February 2013

ARNNL Member Survey
On Progress Towards Ends
Research Report

Prepared For:

ARNNL
Military Rd.
St. John's, NL
A1C 5X8

Please Note:
There is an error in the last paragraph of the text on page 27 re: sufficient RNs to provide quality nursing care in my work environment and the results in the table on page 28 for the same item.

Please contact info@arnnl.ca to request a correction.

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APPENDICES

1.0   <u>EXECUTIVE SUMMARY</u>

ARNNL commissioned a Benchmark Study in 2003. In 2007 and 2011, the Association followed up on the 2003 study and this research investigation is a follow up to the 2011 study. The overall objective of this Tracking Study in 2013 was to investigate members' feedback on the following key areas:

- Continuing Education
- Safety/Quality Care Issues
- Supportive Work Environment/Practice Environments
- Knowledge Of The ARNNL
- Leadership
- Nursing Management

Some areas of investigation that were used in previous questionnaires were modified for this study and 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 82% are in 'direct care' (versus 9% in admin/management and 7% in education) and 70% work in hospitals (versus 9% in community health, 7% in nursing homes, 3% in Community Health Centres, and 4% 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"

All cross tabulations noted in this report are statistically significant at the .05 level or less using the Pearson Chi-Square test.

A quota of 400 interviews was set from a random sample of ARNNL members. A total of 402 interviews were completed providing a statistical margin of error $\pm$ 4.9% at the 95% level of confidence (19 times out of 20).

Interviewing was conducted from Feb 22nd to March 8th, 2013.

The following table shows the completion rate based on the actual contacts made with the rates being very consistent between the 2007 and 2011 surveys.

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

➢ **Continuing Education**

- ▪ **Level of agreement or disagreement with various statements about the possible influence of ARNNL's Continuing Competence Program**
    - o It appears that ARNNL's CCP has had a positive impact on members.
        - • 80% (versus75% in 2011) - CPP has 'influenced their nursing practice in a positive way'
        - • 71% (versus 63% in 2011) - CPP has 'increased their participation in professional development'
        - • 74% (versus 65% in 2011) - CPP has 'motivated them to continue learning'.
        - • 66% (versus 54% in 2011) - CCP has 'has increased their confidence to practice nursing'.
        - • New to this survey members were asked whether their 'CPP learning plan for this year contributed to their personal career plan' and 74% agreed that it has.

- **Stage regarding a career plan to guide life-long learning**
  - o 80% (versus 65% in 2011) - are at some stage in developing a career plan to guide their life-long learning including:
    - 32% (versus 25% in 2011) actually have a written plan
    - 21% (versus 19% in 2011) are simply 'thinking about it'
    - 20% (versus 17% in 2011) 'have conceptualized options but nothing more yet'
    - 7% (versus 4% in 2011) 'have talked to a mentor/other about creating a plan'.
  - o 11% (versus 15% in 2011) - 'don't have a plan yet but will at some point'.
  - o 10% (versus 19% in 2011) - 'don't see a need for a career plan'.

- ➢ **Safety/Quality Care/Confidentiality Issues**

  - **Level of agreement or disagreement with various statements about RN's role in proactively advocating for quality client care**
    - o It appears that members feel they proactively advocate for quality client care whenever they can
      - 97% (versus 96% in 2011) agree that they 'take action to improve quality care'
      - 92% (versus 91% in 2011) agree that they 'promote strategies that support population health'
      - 85% (versus 88% in 2011) agree that they 'participate in decision making regarding client care standards'
      - 84% (versus 86% in 2011) agree that they 'have autonomy to make decisions about their professional practice'
      - 72% (versus 77% in 2011) agree that they 'participate in decision making regarding their work environment'.
      - However, 27% (versus 21% in 2011) disagree that they participate in that type of decision making.

  - **Incidence of having been involved in a proactive action to improve quality of care in their area of practice**
    - o 68% (versus 61% in 2011) - had been involved in a proactive action to improve the quality of care in their area of practice during the past year

  - **Any concerns about client care during the past year in their area of practice**
    - o 61% (versus 50% in 2011 and 48% in 2007) said 'yes'

- **What, if anything, they did to resolve the concern**
  - o 71% (versus 66% in 2011 and 74% in 2007) - 'consulted their manager/supervisor'
  - o 17% (versus 12% in 2011 and 7% in 2007) - 'consulted colleagues/co-workers'
  - o 5% (versus 9% in 2011 and 16% in 2007) - 'filled out a Professional Practice Occurrence form/referred to the Professional Practice Committee'
  - o 3% (versus 6% in 2011 and 5% in 2007) - 'consulted others such as doctor/Social Services/Social worker

- **How successful in addressing the concern**
  - o 62% (versus 63% in 2011) were successful in addressing their concerns
  - o 20% (versus 18% in 2011) - not very successful
  - o 14% (versus 14% in 2011) - not successful at all
  - o 4% (versus 4% in 2011) - can't recall/don't know

- **How frequently used the ARNNL publication called 'Standards For Nursing Practice'**
  - o 83% (versus 70% in 2011) - referred to this publication 'often' (46% versus 32% in 2011) or 'occasionally'(37% versus 38% in 2011)
  - o 12% (versus 18% in 2011) - rarely
  - o 6% (versus 12% in 2011) - never
  - o In 2013, approximately 95% of members had referred to this publication at some point (versus 88% in 2011 and 37% in 2007)

- **Reasons for consulting the Standards For Nursing Practice publication**
  - o 36% (versus 56% in 2011 and 25% in 2007) - to determine that what they are doing is ethical nursing practice/to take action on a nursing practice or ethical problem at work
  - o 32% (versus 22% in 2011 and 20% in 2007) - general info/to browse through it/see new standards
  - o 15% (versus 8% in 2011 and 31% in 2007) - for study purposes/educational program/basic nursing student
  - o 6% (versus 3% in 2011 and 9% in 2007) - to guide program development
  - o 8% (versus 2% in 2011 and 3% in 2007) - for information on client care

- **How frequently used the Code of Ethics for Registered Nurses**
  - 63% (versus 51% in 2011) - referred to this publication 'often' (33% versus 24% in 2011) or 'occasionally' (30% versus 27% in 2011)
  - 22% (versus 26% in 2011) - rarely
  - 14 % (versus 19% in 2011) - never
  - In 2013, 85% of all members indicate that they have used or referred to The Code of Ethics at some time (versus 77% in 2011 and 41% in 2007)

- **Reasons for consulting the Code of Ethics**
  - 41% (versus 56% in 2011 and 23% in 2007) - for ethical/safety issues/problems at work
  - 31% (versus 21% in 2011 and 26% in 2007) - to browse through it/self interest/general info/reference
  - 12% (versus 10% in 2011 and 46% in 2007) - for study purposes/participation in an educational program/basic nursing student
  - 9% (versus 2% in 2011 and 3% in 2007) used it to obtain information to guide client care
  - 4% (versus 5% in 2011 and 14% in 2007) - as a research tool
  - 4% (versus 2% in 2011and 5% in 2007) - to guide program development

- **Rating of the overall level of professionalism of RNs in their work setting (**taking into account things such as attire, attitude towards nursing, demeanour and communication with and respect for clients and colleagues)
  - Average rating of 8.24 on a scale of 1 to 10 (versus 8.17 in 2011)
  - 65% (versus 73% in 2011) - gave a rating of '8-10'
  - 25% (versus 21% in 2011) - gave a rating of '6-7'
  - 9% (versus 5% in 2011) - gave a rating of '5 or less'

➢ **Supportive Work Environment/Practice Environments**

- **Perception of whether their role has changed in the past year with the addition of new roles/responsibilities**
  - 46% (versus 45% in 2011) said 'yes'

- **Perception of having adequate support to meet the requirements for the new role or responsibility**
  - 81% (versus 84% in 2011) felt that had adequate support to meet the requirements for the new role or responsibility
  - This includes 35% (versus 38% in 2011) who said 'completely' and 46% (versus 46% in 2011) who said 'somewhat'
  - 19% (versus 16% in 2011) perceived that they didn't have adequate support

- **Level of agreement with a number of statements relating to their scope of nursing practice**
  - 92% (versus 91% in 2011) - agreed that they 'are able to fully use their knowledge and skills in their current role'
  - 77% (versus 84% in 2011) – agreed that 'there is adequate support in their work environment to allow them to meet their professional development needs'
  - 80% (versus 79% in 2011) - agreed that they 'have access to leaders/mentors to help them expand their scope of practice
  - 81% (versus 76% in 2011) - disagreed that they 'have been placed in a position of having to work beyond their scope of practice'
  - 77% (not asked previously) agreed that 'there are sufficient RNs to provide quality nursing care in my work environment'

- **Extent feel their work environment fosters mutual respect and team work among various members of the interdisciplinary team**
  - The overall results (those saying 'a lot' or 'a little' respect) practically mirrored the results from the last survey aside from two areas.
  - Those indicating 'a lot' included:
    - Among RNs - 80% (versus 80% in 2011 and 71% in 2007) said 'a lot' of respect
    - Among RNs and other members of the interdisciplinary team – 70% (versus 67% in both 2011 and 2007)
    - Among RNs and physicians – 53% (versus 53% in 2011 and 50% in 2007)
    - Among staff nurses and managers in their work environment – 57% (versus 50% in 2011 and 48% in 2007)
    - Among RNs and LPNs - 65% (versus 67% in 2011 and 53% in 2007)
    - Among RNs and client/family members – 94% (versus 94% in 2011). This includes 79% who perceived there to be 'a lot' (versus 80% in 2011) and 15% who perceived there to be 'a little' (versus 14% in 2011) respect between those groups.

➤ **Knowledge Of The ARNNL**

▪ **Perceived role or purpose of the ARNNL**
  o 60% (versus 62% in 2011 and 53% in 2007) - 'to develop nursing practice standards'
  o 24% (versus 24% in 201 and 30% in 2007) - 'to act as the professional governing body for nurses'
  o 23% (versus 31% in 2011 and 23% in 2007) - 'to license nurses'
  o 22% (versus 13% in 2011 and 14% in 2007) - 'to approve nursing education programs/support CCP/continuing education'
  o 18% (versus 18% in 2011 and 25% in 2007) - 'to protect the public'
  o 10% - 'to provide general information/guidance regarding nursing practice'
  o 2% (versus 6% in 2011 and 2% in 2007) - 'to discipline nurses'
  o 1% (versus 5% in 2011 and 10% in 2007) - 'to provide legal services'
  o 3% (versus 3% in 2011 and 14% in 2007) of members inaccurately perceived that ARNNL is responsible for 'protecting nurses'
  o 8% (versus 12% in 2011 and 13% in 2007) still inaccurately perceived that the ARNNL is responsible 'to meet the needs of nurses/address problems'

▪ **Perceive that the ARNNL plays a role in protecting the public**
  o 94% (versus 93% in 2011) of all members perceived that ARNNL plays a role in protecting the public
  o This includes 16% (versus 17% in 2011) who mentioned this on an unaided basis as one of the Association's roles and 78% (versus 76% in 2011) who acknowledged it on an aided basis.

▪ **How perceive that the ARNNL plays a role in protecting the public**
  o The 94% of members who perceived that ARNNL plays a role in protecting the public were asked how the Association does that. Overall 77% (versus 69% in 2011) of members mentioned a response related to 'intervening in unacceptable nursing practices' and 66% (versus 53% in 2011) of members said something related to 'promoting good nursing practice'.
  o More specifically, just over one third (35% versus 37% in 2011) of members felt that the ARNNL does this by 'developing nursing practice standards' while 36% (versus 28% in 2011) said 'to ensure nurses work within their scope of practice', 15% (versus 19% in 2011) said 'to discipline nurses'. 14% (versus 8% in 2011) said 'to ensure nurse competencies' and 13% (versus 8% in 2011) said 'to license nurses'.

- ▪ **Reasons for perceiving that the ARNNL does NOT play a role in protecting the public**
  - o Only 6% of all members surveyed perceived that the ARNNL does not play a role in protecting the public and those members were asked why not.
  - o 42% of this small segment couldn't articulate a reason for feeling that way.
  - o Nevertheless, some reasons included 'not their role/role of NLNU', 'responsibility of the hospital/health care provider', 'don't see the need', and 'to protect themselves'.

- ➢ **Leadership**

  - ▪ **Incidence of participating in any formal or informal leadership development initiatives in the past year either in your practice, profession or community**
    - o 36% (versus 37% in 2011) indicated that they have

  - ▪ **What formal or informal leadership development initiatives participated in the past year either in your practice, profession or community**
    - o 43% (versus 33% in 2011) - conferences
    - o 36% (versus 20% in 2011) - committee participation at work
    - o 36% (versus 15% in 2011) - reading journals/articles
    - o 22% (versus 19% in 2011) - post-basic courses/modules/certificates
    - o 10% - volunteering advocate for health and well being
    - o 8% (versus 14% in 2011) - ARNNL related activities including special interest groups/workplace rep
    - o 7% (versus 8% in 2011) - community/school/council
    - o 6% (versus 7% in 2011) - nursing degree program.
    - o 5% (versus 6% in 2011) - NLNU related activities

  - ▪ **Incidence of participating in a community activity either in a professional or volunteer capacity in the past year**
    - o 35% (versus 39% in 2011 who said they did so to promote health) indicated that they have

  - ▪ **Voting behaviour in various elections**
    - o 92% (versus 91% in 2011) - indicated they vote in political elections
    - o In 2007, 88% voted in a previous provincial election, 86% voted in a previous Federal election, 79% voted in a previous municipal election, and 52% voted in the previous ARNNL council election.

➤ **Nursing Management**

▪ **Currently in a management role**
  o 12% (versus 8% in 2011 and 12% in 2007) indicated being in a management role

▪ **Likelihood of pursuing a career in management**
  o 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 was 3.11 (versus 2.93 in 2011 and 2.71 in 2007)

➤ **The Canadian Nurses Protective Society**

  o **Rating of CNPS information, advice and education services**

    o New to this survey, members were asked to rate the Canadian Nurses Protective Society risk management information, advice and education services. Based on a scale of '1-10' with 1 being 'not at all valuable' and 10 being 'very valuable', on average members gave CNPS a rating of 7.25. Approximately four in ten (38%) members gave a rating of '8-10' while 24% gave a rating of '6-7' and 16% gave a rating of '5 or less'.
    o Overall, 16% of members surveyed reported that they had used CNPS's risk management information, advice or education services.

2.0   KEY FINDINGS BY AREA OF INVESTIGATION

2.1   CONTINUING EDUCATION

2.1.1   Level Of Agreement Or Disagreement With Various Statements About The Possible Influence Of ARNNL's Continuing Competence Program (CCP)

It appears that ARNNL's CCP has had a positive impact on members. Indeed, 80% (versus 75% in 2011) agreed that the program has 'influenced their nursing practice in a positive way' and approximately 71% (versus 63% in 2011) said the CPP has 'increased their participation in professional development'. Similarly, 74% (versus 65% in 2011) reported that the CCP has 'motivated them to continue learning' and 66% (up from 54% in 2011) felt that the CCP has 'has increased their confidence to practice nursing'.

New to this survey members were asked whether their 'CPP learning plan for this year contributed to their personal career plan' and 74% agreed that it has.

The Possible Influence Of ARNNL's Continuing Competence Program						
I am now going to read a list of statements about the possible influence of ARNNL's Continuing Competence Program (CCP). I would like for you to tell me if you 'strongly agree', 'agree', 'disagree', or 'strongly disagree' with each. The first one is _____.						
ROTATE STATEMENTS	**Strongly Agree**	**Agree**	**Disagree**	**Strongly Disagree**	D.K. (vol)	Did not Participate
The CCP has influenced my nursing practice in a positive way.						
2013	20%	60%	16%	2%	1%	<1%
2011	13%	62%	19%	4%	2%	<1%
The CCP has increased my participation in professional development.						
2013	19%	53%	26%	1%	1%	<1%
2011	14%	49%	30%	5%	2%	<1%
The CCP has motivated me to continue learning.						
2013	19%	55%	24%	1%	1%	<1%
2011	15%	50%	29%	4%	2%	<1%
The CCP has increased my confidence to practice nursing.						
2013	12%	54%	30%	2%	1%	<1%
2011	8%	46%	38%	4%	2%	<1%
Your CPP learning plan for this year contributed to your personal career plan	13%	61%	23%	1%	1%	2%

Those who 'strongly agreed' with 'The CCP has influenced my nursing practice in a positive way' included a higher than average (20%) proportion of the following:

- Those aged 60 or more (53%)

2.1.2 Stage Regarding A Career Plan To Guide Life Long Learning

Approximately 80% (versus 65% in 2011) of members are at some stage in developing a career plan to guide their life long learning and an additional 11% (versus 15% in 2011) said they 'don't have a plan yet but will at some point'. Consequently, only 10% (down from 19% in 2011) indicated that they 'don't see a need for a career plan'.

In terms of the 80% of members who are at some stage in developing a plan, 32% (up from 25% in 2011) actually have a written plan, 21% (versus 19% in 2011) are 'thinking about it', 20% (versus 17% in 2011) 'have conceptualized options but nothing more yet' and 7% (versus 4% in 2011) 'have talked to a mentor/other about creating a plan'.

Stage Regarding A Career Plan To Guide Life Long Learning				
It is recommended that nurses develop a career plan to guide life long learning. I will read out a list of statements and please tell me which best describes your plan				
	2013		2011	
	Frequency	Percent	Frequency	Percent
Thinking about it	85	21	97	19
Have conceptualized options but nothing more	79	20	85	17
Talking to a mentor/other about creating a plan	29	7	18	4
Have a written plan	128	32	125	25
Don't have a plan yet but will at some point	3	11	74	15
Don't see the need for a plan	38	10	95	19
Refused	0	0	1	0 .2
Don't know	0	0	6	1
Total	402	100.0	501	100.0

Those who already have a written plan included a higher than average (32%) proportion of the following segments:
- Those aged 50 to 59 (40% of this segment have a written plan)
- Those aged 60 or more (53%)
- Those with more than 20 years nursing experience (40%)
- Those in admin/management (56%)
- Those whose primary area of responsibility is education (39%)

Those who don't see a need for a written plan included a higher than average (10%) proportion of the following segments:

- Those aged 50 to 59 (21%)
- Those aged 60 or more (24%)
- Those with more than 20 years nursing experience (19%)
- Those working in education (19%)

2.2   SAFETY/QUALITY CARE/CONFIDENTIALITY ISSUES

2.2.1   Level Of Agreement Or Disagreement With Various Statements About RN's Role In Proactively Advocating For Quality Client Care

The level of agreement with the various statements suggest that members feel they proactively advocate for quality client care whenever they can via 'taking action to improve quality care' (97% versus 96% in 2011), 'promoting strategies that support population health' (92% versus 91% in 2011), 'participating in decision making regarding client care standards' (85% versus 88% in 2011), 'having autonomy to make decisions about their professional practice' (84% versus 86% in 2011), and to a somewhat lesser extent 'participating in decision making regarding their work environment' (72% versus 77% in 2011). On the latter note, 27% (versus 21%) disagreed that they participate in that type of decision making.

Perceptions About RN's Role In Proactively Advocating For Quality Client Care						
I am now going to read a list of statements about RN's role in proactively advocating for quality client care. I would like for you to tell us your perception - if you 'strongly agree', 'agree', 'disagree', or 'strongly disagree' with each. The first one is …_____						
ROTATE STATEMENTS	**Strongly Agree**	**Agree**	**Disagree**	**Strongly Disagree**	**D.K.**	**N/A**
Nurses in my area of practice promote strategies that support population health						
2013	23%	68%	7%	1	<1%	<1%
2011	22%	69%	5%	<1%	<1%	3%
Nurses in my area of practice have autonomy to make decisions about their professional practice						
2013	23%	61%	13%	3%	<1%	<1%
2011	22%	64%	11%	1%	<1%	1%
Nurses in my area of practice participate in decision making regarding client care standards						
2013	26%	59%	13%	1%	<1%	<1%
2011	26%	62%	9%	1%	<1%	2%
Nurses in my area of practice participate in decision making regarding the work environment						
2013	15%	57%	24%	4%	<1%	<1%
2011	17%	60%	19%	2%	<1%	2%
Nurses in my area of practice take action to improve quality care						
2013	32%	65%	2%	<1%	<1%	<1%
2011	32%	64%	3%	<1%	<1%	2%

Those who 'strongly agreed' with 'Nurses in my area of practice promote strategies that support population health' included a higher than average (23%) proportion of the following:
- Those working in community health (49%)
- Those working in Community Health Centres (46%)
- Those working in an educational institution (41%)

Those who 'strongly agreed' with 'Nurses in my area of practice take action to improve quality care' included a higher than average (32%) proportion of the following:
- Those working in Community Health Centres (51%)

2.2.2   Incidence Of Having Been Involved In A Proactive Action To Improve Quality Of Care In Your Area Of Practice

Members were asked if they had been involved in a proactive action to improve the quality of care in their area of practice during the past year and 68% (up from 61% in 2011) members said they had been.

During the past year, have you yourself been involved in a proactive action to improve the quality of care in your area of practice?				
	2013		2011	
	Frequency	Percent	Frequency	Percent
Yes	272	68	285	61
No	124	31	171	36
Don't know/Not sure	6	2	14	3
Total	402	100.0	470	100.0

Those who indicated being involved in a proactive action to improve the quality of care in their area of practice during the past year included a higher than average (68%) proportion of the following segments:
- Those aged 40 to 49 (77%)
- Those aged 50 to 59 (73%)
- Those aged 60 or more (68%)
- Those with more than 20 years experience (77%)

2.2.3   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, 61% responded 'yes'. This is quite a shift from the two previous surveys (50% in 2011 and 48% in 2007). Correspondingly, 38% said 'no' (versus 50% in 2011 and 51% in 2007.

During the past year in your area of practice, have you had any concerns about client care?				
	2013		**2011**	
	Frequency	Percent	Frequency	Percent
Yes	247	61	250	50
No	154	38	248	50
Don't know/Not sure	1	1	3	0.6
Total	402	100	501	100.0

Those who indicated having concerns about client care during the past year included a higher than average (61%) proportion of the following segments:

- Those working in the Eastern region (72%)
- Those working in Central region (78%)
- Those working in nursing homes (88%)

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

The 61% who indicated having any concerns about client care in the past year were asked what, if anything, they did to resolve the concern. As in previous surveys, the majority said that they 'talked to their supervisor/ manager' (71% versus 66% in 2011 and 74% in 2007). Another 5% (versus 9% in 2011 and 16% in 2007) 'filled out a Professional Practice Occurrence form/referred to the Professional Practice Committee' and 17% (versus 12% in 2011 and 7% in 2007) consulted colleagues/co-workers'. Other alternatives were each mentioned by fewer than 5% of members including, 'referred to others such as doctor/Social Services/Social worker', 'consulted with ARNNL staff/referred to ARNNL's protocol', 'consulted a union rep', 'did a managerial assessment

to correct problem', 'education' and 'spoke with family of client'…among other options. Nevertheless, one individual said 'nothing can be changed' and three individuals indicated that they 'had left their job because they didn't agree with how things were done'.

Thinking about your most recent concern about client safety, what, if anything, did you do to resolve this concern? All responses			
	2013 (N=247)	2011 (N=249)	2007 (N=240)
Consulted my manager/supervisor	71%	66%	74%
Reported problems to higher level employees	-	11%	13%
Filled out a Professional Practice Occurrence form/referred to Professional Practice Committee	5%	9%	16%
Consulted my colleagues/co-workers/spoke with the nurse treating the client	17%	12%	7%
Request for extra staff	-	-	6%
Referred to other such as doctor/Social Services/Social worker	3%	6%	5%
Implemented policies/standards/procedures	-	4%	1%
Consulted with ARNNL staff/referred to ARNNL's protocol	1%	3%	4%
I didn't do anything/didn't report it/nothing can be changed	<1%	1%	3%
Took extra care/spent more time with the client	-	2%	2%
Consulted union rep/filed a grievance	2%	2%	2%
Sought or arranged education	2%	1%	-
Did a managerial assessment to correct problem (action plan)	3%	<1%	1%
Spoke with family of client	1%	<1%	1%
Referred to Nursing Council	-	-	1%
Left job because didn't agree with how things were done	1%	-	-
Other	5%	5%	2%
Don't know	2%	2%	<1%
TOTAL	100.0%	100.0%	100.0%

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

2.2.5   How Successful Were Your Actions In Addressing The Concern About Client Care

Just over six in ten (62% versus 63% in 2011) of the members who had concerns about client care said that they were successful in addressing the concern while 34% (versus 32% in 2011) said they weren't successful.

How successful were your actions in addressing the concern you had about client care?				
	2013		2011	
	Frequency	Percent	Frequency	Percent
Very successful	28	11	46	18
Somewhat successful	125	51	112	45
Not very successful	49	20	45	18
Not successful at all	35	14	36	14
Can't recall/Don't know	10	4	11	4
Total	247	100.0	250	100.0

2.2.6 How Frequently Used ARNNL's Publication Called 'Standards For Nursing Practice'

More than eight in ten (83% versus 70% in 2011) members indicated that they have referred to the Standards for Nursing Practice either 'often' (46% versus 32% in 2011) or 'occasionally' (37% versus 38% in 2011). Another 12% (versus 18% in 2011) said they had 'rarely' referenced it while 6% (versus 12% in 2011) said they never referred to the publication at all.

How frequently have you used ARNNL's 'Standards for Nursing Practice'?						
	2013			2011		
	Frequency	Percent	Cumulative Percent	Frequency	Percent	Cumulative Percent
Often	184	46	46	162	32	32
Occasionally	148	37	83	190	38	70
Rarely	47	12	94	89	18	88
Never	23	6	100	44	9	97
Can't recall/don't know	0	0		16	3	100.0
Total	402	100.0		501	100.0	

Those who indicated using ARNNL's Standards for Nursing Practice 'often' included a higher than average (46%) proportion of the following segments:
- Those with 1 to 10 years experience (58%)
- Those aged 20 to 29 (60%)

2.2.7 Reasons For Consulting ARNNL's 'Standards For Nursing Practice' Publication

When asked why they consulted the Standards for Nursing Practice publication over one in three (36% versus 56% in 2011 and 25% in 2007) members referred to it to 'determine that what they are doing is ethical nursing practice/to take action on a nursing practice or ethical problem at work'. Another 32% (up from 22% in 2011 and 20% in 2007) said that they simply referred to the publication for 'general information/refresher/ to browse through it/see new standards' while 15% (versus 8% in 2011 and 31% in 2007) used it 'for study purposes', 8% for 'information on client care' (versus 2% in 2011 and 3% in 2007) and 6% (versus 3% in 2011 and 9% in 2007) referred to it 'to guide program development'. Other uses were each mentioned by 4% or fewer respondents.

Why did you consult the Standards for Nursing Practice? All responses			
	2007 (N=187)	**2011 (N=439)**	**2013 (N=379)**
For study purposes/used it during participation in an educational program/as a basic nursing student	31%	8%	15%
General information/refresher/review/browse through it/to see new standards	20%	22%	32%
To determine that what you are doing is ethical nursing practice/to take action on an ethical problem/to take action on a nursing practice problem at work	25%	56%	36%
Use it as a research tool	14%	6%	1%
To guide program development	9%	3%	6%
To confirm patient safety issues/to check policies	6%	2%	3%
To justify what you do as a RN/explain to others what RNs do	6%	-	2%
Job requirements for orientation of new staff/teaching	4%	1%	4%
To check legal/libel issues/to check procedure for official inquiry	4%	<1%	3%
Information for client care	3%	2%	8%
Assess your competence to practice	2%	2%	2%
Assess expectations for practice/performance evaluation	1%	<1%	2%
Other	2%	4%	2%
Don't know	8%	6%	10%
TOTAL	100.0%	100.0%	

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

2.2.8   How Frequently Used The Code Of Ethics For Registered Nurses

Over six in ten (63% up from 51% in 2011) of all members indicated that they have referred to the Code of Ethics either often or occasionally (versus 83% for The Standards for Nursing Practice).

Of these 63%, members indicated they referred to The Code of Ethics 'often' (33% versus 24% in 2011) or 'occasionally' (30% versus 27% in 2011). Another 22% (versus 26% in 2011) said they had 'rarely' referenced it while 14% (versus 19% in 2011) said they never referred to the publication at all.

How frequently have you used CNA's Code of Ethics for Nurses?						
	2013			2011		
	Frequency	Percent	Cumulative Percent	Frequency	Percent	Cumulative Percent
Often	132	33	33	118	24	24
Occasionally	122	30	63	136	27	51
Rarely	89	22	85	130	26	77
Never	57	14	99	93	19	95
Can't recall/don't know	2	.5	100.0	24	5	100.0
Total	402	100.0		501	100.0	

Those who indicated using CNA's Code of Ethics 'often' included a higher than average (33%) proportion of the following segments:
- Those aged 20 to 29 (51%)
- Those with 1 to 10 years experience (44%)
- Those in education (39%)

2.2.9   Reasons For Consulting The Code Of Ethics For Registered Nurses

When asked why they consulted the Code of Ethics 41% (versus 56% in 2011 and 23% in 2007) said it was 'to take action on a nursing practice or ethical problem/confirm ethics', 31% (versus 21% in 2011 and 26% in 2007) referred to it for 'self interest/general information/reference/browse through it', 12% (versus 10% in 2011 and 46% in 2007) said they used it 'for study purposes/during participation in an educational program/basic nursing student', 9% (versus 2% in 2011 and 3% in 2007) used it 'to obtain information for client care', 4% (versus 5% in 2011 and 14% in 2007) used the Code of Ethics 'as a research tool' and 4% (2% in 2011 and 5% in 2007) used it 'to guide program development'. Other uses were each mentioned by 2% or fewer of respondents.

Why did you consult the Code of Ethics for Registered Nurses? All responses			
	2007 (N=203)	2011 (N=387)	2013 (N=339)
Self interest/general info/reference/ browse through it	26%	21%	31%
For study purposes/used it during participation in an educational program/as a basic nursing student	46%	10%	12%
To determine that what you are doing is ethical nursing practice/to take action on a nursing practice problem at work/to confirm patients ethics/problems/dilemmas/to take action on an unsafe practice by someone else/to take action on an ethical problem	23%	56%	41%
Use it as a research tool	14%	5%	4%
To guide program development	5%	2%	4%
Job requirements for orientation of new staff/for teaching purposes	4%	2%	3%
To justify what you do as a RN	3%	2%	1%
Information for client care	3%	2%	9%
To be used in an official inquiry	2%	-	-
Assess expectations for practice/for evaluation	2%	2%	-
Explain to other RNs ethical beliefs and values	1%	1%	2%
To discuss issues with a workplace Rep	1%	<1%	-
Involved in the development of this publication	5%	-	-
Other	-	5%	<1%
Don't know	4%	8%	9%
TOTAL	100.0%	100.0%	100%

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

2.2.10 Rating Of The Overall Level Of Professionalism Displayed By RNs In Your Work Setting

Members were asked to rate the overall level of professionalism displayed by RNs in their work setting taking into account things such as attire, attitude towards nursing, demeanour and communication with and respect for clients and colleagues. Based on a scale of '1-10' with 1 being 'very unprofessional' and 10 being 'very professional', on average members gave RNs in their work setting a rating of 8.24 (versus 8.17 in 2011) on overall professionalism. Approximately two thirds of members (65% versus 73% in 2011) of members gave a rating of '8-10' while 25% (versus 21% in 2011) gave a rating of '6-7' and 9% (versus 5% in 2011) gave a rating of '5 or less'.

How would you rate the overall level of professionalism displayed by the RNs in your work setting taking into account things such as attire, attitude towards nursing, demeanor and communications with and respect for clients and colleagues (Mean =8.24 versus8.17 in 2011)	2013			2011		
	Frequency	Percent	Cumulative Percent	Frequency	Percent	Cumulative Percent
1 – Very unprofessional	2	.5	.5	1	.2	.2
2	7	1.7	2.2	0		
3	2	.5	2.7	2	.4	.6
4	3	.7	3.5	3	.6	1.2
5	23	5.7	9.2	19	3.8	5.0
6	32	8.0	17.2	19	3.8	8.8
7	69	17.2	34.3	88	17.6	26.3
8	129	32.1	66.4	166	33.1	59.5
9	70	17.4	83.8	105	21.0	80.4
10 – Very professional	63	15.7	99.5	95	19.0	99.4
DK	2	.5	100.0	3	.6	100.0
Total	402	100.0		501	100.0	

2.3   SUPPORTIVE WORK ENVIRONMENT/PRACTICE ENVIRONMENTS

2.3.1   Perception Of Whether Their Role Has Changed In The Past Year With The Addition Of New Roles/Responsibilities

When asked whether their scope of practice has changed in the past year with the addition of new roles/responsibilities 46% (versus 45% in 2011) of members said yes.

In the past year, has your scope of practice changed with the addition of new roles and responsibilities?	2013		2011	
	Frequency	Percent	Frequency	Percent
Yes	183	45.5	226	45.1
No	217	54.0	273	54.5
Can't recall/Don't know	2	.5	2	.4
Total	402	100.0	501	100.0

2.3.2   Perception Of Having Adequate Support To Meet The Requirements For The New Role Or Responsibility

Eight in ten (81% versus 84% in 2011) of those members who said their scope of practice had changed in the past year with the addition of new roles and/or responsibilities felt that they had adequate support to meet the requirements for the new role or responsibility. This includes 35% (versus 38% in 2011) who said 'completely' and 46% (versus 46% in 2011) who said 'somewhat'. However, 19% (versus 16% in 2011) perceived that they didn't have adequate support for their new role and/or responsibilities.

To what extent do you feel you had adequate support to meet the requirements for the new role or responsibility? **(Asked for the 46% who said that their scope of practice changed in the past year)**						
	2013			2011		
	Frequency	Percent	Cumulative Percent	Frequency	Percent	Cumulative Percent
Completely	64	35	35	86	38	38
Somewhat	85	46	81	104	46	84
Not very much	22	12	93	31	14	98
Not at all	12	6	100	5	2	100
Total	183	100.0		226	100.0	

2.3.3   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 and mentors. Indeed, 92% (versus 91% in 2011) of members indicated that they are 'able to fully use their knowledge and skills in their current role'. Likewise, 77% of members felt that 'there is adequate supports in their work environment to allow them to meet their professional development needs' and 80% (versus 79% in 2011) said that they 'have access to leaders/mentors to help them expand their scope of practice'. In addition, only 21% of members perceived that they 'have been placed in a position of having to work beyond their scope of practice' (versus 19% in 2011).

New to this survey, members were asked whether they agreed or disagreed with the statement 'On average, there are sufficient RNs to provide quality nursing care in my work environment' and 77% of members agreed with this while 23% disagreed.

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.								
2013	42%	50%	**92%**	7%	1%	**8%**	<1%	<1%
2011	37%	54%	**91%**	6%	1%	**7%**	<1%	1%
There is adequate supports in my work environment to allow me to meet my professional development needs								
2013	19%	58%	**77%**	19%	4%	**23%**	<1%	<1%
I have access to leaders/mentors to help me expand my scope of practice								
2013	17%	63%	**80%**	17%	3%	**20%**	<1%	<1%
2011	22%	57%	**79%**	17%	1%	**19%**	<1%	2%
I have been placed in a position of having to work beyond my scope of practice								
2013	3%	16%	**19%**	67%	14%	**81%**	<1%	<1%
2011	3%	18%	**21%**	61%	16%	**76%**	<1%	2%
On average, there are sufficient RNs to provide quality nursing care in my work environment 2013	19%	58%	**77%**	19%	4%	**23%**	<1%	0%

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.	▪ Those aged 60 or more (77%) ▪ Those with more than 20 years experience (48%)	▪ Those aged 30 to 39 (17%)
There is adequate supports in my work environment to allow me to meet my professional development needs	▪ Those employed in Community Health (41%) ▪ Those employed in Community Health Centres (31%) ▪ Those employed in Educational Institutions (35%) ▪ Those in Administration/Management (31%) and Educational areas of responsibility (39%)	▪ Those working in Community Health Centres (31%) ▪ Those employed in Nursing Homes (40%) ▪
I have access to leaders/mentors to help me expand my scope of practice	▪ Those employed in Educational Institutions (50%) ▪ Those in Educational areas of responsibility (46%)	▪ Those aged 30 to 39 ▪ Those employed in Nursing Homes (33%)
I have been placed in a position of having to work beyond my scope of practice	▪ Those aged 60 or more (12%) ▪ Those employed in Community Health Centres (15%)	▪ Those employed in Educational Institutions (88%) ▪ Those employed in Community Health (89%)
On average, there are sufficient RNs to provide quality nursing care in my work environment	▪ Those employed in Community Health (22%)	▪ Those employed in Nursing Homes (61%)

2.3.4 **Extent To Which You Feel Your Work Environment Fosters Mutual Respect And Team Work Among Various Members Of The Interdisciplinary Team**

Members were asked to comment on the extent to which they feel their work environment fosters mutual respect and team work among various members of the interdisciplinary team. Eight in ten (80%) members once again indicated 'a lot' of respect 'among RNs themselves' (versus 80% in 2011 and 71% in 2007). And 90% (versus 85% in 2011) of all members perceived that there is some level of mutual respect and team work among nurses and all other members of the disciplinary team (either 'a lot' or 'a little').

Members indicating 'a lot' of respect among RNs and LPNs' appears to have dropped to 44% this survey (versus 67% in 2011 and 53% in 2007) due to 33% who could not comment on this relationship and said 'not applicable'. Excluding those individuals from the sample results in 65% (versus 67% in 2011 and 53% in 2007) having 'a lot' of respect among RNs and LPNs.

Nearly six in ten (57% versus 50% in 2011 and 48% in 2007) indicated 'a lot' of respect 'among staff nurses and managers in their work environment' while as per last year, 53% (versus 53% in 2011 and 50% in 2007) indicate 'a lot' of respect among nurses and physicians.

Once again 94% (versus 94% in 2011) of members feel their work environment fosters mutual respect and team work among RNs and client/family members, including those who perceived there to be 'a lot' (79% versus 80% in 2011) or 'a little' (15% versus 14% in 2011) respect between those groups.

Extent To Which You Feel Your Work Environment Fosters Mutual Respect And Team Work Among Various Members Of The Interdisciplinary Team (%)								
	A lot	**A little**	**SUB TOTAL**	**Not very much**	**No respect at all**	**SUB TOTAL**	**Refused**	**D.K./NA**
Among RNs								
2013	80	14	**94**	1	<1	**2**	0	4
2011	80	14	**94**	2	0	**2**	<1	4
2007	71	23	**94**	2	<1	**2**	<1	4
Among nurses and other members of the interdisciplinary team (e.g. social workers, physio, pharmacy, etc.)								
2013	70	20	**90**	2	<1	**2**	0	8
2011	67	23	**90**	1	0	**1**	<1	10
2007	67	24	**91**	2	0	**2**	0	7
Among nurses and physicians								
2013	53	36	**89**	6	<1	**6**	0	5
2011	53	37	**90**	4	<1	**4**	0	6
2007	50	40	**90**	5	1	**6**	0	5
Among staff nurses and managers in your work environment								
2013	57	32	**88**	7	1	**8**	0	4
2011	50	35	**85**	9	1	**10**	0	4
2007	48	37	**85**	9	2	**11**	<1	4
Among RN's and LPN's								
2013	65	28	**93**	4	1	**5**	0	1
2011	67	28	**95**	5	0	**5**	0	-
2007	53	38	**91**	7	1	**8**	<1	-
Among RNs and client/family members								
2013	79	15	**94**	2	5	**7**	0	-
2011	80	14	**94**	1	0	**0**	<1	**5**
2007	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

2.4   KNOWLEDGE OF ARNNL

2.4.1   Perceived Role Or Purpose Of The ARNNL

 When asked what they perceive to be the role or purpose of the ARNNL, 60% said it is 'to develop nursing practice standards' (versus 62% in 2011 and 53% in 2007).

Approximately one quarter of members (24% versus 24% in 2011 and 30% in 2007) said it was 'to act as the professional governing body for nurses'. Nearly the same proportion of members (23% versus 31% n 2011 and 23% in 2007) said 'to license nurses' and 22% (versus 13% in 2011 and 14% in 2007) said 'to approve nursing education programs/promote CCP/increase the knowledge base for nurses' while 18% (versus 18% in 2011 and 25% in 2007) said 'to protect the public'.

This year 10% mentioned a role of 'providing general info/guidance regarding nursing practice.

To a much lesser extent some members perceived the role or purpose to be 'to provide legal services' (1% versus 5% in 2011 and 10% in 2007), 'to discipline nurses' (2% versus 6% in 2011 and 3% in 2007), be a voice for patient advocacy/quality care' (3% versus 2% in 2011 and 2007) and 'to promote a positive image of the nursing profession' (5% versus 1% in 2011 and 2% in 2007).

Once again, only 3% of members inaccurately reported that ARNNL is responsible for 'protecting nurses'(versus 3% in 2011 and 14% in 2007) and 8% of members inaccurately perceived that one of ARNNL's role was 'to meet the needs of nurses/address problems' (versus 12% in 2011 and 13% in 2007).

What would you say is the role or purpose of the ARNNL? (All responses)			
	2007 (N=499)	2011 (N=501)	2013 (N=402)
ACCURATE PERCEPTIONS OF ARNNL:			
To develop nursing practice standards	53%	62%	60%
To act as the professional governing body for nurses	30%	24%	24%
To protect the public	25%	18%	18%
To license nurses	23%	31%	23%
To approve nursing education programs/promote/support CCP/ to increase the knowledge base for nurses/continuing education	14%	11%	22%
Re nursing practice - general info/guide/update	-	-	10%
To provide legal services	10%	5%	1%
To discipline nurses	3%	6%	2%
As a voice for patient advocacy/quality care	2%	2%	3%
To promote a positive image of the nursing profession	2%	1%	5%
To deal with unethical situations	2%	1%	-
To update nurses about health care changes/regulations	1%	1%	-
To ensure safe workplaces for nurses	1%	1%	-
As an Ombudsmen for nurses	.4%	.2%	-
Other accurate responses		3%	3%
INACCURATE PERCEPTIONS OF ARNNL:			
To protect nurses	14%	3%	3%
To meet the needs of nurses/address problems	13%	12%	8%
To make money/take their money	.2%	1%	<1%
To get you to go for your Masters	.2%	-	-
Train nurses/teaching	-	.2%	-
Other inaccurate responses		2%	1%
Refused	.4%	-	-
Don't know	9.6%	3%	4%
TOTAL	100.0%	100.0%	

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

2.4.2 Perceive That The ARNNL Plays A Role In Protecting The Public

Over nine in ten (94% versus 93% in 2011) of all members perceived that ARNNL plays a role in protecting the public including 16% (versus 17% in 2011) who mentioned this on an unaided basis (as noted in the previous section) as one of the Association's roles and 78% (versus 76% in 2011) who acknowledged it on an aided basis.

Do you think that the ARNNL plays a role in protecting the public? (asked of those members who did not mention it on unaided basis)				
	2013		2011	
	Frequency	Percent	Frequency	Percent
Yes	315	93	382	92
No	13	4	11	3
Don't know/not sure	11	3	24	6
Total	339	100	417	100
Aided		78		76

2.4.3 How Perceive That The ARNNL Plays A Role In Protecting The Public

The 94% of members who perceived that ARNNL plays a role in protecting the public were asked how the Association does that. Overall 77% (versus 69% in 2011) of members mentioned a response related to 'intervening in unacceptable nursing practices' and 66% (versus 53% in 2011) of members said something related to 'promoting good nursing practice'.

More specifically, just over one third (35% versus 37% in 2011) members felt that the ARNNL does this by 'developing nursing practice standards' while 36% (versus 28% in 2011) said 'to ensure nurses work within their scope of practice', 15% (versus 19% in 2011) said 'to discipline nurses'. 14% (versus 8% in 2011) said 'to ensure nurse competencies' and 13% (versus 8% in 2011) said 'to license nurses'. Other comments were each mentioned by 6% of members or less as shown in the table that follows.

How do you think that ARNNL plays a role in protecting the public? All mentions			
	Frequency	Percent	
INTERVENING IN UNACCEPTABLE NURSING PRACTICE	2011	2013	
To ensure nurses work within scope of practice/Meeting ARNNL standards	28%	36%	
It disciplines nurses	19%	15%	
They ensure nurses' competencies	8%	14%	
It deals with unethical situations	3%		
It intervenes in unacceptable nursing practice	3%		
Maintains standard of care (practice)	3%		
Protect public over nurses	2%	6%	
Public has two members on the board - available to public		5%	
Deals with complaints from public	1%	1%	
Support RN's if there is an issue	1%		
Problems with patient and nurses. To prevent adverse problems	<1%		
Don't like being published on-line	<1%		
Inform media	<1%		
Mediate	<1%		
Counseling for nurses	<1%		
From Malpractice	<1%		
PROMOTING GOOD NURSING PRACTICE			
ARNNL develops nursing practice standards	37%	35%	
It license nurses	8%	13%	
It is a voice for patient advocacy/ quality care	3%	5%	
It provides continuing education	3%	6%	
Making people more aware of issues and responsibilities	3%	1%	
It works on public policy	2%		
It approves nursing education programs	2%		
It provides consultation services	2%		
It updates nurses about health care changes/regulations	1%		
To act in a professional manner	1%		
Governing body	1%	1%	
Competency	1%		
Confidentiality/privacy policy	1%	<1%	
Patient advocate	1%		
It sets NP practice	<1%		
Kept up to date with information	<1%	2%	
Advocate for nurses	<1%	1%	
CCP	<1%	1%	
A lot of research and efforts to protect client	<1%		

Advocate to government for policy	<1%	1%	
Increased standards cause more for public than nurses…no benefit from ARNNL	<1%		
Work on committees with government to get better working co conditions for nurses – more nurses per shift	<1%		
By being a self regulated body	<1%		
They create what we are suppose to be doing - but it has changed within the last year	<1%		
CCP important because some nurses need a push to self educate	<1%		
Work with nurses and clients	<1%		
OTHER			
Safety	1%		
Public are patients	<1%		
Community Health Nurses	<1%		
Visiting schools	<1%		
They don't play a strong enough role in speaking out - too private	<1%		
Training	<1%		
Professional body		1%	
Concerns for work environment		<1%	
Website shows practicing nurses and anyone can view		<1%	
DON'T KNOW	3%	3%	

2.4.4 Reasons For Perceiving That The ARNNL Does NOT Play A Role In Protecting The Public

Only 6% of all members surveyed perceived that the ARNNL does not play a role in protecting the public. Those members were asked why not. And 42% (versus 79% in 2011) of this small segment couldn't articulate a reason for feeling that way. Nevertheless, some reasons included 'not their role/role of NLNU', 'responsibility of the hospital/health care provider', 'don't see the need', and 'to protect themselves'.

2.5 LEADERSHIP

2.5.1 Incidence Of Participating In Any Formal Or Informal Leadership Development Initiatives In The Past Year Either In Your Practice, Profession Or Community

Members were asked if they have participated in any formal or informal leadership development initiatives in the past year either in their practice, profession or community and 36% (versus 37% in 2011) members indicated that they have done so.

Have you participated in any formal or informal leadership development initiatives in the past year either in your practice, profession or community?				
	2013		2011	
	Frequency	Percent	Frequency	Percent
Yes	143	36	187	37
No	257	64	312	62
Refused	2	1	1	.2
Can't recall/Don't know	-	-	1	.2
Total	402	100	501	100.0

Those who indicated that they had participated in any informal or formal leadership development initiatives in the past year included a higher than average (36%) proportion of the following segments:
- Those working in admin/management (67%)
- Those whose primary area of responsibility is in education (58%)
- Those working in community health (46%)
- Those working in nursing homes (42%)
- Those working in educational institutions (53%)

Those who indicated that they had not participated in any informal or formal leadership development initiatives in the past year included a higher than average (64%) proportion of the following segments:
- Those working in direct care (70%)
- Those working in a hospital (68%)

2.5.2   What Formal Or Informal Leadership Development Initiatives Participated In The Past Year Either In Your Practice, Profession Or Community

Members were asked about any formal or informal leadership development initiatives in which they have participated in the past year either in their practice, profession, or community. Among the 36% (versus 37% in 2011) who indicated taking part in any of these types of initiatives, 43% of this segment (versus 33% in 2011) indicated attending conferences followed by 'committee participation at work' (36% versus 20% in 2011), 'post-basic courses/modules/certificates' (22% versus 19% in 2011), 'reading journals/articles' (36% versus 15% in 2011), 'participated in ARNNL-related activities including special interest groups/workplace reps' (8% versus 14% in 2011).

To a lesser extent some members indicated participating in the following: 'community/school/council' (7% versus 8% in 2011), 'volunteering – advocating for health and well being' (10% versus 8% in 2011), 'nursing degree program' (6% versus 7% in 2011), 'NLNU related activities' (5% versus 6% in 2011), and 'preceptor for nurses' (4% versus 5% in 2011). Other initiatives were mentioned by fewer of the members as noted in the table that follows.

What formal or informal leadership development initiatives have you participated in within the past year either in your practice, profession or community?				
	2013		2011	
	Frequency	Percent	Frequency	Percent
Conferences	61	43	63	33
Reading journals/articles	52	36	29	15
Committee participation at work	51	36	37	20
Post-basic courses/modules/certificates	32	22	35	19
Volunteering – advocating for health and well-being	14	10	15	8
Participated in ARNNL-related activities	12	8	27	14
Community/school/council	10	7	15	8
Nursing degree program	8	6	13	7
Participated in NL Nurses Union related activities	7	5	11	6
Other degree program	5	3	7	4
Preceptorship	6	4	9	5

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

2.5.3   Incidence Of Participating In A Community Activity In Either A Professional Or Volunteer Capacity In The Past Year

Just over one in three (35% versus 39% in 2011 who said they did so to promote health) members indicated that they have participated in a community activity in either a professional or volunteer capacity in the past year.

In the past year have you participated in a community activity in either a professional or volunteer capacity?

	Frequency	Percent
Yes	140	34.8
No	261	64.9
Don't know/not sure	1	.2
Total	402	100.0

Those who indicated that they had participated in a community activity in either a professional or volunteer capacity included a higher than average (35%) proportion of the following segments:
- Those in the Eastern region (46%)

- Those in the rest of the Avalon outside St. John's (41%)
- Those in Labrador-Grenfell region (49%)
- Those working in community health (54%)
- Those working in Community Health Centres (62%)
- Those working in nursing homes (42%)

2.5.4   Incidence Of Voting In Political Elections

Just over nine in ten members indicated this year (92%) and in 2011 (91%) that they vote in political elections, as compared to 88% in 2007 who reported that they had voted in a previous provincial election.

Do you vote in political elections?				
	2013		2011	
	Frequency	Percent	Frequency	Percent
Yes	368	92	458	91
No	34	9	36	7
Refused	-	-	7	1
Total	402	100	501	100

Incidence Of Voting In Most Recent Various Elections (Asked in May 2007)	
	Yes
Previous provincial election	88%
Previous federal election	86%
Previous municipal election	79%
Previous ARNNL council election	52%

2.6   NURSING MANAGEMENT

2.6.1   Incidence Of Currently Being In A Management Role

All members were asked if they are currently in a management role and 12% (versus 8% in 2011 and 12% in 2007) indicated that they were.

Are you currently in a management role?				
	2013		2011	
	Frequency	Percent	Frequency	Percent
Yes	47	12	42	8
No	354	88	457	91
Refused	-	-	1	.2
Don't know/not sure	1	.2	1	.2
Total	402	100.0	501	100.0

2.6.2   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 3.11 (versus 2.93 in 2011 and 2.71 in 2007).

Almost 8 out of 10 (79% versus 82% in 2011 and 83% in 2007) of these members gave a rating or '5 or less'. Only 10% (versus 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?	2013			2011		
	Frequency	Percent	Cumulative Percent	Frequency	Percent	Cumulative Percent
1 - Not likely	189	53.2	53.2	255	55.6	55.6
2	18	5.1	58.3	25	5.4	61.0
3	20	5.6	63.9	24	5.2	66.2
4	17	4.8	68.7	32	7.0	73.2
5	38	10.7	79.4	39	8.5	81.7
6	21	5.9	85.4	18	3.9	85.6
7	17	4.8	90.1	24	5.2	90.8
8	16	4.5	94.6	18	3.9	94.8
9	3	.8	95.5	9	2.0	96.7
10 – Very likely	16	4.5	100.0	14	3.1	99.8
Don't know	-			1	.2	100.0
Total	355	100.0		459	100.0	

2.7   THE CANADIAN NURSES PROTECTIVE SOCIETY

New to this survey, members were asked to rate the Canadian Nurses Protective Society risk management information, advice and education services. Based on a scale of '1-10' with 1 being 'not at all valuable' and 10 being 'very valuable', on average members gave CNPS a rating of 7.25. Approximately four in ten (38%) members gave a rating of '8-10' while 24% gave a rating of '6-7' and 16% gave a rating of '5 or less'.

How would you rate the Canadian Nurses Protective Society risk management information, advice and education services

		Frequency	Percent	Cumulative Percent
Valid	Not at all valuable	4	1.0	1.0
	2	3	.7	1.7
	3	6	1.5	3.2
	4	7	1.7	5.0
	5	44	10.9	15.9
	6	24	6.0	21.9
	7	73	18.2	40.0
	8	81	20.1	60.2
	9	24	6.0	66.2
	Extremely valuable	48	11.9	78.1
	Don't know	88	21.9	100.0
	Total	402	100.0	

Overall, 16% of members surveyed reported that they had used CNPS's risk management information, advice or education services.

Have you used CNPS's risk management information advice or education services

	Frequency	Percent
Yes	64	15.9
No	320	79.6
Don't know/not sure	18	4.5
Total	402	100.0

2.8   DEMOGRAPHICS

2.8.1 Years Of Nursing Experience Of Respondents

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

Years of Nursing Experience (recoded)				
	2013		2011	
	Frequency	Percent	Frequency	Percent
1 to 10 years	131	33	136	27.1
11 to 20 years	94	23	140	27.9
More than 20 years	177	44	225	44.9
Total	402	100.0	501	100.0

2.8.2   Primary Area off Responsibility of Respondents

Approximately eight in ten (82% versus 83% in 2011 and 82% in 2007) respondents reporting working in 'direct care' while 9% (versus 9% in 2011 and 11% in 2007) said 'administration/management', 7% said 'education' (us 5% in 2011 and 2007) and another 3% mentioned 'other' areas of responsibility.

Which of the following is your primary area of responsibility?				
	2013		2011	
	Frequency	Percent	Frequency	Percent
Direct care	328	82	418	83
Admin/Management	36	9	46	9
Education	26	7	27	5
Other	12	3	10	2
Total	402	100.0	501	100.0

2.8.3   Type Of Agency Respondents Work In

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

Type of Agency Work in (recoded)				
	2013		2011	
	Frequency	Percent	Frequency	Percent
Hospital (including Rehab)	275	69	350	70
Community Health (VON, Home Care, Community Mental Health)	37	9	45	9
Nursing home (including Long-term Care)	33	8	37	7
Community Health Centre (including Nursing Stations)	13	3	22	4
Education Institution	17	4	12	2
Other	27	7	32	6
Refused	0	0	2	.2
Don't know	0	0	1	.2
Total	402	100.0	501	100.0

2.8.4 Age Of Respondents

The majority of the respondents were aged '40 to 49' (32% versus 35% in 2011), followed by the segments of '30 to 39' (24% versus 27% in 2011), '50 to 59' (22% as in 2011), '20 to 29' (17% versus 12% in 2011) and those aged '60 or more' (4% versus 5% in 2011).

To which following age group do you belong?				
	2013		2011	
	Frequency	Percent	Frequency	Percent
20 to 29	70	17	58	12
30 to 39	96	24	133	27
40 to 49	129	32	173	35
50 to 59	9	22	112	22
60 or more	17	4	25	5
Total	402	100.0	501	100.0

2.8.5 Gender Of Respondents

As in previous surveys, nearly all (96% versus 96% in 2011 and 97% in 2007) of the respondents were female and 4% were male.

Gender of Respondents				
	2013		2011	
	Frequency	Percent	Frequency	Percent
Male	18	4.5	22	4.4
Female	384	95.5	479	95.6
Total	402	100.0	501	100.0

2.8.6   Location Of Respondents

Over four in ten (43% versus 49% in 2011 and 39% in 2007) of the members resided in St. John's while 6% (versus 9% in 2011 and 17% in 2007) were from the rest of the Avalon. Another 10% (versus 10% in 2011 and 11% in 2007) were in the Eastern (outside of Avalon) region, 16% (versus 12% in 2011 and 16% in 2007) were in Central, 17% in Western (versus 14% in 2011) and 9% resided in the Labrador-Grenfell region (versus 7% in 2011).

Location of Respondents				
	2013		2011	
	Frequency	Percent	Frequency	Percent
St. John's	172	43	243	49
Rest of Avalon	22	6	43	9
Eastern	39	10	48	10
Central	64	16	62	12
Western	70	17	69	14
Labrador-Grenfell	35	9	36	7
Total	402	100.0	501	100.0

3.0   RESEARCH OBJECTIVES AND METHODOLOGY

3.1   OVERALL OBJECTIVES

ARNNL commissioned a Benchmark Study in 2003. In 2007 and 2011, the Association followed up on the 2003 study and this research investigation is a follow up to the 2011 study. The overall objective of this Tracking Study in 2013 was to investigate members' feedback on the following key areas:
- Continuing Education
- Safety/Quality Care Issues
- Supportive Work Environment/Practice Environments
- Knowledge Of The ARNNL
- Leadership
- Nursing Management

Some areas of investigation that were used in the 2011 questionnaire were modified for this study and new areas were also added to this year's questionnaire. Where the questions were consistent between the last three 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 82% are in 'direct care' (versus 9% in admin/management and 7% in education) and 70% work in hospitals (versus 9% in community health, 7% in nursing homes, 3% in Community Health Centres, and 4% 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"

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.

A quota of 400 interviews was set from a random sample of ARNNL members. A total of 402 interviews were completed providing a statistical margin of error $\pm$ 4.9% at the 95% level of confidence (19 times out of 20).

The following table shows the completion rate based on the actual contacts made with the rates being very consistent between the 2007 and 2011 surveys.

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

b) Interview Timing and Results

Interviewing was conducted from Feb 22nd to March 8th, 2013. Each interview was approximately 12 to 18 minutes in duration. A total of 402 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 shortomings.

APPENDICES – Available on Request

Please send an email to info@arnnl.ca to request a copy of the appendices.