



# ONTARIO RPN SURVEY

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2020

We **RPN**

Registered Practical Nurses  
Association of Ontario

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# 1. Executive Summary

## 1.1. Report Context

Today, more than 55,900 RPNs<sup>1</sup>, who support patients, clients and residents in hospitals, primary care practices, public health units, community care agencies, long-term care facilities, retirement homes and schools, are registered with the College of Nurses of Ontario (CNO). CNO is responsible for regulatory management of all nursing categories to ensure public safety.

The Registered Practical Nurses Association of Ontario (WeRPN) is an RPN member organization with over 14,500 members<sup>2</sup>, representing the voice of registered practical nurses in Ontario. WeRPN's mission is to engage with and advocate for RPNs to provide high-quality, evidence-informed, patient-centred practice. As suggested in the WeRPN annual report (2018-2019), this mission is even more important in a health system where resources are strained, pressures are mounting, care is evolving, and everyone is at their most vulnerable. As such, to better represent members' perspectives on how to perform their role and to better understand the needs and wishes of RPNs, WeRPN surveyed RPNs across Ontario in February/March 2020.

Previous studies were conducted for WeRPN in 2010 by Juice Intelligent Energy, and in 2015 by Optimus SBR. Design of the 2020 survey, in consultation with WeRPN's Chief Executive Officer, Dianne Martin, and Annette Weeres, Director Professional Practice, Innovation and Research, included new questions and incorporated and re-designed survey questions from both previous surveys. The new questions were added to more comprehensively address topics of health and well-being, such as job satisfaction and engagement, job dissatisfaction, perceived workplace stress, moral distress, and burnout; and evolving workplace culture including a perceived change in presence of violence, bullying, abuse, harassment and hazards. Questions regarding career options and education and a vision for the profession rounded out the topic areas. This report outlines the findings from WeRPN's 2020 survey of Ontario's RPNs with reference to comparisons with 2010 and 2015 surveys, as appropriate.

### What is an RPN?

Registered Practical Nurses (RPNs) are regulated, knowledge-based nurses:

- RPNs combine nursing skills, knowledge and judgement to provide compassionate, informed and expert care.
- The vast majority of RPNs employed in Ontario provide direct care to patients, clients and residents on a daily basis.
- For many RPNs, caring for older adults is an important priority in their day-to-day practice and as Ontario's demographics continue to shift, there will be an even greater need for the service and skills of RPNs.

<sup>1</sup> College of Nurses of Ontario. (2020). Membership totals-at-a-glance. Retrieved on March 31, 2020 from <https://www.cno.org/en/what-is-cno/nursing-demographics/membership-totals-at-a-glance/>

<sup>2</sup> WeRPN. (2019). WeRPN 2018-2019 Annual Report. Retrieved on March 31, 2020 from [https://www.werpn.com/wp-content/uploads/2019/11/RPNAO\\_Annual\\_Report\\_FA\\_singles.pdf](https://www.werpn.com/wp-content/uploads/2019/11/RPNAO_Annual_Report_FA_singles.pdf)

## 1.2. Survey Findings Overview

### Demographics

Age and gender categories in 2020 were generally aligned with the CNO 2017<sup>3</sup> statistical report. The average age of RPNs in 2020 was 42.5 (SD 11.67) years in comparison to an average age of 40.7 (SD 12.08) years (CNO 2017). The sample group was a slightly older population with age categories differing with fewer respondents in the 25-29 (-5.8%), 30-34 (-1.4%) and 45-49 (-1.0%) year old categories and more respondents in the 50-54 (+2.7%), 55-60 (+2.6%), and 61-64 (+0.9%) year old categories. The opportunity to not choose to identify a traditional gender yielded 2%. While most of the respondents in 2020 (93%) were members of WeRPN in comparison to 75% of the respondents in 2015, this survey continues to capture the perspective of a small percentage of non-members as well.

### RPN Employment

As in the 2015 survey and 2010 survey, RPNs have a range of nursing experience from less than 1 years to 21+ years with the largest percentage having 21+ years in the profession. However, the data suggests a continuing loss of experienced nurses to the system over the past five and 10 years. The largest sector of RPNs are those employed in hospitals; however, community nursing and “other” sectors are increasing with reductions in both hospital and LTC sectors. Like 2015, over 50% of the respondents indicated working full-time, yet there is a 6% increase in respondents who are working part-time in 2020.

### Recruitment and Retention

#### *Recruitment*

Like 2010 and 2015, the 2020 respondents joined the profession because they were intrinsically motivated to do so, i.e., “interested in health care” (56%), “being a nurse” (40%) and “caring for people” (60%), “saw myself as a people person” (26%) and “liked variety – working with different people and different situations” (26%). Nearly 1/4 “liked how closely RPNs worked with the patients” and “wanted to give back”.

#### *Retention*

- Closely aligned with the 2015 results, 71% of the 2020 respondent RPNs planned to work over five years as an RPN and 29% plan to work for less than five years; this is a 1% reduction from 2015
- Reduced 2.6% from 2015, 90.4% planned to stay in the nursing profession
- For those planning to stay in the nursing profession, 62% intended to remain an RPN for their entire nursing career; this result is greater than 10% reduction from 2015 with 12% more respondents (38%) “wanting to or are in the process of bridging to become a Registered Nurse”

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<sup>3</sup> College of Nurses of Ontario. (2017). Membership Statistics Report 2017. Retrieved on March 16, 2020 from [http://www.cno.org/globalassets/docs/general/43069\\_stats/2017-membership-statistics-report.pdf](http://www.cno.org/globalassets/docs/general/43069_stats/2017-membership-statistics-report.pdf)

- In comparison to 2015, WeRPN may see more younger nurses than nurses aged 55+ years leaving work as an RPN within four years. Younger RPNs continue to indicate a likelihood of wanting to stay in the nursing profession. In all likelihood, the 55+ group will be looking to retirement in this time frame. Those from ages 30 to 54 years were more likely than other age groups to plan to work greater than five years as an RPN.
- As in 2015, the majority of RPNs work for one employer, however, in 2020 there is a 7% increase in RPNs who work for more than one employer. Reasons provided for working for more than one employer were:
  - 36% said they could not find the amount of RPN work that they wanted at one employer,
  - 26% said they preferred to work at more than one employer, and
  - Almost 34% of the respondents gave other reasons such as unable to secure full-time employment and wanting alternate roles.
- The majority of RPNs were satisfied with their current employment status (55%) as an RPN (5% drop from 2015) and (9% drop from 2010). 15% of respondents indicated their employment status is not ideal but are not seeking change (2% lower than 2015) because of financial stress and lack of opportunities.
- A higher percentage were seeking full-time employment primarily for personal, financial or other reasons whereas 31% wanted part-time or fewer hours to reduce their physical load, high stress and dissatisfaction with nursing

#### *RPN health and well-being.*

- Job Satisfaction:
  - Approximately 80% of the RPNs expressed a high level of engagement in their profession feeling pride, meaning, purpose and satisfaction with their work through use of high level critical thinking and nursing -specific knowledge, skills, judgement, education and experience.
  - The majority (68%) of RPNs agreed that they have a high sense of personal satisfaction in their current job, and 90% agreed personal satisfaction is achieved by seeing the positive impact of their role on the people for whom they care, however, only 36% indicated that this was facilitated by their employer
  - 2 out of 3 RPNs would recommend being an RPN as a meaningful and satisfying profession.
- Job Dissatisfaction:
  - Top causes for job dissatisfaction in 2020 and closely linked to those planning on leaving the nursing profession were:
    - insufficient compensation for the work (57%),
    - lack of respect for what they do (31%),
    - work is too stressful (29%), and
    - work is too political (26%).
  - New options added to the survey and ranked within the top 10 causes of job dissatisfaction were:
    - workplace policies contribute to my stress (24%), specially staff shortages
    - I have high workload including overtime work (15%), and
    - work takes up so much time and effort creating a work-life imbalance (13%).



- Fewer RPNs ranked other new added options as issues:
    - my area must handle more patients than what it was designed for (10%),
    - I lack the opportunity to influence my work environment (8%),
    - lack access to the resources I need to do my work (8%),
    - my role has unclear job expectations (4%), and
    - I am not treated fairly at work (3%).
  - Although there were several RPNs who narrated expressions of joy, happiness and satisfaction in their work, many more expressed frustrations like unfair compensation, lack of respect for what they do, lack of support, workload pressures, role ambiguity, issues with management, and co-worker competency.
- Perceived stress:
    - The results did not suggest substantial evidence of perceived stress on a frequent or severe basis in the RPNs surveyed; however,
    - Over 60% felt that at least sometimes, often and daily, they couldn't cope with all the things they had to do, were unable to control the important things at work (66%), described themselves as "stressed" (75%), felt things were piling up so high that they wouldn't be able to overcome them (45%) and at least 1/3 felt fearful coming to work
    - There were some elements of perceived stress, yet the results indicated resilience and ability to cope with unnerving workplace situations within their current emotional resources.
      - The majority (79%) reported feeling confident about their abilities; 94% felt on top of things at work, and 85% could control the irritations in life sometimes, often and daily.
    - Of concern was the perceived stress, sometimes, often or daily, of their nursing work on their mental (61%) and physical health (62%).
  - Moral distress:
    - At least half of the RPNs were sometimes, often or daily distressed by workplace policies and priorities that conflict with their beliefs about care provision, i.e., their inability to accommodate their patients' wishes and adequate care because of lack of time.
    - Of relief, is that 61% believed RPNs adequately communicate to the inter-professional team and 67% provided patients with adequate pain relief.
    - There were minimal differences in moral distress related to employment status, yet age differences exist with younger workers concerned about providing adequate care and older workers concerned about working with colleagues who are not as competent as what the job requires. All ages were concerned with the inability to accommodate their patients' wishes.
  - Symptoms of Burnout:
    - Younger RPNs ages 18-44, regardless of employment status reported the highest symptoms of burnout regarding energy depletion, emotional exhaustion, find it hard to concentrate and lack satisfaction yet were not as disillusioned.



- Older full-time RPNs demonstrated higher symptoms of reduced professional efficacy, i.e., more cynical and more disillusioned.
- Safety
  - A majority of RPNs indicated that safety is never or rarely a concern for them. This is considered as an improvement from 2015.
  - Safety was a concern sometimes, often or daily for between 33-40% of the RPNs relating to lack of supports and physical and non-physical violence from patients and/or families.
  - Between 12 and 17% of RPNs experienced some type of harassment, abuse, or bullying - often or daily from staff, volunteers and physicians and more from patients and families (19%).
- Organizational culture/Workplace Experience
  - The top five workplace changes experienced were:
    - intensified patient complexity, workload and/or patient acuity (61%),
    - higher patient to nurse ratios (45%),
    - working more overtime hours (36%),
    - increased presence of technology (34%), and
    - less opportunity to interact with my manager (18%).
  - A frequently narrated organizational change was related to role enhancement without additional compensation
  - The top five reasons cited for the organizational changes indicated RPNs understood the system pressures and needs as:
    - reduce costs (49%),
    - improve quality of care (23%)
    - introduce new technology (21%)
    - improve patient flow (18%)
    - reduce bed vacancies (11%)

## **Career Options and Education**

- The majority of RPNs continue to be aware of the options for broadening their practice as an RPN
- The majority of RPNs believed it is necessary to become an RN, get a B.Sc.N., or specialized certification to increase their career options because as an RPN increased education or specialization certificates do not impact availability of positions or compensation for RPNs
- The majority of RPNs reported significant issues with the bridging admission criteria, program requirements and lack of acknowledgement or credit for their RPN training and/or experience
- The majority believed the main barriers to increased education is access, availability, finances and lack of organizational support.

## **Vision for the Profession**

- The RPNs suggested the future vision for the profession should include:
  - improving respect for the RPN
  - optimizing a full, expanded role matched with fair compensation,
  - further integrating into the inter-professional care team,
  - focusing on continuous improvement and learning,
  - balancing workloads with the expansions of practice,
  - facilitating leadership roles especially for “well-experienced” RPNs,
  - forging recognition and work opportunities for specialized knowledge/certifications,
  - communicating equity with RNs so profession is viewed collectively as nurses,
  - aligning RNs and RPNs in the same union, and
  - removing obstacles to education.
- Top 5 key obstacles in 2020 like in 2015 to achieving vision were:
  - the general public do not recognize nor understand the role of RPNs (66%),
  - health professionals that RPNs work with every day do not recognize or understand the role (55%),
  - the nursing team relationship with RNs has become ambiguous and uncomfortable with the enhanced role of RPNs (48%),
  - mechanisms for RPN voices being heard (45%),
  - availability of educational opportunities (35%),
- RPNs have a much broader employment presence working in a large variety of roles in specialty areas and across all healthcare sectors
- Role enhancement has provided opportunity for future practice roles.
- There was noticeable uniqueness, inconsistency or availability of these various roles inhibiting access for all RPNs across the province.
- There was strong sentiment expressed about the need for RPNs to be teaching/educating PN students, as well as PSW, and other regulated and unregulated healthcare students at the academic level, as clinical instructors in the workplace, and preceptors at the bedside because the current RPN role provides the most real-world patient experience
- An increase in formal leadership positions requires more opportunities for leadership training and advocacy amongst the employers and current formal leaders and administrators

## **Other information provided by the respondents:**

Five themes emerged from the general comments section on the survey: advocacy, education, workload, representation, and workplace safety.

- Advocacy – the need to advocate for:
  - fair compensation commensurate with recent experiences of role enhancement, added duties and workload.
  - more detailed information regarding roles in northern Ontario, community nursing, hospitals and public health to facilitate standardization and optimization of RPNs.
  - more funding for patient care and fewer budget cuts.

- Career Options and Education – the need to provide:
  - Available, affordable, accessible continuing education content,
  - Specific topics on mental health, primary care, public health and formal leadership/management,
  - Revision and standardization of academic practical nursing training programs to include training in mentorship and preceptorship,
  - Easier access to bridging to B.ScN. programs, and
  - Opportunities for specialization in a variety of areas such as surgery, hospice palliative care, and dialysis.
- Workload – the need for:
  - Workload balance in nearly all sectors, especially LTC,
  - Mandatory nurse to patient ratios,
  - Regulation/legislation regarding use of agency nurses,
  - More effective integration/collaboration with inter-professional teams,
  - More full-time positions,
  - Greater flexibility in shift work, and
  - Designating on-call as a shift.
- Representation – the need for:
  - One standardized nursing union
  - Clarity regarding where each organization, association, college, or bargaining unit fits within their professional life.
- Workplace safety – the need to:
  - Improve the workplace culture
  - Improve the mental health supports in the workplace.
- Other - the need to:
  - Offer information about liability insurance and more discounts with the membership fee.
  - Change the employment setting question in the questionnaire to include “direct pay”, primary care, and mental health
  - Emphasize the happiness and pride RPNs feel about WeRPN, their profession, career, competency, and the importance of feedback and research.

### 1.3. Strategic Considerations Overview

It is evident from the survey results that RPNs are highly engaged in their work and take great pride in caring for people who are sick.

- 90% of the respondents were proud to see the positive impact of their role on the people for whom they care.
- 67% of the respondents would recommend the profession of practical nursing as a meaningful and satisfying profession.
- Several respondents expressed joy, happiness and satisfaction in their work.

Enablers of engagement were reported to be use of their nursing- specific knowledge, skills, critical thinking, judgement, education, experience and intrinsic motivation for wanting to be an RPN. Availability of clinical practice supports has improved since 2015. The majority of respondents feel confident about their abilities, on top of things at work, able to control the irritations in their life suggesting strong resilience, adaptability and coping of these valuable professionals.

Barriers to engagement and top reasons for job dissatisfaction were reported to be lack of fair compensation for enhanced work, and lack of appreciation and respect for the profession by the public, employers, registered nursing colleagues and other inter-professional team members.

WeRPN's recent and current objectives, such as the "Joy in the Workplace" project may be an effective means to impact the workplace culture for RPNs. In addition, job satisfaction may be influenced by WeRPN's 2016-2020 Strategic Plan objectives that are focused on the following activities:

- Working to influence the views of health care professionals to the benefit of patients/clients/residents, building greater respect and trust for RPNs,
- Fostering a culture of learning, belonging, and respect, where RPNs are valued regardless of their level of experience or sector of work and new RPNs are nurtured to be successful,
- Encouraging innovation and risk-taking for new ideas to solve the profession's pressing issues,
- Leading and actively contributing to current nursing public policy and/or practice discussions with evidence that WeRPN gathers, enables and/or leads relevant research,
- Educating health professionals and the public about the roles of RPNs in the nursing profession,
- Clarifying and communicating the value and expertise of RPNs as members of the health professionals' team that serves patients/clients/residents, and
- Collaborating with stakeholders to advance the practice of nursing.

**RECOMMENDATION:** As compensation for their enhanced role/work was the most prominent issue, addressing the issue of fair compensation is a priority. It is suggested that WeRPN provide bargaining unit representatives with more evidence to support their negotiation efforts for fair compensation. In addition, the respondents' responses suggested there is confusion about the different roles that representative organizations play. A method of clarifying each organization's part in the lobbying effort is suggested, e.g., WeRPN assemble with all bargaining units representing RPNs, and the CNO to address each role and what they do for RPNs



The workplace culture as a source of support is diminishing. For example, the respondents indicated that the nursing team relationship between RPNs and RNs has become more political, more ambiguous and more uncomfortable yet less so with the PSWs; managers are less available; and staffing shortages causing increased overtime and decreased work life balance are frequent stressors. The majority of respondents suggested that their nursing work stress often impacts their physical and mental health.

**RECOMMENDATION:** It is suggested that measures to promote appreciation by employers would be beneficial. Employer/manager-driven RPN integration within the inter-professional team and a clear focus on collaborative practice for optimal use of limited human resources would facilitate respect as well.

RPNs have a much broader employment presence working in a large variety of unique roles in specialty areas and across all healthcare sectors

- An increase in community, primary care, mental health and retirement home positions suggests the need to focus on enhancing these roles.
- There is noticeable inconsistency or availability of various novel roles inhibiting access for all RPNs across the province facilitated by varying application of the roles RPNs can assume
- An increase in formal leadership positions requires more opportunities for leadership training
- The issue of inconsistency and availability of enhanced roles including leadership requires advocacy amongst employers and current formal leaders/administrators

Career options and education are high priorities. Continuing education opportunities of the type and scope required are not readily available. Career laddering to registered nursing is problematic due to difficult logistics and the lack of appreciation for any previous experience or education. Also, there is strong sentiment expressed about the need for RPNs to be teaching/educating PN students as well as PSW, and other regulated and unregulated healthcare students at the academic level, as clinical instructors in the workplace, and preceptors at the bedside because the current RPN role provides the most real-world patient experience. In addition, there is a belief that the academic programs require review for standardization and enhancement in areas such as preceptorship and mentorship.

**RECOMMENDATION:** It is suggested that a comprehensive role review be conducted to understand the key functions and responsibilities of RPN roles in an attempt to standardize the availability of innovative positions across the province. Dissemination of the collected information should be shared with health leaders especially in the areas of academia, nursing executive leaders, clinical practice and clinical instruction.

An engaged individual is someone who is fully absorbed by and enthusiastic about their job. They exhibit a positive attitude towards their organization and/or profession and its values. Engaged employees are responsible for improving staff retention, reducing staff turnover, improving productivity and efficiency, and improving patient experience. Engaged employees are happier, both at work and in their lives, which makes for healthier individuals as well and an excellent recruitment resource. Although the RPNs appeared to suggest considerable confidence in their abilities, being on top of things at work, able to control the irritations in life, resilience, adaptability and coping, the changing workplace cultures were reported to contribute to disengagement, dissatisfaction, stress, moral distress and burnout.

- Workplace changes such as intensified patient complexity, higher patient to nurse ratios, higher overtime hours because of staff shortages, increased presence of technology with less opportunity to be supported by the manager were high contributors.
- At least half of the RPNs are distressed by workplace policies and priorities that conflict with their beliefs.
- Younger RPNs are more concerned about providing adequate care, are more physically and emotionally fatigued and lack satisfaction
- Older RPNs have higher symptoms of reduced personal efficacy, are more cynical and more disillusioned
- The majority of RPNs indicated that safety is never or rarely a concern; however, 12-17% of RPNs experience some type of harassment whereas 33-40% experience physical or non-physical violence from patients and families frequently
- These results indicate that there is some element of perceived stress in the RPNs surveyed yet they indicated resilience and ability to cope with their current emotional resources.

**RECOMMENDATION:** It is suggested that employers and their managers need to do more to facilitate a healthy workplace culture. Role enhancement has created a skew in workload expectations that require adjustment. Adequate staffing resources, revised policies, balanced workloads and presence of support should be considered.

**RECOMMENDATION:** Further statistical analysis of cross-reference results from the 2020 WeRPN survey respondents would provide a richer perspective on opportunities for RPNs, especially regarding health and well-being. Further statistical comparisons with the results from 2010 and 2015 would also provide further insight into ways WeRPN could assist their members and all of the RPNs in Ontario.

## 2. Introduction

### 2.1. Project Context

Today, more than 55,900 RPNs<sup>4</sup> who support patients, clients and residents in hospitals, primary care practices, public health units, community care agencies, long-term care facilities, retirement homes, and schools are registered with the College of Nurses of Ontario (CNO). CNO is responsible for regulatory management of all nursing categories to ensure public safety.

The Registered Practical Nurses Association (WeRPN) is an RPN member organization with over 14,500 members<sup>5</sup>, representing the voice of registered practical nurses in Ontario. WeRPN's mission is to engage with and advocate for RPNs to provide high-quality, evidence-informed, patient-centred practice. As suggested in the 2018-2019 WeRPN annual report, WeRPN's role is even more important in a health system where resources are strained, pressures are mounting, care is evolving, and everyone is at their most vulnerable. Therefore, to better represent members' perspectives on how to perform this role and to better understand the needs and wishes of RPNs, WeRPN surveyed RPNs across Ontario in February/March 2020. A re-designed survey was used to capture these insights and to support WeRPN's strategic objective to produce quality evidence.



This was not the first time that RPNs had been surveyed. Previous studies were conducted for WeRPN, in 2010 by Juice Intelligent Energy, and in 2015 by Optimus SBR, which facilitated a longitudinal comparison approach to the findings, where possible. Design of the 2020 survey, in consultation with WeRPN's Chief Executive Officer Dianne Martin, and Annette Weeres, Director Professional Practice, Innovation and Research, included new questions and incorporated and re-designed questions from both previous surveys.

This report presents the findings from the 2020 survey, with comparison results from 2010 and 2015 as available, and outlines the resulting strategic considerations.

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<sup>4</sup> College of Nurses of Ontario. (2020). Membership totals-at-a-glance. Retrieved on March 31, 2020 from <https://www.cno.org/en/what-is-cno/nursing-demographics/membership-totals-at-a-glance/>

<sup>5</sup> WeRPN. (2019). WeRPN 2018-2019 Annual Report. Retrieved on March 31, 2020 from [https://www.werpn.com/wp-content/uploads/2019/11/RPNAO\\_Annual\\_Report\\_FA\\_singles.pdf](https://www.werpn.com/wp-content/uploads/2019/11/RPNAO_Annual_Report_FA_singles.pdf)

## ***Survey Methodology***

The survey methodology included three stages:



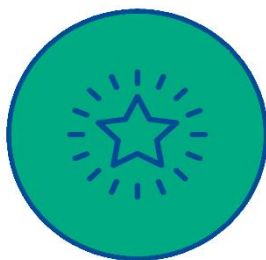
The survey was re-designed to include four categories, in comparison to 2015 which included a fifth category labelled Membership. The membership category was omitted as these questions were to be incorporated into a survey to be conducted by WeRPN's Marketing and Membership Development Department in the near future. In 2020, the recruitment and retention category questions were demonstrably expanded to more comprehensively address topics of health and well-being, such as job satisfaction and engagement, job dissatisfaction, perceived workplace stress, moral distress, and burnout; and an evolving workplace culture including a perceived change in presence of violence, bullying, abuse, harassment and hazards.



**RPN  
Employment**



**Recruitment  
and Retention**



**Vision**



**Career Options  
and Education**

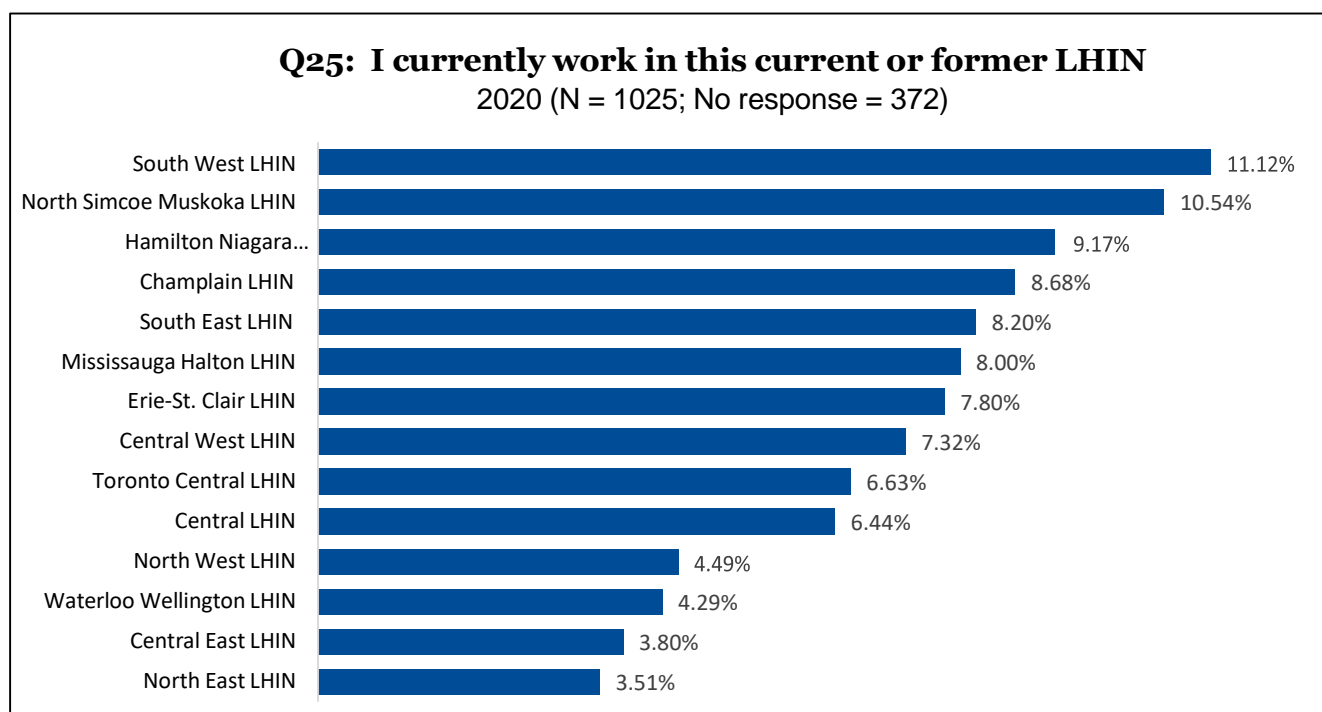


The survey was designed and administered as an electronic tool using Survey Monkey<sup>6</sup>. The WeRPN professional practice team served as the sample group of RPNs and were asked to review the survey in advance to provide feedback on questions and format. The Professional Practice Department deployed the survey, using a Survey Monkey weblink, notifying RPNs of the survey through the following methods:

- email (WeRPN email distribution list - Feb 12, 2020),
- social media (Twitter – Feb. 12; March 4, 2020 and Facebook – Feb. 21; March 4, 2020), and
- word of mouth.

### ***Demographics***

All RPNs in Ontario were the intended respondents. The survey received 1394 responses from individual RPNs, providing a confidence level of 95% +/- 2.59% based on 55,912 RPNs in Ontario. This suggests that the survey can be relied upon to be representative of RPNs in Ontario. Location dispersion was provided by asking in which Local Health Integration Network location the respondents worked (Question 25). See Figure 1. In 2010 and 2015, the number of survey respondents who participated were 2299 and 927, respectively, also representative of this group.



**Figure 1: LHIN Location of work**

<sup>6</sup> Survey Monkey. (2020). Retrieved from [https://www.surveymonkey.com/mp/take-a-tour/?ut\\_source=megamenu](https://www.surveymonkey.com/mp/take-a-tour/?ut_source=megamenu)

SouthWest LHIN (11.12%) was the highest represented area. North Simcoe Muskoka and Hamilton Niagara Haldimand Brant LHIN were the next highest represented areas, 10.54% and 9.17%, respectively, however, there was fairly even representation from across the province with the exception of Central East LHIN. Almost 20% of the respondents (N = 182) didn't know which LHIN pertained to their employment so these were manually coded. Survey respondent age and gender demographics were once again generally aligned with the demographics of RPNs in Ontario as measured by the College of Nurses of Ontario in its 2017 membership statistics<sup>7</sup>. Survey gender category differed in 2020 with 2% of the respondents choosing not to identify gender. The average age of RPNs in 2020 was 42.5 (SD 11.67) years in comparison to an average age of 40.7 (SD 12.08) years (CNO 2017). Age categories in 2020 were generally the same as those in the CNO 2017 statistical report yet differed slightly with fewer respondents in the 25 – 29 (-5.8%), 30 - 34 (-1.4%) and 45 - 49 (-1.0%) year old categories and more respondents in the 50 – 54 (+2.7%), 55 – 60 (+2.6%), and 61 - 64 (+0.9%) year old categories. In comparison to 2015, 2020 had more respondents in the 18 – 24 (+2.6%), 30 – 34 (+3.2%), 35- 39 (+3.7%) and 40 - 44 (+2.0%) year old categories and fewer in the 45 – 49 (-1.5%), 50 – 54 (-3.9%), 55-59 (-2.0%) and 61- 64 (-3.7%) year old categories. Although direct comparisons to 2010 were not possible because the age categories were not aligned, the 51-55-year-old group was the largest category, followed by 56-60 and 26-30 year olds. See Table 1 below.

**Table 1: Age comparisons for Surveys in 2010, 2015 and 2020 to College of Nurses of Ontario statistical data**

DEMOGRAPHICS OF SURVEY RESPONDENTS								2020		2020	
		2010		2015		2020		difference 2015	CNO 2017		difference CNO 2017
Demographic	Category										
Gender	Female	2151	94%	2151	94%	1282	92%	1.6%	39178	91%	1.1%
	Male	148	6%	148	6%	84	6%	0.4%	3922	9%	-3.1%
	Did not identify					28	2%	-2.0%		0%	2.0%
Age	18-24			37	4%	68	7%	-2.6%	2748	6%	0.3%
	20-25	227	10%								
	25-29			93	10%	99	10%	0.4%	6653	15%	-5.8%
	26-30	281	12%								
	30-34			102	11%	146	14%	-3.2%	6749	16%	-1.4%
	31-35	247	11%								
	35-39			83	9%	130	13%	-3.7%	5282	12%	0.4%
	36-40	268	12%								
	40-44			102	11%	133	13%	-2.0%	5300	12%	0.7%
	41-45	273	12%								
	45-49			111	12%	107	10%	1.5%	4919	11%	-1.0%
	46-50	309	13%								
	50-54			158	17%	135	13%	3.9%	4501	10%	2.7%
	51-55	360	16%								
	55-59			121	13%	113	11%	2.0%	3624	8%	2.6%
	56-60	213	9%								
	60-64			93	10%	65	6%	3.7%	2328	5%	0.9%
	61+	121	5%								
	65+			28	3%	29	3%	0.2%	996	2%	0.5%

<sup>7</sup> College of Nurses of Ontario. (2017). Membership Statistics Report 2017. Retrieved on March 16, 2020 from [http://www.cno.org/globalassets/docs/general/43069\\_stats/2017-membership-statistics-report.pdf](http://www.cno.org/globalassets/docs/general/43069_stats/2017-membership-statistics-report.pdf)

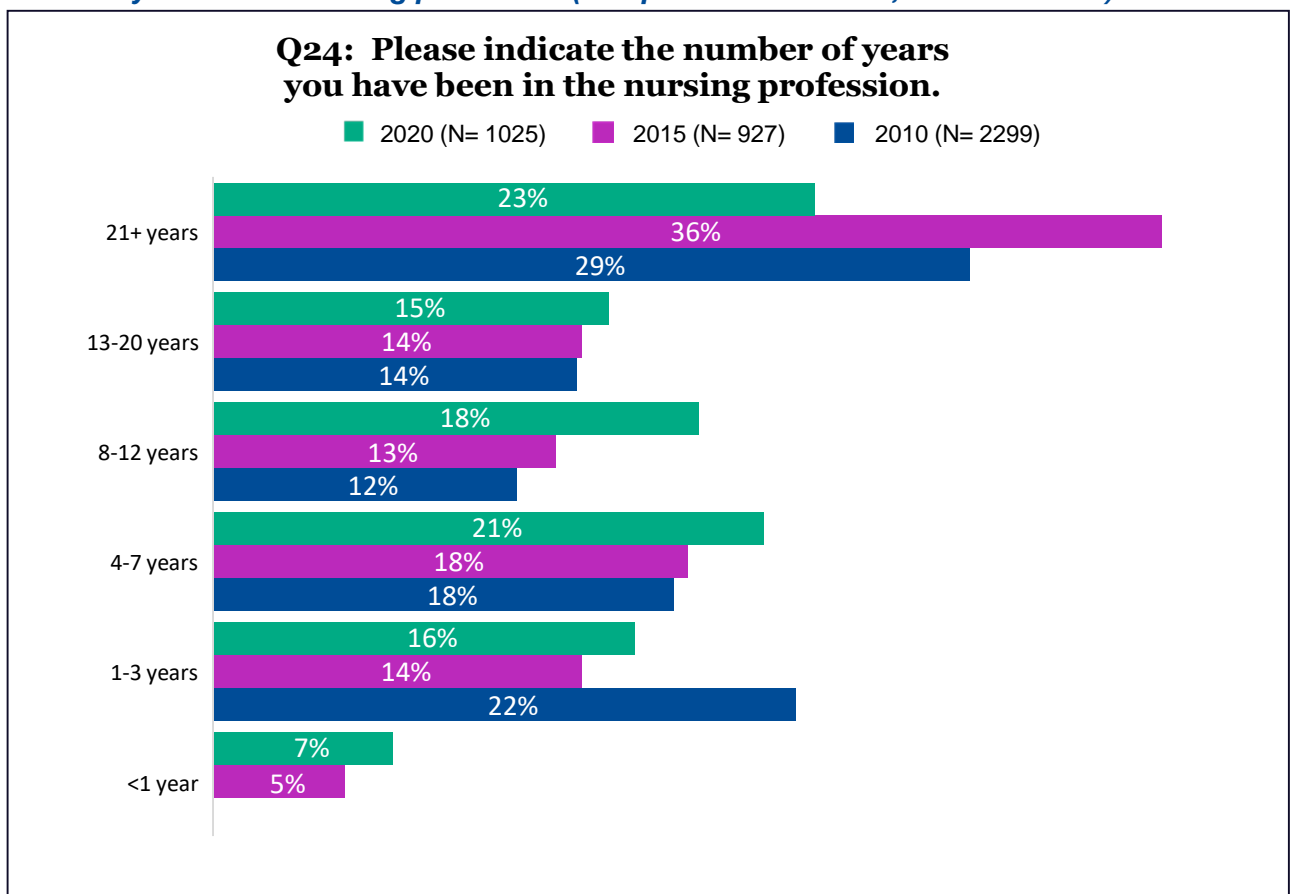
# 3. Survey Findings



## 3.1 Ontario RPN Employment

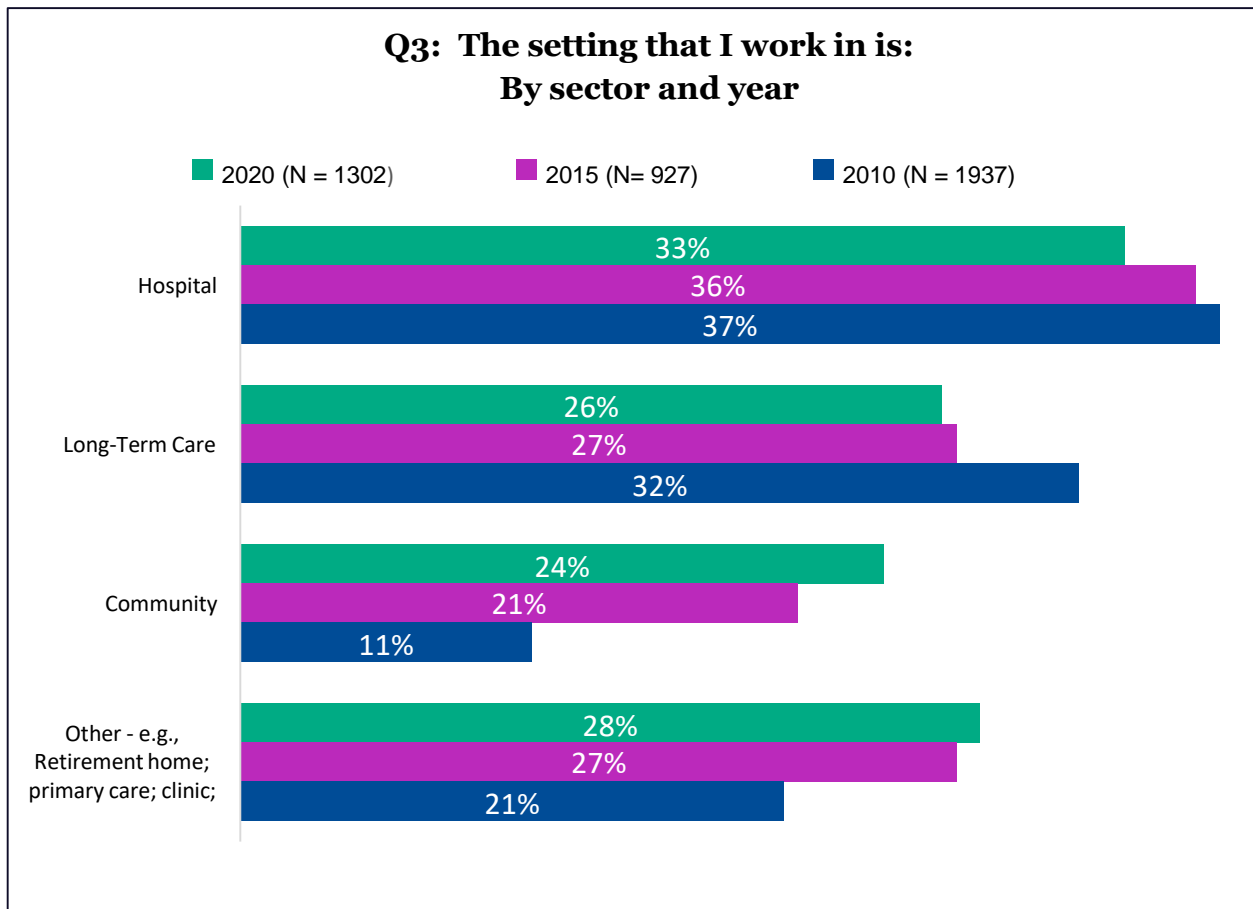
As in the 2015 survey, to better understand the employment situation of Ontario’s RPNs, the survey explored the numbers of years RPNs have worked (Figure 2), their employment setting (Figure 3), and their employment status (figure 4).

### *Number of years in the nursing profession (comparison from 2010, 2015 and 2020)*



**Figure 2: Number of years in nursing**

2020 respondents ranged from less than one year of employment to more than 21 years. Over half of respondents (56%) had greater than eight years with the largest percentage having 21+ years in the nursing profession. However, there is a noticeable drop from 2015 (13%) and 2010 (6%) in respondents within this category suggesting a considerable loss of experienced nurses to the system over the past five to 10 years. See Figure 2.

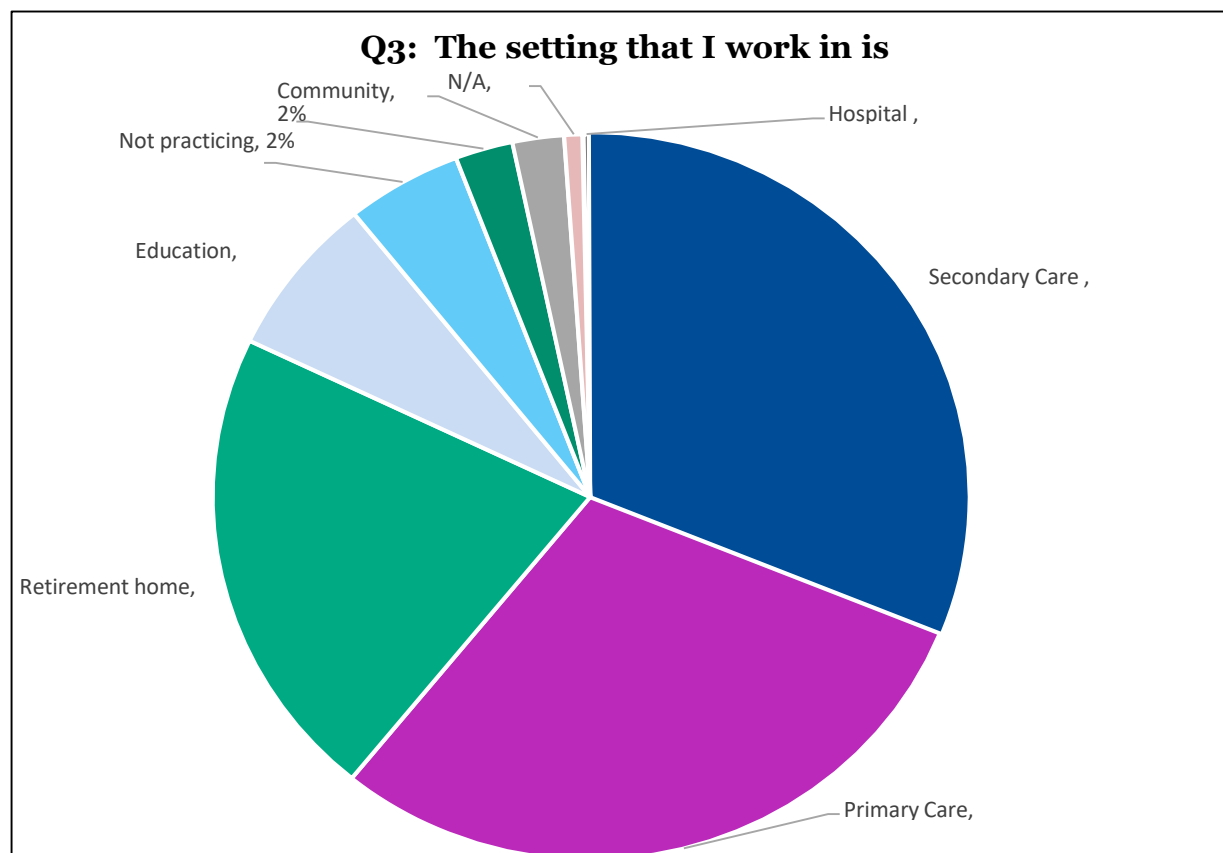


**Figure 3: Type of employment setting**

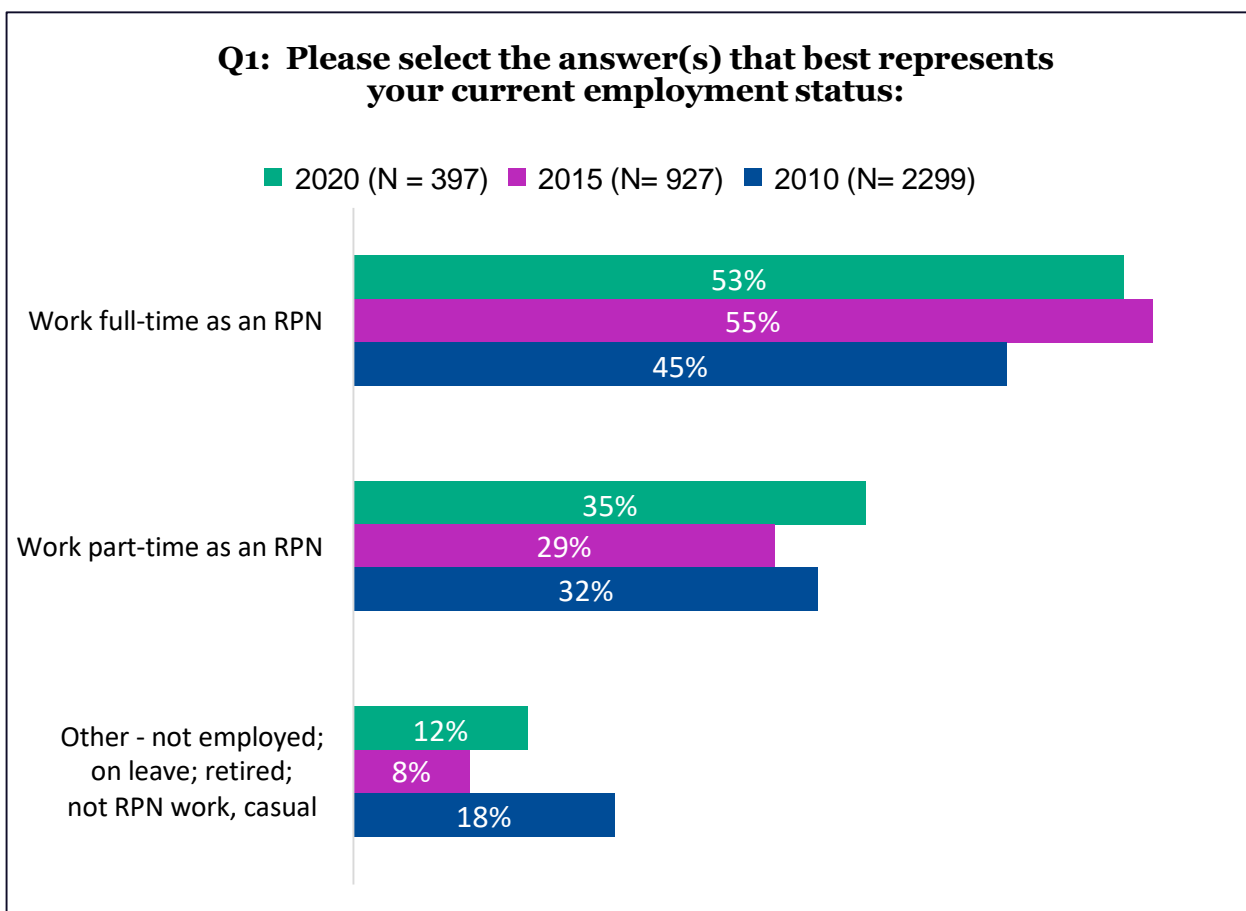
***Employment setting (comparison from 2010, 2015 and 2020)***

In 2020, exactly 1/3 of the respondents worked in a hospital, slightly over 1/4 worked in Long Term Care (LTC) and slightly less than 1/4 worked in community in 2020. The hospital and LTC sectors have decreased and community and “other” sectors have increased as is also the case in both 2015 and 2010. See Figure 3. Employment setting themes in “other” sectors included, e.g., primary care, secondary care, retirement homes, education, public health, non-practicing, and students.





**Figure 4: Other settings of employment**



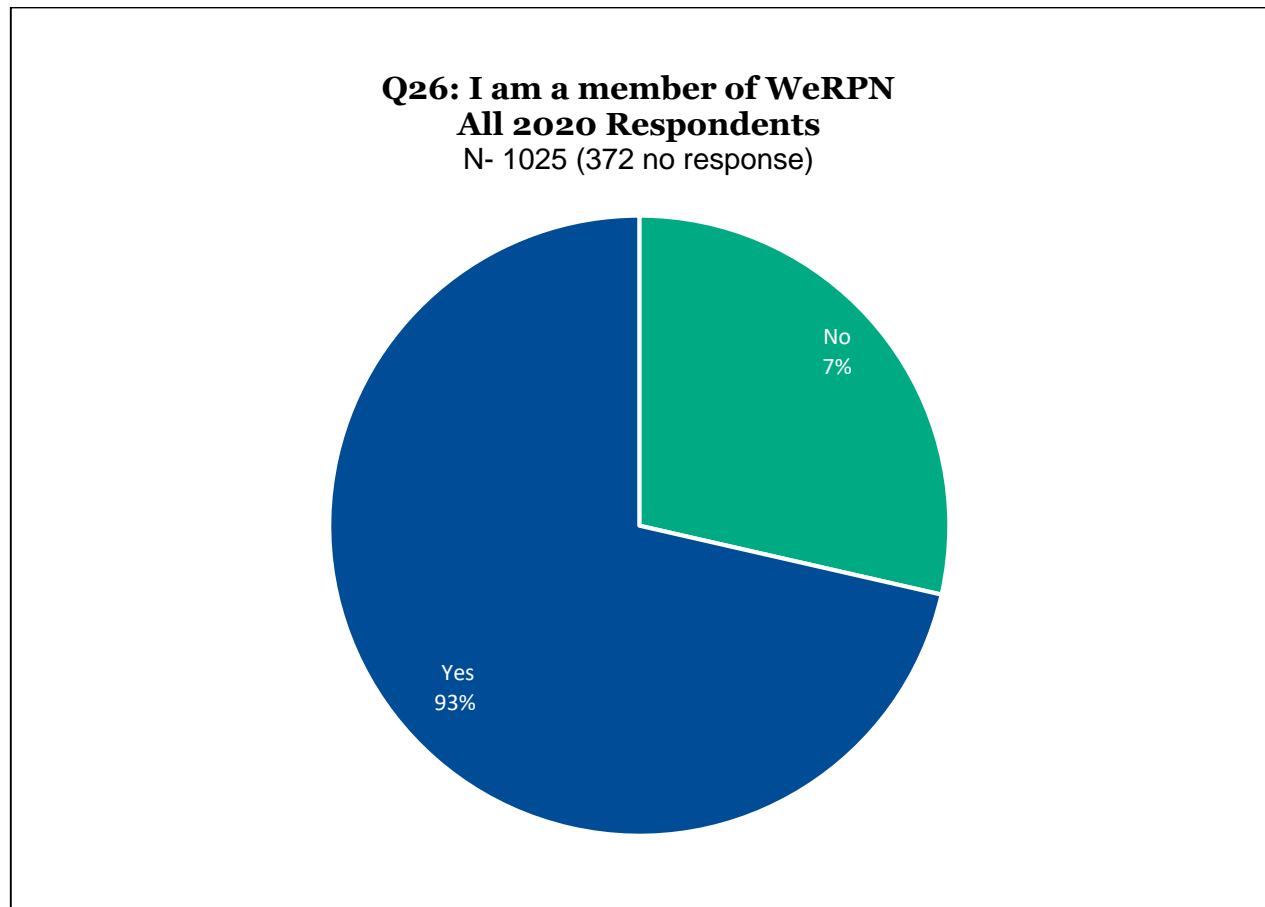
**Figure 5: Employment Status**

***Employment status (comparison from 2010, 2015 and 2020)***

Over 50% of the respondents indicated working full-time in both 2015 and 2020 with a slight reduction (2%) of respondents working full-time in 2020. There is a 6% increase from 2015 of respondents who are working part-time (35%). Over 10% indicated employment status as “other”, e.g., not employed, student, retired, which is a 4% increase from 2015. See Figure 5.

### **WeRPN membership**

The majority of the respondents in 2020 (93%) were members of WeRPN, while 7% were not members. In comparison, 75% of the respondents in 2015 were members and 25% were not members. This may be the result of not conducting a postcard mail out to all RPNs in the province in 2020 and relying significantly on WeRPN email distribution and social media presence. See Figure 6



**Figure 6: Membership**

### **3.1.1. Takeaways**

As in the 2015 survey and 2010 survey, RPNs who responded had a range of experience with the largest percentage having 21+ years in the nursing profession. However, the data suggests a continuing loss of experienced nurses to the system over the past five and 10 years. The largest sector are those RPNs in hospitals, however, community nursing and “other” sectors are increasing with reductions in both hospital and LTC sectors. Over 50% of the respondents indicated working full-time, yet there is a 6% increase in respondents who identified as working part-time in 2020 from 2015. While the majority of the respondents in 2020 (93%) were members of WeRPN in comparison to 75% of the respondents in 2015, this survey reflects the change in dissemination methods yet continues to capture the perspective of a small percentage of non-members as well.



## 3.2 Recruitment and Retention

To understand RPN workforce and workplace trends, respondents were asked questions regarding recruitment and retention. In 2020, the recruitment and retention themes were expanded to capture how the RPNs were feeling and about how they were impacted by their career, job, work situation and employment organization. Questions regarding health and well-being, such as job satisfaction and engagement, job dissatisfaction, perceived workplace stress, moral distress, and burnout; and evolving workplace culture, such as a perceived change in presence of violence, bullying, abuse, harassment and hazards were posed. This was the result of anecdotal feedback from nursing professionals and health care leaders at large that nursing wellbeing and workplace health were concerning and required more intense focus for future strategic objectives. Because previous surveys had a different focus, minimal data about nursing health and wellbeing and workplace culture were available for comparison. Comparisons were made where possible.

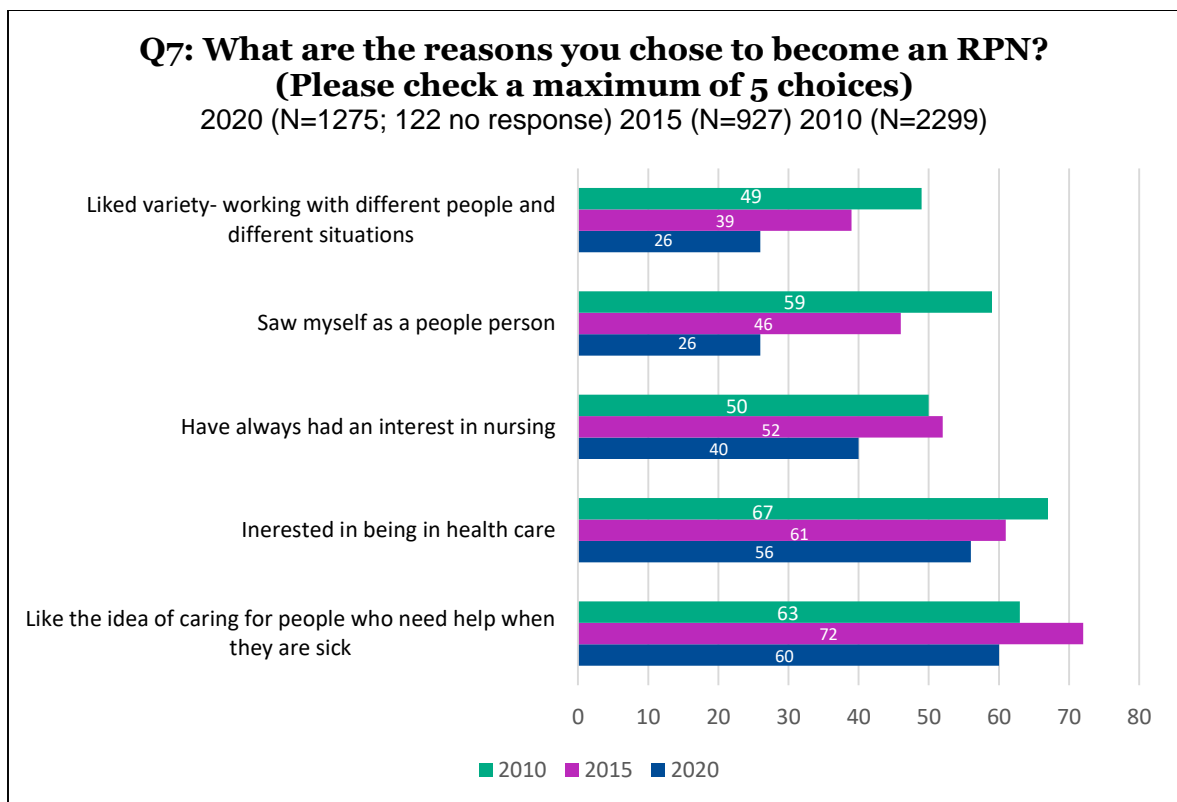
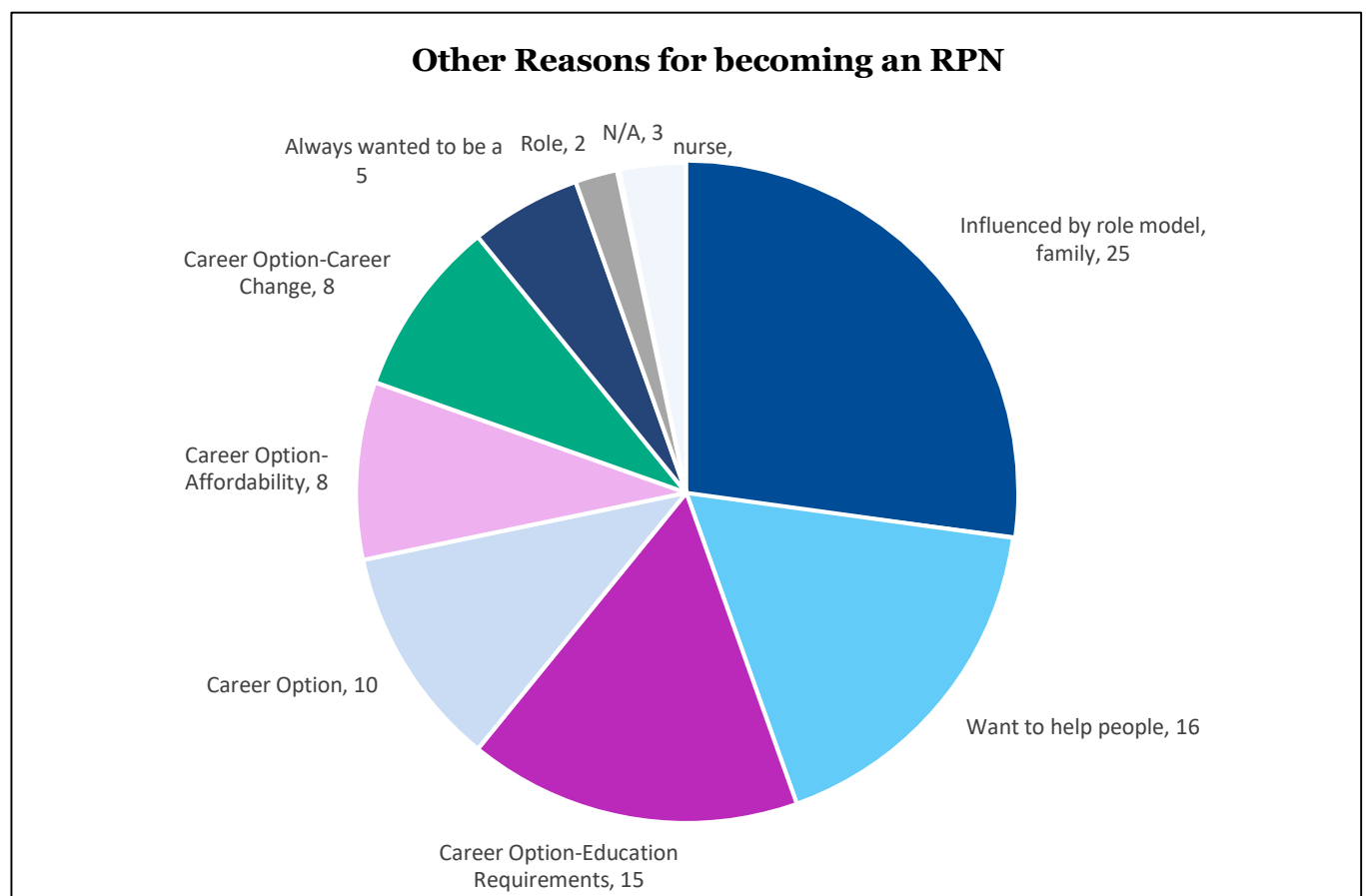


Figure 7: Reasons why chose to become an RPN

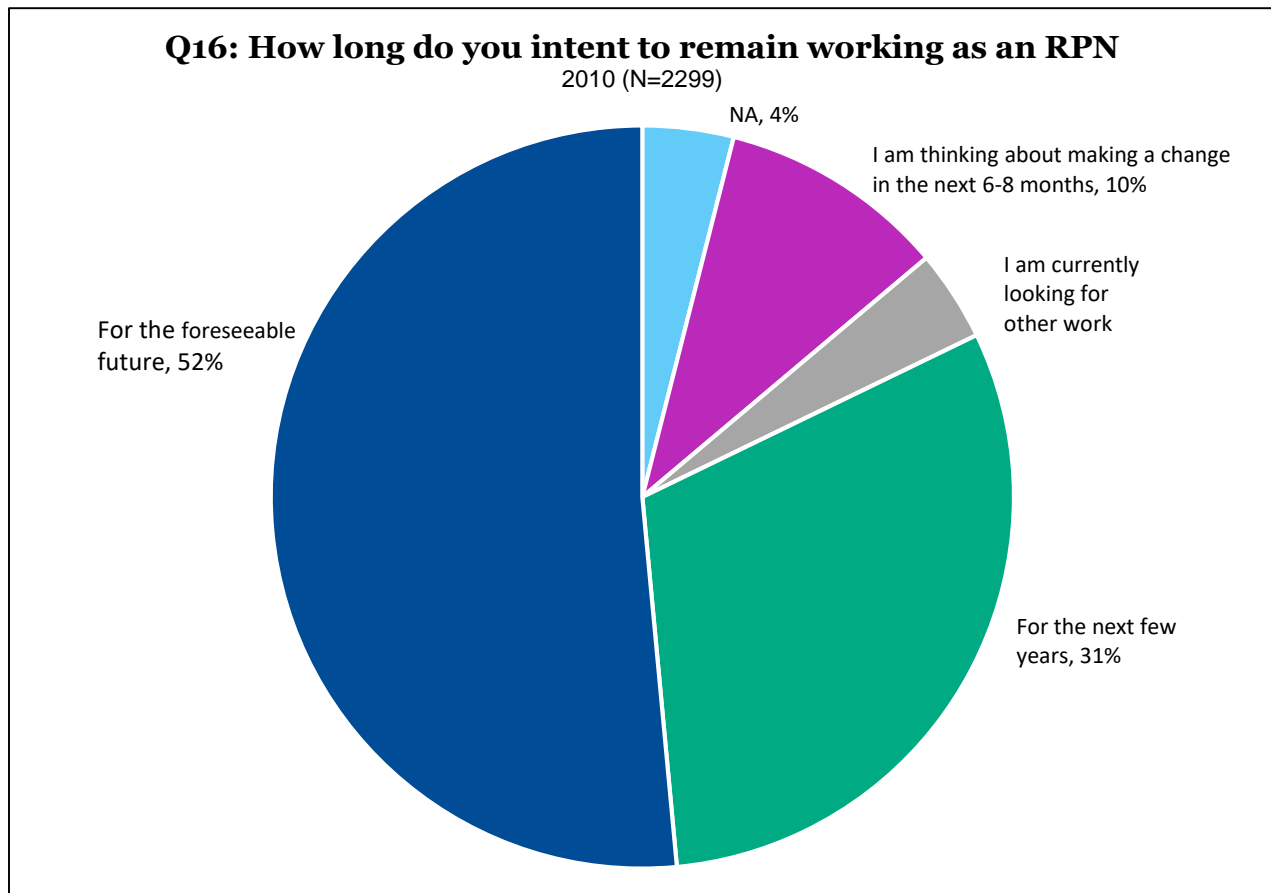
### ***Becoming an RPN***

Like 2010 and 2015, the 2020 respondents indicated that they joined the profession because they were intrinsically motivated to do so and were interested in health care (56%), being a nurse (40%) and caring for people (60%). A top five reason but smaller percentage (26%) than both previous surveys said “saw myself as a people person” and “liked variety – working with different people and different situations”. Nearly 1/4 “liked how closely RPNs worked with the patients” and “wanted to give back”, 22% and 19% respectively. Fewer RPNs than in 2015 selected “saw it as a steppingstone to be an RN” (17%) and “saw job opportunities” (17%).

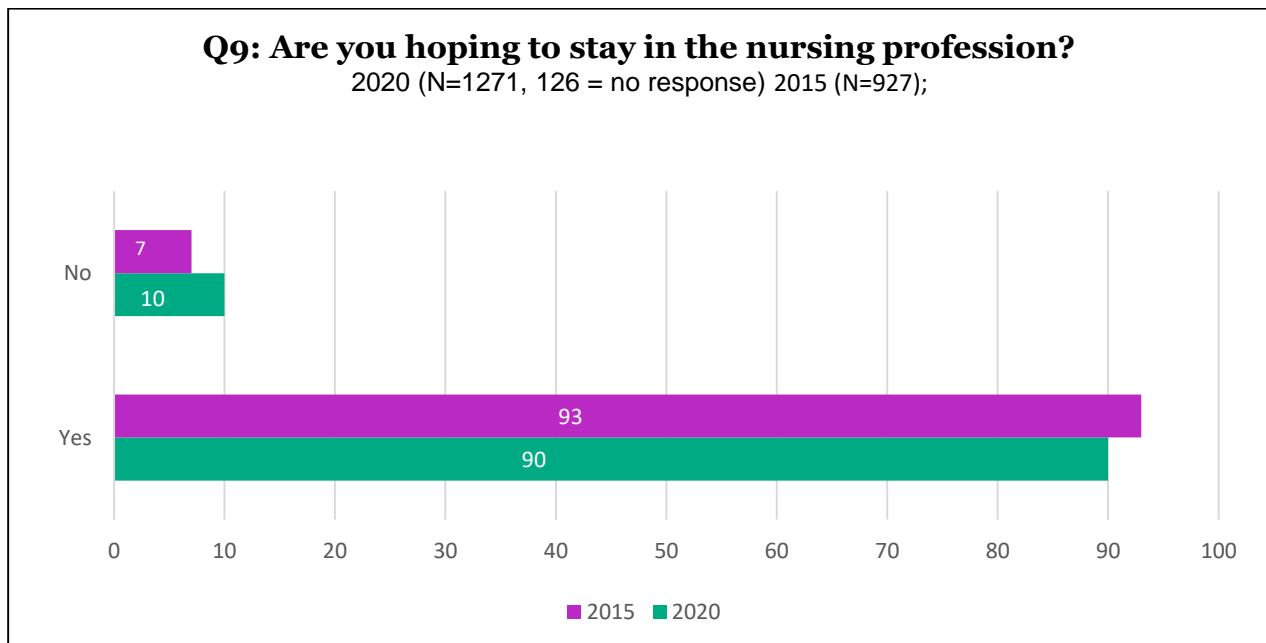
These reasons were somewhat similar to the findings in the 2010 survey where the top reasons to become an RPN were “interested in being in health care” (67%), “like caring for people” (63%) and “saw myself as a people person” (59%). As in the previous survey in 2015, there was less emphasis on “thought it was a good rate of pay” (12% compared to 19%), “wanted the opportunity to work in a team” (9% compared to 15%), “wanted a job with benefits” (8% compared to 13%), and “wanted to finish a program and get a pay cheque quickly” (8% compared to 9%). Lower selection percentages overall in 2020 were likely the result of limiting the choices to a maximum of five. Narrated other reasons for becoming an RPN are found in Figure 8.



**Figure 8: Other reasons for becoming an RPN**



**Figure 9: 2010 How long do you intend to remain working as an RPN?**



**Figure 10: 2015 and 2020 - Are you hoping to stay in the nursing profession?**



### ***Intent to remain an RPN and in the nursing profession***

2010 data suggested 52% of RPNs intended to remain working as an RPN “for the foreseeable future”. See Figure 9. Although measured differently, a slight reduction (-2.6%) in 2020 was evident with 90% or more of RPNs continuing to report, as they did in 2015, that they plan to stay in the nursing profession. However, 1% higher (29%) than 2015 (28%) intended to remain working as an RPN less than five years, and 71% (-1% lower from 2015) plan to remain working for greater than five years. See Figure 10.

- 71% of RPNs plan to work over five years as an RPN; 29% plan to work for less than five years; closely aligned with the 2015 results - 72% of RPNs plan to work over five years as an RPN; 28% plan to work for less than five years
- 90.4% plan to stay in the nursing profession; reduced 2.6% from 2015 - 93% plan to stay in the nursing profession
- For those planning to stay in the nursing profession, 62% intended to remain an RPN for their nursing career; this result is greater than 10% reduction from 2015 with 12% more respondents (38%) wanted to or are in the process of “bridging to become a Registered Nurse”.

Further comparison analysis with 2015, based on age categories, was warranted for the above findings as outline below. See Table 2 (2015 results are in parentheses).

**Table 2: Comparison 2015 and 2020 based on age categories: Planning to stay in nursing; How long planning to work?**

Age Category	Planning to stay in the nursing profession 2020 (2015)	Planning to work as an RPN for >5 years 2020 (2015)	Planning to work as an RPN for 3-4 years 2020 (2015)	Planning to work as an RPN for 1-2 years 2020 (2015)	Currently looking for other work 2020 (2015)
18-29 (N = 157)	94% (96%)	60% (67%)	27% (21%)	10% (9%)	3% (3%)
30-44 (N= 376)	92% (94%)	82% (79%)	11% (9%)	6% (5%)	1% (7%)
45-54 (N= 223)	93% (95%)	91% (90%)	7% (7%)	2% (1%)	0% (2%)
55+ (N = 165)	80% (87%)	61% (46%)	27% (28%)	10% (24%)	2% (2%)

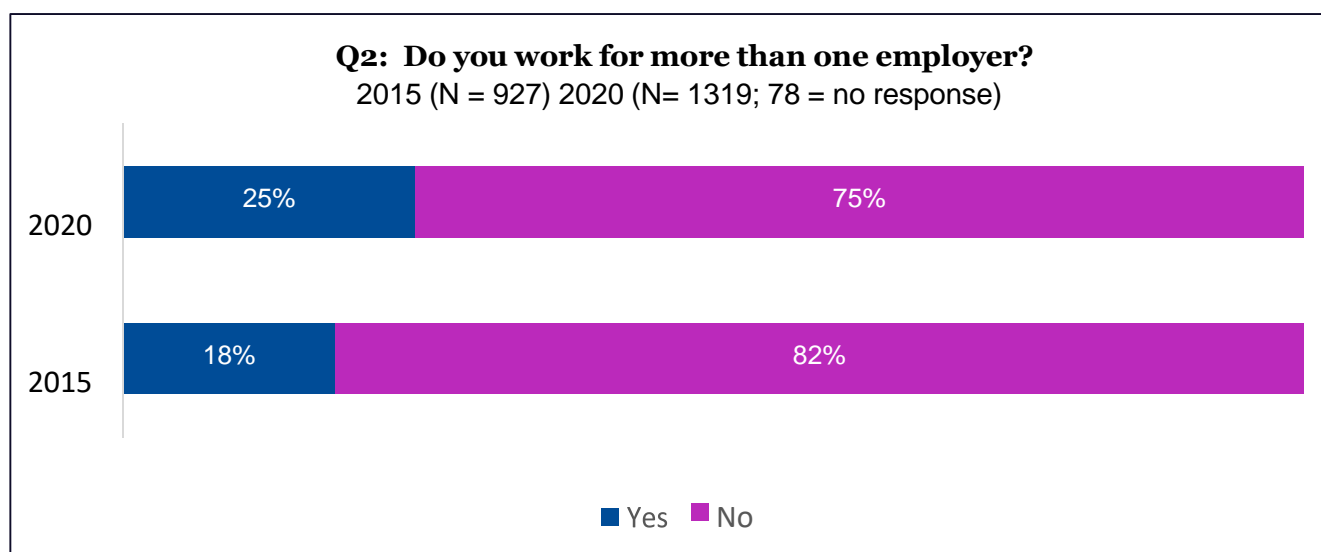
Overall, in 2020, regardless of age, fewer RPNs plan to stay in the nursing profession than previously surveyed in 2015. In comparison to 2015, the table shows that younger RPNs continue to indicate a likelihood of wanting to stay in the nursing profession, yet fewer are planning to continue working as an RPN for greater than five years. Those from ages 30 to 54 years are more likely planning to work greater than five years as an RPN. For those ages 18 to 29 and 55+, a smaller majority plan to work as an RPN for more than five years; and 40% and 39%, respectively, plan to leave their work as an RPN in four years or less. As a result, WeRPN may see more younger nurses leaving work as an RPN within four years than nurses aged 55+ years.

### Multiple employers

As in 2015, the majority of RPNs work for one employer, with a 7% increase in those working for multiple employers in the 2020 survey. See Figure 11. For those working for multiple employers:

- 81% work as an RPN at both places of employment compared to 80% in 2015
- 13% supplement their RPN job with non-nursing work as in 2015
- <6% work at a non-nursing job and supplement with work as an RPN similar to 2015.

See Figure 9.



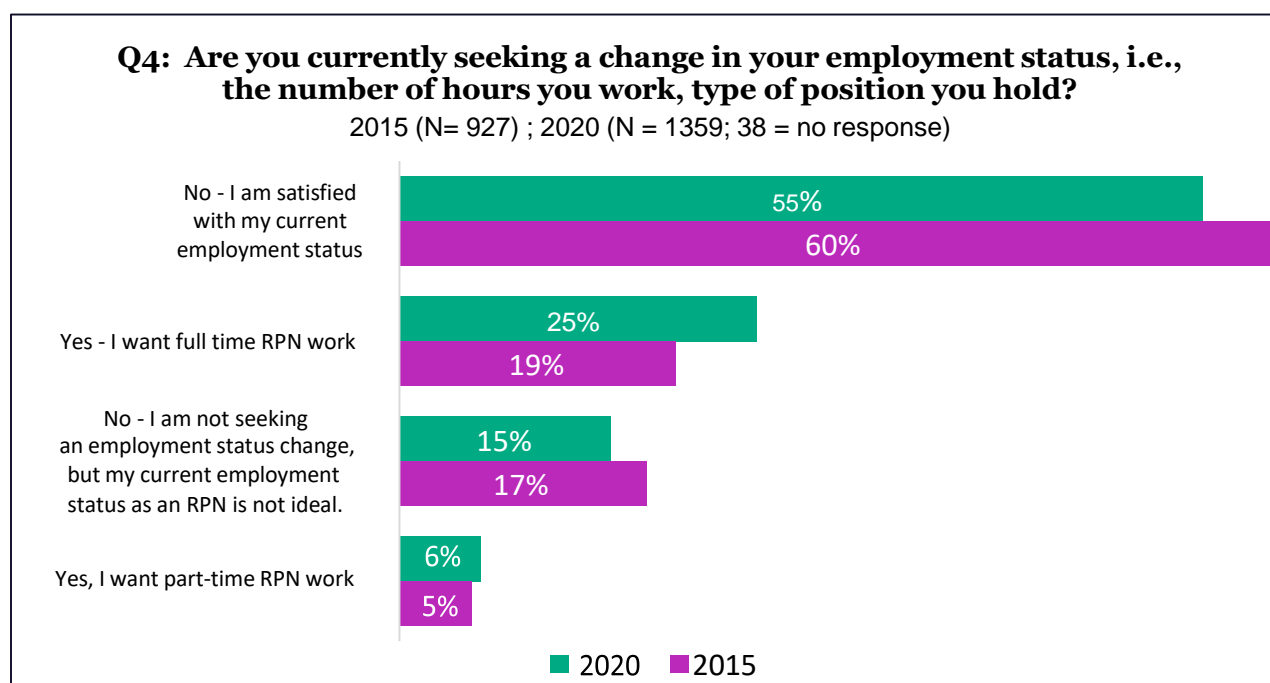
**Figure 11: Do you work for more than one employer?**

There were several reasons why RPNs worked for more than one employer:

- 36% said they could not find the amount of RPN work that they wanted at one employer,
- 26% said they preferred to work at more than one employer, and
- almost 34% of the respondents gave other reasons for working at more than one employer. These responses focused on financial, the inability to secure full-time employment, job security, and the desire to gain alternate experiences in other roles.

### Seeking change in employment status

Although the majority of RPNs in 2020 are satisfied with their current employment status (55%) as an RPN there is a 5% drop compared to 2015 (60%). In addition, a slightly lower percentage of respondents indicate their employment status is not ideal but are not seeking change (15% compared to 17% in 2015). A higher percentage (25%) are seeking full-time employment which matches with the reduction of respondents indicating employment status as full-time. See Figure 12.



**Figure 12: Are you seeking to change employment status?**

RPNs indicated seeking full-time work primarily for personal, financial or other reasons such as enhancing experiences, less chaotic schedules, and better compensation at other employers. For those happy with their employment, the number of hours they work fits well with their lifestyles (62%), financial needs (36%) and other (16%) such as career planning goals.

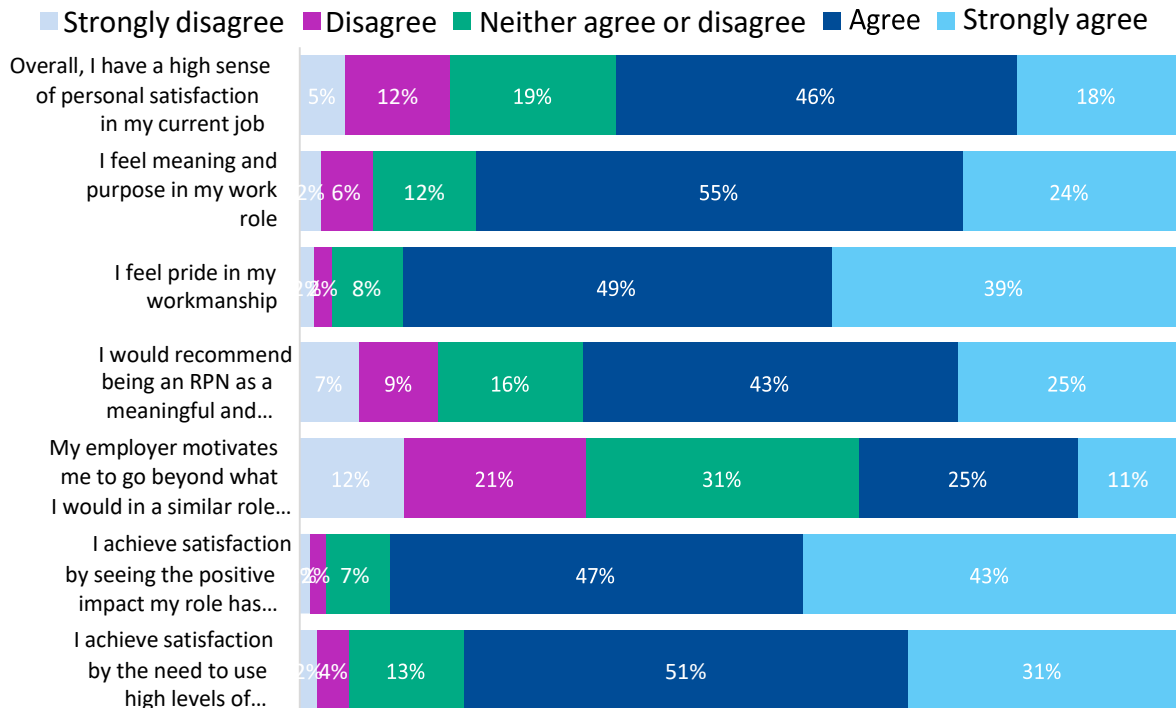
For those RPNs who indicated wanting more part-time work, 31% wanted fewer hours to reduce their physical load, high stress and dissatisfaction with nursing, semi-retirement, etc., and 38% wanted more hours. For those RPNs who indicated their employment situation wasn't ideal but were not thinking of changing, 40% need to work for financial reasons, 21% can't get the hours they need and 50% indicated other reasons which included not satisfied with employment status, job demands unrealistic, matching compensation not provided, the type of nursing not respected, and fewer opportunities for advancement of nursing in general. Detailed narrative responses were not available from 2015.

### **Job Satisfaction and Engagement**

An engaged individual is someone who is fully absorbed by and enthusiastic about their job. They exhibit a positive attitude towards their organization and/or profession and its values. Engaged employees are responsible for improving staff retention, reducing staff turnover, improving productivity and efficiency, and improving patient experience. Engaged employees are happier, both at work and in their lives, which makes for healthier individuals as well and an excellent recruitment resource.

## Q12: Please rate your agreement with these statements about job satisfaction

2020 (N = 1214, 183 = no response)

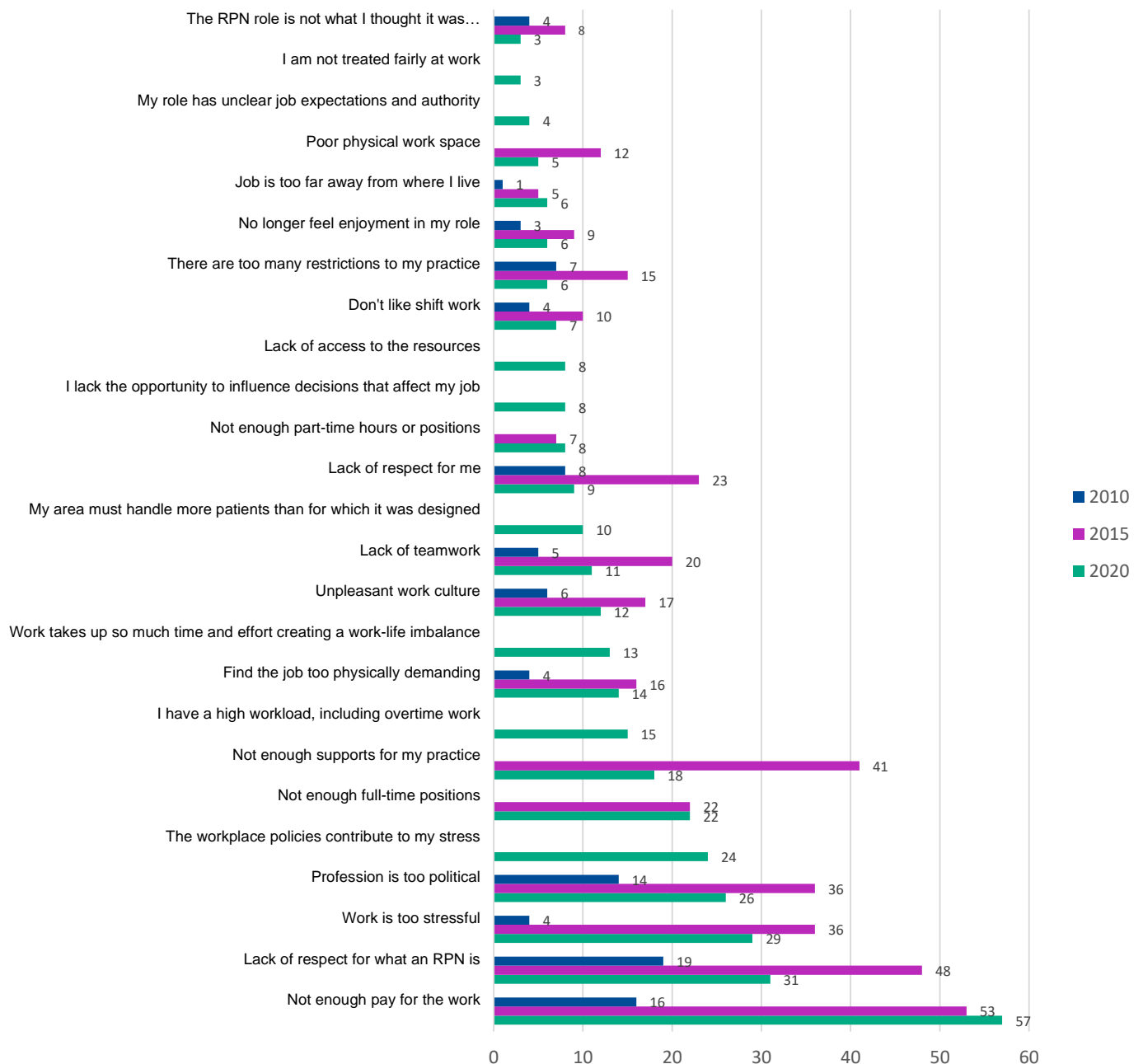


**Figure 13: Job satisfaction and engagement**

Overall, RPNs felt high job satisfaction by seeing the positive impact of their role on the people for whom they care, however, only 36% indicated that this was facilitated by their employer. Over 80% of the RPNs felt pride, meaning, purpose and satisfaction in their work through use of high level critical thinking and nursing -specific knowledge, skills, judgement, education and experience. Although the majority, only 68% would recommend RPN as a meaningful and satisfying profession and 64%, have a high sense of personal satisfaction in their current role. See Figure 13.



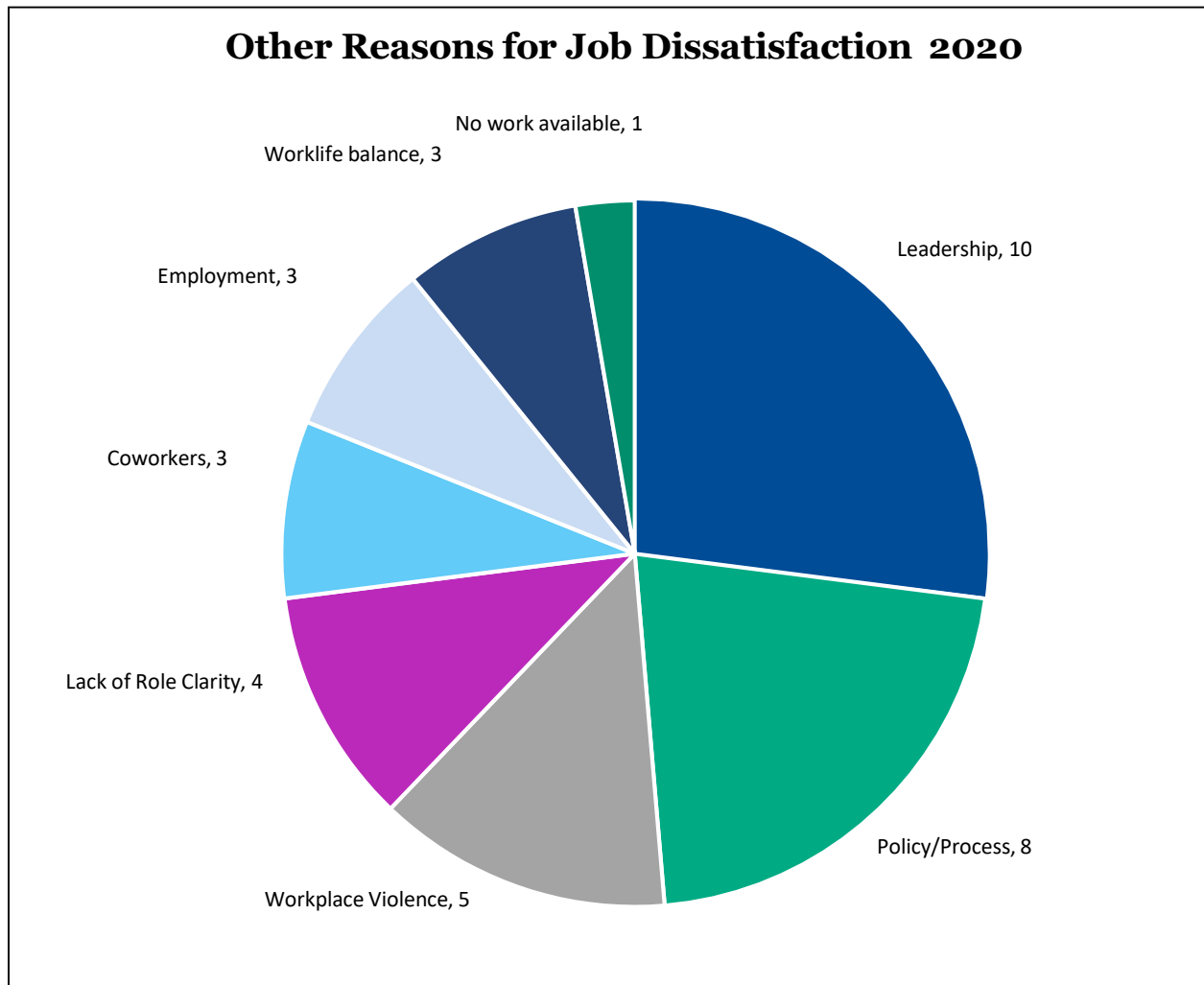
**Q13: In your workplace, which of the following cause you significant job dissatisfaction, if any? (Please check a maximum of 5 choices)**



**Figure 14: Job Dissatisfaction**

### **Job Dissatisfaction**

In 2020, the top five causes for RPN job dissatisfaction were insufficient compensation for the work (57%), lack of respect for what they do (31%), work is too stressful (29%) and too political (26%) and the workplace policies contribute to their stress (24%). See Figure 14. Specifically mentioned in the comments were leadership, policy/process, workplace violence, lack of role clarity, co-workers, employment status, work life balance, and work unavailability. See Figure 15.



**Figure 15: Other reasons for job dissatisfaction**

These causes generally matched both 2015 and 2010 results, however, not enough supports for my practice (41%) was the third highest ranked cause in 2015 and was within the top 10 for 2020 (18%) as well. 2010 responses differed slightly with lack of respect for me (8%) and too many restrictions on my practice (7%) ranking additionally in the top five causes. There were eight new options added to this question from 2015, three of which were selected in the top 10 causes – the workplace policies contribute to my stress (29%), I have high workload including overtime work (15%) and work takes up so much time and effort creating a work-life imbalance (13%) representing new concerns from RPNs. Fewer RPNs ranked the other five new options – my area must handle more patients than what it was designed for (10%), I lack the opportunity to influence my work environment (8%), lack access to the resources I need to do my work (8%), my job has unclear role expectations (4%), and I am not treated fairly at work (3%) as causes of job dissatisfaction with other areas remaining a higher source of job strain.



When filtering the 2020 results for only those who indicated that they are not planning on staying in the nursing profession, the top reasons for job dissatisfaction were the same causes. ***[Note: as in 2015, it was noted, the question asked in 2010, asked about “RPNs leaving the profession”, while the 2015 and 2020 surveys asked about “job dissatisfaction”. Question wording may or may not account for the differences in findings between the two surveys].***

### ***Additional general comments for job dissatisfaction***

Both the 2015 and 2020 survey allowed for additional general comments about job dissatisfaction. The top concerns in the 2020 comments were regarding the workplace culture such as bullying, abuse, disrespect, pettiness, immaturity, lack of support, workload pressures, fair compensation, role ambiguity with RNs and PSW/UCP, issues with organizational or management decision-making, co-worker competency, lack of human resources and funding. Of note, many comments were also expressions of joy, happiness and satisfaction in the work for their employer or self-employment.

When results were filtered for only RPNs who indicated they are seeking full-time work, not enough full-time positions (65% of RPNs who want full-time work) and not enough pay for the work (56%) became the top two sources of dissatisfaction and not enough part-time positions or hours (23%) was in the top five. When results were filtered for RPNs who indicated they are seeking a change in or to part-time employment status, the top concerns of not enough pay for the work (51% of RPNs who want part-time work), lack of respect for what an RPN does (42%), work is too stressful (34%), the workplace policies contribute to my stress (24%) and not enough supports for my practice (22%) were different from 2015.

Interestingly, these causes of dissatisfaction for RPNs seeking change in employment ranked in the 2020 survey also varied by career stage/age. Younger RPNs looking to change in or to part-time employment status were reflected in the top concerns as initially indicated. RPNs aged 45-54 years looking to change in or to part-time work indicated the top concerns as the work was too stressful (50%), not enough pay (50%), lacked teamwork (43%), environment too political (29%) and lack of respect for what RPNs do (29%). RPNs aged 55+ looking to change in or to part-time work ranked lack of respect for me and for what RPNs do (50%), unpleasant workplace culture (50%) and not treated fairly (50%) equally as top concerns and not enough pay (38%) as the top five causes of job dissatisfaction.

Compensation appears to be a contentious cause of job dissatisfaction linked with workplace culture, workload stress, role ambiguity, and respect for what RPNs do. There were several comments about role enhancement discrepancies and job insecurity as barriers to changing jobs as well.

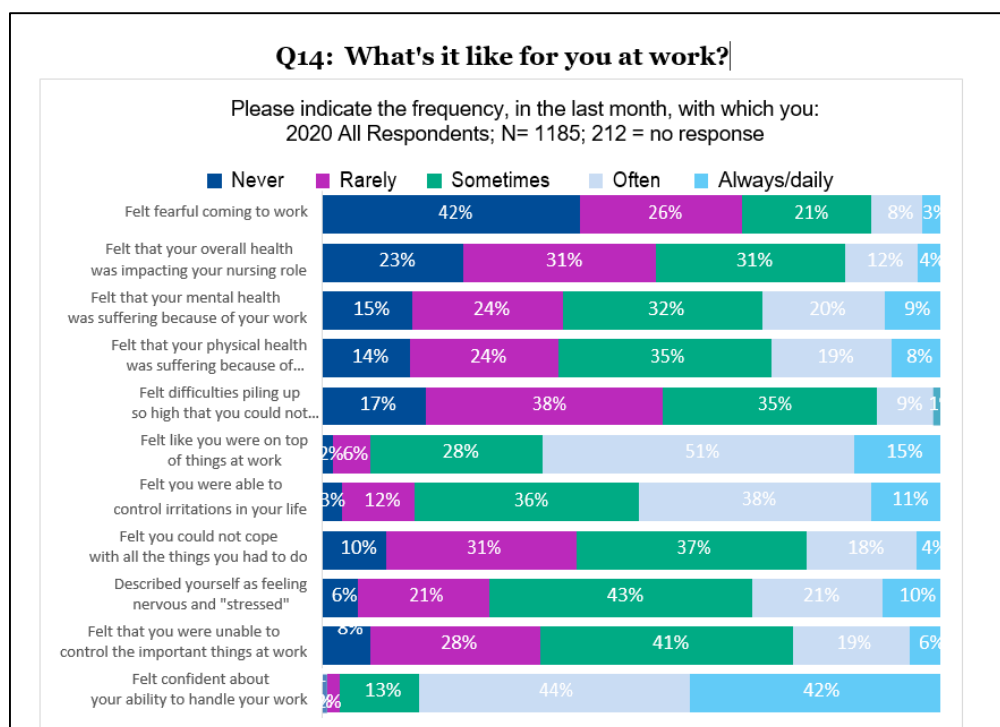
## Workplace Culture

The healthcare system in Ontario is a dynamic process focusing on the trajectory of patients' health, their care needs and the processes that facilitate patient and family centred care. Organizational context has significant influence on the RPNs job satisfaction, satisfaction with nursing as a profession, well-being and performance. To understand how these dynamics have impacted the RPNs, questions regarding organizational changes, system drivers and influencers were posed.

In the 2020 survey, WeRPN recognized the need to delve deeper into the safety aspect of the workplace because of the changing workplace dynamics. As a result, the experiences of unsafe and hazardous workplace were separated from reports of perceived stress "my stomach churns when I am on my way to work" and moral distress "I am unable to provide adequate care due to lack of time". According to a theory of stress and coping (Lazarus and Folkman 1984), stress is not simply events that trigger negative emotional responses. Stress can impact an individuals' well-being negatively only when the individual perceives the situation as stressful and their emotional resources are inadequate to handle the environmental context.

The 2020 survey RPN respondents did not demonstrate substantial evidence of perceived stress on a frequent basis signifying adequate emotional ability to tolerate and cope with unnerving workplace situations. See Figure 16. The majority (79%) reported that they felt confident about their abilities and on top of things at work (94%) at least sometimes, often or daily. However, over 60% felt that at least sometimes, often or daily they couldn't cope with all the things they had to do, were unable to control the important things at work (66%) and described themselves as "stressed" (75%). They perceived that they could control the irritations in life at least sometimes (85%) as well, yet 45% also felt that at least sometimes difficulties were piling up so high that they wouldn't be able to overcome them. At least 1/3 felt fearful coming to work at least sometimes, often or daily. Of concern is the perceived impact, at least sometimes, of their nursing work on their mental (61%) and physical health (62%).





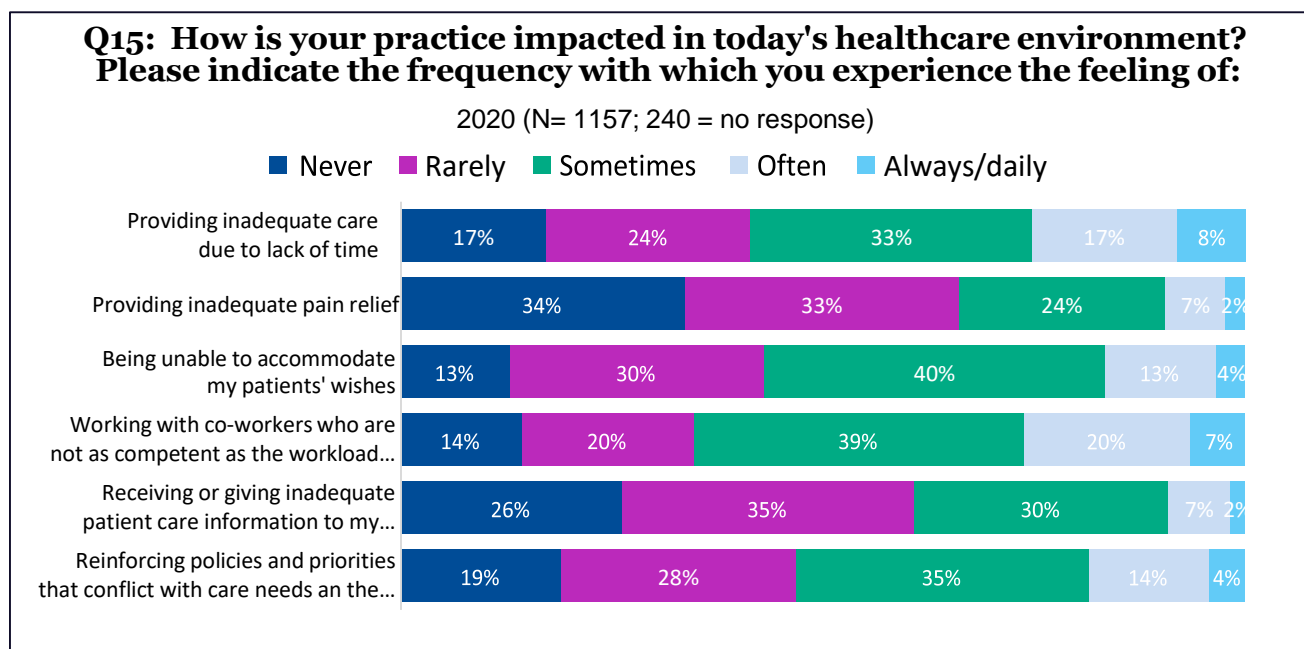
**Figure 16: Perceived stress**

## **Moral Distress**

Question 15 asking “How is your practice impacted in today’s healthcare environment? Please indicate the frequency with which they experience the feeling of:” was used to investigate the prevalence of moral distress. See Figure 17. Moral distress<sup>8</sup> is often referred to as incidents or situations where an individual is unwillingly required to compromise their core values or professional obligations. Signs of moral distress are related to frustration, anger, guilt, anxiety and other physical symptoms when one’s moral integrity is threatened.

<sup>8</sup> Morley, G., Ives, J., Bradbury-Jones, C, Irvine, F. (2019). What is moral distress? A narrative synthesis of the literature. *Nursing Ethics*, 26(3), 646-662.





**Figure 17: Moral distress**

From these results, more than half of the RPNs are morally distressed at least sometimes, often or daily regarding policies and priorities that conflict with their beliefs about care provision, the inability to accommodate their patients' wishes and providing inadequate care because of lack of time. They perceive slightly better feelings around communicating to the inter-professional team and providing adequate pain relief. Of concern, is the frequency with which they are distressed about working with colleagues who are not as competent as what the job requires.

To further understand the presence of moral distress, the results were filtered by age groups, and employment status. See Table 3. There are observed minimal differences between RPNs employed full-time and part-time regarding moral distress. In all age groups, who work full-time, less than 50% report giving inadequate patient care information to their team members. In age groups 30+ less than 50% reported providing inadequate pain relief, sometimes, often or daily. Better results are reported for those who work part-time regarding pain relief and information.

**Table 3: Moral distress and age categories**

<b>Question 15: How is your practice impacted in today's healthcare environment? Please indicate the frequency with which your experience the feeling of: _____sometimes, often or daily.</b>				
Full-time	18-29 (N= 74)	30-44(N=226)	45-54(N=152)	55+ (N = 117)
Providing inadequate care due to lack of time	65%	57%	59%	54%
Providing inadequate pain relief	52%	34%	28%	21%
Being unable to accommodate my patients' wishes	65%	59%	59%	54%
Working with co-workers who are not as competent as the workload requires, e.g., complex patients	61%	74%	74%	62%
Receiving or giving inadequate patient care information to my team members	45%	42%	33%	35%
Reinforcing policies and priorities that conflict with care needs and the best interest of the patients	61%	54%	50%	47%
Part-time	18-29 (N =77)	30- 44(N=140)	45-54 (N= 76)	55+ (N = 70)
Providing inadequate care due to lack of time	72%	65%	48%	51%
Providing inadequate pain relief	40%	37%	22%	28%
Being unable to accommodate my patients' wishes	65%	61%	44%	44%
Working with co-workers who are not as competent as the workload requires, e.g., complex patients	64%	62%	69%	37%
Receiving or giving inadequate patient care information to my team members	44%	48%	35%	29%
Reinforcing policies and priorities that conflict with care needs and the best interest of the patients	61%	55%	51%	37%

In all age groups who work full-time, nearly 60% or over report their practice is impacted by an inability to provide care due to lack of time, being unable to accommodate their patients' wishes, working with co-workers who are not as competent as the workload requires and reinforcing policies and priorities that conflict with care needs and the best interest of the patients, sometimes, often or daily. Of particular concern is the perception of the competency of their co-workers suggesting a lack of trust in their colleague's abilities creating moral distress. All age groups, who work part-time demonstrate similar concerns with slightly smaller percentages in the 55+ groups level of moral distress. In the part-time employees, the 18-44 year olds have the most moral distress with exception to the 45-54 year olds also very concerned with the competency of their colleagues.



## Burnout

The concept of burnout syndrome is resulting from chronic workplace stress that has not been successfully managed<sup>9</sup> and can be directly linked to individual and system performance, specifically intent to leave. There are three dimensions related to symptoms of burnout: 1) feelings of energy depletion or emotional exhaustion; 2) increased mental distance from one's job or depersonalization; and 3) reduced professional efficacy. Question 17: "Personally, please indicate the frequency with which you experience any of these feelings in your daily work: sometimes, often or daily" was used to explore the extent the symptoms of burnout presented in the full-time and part-time RPNs. It was also helpful to filter any differences in these feelings among age groups. See Table 4.

**Table 4: Symptoms of burnout**

Full-time	18-29 (N =74)	30-44(N=226)	45-54(N=152)	55+ (N = 117)
Are cynical or critical	52%	59%	62%	42%
Drag yourself to work and have trouble getting started	60%	49%	41%	26%
Are irritable or impatient with co-workers or	39%	35%	34%	23%
Lack the energy to be engaged in your work	69%	42%	38%	28%
Find it hard to concentrate	53%	47%	47%	31%
Lack satisfaction from your	61%	48%	43%	36%
Feel disillusioned about your job	38%	37%	44%	42%

<sup>9</sup> WHO. (2019). Burn-out an "occupational phenomenon": International Classification of Diseases. Retrieved from [https://www.who.int/mental\\_health/evidence/burn-out/en/](https://www.who.int/mental_health/evidence/burn-out/en/)

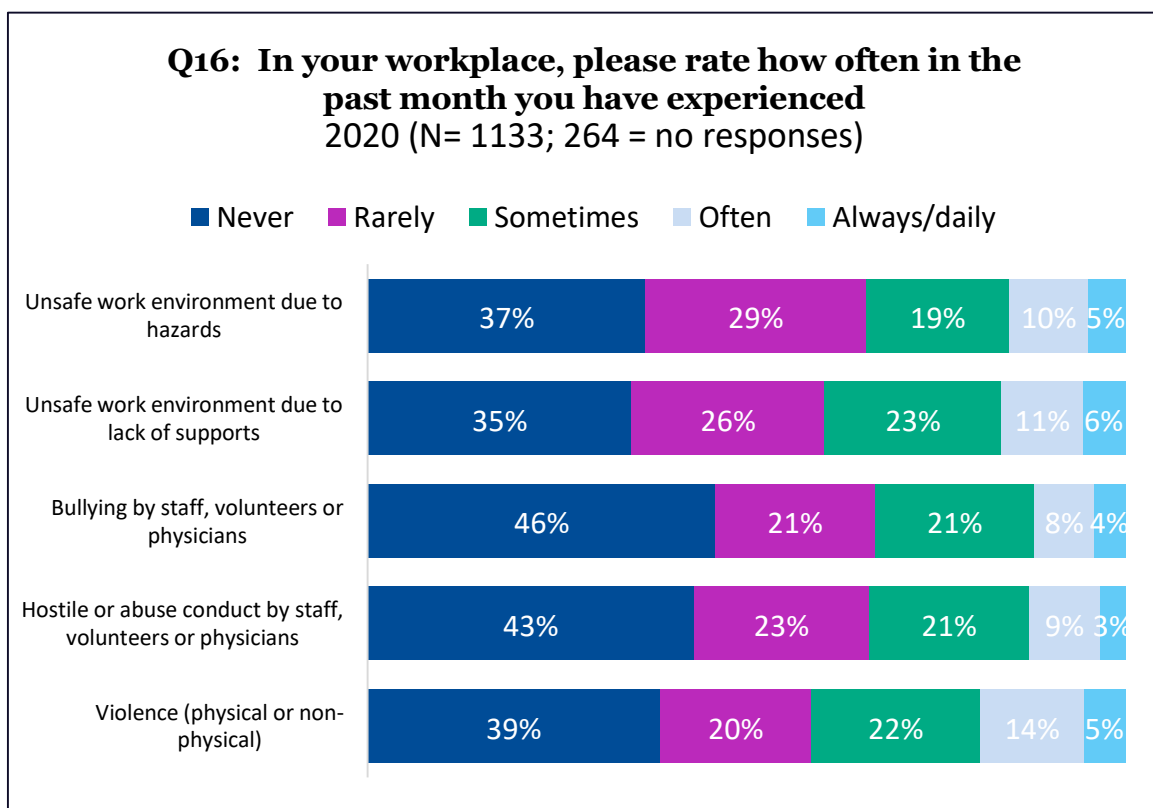


Full-time	18-29 (N =	30-44(N=226)	45-54(N=152)	55+ (N = 117)
Are using food, drugs or alcohol to feel better or to simply feel	28%	29%	22%	11%
Have changed your sleep habits	78%	54%	50%	44%
Are troubled by unexplained headaches, stomach or bowel problems or other physical complaints	62%	52%	46%	30%
Part-time	18-29(N = 77)	30-44(N=140)	45-54 (N= 76)	55+ (N = 70)
Are cynical or critical	54%	57%	45%	36%
Drag yourself to work and have trouble getting started	51%	49%	27%	20%
Are irritable or impatient with co-workers or	31%	28%	22%	21%
Lack the energy to be engaged in your work	45%	48%	28%	20%
Find it hard to concentrate	47%	41%	28%	22%
Lack satisfaction from your	53%	54%	44%	37%
Feel disillusioned about your job	39%	44%	39%	36%
Are using food, drugs or alcohol to feel better or to simply feel	29%	21%	13%	12%
Have changed your sleep habits	70%	64%	44%	43%
Are troubled by unexplained headaches, stomach or bowel problems or other physical complaints	54%	54%	39%	37%

Upon filtering for employment status and age categories, in all age groups, the majority of RPNs do not indicate feelings of irritability, impatience, disillusionment or the need for stimulants to feel better. The full-time and part-time RPNs over the age of 45 years reported lower percentages of symptoms of burnout sometimes, often or daily with the exceptions of changing sleep habits and feeling cynical and critical. Most concerning is the 18 – 24 year age group where on most measures of feelings of energy depletion or emotional exhaustion, and professional efficacy, the majority are reporting sometimes, often and daily. In addition, high percentages are noted in the areas of increased mental distance and depersonalization. This is concerning as it increases the risk of losing early career stage RPNs. These concerns are reflected more prominently in the age group 18 – 44 years who work part-time.

## Safety

In 2020, the survey question regarding feeling safe in your workplace was enhanced because of the introduction of Bill 168 in 2010, and anecdotally the patient and family populations are requiring increasing safety and security measures in healthcare workplaces.

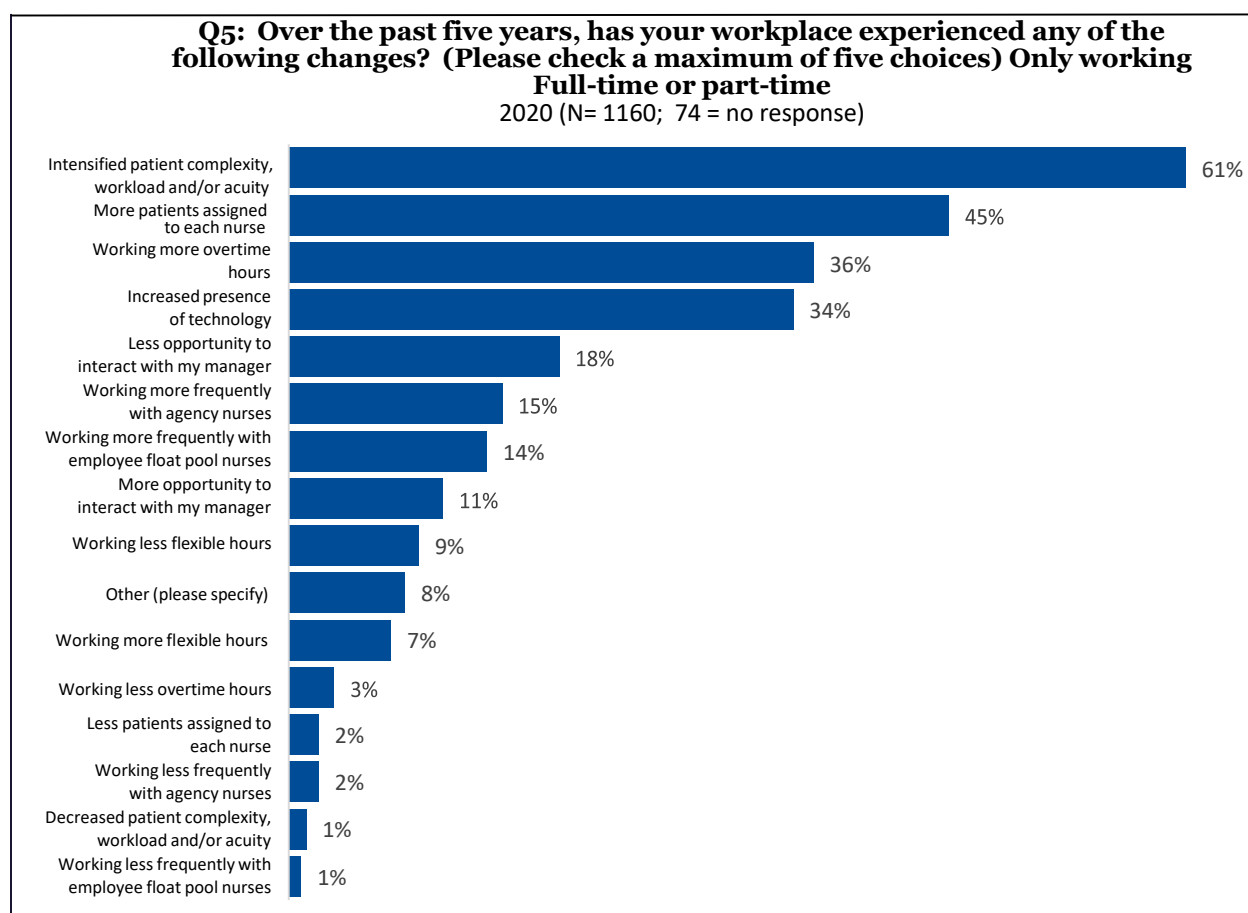


**Figure 18: Safety in the workplace.**

A majority of RPNs indicated that safety is never or rarely a concern for them. Although these questions were expanded in comparison to 2015, this would be considered an improvement. Safety was a concern at least sometimes for between 33-40% of the RPN respondents, with the highest issues being lack of supports and physical and non-physical violence from patients and/or families. Between 12 and 17% of RPNs experience some type of harassment, abuse, or bullying - often or daily from staff, volunteers and physicians and more from patients and families (19%). Comparisons with 2015 survey results could not be provided as the questions differed, however, what doesn't differ is that although the percentages are relatively small, with over 55,000 RPNs working in Ontario today, this represents 3850 RPNs experiencing workplace harassment, abuse or bullying from co-workers and over 2500 RPNs experiencing physical and non-physical violence from patients and families, on a daily basis. See Figure 18.

### Organization/Workplace context and culture

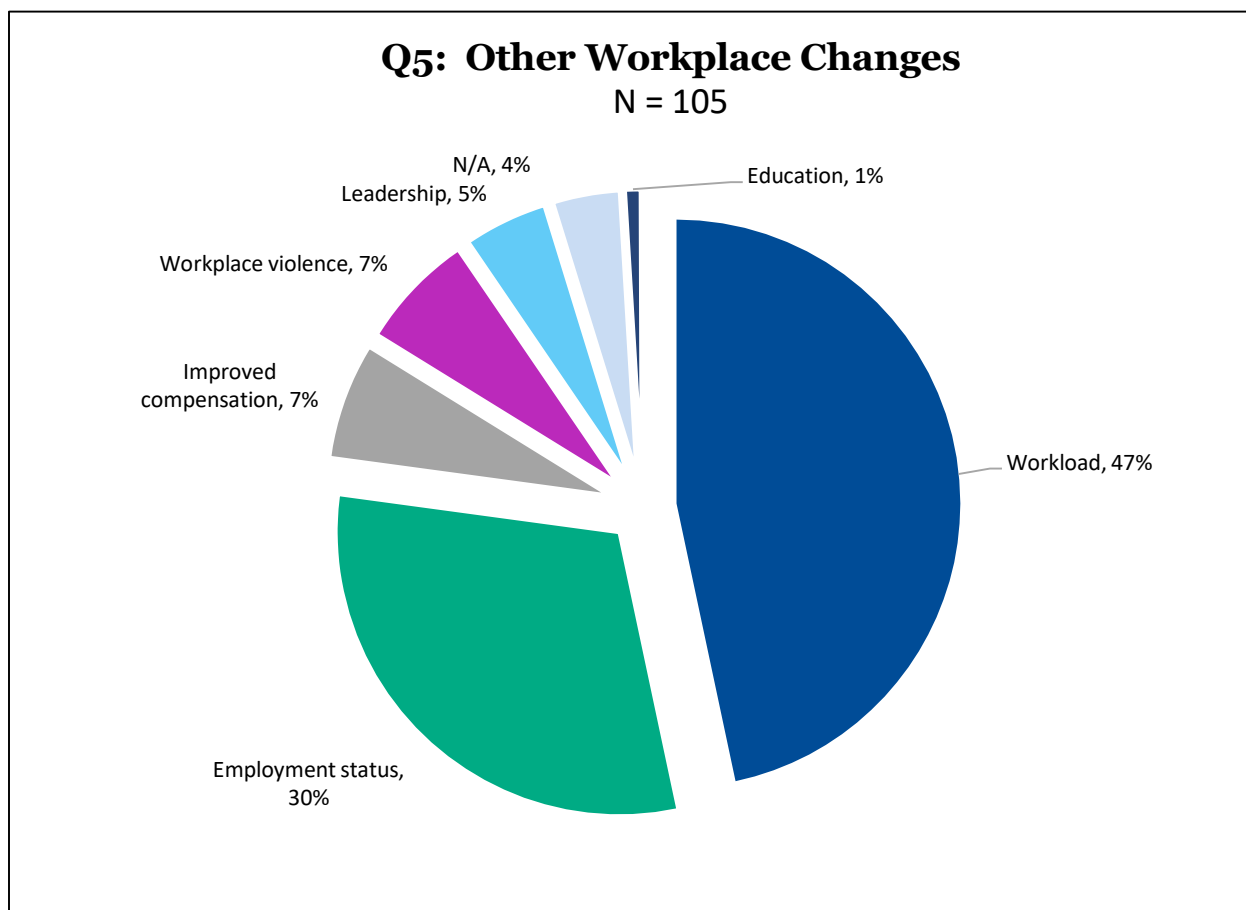
Previous literature by Cowden and Cummings<sup>1011</sup> suggested four key characteristics that are influential in a nurse's decision to stay at an organization: manager, organizational policies, work, and nurse characteristics suggesting workplace culture has a significant impact on employee satisfaction. Therefore, changes to the organization must be considered when addressing recruitment and retention of RPNs. See Figure 19.



**Figure 19: Organizational changes**

The RPNs indicated that the top five changes experienced in their workplace were intensified patient complexity, workload and/or patient acuity (61%), higher patient to nurse ratios (45%), working more overtime hours (36%), increased presence of technology (34%) and less opportunity to interact with my manager (18%). The opportunity to add comments also offers a glimpse into changes that impact workplace culture. See Figure 20. For example, higher workload (both complexity and patient load) and role enhancement without additional compensation, frequent human resources shortages, restructuring of staff, less funding, less education opportunities, leadership, and hiring/scheduling process were noted.

<sup>10</sup> Cowden TL, Cummings GG. (2012). Nursing theory and concept development: a theoretical model of clinical nurses' intentions to stay in their current positions. J Adv Nurs.; 68: 1646-1657, <https://goo.gl/cDQDsa> retrieved March 20, 2020 from <https://www.scireslit.com/Nursing/SJNP-ID11.pdf>



**Figure 20: Other Workplace changes**

The RPNs were also asked what they thought were the main reasons for these organizational changes. They responded that the main reasons were to:

- reduce costs (49%),
- improve quality of care (23%)
- introduce new technology (21%)
- improve patient flow (18%)
- reduce bed vacancies (11%)
- respond to an amalgamation with another institution (7%)
- increase specialization (6%)
- increase hours of operation (4%)

while also realizing the increase in patient complexity and age, loss of funding and shortage of staff availability, specifically PSWs.

## 3.2.1. Takeaways

### *Recruitment*

- Like 2010 and 2015, the 2020 respondents joined the profession because they were intrinsically motivated to do so, i.e., “interested in health care” (56%), “being a nurse” (40%) and “caring for people” (60%), “saw myself as a people person”(26%) and “liked variety – working with different people and different situations”(26%). Nearly 1/4 “liked how closely RPNs worked with the patients” and “wanted to give back”.

### *Retention*

- Closely aligned with the 2015 results, 71% of the 2020 respondent RPNs planned to work over five years as an RPN and 29% plan to work for less than five years; this is a 1% reduction from 2015,
- Reduced 2.6% from 2015, 90.4% planned to stay in the nursing profession,
- For those planning to stay in the nursing profession, 62% intended to remain an RPN for their entire nursing career; this result is greater than 10% reduction from 2015 with 12% more respondents (38%) “wanting to or are in the process of bridging to become a Registered Nurse”,
- In comparison to 2015, WeRPN may see more younger nurses than nurses aged 55+ years leaving work as an RPN within four years. Younger RPNs continue to indicate a likelihood of wanting to stay in the nursing profession. Those from ages 30 to 54 years are more likely than other age groups to plan to work greater than five years as an RPN. In all likelihood, the 55+ group will be looking to retirement in this time frame.
- As in 2015, the majority of RPNs work for one employer, however, in 2020 there was a 7% increase in RPNs who work for more than one employer. Reasons provided for working for more than one employer were:
  - 36% said they could not find the amount of RPN work that they wanted at one employer,
  - 26% said they preferred to work at more than one employer, and
  - Almost 34% of the respondents gave other reasons such as unable to secure full-time employment and wanting alternate roles.
- The majority of RPNs were satisfied with their current employment status (55%) as an RPN (5% drop from 2015) and (9% drop from 2010). 15% of respondents indicated their employment status is not ideal but are not seeking change (2% lower than 2015) because of financial stress and lack of opportunities
- A higher percentage were seeking full-time employment primarily for personal, financial or other reasons whereas 31% wanted part-time or fewer hours to reduce their physical load, high stress and dissatisfaction with nursing

## ***RPN health and well-being***

- Job Satisfaction:
  - Approximately 80% of the RPNs felt pride, meaning, purpose and satisfaction in their work through use of high level critical thinking and nursing -specific knowledge, skills, judgement, education and experience indicating a high level of engagement in their profession.
  - The majority (68%) of RPNs agreed that they have a high sense of personal satisfaction in their current job, and 90% agreed personal satisfaction is achieved by seeing the positive impact of their role on the people for whom they care, however, only 36% indicated that this was facilitated by their employer
  - 2 out of 3 RPNs would recommend RPN as a meaningful and satisfying profession.
- Job Dissatisfaction:
  - Top causes for job dissatisfaction in 2020 and closely linked to those planning on leaving the nursing profession were:
    - insufficient compensation for the work (57%),
    - lack of respect for what they do (31%),
    - work is too stressful (29%), and
    - work is too political (26%).
  - New options added to the survey and ranked within the top 10 causes of job dissatisfaction were:
    - workplace policies contribute to my stress (24%), specially staff shortages
    - I have high workload including overtime work (15%), and
    - work takes up so much time and effort creating a work-life imbalance (13%).
  - Fewer RPNs ranked other new added options as issues:
    - my area must handle more patients than what it was designed for (10%),
    - I lack the opportunity to influence my work environment (8%),
    - lack access to the resources I need to do my work (8%),
    - my role has unclear job expectations (4%), and
    - I am not treated fairly at work (3%).
  - Although there were several RPNs who narrated expressions of joy, happiness and satisfaction in their work, many more expressed frustrations unfair compensation, lack of respect for what they do, lack of support, workload pressures, role ambiguity, issues with management, and co-worker competency.



- Perceived stress:
  - The results did not suggest substantial evidence of perceived stress on a frequent or severe basis in the RPNs surveyed; however,
    - Over 60% felt that at least sometimes, often and daily, they couldn't cope with all the things they had to do, were unable to control the important things at work (66%), described themselves as "stressed" (75%), felt things were piling up so high that they wouldn't be able to overcome them (45%) and at least 1/3 felt fearful coming to work.
  - There were some elements of perceived stress, yet the results indicated resilience and ability to cope with unnerving workplace situations within their current emotional resources.
    - The majority (79%) reported feeling confident about their abilities; 94% felt on top of things at work, and 85% could control the irritations in life sometimes, often and daily.
  - Of concern was the perceived stress, sometimes, often or daily, of their nursing work on their mental (61%) and physical health (62%).
- Moral distress:
  - At least half of the RPNs were sometimes, often or daily distressed by workplace policies and priorities that conflict with their beliefs about care provision, i.e., their inability to accommodate their patients' wishes and adequate care because of lack of time.
  - Of relief, is that 61% believed RPNs adequately communicate to the inter-professional team and 67% provided patients with adequate pain relief.
  - There were minimal differences in moral distress related to employment status, yet age differences exist with younger workers concerned about providing adequate care and older workers concerned about working with colleagues who are not as competent as what the job requires. All ages were concerned with the inability to accommodate their patients' wishes.
- Symptoms of Burnout:
  - Younger RPNs ages 18-44, regardless of employment status reported the highest symptoms of burnout regarding energy depletion, emotional exhaustion, find it hard to concentrate and lack satisfaction yet were not as disillusioned.
  - Older full-time RPNs demonstrated higher symptoms of reduced professional efficacy, i.e., more cynical and more disillusioned.
- Safety
  - A majority of RPNs indicated that safety is never or rarely a concern for them. This is considered as an improvement from 2015.

- Safety was a concern sometimes, often or daily for between 33-40% of the RPNs relating to lack of supports and physical and non-physical violence from patients and/or families.
- Between 12 and 17% of RPNs experienced some type of harassment, abuse, or bullying - often or daily from staff, volunteers and physicians and more from patients and families (19%).
- Organizational culture/Workplace Experience
  - The top five workplace changes experienced were:
    - intensified patient complexity, workload and/or patient acuity (61%),
    - higher patient to nurse ratios (45%),
    - working more overtime hours (36%),
    - increased presence of technology (34%), and
    - less opportunity to interact with my manager (18%).
  - A frequently narrated organizational change was related to role enhancement without additional compensation
  - The top five reasons cited for the organizational changes indicated RPNs understood the system pressures and needs as:
    - reduce costs (49%),
    - improve quality of care (23%)
    - introduce new technology (21%),
    - improve patient flow (18%).
    - reduce bed vacancies (11%).



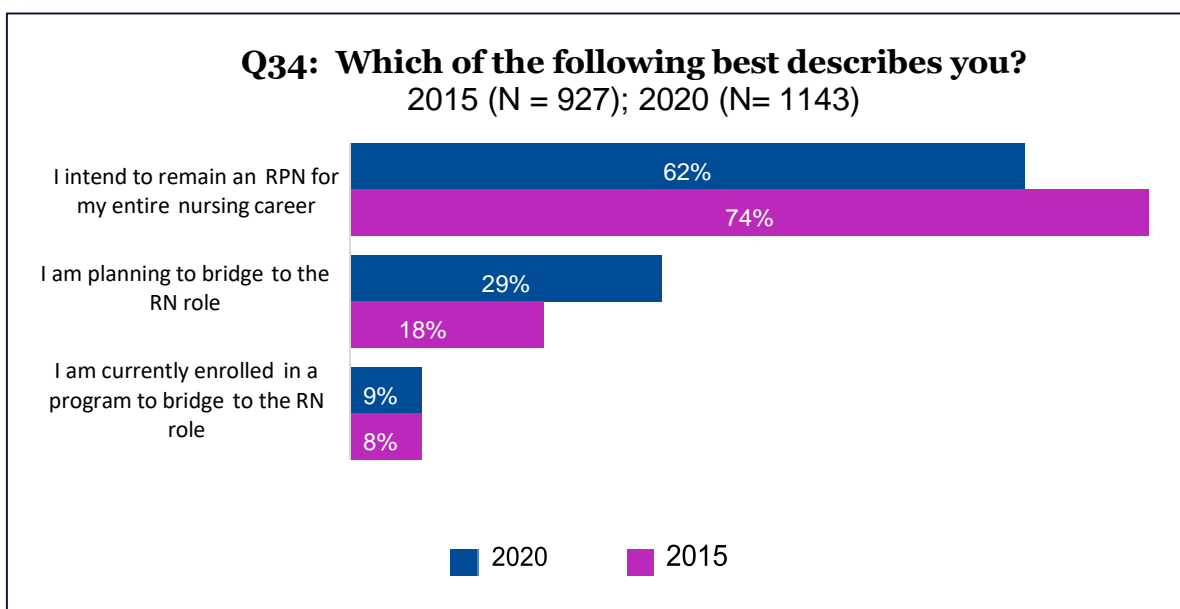


### 3.3 Career Options and Education

The World Health Organization has designated 2020 as the Year of the Nurse and the Midwife. This special year was designated as an opportunity to shine a light on the important contributions that nurses and midwives make every day across the globe. As a means of shining a light on RPNs as knowledge professionals, at least two of WeRPN's strategic objectives are to:

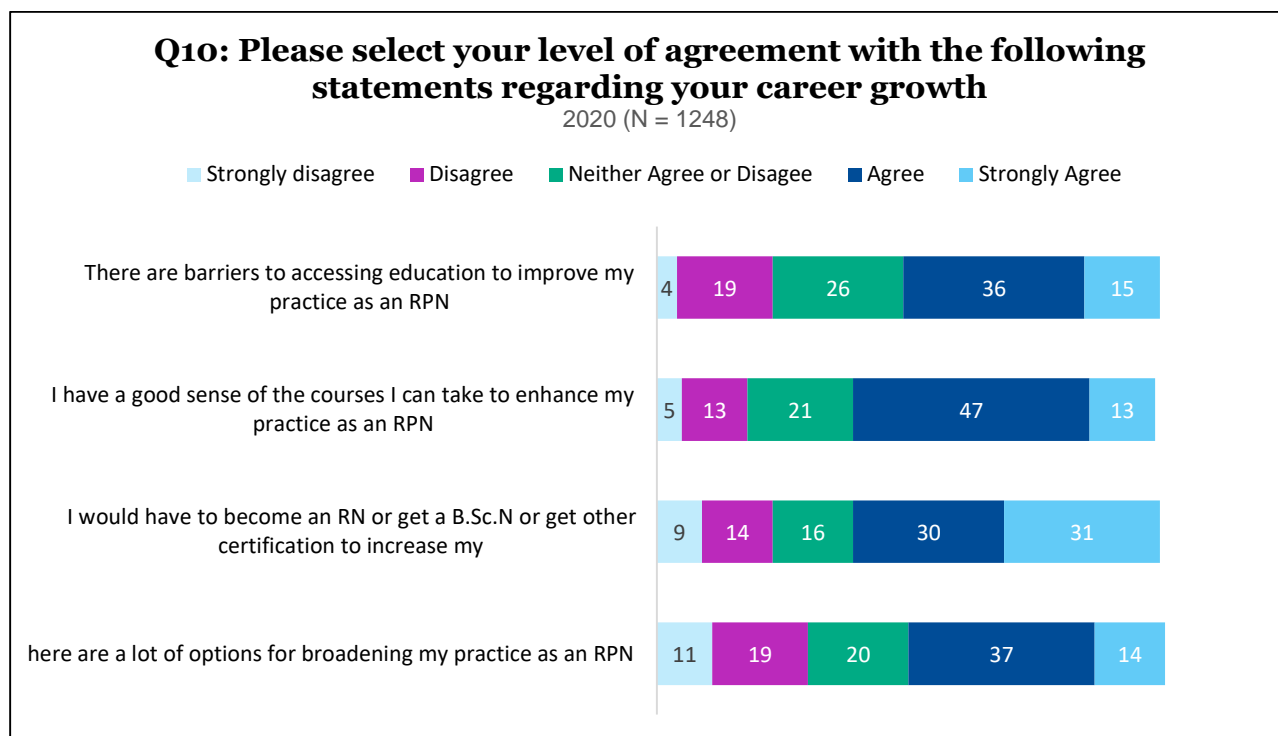
- offer and/or enable innovative research-supported health care educational opportunities for members and encourage their ongoing education
- work to influence the education at nursing-related educational institutions according to what members desire to learn and what the evidence supports.

For those RPNs who answered yes to *Question 9: Are you hoping to stay in the nursing profession*, the following results depict the subsequent responses *Question 34: Which of the following best describes you?* reflect their intent. For those planning to stay in the nursing profession, 62% intended to remain an RPN for their nursing career, this result is greater than 10% reduction from 2015 with 12% more respondents (38%) “wanting to or are in the process of bridging to become a Registered Nurses”. See Figure 21.



**Figure 21: Career laddering comparisons**

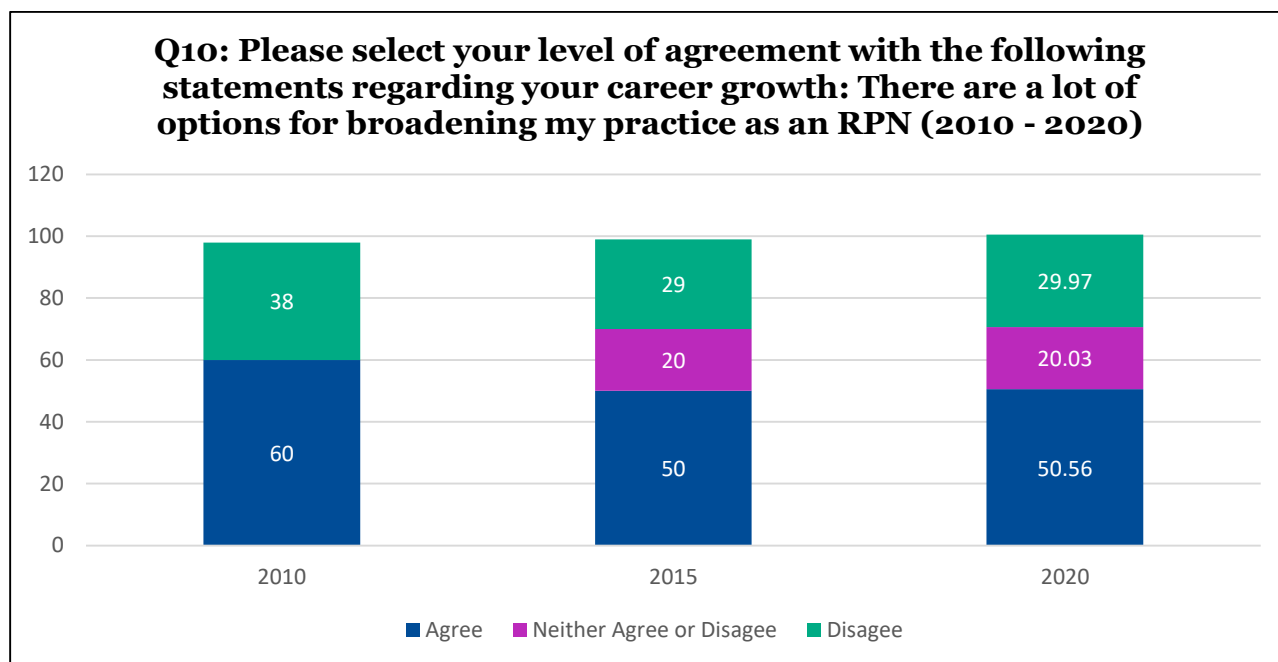
In 2020, like in 2015, RPNs were surveyed about their ability to access education, what barriers exist regarding career options and education for RPNs. See Figure 22.



**Figure 22: Career opportunities and Education.**

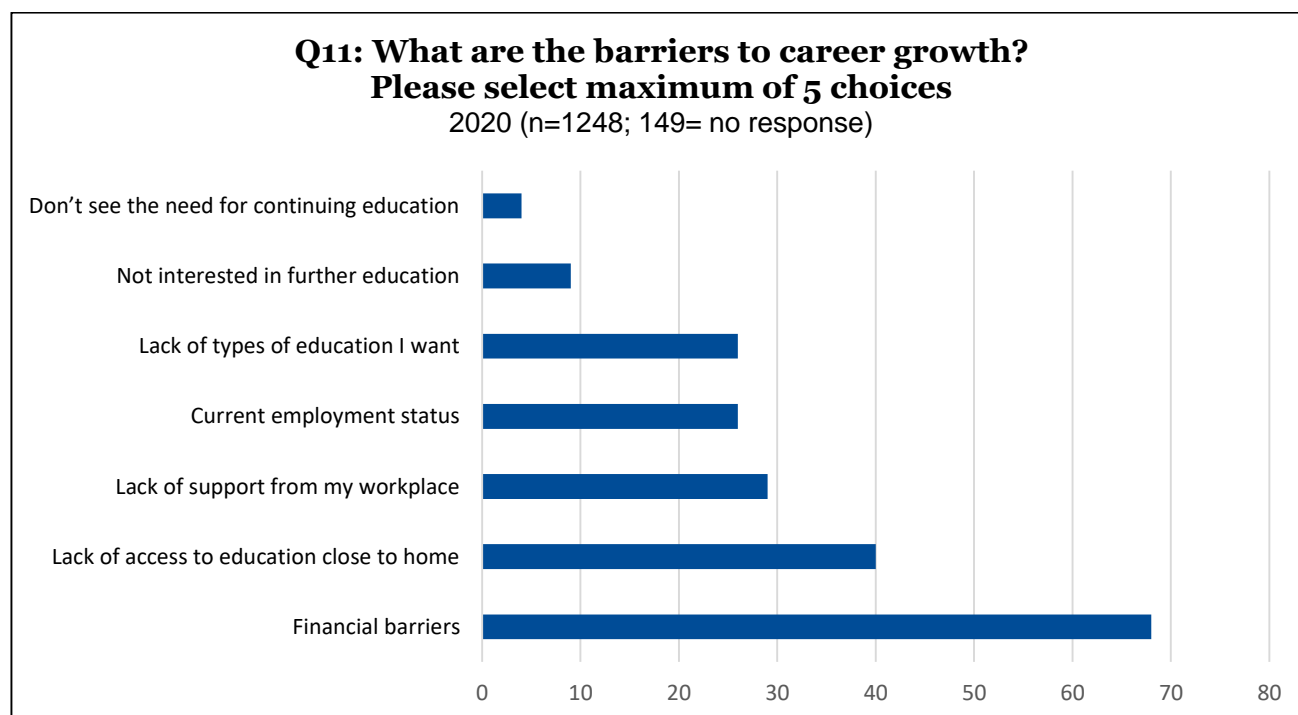
In 2020, RPNs were generally aware of the educational opportunities that are available to them. Like in 2010 and 2015, the majority of RPNs agreed and strongly agreed that the RPNs have a good sense of the options for broadening their practice as an RPN (51%). See Figure 23.

Almost 1/3 of respondents disagreed that there were a lot of options for broadening practice, while 20% neither agreed nor disagreed. The majority of RPN respondents (60%) felt they would have to become an RN to gain additional responsibility or compensation. However, there was 51% agreement that accessing education to improve practice was a barrier. This is little change from 2015.



**Figure 23: Career opportunities and education - Comparison**

Upon further study, the 2020 RPN respondents indicated on question 11, the top five barriers to career growth were financial (68%), lack of access close to home (40%), lack of organizational support (29%), current employment status (26%) and lack of desired courses available (26%). See Figure 24

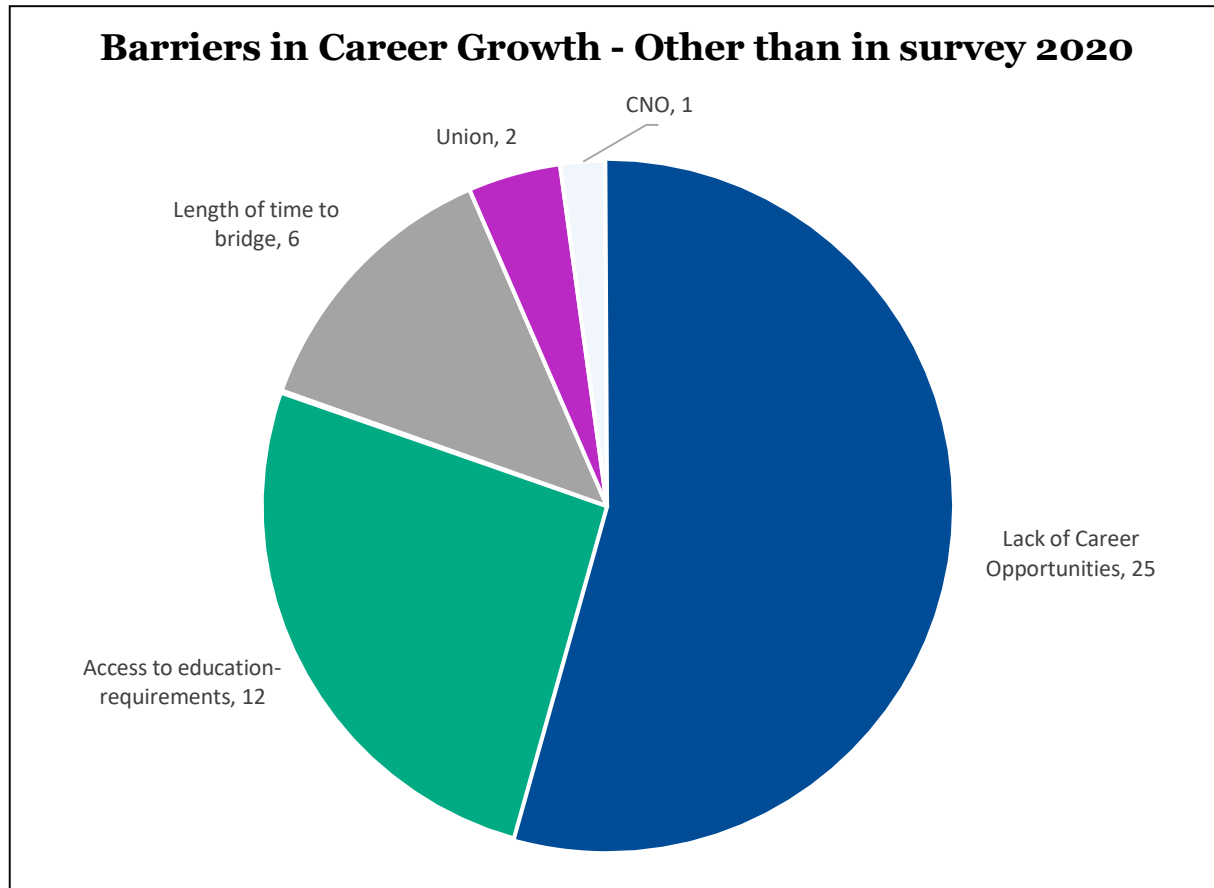


**Figure 24: Barriers to Career opportunities and education.**

Additional comments noted were coded (see Figure 25):

- lack of career opportunities (54%, N = 46),
- access to education – requirement (26%, N = 46), and
- length of time to bridge (13%< N = 46)
- Union (4%, N = 46)
- CNO (2%, N = 46)

These barriers were aligned with 2015 results



**Figure 25: Other barriers to career growth**



These barriers may be problematic for those RPNs who indicated an intent to bridge to an RN role.

In 2020, there was very little discussion in the comments regarding RPNs working within their full role. What was most noticeable in the 2020 comments was the lack of opportunity to use enhanced education unless pursuing a B.Sc.N. for perceived “higher” or more opportune positions of increased responsibility, or enhancing compensation for conducting care practices previously assumed by RNs, at a higher rate of pay. The latter concept generated many comments as was the case in 2015. In addition, the RPN comments provided insights into the lack of organizational support for RPNs, e.g., positions restricted to RNs, educational support restricted to RNs, lack of acknowledgement or compensation for increased education or specialization as an RPN and the discrepancies among organizational leadership teams as to how to best optimize, encourage knowledge enhancement and demonstrate value of these important professionals.

When comparing to 2015 results, the 2020 education responses were filtered by age category and number of years in the nursing profession. See Table 5.

**Table 5: Years in nursing and career opportunities and education**

	Age Category	There are a lot of options for broadening my practice as an RPN				I would have to become an RN or get a BScN or other				Currently, I have a good sense of the courses I can take				There are barriers to accessing education to improve my			
		18-29 years	30-44 years	45-54 years	55+ years	18-29 years	30-44 years	45-54 years	55+ years	18-29 years	30-44 years	45-54 years	55+ years	18-29 years	30-44 years	45-54 years	55+ years
	Less than 1 year (N)	83%	58%	75%	100%	73%	62%	75%	50%	57%	62%	50%	50%	69%	44%	50%	0%
Number of years in nursing profession	1-3 years	41%	40%	81%	100%	83%	75%	48%	50%	55%	54%	85%	50%	49%	48%	19%	75%
	4-7 years	45%	49%	60%	38%	66%	66%	45%	23%	53%	62%	61%	46%	63%	58%	46%	54%
	8-12 years	20%	41%	55%	51%	80%	67%	65%	44%	80%	51%	70%	55%	60%	64%	66%	38%
	13-20 years	NA	42%	55%	43%	NA	69%	47%	43%	NA	58%	66%	56%	NA	51%	43%	34%
	21+ years	NA	66%	43%	59%	NA	66%	61%	39%	NA	100%	64%	68%	NA	25%	55%	43%
		(0)	(12)	(12)	(12)	(0)	(12)	(12)	(12)	(0)	(12)	(12)	(12)	(12)	(12)	(12)	(12)

- The majority of 2020 RPN respondents regardless of age and years of experience indicated a good sense of the courses to be taken to enhance practice as an RPN. Only those 55+ years with 4-7 years of experience were less likely to have this sense. This is an improvement from 2015.
- The majority of those with less than one year experience regardless of age believed there are a lot of options for broadening their practice as an RPN. Those 18-44 years of age with over 20 years of experience were also likely to have this belief, while those with between 1 and 20 years of experience were less likely. Those 45 - 54 years of age with less than 21 years of experience also believed there are a lot of options for broadening their practice; however, those in this age category with over 20 years of experience were less likely to have this belief. Those over 55 years of age varied depending on their years of experience. Those with less than four years, 8-12 years and over 21+ years were more likely to believe there are a lot of options for broadening practice where those with 4-7 and 13- 20 years were less likely to have this belief. Comparison with 2015 results was difficult due to such variation in responses.
- The majority of those aged 18 – 44 regardless of years of nursing experience believed that

becoming a RN or getting a BScN or other certification is required to increase their career options as was the case for those aged 45-54 years with less than one year, 8- 12 years and 21+ years of experience. Those respondents aged 45 – 54 years with between 1 – 8 years and 13- 20 years of experience were less likely to have this belief as were those 55 years of age and over with more than three years of experience. This is increased from 2015.

- For the most part, the near majority of RPNs of all ages with less than 21 years of experience indicated that barriers existed to accessing education to improve their practice as an RPN. Some exceptions were those 55+ years of age with less than one year of experience, those 45-54 years of age with 1-3 years of experience, those 45-55+ with 13 –20 years of experience, and those 55+ years of age with over seven years of experience suggested barriers were less problematic.

Barriers filtered by age and two categories of years of experience (less than 14 years and 14+ years of experience) found minimal difference between groups. Financial reasons and lack of access close to home were the top barriers. For example, one respondent indicated “the bridging program to RN night school was cancelled and you had to go full-time and I was working full-time so couldn’t”. “Lack of support from workplace, current employment status and lack of types of education I want” were also noted to varying extent within the top three barriers in all age groups and all categories of years of experience with many respondents noting what this respondent said, “increasing education as RPN gets more tasks and responsibilities and is never going to see a change in wages”. Similar comments as those from 2015 were also noted, such as the admission criteria and length of time required to bridge to RN was too extensive and did not consider previous education and experience.

### **3.3.1. Takeaways**

- The majority of RPNs continued to be aware of the options for broadening their practice as an RPN
- The majority of RPNs believed it is necessary to become an RN, get a B.Sc.N. or specialized certification to increase their career options because increased education or specialization certificates do not impact availability of positions or compensation for RPNs
- The majority of RPNs reported significant issues with the bridging admission criteria, program requirements and lack of acknowledgement or credit for their RPN training and/or experience
- The majority believed the main barriers to increased education is access, availability, finances and lack of organizational support.



### 3.3 Vision for the Profession

As in 2015, the RPNs were asked in the 2020 survey to share their vision for the profession and innovative roles being currently assumed as well as new futuristic roles for RPNs. The respondents suggested that the vision for RPNs, with a full and expanded role and fair compensation, is to focus on better integration into inter-professional care teams and continuous improvement and learning. See Table 6.

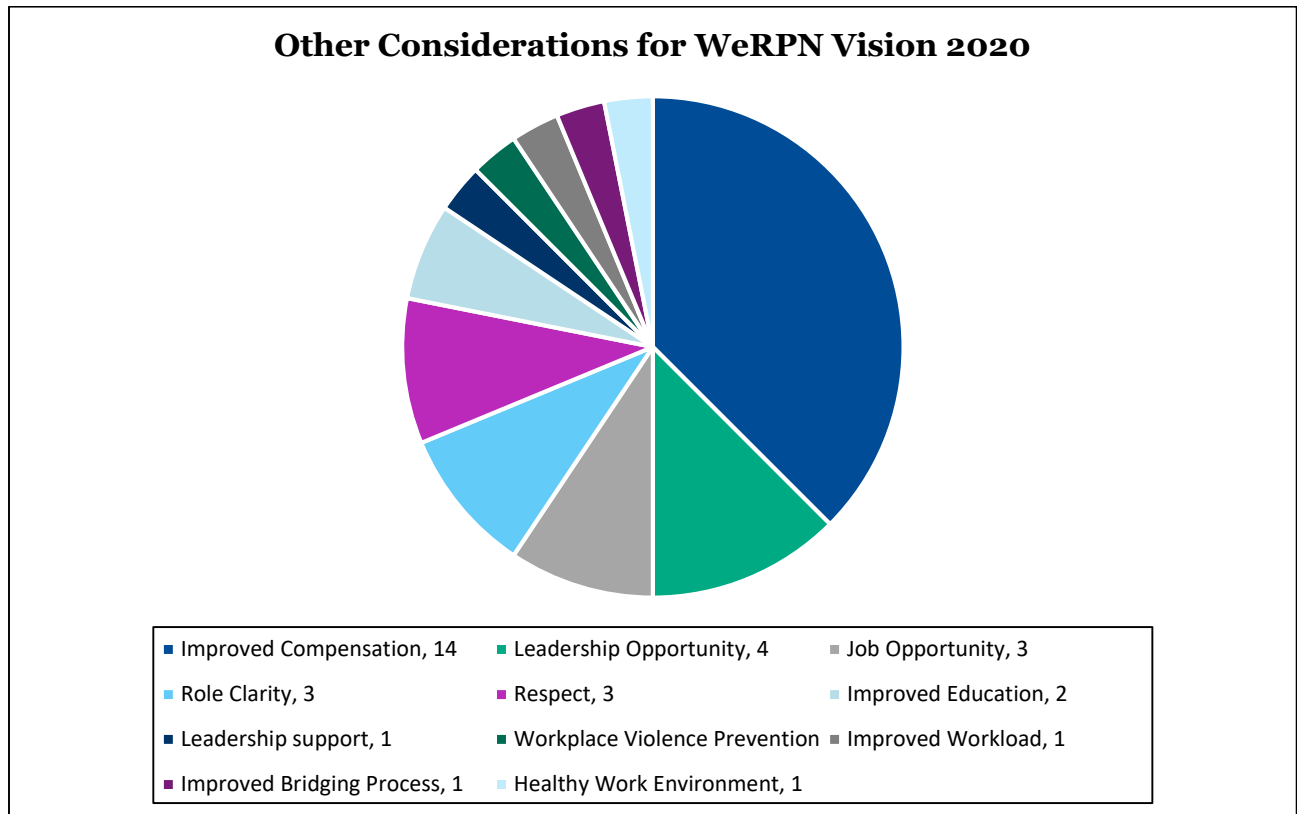
**Table 6: Vision for the profession**

	This is important and has generally been achieved 2020 (2015)	This is important and needs a little improvement	This is important and needs a lot of improvement	This is not important 2020
The role is respected	14% (14%)	35% (39%)	51% (48%)	1% (0%)
RPNs are integrated into the care team	27% (23%)	40% (51%)	33% (26%)	0% (0%)
RPNs work to their full roles in practice	26% (25%)	34% (39%)	40% (35%)	1% (1%)
The role of the RPN expands in practice.	19% (22%)	36% (41%)	41% (32%)	4% (5%)
The role of the RPN is fairly compensated	7% (8%)	22% (27%)	71% (65%)	1% (0%)
RPNs focus on continuous improvement and learning	19% (20%)	43% (53%)	39% (26%)	0% (0%)

As in 2015, all options listed in the survey question were seen by the majority as important to the RPN vision for the profession. Slight improvement has been noticed in achievement of care team integration (4%), however, 40% felt a little improvement is still required and 33% felt a lot of improvement is needed. Fair compensation and respect for the RPN role were again the top areas for “needs a lot of improvement” rated by 71% and 51% of the RPNs, respectively. These percentages have increased since 2015. Approximately 1/4 of the RPNs felt they are working to their full roles in practice while 34% felt a need for a little improvement and 40% felt a need for a lot of improvement. Approximately 1/5 felt the role has expanded in practice with 36% felt a need for a little improvement and 41% felt the need for a lot of improvement. Also, approximately 1/5 felt the focus on continuous improvement and learning has been achieved with 43% of RPNs felt a little improvement is needed and 39% felt a lot of improvement is needed.

The opportunities for written comments provided further insight into the vision for the RPN profession. See Figure 26. Fair compensation and balanced workloads for the role enhancement and expansions of practice were noted numerous times, such as stated by these respondents, “overall rate of pay for scope we now have is not balanced at all” and “need workload reduced as responsibilities are increased”. Other opportunities suggested were for leadership roles especially for “well-experienced RPNs to work in management or supervisory roles”, as noted, “many times RPN is directing an RN, same patient load...yet RPN paid less....huge gap”, and given opportunities to work with specialized knowledge/certifications achieved, i.e., CDE (Certified Diabetic Educator) or restricted, such as critical care.

One respondent suggested that RPNs should work towards equity with RNs so the profession can be viewed collectively as nurses. The 2020 comments did not align as well with 2015 with the exception about aligning RNs and RPNs in the same union.

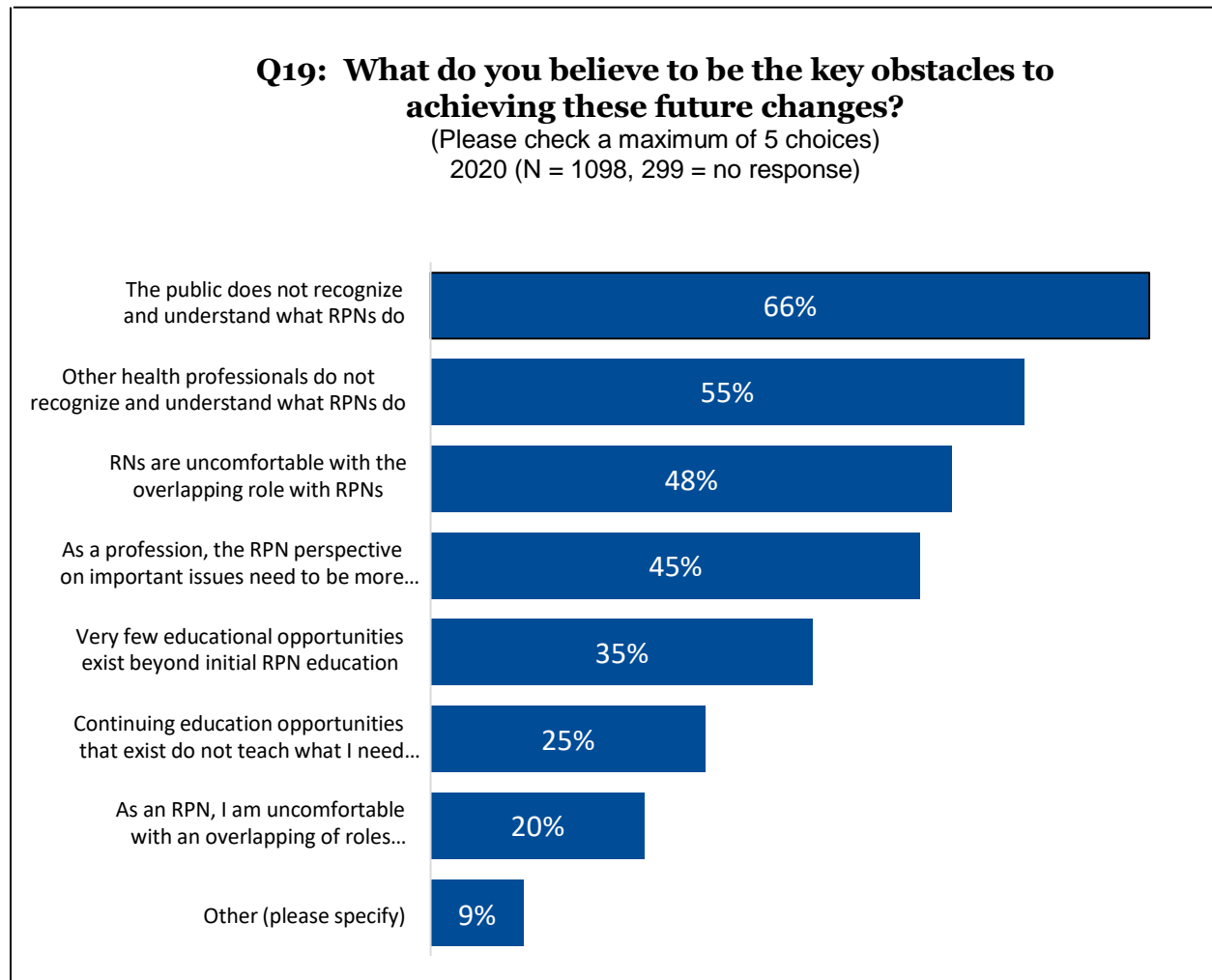


**Figure 26: Other considerations for Vision for RPNs.**



### *Obstacles to the vision*

Regarding key obstacles to achieving the RPN vision, the top three selections chosen by the 2020 respondents were the same as 2015 and may explain the feelings of not being respected. See Figure 27.



**Figure 27: Obstacles to vision for the profession.**

The majority of the respondents believed that the general public do not recognize nor understand the role of RPNs (66%) and to a lesser extent although still the majority, that neither do health professionals they work with every day (55%). These percentages were slightly reduced from 2015 likely because of the restriction in choices in 2020; however, the choice “RNs are uncomfortable with the overlapping role of RPNs” has increased to be the third top choice. This was particularly evident in the comments section. Numerous comments reflected behaviours by ONA, RNAO, and RNs that made the RPNs feel disrespected and created animosities and toxic work environments as evidenced by comments such as “ONA has formed a culture that does not believe the RPN should be working in acute hospitals... We all work hard to provide the best care for our patients no matter what setting the nurse works.”, “RNAO and ONA really about a year ago were on the rampage to print misleading information...tried to clarify it but the damage had been done.” and “Need to show RNs we can work together, we are not a threat”. As in 2015, there was repeated mention of a lack of a single, unifying nursing union that could establish compensation commensurate with role enhancement responsibilities and role ambiguity. Fairness of compensation accounted for almost 1/3 of the written comments.

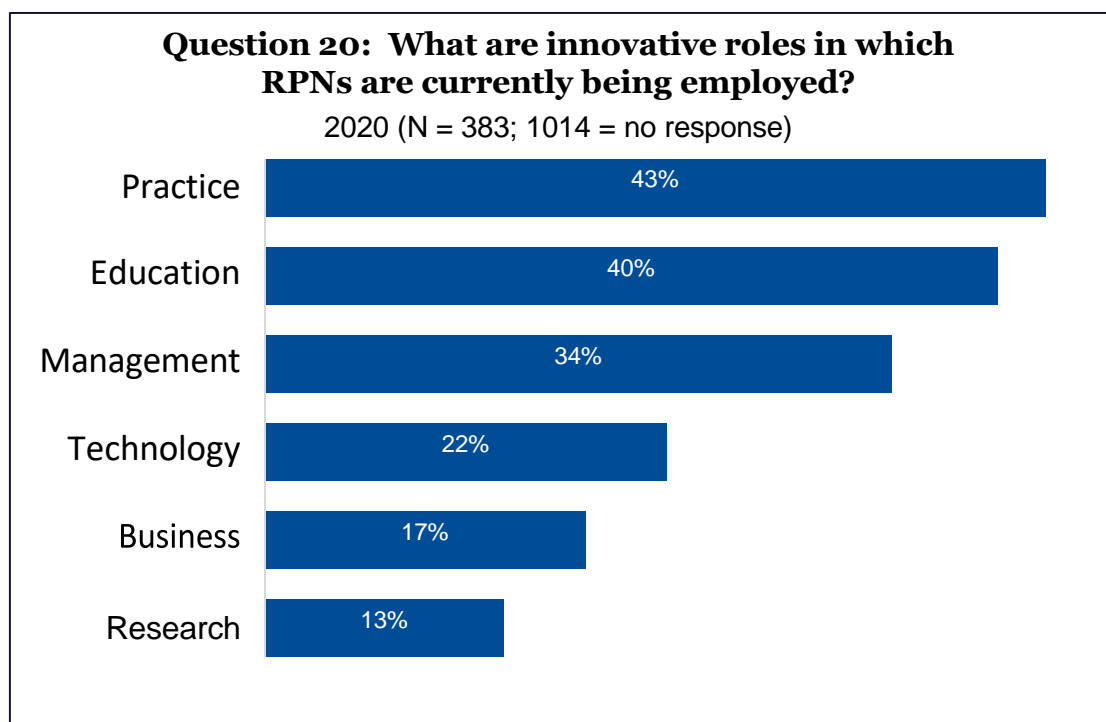


The fourth top obstacle in 2020 related to RPNs voices being heard (45%) similar to the 2015 results; however, there were no specific comments about WeRPN's role. RPNs felt that agency/LTC/hospital management and government decisions lacked awareness of nursing accountabilities and held individuals back from formal leadership opportunities. They commented about a discrepancy between academic and employment standards especially regarding recent role enhancements. Many RPNs reported they did not see a difference between RN and RPN roles and believed there was a related workload balance issue.

The fifth top obstacle to achieving the vision focused on educational opportunities. Availability of educational opportunities was selected by 35% of the RPNs and the type of educational opportunities was identified by 25% of the respondents. Comments about education related to "needing a degree" and "further education not being recognized" as issues. There were a few comments regarding discomfort with the emerging role of the unregulated care providers, e.g., PSW, reinforced by 1/5 RPNs selecting this choice as the sixth key obstacle. This ranking was similar in 2015.

### *Innovative Roles*

The 2020 RPN respondents were asked about current and future innovative roles as was conducted in the 2015 survey. See Figure 28.



**Figure 28: Current innovative roles**

Current practice roles were the highest innovative role category selected by 43% of RPNs, followed by education (40%), management (34%), technology (22%), business (17%) and research (13%). The top three future envisioned roles were selected as education (48%), practice (36%) and management (28%). See Table 7

**Table 7: Current innovative roles and future envisioned roles**



	Current Innovative Roles	Future Envisioned Roles
Practice roles	<p>Across specialty sectors such as:</p> <ul style="list-style-type: none"> <li>• emergency,</li> <li>• surgical (pre, peri, operative and post-operative),</li> <li>• telemetry, maternal/child,</li> <li>• rehabilitation,</li> <li>• long term care,</li> <li>• complex care,</li> <li>• primary care,</li> <li>• community care</li> <li>• public health,</li> <li>• outpatient care, e.g., medical clinics.</li> <li>• dialysis,</li> <li>• behavioural health,</li> <li>• occupational health,</li> <li>• infection control, and</li> <li>• palliation</li> </ul> <p>Clinical roles range from:</p> <ul style="list-style-type: none"> <li>• direct care, i.e., phlebotomy, intravenous lines including peripherally inserted central catheters (PICC), wound care, vented patients, telemedicine, medical aesthetics,</li> <li>• educators, i.e., cannabis,</li> <li>• consultants, i.e., lactation,</li> <li>• navigators,</li> <li>• patient advocates,</li> <li>• coordinators, i.e., Resident Assessment Instrument (RAI), to</li> <li>• case managers.</li> </ul> <p>Increased interprofessional team memberships, e.g., behavioural supports, mental health crisis outreach team, rehabilitation day hospital and health and wellness.</p>	<p>Same as current roles excepting more positions and more consistencies across sectors and across the province</p>
Education roles	<ul style="list-style-type: none"> <li>• Clinical instructors for community colleges either for practical nursing or personal support workers.</li> </ul>	<ul style="list-style-type: none"> <li>• Academic and clinical instruction for PN, PSW and other disciplines' students in the</li> </ul>

	Current Innovative Roles	Future Envisioned Roles
	<ul style="list-style-type: none"> <li>Professional practice or nurse educators' roles teaching colleagues about specialty practices such as best possible medication history, responsive behaviours and gentle persuasion, memory care, cannabis, HIV and transgender therapy</li> <li>Health coaching for patients and families</li> <li>Computer technology instructors</li> </ul>	classroom and simulation labs, in the workplace and at the bedside as preceptors
Management roles	<ul style="list-style-type: none"> <li>LTC or Retirement home nurse manager, unit manager, Director of Care, or Assistant Director of Care.</li> <li>Quality Facilitator</li> <li>Infection Prevention and Control manager.</li> </ul>	Formal leadership positions in all sectors such as: <ul style="list-style-type: none"> <li>Director of Care in LTC or Retirement homes,</li> <li>Care Coordinators in community sector and</li> <li>Nurse Managers in hospitals</li> </ul>
Technology roles	<ul style="list-style-type: none"> <li>Project managers or "super users" to teach computer applications such as phone apps and documentation,</li> <li>Leads for Ontario Telehealth Network clinics and on-line learning</li> <li>Data entry for resident assessment instruments.</li> </ul>	<ul style="list-style-type: none"> <li>Nurse informatics</li> <li>Additional roles similar to current roles excepting more positions and more consistencies across sectors and across the province</li> </ul>
Business roles	<ul style="list-style-type: none"> <li>Private business owners doing specialty care, e.g., medical aesthetics, foot care,</li> <li>Insurance company case management,</li> <li>Product consultants for pharmaceutical companies or owning "nursing care" agencies.</li> </ul>	Same as current roles excepting more positions and more consistencies across sectors and across the province
Research roles	<ul style="list-style-type: none"> <li>Clinical research assistant</li> <li>Clinical research coordinator</li> </ul>	Same as current roles excepting more positions and more consistencies across sectors and across the province

Most noticeable was the large variety of roles in specialty areas and across all healthcare sectors that are happening currently. RPNs have a much broader employment presence than reported in previous studies. What is also noticeable is the uniqueness, inconsistency or availability of these various roles that inhibit access for all RPNs across the province. There was very strong sentiment expressed by the RPNs about the need for RPNs to be teaching/educating PN students, as well as PSW, and other regulated and unregulated healthcare students at the academic level, i.e., in the classroom and simulation labs, as clinical instructors in the workplace and at the bedside as preceptors.

The reasoning provided was that the current RPN role is closest to the patient and providing the most realistic experience in many specialty areas across many sectors. For management roles, more formal leadership positions were suggested for the future with the caveat that more leadership training is required for this to come to fruition. The progress achieved with role enhancement has provided opportunity for future practice roles. Other comments suggested a wide range of opinions from “RPNs could do or be anything in the future” to “there is no future for RPNs there will only be RNs and PSWs”.

### 3.4.1. Takeaways

- The vision for RPNs included:
  - improving respect for the RPN,
  - optimizing a full, expanded role matched with fair compensation,
  - further integrating into the interprofessional care team,
  - focusing on continuous improvement and learning,
  - balancing workloads with the expansions of practice,
  - facilitating leadership roles especially for “well-experienced RPNs,
  - forging recognition and work opportunities for specialized knowledge/certifications,
  - communicating equity with RNs so profession is viewed collectively as nurses,
  - aligning RNs and RPNs in the same union, and
  - removing obstacles to education.
- Key obstacles in 2020 like in 2015 to achieving vision were:
  - the general public do not recognize nor understand the role of RPNs (66%),
  - health professionals that RPNs work with every day do not recognize or understand the role (55%),
  - the nursing team relationship with RNs has become ambiguous and uncomfortable with the enhanced role of RPNs (48%),
  - mechanisms for RPN voices being heard (45%),
  - availability of educational opportunities was selected by (35%),
  - the type of educational opportunities offered (25%),
  - the respect and relationships with RN representative agencies, e.g., RNAO, ONA,
  - the lack of a single, unifying nursing union,
  - workload balance and fairness of compensation.
  - agency/LTC/hospital management and government decisions lacked awareness of nursing accountabilities,
  - discrepancy between academic and employment standards especially regarding recent role enhancements,
  - education related to “needing a degree” and “further education not being recognized” as issues,
  - emerging role of the unregulated care providers, e.g., PSW, and
  - shortage of human resources, such as PSWs.

### *Other opportunities:*

- RPNs have a much broader employment presence working in a large variety of roles in specialty areas and across all healthcare sectors,
- Role enhancement has provided opportunity for future practice roles,
- There is noticeable uniqueness, inconsistency and availability of these various roles inhibiting access for all RPNs across the province,
- There is strong sentiment expressed about the need for RPNs to be teaching/educating PN students, as well as PSW, and other regulated and unregulated healthcare students at the academic level, as clinical instructors in the workplace, and preceptors at the bedside because the current RPN role provides the most real-world patient experience, and
- More formal leadership prospects require more opportunities for leadership training and advocacy amongst the employers.

### *Other information provided by the respondents to assist WeRPN:*

The 2020 survey respondents were given the opportunity to comment on how to improve registered practical nursing in Ontario in question #27. The narrative texts were grouped into five themes: advocacy, education, workload, representation, and workplace safety. Some general comments were also logged.

### **Advocacy**

There were 77 out of 257 individuals (30%) who commented on the need to advocate for fair compensation commensurate with recent experiences of role enhancement, added duties and workload. This by far was the most pressing issue for the respondents and was evident throughout the narrative survey responses on other questions (16%). These comments were closely linked with feelings of desiring more respect, awareness, role clarity, understanding of the role and what RPNs can do. Providing information about the role to the public, to other interprofessional colleagues, e.g., RNs and to managers, was suggested by 41 respondents. These comments also included the need for more detailed information regarding roles in northern Ontario, community nursing, hospitals and public health to facilitate standardization and optimization of RPNs. In addition, some respondents reported a need for advocating for more funding for patient care and fewer budget cuts.

### **Education**

Availability, affordability, access to and content of continuing education was a common theme for 39 individuals. Specific topics mentioned included mental health, primary care, public health and formal leadership/management courses. In relation, there were 10 respondents who suggested that the academic training programs for practical nursing required revision and standardization to benefit the profession. Training in mentorship and preceptorship were also suggested to enhance new graduate, international nurses and new hire experiences. Some respondents commented on the difficulties experienced with the bridging to B.ScN. programs and viewed these barriers to career advancement. Specialization in a variety of areas such as surgery, hospice palliative care, and dialysis were also suggested as areas to focus WeRPN resources.

**Workload**

Numerous comments reflected significant discontent with the workload balance in nearly all sectors with LTC being suggested as the most problematic for RPNs. Suggestions included mandatory nurse to patient ratios, regulation/legislation regarding use of agency nurses and more effective integration/collaboration with interprofessional teams. There was mention of staff shortages as well as the inability to achieve a full-time position by several of the respondents. To facilitate retention, a few respondents suggested greater flexibility in shift work and designating on-call as a shift.

**Representation**

There were 10 individuals that reported the desire for representation by one standardized nursing union, with some specific mention of ONA. It is unclear whether WeRPN would initiate any action in this regard, yet it was obvious that many of the respondents were unclear regarding where the role of each organization, association, college, or bargaining unit fits within their professional life. A fact sheet explaining the roles of each of these groups might be beneficial for the members of WeRPN. A few individuals (N = 5) offered a dislike for the WeRPN's name change and suggested more consultation was required.

**Workplace safety**

A few individuals (5%) expressed desire for improving the workplace regarding safety specifically freedom from bullying, abuse and harassment. There was a call for less discrimination and racism, and more equity, tolerance for cultural diversity and support to manage this type of situation. Also, there was a call for more mental health supports in the workplace.

**General comments:**

There were a few general comments about what WeRPN could offer such as information about liability insurance, and more discounts to and with the membership fee. From a questionnaire perspective, some respondents suggested changes in the employment setting question, e.g., expand to include "direct pay", primary care, and mental health, the employment status of "retired", e.g., enable to answer more questions especially if recently retired, and gender, e.g., female and male only.

Of note, there were several comments about the happiness and pride RPNs feel about WeRPN, their profession, career, competency, and the importance of feedback and research.

## 4. Conclusion

From the 2020 Survey, RPNs from across Ontario have shared their demographics and their perspectives on topics of recruitment and retention, health and well-being, career options and education and their vision for the profession. This information will provide WeRPN insight into the experiences of RPNs on the front-line across a broad spectrum of employment to set future objectives and activities and to proudly share with policy and decision-makers and health care leaders.