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Nursing Workforce Research
May 02, 2023

Executive Summary

The nursing workforce in Newfoundland and Labrador is facing a complex set of challenges. Staffing shortages have strained a healthcare system that was already facing the growing demands of an aging population and increasing primary care needs. The trend of exiting employees and full-time staff moving to casual positions is exacerbating staffing shortages, adversely affecting nurses, and impacting employers' ability to provide comprehensive health services in the province.

The Department of Health and Community Services (HCS), in their continued support for nurses, commissioned this report to provide insight into the current experience, perspective, and values of Registered Nurses (RNs) and Nurse Practitioners (NPs) in Newfoundland and Labrador. This report provides a comprehensive overview of the current state of the nursing workforce in the province. By incorporating the voices of nurses, nursing students and other key stakeholders and drawing on research from other jurisdictions, the following recommendations are proposed to address the challenges facing the current nursing workforce and improve the recruitment, retention, and well-being of nurses in the province.

Recommendations

Short-term recommendations:

1. **Continue To Focus On The Attraction Of Internationally Educated nurses**: Continue to recruit internationally educated nurses to fill gaps in the current workforce by increasing attraction efforts, offering financial incentives, and granting temporary practice licences. Recruiting efforts should include a focus on inactive internationally educated nurses currently living in the province.

2. **Increase Base Pay For Nursing Staff:** The competition for nurses between Canadian provinces and outside Canada is increasingly competitive. Nurses in Newfoundland and Labrador are paid less than most other provinces and all Atlantic Canadian provinces. Increasing nurses' pay would put the province at equal footing compared to other Canadian provinces and improve retention and recruitment efforts. Consideration should be given to limiting pay increases to full-time nurses to incentivize full-time over casual positions.

3. **Implement A Retention Hotline:** Implement a provincial hotline to support nurses who are considering leaving their position and determine if support or a solution to challenges they are facing can be offered to allow them to stay in their role.

4. **Reduce Non-Nursing Workloads By Increasing Support Staffing:** Nurses report that they can spend up to 50% of a shift on non-nursing tasks which significantly impacts workload. Increasing the number of support staff positions will enable managers to redistribute non-nursing tasks to reduce the amount of time nurses spend on non-nursing tasks.

5. **Compassionate Leadership Training:** Most managers are doing everything that they can to support nurses but are limited in their ability to support nurses by granting leaves, reducing mandated shifts and providing manageable workloads. Although these elements of the work environment may need time to change – how managers interact with nurses and lead them through this difficult period can have a positive impact on nurse well-being. Compassionate leadership training will support managers in being able to mitigate the worst of the negative effects of the current work environment in the short term.

6. **Provide Financial Support For Childcare:** Provide childcare subsidies and support while on-site childcare is in development, to immediately assist nurses with their childcare needs.

7. **Explore Ways To Optimize The Use Of The Casual Nursing Workforce:** To optimize the use of the casual nursing workforce, the province and RNU should explore reducing casual nurses' control over scheduling. This would increase their hours and promote a fair distribution of shifts between full-time staff and casuals.

Medium-term recommendations:

1. **Implement Technology And Innovative Models Of Care:** Continue the rollout of the Integrated Capacity Management System, expand telemedicine and virtual care, and improve communication and consulting through the use of technology.

2. **Allow More Flexibility In Scheduling:** Consideration should be given to offering increased flexibility in scheduling. A focus on increased shift flexibility will aim to reduce costs associated with recruitment and turnover, by retaining nurses who have the opportunity to regain more work-life balance.

3. **Ongoing Review of Provincial Nursing School Seats:** Once the amalgamation of the nursing schools has been completed, the province should ensure that nursing seats are reviewed to determine an appropriate number of provincial nursing graduates are being added to the supply.

4. **Invest In An Employee Resource Group:** Creating an Employee Resource Group or an Affinity Group will support the retention of internationally trained nurses by championing diversity, which can be an important tool for retention, promoting inclusion, and creating a safe space for networking, resources for mentorship and professional development among peers who have similar experiences or backgrounds.

5. **Implement Support Systems For New Graduates:** Provide a mentorship program for new graduates to ensure new nurses feel supported upon entering the workforce and have the opportunity to learn from senior staff and feel supported in working towards career goals.

6. **Prioritize Career Development:** Nurses value the ability to grow in their careers by making future career choices. Supporting the pursuit of career development financially and granting leave to nurses to pursue education will help retain nurses who leave their positions for educational opportunities.

Long-term recommendations:

1. **Improve The Perception Of Nursing As A Positive Career Path:** Create educational campaigns and media outreach programs that focus on positive aspects of nursing, target students and showcase the positive aspects of a nursing career to encourage the pursuit of careers in nursing, and develop partnerships between the government, nursing organizations, schools, media outlets and influencers with a focus on improving the perception of nursing in the province.

2. **Provide On-Site Childcare:** Provide on-site childcare to support nurses and reduce the stress that comes with balancing work and family responsibilities. Providing such care could lead to increases in job satisfaction, work-life balance, productivity and retention of young nurses.

3. **Foster A Positive Workplace Culture That Prioritizes Staff:** Provide support to nurses and allow them to feel empowered in the decisions being made in the workforce through the creation of a Nursing Steering Committee to bring nurses' voices to decisions.

4. **Track And Evaluate Progress:** Investments in recruitment and retention initiatives should be tracked and evaluated on an ongoing basis and progress should be reported back to stakeholders. A lean evaluation plan should be created for each recommendation that is actioned.

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1.0 Introduction

The nursing workforce in Newfoundland and Labrador is facing a complex set of challenges, staffing shortages have strained a healthcare system that was already facing the growing demands of an aging population, increased need for primary care capacity, and the threat of future public health emergencies like the Covid-19 pandemic. The trend of exiting employees and full-time staff moving to casual positions is exacerbating staffing shortages and adversely affecting employers' ability to provide comprehensive health services in the province. The trend towards casualization could be an indicator of a desire for career satisfaction and improved work-life balance, which may reflect evolving registered nurse values and priorities.

The Department of Health and Community Services (HCS), in their continued support for nurses, commissioned this report to better understand the workforce needs of Registered Nurses (RNs) and Nurse Practitioners (NPs) in the province and the impact of workplace conditions on the casualization trend.

The specific objectives established for this work include:

- Consultation with RNs, NPs, and Bachelor of Science in Nursing (BScN) students to understand their experiences and perception of: the current workplace; barriers to accepting permanent employment; how work-life balance could be improved; career aspirations and goals; and other factors contributing to the current situation;

- An analysis of casualization trends and other projected registered nurse workforce trends;

- A literature review and jurisdictional scan of Canada and other countries to identify approaches and best practices that have been mutually beneficial to both RNs and employers in addressing key trends;

- Recommended actions for the short, medium, and long-term, with change management implications that are mutually beneficial to both RNs and employers.

Through these objectives, this report aims to provide insight into the current experience, perspective and values of RNs and NPs in the province. This report also examines how similar healthcare challenges are being addressed in other jurisdictions and presents recommendations to support the province's efforts to grow and strengthen the nursing workforce.

Please note that for the purpose of this report the term 'nurse' refers to Registered Nurses (RNs) and Nurse Practitioners (NPs), unless otherwise specified.

1.1 Approach

This work was approached in three phases:

1. Phase 1: Analysis of Workforce Trends
2. Phase 2: Literature Review and Jurisdictional Scan
3. Phase 3: Recommendations

Phase 1: Analysis of Workforce Trends

The first phase of the project focused on gathering primary information to understand current nursing workforce trends in the province and the evolving values of RNs and NPs. The approach for stakeholder consultation was designed in collaboration with the Working Group and included three data collection methodologies, focus groups, online surveys, and interviews.

Throughout the consultation, efforts were made to obtain representation from RNs and NPs in different practice areas, who are at different stages of their careers and who work in urban and rural work environments across Newfoundland's four former Regional Health Authorities (RHAs).

For the purpose of this report the term 'nurse' refers to Registered Nurses (RNs) and Nurse Practitioners (NPs), unless otherwise specified.

Focus Groups

Five focus groups were conducted between January 8th, 2023, and January 11th, 2023, with RNs and NPs from all four RHAs and included a mix of permanent full-time, part-time, and casual nurses at various stages in their careers. Participants were recruited through a short survey, distributed by the Registered Nurses' Union Newfoundland and Labrador (RNU), and held online using zoom. In total, five focus groups were conducted, with a total of 27 participants.

The five groups consisted of: one group of nurses working at rural sites; one group of nurses aged 39 and under; one group of nurses employed as causal; and two groups with a mix of nurses working in different areas, of different age and employment status. Out of the 27 participants, 16 were employed permanent full-time, 10 had a casual position, and 1 person did not report their current employment status. Ten (10) participants were employed with the former Eastern Health Authority, 7 participants were employed with the former Western Health Authority, 5 participants were employed with the former Labrador-Grenfell Health Authority and 2 participants were employed with former Central Health Authority. Four (4) participants did not indicate the regional health authority with which they were employed. Eight (8) participants were from rurally located communities. Three (3) participants were retired, 10 participants were under age 39, 6 participants were over age 39, and for 6 participants' ages were unknown.

Surveys

Nursing Survey: A comprehensive online survey was developed in order to reach as many RNs and NPs as possible. The survey was programmed using Voxco and was distributed by email to approximately 5,300 members through the RNU. The survey was launched on January 16th and survey responses were collected over 19 days until February 3rd. Union members were sent one reminder email during the collection period to encourage participation. A total of n=1,302 individuals completed at least two-thirds of the survey for a response rate of 25%.[1] The survey took an average of 20 minutes to complete.

Nursing Student Survey: The nursing student survey was aimed at BScN students with the intention of understanding work values, expectations, and intentions of future RNs. The survey was programmed using Voxco and prepared for distribution by email on March 28th, 2023. The survey was approved and distributed by Grenfell Regional School of Nursing, Memorial University Faculty of Nursing, and the Centre for Nursing Studies. A total of n=87 individuals completed at least two-thirds of the survey for an estimated response rate of 6% assuming the survey was distributed to approximately 1,500 valid student emails.[2] The survey took an average of 18 minutes to complete.

Interviews

Fifteen interviews were conducted to gain a better understanding of current provincial systems and to gather perspectives from unit managers. Interviewees included:

- Provincial Project Manager Integrated Capacity Management, Government of Newfoundland and Labrador;
- Clinical Lead Integrated Capacity Management, Government of Newfoundland and Labrador;
- Provincial HR Lead Integrated Capacity Management, Government of Newfoundland and Labrador;
- Regional Manager of Utilization and Efficiency, former Western Health Authority;
- Clinical Efficiency Manager, former Labrador-Grenfell Health Authority;
- Executive director of the Registered Nurses' Union Newfoundland and Labrador;
- Professional Practice Consultant/HSPnet Coordinator;
- Senior Manager Health Workforce Planning, Government of Newfoundland and Labrador;
- Unit manager, former Central Health Authority and;
- Unit manager, former Labrador-Grenfell

Phase 2: Literature Review and Jurisdictional Scan

The second phase of work involved conducting a literature review and jurisdictional scan for best practices in addressing nursing workforce challenges across Canada and internationally. The jurisdictional scan examined Canada, as well as Europe, the UK, and Australia. Thirty-four (34) documents were reviewed during this phase of the research. Relevant findings from the review were themed and summarized by topic and relevance.

Phase 3: Recommendations

Key recommendations and actions were developed based on a synthesis of the first two phases of the research. The recommendations are organized into short, medium, and long-term goals, with key priorities highlighted. Recommendations are focused on addressing current nursing challenges while considering the future and/or changing needs of the workforce.

2.0 Current State

2.1 Practice Environment

Staffing Shortages

A total of 752 nursing vacancies were reported across Newfoundland and Labrador Health Services as of October 2022. Current shortages represent roughly three times the number of vacancies that the system can absorb and still operate normally.3 Many of the most pressing challenges nurses report facing in today's workforce can be traced back to staffing shortages.

Nurses repeatedly expressed concerns about staffing from a variety of perspectives, including both staff and patient safety (e.g., nurse-to-patient ratios). While best practice nurse-patient ratios vary by practice area (e.g., critical care versus an emergency room), nurses expressed concerns that these ratios are lower than needed to provide high-quality care. Nurses reported that staffing shortages have negatively impacted workload and quality of care. Additional concerns were shared regarding a lack of experienced and/or specialized staff on site.

> *"There has been a big hemorrhage of experienced people in the system…like PCAs, LPNs, and RNs…What I didn't expect when I arrived there was that I was going to be the most senior RN in the Health Science emergency…"*

Nurses indicated that many hospitals were "chronically understaffed." It was noted that a lack of staffing in other areas of the healthcare system is also contributing to burnout and exhaustion among nurses and has had a significant impact on overall morale and attitudes within the profession. Nurses suggested that staffing shortages have been a significant contributor to nurses leaving the profession. When casual nurses were asked about what would make them consider taking a full-time position, 42% of the responses cited improved levels of staffing.

Workload

Nurses feel overworked. Only 26% of nurses feel that their current workload is manageable. Reported workload varied by practice area with nurses in long-term and acute care settings being less likely to report manageable workloads than those in community health care or primary care settings. Specifically, only 25% of nurses in long-term care and 21% in acute care reported manageable workloads, compared to 44% in community health and 36% in primary care.

Figure 1. Percent of nurses who agree with the statement 'My workload is manageable' by practice area.
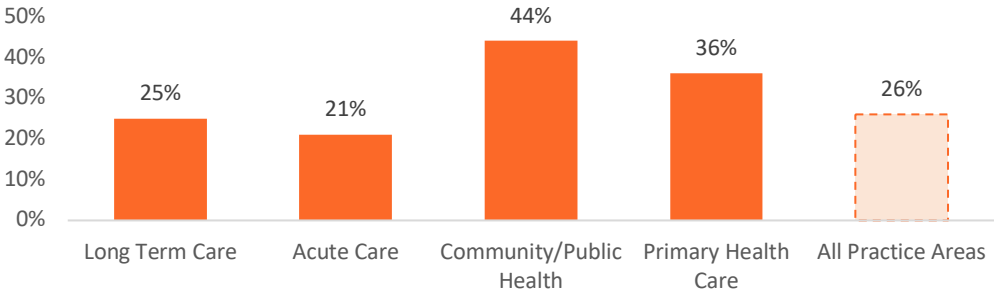
A similar pattern of workload by practice area was found in a 2015 nursing workload survey conducted in British Columbia. The study examined workload concerns by practice area and revealed 67% of acute care nurses, 54% of community care nurses, and 71% of long-term care nurses attributed workload issues to reasons they are intending to leave their current jobs.[4]

Younger nurses are more likely to report unmanageable workloads than their older counterparts. Only 13% of nurses under 30 years old considered their workload manageable, compared to 37% of nurses over 50 years old. The differences in reported workload based on age could be due, in part, to the fact that younger nurses tend to work in more demanding practice settings where staffing shortages are more severe, however, when age and practice area are examined together, nurses under 50 years old remain less likely to agree that their workload is manageable than nurses over 50 years old, regardless of area of practice.

Figure 2. Percent of nurses who agree with the statement 'My workload is manageable' by practice area and age.
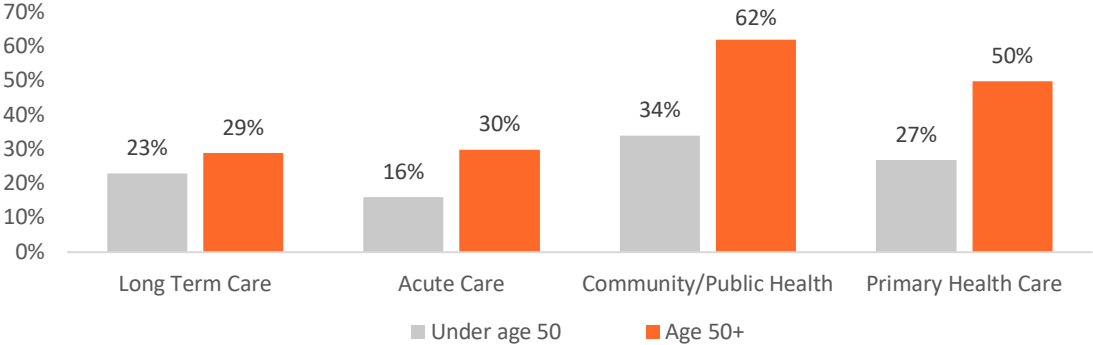
Non-nursing Duties

Nurses shared that non-nursing duties are taking away from their ability to manage their workload, provide quality care to patients, and do their jobs effectively and safely. Non-nursing tasks are those that could be delegated to other healthcare workers, including porters, ward clerks housekeeping, physio assistants and social work assistants. Nurses reported that they are frequently required to provide care and services that could be provided by other professions. For example, nurses may be required to spend portions of their shift delivering and retrieving food trays, doing clerical work, and cleaning rooms, to accommodate for staffing shortages. Forty-five percent of nurses reported that non-nursing duties (e.g., delivering food trays, escorting patients, cleaning rooms) significantly interfere with their ability to manage their workload.

Approximately 36% of nurses estimate that more than one-third of their average shift is spent on non-nursing duties, with 17% of those indicating that they spend over 50% of their time on such tasks. Notably, younger nurses are significantly more likely than older nurses to report spending more than half of their shift on non-nursing duties.

> *"I feel in the run of a day in the emergency I could feel like I'm anyone from a registered nurse to at someone's beck and call assistant, to someone's physical therapist, to their social worker…we do have a social worker assigned to the emergency department and a PT, but they're so overworked they're up on the other floors getting 10 people ready for discharge"*

Approximately 20% of nurses employed in long-term care and acute care indicated that during an average shift, they perform non-nursing-related duties 50% of the time or more (22% long-term care, 20% acute care). Nurses working in community health and primary health care settings are slightly less likely to report that they perform non-nursing related duties 50% of the time or more (3% community health, 5% primary health care).

Research shows that non-nursing demands are generally higher in hospital settings, where units are often poorly supported by both nursing and support staff. To address these concerns, one study suggested tracking tasks daily, then collecting this information and involving nurses in discussions and focus groups to highlight commonalities and areas of concern to aid in developing a plan to reduce time spent on non-nursing duties.[5,6]

To fill gaps and address issues related to nurses performing non-nursing duties, UMass Memorial Health has enabled administrators with clinical licenses to step in and provide some patient care in line with their skills. These duties could include delivering meals to providing bedside care. Additionally, hospitals in Dallas, Texas and Birmingham, Alabama have implemented sign-up sheets for staff members to determine who may be available to work various timeslots, based on their availability as well as experience and skills. Of note, these additional shifts are usually carried out in addition to an employee's usual work hours.[7]

In some areas of Newfoundland and Labrador, managers are increasing the hours of their non-nursing staff and re-examining the distribution of tasks in their unit. In many cases, non-nursing duties can be taken on by other professions and this redistribution of tasks has provided some relief as a short-term solution in creating more manageable workloads for frontline nurses while still maintaining patient safety. Union contracts can complicate this approach.[8] In March 2020, The Newfoundland and Labrador Association of Public and Private Employees (NAPE), the Registered Nurses' Union Newfoundland & Labrador (RNU), the Canadian Union of Public Employees (CUPE), and the Association of Allied Health Professionals (AAHP) signed the good neighbour agreement which gave the employer the right to assign employees tasks outside of their normal duties and/or bargaining unit. Employees were not expected to perform any tasks beyond their scope of practice or competence and could refuse assignments, provided that their refusal was reasonable, however, if there were not enough employees willing to take on a new assignment, the Employer could assign available employees at its discretion. In some cases, this meant that non-bargaining unit employees were asked to assist with bargaining unit work.[9]

I looked at job descriptions for all our healthcare team members (e.g., Physical Therapists, Occupational Therapist, Recreation Workers), to see what can they do within their own scope of practice that can help front line nurses. Our recreation workers were not working full time so now I have them working full time…when they come in, in the morning they are feeding residents because that is something that is within their scope. There are other disciplines social workers, physio, Occupational therapists] that can do this role – it becomes tangly with the union.

We look to see if there are any other support people available…other service providers, that can offset some of the workload. We've added some positions, like adding extra ward clerks or additional LPN support to try and offload the RN shortage but we're getting to the point where it's difficult to find other disciplines.

Access to Adequate Resources and Equipment

Many nurses reported feeling that they do not have the resources and support required to effectively do their job or to face challenging times at work. Forty-eight percent of nurses disagreed or strongly disagreed with the statement 'I have the resources and support to provide quality patient care.' Global shortages in raw materials, packaging, component parts and shipping containers have continued to negatively impact the Canadian healthcare system post-Covid-19.[10] Some nurses reported lacking basic resources and tools, such as suture removal kits, sterile scissors, monitors, and vital carts.

"I have been on a cardiac floor with no working EKG machine at times."

"…currently we are working with equipment held together with tape and elastic bands and there is no backup plan for supplies. We have recently run out of sterile scissors for dressings and suction tubing with nothing supplied in their place."

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Although some nurses spoke about challenges around lack of tools, equipment, and technology, it was often in the context of needing additional support staff such as stockers, to ensure the proper physical resources are available, organized, and easy to locate.

Safety

Thirty-seven percent of nurses agreed with the statement 'I feel safe at work.' According to Workplace NL, the Healthcare and Social Services industry accounts for 78% of all assault and violent act claims in the province. The injury rate due to assault and violent acts in Healthcare and Social Services is 3.6 times higher than the provincial rate. [11]

Some of the risks of workplace violence in healthcare settings that are particularly salient to many nurses' current practice environment include working when understaffed and in places with high worker turnover, long waits for patients or clients in overcrowded and uncomfortable waiting rooms, working with volatile persons or directly with people who have a history of violence or abuse drugs or alcohol, and working in high-stress environments such as emergency rooms or hospitals with work overload.

Practice area significantly impacts reported feelings of safety. Nurses working in acute care and long-term care settings were the least likely to report feeling safe at work (39% long-term care, 26% acute care). Sixty-one percent of nurses working in a community care environment reported feeling safe.

Figure 3: Percentage of nurses who report feeling safe at work by practice area.
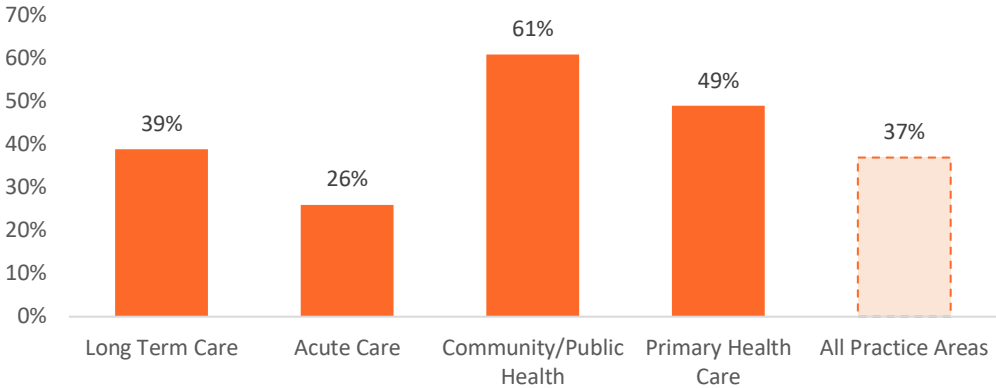
Reported feelings of safety at work also differed by age. Generally, feelings of safety increase with age. Nurses 40 years and older were significantly more likely to report feeling safe at work than younger nurses.

Figure 4: Percentage of nurses who report feeling safe at work
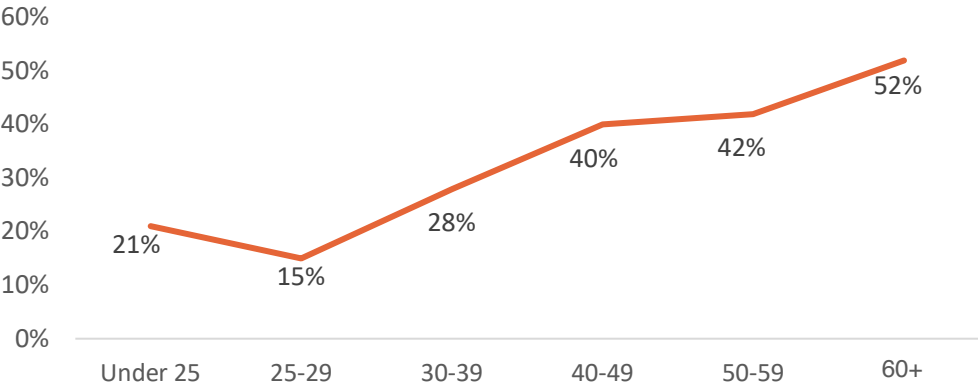
It should be noted that older nurses may be more likely to work in less demanding practice settings or in more senior roles that may have less patient or public interaction. When age and practice area are examined together, nurses under 50 years old remain less likely to report feeling safe at work, regardless of area of practice.

Figure 5: Percentage of nurses who report feeling safe at work by practice area and age.
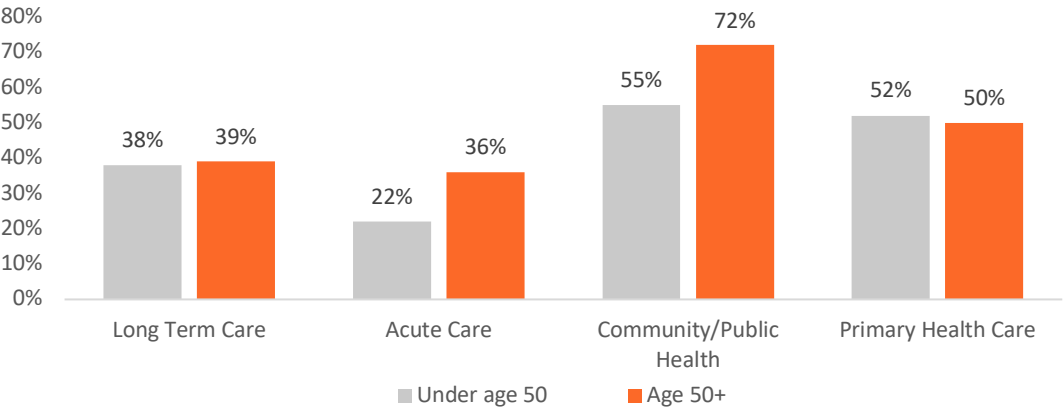
Although some of the feedback from nurses around safety focused on the treatment of nurses by patients, focus group conversations on safety more often focused on concern for patient safety. Nurses shared fear and guilt over not being able to meet patients' needs due to being overworked and understaffed. Although mandated overtime is used to fill gaps in schedules, nurses feel that the impact of workload and burnout on patient care due to long hours is significant. Nurses shared that they work incredibly long shifts often without any opportunity for proper breaks.

"No one should be working 20 out of 24 hours…I got mandated, I went home at 8:00 am, I came back at 12:00 pm noon. In a very critical care environment, it's not even sensible in my mind, it's not safe. I wouldn't want that nurse taking care of my mom and dad."

Nurses are concerned about their own safety and the safety of patients, particularly newer nurses in acute and long-term care settings. Information from Workplace NL on the percentage of assault and violent act claims that originate in the healthcare industry validates the need to prioritize safety measures and adequately address the underlying causes of violence in the workplace.[12]

Leadership

Feedback from nurses suggests that leaders may be struggling to provide the support nurses need in the current healthcare environment. Forty-nine percent of nurses do not feel that management supports them in trying to balance work and personal lives. Nurses shared that they do not feel that leadership is taking their concerns into consideration and that the contributions of nurses are not valued. Generally, nurses feel there is no recognition of the working conditions or acknowledgment of good work. Some nurses felt that managers were trying to be supportive but 'had their hands tied.'

"Management support is severely lacking and requests for additional support often fall on deaf ears"

Unit managers' primary responsibilities include overseeing patient care, supervising, directing, and developing nursing staff. Unit managers' report being regularly faced with staffing challenges that do not allow them to grant their front-line nursing staff the work-life balance and time off they know they need. Managers in some practice areas are put in positions where they are forced to mandate staff regularly and deny opportunities for educational leave that would allow nurses to advance in their careers. Managers feel that they understand the challenges that nurses are facing but that they are unable to support them in the current environment and maintain patient safety.

Unit managers are desperately trying to fill the needs [of the unit] and also give the staff what they need for their life so I'm sure they are stuck between a rock and a hard place…because they are trying to do both, and they can't – there is just not enough people."

I am mentally exhausted. I am drained I come to work every single day mandating staff. I just had to go pull two of my educators before this call and tell them they can't do their education because we need all hands on the floor - I have 6 people still mandated from nights just in this facility and it's every single day. You might randomly get a day, but I'd say in a two-week pay period I might have one day that I'm not dealing with staffing.

Some nurses expressed the belief that managers with less nursing experience, especially in relation to the demands of working on the floor, may have difficulty providing supportive leadership. According to individuals involved in the recruitment and supervision of unit managers, those with non-nursing backgrounds are sometimes perceived as lacking full comprehension of the challenges faced by nurses on the front lines. Although it is generally felt that nurse and non-nurse managers make a concerted effort to gain a comprehensive understanding of their unit's needs and are effective in their role.

"Non-nursing managers do a really good job of familiarizing themselves with what their unit needs are. I have heard a lot of feedback from staff about them not being happy with a non-nurse manager. I don't know that I would be able to judge if that is a valid concern or not, but from what I've seen, those managers really dig down deep into what the requirements are for their units."

Nurses who participated in focus groups felt that managers who have the skill and experience should take on nursing shifts or engage in more on-the-floor supervision. It was felt that sharing in the nurses' experiences could be beneficial to improving understanding of the challenges nurses are facing and encourage more support, as well as increasing efficiency and effectiveness at the managerial level.

"Our manager has nurse training, but he's never worked much in it on the floor"

Nurses also expressed a lack of support from leadership regarding furthering education – many nurses who participated in the online survey and/or focus groups wanted to return to school to pursue further education but had their requests for leave denied. Some nurses have risked losing their seniority in full-time permanent positions in order to go back to school – and working in a casual position has allowed them to do this.

Work-Life Balance

Perhaps one of the most significant concerns for nurses is a lack of work-life balance. Fifty-one percent of nurses feel that their work schedule does not have the flexibility they need to meet both work and personal demands and 50% feel that their home life is negatively impacted by their work. Nurses do not feel supported in their efforts to achieve work-life balance. Only 25% of nurses feel that management supports their efforts to balance their work and personal life.

The most common life/family demand that nurses cited trying to balance with work was personal health concerns. Fifty-five percent of nurses noted personal health among the life/family demands they were trying to balance with work, this was followed by elder care (34% of nurses

are trying to manage elder care responsibilities) and childcare (30% of nurses are trying to manage childcare).

"I had to leave my position I loved working at…I had two summers where I was unable to take vacation…I would have stayed in the hospital if it wasn't for scheduling problems…I applied for my son's birthday 14 months in advance because it was a special birthday and I got denied."

"You don't come back until they're sleeping and then they don't see you, but then I'm gone the next day."

Childcare was mentioned by participants in every focus group as being a significant challenge. The nursing system does not offer childcare for nurses and arranging childcare outside of work is challenging due to nurses being mandated or having unpredictable schedules.

"…you can't leave them there forever [referring to daycare], because work won't let you go home."

The theme of work-life balance and lack of control over schedules and the negative impact on personal lives were also heavily prevalent throughout the focus group discussions. Nurses who had switched to casual positions shared that although compensation and benefits were important for most, they were far less important than being able to regain control over their schedule and obtain a better work-life balance. Nurses reported both a lack of flexibility and autonomy in shift scheduling – most felt little to no control over their work schedules, and in turn, their personal life. For many nurses, this issue is exacerbated by a lack of childcare for young children, and mandated overtime.

Many nurses identified a better work-life balance as a primary driver for their decision to work casual as opposed to full-time permanent. Factors included the inability to take vacation and sick leave, the desire to spend more time with family, care for their children and/or aging parents, reduce their risk of burnout, and to avoid being mandated to work overtime.

Figure 6. I have the flexibility I need in my work schedule to meet work and personal demands.
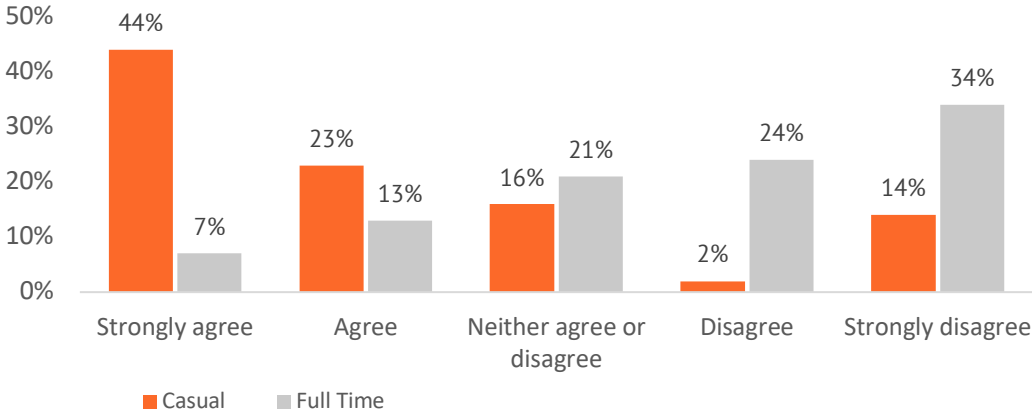
2.2 Health and Wellbeing

Stress and Burnout

Nurses spoke frequently about elevated levels of stress and burnout resulting from long hours, mandated overtime, and increased workload. Nurses described the stress associated with working without enough staff support and without the necessary resources readily at hand.

Fifty-one percent of nurses do not feel that the amount of stress in their job is manageable. Fifty-four percent of nurses indicated that their health is negatively impacted by their work. Nurses under the age of 30 were most likely to indicate that their health was negatively impacted by their work with 72% agreeing or strongly agreeing with the statement 'My health is negatively impacted by my work' (39% strongly agree, 33% agree). Forty-three percent of nurses aged 50 and older indicated that they felt their health was negatively impacted by their work.

Figure 7. My health is negatively impacted by my work.
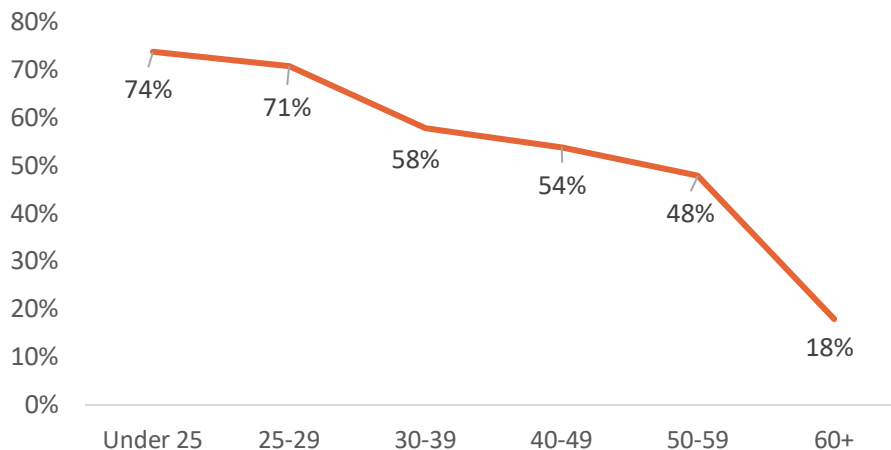
It is worth noting that generally, younger nurses who are and have been on the frontlines throughout the workforce shortage and who generally have less working experience, have been most heavily impacted – studies have shown younger nurses reported a higher prevalence of depression, anxiety, stress, and insomnia. [13]

Figure 8: Nurses' sentiments on whether their health is negatively impacted by their work; by care area.
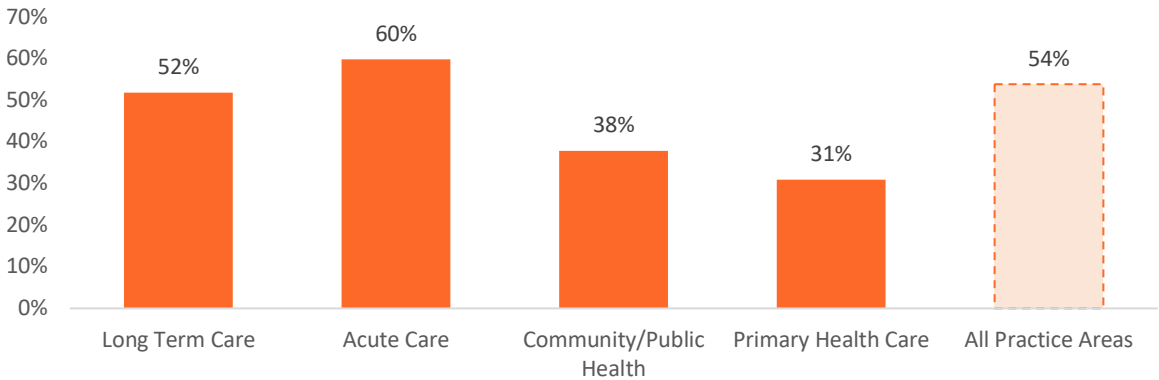
When analyzed by care area, those who work in long-term care and acute care were most likely to agree or strongly agree that their work is negatively impacting their health. Nurses working in community health and primary care settings were less likely to report that their health is negatively impacted by their work.

Job satisfaction

Overall job satisfaction is low for nurses in Newfoundland and Labrador. Less than a quarter of nurses (21%) reported that they are satisfied with their job, 47% indicated they are not satisfied, and 33% reported they are somewhere in the middle. Nurses reported not looking forward to going to work (50%). Approximately half of nurses do not feel they receive meaningful recognition when they do a good job and feel undervalued by management (49%), some nurses noted their desire for increased support from management for flexible hours and time off when needed. Nurses are also dissatisfied with their pay and benefits package, all contributing to low job satisfaction.

Nurses do receive some satisfaction from a sense of personal accomplishment provided by their work, and some derive a sense of purpose from nursing.

Nurses working in today's practice environment are discouraging others from pursuing nursing as a career, which may hinder recruitment efforts as prospective nurses seek advice on career choices from those in the sector. Currently, sixty-eight percent of nurses indicated that they would not recommend nursing to others as a great profession in Newfoundland and Labrador. A positive public image and perception of nursing as a potential career can be a powerful recruitment and retention tool. Research has shown that students' choice of nursing as a career and the decision to remain in the profession over time is closely related to the profession's image in the public and from the nurses' perspective.[1415] Research has also shown that nurses' perceptions of their public image can have an impact on their work performance and their

intention to leave the profession.[16] Nursing seat numbers in BScN programs in the province are still competitive and have a waitlist.[17]

2.3 Casualization

Nurses shared that one of the outcomes of the staffing shortage and the resulting increase in workload, stress, and loss of work-life balance, has been the loss of permanent full-time nurses to casual positions. As of October 2022, casual nurses represented 25% of the nursing workforce in the province. Newfoundland and Labrador have a higher proportion of casual RNs than any other Canadian province or territory.[18] Opportunities for full-time positions exist, but nurses are switching from full-time to casual positions by choice, preferring casual to full-time employment. Ninety percent 90% of casual employees reported that they work casual by choice and prefer to work in a casual position.

Twenty percent of the full-time permanent nurses surveyed indicated that they intend to leave their permanent position to work casual. Nurses are being drawn to casual positions for a variety of reasons, but the most significant motivator is to regain control over their scheduling and achieve a better work-life balance. The desire for flexibility is most often tied to a need to achieve work-life balance, to safeguard mental health and avoid burnout, or out of necessity due to childcare and eldercare responsibilities.

Top-of-mind responses to the question 'Why have you chosen to work as a casual RN/NP?' most often included mention of flexibility, control over scheduling and work-life balance. Priorities and reasoning did vary somewhat with age. Compensation (salary) and time off were more frequently mentioned by nurses under age 30 while childcare featured more prominently in responses from those aged 30 to 49. Focus group discussions mirrored the survey results with nurses speaking about control over their schedule and the impact of flexibility and control on work-life balance and mental health.

"It gives me the flexibility to not work if something comes up or my kids are sick while my husband is away etc."

"I made the decision to drop to casual employment within the last year. I am now able to have a healthy work life balance that I was not able to have before when working permanent"

"Better work life balance. Better for my mental health. More money with the ability to have private benefits that are better than those offered through work. Better able to manage childcare. Less mandation."

"…lack of childcare, unable to get annual leave or family leave due to lack of relief staff"

"I prefer to work full-time permanent however it was too stressful. I took a casual position and left my full-time permanent position in the unit I love with all the benefits because I was too burnt out and stressed from being mandated, no breaks etc. I was either going to go casual or find another career."

"I guess in my new role, I guess it's just a new job is a kind of satisfying thing, just a change moving to casual work, just having some control over that like work-life balance…just being able to go for my four weeks, then kinda being able to take my two weeks…so kinda being able to actually plan things together and not actually having to worry about getting annual leave is nice as well."

Table 1. Top of mind responses: Reasons for moving to a casual position.

Motivating Factors	Age 29 and Under	Age 30-49	Age 50-60+	Total Sample
Flexibility/Control over my schedule	48%	43%	17%	30%
Work-life balance	30%	24%	14%	20%
Time off	30%	17%	7%	15%
Childcare	9%	29%	5%	12%
Mental health/Avoid burnout	21%	14%	2%	9%
Money	18%	10%	5%	9%
Family	12%	10%	5%	8%
Preference	0%	0%	10%	5%
Working Conditions	9%	5%	1%	4%
Management	3%	7%	3%	4%
Full-time position not available/Not available in desired area	3%	10%	1%	4%
School/education	3%	5%	0%	2%
Employed full-time elsewhere	0%	2%	1%	1%
Retired	0%	0%	49%	26%
Other	0%	7%	8%	6%

Fifteen percent of nursing students intend on pursuing casual positions immediately following graduation. Responses from nursing students regarding why they would be likely to pursue a casual employment contract looked very similar to the responses from nurses with 69% citing a desire to have a work-life balance and 46% choosing to pursue casual positions because of a fear of being denied leave and wanting time off for family and other commitments.

Demographic of Casual RN/NPs in the Province

The age distribution of casual nurses is bi-modal with the majority of casual staff clustered around end of career/retirement with another spike corresponding with mid-career nurses around age 30.

Fifty-four percent (54%) of respondents working on a casual basis were identified as age 50 and older and thirty-five percent (35%) of respondents were between 26 and 39. It is expected that nurses nearing, or of retirement age would make up a significant portion of the casual pool of nurses, however, the concentration of casual nurses clustered around age 30 is likely due to increased personal demands at this life stage. Nursing is a heavily female-dominated profession, and women are more likely to adjust their careers to meet family demands.[19] Ninety-four percent of survey respondents identified as female which is very close to the breakdown of nurses who identify as women across Canada (91%).[20]

Feedback from the focus groups appears to validate these demographics, nurses with young families in particular. However, younger nurses reported the same working conditions, stressors, and negative impacts on work-life balance. Many survey respondents also identified challenges associated with caring for family-including children and elderly parents contributing adversely to overall stress levels.

Figure 9. Age Distribution of Casual Nurses
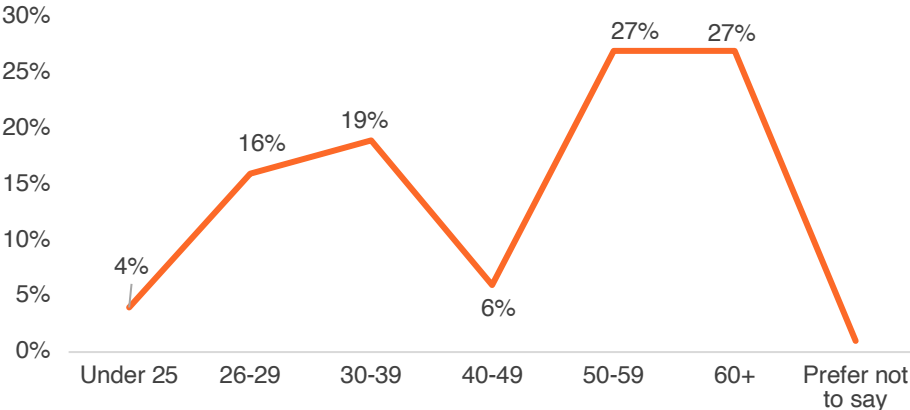
Agency/Travel Nursing

Travel nurses have been employed as a temporary measure to address staffing shortages in the province, filling gaps and providing relief for full-time staff while maintaining services. Travel nurses are registered nurses who work on a short-term basis, usually for 13 to 26 weeks, in healthcare settings away from their permanent residence, such as hospitals or clinics. Travel nurses have been a solution to fill gaps in areas where nursing vacancies are highest, to

maintain services across the healthcare system and provide relief for overworked full-time staff, however, the use of this temporary staffing solution has not been without implications.

Some nurses feel that travel nurses are perceived as providing less value than full-time staff. Although travel nurses may be experienced, they are new to the units that they are called to work in and may not have time to learn how a particular department functions due to the short-term nature of their contracts.

Feedback from focus groups also indicated that the use of travel nurses may have an impact on the morale of full-time nursing staff. Although nurses appreciate the relief, the pay disparity between travel nurses and full-time nurses is significant. Full-time nursing staff can feel resentful that travel nurses are making higher salaries.

As healthcare staffing shortages continue to escalate, opportunities for travel nurses in Atlantic Canada have grown. In Nova Scotia, 45 million was spent on travel nurses for long-term care over an 18 month period.[21] Similarly, one of New Brunswick's health authorities, Vitalité Health Network, spent 6 million on travel nurses in 2022, while the Government of Newfoundland and Labrador spent 8.8 million on travel nurses between January and October of the same year.[22] [23] The average hourly cost for a travel nurse is $295, with $70 to $100 of that amount going to the nurse, which is approximately twice the pay for full-time nurses.[35] This earning potential is highly appealing to many nurses who are willing to travel. Thirty-two percent of nurses surveyed for this report indicated an interest in becoming a travel nurse and thirty-nine percent have looked into positions with private nursing agencies.

Travel nursing is more appealing to younger nurses. Nurses under 40 years old were significantly more likely to have investigated a position with a travel nurse agency. Nurses shared that the considerably higher pay and greater flexibility is particularly appealing for younger nurses with fewer things "tying them down."

Figure 10. Nurses who have looked into positions with private nursing agencies.
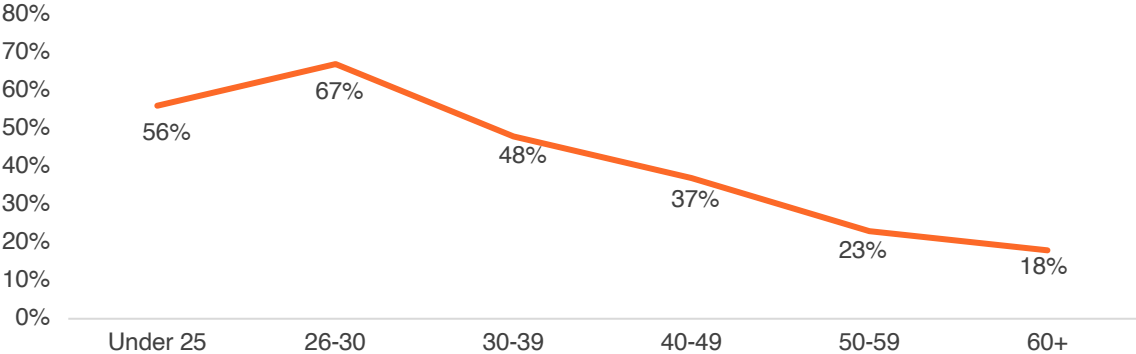
Seventeen percent of nursing students indicated that they intend to pursue work as a travel nurse upon graduation. When asked why higher rates of pay (57%) and the ability to travel to new places (57%) were the most common responses, followed by increased flexibility (29%) and work-life balance (29%) and the ability to expand skill sets and take on new learning experiences (29%).

"By obtaining a travel nursing position, I hold the ability to book myself for assignments of various lengths; Therefore I am able to create my own work life balance that is tailored to optimize my mental health and financial wellbeing..."

"Because they get better pay as well as getting to see new areas and travel many places."

"… higher wage, travel, more opportunities, better quality of life, better work-life balance, more support if issues occur, free certificates and training, bonuses, exploration, living accommodations, meals, overtime after 8 hours of work, scheduling that I agree with."

"…I've always been passionate about travel, and I'd like to travel while I'm still young and able..."

Travel nurses have been a crucial short-term solution to address immediate staffing needs in healthcare settings. However, the significant financial cost and potential negative impact on staff morale, along with the potential loss of younger nurses to agencies, suggest that reliance on travel nurses should be minimized as much as possible. As the healthcare industry in the province works to address long-term staffing challenges, solutions that will reduce reliance on travel nurses, that can provide more stability and support for both staff and patients should be prioritized.

2.4 Benefits and Incentivization

Leave

Annual vacation leave was noted as a highly important benefit for all nurses with 83% of full-time permanent nurses rating it highly important and 98% of full-time permanent nurses rating it important or highly important.

Other paid leave was also highly valued with 93% of nurses rating other leave (e.g., sick leave) as important or highly important.

The importance of leave was consistent across age groups and urban and rural sites. Nurses shared the importance of leave to support personal health, family, and educational pursuits for career advancement. Access to leave was referenced frequently as needed to avoid burnout or

the lack of access to leave as a contributing factor to burnout. Nurses suggested that in the current environment, leave could not be counted on or was often denied.

"An increase in the number of hours of leave may help [reduce stress and burnout], for sure."

"I don't see much value in annual leave when you can't get days off that you want because requests are never approved."

"[I choose to work casual] because I was unable to get annual leave or family leave due to a lack of relief staff."

Unit managers recognize the importance of leave and report being regularly faced with staffing shortages that do not allow them to grant full-time staff leave and maintain patient safety. Unit managers shared frustration that they are unable to mandate casual nurses, who should function as relief to provide full time-staff with leave. Unit managers reported that casual nurses rarely choose to work unappealing shifts so time off during holidays for full-time staff is not possible.

Salary

Salary is incredibly important to nurses and nursing students. When asked what benefits are most appealing to nurses (RNs and NPs), 74% of nurses' answers mentioned base salary or compensation. When nursing students were asked to rate the importance of factors affecting their future careers, 75% of students reported salary potential as being important or very important. Similarly, when casual nurses were asked, what would it take for them to consider a full-time permanent nursing position, 24% of respondents indicated that a monetary incentive, salary Increase, or compensation would make them consider a full-time position.

"More money I would definitely take a full-time position if the pay was equivalent to the work we do"

Nurses and nursing students also want or expect to have a high salary in the future. When nurses were asked what the most important thing is that they think the Government of Newfoundland and Labrador can do to retain permanently employed RNs across the province over the long term, the most frequent answers (55% of nursing respondents) were related to increasing pay, salary, wages, or providing financial benefits. Focusing only on NPs, when asked the same question, 84% of respondents mentioned focusing on pay, salary, compensation, incentives, and bonuses.

"Increase their wages and/or offer incentives to stay"
"Offer equal benefits and equal pay for equal work"
"Adequate compensation on par with other provinces"

When nurses were asked to think about the next 10 years and indicate what they most want from their career, the number one topic of conversation (26% of respondents) was good pay, salary money, compensation, or bonuses. When nursing students were asked to rate the importance of factors affecting their future careers, 75% of students reported salary potential as being important or very important. Eighty-four percent of student respondents agreed that they expect their careers in nursing to pay well.

Despite nurses and nursing students wanting a high salary, Newfoundland and Labrador nurses currently receive the second lowest payout of all the Canadian provinces. The minimum hourly rate (as of November 2022) in Newfoundland and Labrador for an RN was $33.64 and the maximum hourly rate was $41.65. This is a considerable difference from the highest-paid Atlantic Province of New Brunswick and lower than mainland provinces like Saskatchewan and Manitoba. While for NPs the hourly rate in Newfoundland and Labrador is as expected higher than RNs, they are still paid less than New Brunswick and NPs on the mainland. A complete list of RN and NP salaries by province can be found in Appendix C. [24]

Childcare

Childcare is a highly valued benefit by those with dependents. The challenges associated with a nursing schedule were brought up consistently in the focus groups and survey. A considerable portion of the conflicts related to work-life balance were related to childcare challenges. Sixty-seven percent of nurses indicated that they had dependents. Of those, 76% under age 39 felt that on-site childcare was important or highly important to them. Childcare benefits were most highly valued among nurses under 30 years of age. Eighty-eight percent of nurses under age 30 indicated that on-site childcare was important or very important to them as a potential incentive or benefit.

Childcare subsidies were also viewed as important incentives or benefits to those with dependents. Eighty-one percent of nurses under age 40 felt child-care subsidies were important or highly important. Childcare subsidies were viewed as more valuable than on-site childcare for nurses with older dependents. While only 33% of nurses aged 40 to 49 felt on-site childcare was important, 81% of nurses in that age range felt that child-care subsidies were important or very important.

Although childcare benefits are important to the majority of nurses with dependents, preferences for how those benefits are distributed (e.g., on-site childcare vs. childcare subsidy) change based on need.

It is acknowledged (both through this consultation and more broadly in the literature) that nurses have unique childcare needs, however, solutions are lacking, especially in Canada.

In the United States, there seems to be greater progress in providing childcare for nurses. For example, St. Joseph's Child Care Center, operating within St. Joseph's Hospital in Tampa, Florida offers an in-person childcare centre for staff whose children are between 6 weeks and 5 years old.[25] Another example is Bright Horizons, a chain of childcare facilities in the US that operates 82 hospital-based childcare centres for staff, in an effort to retain nurses and other health care professionals within hospitals.[26] In Canada, many of the major hospitals in Quebec have on-site or affiliated daycare centres, including the Centre de la Petite Enfance St. Mary, located inside St. Mary Hospital.[27] Centre de la Petite Enfance is a non-profit work-based child care service that provides priority registering for hospital employees and operates 120 childcare spaces. In Ontario, the Sunnybrook Health Sciences Centre, Toronto offers an on-site daycare with 70 spaces and more than 20 caregivers.

3.0 Looking Ahead

3.1 Future Intentions

Looking ahead, only 14% of nurses see a promising future for themselves in nursing in the province with 26% indicating that they intend to leave their current position within the next year. Many nurses (51%) indicated that they have seriously considered leaving the nursing profession altogether with 43% indicating that they plan to take early retirement.

There are several factors impacting the intentions of nurses regarding their careers - many have reported feeling undervalued, unappreciated, being subject to an at-times unsafe work environment, have had little to no work-life balance and flexibility, and face a lack of opportunities for professional development. These stressors are not unique to Newfoundland and Labrador and have been shown in the literature to have a significant impact on turnover intentions within the sector.

3.2 Staffing Needs

The number of nursing vacancies reported by Health Services Newfoundland and Labrador has been increasing since 2017, with 752 vacancies reported as of October 2022. The slow upward trend in vacancies spiked sharply in the past three years following the Covid-19 pandemic with vacancies increasing 162% from 287 in October of 2020 to 752 in October of 2022.

Nursing staffing shortages pre-date the Covid-19 pandemic, in the three years leading up to the pandemic between October 2017 and October 2019 vacancies increased 39% with a 5% average rate of change bi-annually. Post-pandemic, the average rate of change is estimated to have increased to 19% bi-annually. Although vacancies due to a shortage in staffing were increasing prior to the pandemic, the pandemic exacerbated the situation with nurses choosing

to take early retirement, moving to casual positions to take fewer hours, and choosing to leave the profession altogether.

Figure 11. External Recruitment Competitions 2013 - 2022
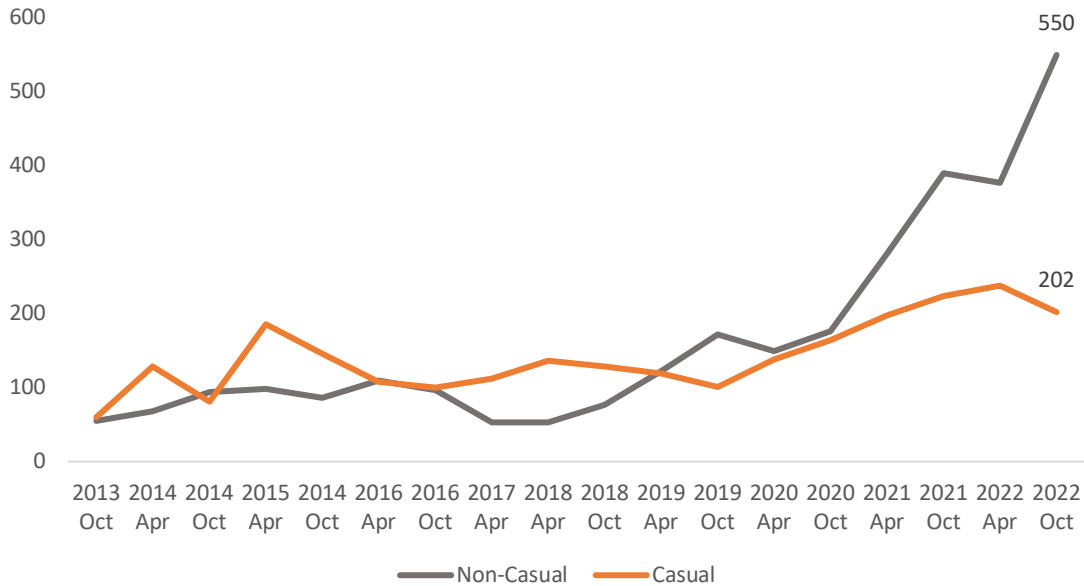
All regions in the province have experienced a marked increase in vacancies following the Covid-19 pandemic, although the vacancies in the Western region seem to have stabilized in the last year and a half. Eastern Health has experienced the most significant increase in vacancies.

Figure 12. External Recruitment Competitions by Employer 2013 to 2022
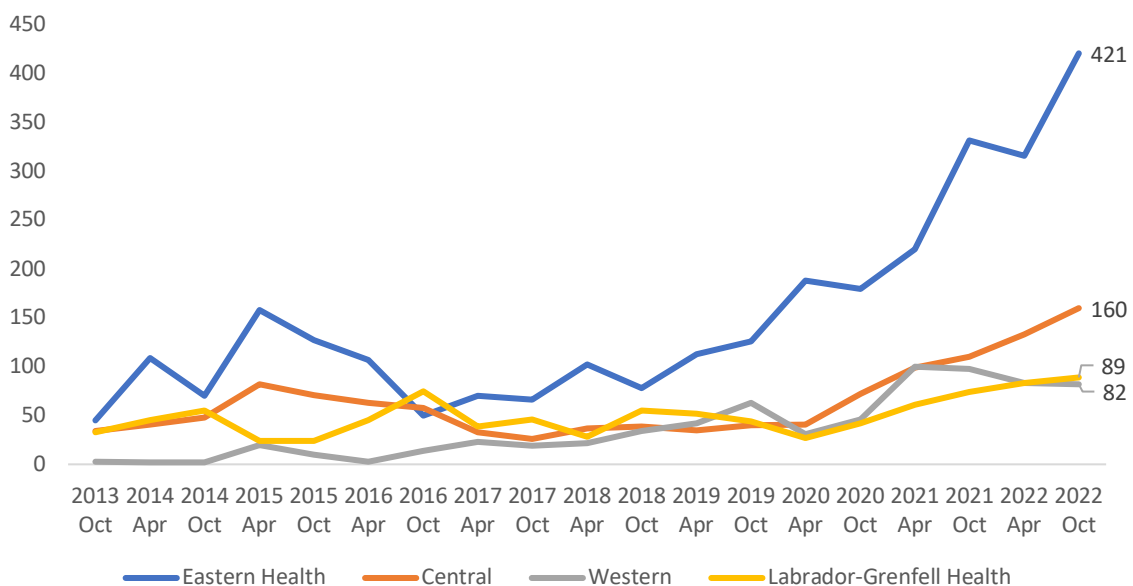
The vacancies for casual positions saw a decrease between April 2022 and October 2022 while vacancies for permanent full-time positions continued to increase sharply. This pattern is likely due in part to full-time nurses choosing to move to casual positions.[28]

Figure 13. External Recruitment Competitions by Employment Type 2014 to 2022

There are currently 6,429 registered nurses with practicing licences in the province as of 2022, approximately 87% of registered nurses are employed by the province.[29] Twenty-five percent of practicing nurses want 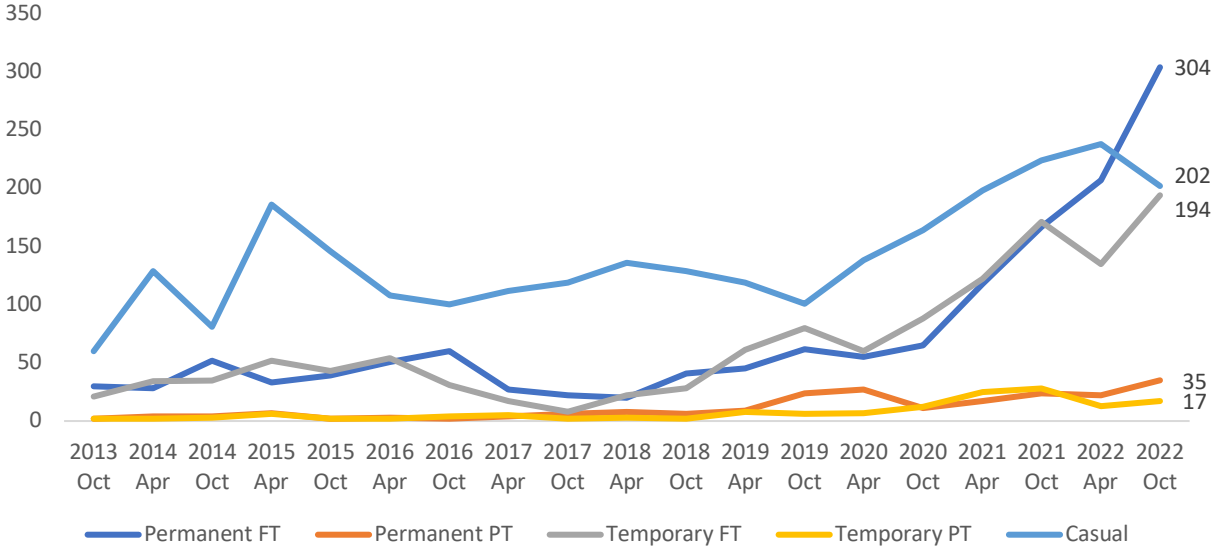to retire in the next 10 years. Nine-hundred nurses are currently eligible to retire and approximately 450 of the currently practicing nurses are over age 60. Twenty percent of the full-time permanent nurses surveyed indicated that they intend to leave their permanent position to work casual, a projected loss of 1,414 full time nurses. Although nursing schools in the province have increased seats, there was a 22% decrease in the number of Newfoundland and Labrador-educated nurses licenced to work in the province compared to 2020. This is primarily due to the transition from the two-year Fast-Track to the three-year Accelerated program, however, twenty-eight percent of nursing students surveyed did indicate that they were unlikely to stay in the province upon graduation and only 57% indicated they intended to take on full-time positions.

With the increased number of nursing seats and taking into account an increase in nurses desiring to take on travel nursing and casual positions, we can expect between 200 and 250 graduates to stay in the province in full-time positions annually. If this number holds, we might expect 2000-2500 Newfoundland and Labrador-educated nurses to enter the health care system in the province over the next 10 years. International recruitment efforts are currently aiming to attract 253 IENs from India to fill some of the immediate staffing needs.[30] Although this replacement rate may seem sufficient, due to the aging population, an increasing burden of

chronic diseases, and an increasing demand for home care services the demand for nurses is projected to increase over the next decade. Demand for healthcare workers between 2020 and 2030 is expected to increase by 16%, which could put the required staffing for nurses in the province at around 7,000 by 2030 with fewer than 6,500 available to fill that need.[1]

It is important to note that this projection is a very rough estimate and assumes that retention will not decrease. However, a 2018 analysis predicted a shortage of 117,600 nurses in Canada by 2030 and competition for trained nurses is growing not just domestically, but globally.[31] The number of Canadian nurses getting paperwork required to work in the United States has more than doubled in the last five years.[32]

The government of Newfoundland and Labrador is currently in the process of evaluating and awarding a contract to conduct a detailed core staffing review to provide more accurate projections on staffing needs for the health care system beyond nursing positions. The review will take into account the replacement of attrition, inclusive of turnover rates, expansion based on a population health-based approach and the projected growth of the provincial workforce as well as new graduates from the local Education Sector and those from from outside the local Education Sector as well as experienced health care workers from outside of the province or those returning to practice.[33]

Coverage Potential of the Existing Casual Workforce

Given the need to address the immediate nursing shortage, it is worth exploring the coverage potential of the casual nursing workforce in Newfoundland and Labrador. For example, Eastern Health currently has approximately 384 casual employees under the age of 60. The average coverage for a casual employee in the Eastern Health region is .66 full-time equivalent or 25.5 fewer hours per pay period than a full-time position. If the 384 casual employees were to take on the equivalent hours of a full-time position, that would add an additional 9,792 hours per pay period, or the equivalent of approximately 131 full-time employees: potentially reducing the region's current staffing needs by approximately 30%. It is highly unlikely that all casual staff under the age of 60 would be willing to take on 75 hours in shifts per pay period. Based on survey responses, 53% of casual nurses want to work a maximum of 50 hours or less per pay period, the potential coverage is still 4,615 hours or the equivalent of 61.5 full-time positions which would reduce Eastern Health's current staffing needs by approximately 15%.

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[1] If it is assumed based on current staffing and vacancies that the current nursing need is approximately 6,300 and that this number will increase by 16% between 2020 and 2023, based on this, staffing needs for the province could reach approximately 7000 by 2030. Assuming 1,600 nurses in the province will retire in the next 10 years, and provincial education will add approximately 2,250 new nurses we can assume that with no additional recruitment efforts approximately 6,450 nurses will be available to fill these seats.

Encouraging Increased Hours for Casual Staff

Considering the proportion of casual nurses currently in the healthcare system who are not working full-time hours, it is important to consider the potential impact that increasing the number of hours casual work could have on the current state of the workforce.

Increasing the hours of casual nurses has the potential to alleviate some of the strain currently faced by the healthcare system and full-time nursing staff. If the workload was spread more evenly between full-time and casual staff, this could reduce burnout and stress. To achieve this, employers may need to have some control over casual nurses' schedules, allowing them to better allocate staffing needs and provide relief to full-time staff. For example, requiring casual staff to work certain shifts, including less popular ones, could provide full-time staff better access to leave while maintaining services. Casual nurses cannot be mandated, however, employers may be able to work with them to agree on some reduction in control of scheduling to encourage a more equitable distribution of shifts, ultimately benefiting both the healthcare system and nursing workforce. With a potential 15% reduction in staffing needs in some areas, it is worth exploring ways to optimize the use of the casual nursing workforce while ensuring that both casual and full-time staff have the support they need to provide high-quality patient care.

When asked about their willingness to work additional shifts or hours, 33% of casual nurses cited increased compensation as a crucial factor. However, respondents also expressed that improving staffing shortages, facilitating a better work environment (with enhanced safety measures, more floor assistance and scheduling support, and greater employer respect), and addressing work-life balance concerns would make them more likely to take on additional shifts or hours.

The following table illustrates the most cited 'top-of-mind' responses from casual nurses in response to the question 'What would it take for you to consider taking on more shifts/hours per pay period?' The importance of compensation compared to safe staffing levels and working conditions varied with age. Since casual nurses have more control over their work schedule and are able to better manage their work-life balance, financial incentives are the biggest motivator for taking additional shifts although many casual nurses shared that they have no interest in taking on more hours than they currently work.

Table 2. Casual nurses' responses to 'What would it take for you to consider taking on more shifts/hours per pay period?' by age.

	All Ages	Under 29	30 - 39	40 - 49	50+
Monetary incentive Increased Compensation	33%	42%	28%	10%	34%
Not interested	25%	9%	16%	30%	35%
Safer staffing/More staffing	14%	30%	22%	10%	6%
Flexibility/Control over my schedule	10%	12%	16%	0%	8%
Working Conditions/Manageable workload	8%	24%	6%	0%	4%
Support from Management/Coworkers	8%	18%	19%	0%	2%
Willing to work more hours	6%	3%	13%	0%	4%
Time off/Working less	5%	9%	9%	0%	2%
Childcare	5%	3%	19%	0%	1%
Work life Balance	2%	3%	6%	0%	1%
Currently work full time hours or more	2%	3%	6%	0%	0%

3.3   Recruitment Trends

Targeting Internationally Educated Nurses (IENs)

Immigration is increasingly seen as a potential solution to address the nursing shortage and help fill in staffing gaps in the short term across the country.

British Columbia, Ontario and Nova Scotia are examples of provinces that have recently increased efforts to bring international nurses to hospitals, by way of reducing entry barriers (e.g., covering application and assessment fees, developing practice experience programs, and reducing timelines for internationally trained nurses to obtain a license to practice).34

Newfoundland and Labrador is also actively working to reduce barriers and recruit international front-line healthcare workers. Representatives from the province made recent trips to Ireland and the UK to fill vacancies.35 The province has also recently opened a recruitment office in Bangaluru, Karnataka, India focused specifically on recruiting IENs. This recruitment effort will create awareness and get in touch with trained nurses, nursing institutions, and nursing students with the intention to persuade nurses that Newfoundland and Labrador is the best destination for immigrants. The recruitment plan in Bangaluru follows the model of a satellite office that was started in Poland to bring Ukrainian refugees. The office in Poland has successfully moved over 160 Ukrainians to the province. The current target for the Bangaluru recruitment initiative is 243 nurses.

Most Canadian provinces as well as other countries are adopting similar and aggressive international recruitment strategies leading to increased competition.36

It's important to note that retaining the IENs that provinces attract may require additional resources and supports, as there may be challenges related to language proficiency, cultural differences, and adjusting to the healthcare system in a new country.

Financial Incentives

Financial incentives have been a primary recruitment tool in the global competition for internationally trained nurses, and to attract nurses from other jurisdictions within Canada. Previous research shows that financial incentives can encourage the attraction and retention of nurses, and while financial incentives can be effective at improving retention, they are most effective when paired with other strategies (e.g., educational opportunities, improvements to the work environment or improvements to work-life balance).37

One financial incentive that has been referred to in prior research as being incredibly efficient at increasing the retention of nurses is increasing nursing pay or salary. In a report in 2022, nurses rated an increase in pay as the topmost strategy to convince them to stay in their current position.38 Similarly in 2014 a report by the Centre for Health Workforce Studies at the University of Washington reported that salary was identified by nurses as being important for recruiting and retaining both NPs and RNs.39

3.4 Technology

Capacity Management Systems

As technology develops, the healthcare system is evolving their digital tools, leading to the development of digital capacity management systems. Capacity management software can provide numerous functions to hospitals that were typically done through paper or verbal systems thereby increasing the efficiency of care.18 Capacity management systems can automate patient room and staff assignments which increases bed turnover capabilities by communicating bed status automatically, allowing additional patients to be treated.18 As patients are being treated more efficiently, these systems can also decrease wait times, as well as the overall duration of time spent in the hospital.40 These systems can identify complex and high-risk patients, allowing for more focused and immediate care.

The ICM System and HealthStream

The healthcare system in the province has partnered with HealthStream to create a new Integrated Capacity Management (ICM) system that will aid in both the scheduling of staff and capacity management. The system is intended to: "Include demand forecasting and provide a strategic view of patient acuity in those health-care facilities which have the system

implemented. ICM will assist with optimizing employees' abilities and time to contribute to patient care; enhance system efficiencies that will support clinical staff, physicians, and support services in providing care, and provide support for patient's during their health journey in Newfoundland and Labrador."[41]

HealthStream is a company that provides digital tools to healthcare organizations and hospitals. Specifically, focused on providing "healthcare applications, content, and solutions for empowering staff and delivering operational improvement."[42] HealthStream's three main products (i.e., ANSOS, Enterprise Visibility, and Capacity Planner) are equally compatible with each other, meaning a user can integrate the three products, improving their overall usability and can help healthcare organizations manage staffing shortages in a few ways:[43]

1. ANSOS can help healthcare organizations optimize their existing staff schedules by automating the process of creating schedules and tracking time and attendance. This can help managers identify staffing gaps and redistribute workloads to ensure safe staffing levels for patients.
2. Enterprise Visibility provides real-time data on patient flow, length of stay, staffing, and other performance indicators. This can help leaders identify areas where staffing shortages are causing problems in order to adjust staffing levels or workflows.
3. Capacity Planner uses predictive analytics to forecast future demand and identify potential staffing gaps. This allows healthcare organizations to plan ahead and adjust staffing levels or recruitment efforts to avoid shortages.

The overall goal of ICM is to improve the healthcare system so both staff and patients have a more positive experience. The project will focus on patient flow, staffing, and improving the quality of care. The current system is outdated, and the new ICM system could lead to improvements for both nurses and patients.[44] The partnership between HealthStream and the provincial healthcare system is a vested partnership model, and the project has a 30-month timeline.[45]

3.5   Impact of The ICM System on Nursing in Newfoundland and Labrador

Capacity Planning

Capacity Planner is HealthStream's capacity planning tool that allows care providers to maximize capacity, improve staffing resource alignment, and deliver exceptionally safe care, all by forecasting patient demand.[46] Hospitals can use their existing HIS through which Capacity Planner can form a visual dashboard showing how staffing, resources or scheduling are changing overtime. Capacity Planner can incorporate patient demand data, which is useful for reconciling past experiences with emerging care and reimbursement models. It can also combine arrival data and analytics to simulate a model and assess the impact of various scenarios.

While Healthcare in Newfoundland and Labrador has historically been somewhat reactive, a Capacity Planning tool may lead to better forecasting allowing the healthcare system to plan ahead.[47] Capacity planning could also help with scheduling nurses for births and surgeries, as well as planning for leave and vacations. It could help in widening nurses' areas of expertise through assisting with new tasks to help other nurses, allowing them to become more flexible and proficient in performing various nursing duties.

Self-Scheduling

ANSOS is a hospital-level staff scheduling tool used to balance scheduling staff with demand for nurses. It utilizes patient acuity data and forecasting to help efficiently schedule staff at a systematic level.[48] The main goals of ANSOS are to improve the scheduling process while maintaining work-life balance for staff. ANSOS allows users to log-in from any location, so nurses can easily access their schedules from home to send leave requests, add and swap shifts, and enable push notifications for when shifts become available. Self-scheduling could allow nurses to move amongst units or departments providing them the possibility to try different areas or types of work, while allowing for better ability to cover for other nurses on leave. It would be important to note this may require direct management involvement in order to coordinate shifts and ensure nurses taking shifts across various areas have the appropriate qualifications and also are oriented to each new area.

Additionally, a significant number of full-time staff have turned to casual work as a result of a lack of control over their schedules, and a preference to not be mandated. The products offered by HealthStream do not incentivize full-time employment or casual employment. However, a capacity management system could provide transparency, flexibility, and fairness of scheduling, leading to less full-time staff moving to casual positions to acquire a more flexible schedule. Self-scheduling could also increase competition for shifts, which could help reduce vacancy rates by having casuals commit to more shifts. Self-scheduling could also create a sense of belonging to the nursing system that casual nurses have not had previously [49]. Overall, giving casual nurses a feeling of belonging and increasing competition for shifts may drive casual

nurses to take more shifts. While casual nurses are not the most optimal solution to nursing shortages in the province, they could increase nurse staffing levels, allowing for more support to understaffed areas, ultimately helping to ensure permanent RNs are retained (by way of improving working conditions and workload concerns, reducing burnout, improving quality patient care, etc.).

Within ANSOS, the ICM system intends to move towards 12-week schedules to have better planning of staff, however nurses in New Zealand who have implanted similar capacity management systems have found that it is too challenging to plan 12-week schedules, as nurses are not aware of family and life events so far in advance.[50] Having longer shift schedules could negatively impact work-life balance, again leading to more full-time nurses pursuing casual employment to receive better flexibility. Thus, it would be more appropriate to have shorter schedules to allow nurses the flexibility and balance they are seeking.

Patient Acuity Managing

Another tool that can be used to allow for nursing care in departments and units that require additional assistance is HealthStream's Acuity and Assignment Manager. Acuity and Assignment Manager can use demographic data (e.g., from ANSOS), resource data, and staff assignment data (e.g., from an EMR) to create staffing assignments based on patient acuity, nursing skill sets, nurse credentials, and regulatory requirements of nurses. [51]

Through the Acuity and Assessment Manager, leadership can view patient acuity levels and total census to help manage workload imbalances and provide care to patients. Nurses can be moved to different departments or units to accommodate for gaps within scheduling.

Another issue with the nursing workforce in Newfoundland and Labrador is that nurses are experiencing burnout and elevated levels of stress.[52] Staff could be moved based on acuity to help support more demanding or stressful departments. Moving staff to areas that are of higher stress or with more patient demand could decrease the amount of stress amongst full-time staff. Leadership can also use the Acuity and Assessment tool to communicate future staffing schedules that match patient needs with available staff. Acuity and Assignment Manager also creates specialized screens that show the demand and complexity of patients in each individual unit, which allows for staff to be flexible where needed, and if required, can rearrange schedules to meet patient needs.

However, it should also be noted that while these tools could help improve patient care, nurses in Newfoundland and Labrador often feel attached to their units and therefore moving them around the hospital may decrease retention of full-time permanent staff.[53] Two potential suggestions to limit resistance from nurses who are moved to other units would be to ensure they are assigned tasks on these new units that they are accustomed to completing, and to have them assist other nurses on the unit instead of being directly assigned to patients. It would be important to consider the impact of moving areas and picking up new tasks on nurse stress levels therefore ensuring they have the necessary supports is critical. Additionally, moving

nurses based on acuity is inefficient when the entire healthcare system is understaffed. If a healthcare system has a very low nurse to patient ratio (e.g., 1 to 5), this contradicts the purpose of the acuity tool, and it becomes difficult to move nurses around units to accommodate for higher acuity patients. It should be noted that ensuring appropriate staffing levels is paramount, and adjusting based on acuity is only effective if these levels are sufficient.

Tracking Patient Activity

Enterprise Visibility is HealthStream's patient flow software which synthesizes care data from across the nursing system to improve communication of leadership.[54] HealthStream explains that Enterprise Visibility is designed for health systems to improve staff efficiency and patient care. It provides a geospatial view of bed availability, incoming patients, and pending discharges, as well as visual prompts (including patient turn and fall indicators). Overall, the tool can track each patient's activity through the healthcare system. The tool can use patient data to help nursing teams quickly fill available beds, monitor discharges, facilitate transport, direct environmental services, and identify at-risk patients.

In Newfoundland and Labrador, the current nursing workforce is short-staffed.[55] Allowing for more timely care could decrease stress on nurses, while also maximizing the quality of patient care they can provide, even with small numbers of staff.

Capacity management software can provide numerous functions to hospitals. The overall goal of ICM is to improve the healthcare system so that both staff and patients will have positive experiences within the healthcare system. While the ICM system is unlikely to directly impact nursing preferences for casual or full-time employment, it could lead to improvements for nurses in the healthcare system by allowing for better flexibility of scheduling, leading to less full-time nurses leaving for casual positions, increasing uptake of shifts by casual nurses through competition in self-scheduling, improving efficiency and quality of care through patient flow and acuity based systems, and providing support to overstressed nurses attending to high-needs patients.

However, serious consideration needs to be given to areas of the ICM system that could be met with resistance from nurses, including suggestions to have longer 12-week schedules and moving nurses to different units based on patient acuity. If consideration is given to the problems in the system to which nurses are resistant, the ICM system could be an incredibly beneficial tool to help improve the current nursing workforce. Additionally, the employer will need to fully commit to long-term change management and should focus on providing staff with ample opportunities for feedback throughout the process.

4.0 Nursing Workforce Challenges and Solutions: A Review of the Literature and Practice

A literature review and jurisdictional scan were conducted to better understand the nursing workforce across Canada and internationally. The goal of this literature review is to guide recruitment and retention for nurses in Newfoundland and Labrador, by examining practices from other national and international jurisdictions.

The methodology for this work included conducting on-line database searches. Academic, peer-reviewed, and non-peer-reviewed literature (including technical reports, presentations, articles, and public data) were reviewed as part of this effort.

4.1   Key Highlights of Canada's Nursing Landscape

The most recent data available through the Canadian Institute of Health Information (CIHI 2021 data) shows an increase in the number of nurses nationwide. From 2020 to 2021, the number of regulated nurses increased by 2.4% across Canada, although it should be noted that the increases varied by designation and area of specialty. [56] Nationally, the highest increase among nurses was for NPs, which experienced a 10.7% growth from 2020 to 2021, while RNs saw 2.5% national growth during this timeframe.

Furthermore, from 2020 to 2021, there was an increase in the number of NPs and RNs employed in direct care, with the exception of a 2.2% decrease of RNs working in nursing homes and long-term care facilities, as shown in the table below.[57]

Table 3. Direct Care Employment 2020-2021

Direct Care Setting	% Change, 2020 to 2021 (Canada-wide)	
	NPs	RNs
Community Health Agency	11.7%	3.8%
Hospital	8.5%	1.4%
Nursing Home/Long-term care Facility	18.4%	-2.2%

In terms of employment status, Table 4 illustrates CIHI data from 2021, 6.3% of NPs and 16.1% of RNs in NL are casual employees which is the highest casual proportion of casual RNs among any Canadian province or territory.[58] More recent data provided by the government of Newfoundland and Labrador indicates a higher percentage of casual employees, with 22% of NPs and 26% of RNs working as casual employees.[59,60] Discrepancies between CIHI's data and data reported by Newfoundland and Labrador Health Services are the result of methodological

differences. The discrepancy between the two sets of data can be attributed to methodological differences. For example, the higher percentage reported by the government of Newfoundland and Labrador may be influenced by the fact that casual nurses may not be removed from employment counts until they have been inactive for 2 years. [2]

Table 4. Registered Nurse Employment Status

Registered Nurses			
Province/Territory (Data unavailable for PEI, MB, NWT, NU)	**Full-time**	**Part-time**	**Casual**
NL	72.8% (n=4247)	11.1% (n=645)	16.1% (n=642)
NS	69.6% (n=6640)	17.9% (n=1710)	12.5% (n=1192)
NB	65.2% (n=4914)	23.4% (n=1764)	11.4% (n=857)
QC	64.2% (n=46,897)	29.6% (n=21,596)	6.3% (n=4569)
ON	69.2% (n=68,397)	24.6% (n=24,324)	6.2% (n=6178)
SK	59.3% (n=6433)	28.0% (n=3035)	12.7% (n=1375)
AB	44.8% (n=15,410)	42.1% (14,468)	13.1% (n=4501)
BC	57.2% (n=21,906)	29.1% (n=11,131)	13.5% (n=5166)
Yukon	55.1% (n=299)	32.6% (n=177)	12.3% (n=67)

Table 5. Nurse Practitioner Employment Status

Nurse Practitioners			
Province/Territory (Data unavailable for PEI, MB, NWT, NU)	**Full-time**	**Part-time**	**Casual**
NL	85.9% (n=176)	7.8% (n=16)	6.3% (n=13)
NS	85.8% (n=194)	10.2% (n=23)	4.0% (n=9)
NB	78.4% (n=116)	11.5% (n=17)	10.1% (n=15)

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[2] Priority will be given to data provided by key provincial stakeholders such as RNU, CNNL and the province of Newfoundland and Labrador.

QC	93.4% (n=877)	5.0% (n=47)	1.6% (n=15)
ON	76.1% (n=2778)	20.1% (n=734)	3.8% (n=137)
SK	70.4% (n=169)	20.8% (n=50)	8.8% (n=21)
AB	63.1% (n=378)	30.4% (n=182)	6.5% (n=39)
BC	71.7% (n=451)	21.3% (n=134)	6.2% (n=39)
Yukon	59.1% (n=13)	36.4% (n=8)	4.5% (n=1)

In addition to a high proportion of casual employees, nurses in Newfoundland and Labrador also work a notable amount of overtime. Specifically, nursing inpatient services (42%) and administrative and support services (31%) make up the largest share of overtime hours among hospital staff in the province.[61,62]

Figure 14 Overtime Hours by Hospital Service Area
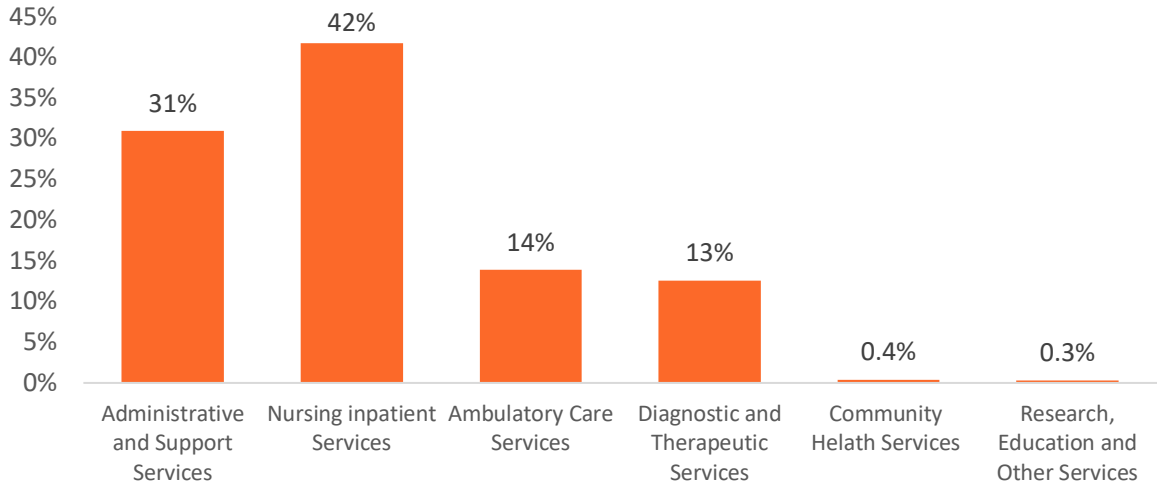
Addressing the Nursing Shortage

Despite data showing increased rates of nurses, the supply does not meet the demand. As a result, there has been increased attention on the nursing shortage across Canada. The first steps many provinces have taken to address this issue is increasing funding to add more seats for nursing education programs. For example, Ontario added over 2,000 seats; British Columbia added 600; Saskatchewan added 150 seats, and Nova Scotia added 70. Newfoundland and Labrador added 72 seats across three sites: Happy-Valley Goose Bay, Grand-Falls Windsor,

and Gander resulting in a 25% increase in capacity. Additionally, funding was also increased for rural placements and specialization support to increase nursing placements in areas such as addictions and mental health.[63]

However, while funding for additional seats is one strategy for increasing the number of nurses, it is widely recognized that other strategies need to be implemented to for a holistic approach to addressing the issue.

Reasons for Nurse Turnover

The Canadian Federation of Nurses Unions reported that 94% of nurses experience symptoms of burnout.[64] Therefore, despite increased enrollments of nursing students, turnover is highly due to negative workplace experiences and associated burnout, especially in high demand healthcare settings. A 2022 international survey conducted with nurses from France, Singapore, UK, Japan, US, Australia, and Brazil found the top 5 reasons nurses were planning to leave their jobs were:[65]
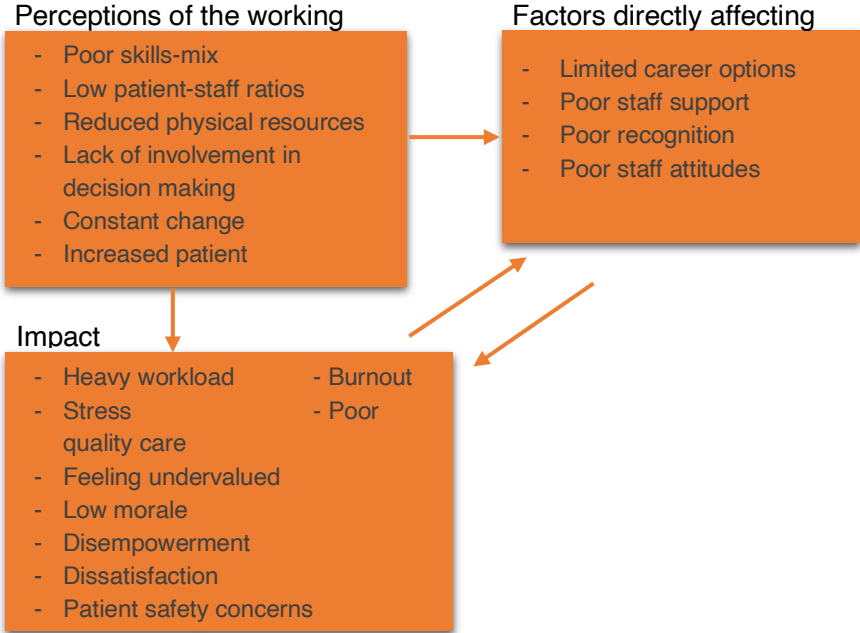
- The desire for a safe work environment
- Wanting better work-life balance
- Desire for caring and trusting colleagues
- Wanting to do meaningful work
- Having a more autonomous and flexible work schedule

In all countries except Brazil, between 21-38% of nurses stated they are likely to leave direct patient care within the next year. While some nurses said Covid-19 influenced their decision, others stated their decision was due to work conditions.

Interestingly, when asked what would make them stay, compensation was not included in the top three reasons to stay for any country, except Japan. This indicates that motivation for leaving is not necessarily driven by financial reasons, but more so by nurses' working conditions and job experiences.

An Australian study conducted with 362 nurses across the country summarized four key factors affecting nursing turnover: (1) limited career opportunities; (2) poor support; (3) lack of recognition; and (4) negative staff attitudes.[66] The nurses in this study discussed factors affecting their work environment, such as inappropriate skill-mix, inadequate patient-staff ratios, lack of qualified overseas nurses, low involvement in decision-making processes, and increased patient demand. As a result, nurses reported feeling undervalued and disempowered due to the work environment.

Figure 15. Relationship between factors reported to affect the nursing working environment and their impact upon nurses and their decision to remain in their jobs and the profession

Perceptions of the working
- Poor skills-mix
- Low patient-staff ratios
- Reduced physical resources
- Lack of involvement in decision making
- Constant change
- Increased patient

Factors directly affecting
- Limited career options
- Poor staff support
- Poor recognition
- Poor staff attitudes

Impact
- Heavy workload   - Burnout
- Stress   - Poor quality care
- Feeling undervalued
- Low morale
- Disempowerment
- Dissatisfaction
- Patient safety concerns

Collective Agreements across the Country

A 2022 report by the Canadian Federation of Nurses Unions highlighted several comparisons between nursing contracts across the country.[67]

Of note regarding salary, nurse practitioners in Newfoundland and Labrador have the lowest maximum income (top of the range $105,339/year) in comparison to all other provinces.

Newfoundland and Labrador have the highest number of paid statutory holidays (14), and rates of pay for statutory holidays are on par with most other provinces across the country (1.5x basic rate; 2.5x basic rate on day of rest).

Wage premiums

Regarding wage premiums, Newfoundland and Labrador have the lowest wage premium for nights (hourly) - $2.30. On the upper end, Alberta offers a premium of $5.00/hour for nights. Newfoundland and Labrador's on-call rates are also generally lower than other provinces, at $30.60 per shift, with a minimum of 12 hours. With respect to position-specific premiums, Nova Scotia and Newfoundland and Labrador offer the lowest premium for in-charge nurses (hourly) – $0.70 (in the absence of a manager) within Nova Scotia, and $0.85 in Newfoundland and Labrador.

Academic allowances

In terms of academic allowances, some provinces measured allowances based on an hourly rate of time worked, per month, or per year. According to data available, Ontario offered the lowest post-graduate 3-6 months ($15/month), post-graduate 6+ months ($15/month), 1-year course ($40/month), or BSCN ($80/month) allowances across the country. Newfoundland and Labrador were the second lowest in terms of allowances offered, at $300/year for post-graduate 3-6 months, $500/year for post-graduate 6+ months, $500/year for 1-year course, $82/month for BScN, and $110/month for those getting their master's degrees.

Sick leave

On average, most provinces offered 1.5 days of sick leave per month. Quebec offered the fewest number of sick days (0.8/month), and Newfoundland and Labrador offered 7.5 hours/162.5 hours.

Vacation

Newfoundland and Labrador offer a minimum of 20 and maximum of 30 vacation days per year – this is in line with much of the rest of the country. For part-time nurses, movement up the vacation ladder is based on years of service. This approach is also used in Saskatchewan. For casuals, nurses in NL are offered 20% in lieu, which is the highest % in lieu across the country.

Recommendations from Canadian Research

A report published in August 2022 titled *Investing in Canada's nursing workforce post-pandemic: A call to action[68]* states there are "multiple levels of influence" with regards to nursing retention—individual, relational, historical, organizational, cultural, and political factors. The report's jurisdictional scan found that across Canada, government action tended to focus on education and HR-based recruitment/retention strategies, and less on initiating workplace reform and making systemic changes to nursing workplaces. The author's primary recommendation to reduce voluntary nurse turnover is to create a supportive work environment which will in turn reduce exhaustion, burnout, and fatigue.

After extensive secondary research, stakeholder/subject matter expert interviews, and two cases studies (Nova Scotia and Saskatchewan), the following recommendations were developed as a national guide to address the nursing shortage:

1. **Develop a nursing human resources strategy**
   - Highlights the importance of one centralized structure focused on a holistic approach to recruitment and retention

2. **Address workload, staffing and skill mix, and payment models**
   - Change payment models to favour permanent/full-time positions over casual

3. **Strengthen the voice of nurses in policy and planning across multiple levels**
   - Key finding from the research is that nurses feel undervalued
   - For example, assigned a Chief Nurse Officer position
   - Addressing the lack of minority and under-represented groups at the leadership level

4. **Enhance existing partnerships**
   - Improve collaboration between academic, health organizations, and government partners to address the shortage of preceptors

5. **Address diversity & inclusion, gender equity, and systemic racism**
   - This ties into workplace safety and support, which nurses reported lacking in their work   environments

6. **Implement safe workplace wellness strategies targeted for nurses**
   - Increase flexibility of shifts
   - Focus on support for psychological safety in the workplace
   - Improve access to mental health support

A similar report published in 2022, named *"Sustaining Nursing in Canada: A set of coordinated evidence-based solutions targeted to support the nursing workforce now and into the future"* by the Canadian Health Workforce Network and the Canadian Federation of Nurses Union, reported on solutions to recruitment and retention of nurses within a Canadian context.[69] They offer eight solutions for the recruitment and retention of nurses:

1. **Recruitment**
   - Expand domestic training programs (e.g., increase the number of seats, increase faculty capacity to improve training, micro-credential programs)
   - Target strategies to attract a diverse workforce (e.g., partnerships with black and indigenous organizations, holistic admissions review, offer French delivered programs)
   - Support trainees to work in underserved communities and sectors (e.g., improve tuition support, the student loan forgiveness program, and the employed student nurse program)
   - Provide rewarding recruitment incentives (e.g., tuition-free nursing programs)

2. **Retention**
   - Reduce nursing workloads (e.g., a legislated nurse to patient ratio, increasing float capacity, minimum care standards)
   - Create safe, healthy, and supportive working environments (e.g., eliminate or lessen violence and bullying, improve health and safety standards)

- Provide improved mental health supports (e.g., mental health days, peer-support programs, internet-based therapy, wellness programs)
- Implement targeted retention interventions (e.g., improve transition of nursing graduates, support continuing of education, leadership training)

4.2 Nurse Recruitment & Retention

Solutions to increase recruitment and retention have been extensively pursued in Canada and internationally. Ways to improve retention of nurses that have been supported in the literature include financial incentives, increased collaboration between the health and education sectors, improved flexibility, and more minority groups training and cultural safety.[70] Additionally prior research has found that providing accessible mental health support is also related to retention.[71]

Financial Incentives for Retention

In Canada, financial incentives have been the primary method by which governments aim to incentivize nurses to work in rural communities. For example, the Government of Ontario introduced the Community Commitment Program for Nurses (CCPN).[72] The CCPN offers RN, NPs, and RPNs a $25,000 incentive in exchange for a two-year work commitment in a rural community. Saskatchewan offers a one-time incentive of up to $50,000 for high-priority rural and remote communities for RNs, NP, LPNs, and RPNs.[73] In 2022, Newfoundland and Labrador offered financial incentives in the form of retention bonuses, signing bonuses, double-rate overtime, and reimbursement of licensing fees and liability fees for returning retired nurses, these benefits were in place until October 2022.[74] Similarly they currently still offer signing bonuses for RNs and NPs as well as cooperative education student bursaries and clinical course grants.[75] Previous research shows that financial incentives can encourage the retention of nurses, and while financial incentives can be effective at improving retention, they are most effective when paired with other retention strategies (e.g., educational opportunities, improvements to the work environment or improvements to work-life balance).[76]

Short-term incentives, especially one-time payments, have been shown to not be as effective at retaining nurses as longer-term strategies. Some nurses have reported that these bonuses are not applicable to all nurses.[77] One financial incentive that has been referred to in prior research as being incredibly efficient at increasing retention of nurses is increasing nursing pay or salary. In a report in 2022, nurses rated an increase in pay as the topmost strategy to convince them to stay in their current position.[78] Similarly in 2014 a report by the Centre for Health Workforce Studies at the University of Washington reported that salary was identified by nurses as being important for recruiting and retaining both NPs and RNs.[79]

Recruitment in Rural Communities

A number of provinces also offer the Student Loan Forgiveness Program, where a certain amount of the nurse's loan is forgiven in exchange for a 400-hour commitment (over 12 months) in a rural or under-served community. Newfoundland and Labrador offers a Rural Nursing

Student Incentive (i.e., for travel-related funding assistance (up to $1,500)) to fourth-year students who visit rural areas for their community health practicum placements.[80],[81]

However, researchers and experts state that financial incentives alone may not be sufficient to fill gaps in rural communities. An Australian study on remote health workforce retention and turnover found that in the Northern Territory of Australia, turnover of remote area nurses is extremely high.[82] The Australian study also reported that if remote staff turnover was halved, savings could be approximately $32 million a year. As is the case in Atlantic Canada, this shortage has resulted in local Australian governments hiring private agency nurses to fill gaps. The authors provided recommendations, outside of financial incentives, to help nursing staff shortages in rural communities:

- **Collaboration**: increase collaboration between the health and education sectors to ensure a fit-for-purpose workforce; to align jobs and people to where resources are needed.

- **Training minority groups and cultural safety:** ensure that nurses from minority or under-represented groups feel safe in their workplace

- **Flexibility:** create flexible employment packages that can be customizable for remote nurses to help retention through autonomy

4.3   International Best Practices

National Health System (NHS) in England[83],[84]

Canada and England share similar nursing workforce challenges due to their aging populations and increasing demand for healthcare services. Both countries are experiencing nursing shortages, which puts pressure on their healthcare systems. In England, the National Health System (NHS), the largest employer in the country with over 1.3 million employees, reported 43,619 nurse vacancies in the last quarter of 2022.[85] In 2020, the NHS introduced the People Plan, a workforce strategy aimed at improving retention and supporting employees.

One aspect of the People Plan is the NHS's online Retention Hub, which offers tailored interventions to healthcare worker retention and improving their work experiences. The program priorities are:

- Using evidence-based interventions to target different career stages: (1) early career, (2) experience at work, and (3) later career - there are different risk points in these depending on the stage the employee is in
- Using a "bundle approach" to drive job satisfaction - using multiple strategies (e.g., financial incentives, better work environments, improved benefits) within an intervention rather than individual strategies in isolation

Key best practices from the Retention Hub include:

1. **Staff retention guide:** free, publicly available staff retention guide aimed at front-line staff managers and employers across their career stages. Offers strategies for improving retention including increasing flexibility of leadership, improving quality of communication, providing support for nurses in the early and late stages of their careers, allowing support for international nurses, recognizing, and rewarding staff, improving organisational culture, and providing development and career planning.

2. **Menopause guidance:** a guide for employers to support workers who are experiencing menopause (later career assistance)

3. **Nursing and midwifery retention survey:** this is an in-depth resource (free and publicly available) which has a self-assessment staff survey and a toolkit which includes strategies for retention for nurses and midwives specifically. The survey is based on assessing 7 pillars of employee retention:

    o   Health and wellbeing;
    o   Autonomy and shared professional decision-making;
    o   Leadership and teamwork;
    o   Professional development and careers;
    o   Pride and meaningful recognition;
    o   Flexible working;
    o   Excellence in care.

From September 2018-May 2019, the NHS also piloted an electronic self-rostering tool to determine whether it would reduce turnover and improve flexibility and autonomy for ICU nurses.[86] The pilot found positive results with regards to the impact of self-rostering on decreased turnover and improved feelings of autonomy:

- Vacancy rates of ICU nurses at the pilot site improved from 33.6% (pre-pilot) to 27.1% (post-pilot)
- Turnover rate steadily reduced from 29.8% (pre-pilot) to 17.2% by June 2019

The NHS mention that throughout the process it was essential that managers and staff fully understood their roles and responsibilities when self-rostering. Senior nurses, roster managers and the e-roster nursing team discussed with staff the principles, potential benefits, and potential barriers.

The NHS also provides a best practice guide that details practice and policy considerations when implementing an online self-scheduling system for nurses. This guide is publicly accessible and can be used by other jurisdictions, such as Newfoundland and Labrador, who are planning to implement a self-scheduling system.[87]

United Kingdom: Nursing Retention Strategies[88]

The Association of UK University Hospitals developed a Nurse Retention Best Practice Guide to address the growing issue of nurses leaving the profession. According to data from 2017, more registered nurses are leaving than joining the profession in the UK, with recruitment and retention both being key issues.

This guide conducted 10 case studies from hospitals across the UK to determine effective strategies for retaining nurses.

"Thinking of Leaving" Hotline

One case study highlighted the importance of providing nursing staff with confidential support by establishing a dedicated retention hotline (a "Thinking of Leaving" hotline). This hotline was intended to support staff that are considering leaving their role.

The goals of the hotline are to:

- Pre-emptively identify reasons for wanting to leave through 1:1 discussion
- Provide opportunities for the nurse that might make them change their mind (e.g., transferring internally instead of leaving)
- Allows the nurse to discuss their concerns confidentially without having to involve their manager/leader (although, one potential disadvantage is that staff may not fully trust that it is anonymous)
- Collect anonymous data to inform future policies and strategies for retaining nurses who wish to leave

Steering Committee for Nurses, by Nurses

Another case study highlighted a region in the UK that set up a Steering Committee at each hospital comprised of a diverse and representative group of nurses. This committee is focused on listening to nurses and improving their working conditions to increase retention and decrease turnover. Typically, the committee has monthly meetings with clear, actionable targets so that effort can be measured, and improvements can be made. Although a Steering Committee can help nurses feel more heard at a decision-making level, it would be a significant time commitment, and could be challenging for nurses who are already overworked.

Recruitment and Retention of the Health Workforce in Europe[89]

In 2015, the European Commission developed a recruitment and retention report that detailed a series of top recommended interventions. The experts consulted for this strategy recognized financial incentives alone are not sufficient to improve recruitment and retention, and that a more holistic approach needs to be taken which focuses on creating a safe and supportive work

environment. Summarized below are the five key types of recruitment and retention interventions, with best practice recommendations outlined under each category.[90]

1. **Education**

- Offer time for continued professional development, education, and research opportunities for career progression

- Provide incentives for training and job opportunities in healthcare for young people from underrepresented and minority communities, benefitting both communities and the hospitals for staff shortages

- Use marketing communications agencies to promote recruitment campaigns

2. **Financial incentives**

- Combine financial incentives with other types of recruitment and retention measures

- Ensure that financial incentives are attractive when trying to encourage nurses to work in underserved areas

3. **Professional and personal support**

- Create supportive working environments tailored to different life stages (e.g., specific measures for employees with young children, the ageing workforce, etc.)

- Implement activities to support the physical and emotional wellbeing of staff and make protected time available to enable staff to participate in these activities

- Provide childcare facilities and services to support staff in combining their work and care responsibilities

4. **Mixed interventions/other**

- Explore combinations of interventions, such as financial incentives + flexible scheduling, or education + mentoring/professional support

Magnet Recognition Program

The Magnet Recognition Program, is an accreditation process, that seeks to identify institutions that lead the way for nursing excellence:

"To nurses, Magnet Recognition means education and development through every career stage, which leads to greater autonomy at the bedside. To patients, it means the very best care, delivered by nurses who are supported to be the very best that they can be." [91]

There are 5 key components of the Magnet model that each accredited institution must possess:[92]

1. Transformational leadership
2. Structural empowerment
3. Exemplary professional practice

4. New knowledge, innovation, and improvements
5. Empirical quality results

"The role of the nurse in a pay-for-performance environment must be fundamentally rethought. Organizations must shift their thinking away from the nurse as a tactician and all-around utility player in favor of positioning nurses as the highly skilled and knowledgeable professionals that they are." [93]

In terms of practical examples of these components, some key Magnet practices include: [94]

- **Creating a culture people want to work in:**
  - Create an environment where the nurse can succeed - this includes providing only the type of care they are trained to deliver (e.g., not making nurses do things out of their scope is very important, including doing non-nursing duties)
  - Have a "hire for life" attitude - reward and recognition, investment in every employee so they do not want to leave

- **Self-governance:**
  - Peer interviewing (for example, nurses interview new recruits)
  - Nurses develop their own policies and practices for their workplace via a committee

- **Listening:**
  - Constant surveying and communicating that action is being taken from the feedback

- **"Return to Care" program:**
  - This is a clinical improvement program where nurses spend more time with patients, and less time documenting, doing paperwork and bringing supplies and equipment

- **Remove compartmentalization:**
  - Ensure that nurses are not 'compartmentalized' or isolated from other healthcare professionals, such as physicians (emphasis on cross-team collaboration)

Having a magnet practice has been found to benefit the nursing workforce through[95]:

- Increased RN retention and lower nurse burnout
- Decreased RN vacancy rate and RN turnover rate
- Increased RN satisfaction

In 2020 a systematic review of magnet hospitals found lower rates of nursing shortages, burnout, job dissatisfaction, and turnover at magnet hospitals in the United States as compared to non-magnet hospitals.[96] This review also found that magnet hospitals had other benefits

outside of nursing retention including lower rates of patient mortality, falls, hospital-acquired infections, and pressure ulcers as well as a safer nursing work environment, a higher quality of care and more cost-effective care.

5.0 Recommendations

Exploring the Risks of Inaction and Increased Cost

As discussed in the section on staffing needs, an aging population with increasing healthcare needs is resulting in a projected increased demand for nurses over the next decade, while competition for nurses is growing amid a global nursing shortage. A shortage of 117,600 nurses is anticipated in Canada by 2030.[97] Despite the initiatives that are currently being enacted to increase staffing levels and retain nurses, rough estimates project that the healthcare system could still be operating with nursing vacancies similar to what is being experienced today if additional actions are not taken.

Initial investments to improve working conditions and provide adequate staffing will reduce costs over time by reducing reliance on travel nursing and the cost of turnover. The average hourly cost for a travel nurse is approximately twice the pay for full-time nurses.[35] The Government of Newfoundland and Labrador spent 8.8 million on travel nurses between January and October of 2022.[98][99] In addition to the continued cost of reliance on private healthcare to fill gaps and keep the healthcare system operational, failing to invest in nurse retention and the cost of not retaining nurses can be substantial. A Canadian report from 2008 detailed that the turnover of one RN costs around $25,000.[100] While a more recent report from the United States in 2021 reported that the turnover of one RN cost (in U.S. dollars) around $40,000.[101]

Based on current and projected workforce trends, as well as information gathered through the literature review and jurisdictional scan, recommendations have been made, based on short, medium, and long-term impacts to address some of the most pressing challenges identified in this report.

5.2 Short-Term Recommendations

The following short-term actions are recommended:

1. Continue to focus on the attraction of internationally educated nurses
2. Increase base pay for nursing staff
3. Implement a retention hotline
4. Reduce non-nursing workloads by increasing support staffing
5. Compassionate Leadership Training
6. Provide financial support for childcare
7. Explore ways to optimize the use of the casual nursing workforce

1. Continue to Focus on the Attraction of Internationally Educated Nurses

Bringing internationally educated nurses (IENs) into the province, who are trained and available to work is one of the quickest ways to fill current job openings in the short term. This strategy

has already been recognized as a potential solution and many initiatives are underway. A focus on the attraction and integration of IENs should continue as a priority with the following short-term actions:

Increase efforts to recruit internationally educated nurses

Newfoundland and Labrador is already actively recruiting international front-line healthcare workers, with recent trips to Ireland and the UK to fill vacancies.[102] The province has recently opened a recruitment office in Bangaluru, Karnataka, India focused specifically on recruiting IENs. This recruitment effort will create awareness and get in touch with trained nurses, nursing institutions, and nursing students with the intention to persuade nurses that Newfoundland and Labrador is the best destination for immigrants.

Attracting internationally educated nurses (IENs) who are trained and available to work is one of the quickest ways to fill current job vacancies in the short term. Nonetheless, this approach is not exclusive to Newfoundland and Labrador, other Canadian provinces, as well as other countries, are adopting similar and aggressive international recruitment strategies, leading to increased competition. The number of IEN applications reported by the College of Registered Nurses of Newfoundland and Labrador dropped 47% this year, the third year in a row that applications for licensure from IENs dropped. Maintaining a focus on attracting and integrating IENs into the province needs to remain competitive and meet the demands of the healthcare system. A focus on the attraction and integration of IENs should continue as a priority.

Offer financial incentives

Short-term financial incentives, especially one-time payments, have been shown to not be as effective at retaining nurses as longer-term strategies. However, as part of a recruitment strategy, financial incentives targeted at IENs are necessary to compete in an increasingly competitive recruiting environment. Specifically, financial incentives should be aimed at removing barriers to immigration and accreditation such as the cost of relocation and registration or exam fees. In 2022, Newfoundland and Labrador offered financial incentives to IENs in the form of signing bonuses for RNs and NPs.[103] It is recommended that this practice continues to target IENs.

Grant temporary practice licenses to internationally educated nurses

To meet the immediate staffing needs in the province as the competition for international nurses increases, reducing the waiting period between recruitment and practice for experienced nurses is crucial. Newfoundland and Labrador should aim to match other provinces in reducing barriers to accreditation. For example, Nova Scotia has recently reduced its application process for international nurses from a year or more to a few weeks.[104] Ontario has also reduced its application period for IENs to two weeks and has recently approved a change to allow

internationally trained nurses to be temporarily registered while they go through the process of full registration. Temporarily registered, nurses must be monitored by a registered practical nurse, a registered nurse or a nurse practitioner, however they are allowed two failed exam attempts before a temporary license is revoked, instead of the one attempt previously allowed.[105] Health Services Newfoundland and Labrador and the College of Registered Nurses of Newfoundland and Labrador have been working to make it easier for Canadian and international registered nurses to become licensed in the province, steps have been taken to streamline the process for education reviews and English language tests as well as to address waitlist concerns with the IEN Bridging Program.[106] It is recommended that temporary licenses be considered while processing times are reduced to match neighbouring provinces.

Recruit inactive internationally educated nurses currently residing in the province

Due to previous barriers to obtaining a licence to practice in the province, there may be a pool of inactive IENs that could be tapped into to increase staffing levels in the current workforce. Up to 47% of nurses and doctors who immigrate to Canada are working in professions outside of those they trained for.[107,108] These IENs may have previously dropped out of the licensing process due to barriers such as long wait times to obtain a license or the need to up-skill to meet licensing requirements. Wait times and the need to obtain additional education can result in a loss of income and financial burden. As a result, some IENs may have moved on to other work and may not currently be working as nurses with Health Services Newfoundland and Labrador despite their education and training.[109] The province should aim messaging and recruitment efforts at IENs who are already living in the province and facilitate their transition into the healthcare system by continuing work to reduce any barriers to employment for IENs.

2. Increase Base Pay for Nursing Staff

When nurses were asked what the most important thing, they think the Government of Newfoundland and Labrador can do to retain permanently employed nurses across the province over the long-term, the most frequent answers (55% of nursing respondents) were related to increasing pay, salary, wages, or providing financial benefits. Focusing only on NPs, when asked the same question, 84% of respondents mentioned focusing on pay, salary, compensation, incentives, and bonuses.

As previously stated, the competition for experienced nurses, new graduates, and internationally trained nurses has become increasingly competitive. Research has shown that, while it is not the most pressing issue nurses are facing in the current workforce, salary is incredibly important to nurses and nursing students.

Nurses in Newfoundland and Labrador are paid below most other Canadian provinces. To attract and retain nurses, the province should consider increasing base pay and benefits to remain competitive with at minimum the other Atlantic Canadian provinces.

The possibility of implementing the pay increase only for full-time staff should also be explored. The proportion of nurses that are opting to work casual is higher in Newfoundland than in any other province. Increasing the number of full-time staff in the system is critical to maintaining services, patient safety and nurse well-being. Increasing the salaries of full-time nurses only, would incentivize taking full-time positions and make casual positions less appealing. An increase that only affected full-time staff would also reduce the discrepancy between casual and full-time nurses' 'take home pay' which may make it easier for casual nurses to move back to full-time positions. In lieu of the benefits available to full-time nurses, casual nurses receive an additional 20% on their basic salary. Although this 20% comes at the cost of the benefits package, casual nurses shared that they do view the higher take-home pay as appealing. The logistics of offering full-time positions a higher salary than casual nurses may not be possible but should be discussed as a potential to reduce casualization.

3. Implement a Retention Hotline

A retention hotline is a confidential phone line that is set up to allow nurses to share their concerns and frustrations with a trained listener. The hotlines should be staffed by experienced nurses who understand the challenges of the nursing profession and can offer guidance and support to nurses who are struggling with burnout, job dissatisfaction, or other issues. Staffing the hotline should not draw nurses away from the active nursing pool and should prioritize hiring retired and inactive nurses.

Confidentiality and anonymity of the service, and the responsiveness of management to concerns raised by nurses are critical to the success of the line. Nurses calling a retention hotline may be greeted by a trained listener who will ask them a series of questions to help them identify the source of their frustration or concern. The listener may also offer advice on coping strategies or refer the nurse to additional resources that can help them address their concerns.

Implementing a provincial hotline to triage full-time nurses who are thinking of leaving their full-time position and determining if support can be provided or a solution offered to allow them to stay in their role (e.g., transferring internally instead of leaving), is modelled after the "Thinking of Leaving" Hotline that was implemented by the University Hospital Southampton NHS Foundation Trust. The "Thinking of Leaving" Hotline was highlighted in the Association of UK University Hospitals Nurse Retention Best Practice Guide which describes best practice strategies employed to improve nurse retention.[110] Although an evaluation of the effectiveness of the "Thinking of Leaving" Hotline was not reported, retention hotlines have been shown to be effective in other industries. 'Warmline' a retention hotline that was implemented at Intel to address employee retention challenges has an 82% 'save rate', meaning more than 8 out of every 10 employees who utilized the line are still with the company.[111]

The hotline can also be used as a tool for identifying systemic problems within an organization, collecting anonymous data to inform future policies and strategies for retaining nurses who wish

to leave, and measuring the success of other intention initiatives. The hotline is intended as a temporary measure to reduce turnover while staffing levels are increased over the long term.

4. Reduce Non-Nursing Workload by Increasing Support Staffing

Increase Non-Nurse Staffing

Nurses report that the amount of time spent on non-nursing duties has a significant impact on workload. To support nurses who are working in healthcare settings that are experiencing a high number of nursing vacancies, it is recommended that unit managers add new non-nursing positions or increase the hours of existing support staff. In some areas of Newfoundland and Labrador, managers have deployed this strategy successfully, increasing the hours of their non-nursing staff and re-examining the distribution of tasks in their unit. In many cases, non-nursing duties can be taken on by other professions and this redistribution of tasks has provided some relief as a short-term solution in creating more manageable workloads for frontline nurses while still maintaining patient safety.

This recommendation aims to provide short-term relief for healthcare workers. However, it is important to note that increasing levels of healthcare support staff by re-examining task distribution has the potential to bring positive long-term impacts. This includes improving working conditions for healthcare workers and updating tasks to better align with current scopes of work.

Redistribute Non-nursing Tasks

Although some redistribution of non-nursing tasks is already taking place at the unit level, the goal should be to create a sustainable model that is more broadly implemented and supports the needs of both nursing staff and other healthcare support staff. The leadership team or a dedicated task force should be responsible for working towards this goal and ensuring efforts are being made to reduce non-nursing tasks for nurses across units where workload is an issue.

Unit managers will play a critical role in this process, as they are responsible for overseeing the day-to-day operations of the unit. Unit managers should be involved in identifying non-nursing tasks that can be redistributed and identifying the support staff who are best suited to take on these tasks. Nurses should be involved in early discussions to highlight commonalities, opportunities and areas of concern, and to aid in developing a plan to reduce time spent on non-nursing duties.[112,113]

The redistribution of tasks has provided some relief as a short-term solution in creating more manageable workloads for frontline nurses while still maintaining patient safety.

Seek supportive union contracts

Interviews with unit managers have suggested that union agreements may present barriers to redeployment, which can present challenges in trying to utilize the workforce fairly and efficiently in severely understaffed areas of the system. During the Covid-19 pandemic, temporary agreements were reached to help manage the crisis. These agreements have since expired. Examining the possibility of a temporary extension of an agreement between The Newfoundland and Labrador Association of Public and Private Employees (NAPE), the Registered Nurses' Union Newfoundland & Labrador (RNU), the Canadian Union of Public Employees (CUPE), and the Association of Allied Health Professionals (AAHP) would give the employer the right to reassign employees tasks outside of their normal duties and/or bargaining unit and would empower managers to better support patient safety and staff in crisis areas where staffing shortages are having the most impact, such as acute care and long term care. It is important to emphasize that the goal is to have appropriate healthcare staff doing appropriate tasks within their role but to recognize the need for added flexibility and support while staffing levels are low.

5. Compassionate Leadership training

Effective leadership is essential to mitigate the effects of burnout and positively influence retention while longer-term solutions take effect. Nurses currently feel unsupported and undervalued by management. Management practices are a key way to reduce burnout and improve overall nurse well-being. It is important for Newfoundland and Labrador to focus on a cultural shift in nursing management - one focused on supporting nurses through improved communication, giving recognition and ensuring employees feel valued for their work, and involving a nursing lens at the management level.

Managers are operating in the same environment as nurses and are also experiencing high levels of emotional exhaustion and burnout. Most managers are doing everything that they can to support nurses but are limited in their ability to support nurses by granting leaves, reducing mandated shifts and providing manageable workloads. Although these elements of the work environment may need time to change – how managers interact with nurses and lead them through this difficult period can have a positive impact on nurse well-being.

It is recommended that managers - in particular those that are experiencing the most strain due to understaffing – engage in leadership training to help leaders mitigate the worst of the negative effects of the current work environment in the short term.

6. Provide Financial Support for Childcare

For nurses with dependents, a considerable portion of the conflicts related to work-life balance were related to childcare challenges. Nurses have unique childcare needs, hospitals in the US have attracted and retained young nurses by providing on-site childcare services for young children.[114],[115] It is recommended that in the short term, childcare subsidies are provided to help retain and attract full-time nurses who have young dependents.

Although subsidies are a valuable benefit, it is recommended that the long-term goal would be to support nurses with on-site childcare services that would accommodate shift work schedules and would allow nurses to see their children during breaks.

7. Explore Ways to Optimize the Use of the Casual Nursing Workforce

It is recommended that the province and RNU work together to explore some reduction in control of casual nurses scheduling to increase the hours that casual nurses work and encourage a more equitable distribution of shifts between full-time staff and casuals. The maximum number of hours that casual nurses want to work should be taken into account.

The goal of this recommendation is to enable employers to better allocate staffing needs and provide relief to full-time staff while still allowing casual nurses to maintain much of the flexibility, schedule control, and work life balance that they value. As this report has illustrated, even increasing the hours of casual nurses who are willing to work additional hours could have a significant impact on reducing the strain of immediate staffing needs and increasing the wellbeing of full-time staff.

With a potential 15% reduction in staffing needs in some areas, it is worth exploring ways to optimize the use of the casual nursing workforce while ensuring that both casual and full-time staff have the support, they need to provide high-quality patient care.

5.2 Medium-Term Recommendations

The following medium-term actions are recommended:

1. Implement technology and innovative models of care
2. Allow more flexibility in scheduling
3. Ongoing review of provincial nursing school seats
4. Invest in an Employee Resource Group
5. Implement support systems for new graduates
6. Prioritize career development

1. Implement Technology And Innovative Models Of Care

The implementation of technologies that can support more efficient and leaner operations should continue to be explored. As highlighted earlier in this report, the ICM system that will be rolled out in the province should allow for better flexibility of scheduling, leading to fewer full-time nurses leaving for casual positions, increasing uptake of shifts by casual nurses through competition in self-scheduling, improving efficiency and quality of care through patient flow and acuity-based systems, and providing support to overstressed nurses attending to high-needs patients.

However, it is recommended that front-line staff are engaged at various points during the implementation and exploration of new technology. For example, in the case of ICM, consideration should be given to addressing concerns that a 12-week schedule and moving nurses to different units based on patient acuity may be challenging for nurses. If consideration is given to the problems in the system to which nurses are resistant, the ICM system will be an incredibly beneficial tool to help improve the current work environment. Long-term change management approaches that include ample opportunities for feedback throughout the process will be a key to success.

Other opportunities to reduce strain on the system and workforce need to include continued expansion of telemedicine or virtual care services and utilizing technology to improve communication, such as during consults for NPs.

2. Allow for More Flexibility in Scheduling

As previously discussed, a lack of flexibility and autonomy over scheduling is a primary factor causing full-time permanent nurses to choose casual employment, or to leave the nursing field altogether. Nurses feel they have no flexibility or autonomy over their schedules - and many feel their work-life balance is severely impacted. A lack of flexibility is not a nursing problem unique to Newfoundland and Labrador; many regions across Canada are facing similar challenges. New Brunswick has opted to begin a pilot project for a self-scheduling tool for nurses which will enable them to set their own schedules. This will increase nurse autonomy and flexibility and improve overall work-life balance. Newfoundland and Labrador should look to follow a similar approach and should consider tools/technology which could be an online/virtual platform for shift scheduling. Guidelines have been created and distributed by the Department of Health, however, there has been reluctance from managers to implement self-scheduling.

Literature shows that an aging workforce requires increased flexibility as well. It is important for management to consider ways to increase flexibility for nurses mid to late in their careers, to ensure they are able to continue to be productive and effective in providing high-quality patient care. Newfoundland and Labrador's population is aging, and 60% of nurses surveyed are above the age of 40 - thus, there is a need to consider how to best support an aging nursing workforce demographic.

Offering increased flexibility will not only benefit the nursing workforce, but also management. A focus on increased shift flexibility will aim to reduce costs associated with recruitment and turnover, by retaining nurses who have the opportunity to regain more work-life balance. This approach has been central to the Royal College of Nursing (London, UK) - they have focused on improving flexibility, and in doing so, have developed work-life balance policies aimed to retain nurses and prioritize nurse wellbeing. Newfoundland and Labrador should focus on ways to improve shift flexibility and provide nurses with the ability to self-schedule their shifts. For example, endorsing and utilizing the guidelines that have been provided by the Department of

Health around self-scheduling. Literature has revealed that compensation and bonuses, while critical to address, should not be the only approach in attempting to fix workforce issues. The significant focus should also be on addressing root causes, such as lack of flexibility, autonomy, and work-life balance.

3. Ongoing Review Of Provincial Nursing School Seats

The province should continue to invest in education and training programs to further increase the number of nurses available to meet needed demands. The need for additional seats should be reviewed regularly and an increase in seats should only be pursued if demand is established. This recommendation is in line with the 'Grow Your Own' objective that was identified in the Health Accord for Newfoundland and Labrador.[116]

The province has recently increased NP seats from 20 to 40 and added 72 nursing seats which is currently the maximum capacity the schools can accommodate until the amalgamation is complete. Additional increases to capacity are limited by the current structure of the three faculty sites and the process that is underway to consolidate the three existing nursing schools into one faculty of nursing under the administration of Memorial University.

Once the amalgamation is complete, the province should ensure that nursing seats are reviewed to ensure an appropriate number of provincial nursing graduates are being added to the supply.

4. Prioritize Career Development

Many nurses and nursing students highlighted the importance of career development and further education in making career choices. Nurses cited learning opportunities as reasons for choosing travel nursing or choosing to leave the province. Nurses who moved from full-time positions to casual positions, in some cases, did so because they were not granted leave to pursue further education. A lack of support in career development contributes to not feeling valued or supported in efforts to achieve individual career goals.

It is recommended that investment in career development and learning be raised, and that education leave be prioritized as staffing levels increase.

5. Invest in an Employee Resource Group

An increased focus on diversity and inclusion will become even more crucial as more international nurses enter the system. In Newfoundland and Labrador 1.6% of practicing nurses were internationally educated, 7.8% of new registrants in 2021-2022 were Internationally Educated Nurses.[117.] Creating an Employee Resource Group or an Affinity Group will support the retention of IENs by championing diversity, which can be an important tool for retention, promoting inclusion and diversity, creating a safe space for networking, and providing resources for mentorship and professional development among peers who have similar experiences or backgrounds. Diversity, equity and inclusion (DEI) advisory groups have been implemented

across Canada in hospital settings and it is recommended that Newfoundland and Labrador implement Employee Resource Groups at the employer level.[118]

Employee Resource Groups support recruitment and retention, adding value by proving a commitment to diversity and attracting new hires by showing that the organization has support in place. Employee resource groups can promote positive relationships, improve the confidence of new staff and affect significant change by leading to new ideas.[119,120] These groups are typically supported with a budget that can range from $1,500 to over $20,000. Budgets allow the ERG to achieve goals and engage in activities from social activities and bringing in speakers, to professional development opportunities. Participation in the group is voluntary and members are typically not compensated, however, more and more organizations are providing compensation to Employee Resource Group Leads.[121] Employee Resource Leads often drive DEI initiatives that come out of the groups and are responsible for the structure, organization and leadership of the group which can be time-consuming and often provide significant benefit to the employer.

6. Implement Support Systems For New Graduates

New graduates are increasingly concerned about the future of the nursing workforce in the province. Twenty-eight percent of nursing students are somewhat to very likely to leave the province upon graduation and 32% plan to take casual or travel nurse positions upon graduation. Students are looking for support and opportunities to learn, and having a commitment to provide supports such as mentorship and opportunities to learn from senior staff upon entering the workforce will aid not only in retention but in recruitment. Some mentorship programs may offer financial compensation or recognition in the form of awards or certificates. Others may not offer any formal compensation, but instead recognize the mentor's contribution through informal means, such as thank-you notes or verbal recognition. Mentorship programs can be formal or informal and can vary in length from hours to a year but the program should include: matching support to connect mentors and mentees; clarity of purpose to ensure employees are developing or moving forward in their career; a clear structure on how to engage such as Prince Edward Island Health which has implemented the Provincial Nursing Mentorship Program for New Graduate Nurses and Internationally Educated Nurses, this program provides matching for new grads and senior nurses and supports the process by providing resources and guidelines to help define what the mentoring relationship looks like.[122]. New graduates may feel more confident about entering a workforce they perceive as challenging and currently understaffed, if they feel like they will receive support to thrive in that environment.

5.3 Long-Term Recommendations

The following are long-term recommendations:

1. Improve the Perception of Nursing as a Positive Career Path
2. Provide On-Site Childcare
3. Foster a Positive Workplace Culture That Prioritizes Staff
4. Track and Evaluate Progress

1. Improve The Perception Of Nursing As A Positive Career Path

Nursing is an essential profession that plays a vital role in the delivery of quality healthcare services. However, the profession is facing a staffing shortage crisis that has been ongoing for several years and the challenges that nurses face on a day-to-day basis have been widely publicized in the media. Although most nursing students shared that they pursued nursing out of a desire to help others, they feel nervous about their future and their perception of nursing as a career is grim. Nurses have shared stories of warning others away from the profession due to current work environments. Improving both the public and nurses' own perceptions of nursing as a positive profession within the province is a long-term strategy that is an essential component to address staffing shortages. Achieving this goal will require a collaborative effort between the provincial government, educational institutions and RNU.

To effectively change public perception, a multifaceted approach will be required, including initiatives like education campaigns and media outreach programs that focus on the positive aspects of nursing to help dispel negative images portrayed in the media.

Messaging and outreach targeting young students in junior high and high school should also be employed. This approach can be aligned with the "Grow Your Own" recruitment and retention objective outlined in the NL Health Accords. By showcasing the positive aspects of the career, and encouraging more students to pursue nursing, the nursing profession can attract new talent and help address staffing shortages.

It is recommended that partnerships are developed between government, nursing organizations and schools to provide mentorship opportunities, career fairs, and informational sessions for young students. Additionally, partnerships with local media outlets and influencers can be established to promote positive messaging about nursing and highlight the contributions that nurses make to the healthcare system.

2. Provide On-site Childcare

It is recommended that on-site childcare be provided to support nurses with young dependents. On-site childcare can increase retention by reducing the challenges and stresses that come with balancing work and family responsibilities, which can lead to a more stable workforce and reduced turnover. To implement on-site childcare that will benefit nurses, the hours of operation

must be able to accommodate nursing schedules.

Onsite childcare allows nurses to be closer to their children during the workday, which can improve work-life balance and reduce stress resulting in increased job satisfaction and productivity. In addition, nurses who have access to onsite childcare may be less likely to miss work due to family responsibilities, which can reduce absenteeism.

The majority of major hospitals in Quebec offer onsite childcare as an attractive benefit for nurses that may be beneficial to other healthcare staff as well.

3. Foster a Positive Workplace Culture that Prioritizes Staff

Building a workplace culture which is focused on improving nursing working conditions and overall work-life balance is crucial to retention and in line with federal objectives. Cultural and organizational change are significant undertakings, however ensuring leadership and managers are prioritizing nursing staff and involving nurses at the decision-making table are steps that will move current healthcare settings toward one where nurses feel heard, supported, and empowered. This will become increasingly important as changes such as the implementation of new technology like the ICM system and the amalgamation of the regional health authorities into Health Services Newfoundland and Labrador bring continued organizational change to nurses on the floor. An employer-supported Nurse Steering Committee with perspectives of on-the-floor nurses that is involved in change could serve the function of empowering nurses, providing them an ongoing voice, and including them in decision-making. Steering committees to involve nurses more consistently in decision-making have been implemented in the UK. The Imperial College Healthcare NHS Trust has developed a steering group with intentions to increase retention and recruitment, and positively affect workplace culture. It would be important to acknowledge this would require a commitment to provide resources to support actioning recommendations and the time and effort of nurses, who should be provided with some form of incentive to thank them for their participation and input.

4. Track And Evaluate Progress

Lastly, investments in recruitment and retention initiatives should be tracked and evaluated on an ongoing basis and progress should be reported back to stakeholders. The type of evaluation conducted and how often data is collected will be dependent on the action taken, however, an evaluation plan should be developed for each recommendation that is enacted. Evaluation plans should include:

1. Definition of the program or action taken: Clearly define the program or process that will be evaluated, including its goals, objectives, and expected outcomes.
2. Key performance indicators: Identify and measure key performance indicators (KPIs) that will be used to evaluate the program or action. KPIs may include metrics such as turnover rates, nurse satisfaction, reported perceptions of work-life balance and burnout,

amount of mandated overtime and staffing levels.

3. Data Collection Methods: Data collection methods should be selected to gather the minimum amount of data required to accurately assess the program or action. Data collection should not be cumbersome or costly and should prioritize ongoing data collection. Data may be collected through surveys, HR employment data, interviews, focus groups, or other methods.

4. Approach to Analysis and Continuous Improvement: Identify how the data will be used or analyzed to answer evaluation questions. Finally include the process and responsible parties to ensure recommendations are considered and enacted if relevant.

Evaluation plans should be simple and easy to manage. Lean evaluation and ongoing data collection can ensure initiatives are having positive impacts, help guarantee a return on investment, and allow for adjustments to improve effectiveness and outcomes.

Appendices

Appendix A: Nursing Survey Summary

Appendix B: Student Nursing Survey Summary

Appendix C: RN and NP Salary Information by Province

Appendix A: Nursing Survey Summary

1. Are you a Registered Nurse or Nurse Practitioner (NP) (n=1551)

Registered Nurses	95%
Nurse Practitioner	5%

2. How long have you been working as an RN/NP? (n=1528)
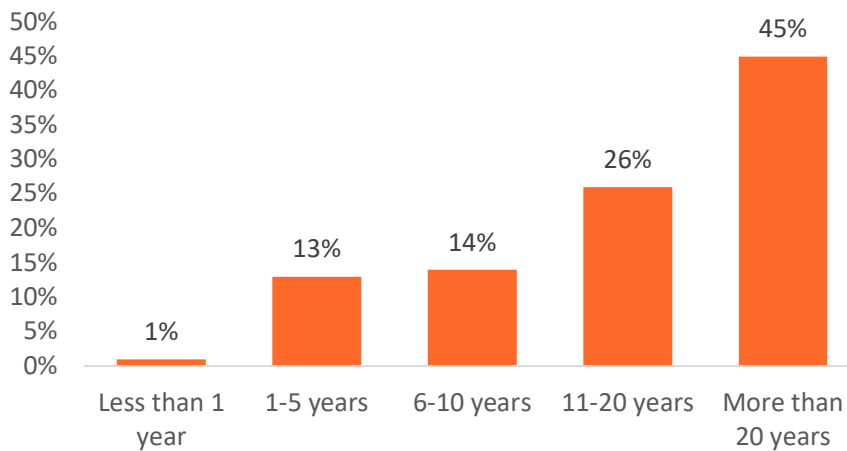
	Total	Less than 1 year	1-5 years	6-10 years	11-20 years	More than 20 years
Registered Nurses	95%	1%	14%	15%	26%	44%
Nurse Practitioner	5%	2%	8%	13%	31%	45%

3. Under which RHA are you currently employed? (n=1509)
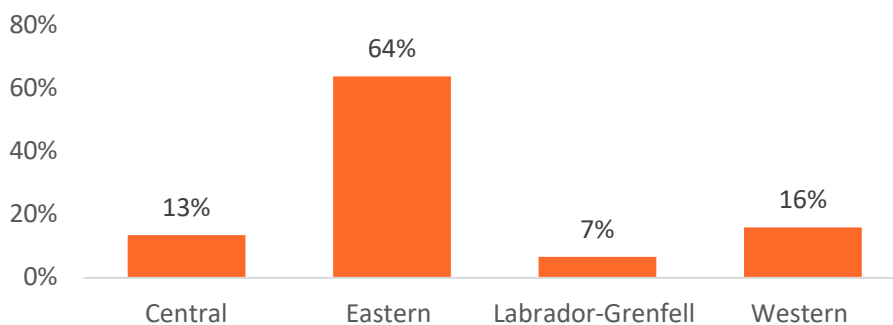
Registered Nurse (RN)	
Central	14%
Eastern	63%

Nurse Practitioner (NP)	
Central	18%
Eastern	56%

68

Labrador-Grenfell	7%	
Western	16%	

Labrador-Grenfell	8%	
Western	18%	

4. In which community is your primary place of employment? (n=1002)

Rural	154	15%
Urban	848	85%

5. Which of the following best describes your **current** employment status? (n=1229)
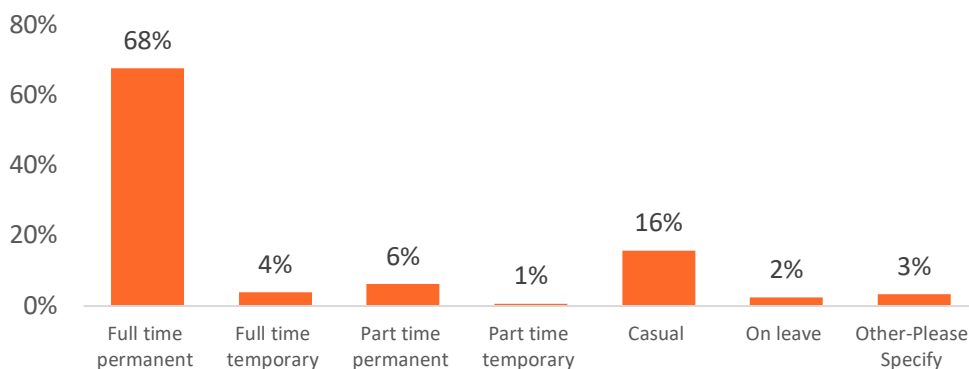
6. [If Q5 = e] Do you work as a travel nurse in addition to your casual position within the RHA?
(n=1476)

Yes	3%
No	97%

7. [If Q5 = e] Do you prefer to work casual or would you prefer a permanent position if it were
available? (n=169)

I would prefer a permanent position	9%
I prefer to work casual	91%

8. [if Q5 = e] On average, how many hours do you work within the RHA per pay period?
(n=232, m = 44.26 hours)

Registered Nurse (RN)	
0	5%
1 - 14 hours	5%
15 - 24 hours	14%
25 - 34 hours	10%
35 - 44 hours	9%
45 - 54 hours	16%
55 - 64 hours	14%
65 - 75 hours	20%
More than 75 hours	7%

Nurse Practitioner (NP)	
0	0%
1 - 14 hours	17%
15 - 24 hours	17%
25 - 34 hours	0%
35 - 44 hours	0%
45 - 54 hours	0%
55 - 64 hours	0%
65 - 75 hours	50%
More than 75 hours	17%

9. [IF Q8<48] Why do you work 48 hours or less within the RHA? (n = 88)

	%
Personal choice/Preference	36%
Retired	28%
That is what is available	19%
Availability of childcare/Personal Obligations	11%
Burnout/Quality of life	8%
Employed full-time elsewhere	6%
Education/School	3%
Other	10%

10. Which of the following employment positions have you held **in the past**? (Check all that apply)
(n=1465)

	Respondents (%)	Answers (%)	Count
Full-time permanent	79%	46%	1157
Part-time permanent	25%	15%	372
Casual	52%	30%	760
Travel nurse	5%	3%	67
Other-Please Specify	9%	5%	130
N/A	1%	1%	20

11. Are you currently employed in… (n=1460)
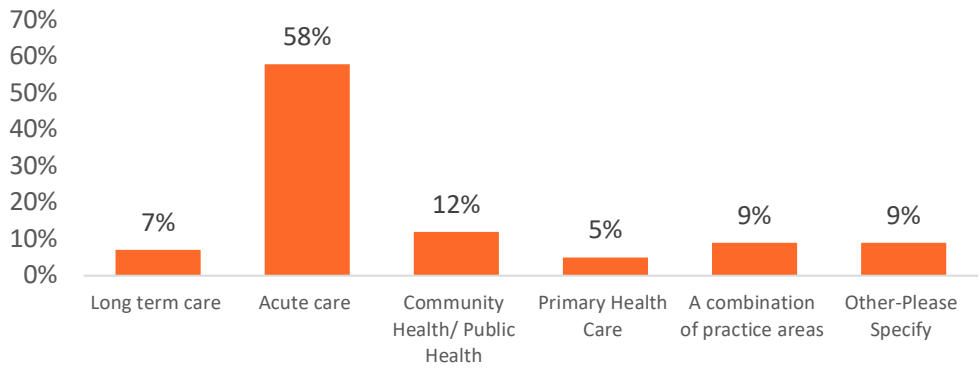
12. Which of the following best describes your gender identity? (n=1457)

Female	95%
Male	5%
Non-Binary/Gender Non-Conforming	0%*
Two-spirit	0%
Transgender	0%
Other-Please Specify	0%
Prefer not to say	1.17%

* non-binary/gender non-conforming was reported as the gender identity by 0.14% of respondents.

13. What is your age? (n=1456)
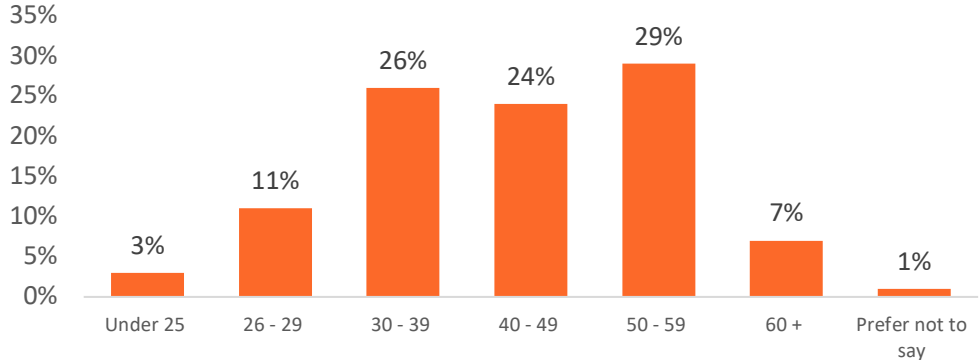
Under 25	3%

26 - 29	11%
30 - 39	26%
40 - 49	24%
50 - 59	29%
60 +	7%
Prefer not to say	1%

SECTION 2: CASUAL [IF Q5 = E]

Programming note: section 2 is for casual only [if Q5 = e].

14. Why have you chosen to work as a casual RN/NP?   (n=223)

	Total	Under 25	26-29	30 - 39	40 - 49	50 - 59	60+
Flexibility/Control over my schedule	30%	50%	48%	41%	50%	23%	12%
Retired	26%	0%	0%	0%	0%	34%	65%
Work-life balance	20%	17%	33%	25%	20%	20%	7%
Time off	15%	17%	33%	16%	20%	9%	5%
Childcare	12%	0%	11%	25%	40%	2%	7%
Mental health/Avoid burnout	9%	33%	19%	19%	0%	2%	2%
Money	9%	17%	19%	13%	0%	7%	2%
Family	8%	33%	7%	6%	20%	7%	2%
Preference	5%	0%	0%	0%	0%	11%	9%
Management	4%	17%	0%	6%	10%	7%	0%
Working conditions	4%	50%	0%	3%	10%	2%	0%
Full-time position not available	4%	0%	4%	6%	20%	2%	0%
To accommodate school/Education	2%	0%	4%	6%	0%	0%	0%
Employed elsewhere	1%	0%	0%	3%	0%	2%	0%
Other	6%	0%	11%	25%	30%	11%	9%

15. What factors most influenced your decision to accept a casual position? (Allow multiple responses) (n=222)

	Respondents (%)	Answers (%)	Count
Control over scheduling	67%	25%	149
Better work-life balance	65%	24%	145
20% in lieu of benefits	36%	13%	79
Control over where you work (which units)	30%	11%	66
Control over the location of work (geographically)	17%	6%	38

Childcare	15%	6%	33
No permanent option in preferred area	11%	4%	24
Compensation	10%	4%	22
Other, please specify:	18%	7%	41

16. On average, what is the maximum number of hours you want to work per pay period (2-week period)? (n=218)

% of age respondents that want to work 75 hours or more per pay period by age group.
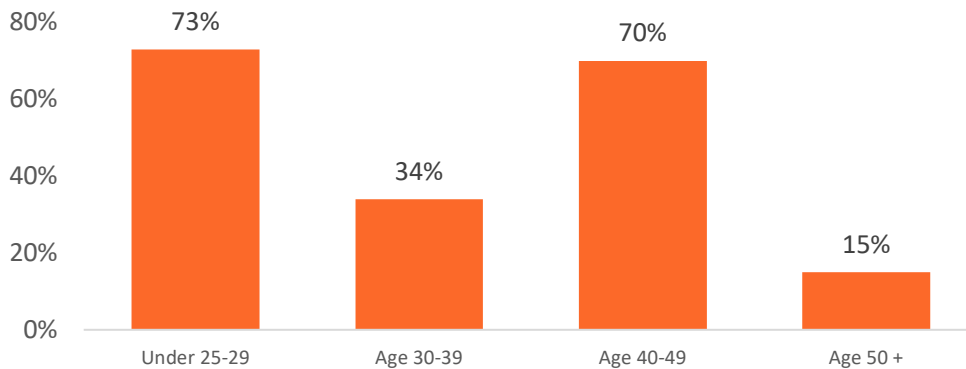
	Total %	Under 25 - 29	30 - 39	40 - 49	50 - 60 +
< than 15 hours per pay period	7%	0%	6%	0%	8%
15 hours per pay period	4%	0%	0%	0%	8%
20 hours per pay period	2%	0%	3%	0%	2%
25 hours per pay period	5%	0%	0%	0%	7%
30 hours per pay period	9%	0%	9%	0%	12%
35 hours per pay period	6%	3%	3%	0%	9%
40 hours per pay period	6%	3%	6%	10%	4%
45 hours per pay period	8%	0%	0%	10%	13%
50 hours per pay period	6%	9%	6%	0%	4%
55 hours per pay period	4%	3%	9%	0%	1%
60 hours per pay period	6%	6%	0%	0%	9%
65 hours per pay period	4%	0%	13%	10%	4%
70 hours per pay period	3%	3%	9%	0%	2%
75 hours per pay period	20%	52%	25%	50%	9%
> than 75 hours per pay period	11%	21%	9%	20%	6%

17. a. What would it take for you to consider taking on more shifts/hours per pay period? (n = 166) [OPEN END]

	Respondents (%)	Answers (%)	Count
Monetary incentive/Salary Increase/Compensation	33%	25%	55
Not interested	25%	19%	42
Safer staffing/More staffing	14%	10%	23
Flexibility/Control over my schedule	10%	7%	16
Working Conditions/Manageable workload	8%	6%	14
Support from Management/Coworkers	8%	6%	14
Willing to work more hours	6%	4%	10
Time off/Working less	5%	4%	8
Childcare	5%	4%	8
Work life Balance	2%	2%	4
Currently work full time hours or more	2%	1%	3
IDK/Unsure/NA/Prefer not to Say	1%	1%	2
Other	15%	11%	25

17b. What would it take for you to consider a full-time permanent nursing position? (n = 166) [OPEN END]

	Respondents (%)	Answers (%)	Count
Not Interested	44%	28%	73
Increased Pay/ Salary/ Compensation/ Incentives	24%	15%	40
Flexible/Better Scheduling	16%	10%	26
Time Off/Leave	14%	9%	24
Openings For FT in My Specialty/Unit/Area	8%	5%	14
Safe/Appropriate Staffing Levels	8%	5%	14
More Support by Managers/Leadership/Coworkers/RHA	8%	5%	13
I Cannot (Receiving Pension/Unable)	7%	4%	11
Work-Life Balance	5%	3%	8
Less Overtime/No Mandation	5%	3%	8
Support For Childcare/Childcare	5%	3%	8
Better Working Conditions/Environment	3%	2%	5
Feel Less Stress/Burnout	2%	2%	4
Better Leadership/Management	1%	1%	2
I am Interested	1%	1%	2
IDK/NA/Not Sure/Prefer Not to Say	1%	0%	1
Other	4%	3%	7

18. Which factor(s) would you be most interested in for you to take a full-time permanent position? (Allow multiple responses) (n=206)

	Respondents (%)	Answers (%)	Count
Increased Base Salary/Compensation for permanent employees	9%	47%	97
Improved access to leave	9%	44%	90
Improved staffing levels	8%	42%	87
Control over scheduling/self-scheduling	7%	37%	76
Reducing/eliminating mandatory overtime	6%	32%	65
Shift flexibility (ability to work non-traditional shifts e.g., shorter shifts, alternate start/finish times)	6%	31%	63
Reduction in non-nursing duties	6%	29%	60
Reduced patient-to-staff ratios	6%	29%	59
An improved premium for overtime (such as double time)	6%	29%	59
Signing bonus	6%	27%	56
Safer workplaces (committed to reducing rates of violence and workplace injury)	5%	26%	53
Implementing legislation around safe work hours	5%	24%	49
Permanent position in preferred clinical area	4%	20%	42
Pensionable earnings	3%	17%	35
Childcare options	3%	14%	28
Incentives for relocation to rural sites	2%	8%	16
Mentorship opportunities	1%	7%	14
Location of work (geographically)	1%	6%	12
Other, please specify:	7%	32%	66

SECTION 3: PERMANENT RN'S

Programming note: section 3 is for RN's only [if Q1 = a and Q5 = a or c].

19. What factors most influenced your decision to accept a permanent position? (n = 166)

	Respondents (%)	Answers (%)	Count
Stability/Job security	48%	29%	414
Pension	31%	19%	270
Benefits	29%	17%	246
Pay	17%	10%	142
Set schedule	13%	8%	113
Family	7%	4%	57

Preference	4%	2%	33
Have worked full time for a long time	3%	2%	28
Vacation Time and Leave (annual, sick, family)	3%	2%	26
Location "Home"	3%	2%	25
Seniority/Career goals	2%	1%	15
Work life balance	2%	1%	13
Signing Bonus	1%	0%	5
Other	5%	3%	40

What factors most influenced your decision to accept a permanent position? (Rural/Urban)

	Rural	Urban (%)
Stability/Job security	43%	50%
Benefits	32%	29%
Pension	30%	32%
Set schedule	17%	13%
Pay	15%	16%
Family	9%	6%
Preference	4%	3%
Seniority/Career goals	4%	1%
Location "Home"	3%	3%
Work life balance	2%	1%
Have worked full time for a long time	2%	3%
Vacation Time and Leave (annual, sick, family, vacation)	1%	4%
Signing Bonus	1%	1%
Other	6%	4%

What factors most influenced your decision to accept a permanent position? (Age)

	Under 25 - 29	30 - 39	40 - 49	50 - 60 +
Stability/Job security	48%	58%	48%	39%
Benefits	40%	35%	26%	21%
Pension	29%	29%	31%	35%
Set schedule	29%	14%	10%	10%
Pay	13%	14%	19%	17%
Vacation Time and Leave (annual, sick, family, vacation)	8%	4%	2%	1%
Family	5%	5%	9%	7%
Location "Home"	5%	4%	3%	1%
Seniority/Career goals	2%	2%	2%	1%
Work life balance	1%	1%	2%	2%
Have worked full time for a long time	1%	3%	2%	7%
Preference	0%	2%	4%	7%
Signing Bonus	0%	1%	0%	0%

Other	3%	4%	5%	6%

20. Have you considered leaving your permanent position for a casual position? (n=1009)

Yes	61%
No	39%

21. [If B Why [if Q20=a have you considered/if Q20=b have you not considered] leaving your permanent position for a casual position?
[OPEN END]

21a. Why have you considered… (n = 535)

	Respondents (%)	Answers (%)	Count
Flexibility/Flexible/Control Over Scheduling	36%	19%	191
Leave/Time Off	34%	18%	184
Work-Life Balance	25%	13%	134
Money/Pay/Salary	15%	8%	81
Mandated/Overtime/Long Hours	14%	7%	76
Mental Health/Stress/Burnout	12%	6%	64
Staffing Levels	9%	4%	46
Working Conditions	8%	4%	42
Workload	8%	4%	41
Management/Leadership/RHA Support	7%	4%	36
Childcare	3%	2%	17
Ability to Work in Desired Area/Unit/RHA	2%	1%	13
Job Dissatisfaction	2%	1%	12
Full-time Benefits Are Poor	2%	1%	11
Better Shifts Available as a Casual	2%	1%	9
Ability to Work as A Travel Nurse	1%	1%	8
Not Respected/ Supported/ Valued/ Appreciated	1%	1%	8
Other	10%	5%	52

21b. Why have you not considered… (n = 324)

	Respondents (%)	Answers (%)	Count
Pension	33%	23%	107
Stability/Security	12%	8%	39
Money/Pay/Finances	12%	8%	39
Not Interested/Prefer to Be Permanent	12%	8%	38
No Set Schedule/Uncertainty of Hours	12%	8%	38
Close to Retirement	11%	8%	36
Financial Stability/Security	8%	6%	26
Like My Current Schedule/Job	6%	4%	20
Job Stability/Security	5%	4%	17
Loss of Seniority	3%	2%	9
IDK/NA/Prefer Not to Say	1%	0%	2
Other Benefits/Insurance	19%	13%	61
Other	12%	8%	38

22. Would you be willing to forfeit your benefits (seniority, pension, health plan etc.) for a casual position? (n=1003)

Yes	42%
No	58%
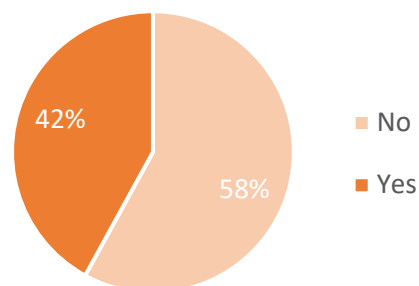
23. What would you most like to change about your current work environment?
[OPEN END] (n = 856)

	Respondents (%)	Answers (%)	Count
Increase Staffing Levels/Patient Ratio	46%	24%	394
Time Off/Leave	18%	10%	157
Management/Leadership/Employer/RHA	14%	8%	121
Respect/Support/Valued/Appreciated	13%	7%	111
Pay/Salary/Compensation/Incentives/Bonus	13%	7%	107
Workload	11%	6%	98
Safer/Positive Work Conditions	10%	5%	86
Mandation/Overtime/Long Shifts	8%	4%	67
More Support Staff/Other Professions	7%	4%	63
Resources/Supplies/Equipment/More Workspace	7%	4%	58
Morale/Co-worker Support	6%	3%	52

Better Flexibility/Scheduling	6%	3%	51
Less Burnout/Better Mental Health	3%	2%	28
Work-Life Balance	3%	2%	26
IDK/NA/Prefer Not to Say/Unsure/Nothing	3%	1%	22
Doing Other Professions/Disciplines/Staff Tasks	2%	1%	19
No Floating/Less Floating	2%	1%	14
Less Inexperienced Staff/More Senior Staff	2%	1%	13
Education/Training	1%	1%	10
Other	14%	7%	116

24. In the last month, approximately how many hours of overtime have you been mandated to work? (n=974) *Programming note: drop-down list 1-40+*

62% of respondents reported no mandated hours in the last month

Hours	Count	Hours	Count	Hours	Count	Hours	Count
0	606	**11**	41	**22**	1	**33**	0
1	23	**12**	27	**23**	10	**34**	0
2	18	**13**	3	**24**	13	**35**	1
3	38	**14**	1	**25**	1	**36**	2
4	35	**15**	13	**26**	1	**37**	0
5	18	**16**	6	**27**	0	**38**	1
6	11	**17**	0	**28**	0	**39**	3
7	21	**18**	1	**29**	4	**40**	5
8	15	**19**	14	**30**	8		
9	13	**20**	10	**31**	1		
10	6	**21**	0	**32**	3		

25. What is the most important thing you think the Government of NL needs to do to retain

permanently employed RNs across the province over the ***short-term?*** (n = 854) [OPEN END]

	Respondents (%)	Answers (%)	Count
Increase Pay/Salary/Wages/Financial	64%	32%	548
Bonuses/Incentives	28%	14%	236
Leave/Time Off	18%	9%	156
Increase Staffing Levels/Patient Ratio	18%	9%	154
Respect/Listen/Appreciate/Support	11%	5%	91
Better/Safer Working Conditions /Environment	7%	3%	60
Less Mandation/Overtime/Long Shifts	6%	3%	52
Double Pay for Overtime	5%	3%	46
Better Pension/Benefits	5%	3%	45
Flexible/Better Scheduling	4%	2%	35
Improve Workload	3%	2%	27
More Job Positions/Permanent	3%	2%	26
Don't Tax Bonuses	3%	2%	26
More Support Staff/Other Professions	3%	1%	25
Work-Life Balance	3%	1%	24
Improve Management/Leadership	3%	1%	24
Less Job Positions/Travel and Casual	3%	1%	23
IDK/NA/Prefer Not to Say/Unsure	2%	1%	18
Resources/Supplies/Equipment	2%	1%	14
More Job Positions/Travel and Casual	1%	0%	8
Allow To Work Within Scope/No Non-Nursing Duties	1%	0%	5
Other	11%	5%	90

26. What is the most important thing you think the Government of NL needs to do to retain permanently employed RNs across the province over the ***long-term?*** (n = 856) [OPEN END]

	Respondents (%)	Answers (%)	Count
Increase Pay/Salary/Wages/Financial	55%	25%	468
Increase Staffing/Patient Ratio	33%	15%	282
Leave/Time Off	21%	9%	181
Bonuses/Incentives	17%	8%	145
Better Pension/Benefits	14%	6%	119
Respect/Listen/Valued/Appreciate/Support	11%	5%	92
Better/Safer Workplace Conditions/Environment	10%	4%	82
Work-Life Balance	8%	4%	68
Less Mandation/Overtime/Long Shifts	6%	3%	52

More Support Staff/Other Professions	6%	3%	50
See Previous	5%	2%	40
Flexible/Better Scheduling	5%	2%	39
Improve Workload	4%	2%	33
Improve Management/Leadership	4%	2%	33
Educational/Training Opportunities	3%	2%	29
Childcare Support	3%	1%	25
More Permanent Positions	3%	1%	23
Double Overtime Pay	2%	1%	17
Professional Opportunities/Advance My Career	1%	1%	10
Less Casual/Travel Positions	1%	1%	10
Resources/Supplies/Equipment	1%	0%	7
IDK/NA/Prefer Not to Say/Unsure	1%	0%	6
More Casual Positions	0%	0%	3
Other	11%	5%	95

SECTION 4: PERMENENT NPs

Programming note: section 3 is for NP's only [if Q1 = b and Q5 = a or c].

27. What influenced your decision to become an NP? (n = 49)
   [OPEN END]

	Respondents (%)	Answers (%)	Count
Autonomy/Freedom/Responsibility/Independence	37%	20%	18
Advance My Practice/More Care	20%	11%	10
Professional Opportunities/Advance My Career	18%	10%	9
Advance My Education/Learn New Skills	18%	10%	9
Better Work-Life Balance	12%	7%	6
Better Scheduling/Work Hours	12%	7%	6
Practice To Full Scope	12%	7%	6
Help More People/Provide Better Care	12%	7%	6
Pay/Salary/Compensation/Incentives/Bonus	10%	5%	5
Wanted To Leave RN Position	6%	3%	3
Less Physically Demanding	6%	3%	3
IDK/NA/Don't Wish to Answer/Unsure	4%	2%	2
Childcare	4%	2%	2
Other	12%	7%	6

28. How long have you worked as an NP? (n=55)
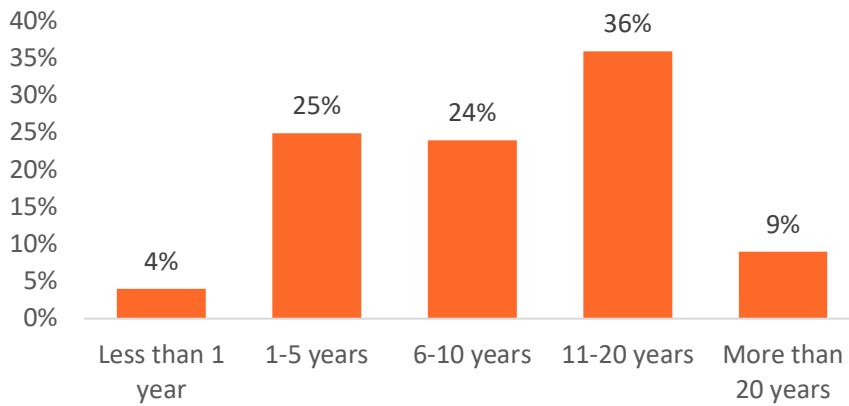
29. How long have you been licensed to work as an NP? (n=55)
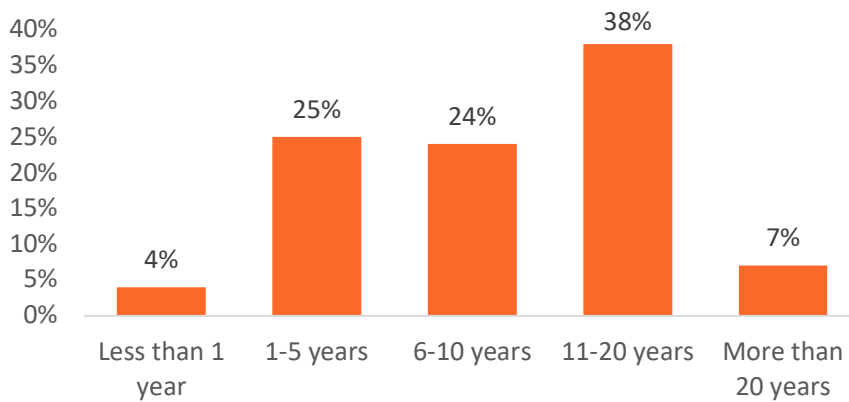
30. How long did you work as an RN prior to becoming an NP? (n=55)
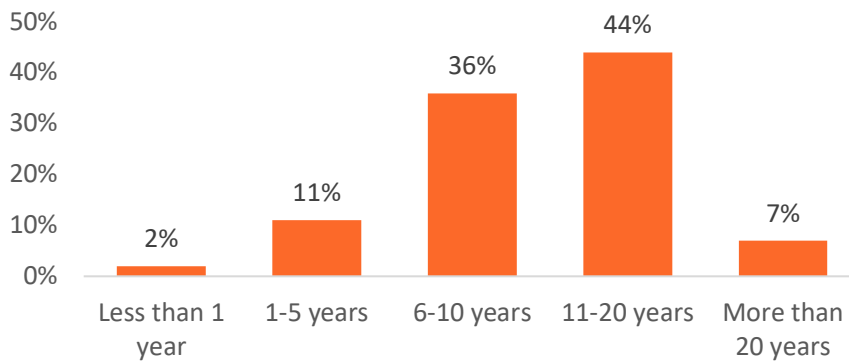
31. Were you able to easily find a job as an NP in NL? (n=55)

Yes	75%
No	25%
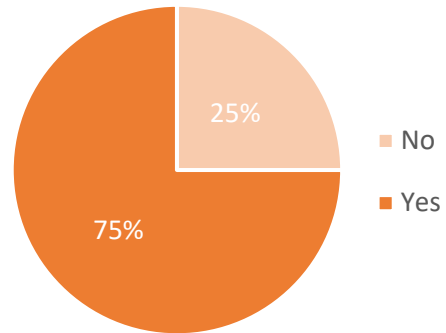
32. Approximately how long did it take you to find an NP position after you started looking? (n=55)
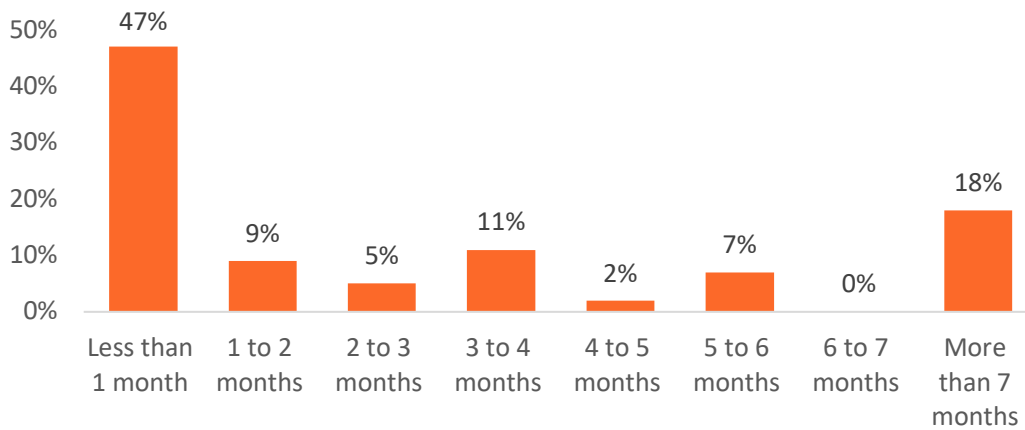
33a.) Were you able to easily find a job as an NP in the location (i.e., city, town) you wanted to work? (n=55)

Yes	65%
No	33%
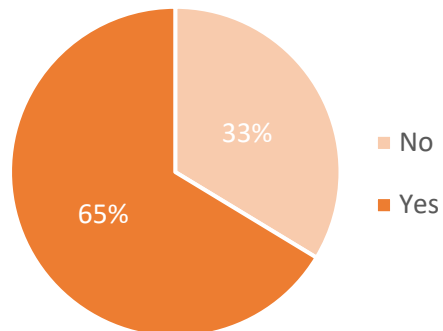
33b.) How easy was it for you to find a job in the area of care that you wanted to work? (n=55)
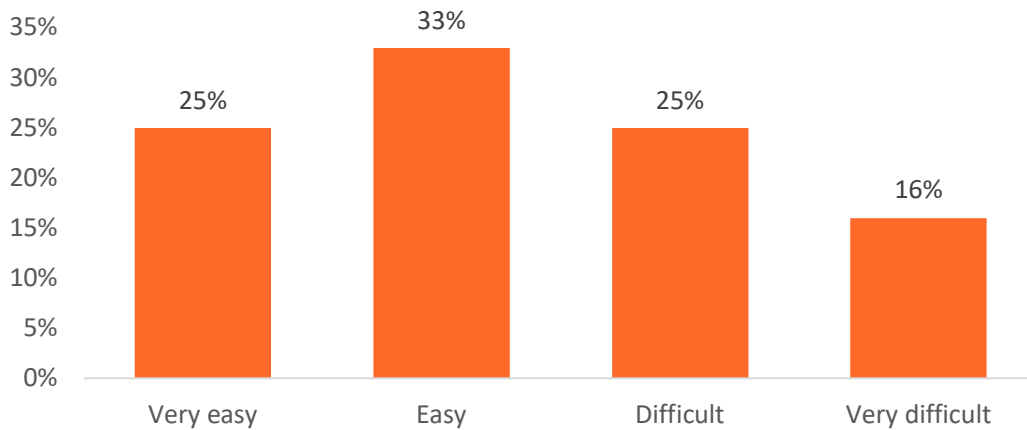
Very easy	25%
Easy	33%
Difficult	25%
Very difficult	16%

34. Are you able to work to your full scope of practice in your current position? Why or why not? (n =49) [OPEN END]

	Respondents (%)	Answers (%)	Count
Yes/I Am Able To	86%	55%	42
Supported/Valued by Employer/Management/RHA	16%	11%	8
No/I am Not Able To	14%	9%	7
Support From Other Professions/Staff	10%	7%	5
Working Independently/Autonomously	10%	7%	5
I Still Have to Work Sometimes as an RN	4%	3%	2
Need More Staff/Nurses/Other Professions	4%	3%	2
Other	10%	7%	5

35. Is your patient load manageable? (n=53)

Yes	62%
No	38%
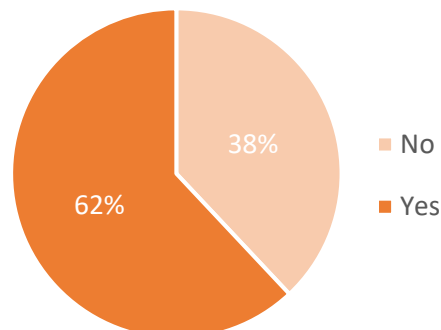
36. What would you most like to change about your current work environment? (n = 49)
[OPEN END]

	Respondents (%)	Answers (%)	Count
Workload	43%	31%	21
Respect	14%	10%	7
Resources	12%	9%	6
Time off	8%	6%	4
Qualified leadership	8%	6%	4
Location	6%	4%	3
Flexibility in schedule	6%	4%	3
Compensation	6%	4%	3
Infrastructure-More beds/rooms	4%	3%	2
Autonomy	4%	3%	2
Morale	2%	1%	1
Inclusion in decisions	2%	1%	1
Education	2%	1%	1
Other	10%	7%	5
Nothing	8%	6%	4

37. How have you managed the learning curve since starting your first position as NP? Did you have adequate resources and support upon starting your position (e.g., mentorship)? (n =49)
[OPEN END]

	Respondents (%)	Answers (%)	Count
Had To Figure It Out on My Own	35%	21%	17
Mentorship/Support is Lacking	22%	14%	11
I Had Support from Coworkers/Staff	20%	12%	10
I Had Mentorship/Support	14%	9%	7
Need Better Resources	12%	7%	6
Better Training/Orientation	12%	7%	6
Yes/I Did	10%	6%	5
Little Support from Employer	10%	6%	5
Physician Mentorship	8%	5%	4
I Had Resources Available	6%	4%	3
Other	14%	9%	7

38. What do you think the Government of NL needs to do to retain NPs across the province forthe **long-term?** (n = 49)
[OPEN END]

	Respondents (%)	Answers (%)	Count
Pay/Salary/Compensation/Incentives/Bonuses	84%	35%	41
Respect/Value/Appreciate/Support by Leadership/Government/Employer	29%	12%	14
Improve Billing and Reimbursement	20%	9%	10
Freedom/Autonomy/Work Where They Wish	18%	8%	9
Recognize The Large Scope of NPs	14%	6%	7
Allow Primary Care NP Work	14%	6%	7
Support for Educational Opportunities	10%	4%	5
Leave/Time Off	8%	3%	4
Better Working Conditions/Environment	6%	3%	3
Safe/Appropriate Staffing Levels	6%	3%	3
Appropriate NP Management	6%	3%	3
More Resources/Supplies	4%	2%	2
Other	18%	8%	9

SECTION 5: WORK LIFE BALANCE

Programming note: All participants

39. Please indicate your agreement with the following statements using the rating scale provided.
  [1 - 5 strongly disagree to strongly agree]

1) I have the flexibility I need in my work schedule to meet both work and personal demands (n=1302, μ= 2.61)

2) My workload is manageable (n=1302, μ= 2.65)

Response	Percentage
Strongly agree	7%
Agree	19%
Neither agree or disagree	29%
Disagree	23%
Strongly disagree	23%
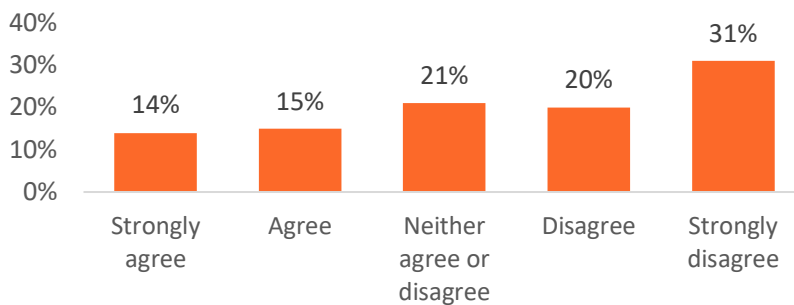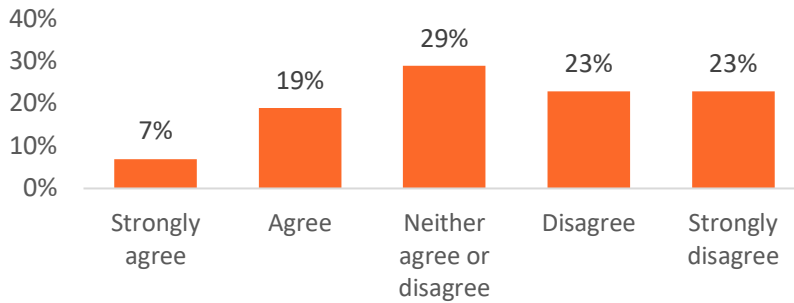
3) I am able to work the number of shifts I want (n=1302, μ= 3.26)

Response	Percentage
Strongly agree	26%
Agree	23%
Neither agree or disagree	22%
Disagree	11%
Strongly disagree	19%
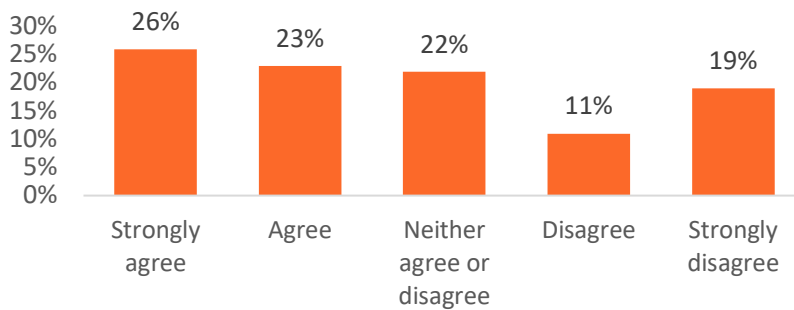
4) Management supports my efforts to balance my work and personal life (n=1302, μ= 2.54)

Response	Percentage
Strongly agree	9%
Agree	16%
Neither agree or disagree	26%
Disagree	19%
Strongly disagree	30%
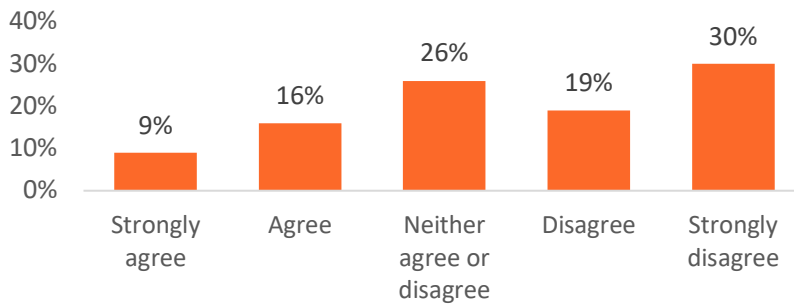
5) The amount of stress in my job is manageable (n=1302, μ= 2.48)

Response	Percentage
Strongly agree	5%
Agree	15%
Neither agree or disagree	28%
Disagree	25%
Strongly disagree	26%
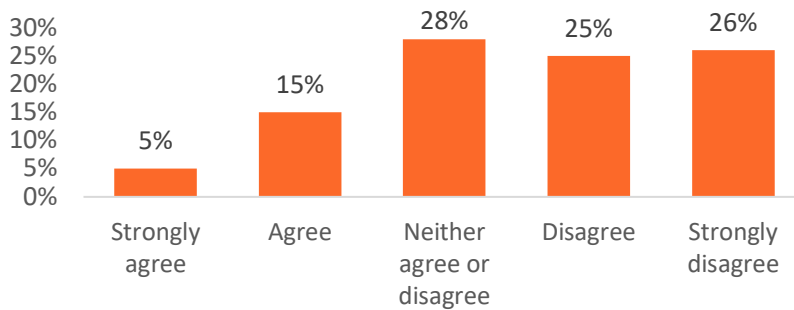
6) My home life is negatively impacted by my work (n=1302, μ= 3.40)
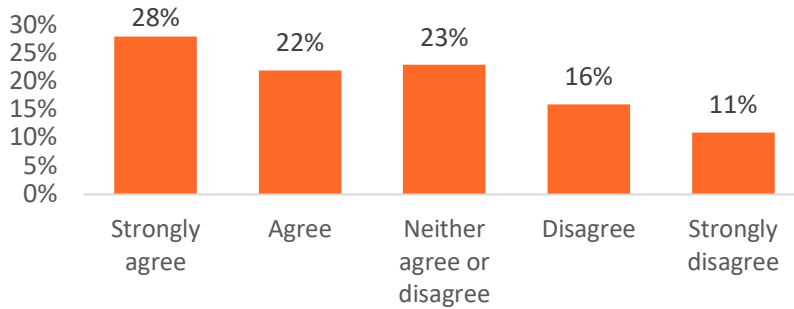
7) My health is negatively impacted by my work (n=1302, μ= 3.49)
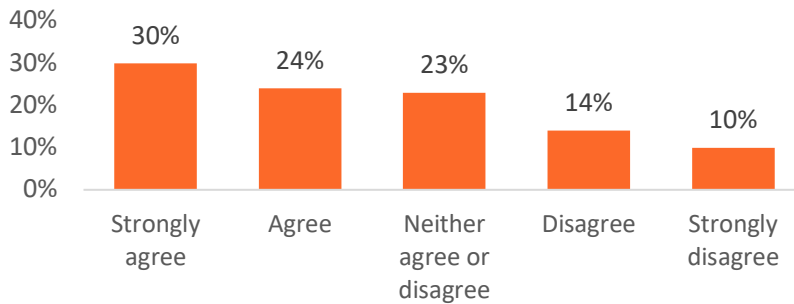
8) I have the resources and support to provide quality patient care (n=1302, μ= 2.54)
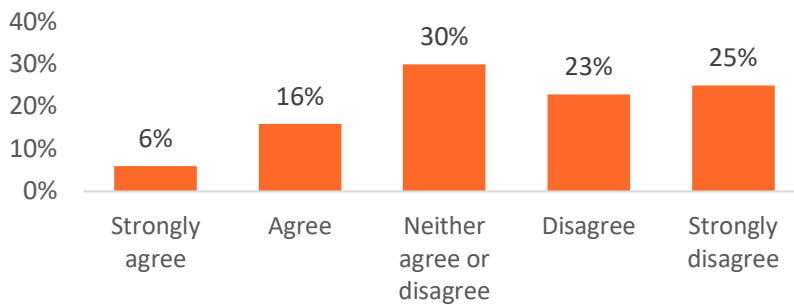
40. What life/family demands are you currently trying to balance with work? (Check all that apply)
(n=1299)

	(%) of cases	(%) of responses	Count
Personal health concerns	55%	26%	715
Elder care (e.g., aging	34%	16%	436

parents)			
Children requiring childcare	30%	14%	390
A family member's health	29%	14%	376
Older dependents	22%	10%	280
Starting a family	17%	8%	219
Grandchildren	6%	3%	84
Other, please specify:	18%	8%	231

SECTION 6: TURNOVER INTENTIONS

41. Please indicate your agreement with the following statements using the rating scale provided.
[1 - 5 strongly disagree to strongly agree + N/A] (n=1284)

	Mean
I feel there is a promising future for me in nursing in NL	2.38
I intend to stay in my current position for the long-term	2.78
I frequently think about looking for another nursing position	3.85
I am considering leaving to work in another province	2.65
I have seriously considered exiting the nursing profession	3.43
I intend to leave my current position within the next year	2.87
I am interested in becoming a travel nurse	2.72
I have looked into positions with private nursing agencies	2.92
I intend to leave my permanent position to work casual	3.02
I intend to retire early	3.65
I am only staying in my current position for the income it provides me	3.85
Overall, I feel that my career goals can be met in the position I currently hold.	2.70

a) I feel there is a promising future for me in nursing in NL

b) I intend to stay in my current position for the long-term

Strongly agree: 12%
Agree: 14%
Neither agree or disagree: 31%
Disagree: 19%
Strongly disagree: 23%
Not Available: 2%

c) I frequently think about looking for another nursing position

Strongly agree: 44%
Agree: 19%
Neither agree or disagree: 17%
Disagree: 9%
Strongly disagree: 9%
Not Available: 2%

d) I am considering leaving to work in another province

Strongly agree: 16%
Agree: 13%
Neither agree or disagree: 18%
Disagree: 15%
Strongly disagree: 36%
Not Available: 2%

e) I have seriously considered exiting the nursing profession

Strongly agree: 34%
Agree: 17%
Neither agree or disagree: 19%
Disagree: 14%
Strongly disagree: 16%
Not Available: 1%

f) I intend to leave my current position within the next year

Response	Percentage
Strongly agree	17%
Agree	9%
Neither agree or disagree	31%
Disagree	17%
Strongly disagree	24%
Not Available	2%

g) I am interested in becoming a travel nurse

Response	Percentage
Strongly agree	17%
Agree	15%
Neither agree or disagree	20%
Disagree	11%
Strongly disagree	35%
Not Available	2%

h) I have looked into positions with private nursing agencies

Response	Percentage
Strongly agree	24%
Agree	15%
Neither agree or disagree	14%
Disagree	13%
Strongly disagree	32%
Not Available	2%

i) I intend to leave my permanent position to work casual

Response	Percentage
Strongly agree	9%
Agree	11%
Neither agree or disagree	25%
Disagree	13%
Strongly disagree	28%
Not Available	14%

j) I intend to retire early

k) I am only staying in my current position for the income it provides me
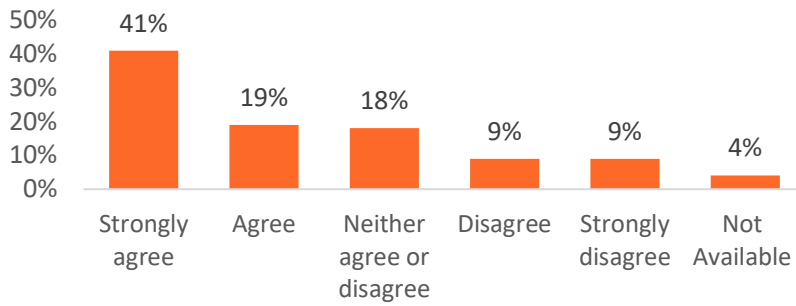
l) Overall, I feel that my career goals can be met in the position I currently hold.
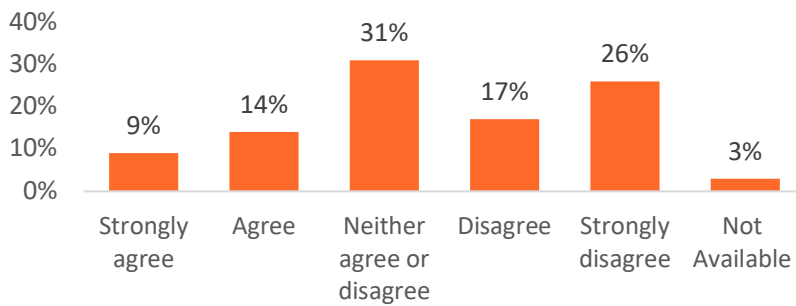
SECTION 7: BENEFITS AND INCENTIVIZATION

42. [IF Q5 = a-c] Do you have a good understanding of the benefits and incentives available to you as a permanent employee versus a casual nurse? (n=1012, m=1.12)

Yes	88%
No	12%
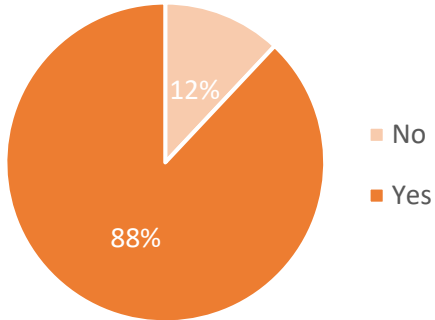
43. Base salary/compensation is more important to me than a salary plus benefits package (n=1274)

Yes	42%
No	58%
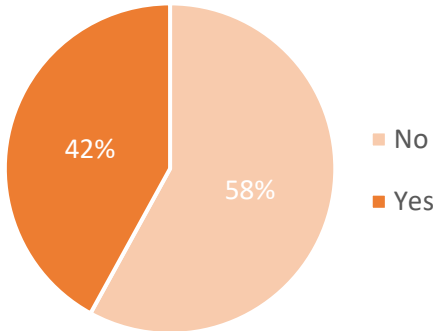
44. Please indicate how important each benefit/incentive is to you using the rating scale provided.
[1-5 Highly important to not at all important] (n=1266)

	Mean
Annual (vacation) leave	4.64
Base Salary/Compensation	4.56
Other paid leave (e.g., sick leave)	4.55
Overtime premium	4.48
Incentives for remaining in a permanent position	4.43
Pension	4.39
Medical Benefits	4.30
Professional development opportunities	4.06
Signing bonus	3.61
Incentives for working at a rural site	3.33
On-site childcare	2.76
Subsidized childcare	2.82

a) Pension
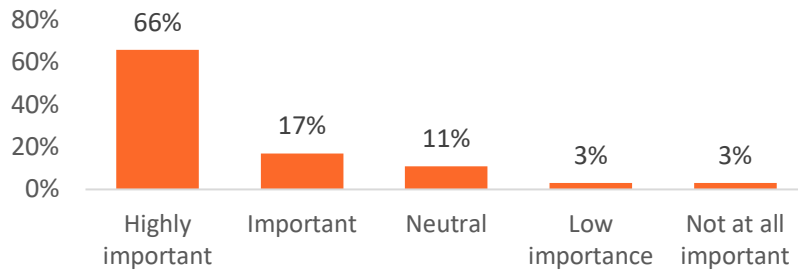
b) Medical Benefits
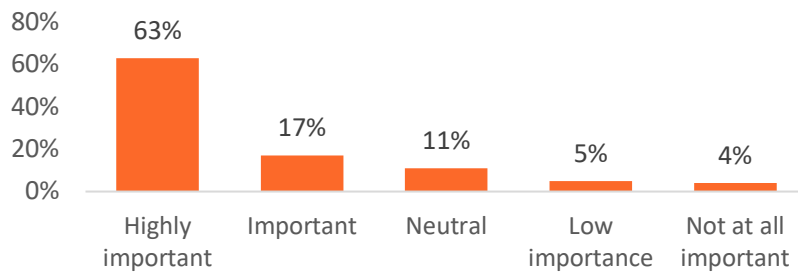
c) Base Salary/Compensation
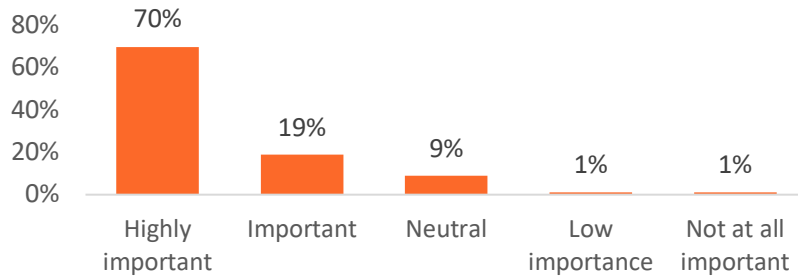
d) Annual (vacation) leave
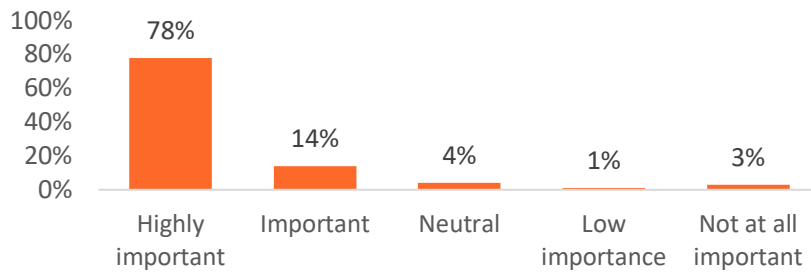
e) Other paid leave (e.g., sick leave)
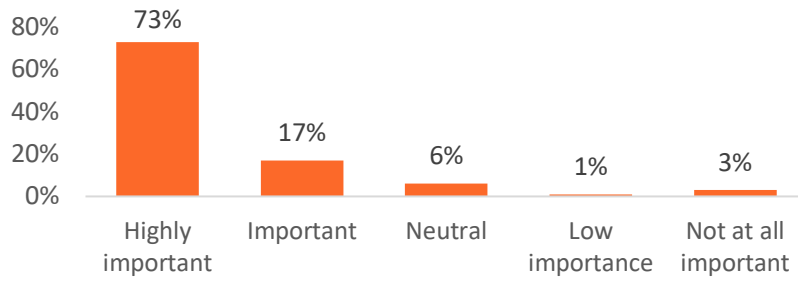
Highly important: 73%
Important: 17%
Neutral: 6%
Low importance: 1%
Not at all important: 3%

f) Signing bonus

Highly important: 39%
Important: 17%
Neutral: 22%
Low importance: 7%
Not at all important: 14%

g) Overtime premium

Highly important: 71%
Important: 15%
Neutral: 8%
Low importance: 2%
Not at all important: 4%

h) Incentives for working at a rural site

Highly important: 39%
Important: 11%
Neutral: 17%
Low importance: 8%
Not at all important: 25%
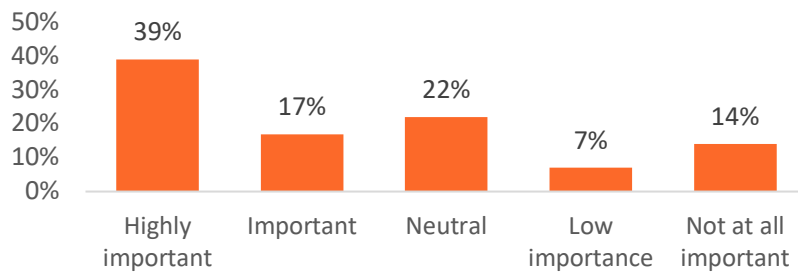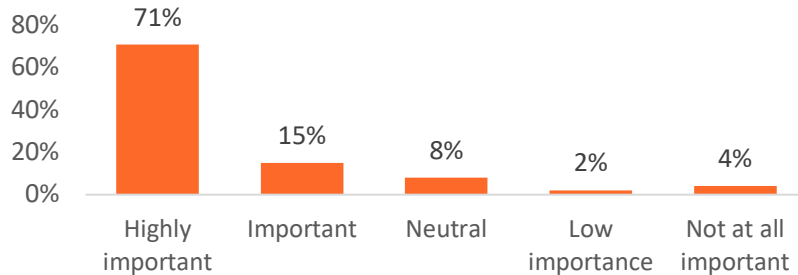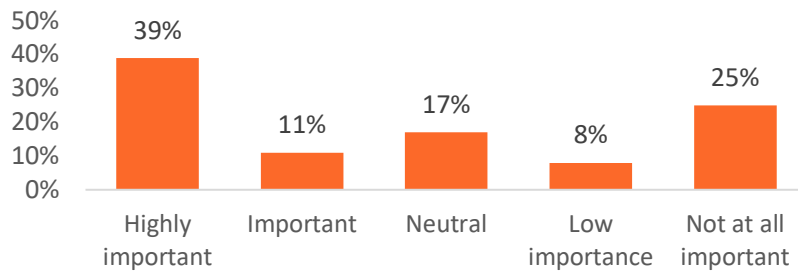
i) Incentives for remaining in a permanent position
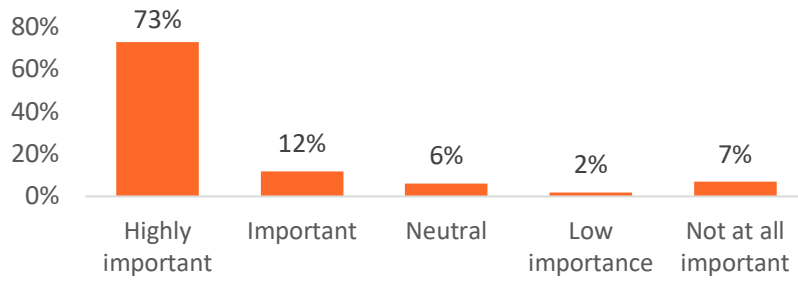
j) On-site childcare
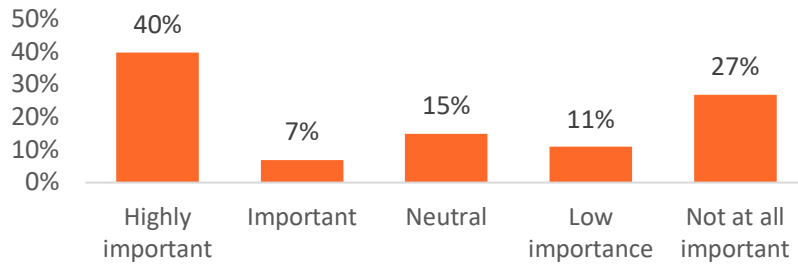
k) Subsidized childcare
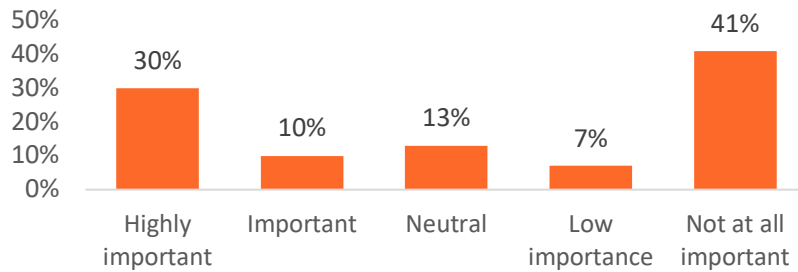
l) Professional development opportunities
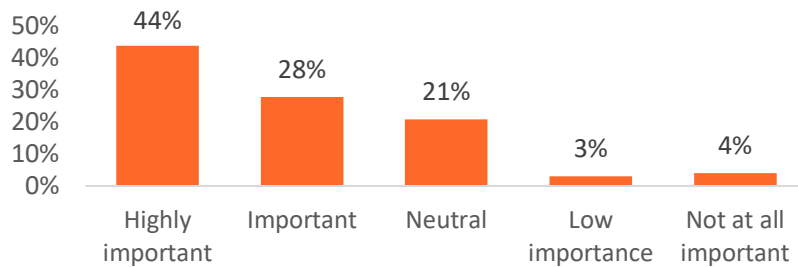
45. Thinking about the next 10 years, what do you most want from your career? (n = 1197) [OPEN END]

	Respondents (%)	Answers (%)	Count
Good Pay/Salary/Money/Compensation/Bonus	26%	12%	316
To Retire/Leave	25%	11%	294
Good Work-Life Balance	17%	8%	207
Job Satisfaction/Rewarding	17%	8%	202
Be Physically and Mentally Healthy/Less Stress & Burnout	14%	7%	168
Feel Respected/ Appreciated/ Valued/Supported/Recognition	13%	6%	152
Provide High Quality Care to Patients	11%	5%	131
Better Work Environment/Conditions/Safe Workplace	10%	5%	125
More Leave/Time Off Available	10%	5%	121
Appropriate Staffing Levels	9%	4%	110
Professional Development/Opportunities to Advance	9%	4%	107
Better Scheduling/Flexibility/Less Mandation	8%	4%	99
Educational Opportunities/Development	6%	3%	73
Pension/Benefits Available	6%	3%	72
Stability/Security	5%	2%	57
Be In My Ideal Position/ Specialty/ Department /Unit/RHA	5%	2%	55
Manageable Workload/Responsibilities/Demands	4%	2%	42
Management/Leadership/Employer/Government Improvements	3%	2%	39
Enough Resources/Materials/Supplies to Do My Work	3%	1%	33
Go/Stay Full-time Permanent	3%	1%	32
IDK/NA/Don't Wish to Answer/Unsure	2%	1%	23
A Casual/Travel Nurse Position	2%	1%	20
Support for Childcare	2%	1%	19
Other	6%	3%	73

46. How many more years do you plan to work before you retire? (n = 1201)

	Count	%
1 year	71	6%
2 years	65	5%
3 years	49	4%
4 years	42	3%
5 years	58	5%
5-7 years	95	8%
7 to 10 years	162	13%
More than 10 years	714	57%

47. What type of benefits and compensation will you need during retirement? (n = 1200)
    [OPEN END]

	Respondents (%)	Answers (%)	Count
Health Benefits	66%	38%	797
Pension	41%	24%	494
Dental Benefits	21%	12%	251
IDK/Unsure/Unknown/NA	14%	8%	165
Income/Wage/Pay/Money/Salary/Financial Benefits	8%	5%	101
Drug Benefits	3%	2%	38
Have Other Benefits/Made Other Plans	3%	1%	30
Life Benefits	2%	1%	27
Full Benefits/Everything/All Benefits	2%	1%	25
Comfortable Living/Living Wage	2%	1%	21
General Insurance	1%	1%	17
Vision Benefits	1%	1%	16
What I Currently Have	1%	1%	13
Payout/Buyout	1%	1%	11
Disability Benefits	1%	0%	6
Severance Pay	1%	0%	6
Physical, Occupational, Massage Therapy Coverage	0%	0%	5
Other	6%	3%	66

48. Have current working conditions caused you to consider taking an earlier retirement than you had planned? (n=1251)

Yes	67%
No	33%
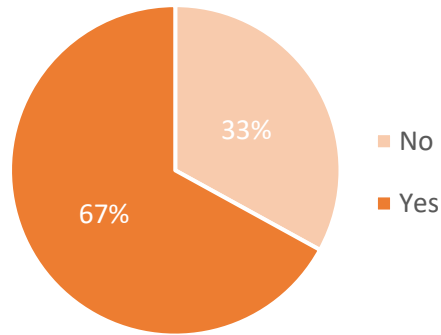
49. Do you anticipate having to manage any major life events in the next 10 years that might change the amount you want to work? (n = 1201)

Yes	60%
No	40%

50. [If 47a], What major life event over the next 10 years might change the amount you want to work? (n = 720)
[OPEN END]

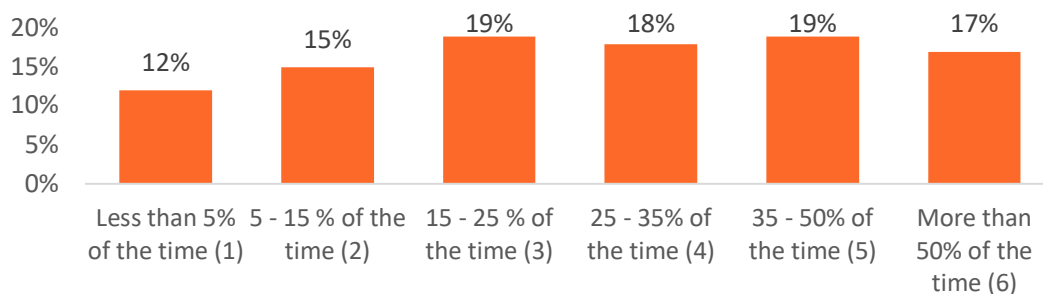|	Respondents (%)	Answers (%)	Count
New Family Member (babies/new grandchildren/starting a family)	35%	24%	255
Family Member Caregiving (Illness/Sickness/Aging)	28%	19%	198
Health Concerns (illness/injury/diagnosis/surgery/aging)	23%	15%	162
Childcare/Raising Children	9%	6%	63
Education of a Family Member	8%	6%	59
Family Member Loss (death/divorce/moving away)	4%	3%	28
Education/Returning to School	4%	2%	26
Mental Health/Physical and Mental Burnout	3%	2%	25
New Location/Travel/Moving	3%	2%	23
Personal Change in Job/Change of Job for Family Member	3%	2%	23
Marriage/Engagement	3%	2%	18
IDK/NA/Prefer Not to Say	2%	2%	17
Financial Changes/Demands	2%	2%	17
House/Car/Property Acquisition	2%	1%	14
Retirement/Leaving	2%	1%	13
Dissatisfaction With the Workplace	2%	1%	12

	Respondents (%)	Answers (%)	Count
Taking Leave/Work-Life Balance	2%	1%	12
New or Different Position (FT/Casual/Travel)	2%	1%	11
Other Family Demands	11%	7%	76
Other	2%	1%	14

SECTION 8: SCOPE OF PRACTICE

51. In your current position, are you able to work to your full scope of practice? Why or why not? (n = 1198)
[OPEN END]

	Respondents (%)	Answers (%)	Count
Yes/I Can	84%	62%	1,007
Because of Where I Work (Unit/Department/Area/RHA)	12%	9%	144
No/I Cannot	10%	8%	123
Short Staffing Makes Things Challenging	4%	3%	43
I Do Other Disciplines/Staff Roles	3%	2%	35
I Do More Than What's in My Scope	3%	2%	32
Not Enough Time/Workload	2%	2%	26
Need More Support	1%	1%	17
Polices and Procedures Challenges	1%	1%	15
Educational Opportunities/Training	1%	1%	15
Yes, I Have Autonomy/Independence	1%	1%	14
Management Challenges	1%	1%	13
Limited Resources/Supplies/Funding	1%	1%	11
I Have Good Support/Good Management	1%	1%	10
Working Conditions/Unsafe	1%	1%	9
IDK/NA/Prefer Not to Say	1%	0%	6
No, I Do Not Have Autonomy/Independence	0%	0%	2
Unsure/Maybe/Sometimes	3%	2%	30
Other	6%	4%	66

52. Over the course of an average shift, how often do you find yourself completing non-nursing duties (e.g., cleaning rooms, delivering, or retrieving food trays)? (n=1244)


Less than 5% of the time (1)	5 - 15 % of the time (2)	15 - 25 % of the time (3)	25 - 35% of the time (4)	35 - 50% of the time (5)	More than 50% of the time (6)
12%	15%	19%	18%	19%	17%

	%	Under 25	25 - 29	30 - 39	40 - 49	50 - 59	60+
Less than 5% of the time	12%	0%	4%	8%	12%	17%	31%
5 - 15 % of the time	15%	8%	5%	14%	15%	19%	20%
15 - 25 % of the time	19%	18%	13%	19%	23%	20%	14%
25 - 35% of the time	18%	18%	16%	18%	19%	18%	15%
35 - 50% of the time	19%	8%	29%	20%	19%	16%	15%
More than 50% of the time	17%	49%	34%	20%	13%	11%	4%

	Rural	Urban
Less than 5% of the time	10%	11%
5 - 15 % of the time	18%	14%
15 - 25 % of the time	19%	20%
25 - 35% of the time	18%	18%
35 - 50% of the time	21%	20%
More than 50% of the time	14%	18%

53. Please indicate your agreement with the following statements using the rating scale provided. (n=1235)

1) To what extent do non-nursing duties interfere with your ability to do your job effectively?
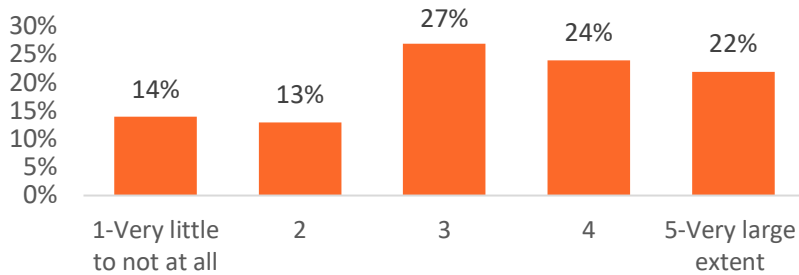
2) To what extent do non-nursing duties interfere with your ability to provide quality patient care?
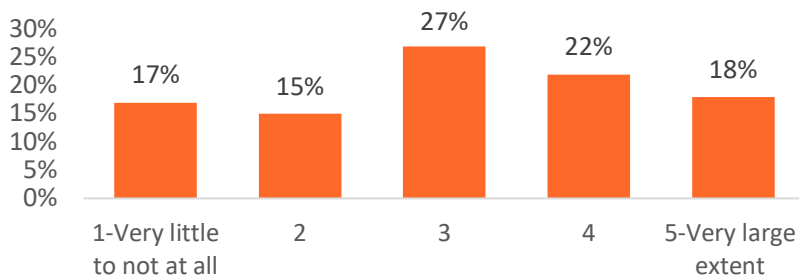
3) To what extent do non-nursing duties interfere with your ability to manage your workload?
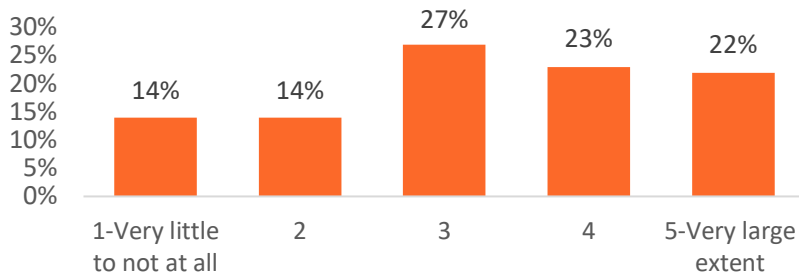

SECTION 9: TRAINING AND SUPPORT

54. Please indicate your agreement with the following statements using the rating scale provided. [1 - 5 strongly disagree to strongly agree.] (n=1225)

	Mean
I have access to the resources I need to do my job effectively	2.97
I have the support I need to do my job effectively	2.73
I have the support I need to persist through difficult times at work	2.56

1) I have access to the resources (e.g., materials, equipment, technology, etc.) I need to do my job effectively
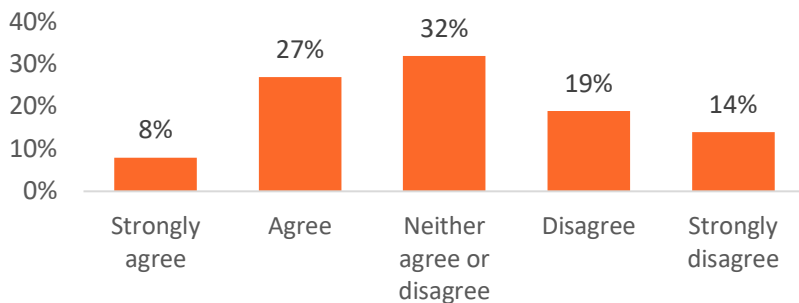
2) I have the support I need to do my job effectively
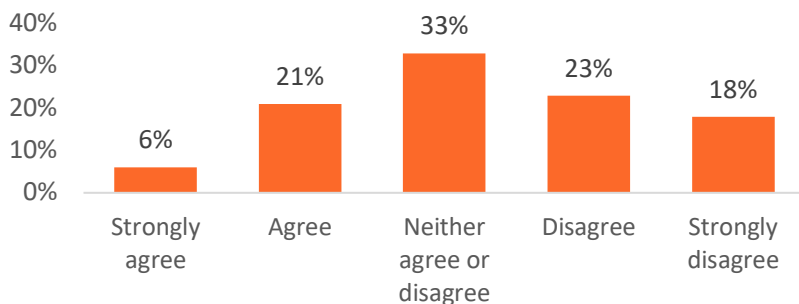
3) I have the support I need to persist through difficult times at work
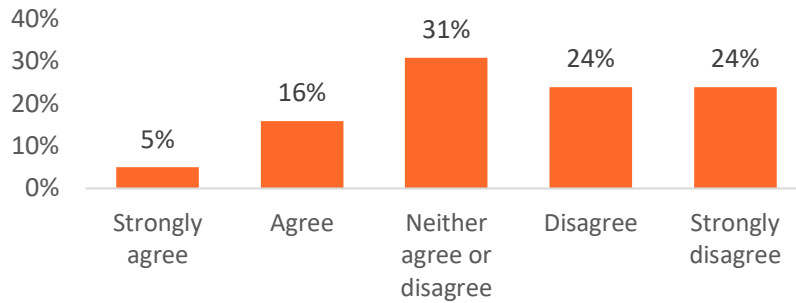
55. What type(s) of support do you rely on to do your job? (n = 1187)
[OPEN END]

|	Respondents (%)	Answers (%)	Count
Coworkers	48%	22%	567
Leadership/Management	30%	14%	358
Administration/Clerical Support	19%	8%	221
Housekeeping/Maintenance/Cleaning/Janitorial Staff	8%	4%	93
Equipment/Resources/Supplies	7%	3%	88
PCA	7%	3%	79
MSAs	6%	3%	70
Physicians/Doctors	6%	3%	70
Adequate/Increased/Extra Staff	6%	3%	69
Technology Support	6%	3%	67
Educators/Education	5%	2%	59
Support Staff	5%	2%	56
Porters	4%	2%	53
Interdisciplinary/Interdepartmental Support	4%	2%	44
RNs	3%	2%	40
LPNs	3%	1%	38
Friends and Family	3%	1%	36
Dietary	3%	1%	35
Team Support	3%	1%	33
N/A, IDK, Prefer Not to Say, No Opinion	2%	1%	29
Lab Support	2%	1%	27
Support From Other Staff	2%	1%	27
Pharmacy	2%	1%	26
Social Workers	2%	1%	22
Physical/Occupational/Recreational Therapy	2%	1%	18

|			
Facilitator	2%	1%	18
Respiratory Therapist	2%	1%	18
Personal Mental Health Support	2%	1%	18
Online and Physical Resources	1%	1%	17
Charge Nurse	1%	1%	16
PCC	1%	1%	14
Allied Health	1%	1%	14
Stock/Store/Materials Staff	1%	0%	13
We Don't Have Any Support	1%	0%	13
Myself	1%	0%	11
Policies and Procedures	1%	0%	11
X-ray/Imaging	1%	0%	10
Team Leads	1%	0%	9
NPs	1%	0%	9
Coordinators	1%	0%	8
Employee Assistance Program	1%	0%	8
Blood Collection	1%	0%	7
Biomedical Staff	1%	0%	7
Emotional Support	1%	0%	6
Everything/Everyone	1%	0%	6
Consultants	1%	0%	6
Psychiatrist/Psychologist	0%	0%	5
Senior Staff	0%	0%	5
Emergency Services	0%	0%	5
Physical Support	0%	0%	5
Paramedicine	0%	0%	5
Security Staff	0%	0%	5
RCCs	0%	0%	4
Dietician	0%	0%	4
Environment Services	0%	0%	4
Human Resources	0%	0%	4
Union/RNUNL	0%	0%	4
Utility Support	0%	0%	3
CSR	0%	0%	3
Medical Support	0%	0%	3
Registration Clerk	0%	0%	2
Supply Clerk	0%	0%	2
Other	8%	4%	100

SECTION 10: JOB SATISFACTION

56. Please indicate your agreement with the following statements using the rating scale provided. [1 - 5 strongly disagree to strongly agree] (n=1215)

|	m
I receive meaningful recognition when I do a good job	2.35
Management values my contribution	2.55
I have autonomy to make decisions regarding my work	2.99
I am paid fairly for the work I do	2.08
I feel safe at work	2.92
I am satisfied with my total pay and benefits package	1.89
I generally look forward to going to work	2.48
I feel a sense of purpose from my work	3.18
My work gives me a feeling of personal accomplishment	3.10
I would recommend nursing to others as a great profession in NL	2.01
Overall, I am satisfied with my job	2.57

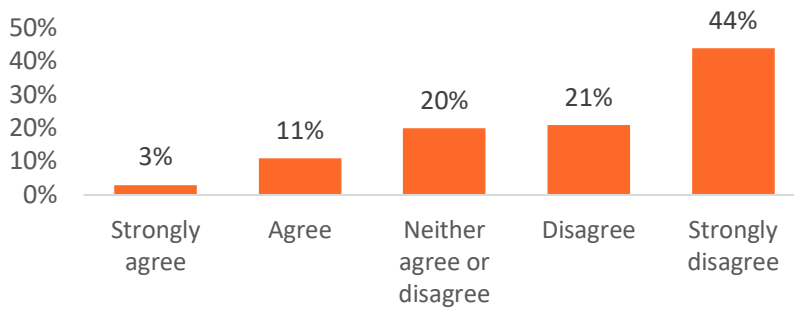a. I receive meaningful recognition when I do a good job
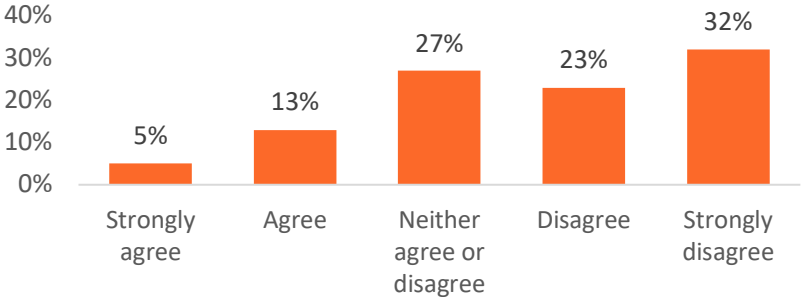
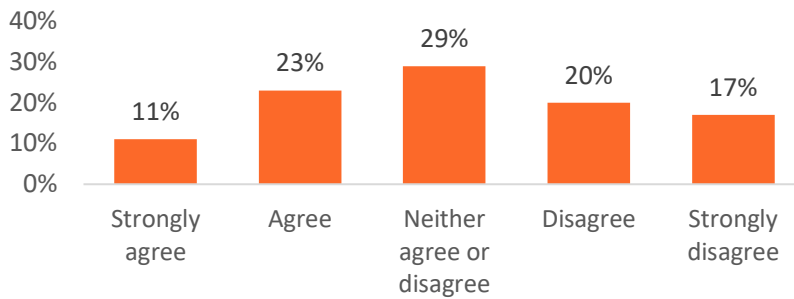b. Management values my contribution
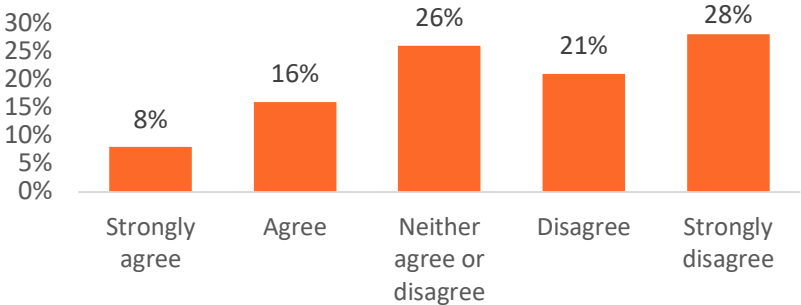
c. I have autonomy to make decisions regarding my work
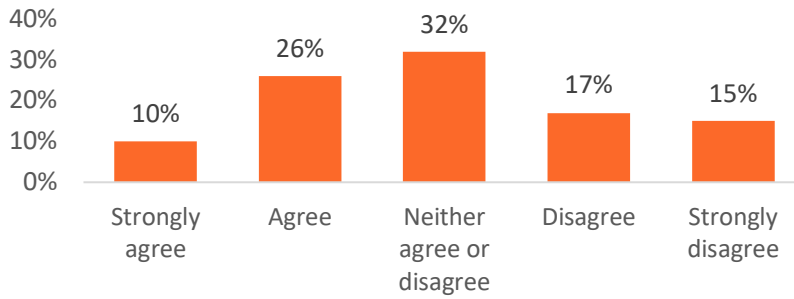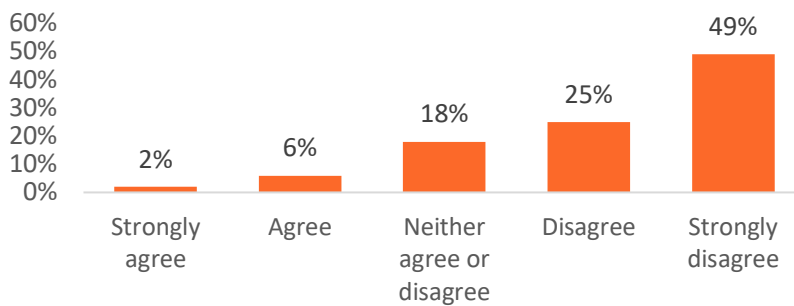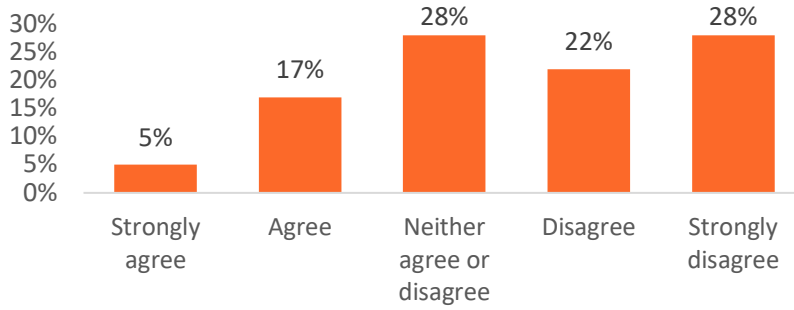

d. I am paid fairly for the work I do

e. I feel safe at work

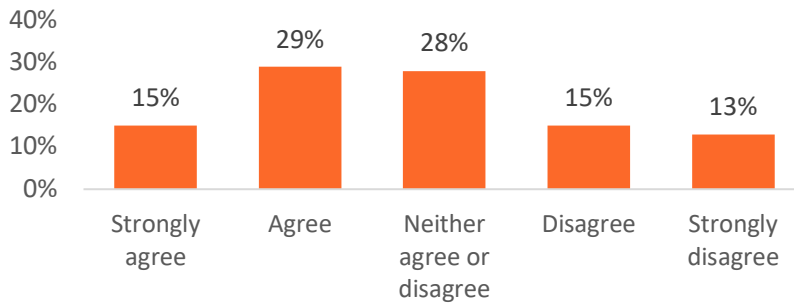f. I am satisfied with my total pay and benefits package

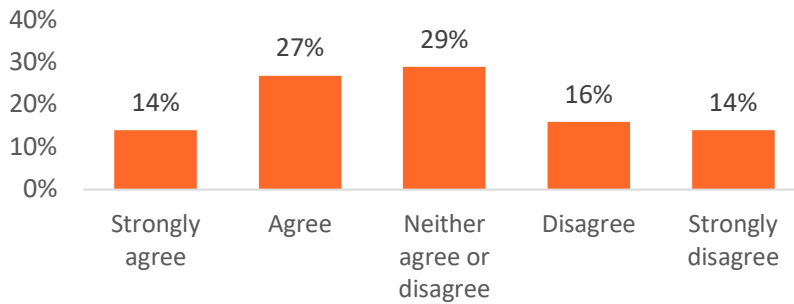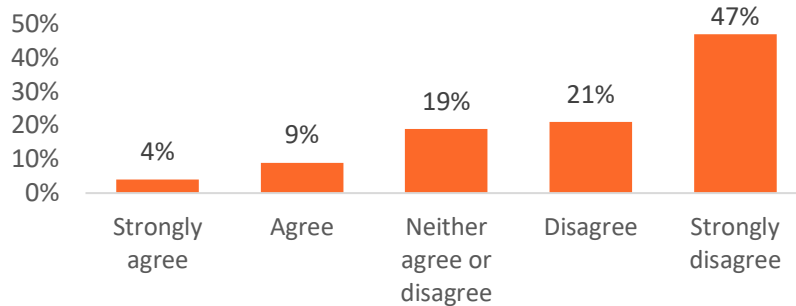g. I generally look forward to going to work

	Strongly agree	Agree	Neither agree or disagree	Disagree	Strongly disagree
%	5%	17%	28%	22%	28%

h. I feel a sense of purpose from my work

	Strongly agree	Agree	Neither agree or disagree	Disagree	Strongly disagree
%	15%	29%	28%	15%	13%

i. My work gives me a feeling of personal accomplishment

	Strongly agree	Agree	Neither agree or disagree	Disagree	Strongly disagree
%	14%	27%	29%	16%	14%

j. I would recommend nursing to others as a great profession in NL

k. Overall, I am satisfied with my job
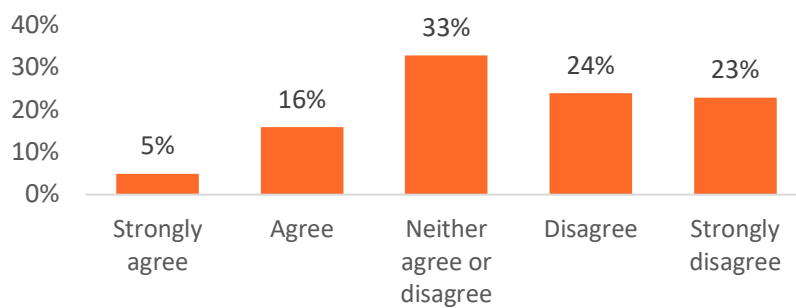
SECTION 11: FINAL DEMOGRAPHICS

57. Please indicate the ancestry with which you most identify. Select all that apply. Individual self-identification will not be made public. (Ancestry is defined as family background/origins.) (n=1210)

	%	Count
Acadian ancestry	5%	56
African ancestry (Black)	0%	4
Asian ancestry	0%	3
European ancestry (White)	77%	931
Indigenous ancestry	7%	84
Middle Eastern ancestry	0%	3
Unsure	9%	108
Other, please specify:	2%	21

58. Do you have dependents? (n = 1201)

Yes	67%
No	33%

59. What province did you live in prior to starting your nursing program? (n = 1201)

	%	Count
Alberta	1%	16
British Columbia	1%	6
Manitoba (3)	0%	2
New Brunswick (4)	1%	9
Newfoundland and Labrador	90%	1094
Northwest Territories	0%	2
Nova Scotia	2%	23
Nunavut	0%	3
Ontario	3%	35
Prince Edward Island	0%	1
Quebec	0%	3
Saskatchewan	0%	1
Yukon	0%	0
Other, please specify	1%	14

60. Why did you choose to move to/continue your career in Newfoundland and Labrador? (n = 1197) [OPEN END]

	Respondents (%)	Answers (%)	Count
Family	60%	49%	722
It's Home/It's Where I'm From	36%	29%	435
I Love NL and Labrador	5%	4%	57
Friends	4%	3%	44
Partner Job Opportunity	4%	3%	43
Job Opportunity/Security	3%	3%	41
Went to School Here/Cheap Education	2%	2%	23
NA/IDK/Not Sure/Prefer Not to Answer	2%	1%	22
Wanted to Help Others in The Province	1%	1%	17
Financial Reasons	1%	1%	13
It's A Safe Place	1%	1%	10
Have A Home/House Here	1%	0%	6
Other	5%	4%	54

Appendix B: Student Nursing Survey Summary

1. At which of the following locations do you study? (n=111)

	%
Centre for Nursing Studies	55%
Gander Campus	4%
Gander Falls - Windsor Campus	5%
Western Regional School of Nursing	36%
Labrador	1%

2. What year of study are you in? (n=111)

	%
First	23%
Second	22%
Third	25%
Fourth	24%
Fifth or Higher	4%
Prefer not to say	2%

3. During which school year do you plan to graduate? (n=111)

	%
2023	28%
2024	29%
2025	19%
2026	22%
2027	2%
Prefer not to say	1%

4. Why did you choose to pursue a career in nursing? [OPEN END]

The majority of the survey responses indicate that the main reason for pursuing a career in nursing is the desire to help others and make a positive impact on their lives. Many respondents have a passion for caring for people and find healthcare fascinating. A few respondents chose nursing because of their interest in science, biology, and medicine, and a few because they come from families with a background in healthcare. Some respondents appreciated the employment opportunities and diverse career options that nursing provides. The job security and flexible scheduling are also attractive features of the career. Finally, a few

respondents mentioned that their experience as a patient or having a family member in healthcare inspired them to pursue a career in nursing.
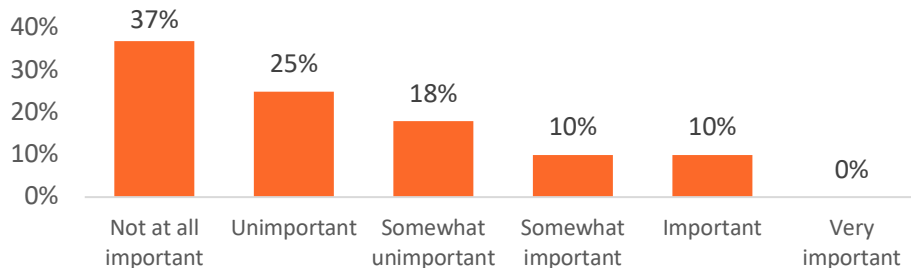
5. How important were the following factors in choosing your career? For each of the below indicate if it was a Very important, Important, Somewhat Important, Somewhat unimportant, Unimportant, Not at all Important influence in choosing your career.

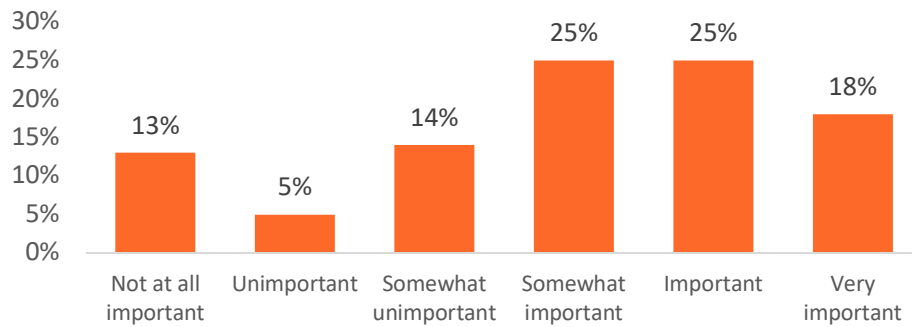|	m
Parent or Guardian's opinion or experience	3.84
Teacher or Counselors' opinion or experience	2.39
The opinion or experience of someone in healthcare	3.98
Availability of nursing jobs	4.86
Availability of nursing jobs where I live	4.56
Salary potential	5.01
Time required for education	3.90
Cost of education	4.05
Personal attraction to nursing	5.34
Opportunity to make a difference in people's lives	5.70

a. How important were the following factors **[parent or guardian's opinion or experience]** in choosing your career (n=100)
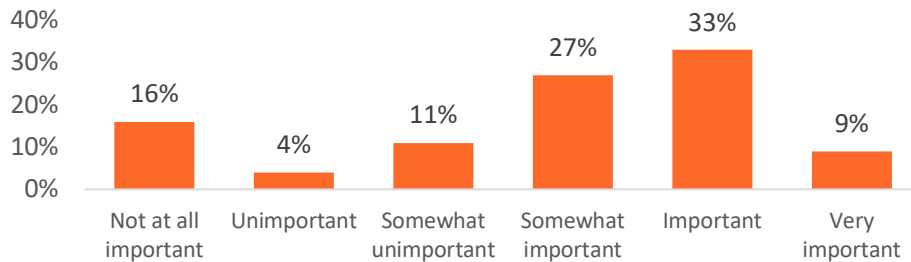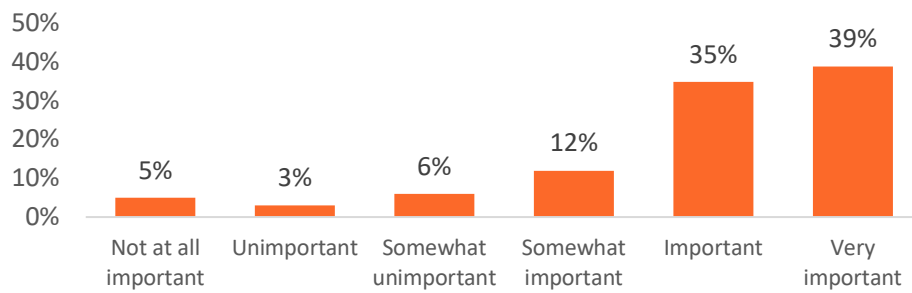

b. How important were the following factors **[teacher or counselor's opinion or experience]** in choosing your career? (n=100)
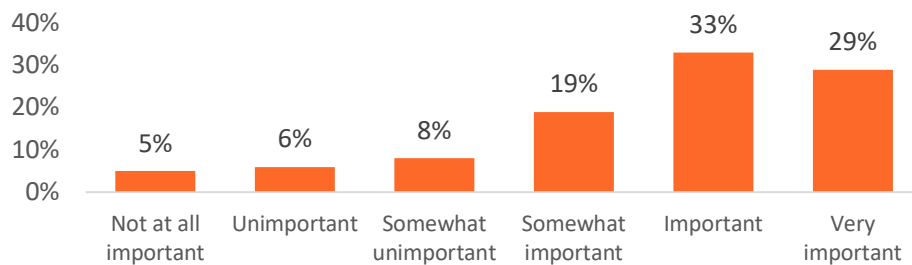
c. How important were the following factors **[the opinion or experience of someone in healthcare]** in choosing your career? (n=100)

Not at all important: 13%
Unimportant: 5%
Somewhat unimportant: 14%
Somewhat important: 25%
Important: 25%
Very important: 18%

d. How important were the following factors **[availability of nursing jobs]** in choosing your career? (n=100)

Not at all important: 5%
Unimportant: 3%
Somewhat unimportant: 6%
Somewhat important: 12%
Important: 35%
Very important: 39%

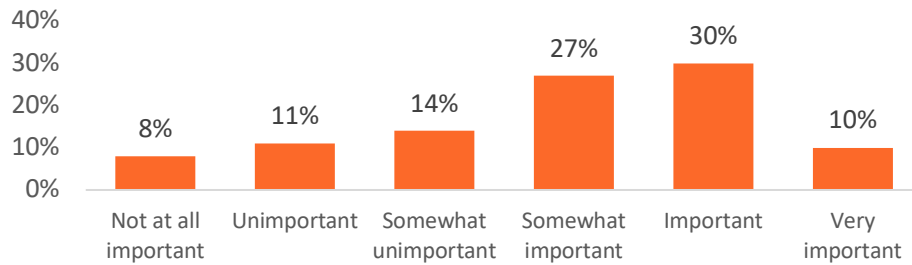e. How important were the following factors **[availability of nursing jobs where I live]** in choosing your career? (n=100)
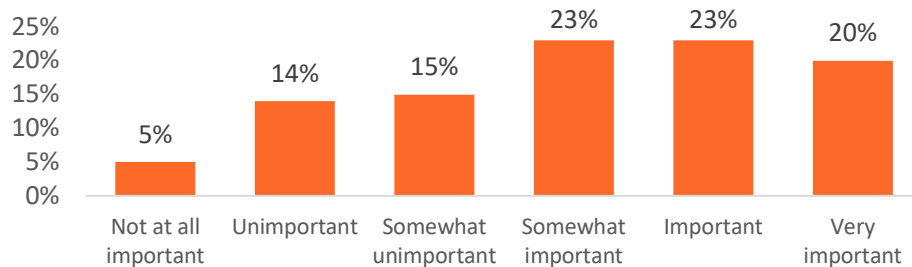
Not at all important: 5%
Unimportant: 6%
Somewhat unimportant: 8%
Somewhat important: 19%
Important: 33%
Very important: 29%

f. How important were the following factors **[salary potential]** in choosing your career? (n=100)

Response	Percentage
Not at all important	0%
Unimportant	2%
Somewhat unimportant	5%
Somewhat important	18%
Important	40%
Very important	35%
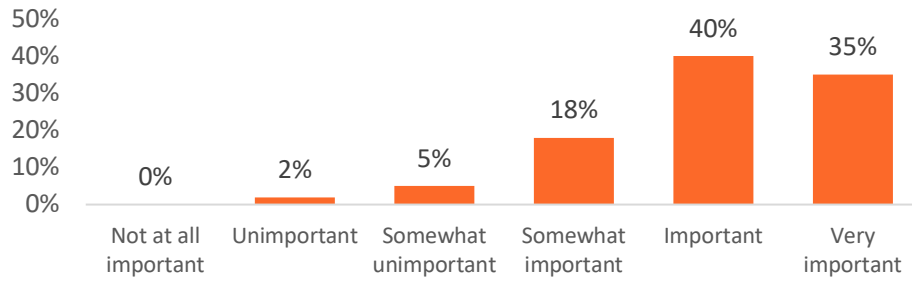
g. How important were the following factors **[time required for education]** in choosing your career? (n=100)

Response	Percentage
Not at all important	8%
Unimportant	11%
Somewhat unimportant	14%
Somewhat important	27%
Important	30%
Very important	10%

h. How important were the following factors **[cost of education]** in choosing your career? (n=100)

Response	Percentage
Not at all important	5%
Unimportant	14%
Somewhat unimportant	15%
Somewhat important	23%
Important	23%
Very important	20%

i. How important were the following factors **[personal attraction to nursing]** in choosing your career? (n=100)

Chart — Personal attraction to nursing:
- Not at all important: 1%
- Unimportant: 0%
- Somewhat unimportant: 3%
- Somewhat important: 9%
- Important: 34%
- Very important: 53%
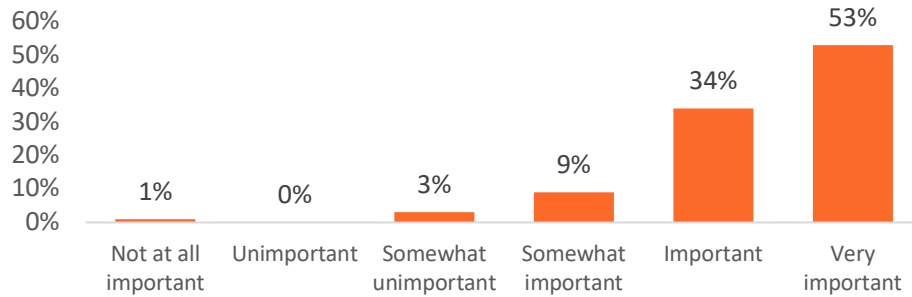
j. How important were the following factors **[the opportunity to make a difference in people's lives]** in choosing your career? (n=100)

Chart — Opportunity to make a difference in people's lives:
- Not at all important: 0%
- Unimportant: 0%
- Somewhat unimportant: 0%
- Somewhat important: 3%
- Important: 24%
- Very important: 73%
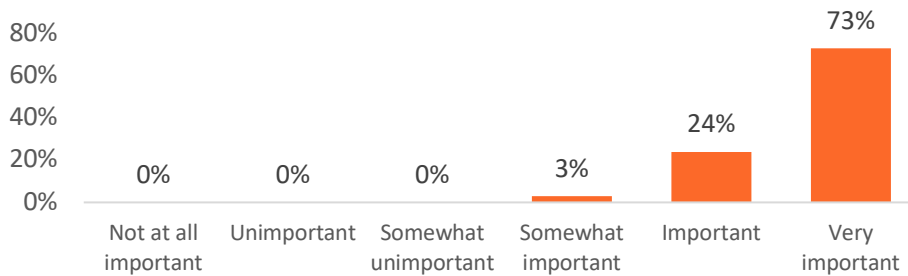
SECTION 2: FUTURE PLANS

6. What do you plan to do after graduation? (n=98)

	%	Count
Start work in nursing immediately	43%	42
Start working and then pursue more education later on	34%	33
Start work at a travel agency or in travel nursing	11%	11
Start working and pursue more education related to nursing immediately	6%	6
Start working and pursue more education in another field immediately	3%	3
Start work in an area that is not nursing immediately	2%	2
Attend more educational training related to nursing	0%	0
Attend more educational training in another field	0%	0
Unsure	1%	1

7. [IF after graduation plans intending to work in nursing– Q07 = 01, 02, 06, 08] How do you feel about entering the nursing workforce? [OPEN END]

Students feelings about entering the workforce are mixed. Some express excitement and passion for their career, while others are nervous due to the state of the healthcare system, burnout among nurses, and lack of support for nurses. Some are also concerned about being undervalued and underpaid. Others feel unprepared for the realities of the job. Overall, there seems to be a sense of uncertainty and fear among new nursing graduates, with some questioning whether they would have pursued this career given the current state of the healthcare system.

8. [IF after graduation plans – Q07 = education in another field] Why are you considering pursuing education in a field unrelated to nursing after graduation? (n=3) [OPEN END]

"When I saw the reality of the nurses responsibility and how they are not financially compensated for that, nor respected by management or government by not giving them safe nurse and patient ratios, it became clear to me that I was not willing to spend my life in a career where I am not appreciated, respected or compensated for the work I do."

"Nurses are becoming burnt out and working excessively for the little they get." "I plan to pursue medicine"

9. [*If intending to study or work in nursing following graduation*] How likely are you to pursue additional certifications or advanced degrees beyond RN or NP designation? (n=73)
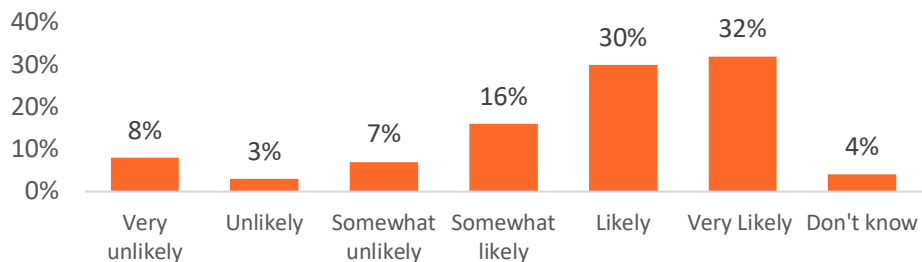
10. How likely are you to remain in Newfoundland and Labrador to work after graduation?
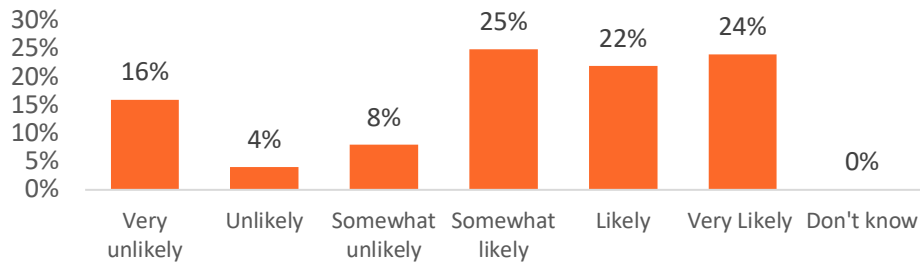
9.a) **[If Q13=a-c]** Why are you likely to remain in Newfoundland and Labrador to work after graduation? [OPEN END]

The common thread among the responses for why people want to stay in Newfoundland is the presence of family and friends. Many people have their family and partners living in Newfoundland and have made good connections there. They have established homes and it would be difficult to uproot. Many people want to contribute to the positive change for the people in their province and help the healthcare system and help the staffing crisis. Others want to gather experience and build their confidence as an RN close to their homes, before travelling elsewhere. A few people have already started a job in Newfoundland and are willing to travel nurse in the future. A love for Newfoundland and its way of life is also a reason for people wanting to stay. However, some express concerns regarding job satisfaction, career options, and flexible scheduling, which may lead them to pursue a career elsewhere.

9.b) **[If Q13=d-f]** Why are you not likely to remain in Newfoundland and Labrador to work after graduation? [OPEN END]

The common reasons students cited for not being likely to remain in the province include: low pay rates, poor work environments, lack of resources and support from the government and public, staffing shortages, burnout, and limited job opportunities. They also mentioned high cost of living, high taxes, and a healthcare crisis in the province. Many of them expressed a desire to travel or to move elsewhere for better opportunities, higher salaries, and a better work-life balance.

11. In a few words describe your understanding of the following:

a) Full-time employment in nursing? [OPEN END]

Students described their general understanding of full-time employment in nursing as involving working a scheduled routine of at least 40 hours per week, typically receiving benefits such as health insurance, sick leave, and vacation time, and having

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a pension plan. Students noted that full-time hours may exceed 40 hours per week, usually 75-80 hours biweekly, and they expect full-time employment to involve pre-booked shifts. There is a possibility of being mandated to come into work and a lack of flexibility to take time off. Full-time employment is seen as a permanent obligation to the place of employment. Nursing students are concerned about being mandated, working overtime, and having difficulty taking time off. Nonetheless, full-time nursing employment is seen as a stable job with a guaranteed schedule and is needed in the healthcare system.

b) Casual employment in nursing. [OPEN END]

Based on the responses provided, students view casual positions as offering more flexibility in terms of scheduling and work-life balance, but with the trade-off of not having guaranteed hours or benefits such as insurance or pension plans. Students shared their understanding that casual positions often involve working on-call or as needed, with the ability to pick up shifts as desired. Students spoke about pay rates being higher to compensate for the lack of benefits and guaranteed hours. Some casual positions may offer set schedules or the ability to create one's own schedule, depending on the needs of the employer. Overall, the understanding of casual positions among students appears to vary, with some having a good grasp of the trade-offs involved, while others are uncertain or don't know.

12. In a few words describe your understanding of the following:

a) The long-term benefits of participation in the public service pension plan (PSPP)? [OPEN END]

Many respondents were unsure of the benefits of participating in the public service pension plan, 51% of students responded 'don't know' , however, some recognized that it provides financial security for retirement and the ability to retire comfortably. Others mentioned that it allows for a stable income in retirement, lowers retirement age, and is a guaranteed pension based on service. Some respondents also noted that it is a defined benefit plan, which is generally considered safer than defined contribution plans. However, some expressed concerns about the nursing workforce and burnout before retirement.

b) The differences between the public service pension plan versus the government money purchase plan? [OPEN END]

The majority of the responses indicate that the individuals do not know about the differences between the Public Service Pension Plan (PSPP) and the Government

Money Purchase Plan (GMPP). One response provided some detail, stating that the PSPP is a defined benefit plan for full-time and permanent employees while the GMPP is a defined contribution plan for part-time or casual employees. The PSPP is administered by Provident 10 while the GMPP is administered by Great West Life. Another response suggests that the PSPP may be more beneficial than the GMPP when it comes time to retire. Overall, there is a lack of understanding of the differences between the two plans.

13. What benefits are most appealing to you? (n=86)

	% Answers	Count
Annual (vacation) leave	88%	76
Medical Benefits	85%	73
Pension	79%	68
Signing bonus	77%	66
Overtime premium	77%	66
Base Salary/Compensation	74%	64
Other paid leave (e.g., sick leave)	74%	64
Professional development opportunities	60%	52
Incentives for remaining in a permanent position	58%	50
Incentives for working at a rural site	44%	38
On-site childcare	37%	32
Subsidized childcare	36%	31
Don't know	2%	2

14. Which of the following positions are you likely to pursue after graduation?

	%	Count
Full-time permanent	48%	41
Full-time temporary	9%	8
Part-time Permanent	1%	1
Part-time temporary	1%	1
Casual	15%	13
Travel Nursing	17%	15
Don't know	8%	7
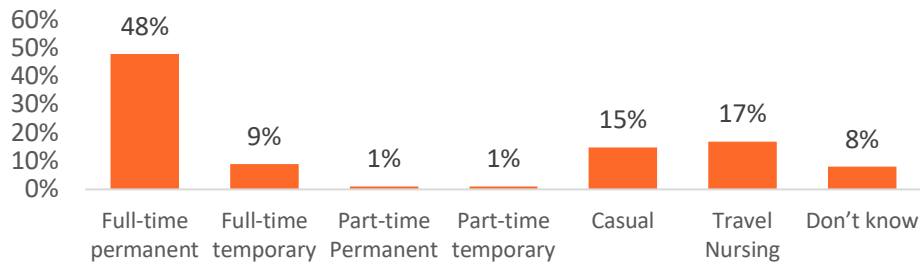
15. [If Q17= 02 or 03] Why are you likely to pursue a casual employment contract? n=13

	%	Count
Work-life balance/	69%	9
Do not want to be denied leave	46%	6
Control of schedule	31%	4
Higher rate of pay	15%	2
Importance of family	8%	1

16. [If Q17= 06] Why are you likely to pursue a travel nursing position? n=14

	%	Count
Travel	57%	8
More Money	57%	8
Worklife Balance/Flexibility	29%	4
Better pay/benefits elsewhere	14%	2
Expand skills/Opportunities	29%	4
Help communities that need it	7%	1
Other	7%	1

17. Thinking about your career goals, what area of practice do you hope to pursue? (n=86)

	%	Count
Clinical care	74%	64
Nursing clinical informatics	0%	0
Nursing admin	5%	4
Nursing Education	10%	9
Nursing policy	1%	1

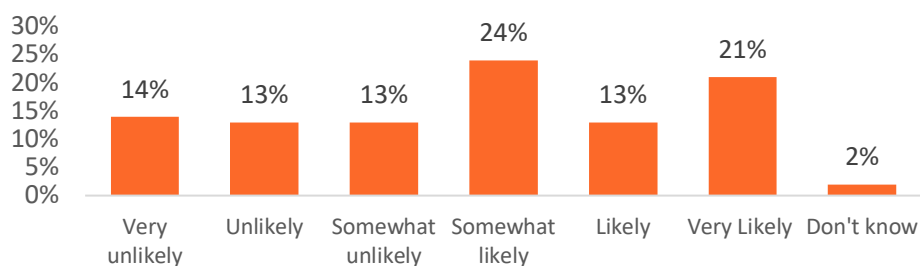|	%	Count
Nursing research	1%	1
Don't know	8%	7

18. Thinking about your career goals, in what setting would you most like to work? (n=86)

	%	Count
Hospital	59%	51
Community clinic or health centre	7%	6
Community	5%	4
Public Health Clinic	5%	4
Private Office	4%	3
Teaching/Academic setting	4%	3
Primary care office or clinic	2%	2
Diagnostic Clinic	2%	2
University/College	1%	1
Specialist office	1%	1
Hospice Care	1%	1
Homecare/Long term care	0%	0
Don't Know	9%	8

19. [IF HOSPITAL SETTING SELECTED] In which of the following hospital settings are you most interested in working?

	%	Count
Medical/Surgical	22%	11
Critical care	8%	4
Outpatient Ambulatory clinic or specialist clinic	0%	0
Mental health	14%	7
Emergency Department	18%	9
Obstetrics	26%	13
Clinical informatics	0%	0
Pediatrics	4%	2
Palliative Care	1%	0
Operating Room	1%	1
Administration	0%	0
Laboratory, radiology or another diagnostic	0%	0
Other	2%	1
I don't know	2%	1

20. How likely are you to seek out work in a rural setting? (n=85)

21. [If somewhat likely to very likely to seek out work in a rural setting] Which of the below factors contribute to your decision to potentially seek work in a rural setting? (Choose all that apply) (n=49)

	% Answers	% Respondents	Count
Better working conditions	9%	39%	19
Lower cost of living	11%	49%	24
Getting to know patients	10%	43%	21
Ability to live closer to family	11%	49%	24
Lower patient loads	6%	27%	13
Opportunities for incentives for working in a rural community	16%	71%	35
More autonomy	10%	43%	21
Working and living in a safe environment	9%	39%	19
Rural areas are appealing places to raise a family	6%	27%	13
Opportunity for broader work experience	12%	53%	26
Other, please specify	1%	6%	3

22. [If Q23 = 04-06 Which of the below factors contribute to your decision to be unlikely to seek work in a rural setting? (Choose all that apply)

	% Answers	% Respondents	Count
Few social activities	13%	7%	23
Difficulty finding work for spouse or partner	11%	6%	19
Ability to live closer to family	10%	6%	17
Opportunity for specialization in urban centers	9%	5%	15
Only want to work in a larger urban area	8%	5%	14
Lack of new technology in rural areas	8%	4%	13
Not enough critical patients or patients with	6%	4%	11

complex problems			
Unfamiliar with the rural environment	6%	4%	11
Better pay/benefits	3%	2%	5
Lack of cultural diversity in rural areas	2%	1%	4
Other, please specify	2%	1%	4

23. What would encourage you to seriously consider working in a rural setting?
    N=84

	%	Count
Money	48%	40
Signing bonus	17%	14
Family	17%	14
Housing allowance	12%	10
Set schedule/Work-life balance	8%	7
Learning opportunities	8%	7
More staff/Reasonable workload	7%	6
Rural is my preference	7%	6
Safe workplaces/ Safe nurse to patient ratios	5%	4
Increased leave/More vacation days	5%	4
Nothing	5%	4
Improved working conditions	4%	3
Childcare	4%	3
Rotations in and out of community	2%	2
Availability of housing and necessities	1%	1
Don't Know	8%	7
Other	2%	2

24. How far would you be willing to drive (one way) to commute to a job?

|	%	Count
Less than 10 km (10 minutes)	7%	6
10 km – 20 km (10 to 20 minutes)	30%	25
21 km – 30 km (20 to 30 minutes)	42%	35
31 km – 40 km (30 – 40 minutes)	10%	8
More than 40 km (more than 40 minutes)	12%	10

SECTION 2: VALUES AND PERCEPTIONS OF NURSING

25. When you are ready to enter the workforce for a career in nursing, what will you be looking for as you search for a job? N=58

	%	Count
Salary	41%	24
Area	31%	18
Good work environment	29%	17
Worklife Balance/Flexibility	26%	15
Signing Bonus	19%	11
Full time Permanent	16%	9
Good leadership	12%	7
Incentives	10%	6
Benefits	10%	6
Learning opportunities	10%	6
Location	9%	5
Well staffed	9%	5
Casual employment	3%	2
Turnover rates	2%	1

26. Thinking about what is important to you in your future career, using a scale from 1 to 10 where 1 is not at all important and 10 is extremely important rate each of the below factors
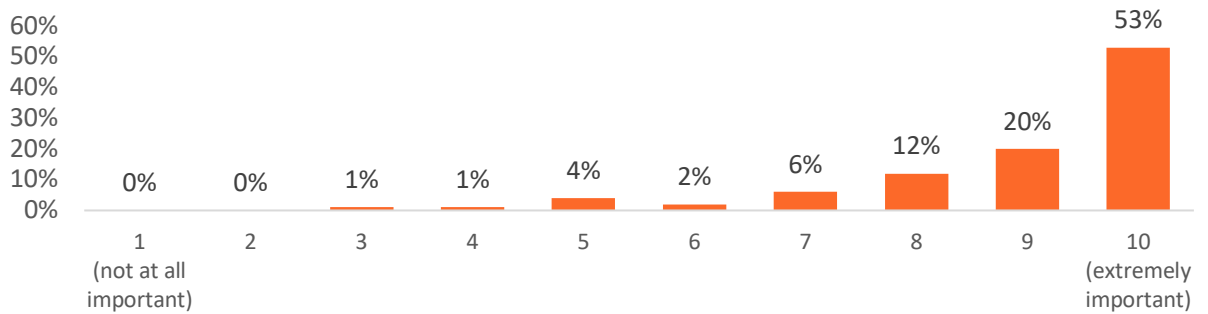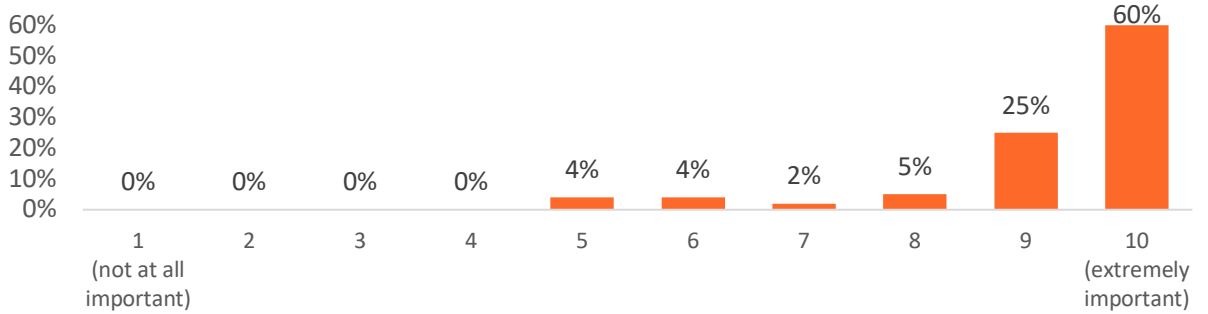
   a) Work that is Interesting
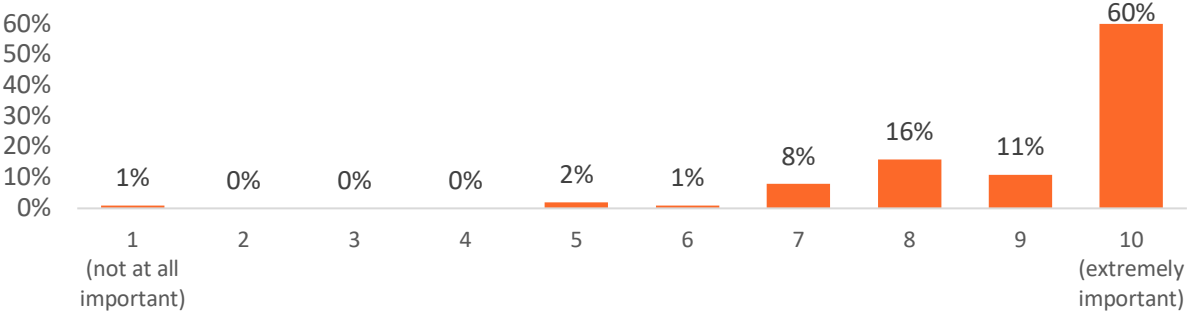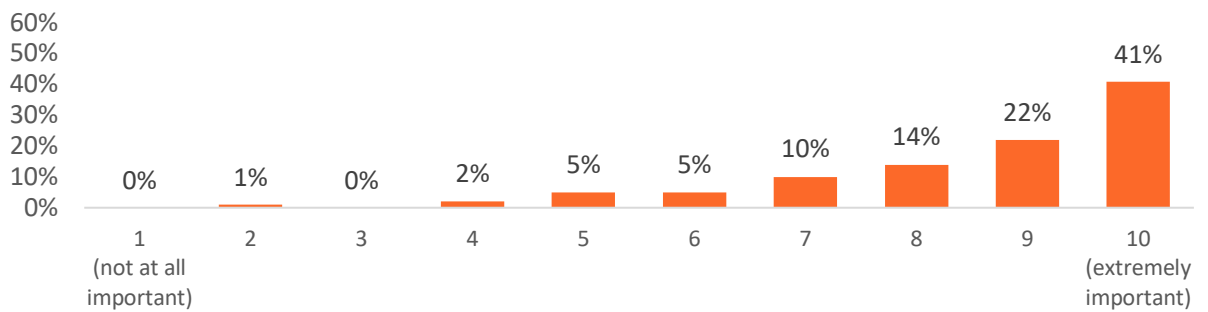
b) Earning a high income
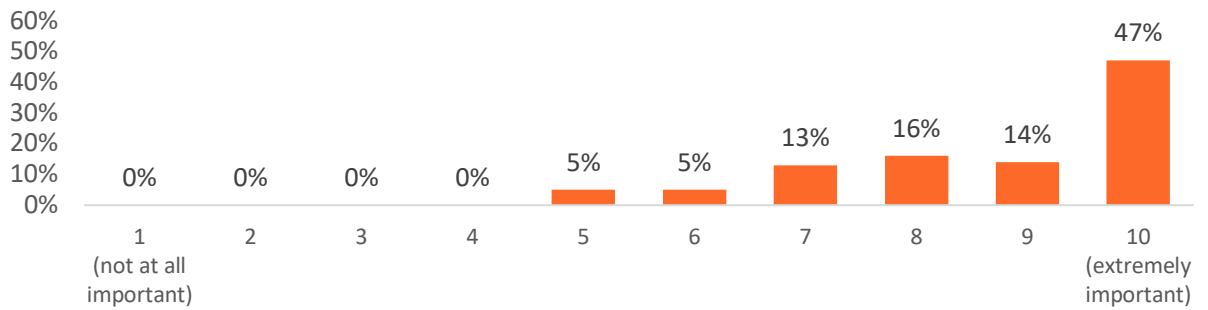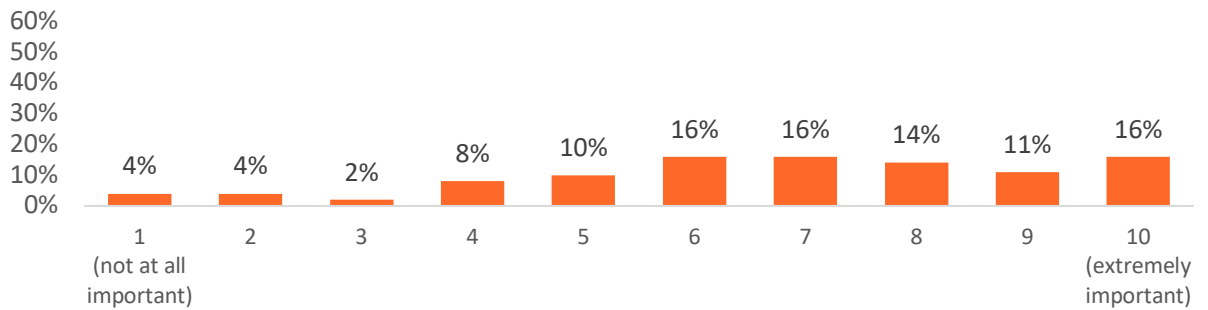

c) Job security

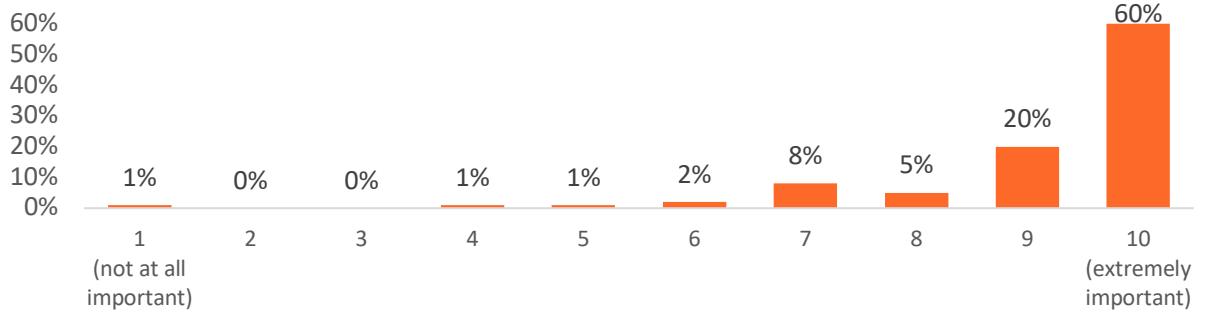## d) Ability to help others

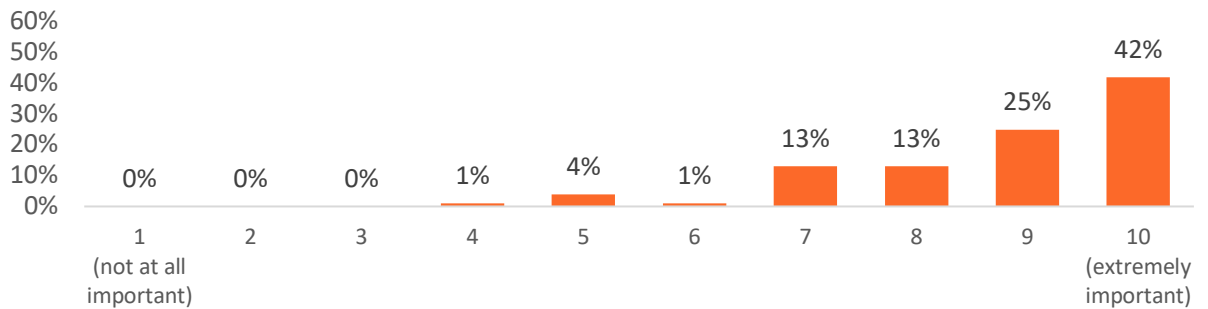

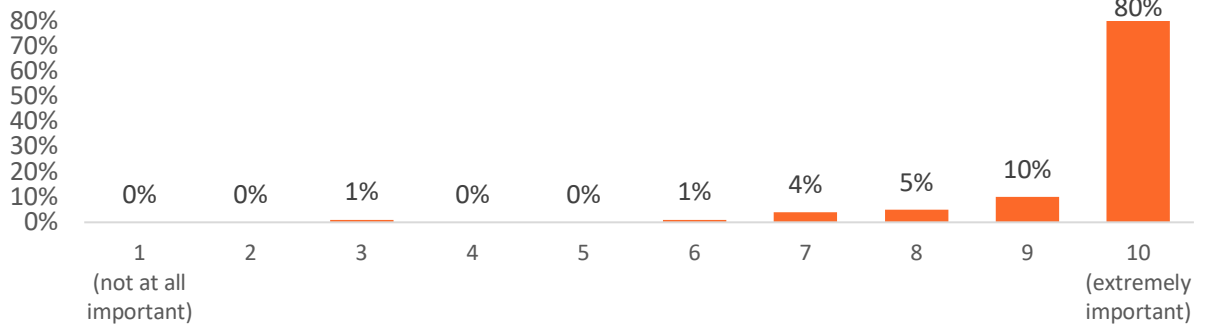## e) Ability to be useful to society

f) Working Independently

g) Work-family balance

h) Opportunities for advancement

i) Work environment that is supportive of safety and health (including mental health)

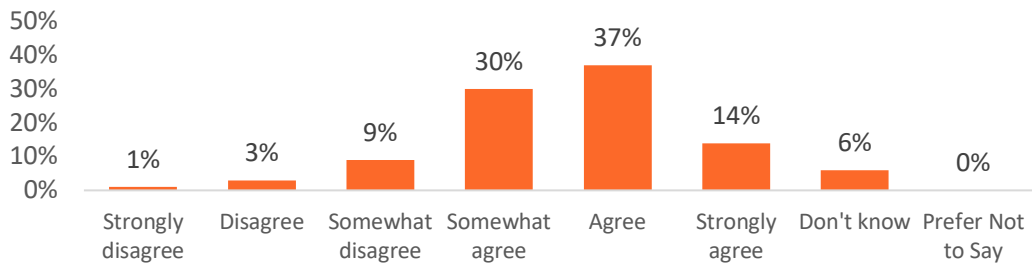| Rating	Percentage
1 (not at all important)	0%
2	0%
3	1%
4	0%
5	0%
6	1%
7	4%
8	5%
9	10%
10 (extremely important)	80%

27. What is your impression of the nursing organizational culture and workplace conditions?

Most of the responses mentioned that nursing can be a stressful and overworked job, with high patient ratios and little support from management. Many also stated that the nursing culture can be toxic, with older staff treating new nurses poorly and a lack of cultural awareness. Burnout rates were mentioned multiple times as a significant issue. Some respondents had positive experiences and found the workplace to be conducive to learning and supportive, but these were the minority. Overall, nursing was described as a profession with poor working conditions, a negative culture, and high burnout rates.

28. The following statements describe expectations of nursing as a career. Based on your expectations of a career in nursing, to what extent do you agree or disagree with the following statements?

a) I will be able to progress quickly in my nursing career.

Response	Percentage
Strongly disagree	1%
Disagree	3%
Somewhat disagree	9%
Somewhat agree	30%
Agree	37%
Strongly agree	14%
Don't know	6%
Prefer Not to Say	0%

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b) I expect to be happy with my career choice.
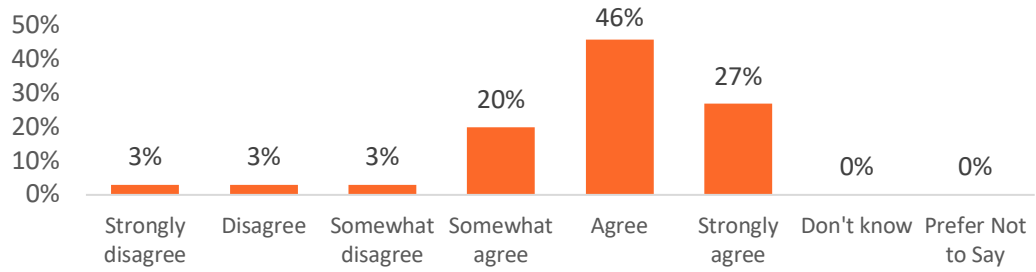
c) I expect to have good work/life balance in my career in nursing.
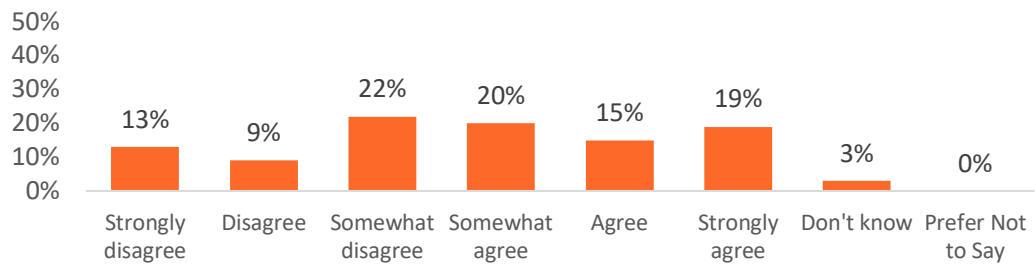
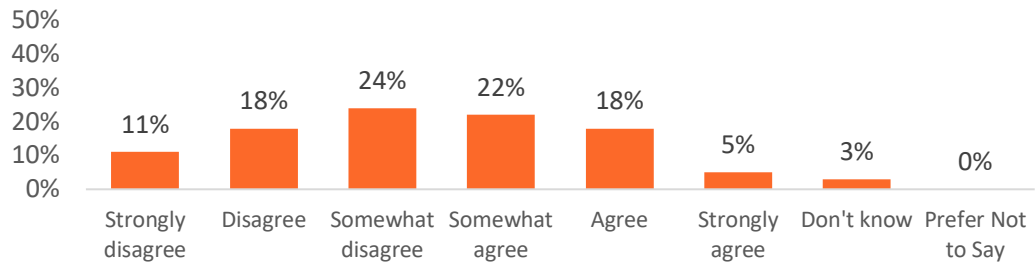d) I expect to have control of my schedule.

e) I expect my career in nursing to be fulfilling.

f) I expect my career in nursing to pay well.

	Strongly disagree	Disagree	Somewhat disagree	Somewhat agree	Agree	Strongly agree	Don't know	Prefer Not to Say
	5%	6%	5%	22%	35%	27%	0%	0%
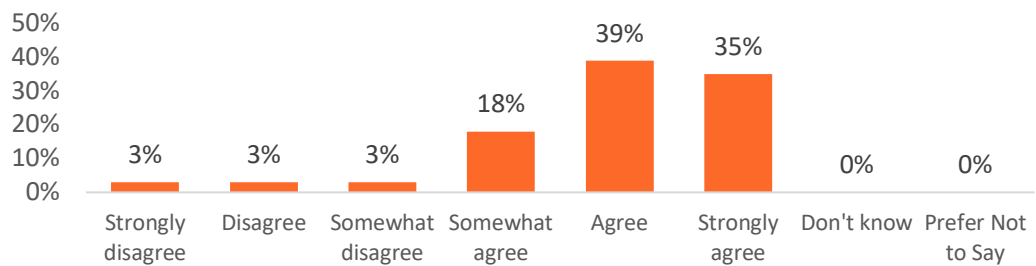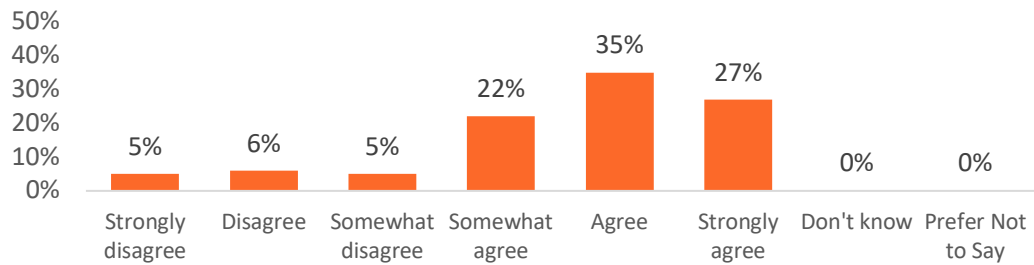
g) I expect to feel burnt out some of the time

	Strongly disagree	Disagree	Somewhat disagree	Somewhat agree	Agree	Strongly agree	Don't know	Prefer Not to Say
	5%	1%	6%	15%	30%	42%	0%	0%
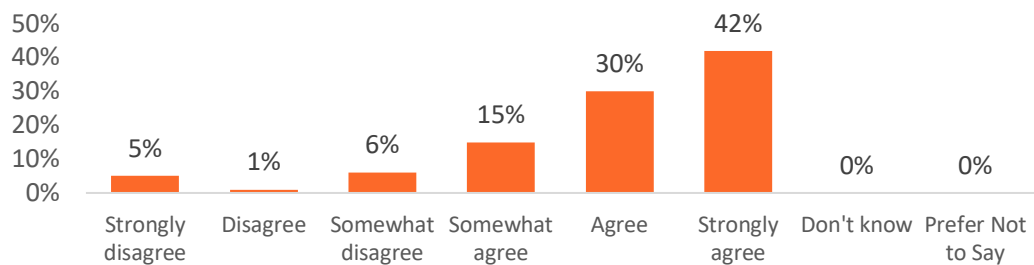
h) I expect to be able to find a job wherever I want to live

	Strongly disagree	Disagree	Somewhat disagree	Somewhat agree	Agree	Strongly agree	Don't know	Prefer Not to Say
	0%	1%	5%	14%	41%	39%	0%	0%
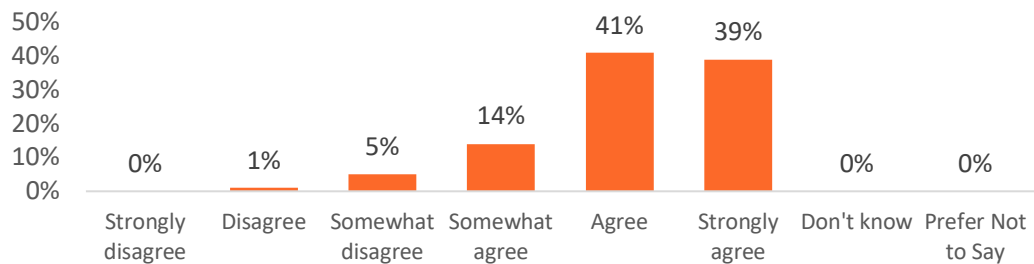
i) I expect to have a lot of options when choosing a job after graduation

	Strongly disagree	Disagree	Somewhat disagree	Somewhat agree	Agree	Strongly agree	Don't know	Prefer Not to Say
	1%	1%	4%	14%	37%	43%	0%	0%
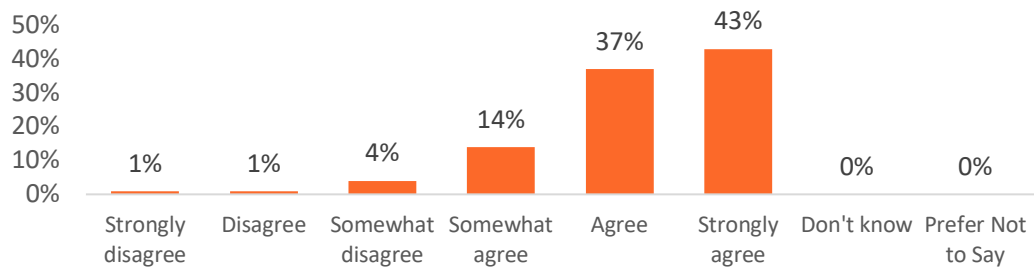
j) I expect to stay in nursing until I retire.

Bar chart:
- Strongly disagree: 3%
- Disagree: 4%
- Somewhat disagree: 9%
- Somewhat agree: 23%
- Agree: 33%
- Strongly agree: 25%
- Don't know: 4%
- Prefer Not to Say: 0%
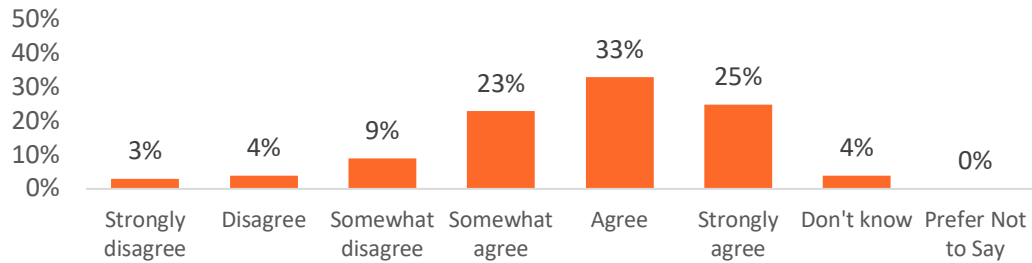
k) I expect to have very little control over my work life and schedule

Bar chart:
- Strongly disagree: 14%
- Disagree: 9%
- Somewhat disagree: 8%
- Somewhat agree: 16%
- Agree: 25%
- Strongly agree: 24%
- Don't know: 4%
- Prefer Not to Say: 0%
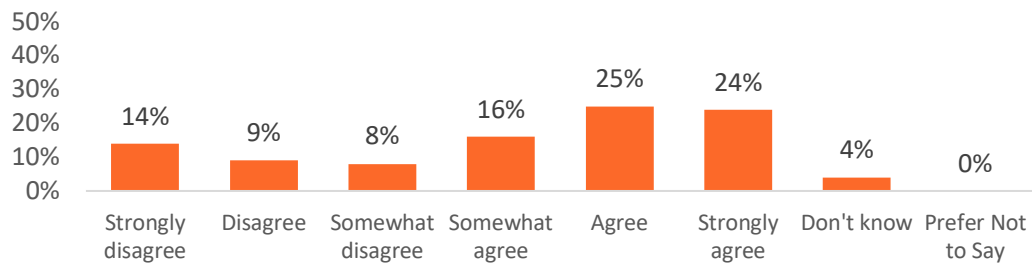
l) I expect to be able to pay back my student loans quickly

Bar chart:
- Strongly disagree: 3%
- Disagree: 9%
- Somewhat disagree: 5%
- Somewhat agree: 23%
- Agree: 24%
- Strongly agree: 15%
- Don't know: 10%
- Prefer Not to Say: 11%
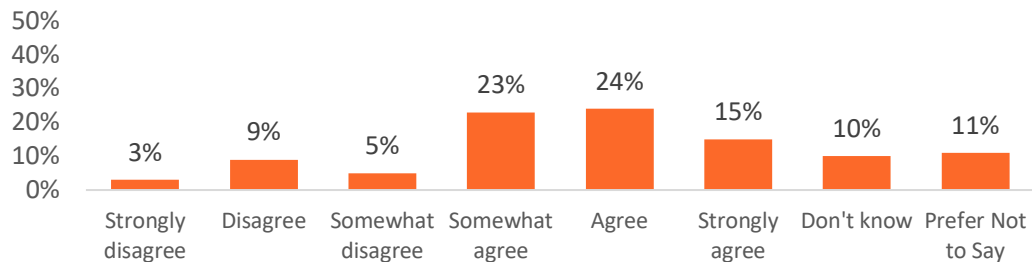
29. What is your impression of the mentorship opportunities for nurses? [OPEN END]

Based on the responses, there is a mixed view of mentorship opportunities for nurses among students. Many students believe that mentorship opportunities are beneficial, particularly for novice nurses during their transition to the workforce, but they are not readily available. Some students have had positive experiences with mentors and view mentorship opportunities as essential for their professional growth. However, some have had negative experiences with mentors, with many reporting instances of preceptors who are not qualified or do not have the right intentions. The quality of mentorship opportunities appears to vary depending on the unit, with some students having very few negative experiences, while others have found that mentorship opportunities are limited, unrealistic, or not

appealing. Additionally, some students report that mentorship opportunities need to be more focused on the area of employment, and some suggest that students should be given the option to choose where they want to work to facilitate best learning.

SECTION 3: CLINICAL PLACEMENT EXPERIENCE

30. Have you completed a clinical placement?

	%	Count
Yes	90%	71
No	8%	6
Don't know	1%	1
Prefer Not to Say	1%	1

31. What was your clinical placement? [OPEN END]

Clinical Placement Type and Mentions			
Long term care	26	**PACU**	1
Med-surg:	22	**IPAC**	1
Obstetrics	10	**Restorative/rehabilitative**	1
Pediatrics	8	**Stroke rehab**	1
Mental health	8	**Maternal/newborn**	2
Surgery	7	**Women and children's health**	1
Labour & Delivery	6	**Critical care (ED)**	1
Community health	3	**General/thoracics**	1
Neurology	2	**Vascular surgery**	1
Cardiology	2	**Pediatric surgery**	2
Orthopedics	2	**Acute mental health**	1
Nephrology	1	**Hematology**	1
Urology	1	**Oncology**	1
Stroke rehab	1	**Endoscopy**	1

32. Based on your clinical placement experience(s), to what extent do you agree or disagree with the following statements?

a) The nursing staff and other team members were knowledgeable and helpful to my education experience.
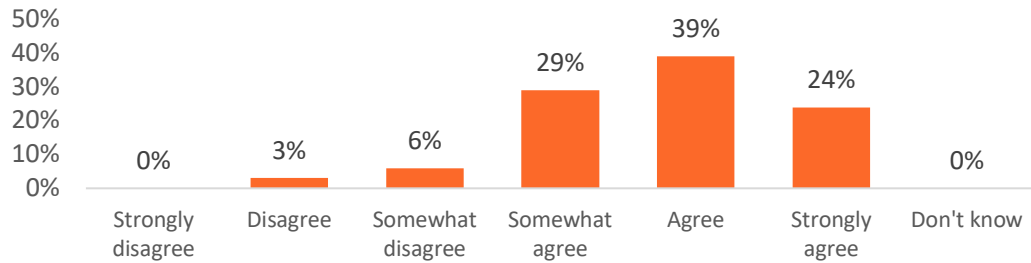
b) Nursing staff were positive role models for students
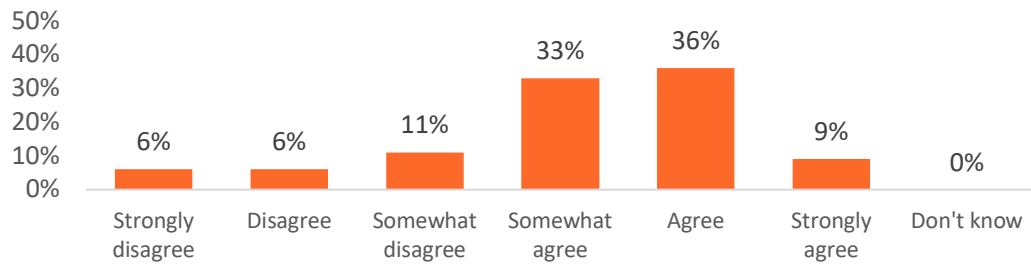
c) The staff were eager to provide opportunities for my learning experience.
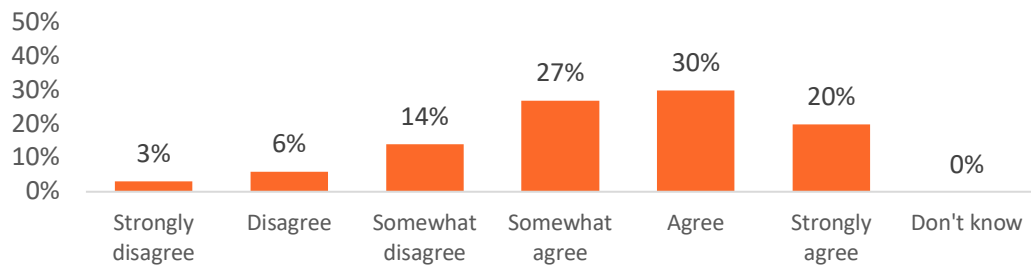
d) The level of patient care required was appropriate to my level of skill and ability.

	Strongly disagree	Disagree	Somewhat disagree	Somewhat agree	Agree	Strongly agree	Don't know
%	3%	1%	1%	14%	60%	20%	0%
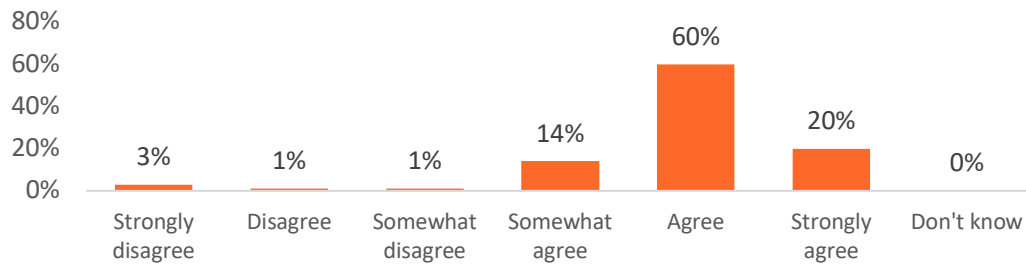
e) The patients/family were supportive and willing to have students participate in their delivery of care.

	Strongly disagree	Disagree	Somewhat disagree	Somewhat agree	Agree	Strongly agree	Don't know
%	0%	1%	3%	16%	44%	36%	0%
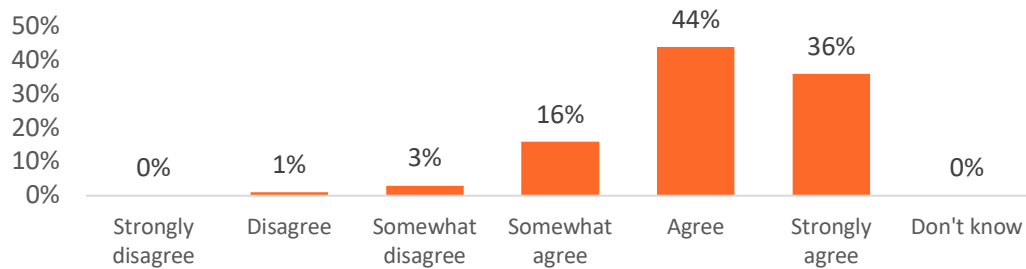
f) My placement had learning resources and was well organized to assist in my learning needs.

	Strongly disagree	Disagree	Somewhat disagree	Somewhat agree	Agree	Strongly agree	Don't know
%	6%	3%	14%	19%	41%	17%	0%
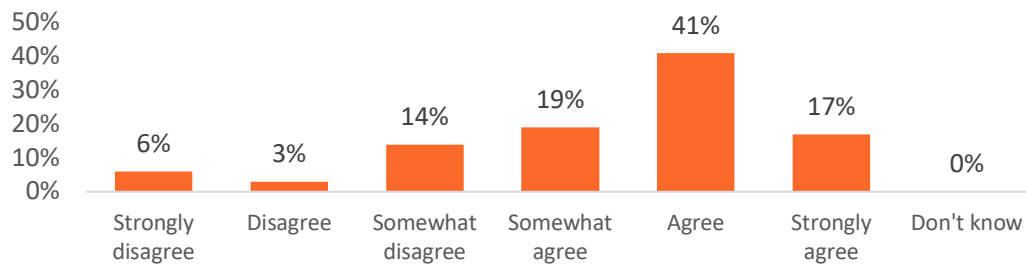
g) I felt empowered to take ownership of my learning experience.

	Strongly disagree	Disagree	Somewhat disagree	Somewhat agree	Agree	Strongly agree	Don't know
%	3%	1%	6%	19%	36%	34%	1%
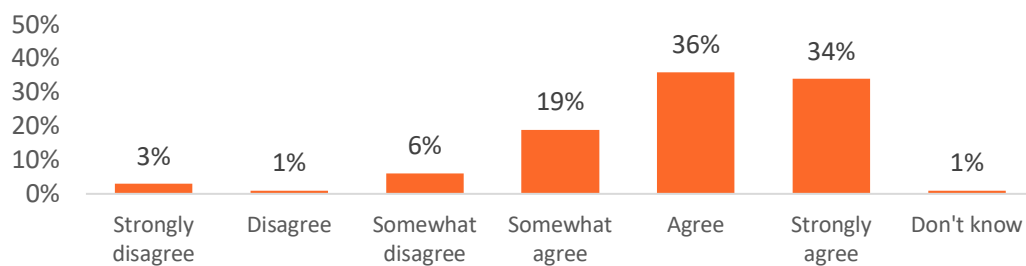
33. Overall, how would you rate your placement experience(s) on a scale from 1 to 10 where 1 is did not meet expectations at all and 10 is exceeded your expectations

	%	Count
One	1%	1
Two	1%	1
Three	0%	0
Four	4%	3
Five	9%	6
Six	16%	11
Seven	16%	11
Eight	36%	25
Nine	9%	6
Ten	9%	6

SECTION 4: DEMOGRAPHICS

34. What is your age?

	%	Count
Under 25	73%	57
26 - 29	15%	12
30 - 39	6%	5
40 – 49	1%	1
Prefer not to say	4%	3

35. Which gender do you most identify with?

	%	Count
Female	88%	69
Male	6%	5
Non-Binary/Gender Non-Conforming	1%	1
Prefer not to say	4%	3

36. Please indicate the ancestry with which you most identify. Select all that apply. Individual self-identification will not be made public. (Ancestry is defined as family background/origins.)

	%	Count
European ancestry (White)	76%	59
Indigenous ancestry	9%	7
Prefer not to say	6%	5
Acadian ancestry	3%	2
Asian ancestry	1%	1
Unsure	4%	3
Other, please specify:	1%	1

37. Do you have dependents?

	%	Count
Yes	14%	11
No	78%	60
Prefer not to say	8%	6

38. What province did you live in prior to starting your nursing program?

	%	Count
Newfoundland and Labrador	94%	72
Nova Scotia	3%	2
Prefer not to say	4%	3

39. What region of Newfoundland and Labrador do you consider home?

	%	Count
Avalon Peninsula	34%	26
Central Newfoundland	21%	16
West Coast	21%	16
Prefer not to say	7%	5
Bonavista Peninsula	5%	4
Labrador	4%	3
Burin Peninsula	3%	2
Northeast Coast/Northern Peninsula	3%	2
Other, please, specify	3%	2

Appendix C: RN and NP Salary Information by Province

Hourly Rate and Annual Incomes of RNs and NPs in Canada[123]

| Union/Province | Hourly Rate | | Annual Income | | Contract |
	Minimum	Maximum	Minimum	Maximum	Expiry
Registered Nurses					
BNCU (BC)	36.23	47.58	70,656.00	92.784.00	03/31/2022
UNA (Alb.)	38.44	50.45	73,833.63	96,901.84	03/31/2024
SUN (Sask.)	37.82	49.09	73,703.62	95,666.59	03/31/2024
MNU (Man.)	38.46	47.18	77,504.96	95,077.77	03/31/2024
ONA (Ont.)	34.24	48.17	66,768.00	93,931.50	03/31/2023
FIQ (Que.) CEGEP	25.81	41.39	50,329.50	80,710.50	03/31/2023
FIQ (Que.) BScN	26.28	47.04	51,246.00	91,786.50	03/31/2023
NBNU (N.B.)	36.82	44.77	72,075.15	87,637.28	12/31/2023
NSNU (N.S.)	35.21	41.48	68,661.00	80,895.00	10/31/2020
PEINU (P.E.I.)	34.30	41.84	66,885.00	81,588.00	03/31/2021
RNUNL (N.L.)	33.64	41.65	65,598.00	81,217.50	06/30/2022
Nurse Practitioners					
BNCU (BC)	-	-	-	-	-
UNA (Alb.)	-	-	-	-	-
SUN (Sask.)	51.56	61.68	100,480.13	120,201.98	03/31/2024
MNU (Man.)	49.68	60.07	100,107.21	121,049.11	03/31/2024
ONA (Ont.)	53.86	62.92	105,027.00	122,694.00	03/31/2023
FIQ (Que.)	30.39	63.80	63,211.20	132,704.00	03/31/2023
NBNU (N.B.)	50.41	61.35	98,677.58	120,090.63	12/31/2023
NSNU (N.S.)	49.14	57.46	95,833.00	112,038.00	10/31/2020
PEINU (P.E.I.)	51.08	57.82	99,606.00	112,749.00	03/31/2021
RNUNL (N.L.)	43.57	54.02	84,961.50	105,339.00	06/30/2022

Endnotes

1   There were 2,171 individual engagements with the survey link with n=1201 respondents completing the survey in full for a completion rate of 55%

2   There were 164 individual engagements with the survey link with n=76 respondents completing the survey in full for a completion rate of 46%.

3   Personal Interview. Video conferencing, 24 Oct. 2022. "Could tolerate 250 vacancies…Now they're at 650."

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