%	26	7%	35	7%	28	6%
Other	10	2%	12	3%	9	2%	12	2%
Total	501	100%	402	100%	500	100%	499	100%

2.5.3 Type Of Agency Respondents Work In

Approximately three quarters of members (64% versus 69% in 2013, 70% in 2011 and 66% in 2007) surveyed reported working in a hospital while 9% (versus 8% in 2013 and 2011 and 12% in 2007) work in a nursing home and 3% (versus 4% in 2013, 2% in 2011 and 5% in 2007) were in an educational institution. Another 17% (versus 12% in 2013, 13% in 2011 and 16% in 2007) worked in community health including 5% (versus 3% in 2013 and 4% in 2011) who specifically said they worked in a 'Community Health Centre'.

Type of Agency Work in (recoded)								
	2011		2013		2015		2019	
	Frequency	Percent	Frequency	Percent	Frequency	Percent	Frequency	Percent
Hospital (including Rehab)	350	70%	275	69%	321	64%	338	68%
Community Health (VON, Home Care, Community Mental Health)	45	9%	37	9%	59	12%	65	13%
Nursing home (including Long-term Care)	37	7%	33	8%	47	9%	31	6%
Community Health Centre (including Nursing Stations)	22	4%	13	3%	26	5%	13	3%
Educational Institution	12	2%	17	4%	17	3%	16	3%
Other	32	6%	27	7%	29	6%	35	7%
Refused	2	.2%	0	0%	1	.2%	1	.2%
Don't Know	1	.2%	0	0%	0	0%	0	0%
Total	501	100%	402	100%	500	100%	499	100%

2.5.4 Age Of Respondents

As in the previous surveys, the majority of the respondents were aged '40 to 49' (28% versus 29% in 2015, 32% in 2013 and 35% in 2011). Those aged '50 to 59' comprised 27% of the respondents (versus 27% in 2015 and 22% in the two previous surveys). Those aged '30 to 39' comprised 21% of the respondents (versus 22% in 2015, 24% in 2013 and 27% in 2011). The proportion of those aged '20 to 29' remained stable since the last survey (17% versus 16% in 2015, 17% in 2013 and 12% in 2011). Likewise, the proportion of those aged '60 or more' remained stable over the three surveys (6% versus 6% in 2015, 4% in 2013 and 5% in 2011).

Age of Respondents								
	2011		2013		2015		2019	
	Frequency	Percent	Frequency	Percent	Frequency	Percent	Frequency	Percent
20-29 years	58	12%	70	17%	78	16%	85	17%
30-39 years	133	27%	96	24%	110	22%	107	21%
40-49 years	173	35%	129	32%	147	29%	141	28%
50-59 years	112	22%	9	22%	133	27%	133	27%
60 or more years	25	5%	17	4%	32	6%	33	7%
Total	501	100%	402	100%	500	100%	499	100%

2.5.5 Gender Of Respondents

As in previous surveys, nearly all (94% versus 95% in 2015, 96% in 2013, 96% in 2011 and 97% in 2007) of the respondents were female.

Gender of Respondents								
	2011		2013		2015		2019	
	Frequency	Percent	Frequency	Percent	Frequency	Percent	Frequency	Percent
Male	22	4%	18	5%	27	5%	31	6%
Female	479	96%	384	95%	473	95%	468	94%
Total	501	100%	402	100%	500	100%	499	100%

2.5.6 Location Of Respondents

Just over four in ten (42% versus 53% in 2015, 43% in 2013 and 49% in 2011) of the members resided in St. John's while 4% (versus 5% in 2015, 6% in 2013, 9% in 2011) were from the rest of the Avalon. Another 12% (versus 7% in 2015, 10% in 2013 and 2011) were in the Eastern (outside of Avalon) region, 15% (versus 14% in 2015, 16% in 2013 and 2011) were in Central, 21% in Western (versus 15% in 2015 and 17% in 2013 and 2011) and 7% resided in the Labrador-Grenfell region (versus 5% in 2015, 9% in 2013 and 2011).

Location of Respondents								
	2011		2013		2015		2019	
	Frequency	Percent	Frequency	Percent	Frequency	Percent	Frequency	Percent
St. John's	243	49%	172	43%	267	53%	207	42%
Rest of Avalon	43	9%	22	6%	25	5%	22	4%
Eastern	48	10%	39	10%	37	7%	60	12%
Central	62	16%	64	16%	69	14%	73	15%
Western	69	17%	70	17%	76	15%	103	21%
Labrador-Grenfell	36	9%	35	9%	26	5%	34	7%
Total	501	100%	402	100%	500	100%	499	100%

3.0 RESEARCH OBJECTIVES AND METHODOLOGY

3.1 OVERALL OBJECTIVES

ARNNL commissioned a Benchmark Study in 2003 with its members. Subsequent tracking studies have been conducted in 2007, 2011, 2013, 2015 and this year. The overall objectives of this study in 2019 was to investigate members' feedback on the following key areas:

- Quality Professional Practice Environments
- Nursing Management
- Quality Client Care
- Member Contact

Some areas of investigation that were used in previous questionnaires were modified for this study and mostly new areas were also added to this year's questionnaire. Where the questions were consistent between the studies, the results were compared.

The 'location' of respondents obtained in the studies and noted in the report relates to the region where the respondent lived and not to their Health Authority or their employer.

It should also be noted that the results obtained are representative of the general membership base and therefore, correspond to the fact that approximately 81% are in 'direct care' (versus 11% in admin/management and 6% in education) and 68% work in hospitals (versus 13% in community health, 6% in nursing homes, 3% in Community Health Centres, and 3% in educational institutions).

3.2 RESEARCH METHODOLOGY

a) Sampling

A questionnaire was administered by telephone by experienced interviewers employed by Ryan Research & Communications, a local marketing research company. The universe was identified as all practicing members of ARNNL.

Respondents were screened to ensure that they met the following criteria:

- Currently a practicing member
- Home phone number recorded in the database
- Province in mailing address is NL and
- Employer is not listed as “outside NL” or “ARNNL”

A quota of 500 interviews was set from a random sample of ARNNL members. A total of 499 interviews were completed providing a statistical margin of error $\pm 4.2\%$ at the 95% level of confidence (19 times out of 20).

b) Interview Timing and Results

Interviewing was conducted from March 2nd to April 23rd, 2019. Each interview was approximately 12 to 19 minutes in duration. A total of 499 interviews were successfully completed.

c) Limitations

Telephone interviewing is somewhat limited in the number and types of subject areas that can be investigated. The complexity of consumer decision-making and their difficulty in recalling and verbalizing motivations, attitudes and beliefs, points to these limitations. A well-designed questionnaire that follows appropriate research objectives, along with trained and experienced interviewers, can address some of these shortfalls.

APPENDICES
Available on Request
Contact: info@arnnl.ca