

February 2015

**ARNNL Member Survey
On Progress Towards Ends
Research Report**

Prepared For:

**ARNNL
Military Rd.
St. John's, NL
A1C 2C5**

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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 and this year. The overall objective of this Tracking Study in 2015 was to investigate members' feedback on the following key areas:

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

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 84% are in 'direct care' (versus 7% in admin/management and 7% in education) and 64% work in hospitals (versus 12% in community health, 9% in nursing homes, 5% in Community Health Centres, 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 500 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 February 13th to 23rd, 2015.

The following table shows the completion rate based on the actual contacts made with the rates being very consistent with past surveys.

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

➤ Continuing Education

- **Level of agreement or disagreement with various statements about the possible influence of ARNNL's Continuing Competence Program**
 - It appears that ARNNL's CCP continues to have a positive impact on members, albeit to a lesser extent this year than 2 years ago.
 - 72% (versus 80% in 2013 and 75% in 2011) - CPP has 'influenced their nursing practice in a positive way'
 - 66% (versus 71% in 2013 and 63% in 2011) - CPP has 'increased their participation in professional development'
 - New to this survey, 77% agreed that CPP has 'helped them to identify areas to strengthen in their practice'.

- **Nurse ONE**
 - New to this survey, members were asked if they used NurseOne in the past year and approximately one in three (34%) members said that they had.
 - 20% of that segment used it at least weekly
 - 46% used it at least once on a monthly basis
 - 25% indicated that they use it on a quarterly basis
 - 30% said that they use NurseOne less than four times a year.

➤ **Leadership**

▪ **Preceptor**

- Over four in ten (43%) members indicated that they acted as a preceptor in the past year. Another 40% said they hadn't and 17% volunteered that doing so was not applicable to them.
- Consequently, of those who were eligible to act as a preceptor, 52% did so.
- The main reason mentioned by 24% of those not for not acting as a preceptor was due to the member being 'new to the area/job' or 'junior'. Another 20% said they had 'no time' or were 'too busy' while 17% said it was because they 'were not asked' and 12% said it was because they are 'part-time/casual worker' and therefore ineligible. For another 11% it was because there 'were no students/not enough students' to mentor. Only 4% of those not participating said it was because they 'were not interested'

▪ **Mentor**

- All members were asked if they had acted as a mentor and nearly two thirds (64%) said they had, 25% said they hadn't and 11% said it wasn't applicable to them.
- Consequently, 70% of those eligible to act as a mentor did so in the past year.
- The main reason mentioned by 31% of those not for not acting as a mentor was due to the member being 'new to the area/job' or 'junior'. Another 20% said it was because they 'were not asked', 15% said it was because they had 'no time' or were 'too busy' and 12% said it was because they are 'part-time/casual worker' and therefore ineligible. For another 9% it was because there 'were no students/not enough students' to mentor. Only 6% of those not participating said it was because they 'were not interested'.

▪ **Incidence of participating in any formal or informal leadership development initiatives in the past year either in your practice, profession or community**

- 53% (versus 36% in 2013 and 37% in 2011) indicated that they have

➤ **Nursing Management**

- **Currently in a management role**
 - 11% (versus 12% in 2013, 8% in 2011 and 12% in 2007) indicated being in a management role
- **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 2.8 (versus 3.11 in 2013, 2.93 in 2011 and 2.71 in 2007).
 - 82% - (versus 79% in 2013, 82% in 2011 and 83% in 2007) of these members gave a rating of ‘5 or less’.
 - 7% (down from 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’.

➤ **Professionalism**

- **Rating of the overall level of professionalism of RNs in their area of responsibility**
 - In the past 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’. This year the wording changed to ‘rate the overall level of professionalism displayed by the RNs in your area of responsibility taking into account such things as behaviours, qualities, values, and attitudes that demonstrate the RN is accountable, knowledgeable, visible and ethical’...so please keep this in mind when comparing this year’s ratings to prior years.
 - Average rating of 8.54 on a scale of 1 to 10 (versus 8.24 in 2013 and 8.17 in 2011)
 - 82% (versus 65% in 2013 and 73% in 2011) - gave a rating of ‘8-10’
 - 12% (versus 25% from 2013 and 21% in 2011) - gave a rating of ‘6-7’
 - 4% (versus 9% in 2013 and 5% in 2011) - gave a rating of ‘5 or less’
- **Comparison of the level of professionalism to last year**
 - 18% - of members perceived that the level of professionalism has increased since last year.
 - 8% - felt that the level had decreased
 - 70% - felt that it had ‘stayed the same’.

- **Awareness of ARNNL’s efforts to promote professionalism**
 - New to this survey, members were asked if were aware of ARNNL’s efforts to promote professionalism
 - 86% said they were.
- **Examples provided of ARNNL’s activities or initiatives to promote professionalism**
 - The 86% of members who said they were aware of the Association’s efforts to promote professionalism were asked to provide examples.
 - 40% - ‘new dress code/new black and white uniforms’.
 - 23% - ‘monthly newsletter/literature/magazines/ bulletins’
 - 13% - ‘teleconferences/continuing education/in-service
 - 11%- ‘CPP/encouraging certification for licensing’

➤ **Communication**

- **Rating of the level of communication and collaboration among members of the interdisciplinary team (team meaning RNs, LPNs, NPs, physicians, managers, clients, family members, and others)**
 - New to this survey, members were asked to rate the quality of communication and collaboration among members of the interdisciplinary team.
 - On average, members gave this area a rating of 7.64.
 - 60% of members gave a rating of ‘8-10’
 - 37% gave a rating of 7 or less including 27% who gave a rating of ‘6-7’ and 11% who gave a rating of ‘1-5’.
- **Particular groups or disciplines that caused members to give a rating of 7/10 or less on the level of communication and collaboration among members of the interdisciplinary team**
 - Of the 37% of members who gave a rating of ‘7 or less’ on the quality of communication and collaboration among members of the interdisciplinary team there were three ‘groups’ of staff that caused them to give a less than positive rating:
 - 26% - ‘Management/Managers/Administration’
 - 24% - ‘Doctors/physicians’
 - 25% - ‘Lack of communication/collaboration between all groups’

- **Comparison of the level of communication and collaboration among members of the interdisciplinary team to last year**
 - New to this survey, members were asked about whether the quality of communication and collaboration has changed over the past year.
 - 57% of members felt that the quality of communication and collaboration has ‘stayed the same’ over the past year.
 - 27% felt that the quality has increased
 - 13% felt that it has decreased.

➤ **Supportive Work Environment/Practice Environments**

- **Perception of whether their scope of practice has changed in the past year with the addition of new roles/responsibilities**
 - 50% (versus 46% in 2013 and 45% in 2011) said ‘yes’
- **Perception of having adequate support to meet the requirements for the new role or responsibility**
 - 87% (versus 81% in 2013 and 84% in 2011) felt that had adequate support to meet the requirements for the new role or responsibility
 - This includes 34% (versus 35% in 2013 and 38% in 2011) who said ‘completely’ and 53% (versus 46% in 2013 and 2011) who said ‘somewhat’
 - 13% (down from 19% in 2013 and 16% in 2011) perceived that they didn’t have adequate support
- **Level of agreement with a number of statements relating to their practice environment**
 - 94% (versus 92% in 2013 and 91% in 2011) - agreed that they ‘are able to fully use their knowledge and skills in their current role’
 - 81% (versus 77% in 2013) – agreed that ‘there are adequate supports in their work environment to allow them to meet their professional development needs’
 - 83% (versus 80% in 2013 and 79% in 2011) - agreed that they ‘have access to leaders/mentors to help them expand their scope of practice
 - 46% (versus 51% in 2013) agreed that ‘there are sufficient RNs to provide quality nursing care in my work environment’
 - New to this survey 89% agreed that they ‘have access to appropriate forums to resolve professional practice or ethical issues’

- **Level of agreement with a number of statements about the model of care delivery used in their practice environment (new to this survey).**
 - 85% agree – It allows RNs to work to their full scope of practice
 - 74% agree – It enables RNs to develop therapeutic relationships with clients
 - 72% agree – It supports continuity of client care
 - 63% agree – It allows for safe and appropriate RN-to-Client assignment

- **How frequently used the ARNNL publication called ‘Standards For Nursing Practice’**
 - 69% (versus 83% in 2013 70% in 2011) - referred to this publication ‘often’ (29% versus 46% in 2013 and 32% in 2011) or ‘occasionally’ (40% versus 37% in 2013 and 38% in 2011)
 - 19% (versus 12% in 2013 and 18% in 2011) - rarely
 - 11% (versus 6% in 2013 and 9% in 2011) - never
 - 88% of members had referred to this publication at some point (versus 95% in 2013 and 88% in 2011).

- **Reasons for consulting the Standards For Nursing Practice publication**
 - 35% (versus 36% in 2013, 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
 - 32% (versus 32% in 2013, 22% in 2011 and 20% in 2007) - general info/to browse through it/see new standards
 - 8% (versus 15% in 2013, 8% in 2011 and 31% in 2007) - for study purposes/educational program/basic nursing student

- **How frequently used the Code of Ethics for Registered Nurses**
 - 47% (down significantly from 63% in 2013 and versus 51% in 2011) - referred to this publication ‘often’ (18% versus 33% in 2013 and 24% in 2011) or ‘occasionally’ (29% versus 30% in 2013 and 27% in 2011)
 - 25% (versus 22% in 2013 and 26% in 2011) said ‘rarely’
 - 27% (up significantly from 14% in 2013 and 19% in 2011) said ‘never’
 - 72% of all members indicate that they have used or referred to The Code of Ethics at some time (down from 85% in 2013 and 77% in 2011)

- **Reasons for consulting the Code of Ethics**
 - 41% (versus 41% in 2013, 56% in 2011 and 23% in 2007) – for ethical/safety issues/problems at work
 - 30% (versus 31% in 2013, 21% in 2011 and 26% in 2007) - to browse through it/self interest/general info/reference
 - 5% (versus 12% in 2013, 10% in 2011 and 46% in 2007) - for study purposes/participation in an educational program/basic nursing student
 - 5% for ‘job requirements for orientation of new staff/for teaching purposes

➤ **Safety/Quality Care**

- **Level of agreement or disagreement with various statements about RN’s role in proactively advocating for quality client care**
 - It appears that members feel they proactively advocate for quality client care whenever they can
 - 93% (versus 97% in 2013 and 96% in 2011) agree that they ‘take action to improve quality care’
 - 92% (versus 85% in 2013 and 88% in 2011) agree that they ‘participate in decision making regarding client care standards’
 - 86% (versus 84% in 2013 and 86% in 2011) agree that they ‘have autonomy to make decisions about their professional practice’
 - 88% (new to this survey) agree that they ‘advance awareness of health promotion, illness prevention, and management of chronic diseases’
- **Incidence of having been involved in a proactive action to improve quality of care in their area of practice**
 - 60% (down from 68% in 2013 and 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**
 - 56% (versus 61% in 2013, 50% in 2011 and 48% in 2007) said ‘yes’

- **What, if anything, they did to resolve the concern**
 - 69% (versus 71% in 2013, 66% in 2011 and 74% in 2007) - ‘consulted their manager/supervisor’
 - 14% (versus 5% in 2013, 9% in 2011 and 16% in 2007) - ‘filled out a Professional Practice Occurrence form/referred to the Professional Practice Committee’
 - 11% (versus 17% in 2013, 12% in 2011 and 7% in 2007) - ‘consulted colleagues/co-workers’
 - 11% (versus 3% in 2013, 6% in 2011 and 5% in 2007) - ‘consulted others such as doctor/Social Services/Social worker’

- **How successful in addressing the concern**
 - 63% (versus 62% in 2013 and 63% in 2011) were successful in addressing their concerns
 - 18% (versus 20% in 2013 and 18% in 2011) - not very successful
 - 15% (versus 14% in 2013 and 2011) - not successful at all
 - 3% (versus 4% in 2013 and 2011) - can’t recall/don’t know

- **Incidence of participating in a community activity either in a professional or volunteer capacity in the past year that advances awareness of the importance of health promotion, illness prevention or management of chronic diseases**
 - 37% (versus 35% in 2013 and 39% in 2011 who said they did so to promote health) indicated that they have

➤ **Knowledge Of The ARNNL**

- **Perceived role or purpose of the ARNNL**
 - 56% (versus 60% in 2013, 62% in 2011 and 53% in 2007) - ‘to develop nursing practice standards’
 - 23% (versus 24% in 2013 and 2011 and 30% in 2007) - ‘to act as the professional governing body for nurses’
 - 20% (versus 18% in 2013 and 2011 and 25% in 2007) - ‘to protect the public’
 - 11% (versus 23% in 2013, 31% in 2011 and 23% in 2007) - ‘to license nurses’
 - 7% (versus 5% in 2013, 1% in 2011 and 2% in 2007) – ‘to promote a positive image of the nursing profession’
 - 6% (versus 22% in 2013, 13% in 2011 and 14% in 2007) - ‘to approve nursing education programs/support CCP/continuing education’
 - 6% versus 10% in 2013 - ‘to provide general information/guidance regarding nursing practice’

- 2% (versus 2% in 2013, 6% in 2011 and 2% in 2007) - ‘to discipline nurses’
 - 2% (versus 1% in 2013, 5% in 2011 and 10% in 2007) - ‘to provide legal services’
 - 18% (versus 3% in 2013 and 2011 and 14% in 2007) of members inaccurately perceived that ARNNL is responsible for ‘protecting nurses’
 - 10% (versus 8% in 2013, 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**
 - 97% (versus 94% in 2013 and 93% in 2011) of all members perceived that ARNNL plays a role in protecting the public
 - This includes 20% (versus 16% in 2013 and 17% in 2011) who mentioned this on an unaided basis as one of the Association’s roles and 77% (versus 78% in 2013 and 76% in 2011) who acknowledged it on an aided basis.
 - **Participation in an ARNNL activity in the past year**
 - New to this survey members were asked whether they participated in an ARNNL activity in the past year such as document review, committee, workshop, education, etc.
 - 34% indicated they had participated
 - **Incidence of whether participation in an ARNNL activity increased their understanding of ARNNL’s role**
 - Of the 34% of members who indicated participating in an ARNNL activity in the past year, 75% said that this helped to increase their understanding of ARNNL’s role.
 - **Voting behaviour in various elections**
 - 87% (versus 92% in 2013 and 91% in 2011) - indicated they vote in political elections

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 continues to have a positive impact on members, albeit to a lesser extent this year than 2 years ago. Indeed, 72% (versus 80% in 2013 and 75% in 2011) agreed that the program has 'influenced their nursing practice in a positive way' and approximately 66% (versus 71% in 2013 and 63% in 2011) said the CPP has 'increased their participation in professional development'. New to this survey, 77% agreed that CPP has 'helped them to identify areas to strengthen in their practice'.

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 _____.						
	Strongly Agree	Agree	Disagree	Strongly Disagree	D.K. (vol)	Did not Participate
The CCP has influenced my nursing practice in a positive way.						
2015	12%	60%	23%	3%	1%	1%
2013	20%	60%	16%	2%	1%	<1%
2011	13%	62%	19%	4%	2%	<1%
The CCP has increased my participation in professional development.						
2015	14%	52%	30%	3%	<1%	1%
2013	19%	53%	26%	1%	1%	<1%
2011	14%	49%	30%	5%	2%	<1%
The CCP has helped me to identify areas to strengthen in my practice.						
2015	12%	65%	18%	4%	<1%	1%

2.1.2 Incidence of Using NurseONE in the Past Year

New to this survey, members were asked if they used NurseOne in the past year and approximately one in three (34%) members said that they had.

Have you used NurseONE in the past year?

		Frequency	Percent
	Yes	171	34.2
	No	307	61.4
	Don't know/not sure	22	4.4
	Total	500	100.0

Those who indicated that they had used NurseOne in the past year included a higher than average (34%) proportion of the following segments:

- Those working in admin/management (46%)
- Those working in education (41%)
- Those aged 60 or more (47%)
- Those in Labrador-Grenfell (46%)

2.1.3 Frequency of Using NurseONE in the Past Year

Of those who had used NurseOne in the past year, 20% used it at least weekly while 46% used it at least once on a monthly basis. Another 25% indicated that they use it on a quarterly basis and 30% said that they use NurseOne less than four times a year.

Approximately how often have you used NurseONE in the past year?

		Frequency	Percent	Cumulative Percent
	Daily	12	7.0	7.0
	Weekly	22	12.9	19.9
	Monthly	44	25.7	45.6
	Quarterly	42	24.6	70.2
	Less than 4 times last year	51	29.8	100.0
	Total	171	100.0	

2.2 LEADERSHIP

2.2.1 Incidence of Acting as a Preceptor in the Past Year

Over four in ten (43%) members indicated that they acted as a preceptor in the past year. Another 40% said they hadn't and 17% volunteered that doing so was not applicable to them. Consequently, of those who were eligible to act as a preceptor, 52% did so.

In the past year, have you acted as a preceptor?

	Frequency	Percent
Yes	215	43.0
No	201	40.2
Not applicable to me	83	16.6
Don't know/not sure	1	.2
Total	500	100.0

Those who indicated that they had acted as a Preceptor in the past year included a higher than average (43%) proportion of the following segments:

- Those working in community health (76%)
- Those working in community health centres (50%)
- Those with 11-20 years of nursing experience (48%)
- Those aged 40 to 49 (48%)

2.2.2 Reasons for Not Acting as a Preceptor

The main reason mentioned by 24% of those not for not acting as a preceptor was due to the member being 'new to the area/job' or 'junior'. Another 20% said they had 'no time' or were 'too busy' while 17% said it was because they 'were not asked' and 12% said it was because they are 'part-time/casual worker' and therefore ineligible. For another 11% it was because there 'were no students/not enough students' to mentor. Only 4% of those not participating said it was because they 'were not interested'.

Why did you not act as a Preceptor in the past year? (All Mentions)

	Frequency	Percent
New/Inexperienced/Junior/Recent/Done by Senior staff in Dept/New to area/job	49	24%
No time/Too busy/No opportunity/Not appropriate	40	20%
Not asked	35	17%
Part-time/Casual worker/Ineligible	24	12%
No Students/Not enough students	23	11%
Not interested/Didn't want to	9	4%
Inappropriate facility	7	3%
On leave	7	3%
No reason/Didn't have to do it/Not part of my job	6	3%
Don't know	6	3%
No formal mentoring program/Preceptor	1	0%
Total	203	100%

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

2.2.3 Incidence of Acting as a Mentor in the Past Year

All members were asked if they had acted as a mentor and nearly two thirds (64%) said they had, 25% said they hadn't and 11% said it wasn't applicable to them. Consequently, 70% of those eligible to act as a mentor did so in the past year.

In the past year have you acted as a mentor?

	Frequency	Percent
Yes	319	63.8
No	125	25.0
Not applicable to me	55	11.0
Don't know/not sure	1	.2
Total	500	100.0

Those who indicated that they had acted as a Mentor in the past year included a higher than average (64%) proportion of the following segments:

- Those working in community health (80%)
- Those working in nursing homes (72%)
- Those aged 40 to 49 (71%)
- Those aged 50 to 59 (71%)
- Those in the Eastern region (81%)

2.2.4 Reasons for Not Acting as a Mentor in the Past Year

The main reason mentioned by 31% of those not for not acting as a mentor was due to the member being ‘new to the area/job’ or ‘junior’. Another 20% said it was because they ‘were not asked’, 15% said it was because they had ‘no time’ or were ‘too busy’ and 12% said it was because they are ‘part-time/casual worker’ and therefore ineligible. For another 9% it was because there ‘were no students/not enough students’ to mentor. Only 6% of those not participating said it was because they ‘were not interested’.

Why not acted as a mentor in the past year (All Mentions)

	Frequency	Percent
New/Inexperienced/Junior/Recent/Done by Senior staff in Dept/New to area/job	40	31%
Not asked	25	20%
No time/Too busy/No opportunity/Not appropriate	19	15%
Part-time/Casual worker/Ineligible	15	12%
No Students/Not enough students	11	9%
Not interested/Didn't want to	8	6%
On leave	5	4%
Inappropriate facility	4	3%
No formal mentoring program/Preceptor	2	2%
No reason/Didn't have to do it/Not part of my job	1	1%
Don't know	3	2%
Total	128	100%

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

2.2.5 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 significantly more members said yes compared to previous years (53% versus 36% in 2013 and 37% in 2011).

Have you participated in any formal or informal leadership development initiatives in the past year either in your practice, profession or community?						
	2011		2013		2015	
	Frequency	Percent	Frequency	Percent	Frequency	Percent
Yes	187	37	143	36	265	53
No	312	62	257	64	228	46
Refused	1	.2	2	1	-	-
Can't Recall/Don't know	1	.2	-	-	7	1
Total	501	100	402	100	500	100

Those who indicated that they had participated in any informal or formal leadership development initiatives in the past year included a higher than average (53%) proportion of the following segments:

- Those working in admin/management (91%)
- Those whose primary area of responsibility is in education (76%)
- Those working in community health (58%)
- Those working in nursing homes (70%)
- Those working in educational institutions (76%)
- Those in the Labrador- Grenfell region (58%)
- Those aged 50 to 59 (62%)
- Those with more than 20 years of nursing experience (58%)

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 (46%) proportion of the following segments:

- Those working in direct care (51%)
- Those working in a hospital (51%)
- Those with 1-10 years of nursing experience (56%)
- Those aged 20 to 29 (56%)
- Those in the ‘rest of Avalon’ region (52%)

2.3 NURSING MANAGEMENT

2.3.1 Incidence Of Currently Being In A Management Role

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

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

2.3.2 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 2.8 (versus 3.11 in 2013, 2.93 in 2011 and 2.71 in 2007).

Approximately eight out of 10 (82% versus 79% in 2013, 82% in 2011 and 83% in 2007) of these members gave a rating or ‘5 or less’. Only 7% (down from 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	
	Frequency	Percent	Frequency	Percent	Frequency	Percent
Not likely						
1	255	55.6	189	53.2	259	58.5
2	25	5.4	18	5.1	22	5.0
3	24	5.2	20	5.6	21	4.7
4	32	7.0	17	4.8	18	4.1
5	39	8.5	38	10.7	42	9.5
6	18	3.9	21	5.9	25	5.6
7	24	5.2	17	4.8	26	5.9
8	18	3.9	16	4.5	18	4.1
9	9	2.0	3	.8	3	.7
Very likely						
10	14	3.1	16	4.5	9	2.0
Don't know	1	.2	-	-	-	-
Total	459	100	355	100	443	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 (7%) proportion of the following segments:

- Those working in educational institutions (18%)

Those who appeared to be somewhat interested in a management role (those who gave a rating of '6-7') included a higher than average (10%) proportion of the following segments:

- Those working in educational institutions (18%)
- Those with 1-10 years of nursing experience (24%)
- Those aged 20 to 29 (29%)

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 (72%) proportion of the following segments:

- Those working in direct care (78%)
- Those working in community health centres (81%)
- Those with more than 20 years of nursing experience (78%)
- Those aged 50 to 59 (77%)
- Those aged 60 or more (78%)
- Those in the 'rest of Avalon' region (92%)
- Those in Labrador-Grenfell (81%)

2.4 **PROFESSIONALISM**

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

In the past 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'. This year the wording changed to 'rate the overall level of professionalism displayed by the RNs in your area of responsibility taking into account such things as behaviours, qualities, values, and attitudes that demonstrate the RN is accountable, knowledgeable, visible and ethical'...so please keep this in mind when comparing this year's ratings to prior years.

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 8.54 (versus 8.24 in 2013 and 8.17 in 2011) on overall professionalism.

Significantly more members (82% versus 65% in 2013 and 73% in 2011) of members gave a rating of ‘8-10’ while 12% (versus 25% in 2013 and 21% in 2011) gave a rating of ‘6-7’ and 4% (versus 9% in 2013 and 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 area of responsibility taking into account such things as behaviours, qualities, values, and attitudes that demonstrate the RN is accountable, knowledgeable, visible and ethical?						
(Mean = 8.54 versus 8.24 in 2013 and 8.17 in 2011)						
	2011		2013		2015	
	Frequency	Percent	Frequency	Percent	Frequency	Percent
1 – Not very professional	1	.2	2	.5	1	.2
2	0	0	7	1.7	0	0
3	2	.4	2	.5	1	.2
4	3	.6	3	.7	4	.8
5	19	3.8	23	5.7	15	3.0
6	19	3.8	32	8.0	12	2.4
7	88	17.6	69	17.2	47	9.4
8	166	33.1	129	32.1	144	28.8
9	105	21.0	70	17.4	126	25.2
10 – Very professional	95	19.0	63	15.7	142	28.4
Refused	0	0	0	0	1	.2
Don't know	3	.6	2	.5	7	1.4
Total	501	100	402	100	500	100

Those who gave a rating of '1-5' included a higher than average (4%) proportion of the following segments:

- Those working in educational institutions (18%)
- Those aged 60 or more (9%)
- Those in admin/management (9%)
- Those whose primary area of responsibility is in education (14%)

Those who gave a rating of '6-7' included a higher than average (12%) proportion of the following segments:

- Those in admin/management (29%)
- Those in the Western region (18%)

Those who gave a rating of '8-10' included a higher than average (82%) proportion of the following segments:

- Those in the Eastern region (89%)
- Those in the 'rest of Avalon' region (88%)
- Those with 11-20 years of nursing experience (87%)
- Those working in community health centres (88%)
- Those working in community health (90%)
- Those working in nursing homes (91%)

2.4.2 Compared to Last Year How Has the Level of Professionalism Changed

In the previous question, 17% more members gave a rating of '8-10' on professionalism compared to the last survey. Not surprising then, in this new question 18% of members perceived that the level of professionalism has increased since last year. Nevertheless, 8% felt that the level had decreased and 70% felt that it had 'stayed the same'.

In your opinion, compared to last year has the level of professionalism in your practice environment

		Frequency	Percent
	Increased	91	18.2
	Decreased	38	7.6
	Stayed the Same	351	70.2
	Don't know/not sure	20	4.0
	Total	500	100.0

Those who perceived that the level of professionalism ‘increased’ over last year included a higher than average (18%) proportion of the following segments:

- Those working in educational institutions (24%)
- Those with 1-10 years of nursing experience (24%)
- Those aged 20 to 29 (29%)
- Those in the Labrador-Grenfell region (23%)

Those who perceived that the level of professionalism ‘decreased’ over last year included a higher than average (8%) proportion of the following segments:

- Those in admin/management (14%)
- Those in the Western region (13%)
- Those who rated RN’s overall professionalism as 1-5 (43%)
- Those who rated RN’s overall professionalism as 6-7 (25%)

2.4.3 Awareness of ARNNL’s Efforts to Promote Professionalism

New to this survey, members were asked if were aware of ARNNL’s efforts to promote professionalism and 86% said they were.

Are you aware of ARNNL's efforts to promote professionalism?

		Frequency	Percent
	Yes	431	86.2
	No	64	12.8
	Don't know/not sure	5	1.0
	Total	500	100.0

Those who were not aware of ARNNL’s efforts to promote professionalism included a higher than average (13%) proportion of the following segments:

- Those in the Labrador-Grenfell region (23%)
- Those who perceived that the level of professionalism in their practice environment decreased over last year (21%)

2.4.4 Examples of ARNNL’s Activities or Initiatives to Promote Professionalism

The 86% of members who said they were aware of the Association’s efforts to promote professionalism were asked to provide examples. The main example mentioned by 40% was the ‘new dress code/new black and white uniforms’. This was followed by ‘monthly newsletter/literature/magazines/bulletins’ (23%), ‘teleconferences/continuing education/in-service’ (13%), and ‘CPP/encouraging certification for licensing’ (11%). A number of other initiatives or activities were mentioned as outlined in the table below.

Can you provide me with some examples of ARNNL's activities or initiatives to promote professionalism? (All Mentions)

	Frequency	Percent
Black & White Uniforms/Dress Code/New Uniforms	<i>172</i>	<i>40%</i>
Monthly newsletter/Literature/Magazines/Bulletins	<i>97</i>	<i>23%</i>
Teleconferences/Continuing Education/In Service	<i>58</i>	<i>13%</i>
CCP/Encourging Certification for Licensing	<i>48</i>	<i>11%</i>
Identification Pins/Badges	<i>37</i>	<i>9%</i>
Posters/Banners	<i>39</i>	<i>9%</i>
Website/Online	<i>29</i>	<i>7%</i>
Clarity Project	<i>22</i>	<i>5%</i>
Positive messages in the media/Commercials	<i>18</i>	<i>4%</i>
Code of Conduct/Ehtics	<i>12</i>	<i>3%</i>
Develop Standards of Practise/Promotes Accountability	<i>11</i>	<i>3%</i>
Seminars/Workshops	<i>11</i>	<i>3%</i>
Public relations	<i>9</i>	<i>2%</i>
Emails	<i>8</i>	<i>2%</i>
Visit from Executive Director/General visits/Workshop repres	<i>6</i>	<i>1%</i>
Brochures/Booklets/Pamphlets	<i>5</i>	<i>1%</i>
Advertizements	<i>5</i>	<i>1%</i>
Working with the union/College of LPNs	<i>4</i>	<i>1%</i>
Video	<i>3</i>	<i>1%</i>
Introduce yourself as RN	<i>3</i>	<i>1%</i>
Nurse One	<i>2</i>	<i>0%</i>
Standards	<i>2</i>	<i>0%</i>
Professional consultant available	<i>2</i>	<i>0%</i>
Awards Ceremony	<i>2</i>	<i>0%</i>
Encourage nurses to update	<i>1</i>	<i>0%</i>
Mentorship programs	<i>1</i>	<i>0%</i>
Leadership support team	<i>1</i>	<i>0%</i>
Policy statements on various roles	<i>1</i>	<i>0%</i>
Lean process	<i>1</i>	<i>0%</i>
Don't know	<i>69</i>	<i>16%</i>

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

2.5 COMMUNICATIONS

2.5.1 How Rate the Quality of Communication and Collaboration Among Members of the Interdisciplinary Team

New to this survey, members were asked to rate the quality of communication and collaboration among members of the interdisciplinary team. On average, members gave this area a rating of 7.64.

Overall, 60% of members gave a rating of '8-10' for the quality of communication and collaboration between staff while 37% gave a rating of 7 or less including 27% who gave a rating of '6-7' and 11% who gave a rating of '5-11'.

How would you rate the quality of communication and collaboration among members of the interdisciplinary team

	Frequency	Percent	Cumulative Percent
1 - Very Poor	3	.6	.6
2	1	.2	.8
3	6	1.2	2.0
4	5	1.0	3.0
5	40	8.0	11.0
6	41	8.2	19.2
7	92	18.4	37.6
8	158	31.6	69.2
9	91	18.2	87.4
10 - Very Good	51	10.2	97.6
Refused	5	1.0	98.6
Don't know/not sure	7	1.4	100.0
Total	500	100.0	

Those who gave a rating of ‘1-5’ included a higher than average (11%) proportion of the following segments:

- Those working in educational institutions (20%)
- Those aged 60 or more (20%)
- Those in the ‘rest of Avalon’ region (88%)
- Those who perceived that the quality of communication and collaboration has decreased since last year (37%)

Those who gave a rating of ‘6-7’ included a higher than average (27%) proportion of the following segments:

- Those working in nursing homes (41%)
- Those with 11-20 years of nursing experience (87%)
- Those who perceived that the quality of communication and collaboration has decreased since last year (48%)
- Those in the Western region (32%)

Those who gave a rating of ‘8-10’ included a higher than average (61%) proportion of the following segments:

- Those working in community health (75%)
- Those working in community health centres (79%)
- Those aged 60 or more (73%)
- Those in the Eastern region (80%)
- Those in the ‘Labrador-Grenfell’ region (88%)
- Those with 11-20 years of nursing experience (68%)
- Those who perceived that the quality of communication and collaboration has increased since last year (84%)

2.5.2 Particular Groups or Disciplines that Caused a Rating of 7 or Less

Of the 37% of members who gave a rating of ‘7 or less’ on the quality of communication and collaboration among members of the interdisciplinary team there were three ‘groups’ of staff that caused them to give a less than positive rating.

Approximately, one in four members each mentioned ‘management/admin’ (26%) and ‘Doctors/physicians’ (24%). In addition one in four members also said that there is a ‘lack of communication/collaboration between all groups’ and that improvement is needed by all.

Is there a particular area, group or discipline that caused you to rate the quality of communication and collaboration as 7/10 or less? (All Mentions)

	Frequency	Percent
Managers/Management/Administration	49	26%
Lack of communication between all groups/improvement needed by all	47	25%
Doctors/Physicians	46	24%
No particular reason	7	4%
Social workers	4	2%
RNs	4	2%
LPNs	3	2%
New nurses aren't sufficiently included	3	2%
PCAs	3	2%
No comment/Don't want to share	3	2%
Different personalities	2	1%
Pathology	2	1%
Not really	2	1%
Group is too big	2	1%
Families	2	1%
OT physiotherapy	2	1%
Medical association	1	1%
Lack of management on site	1	1%
Emphasis on medical model not interdisciplinary model	1	1%
Communications delayed or not given	1	1%
Conflict between RNs & NPs	1	1%
Discharge planning	1	1%
Incomplete referrals	1	1%
More input from occupational health	1	1%
Front desk & operating room	1	1%
Education	1	1%
Ottawa model	1	1%
Primary care	1	1%
Going through a transition period	1	1%
Negative union environment	1	1%
Don't know	13	7%
Total	189	100%

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

Those who said ‘physicians’ included a higher than average (24%) proportion of the following segments:

- Those working in community health centres (33%)
- Those in the Western region (35%)
- Those in the Eastern region (29%)
- Those whose primary area of responsibility is in education (31%)

Those who said there needed to be more communication and collaboration ‘between all groups’ included a higher than average (25%) proportion of the following segments:

- Those working in nursing homes (32%)
- Those with 1-10 years of experience (33%)
- Those aged 20 to 29 (47%)
- Those in the Eastern region (43%)
- Those in the Labrador-Grenfell region (33%)

Those who said ‘managers/management/administration’ included a higher than average (26%) proportion of the following segments:

- Those working in nursing homes (32%)
- Those working in community health centres (50%)
- Those working in community health (36%)
- Those working in educational institutions (57%)
- Those with 11-20 years of experience (31%)
- Those aged 30 to 39 (33%)
- Those aged 40 to 49 (35%)
- Those aged 60 or more (50%)
- Those in the ‘rest of Avalon’ region (36%)
- Those in the Central region (37%)
- Those in the Labrador-Grenfell region (44%)
- Those whose primary area of responsibility is in education (31%)
- Those who gave a rating of 1-5 on the quality of communication and collaboration among the disciplinary team (35%)

2.5.3 How Has the Quality of Communication Changed Over the Past Year

New to this survey, members were asked about whether the quality of communication and collaboration has changed over the past year. The majority (57%) of members felt that the quality of communication and collaboration has ‘stayed the same’ over the past year. However, 27% felt that the quality has increased while 13% felt that it has decreased.

Over the past year, would you say that the quality of communication and collaboration has

	Frequency	Percent
Increased	135	27.0
Decreased	63	12.6
Stayed the Same	287	57.4
Don't know/not sure	15	3.0
Total	500	100.0

Those who perceived that the quality of communication and collaboration has ‘increased’ over the past year included a higher than average (27%) proportion of the following segments:

- Those working in educational institutions (35%)
- Those aged 20 to 29 (33%)
- Those who gave a rating of 8-10 on the quality of communication and collaboration among the disciplinary team (37%)

Those who perceived that the quality of communication and collaboration has ‘decreased’ over the past year included a higher than average (13%) proportion of the following segments:

- Those working in educational institutions (18%)
- Those aged 50 to 59 (19%)
- Those in the ‘rest of Avalon’ region (20%)
- Those in the Central region (19%)
- Those who gave a rating of 1-5 on the quality of communication and collaboration among the disciplinary team (42%)

2.6 SUPPORTIVE WORK ENVIRONMENT/PRACTICE ENVIRONMENTS

2.6.1 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 half (50% versus 46% in 2013 and 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?						
	2011		2013		2015	
	Frequency	Percent	Frequency	Percent	Frequency	Percent
Yes	226	45	183	46	250	50
No	273	55	217	54	244	49
Can't Recall/Don't know	2	.4	2	.5	6	1
Total	501	100	402	100	500	100

Those who indicated that their scope of practice had changed over the past year with the addition of new roles, responsibilities, and/or competencies included a higher than average (50%) proportion of the following segments:

- Those working in nursing homes (60%)
- Those in the 'rest of Avalon' region (60%)
- Those in the Western region (57%)

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

Nearly nine in ten (87% up from 81% in 2013 and 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 34% (versus 35% in 2013 and 38% in 2011) who said ‘completely’ and 53% (versus 46% in 2013 and 2011) who said ‘somewhat’. However, 13% (down from 19% in 2013 and 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 of those who said that their scope of practice changed in the past year)						
	2011		2013		2015	
	Frequency	Percent	Frequency	Percent	Frequency	Percent
Completely	86	38	64	35	84	34
Somewhat	104	46	85	46	132	53
Not very much	31	14	22	12	31	12
Not at all	5	2	12	6	3	1
Total	226	100	183	100	250	100

Those who didn't feel ('not very' or 'not at all') they were supported to meet the requirements of the new role or responsibility included a higher than average (13%) proportion of the following segments:

- Those working in community health centres (18%)
- Those working in educational institutions (29%)
- Those in the 'rest of Avalon' region (27%)
- Those in the Western region (26%)

2.6.3 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, 94% (versus 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'. Likewise, 81% of members (versus 77% in 2013) felt that 'there are adequate supports in their work environment to allow them to meet their professional development needs' and 83% (versus 80% in 2013 and 79% in 2011) said that they 'have access to leaders/mentors to help them expand their scope of practice'.

Slightly fewer members agreed for this survey (46% versus 51% in 2013) that 'on average, there are sufficient RNs to provide quality nursing care in my work environment'.

New to this survey 89% agreed that they 'have access to appropriate forums to resolve professional practice or ethical issues'.

**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.								
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 professional development needs								
2015	18%	63%	81%	16%	2%	18%	0%	<1%
2013	19%	58%	77%	19%	4%	23%	<1%	<1%
I have access to leaders/mentors to help me expand my scope of practice								
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%
On average, there are sufficient RNs to provide quality nursing care in my work environment								
2015	9%	37%	46%	34%	16%	50%	<1%	3%
2013	6%	45%	51%	29%	15%	44%	<1%	4%
I have access to appropriate forums to resolve professional practice or ethical issues								
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 working in Community Health Centres (54%) ▪ Those working in Community Health (53%) ▪ Those aged 60 or more (53%) ▪ Those with more than 20 years’ experience (51%) ▪ Those in the Eastern region (51%) 	<ul style="list-style-type: none"> ▪ Those working in nursing homes (15%) ▪ Those in the ‘rest of Avalon’ region (12%) ▪ Those in Admin/Management (17%)
There is adequate supports in my work environment to allow me to meet my professional development needs	<ul style="list-style-type: none"> ▪ Those working in Community Health Centres (31%) ▪ Those with more than 20 years’ experience (23%) ▪ Those aged 60 or more (25%) ▪ Those in the Eastern region (24%) 	<ul style="list-style-type: none"> ▪ Those working in Community Health Centres (31%) ▪ Those working in Nursing Homes (30%) ▪ Those in the ‘rest of Avalon’ region (24%) ▪ Those in Central region (25%) ▪ Those in Labrador-Grenfell region (31%) ▪ Those in Admin/Management (26%) ▪ Those in Educational areas of responsibility (30%)
I have access to leaders/mentors to help me expand my scope of practice	<ul style="list-style-type: none"> ▪ Those employed in Educational Institutions (50%) ▪ Those aged 20 to 29 (21%) ▪ Those in the St. John’s region (21%) 	<ul style="list-style-type: none"> ▪ Those aged 30 to 39 ▪ Those employed in Nursing Homes (25%) ▪ Those working in Community Health Centres (23%) ▪ Those in the ‘rest of Avalon’ region (24%) ▪ Those in Labrador-Grenfell region (31%)
On average, there are sufficient RNs to provide quality nursing care in my work environment	<ul style="list-style-type: none"> ▪ Those employed in Community Health centres (61%) ▪ Those aged 60 or more (53%) ▪ Those in Admin/Management (51%) 	<ul style="list-style-type: none"> ▪ Those employed in Nursing Homes (77%) ▪ Those with 1-10 years’ experience (60%) ▪ Those aged 20 to 29 (61%) ▪ Those in the ‘rest of Avalon’ region (68%)
I have access to appropriate forums to resolve professional practice or ethical issues	<ul style="list-style-type: none"> ▪ Those employed in Educational Institutions (24%) ▪ Those employed in Community Health centres (23%) ▪ Those in the Eastern region (22%) ▪ Those in Admin/Management (23%) 	<ul style="list-style-type: none"> ▪ Those employed in Community Health centres (20%) ▪ Those in the rest of Avalon region (16%) ▪ Those in the Eastern region (16%) ▪ Those in the Labrador-Grenfell region (23%)

2.6.4 Level of Agreement or Disagreement with Various Statements About the Model of Care Delivery that is Used in their Practice Environment

New to this survey, members were asked for their level of agreement or disagreement with various statements about the model of care delivery that is used in their practice environment.

For the most part it appears that the model of care delivery used in practice environments works as it ‘allows RNs to work to their full scope of practice’ (85% agree), ‘enables RNs to develop therapeutic relationships with clients’ (74% agree), and ‘supports continuity of client care’ (72% agree). However, less than two-thirds of members felt their model of care delivery ‘allows for Safe and appropriate RN-Client assignment’ (63% agree).

On the latter point, this dovetails with an earlier response where only 46% of members agreed that ‘there are sufficient RNs to provide quality nursing care in their work environment’.

**Level Of Agreement Or Disagreement With Various Statements
About the Model of Care Delivery That is Used in Their Practice Environment**

	Strongly Agree	Agree	SUB TOTAL	Disagree	Strongly Disagree	SUB TOTAL	DK	N/A
Allows RNs to work to their full scope of practice	18%	67%	85%	9%	1%	10%	<1%	5%
Enables RNs to develop therapeutic relationships with clients	15%	59%	74%	15%	3%	18%	1%	7%
Supports continuity of client care	13%	59%	72%	17%	4%	21%	<1%	6%
Allows for safe and appropriate RN-Client assignment	10%	53%	63%	26%	4%	30%	<1%	6%

2.6.5 How Frequently Used ARNNL's 'Standards For Nursing Practice'

Fewer members to this survey (69% versus 83% in 2013 and 70% in 2011) indicated that they have referred to the Standards for Nursing Practice either 'often' (29% versus 46% in 2013 and 32% in 2011) or 'occasionally' (40% versus 37% in 2013 and 38% in 2011). Another 19% (versus 12% in 2013 and 18% in 2011) said they had 'rarely' referenced it while 11% (versus 6% in 2013 and 9% in 2011) said they never referred to the publication at all.

How frequently have you used ARNNL's 'Standards For Nursing Practice'?						
	2011		2013		2015	
	Frequency	Percent	Frequency	Percent	Frequency	Percent
Often	162	32	184	46	145	29
Occasionally	190	38	148	37	201	40
Rarely	89	18	47	12	96	19
Never	44	9	23	6	55	11
Can't recall	16	3	0	0	3	1
Total	501	100	402	100	500	100

Those who indicated using ARNNL's Standards for Nursing Practice 'often' included a higher than average (29%) proportion of the following segments:

- Those working in educational institutions (53%)
- Those aged 20 to 29 (35%)
- Those in Central region (35%)
- Those whose primary area of responsibility is education (41%)

Those who said they 'never' refer to ARNNL's Standards for Nursing Practice included a higher than average (11%) proportion of the following segments:

- Those aged 60 or more (16%)

2.6.6. 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 (35% versus 36% in 2013, 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% (versus 32% in 2013, 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'. 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)	2015 (N=445)
For study purposes/used it during participation in an educational program/as a basic nursing student	31%	8%	15%	8%
General information/refresher/review/browse through it/to see new standards	20%	22%	32%	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%	35%
For CPP/License renewal/Accreditation	-	-	-	4%
Use it as a research tool	14%	6%	1%	2%
To guide program development	9%	3%	6%	1%
To confirm patient safety issues/to check policies	6%	2%	3%	3%
To justify what you do as a RN/explain to others what RNs do	6%	-	2%	2%
Job requirements for orientation of new staff/teaching	4%	1%	4%	7%
To check legal/libel issues/to check procedure for official inquiry	4%	<1%	3%	1%
Information for client care	3%	2%	8%	1%
Assess your competence to practice	2%	2%	2%	<1%
Assess expectations for practice/performance evaluation	1%	<1%	2%	1%
Other	2%	4%	2%	2%
Don't know	8%	6%	10%	12%
TOTAL	100%	100%	100%	100%

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

2.6.7 How Frequently Used CNA's Code Of Ethics

Just under half (47% down significantly from 63% in 2013 and versus 51% in 2011) of all members indicated that they have referred to the Code of Ethics either often or occasionally (versus 69% for The Standards for Nursing Practice).

Of these 47%, members indicated they referred to The Code of Ethics 'often' (18% down from 33% in 2013 and 24% in 2011) or 'occasionally' (29% versus 30% in 2013 and 27% in 2011). Another 25% (versus 22% in 2013 and 26% in 2011) said they had 'rarely' referenced it while 27% (up significantly from 14% in 2013 and versus 19% in 2011) said they 'never' referred to the publication at all.

How frequently have you used CNA's Code of Ethics?						
	2011		2013		2015	
	Frequency	Percent	Frequency	Percent	Frequency	Percent
Often	118	24	132	33	92	18
Occasionally	136	27	122	30	147	29
Rarely	130	26	89	22	125	25
Never	93	19	57	14	133	27
Can't recall	24	5	2	1	3	1
Total	501	100	402	100	500	100

Those who indicated using CNA's Code of Ethics 'often' included a higher than average (18%) proportion of the following segments:

- Those working in educational institutions (47%)
- Those aged 20 to 29 (28%)
- Those aged 30 to 39 (23%)
- Those with 1 to 10 years' experience (26%)
- Those in the Central region (23%)
- Those in education (30%)

2.6.8 Reasons For Consulting The Code Of Ethics For Registered Nurses

When asked why they consulted the Code of Ethics 41% (versus 41% in 2013, 56% in 2011 and 23% in 2007) said it was ‘to take action on a nursing practice or ethical problem/confirm ethics’, 30% (versus 31% in 2013, 21% in 2011 and 26% in 2007) referred to it for ‘self-interest/general information/reference/browse through it’, 5% (down from 12% in 2013, 10% in 2011 and 46% in 2007) said they used it ‘for study purposes/during participation in an educational program/basic nursing student’, while 5% mentioned using it for ‘job requirements for orientation of new staff for teaching purposes’ and 3% (versus 4% in 2013, 5% in 2011 and 14% in 2007) used the Code of Ethics ‘as a research tool’. 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)	2015 (N=364)
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%	41%
Self-interest/general info/reference/ browse through it	26%	21%	31%	30%
For study purposes/used it during participation in an educational program/as a basic nursing student	46%	10%	12%	5%
Job requirements for orientation of new staff/for teaching purposes	4%	2%	3%	5%
Use it as a research tool	14%	5%	4%	3%
To be used in an official inquiry	2%	-	-	2%
To guide program development	5%	2%	4%	<1%
To justify what you do as a RN	3%	2%	1%	1%
Information for client care	3%	2%	9%	1%
Assess expectations for practice/for evaluation	2%	2%	-	1%
Explain to other RNs ethical beliefs and values	1%	1%	2%	<1%
To discuss issues with a workplace Rep	1%	<1%	-	<1%
Involved in the development of this publication	5%	-	-	<1%
Other	-	5%	<1%	1%
Don't know	4%	8%	9%	12%
TOTAL	100%	100%	100%	100%

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

2.7 SAFETY/QUALITY CARE

2.7.1 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' (93% versus 97% in 2013 and 96% in 2011), 'participating in decision making regarding client care standards' (92% versus 85% in 2013 and 88% in 2011), and 'having autonomy to make decisions about their professional practice' (86% versus 84% in 2013 and 86% in 2011).

New to this survey, 88% of members agreed that 'nurses in their area of practice advance awareness of the importance of health promotion, illness prevention and management of chronic diseases'.

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 have autonomy to make decisions about their professional practice	2015	16%	70%	10%	2%	1%	1%
	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	2015	24%	68%	4%	1%	<1%	2%
	2013	26%	59%	13%	1%	<1%	<1%
	2011	26%	62%	9%	1%	<1%	2%
Nurses in my area of practice take action to improve quality care	2015	24%	69%	4%	1%	<1%	1%
	2013	32%	65%	2%	<1%	<1%	<1%
	2011	32%	64%	3%	<1%	<1%	2%
Nurses in my area of practice advance awareness of the importance of health promotion, illness prevention and management of chronic disease	2015	20%	68%	8%	<1%	1%	4%

2.7.2 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 60% (down from 68% in 2013 and 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?						
	2011		2013		2015	
	Frequency	Percent	Frequency	Percent	Frequency	Percent
Yes	285	61	272	68	300	60
No	171	36	124	31	194	39
Can't Recall/Don't know	14	3	6	2	6	1
Total	470	100	402	100	500	100

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 (60%) proportion of the following segments:

- Those working in community health (69%)
- Those working in community health centres (85%)
- Those in the Eastern region (73%)
- Those in the Labrador-Grenfell region (81%)
- Those working in admin/management (89%)

2.7.3 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, 56% responded 'yes' (versus 61% in 2013, 50% in 2011 and 48% in 2007). Correspondingly, 43% said 'no' (versus 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	
	Frequency	Percent	Frequency	Percent	Frequency	Percent
Yes	250	50	247	61	280	56
No	248	50	154	38	217	43
Can't Recall/Don't know	3	.6	1	1	3	1
Total	501	100	402	100	500	100

Those who indicated having concerns about client care during the past year included a higher than average (56%) proportion of the following segments:

- Those working in nursing homes (68%)
- Those working in Community Health Centres (62%)
- Those with 1 to 10 years' experience (62%)
- Those aged 20 to 29 (62%)
- Those working in the Western region (67%)
- Those working in Central region (64%)
- Those working in admin/management (69%)

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

The 56% 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’ (69% versus 71% in 2013, 66% in 2011 and 74% in 2007). Another 14% (up from 5% in 2013, 9% in 2011 and 16% in 2007) ‘filled out a Professional Practice Occurrence form/referred to the Professional Practice Committee’ and 11% (versus 17% in 2013, 12% in 2011 and 7% in 2007) consulted colleagues/co-workers’. Another 11% (versus 3% in 2013, 6% in 2011 and 5% in 2007) ‘referred to others such as Doctor/Social Services/Social worker’

Other alternatives were each mentioned by fewer than 5% of members including, ‘reported problems to higher level employees’, ‘consulted with ARNNL staff/referred to ARNNL's protocol’, ‘consulted a union rep’, ‘did a managerial assessment to correct problem’, among other options.

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)
Consulted my manager/supervisor	74%	66%	71%	69%
Reported problems to higher level employees	13%	11%	0%	4%
Filled out a Professional Practice Occurrence form/referred to Professional Practice Committee	16%	9%	5%	14%
Consulted my colleagues/co-workers/spoke with the nurse treating the client	7%	12%	17%	11%
Request for extra staff	6%	0%	0%	2%
Referred to other such as doctor/Social Services/Social worker	5%	6%	3%	11%
Implemented policies/standards/procedures	1%	4%	0%	<1%
Consulted with ARNNL staff/referred to ARNNL's protocol	4%	3%	1%	1%
I didn't do anything/didn't report it/nothing can be changed	3%	1%	<1%	0%
Took extra care/spent more time with the client	2%	2%	0%	2%
Consulted union rep/filed a grievance	2%	2%	2%	1%
Sought or arranged education	0%	1%	2%	1%
Did a managerial assessment to correct problem (action plan)	1%	<1%	3%	<1%
Spoke with family of client	1%	<1%	1%	0%
Referred to Nursing Council	1%	0%	0%	0%
Left job because didn't agree with how things were done	0%	0%	1%	0%
Other	2%	5%	5%	10%
Don't know	<1%	2%	2%	4%
TOTAL	100.0%	100.0%	100.0%	100.0%

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

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

Just over six in ten (63% versus 62% in 2013 and 63% in 2011) of the members who had concerns about client care said that they were successful in addressing the concern while 33% (versus 34% in 2013 and 32% in 2011) said they weren't successful.

How successful were your actions in addressing the concern you had about client care?						
	2011		2013		2015	
	Frequency	Percent	Frequency	Percent	Frequency	Percent
Very successful	46	19	28	11	51	18
Somewhat successful	112	45	125	51	127	45
Not very successful	45	18	49	20	51	18
Not successful at all	36	14	35	14	42	15
Can't recall	11	4	10	4	9	3
Total	250	100	247	100	280	100

Those who felt they were not successful ('not very' or 'not at all') included a higher than average (33%) proportion of the following segments:

- Those with 1-10 years' experience (38%)
- Those aged 20 to 29 (44%)
- Those in the 'rest of the Avalon' region (47%)
- Those whose primary area of responsibility is in education (43%)

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

Just over one in three (37% versus 35% in 2013 and 39% in 2011) members indicated that they have participated in a community activity in either a professional or volunteer capacity in the past year that advances awareness of the importance of health promotion, illness prevention, or management of chronic diseases.

In the past year have you participated in a community activity in either a professional or volunteer capacity that advances awareness of the importance of health promotion, illness prevention, or management of chronic diseases?				
	2013		2015	
	Frequency	Percent	Frequency	Percent
Yes	140	35	183	37
No	261	65	316	63
Can't Recall/ Don't know	1	.2	1	.2
Total	402	100	500	100

Those who indicated that they had participated in a community activity in either a professional or volunteer capacity included a higher than average (37%) proportion of the following segments:

- Those working in community health (73%)
- Those working in Community Health Centres (50%)
- Those working in educational institutions (71%)
- Those aged 60 or more (56%)
- Those in Central region (48%)
- Those in Labrador-Grenfell region (58%)
- Those whose primary area of responsibility is in administration/management (49%)
- Those whose primary area of responsibility is in education (59%)

2.8 KNOWLEDGE OF ARNNL

2.8.1 Perceived Role Or Purpose Of The ARNNL

When asked what they perceive to be the role or purpose of the ARNNL, 56% said it is 'to develop nursing practice standards' (versus 60% in 2013, 62% in 2011 and 53% in 2007).

This was followed by 'to protect the public' (20% versus 18% in 2013 and 2011 and 25% in 2007). Another 23% (versus 24% in 2013, 24% in 2011 and 30% in 2007) said it was 'to act as the professional governing body for nurses'.

Fewer members this year said 'to license nurses' (11% versus 23% in 2013, 31% in 2011 and 23% in 2007).

'To promote a positive image of the nursing profession' was mentioned by 7% of members (versus 5% in 2013, 1% in 2011 and 2% in 2007).

Likewise, fewer members this year said 'to approve nursing education programs/promote CCP/increase the knowledge base for nurses' (6% versus 22% in 2013, 13% in 2011 and 14% in 2007).

Another 6% (versus 10% in 2013) 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' (2% versus 1% in 2013, 5% in 2011 and 10% in 2007), 'to discipline nurses' (2% versus 2% in 2013, 6% in 2011 and 3% in 2007), 'be a voice for patient advocacy/quality care' (3% versus 3% in 2013, 2% in 2011 and 2007) and

Significantly more members this year inaccurately reported that ARNNL is responsible for 'protecting nurses' (18% versus 3% in 2013 and 2011 and 14% in 2007) while 10% of members inaccurately perceived that one of ARNNL's role was 'to meet the needs of nurses/address problems' (versus 8% in 2013, 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)	2015 (N=500)
ACCURATE PERCEPTIONS OF ARNNL:				
To develop nursing practice standards	53%	62%	60%	56%
To act as the professional governing body for nurses	30%	24%	24%	23%
To protect the public	25%	18%	18%	20%
To license nurses	23%	31%	23%	11%
To approve nursing education programs/promote/support CCP/ to increase the knowledge base for nurses/continuing education	14%	11%	22%	6%
Re nursing practice - general info/guide/update	-	-	10%	6%
To provide legal services	10%	5%	1%	2%
To discipline nurses	3%	6%	2%	2%
As a voice for patient advocacy/quality care	2%	2%	3%	3%
To promote a positive image of the nursing profession	2%	1%	5%	7%
To deal with unethical situations	2%	1%	-	<1%
To update nurses about health care changes/regulations	1%	1%	-	-
To ensure safe workplaces for nurses	1%	1%	-	2%
As an Ombudsmen for nurses	.4%	.2%	-	-
Other accurate responses	-	3%	3%	<1%
INACCURATE PERCEPTIONS OF ARNNL:				
To protect nurses	14%	3%	3%	18%
To meet the needs of nurses/address problems	13%	12%	8%	10%
To make money/take their money	.2%	1%	<1%	2%
To get you to go for your Masters	.2%	-	-	-
Train nurses/teaching	-	.2%	-	1%
Other inaccurate responses	-	2%	1%	1%
Refused	.4%	-	-	-
Don't know	9.6%	3%	4%	3%
TOTAL	100%	100%	100%	100%

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

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

Over nine in ten (97% versus 94% in 2013 and 93% in 2011) of all members perceived that ARNNL plays a role in protecting the public including 20% (versus 16% in 2013 and 17% in 2011) who mentioned this on an unaided basis (as noted in the previous section) as one of the Association's roles and 77% (versus 78% in 2013 and 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)						
	2011		2013		2015	
	Frequency	Percent	Frequency	Percent	Frequency	Percent
Yes	382	92	315	93	385	96
No	11	3	13	4	3	1
Can't Recall/Don't know	24	6	11	3	14	3
Total	417	100	339	100	402	100
Unaided		17		16		20
Aided		76		78		77
Total aware		93		94		97

2.8.3 Incidence of Participating in an ARNNL Activity in the Past Year

New to this survey, one in three members (34%) reported that they had participated in an ARNNL activity in the past year such as document review, committee, workshop, and education session by way of example.

In the past year have you participated in an ARNNL activity...for example, document review, committee, workshop, education session etc.?

		Frequency	Percent
	Yes	168	33.6
	No	327	65.4
	Don't know/not sure	5	1.0
	Total	500	100.0

Those who reported being involved in an ARNNL activity in the past year included a higher than average (34%) proportion of the following segments:

- Those working in admin/management (57%)
- Those whose primary area of responsibility is in education (49%)
- Those working in community health (53%)
- Those working in community health centres (54%)
- Those working in educational institutions (41%)
- Those with 11-20 years of nursing experience (39%)
- Those with more than 20 years of nursing experience (39%)
- Those aged 40 to 49 (44%)
- Those aged 60 or more (41%)
- Those in the 'rest of Avalon' region (40%)
- Those in the Eastern region (41%)
- Those in the Labrador-Grenfell region (50%)

Those who were not involved in an ARNNL activity in the past year included a higher than average (65%) proportion of the following segments:

- Those working in hospitals (70%)
- Those with 1-10 years of nursing experience (78%)
- Those aged 20 to 29 (77%)
- Those aged 30 to 39 (73%)

2.84 Incidence of Whether Participating in an ARNNL Activity in the Past Year Increased their Understanding of ARNNL's Role

Of the 34% of members who indicated participating in an ARNNL activity in the past year, 75% said that this helped to increase their understanding of ARNNL's role.

Did your participation increase your understanding of ARNNL's role?

		Frequency	Percent
	Yes	126	74.6
	No	40	23.7
	Don't know/not sure	3	1.8
	Total	169	100.0
System		331	

Those who felt that their participation in an ARNNL activity didn't increase their understanding of ARNNL's role included a higher than average (24%) proportion of the following segments:

- Those working in nursing homes (40%)
- Those working in educational institutions (29%)
- Those in the 'rest of Avalon' region (30%)
- Those in Central region (29%)

2.9 DEMOGRAPHICS

2.9.1 Incidence Of Voting In Political Elections

Approximately nine in ten members indicated that they vote in political elections (87% versus 92% in 2013 and 91% in 2011).

Do you vote in political elections?						
	2011		2013		2015	
	Frequency	Percent	Frequency	Percent	Frequency	Percent
Yes	458	91	368	92	433	87
No	36	7	34	8	67	13
Refused	7	1	0	0	0	0
Total	501	100	402	100	500	100

2.9.2 Years Of Nursing Experience Of Respondents

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

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

2.9.3 Primary Area of Responsibility of Respondents

Approximately eight in ten (84% versus 82% in 2013, 83% in 2011 and 82% in 2007) respondents reported working in ‘direct care’ while 7% (versus 9% in 2013 and 2011 and 11% in 2007) said ‘administration/management’, 7% said ‘education’ (versus 7% in 201 and 5% in 2011 and 2007) and another 2% mentioned ‘other’ areas of responsibility.

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

2.9.4 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	
	Frequency	Percent	Frequency	Percent	Frequency	Percent
Hospital (including Rehab)	350	70	275	69	321	64
Community Health (VON, Home Care, Community Mental Health)	45	9	37	9	59	12
Nursing home (including Long-term Care)	37	7	33	8	47	9
Community Health Centre (including Nursing Stations)	22	4	13	3	26	5
Educational Institution	12	2	17	4	17	3
Other	32	6	27	7	29	6
Refused	2	.2	0	0	1	.2
Don't Know	1	.2	0	0	0	0
Total	501	100	402	100	500	100

2.9.5 Age Of Respondents

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

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

2.9.6 Gender Of Respondents

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

Gender of Respondents						
	2011		2013		2015	
	Frequency	Percent	Frequency	Percent	Frequency	Percent
Male	22	4	18	5	27	5
Female	479	96	384	95	473	95
Total	501	100	402	100	500	100

2.9.7 Location Of Respondents

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

Location of Respondents						
	2011		2013		2015	
	Frequency	Percent	Frequency	Percent	Frequency	Percent
St. John's	243	49	172	43	267	53
Rest of Avalon	43	9	22	6	25	5
Eastern	48	10	39	10	37	7
Central	62	16	64	16	69	14
Western	69	17	70	17	76	15
Labrador-Grenfell	36	9	35	9	26	5
Total	501	100	402	100	500	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 and this year. The overall objective of this Tracking Study in 2015 was to investigate members' feedback on the following key areas:

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

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 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 84% are in 'direct care' (versus 7% in admin/management and 7% in education) and 64% work in hospitals (versus 12% in community health, 9% in nursing homes, 5% 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 500 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 February 13th to 23rd, 2015. Each interview was approximately 12 to 18 minutes in duration. A total of 500 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

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