

**Registered Nurse  
Supply Report 2004/05  
Newfoundland and Labrador**

**August 2006**



Registered Nurse Supply Report 2004/05 Newfoundland and Labrador Prepared by:  
Health and Community Services Human Resource Planning Unit  
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Contact Information:

Newfoundland and Labrador Health Boards Association  
2<sup>nd</sup> Floor Beothuck Building  
20 Crosbie Place  
St. John's, NL A1B 3Y8  
Tel: (709) 364-7701, ext 316  
Fax: (709) 364-6460  
<http://www.nlhba.nl.ca/hr>

The Health and Community Services Human Resource Planning Unit was formed as a partnership agreement between the Government of Newfoundland and Labrador Department of Health and Community Services, and the Newfoundland and Labrador Health Boards Association. Please direct inquiries to the Health Boards Association at (709) 364-7701, or visit <http://www.nlhba.nl.ca/hr>.

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## Executive Summary

The supply of RNs in NL reached a new all-time high in 2004/05, with 5727 practicing and 566 non-practicing RNs. The RN workforce has remained relatively constant at approximately 97 per cent of those with practicing licenses. In NL, there are 10.5 practicing RNs employed per 1000 population, the second highest ratio in Canada behind the Northwest Territories. This province continues to have a younger RN workforce than the national average with only 37.5 per cent of NL's current RN workforce over 45 years old compared to 52.7 per cent of the total Canadian RN workforce. The majority of RNs over 45 years old are employed in the long-term care sector.

Retirement estimates in this report are based on exits at age 58 years, which is considered to be representative of the average age of retirement. The number of RNs reaching age 58 each year rapidly increases from 72 in 2006 to 160 in 2015. Approximately 1307 RNs employed by regional health authorities (RHAs) are expected to retire between 2006 and 2015.

The basic education requirement for RNs in NL is a Bachelor of Nursing (BN) degree. The number of graduates expected in 2006 is approximately 29.1 per cent less than in 1991 (190 verses 268) when the number of funded seats was higher. In 2000, the number of funded seats for the BN (Collaborative) Program was reduced to 223 per year, and in 2002, the BN Fast-Track Program added an additional 32 seats. There continues to be an abundant number of qualified applicants for each seat in the BN (Collaborative) Program. Only 71.6 per cent of new graduates remain in NL after graduation.

Although there was a steady rise in the size of the casual workforce in the 1990s, peaking at 24.7 per cent of the total workforce in 1997/98, this trend seems to have reversed. Since 2002/03 however, the casual workforce shows consistent, slow growth. Casual employment is reported as 11.0 per cent of the workforce in 2004/05. NL has the highest percentage of full-time employment in Canada at 71.7 per cent.

In NL, the highest percentage of the RN workforce by area of responsibility is in direct care at 88.9 per cent in 2004. The majority of the RN workforce, approximately 69.0 per cent, works in the hospital/acute care sector. Community health and long-term care each account for approximately 11.0 per cent of the RN workforce.

In fiscal year 2002/03, the total sick leave for unionized RNs employed in RHAs was 226.3 full-time equivalents (FTEs), or 89.8 sick leave lost time hours per employee. The total injury leave for unionized RNs employed in RHAs in 2002/03 was an additional 82.9 FTEs, or 32.9 injury leave lost time hours per employee. The total number of FTEs lost due to illness and injury was 309.2. RNs have the second highest rate of lost time due to injury amongst professional groups in the provincial health sector.

There are 72 nurse practitioners (NPs) employed in NL, including 69 primary health care NPs and three specialist NPs. Their average age is 42.5, slightly higher than the provincial average age of practicing RNs.

There are 133 nursing faculty at the three schools of nursing in NL. The average age of these faculty members is 47.8 years old, higher than the provincial average age of 41.6 years for all practicing RNs. Approximately 57.9 per cent of nursing faculty are Master-prepared.

The number of managers with a nursing background has dropped steadily since 1991/92 from 11 RNs in management/supervisory positions per 100 RNs to a low of 7.5 in 1997/98. The trend has reversed in the last six years to approximately 9.9 management/supervisory positions per 100 RNs in 2004/05.

The combined factors of reduced graduate numbers, increasing retirement rates, and the continuing out-migration of RNs, will challenge the ability of employers to meet the staffing requirements of the health system in the next decade. Further study of the RN workforce, particularly related to determination of demand variables, is required as well as close monitoring of workforce trends.

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## 1.0 Introduction

### 1.1. Background

This document is the fourth iteration of a report initially released in July 2000. It was first updated in August 2001 and again in March 2004. This document provides updated statistics for 2003/04 and 2004/05, derived from the Association of Registered Nurses of Newfoundland and Labrador (ARNNL), regional health authorities (RHAs), the Canadian Institute for Health Information (CIHI), and other regulating bodies and relevant reports.

### 1.2. Limitations

CIHI summarizes registration data provided by the nursing regulatory bodies in Canada and produces annual reports. The target population is all registered nurses (RN) having active-practicing registration in a Canadian jurisdiction in the first six months of the registration year. The 12-month registration period differs among jurisdictions, however a staggered six-month mark ensures comparability of data at the expense of not capturing those RNs who register in months seven to 12 of the registration year. Provincial regulatory bodies report data based on registration year-end in their own reports. As a result, CIHI data from the first six months of registration captures 95 to 99 per cent of all provincial records. Although the impact of collecting data at the six-month mark is minor (one to five per cent difference), the figures released by CIHI are slightly less than provincial/territorial figures reflecting the time frame for collection and removal of duplicate records. CIHI data is denoted using calendar year terminology (i.e. 2004), while ARNNL data is denoted using fiscal/registration year terminology (i.e. 2004/05).

Readers are cautioned that certain tables reflect varying data collection periods. Retirements, Section 2.4 and Continuing Education, Section 3.4 contain point-in-time data obtained in March 2006, while Wellness of Registered Nurses, Section 4.3 contains data for 2002/03. Focus on Faculty, Section 4.5 contains point-in-time data obtained in October 2005.

In this report, “RNs” refer to the total population of practicing and non-practicing RNs, or supply, unless otherwise stated. “Practicing RNs” refers to all RNs who have a practicing license regardless of whether they are employed or not. “RN workforce” refers to the number of RNs who have a practicing license and are actually employed.

There are limitations associated with interpreting professional per population ratios shown in Registered Nurse to Population Ratios, Section 2.2. The population (denominator) reflects gross population numbers and not age/gender distribution. Additionally, population numbers do not reflect health status, population density, or patterns of utilization of health services. The number of professionals (numerator) does not reflect scope of practice, the existence or nonexistence of support personnel, utilization, skill mix, casualization, distribution of personnel, or the sector to which they belong (i.e. public versus private sector RNs). Core staffing requirements in rural and remote locations are a significant factor in determining the appropriate number of health professionals. Professional per population ratios should be viewed with caution particularly in a sparsely distributed population, as is the case in Newfoundland and Labrador (NL). Other workforce analyses should also be used to augment this data.

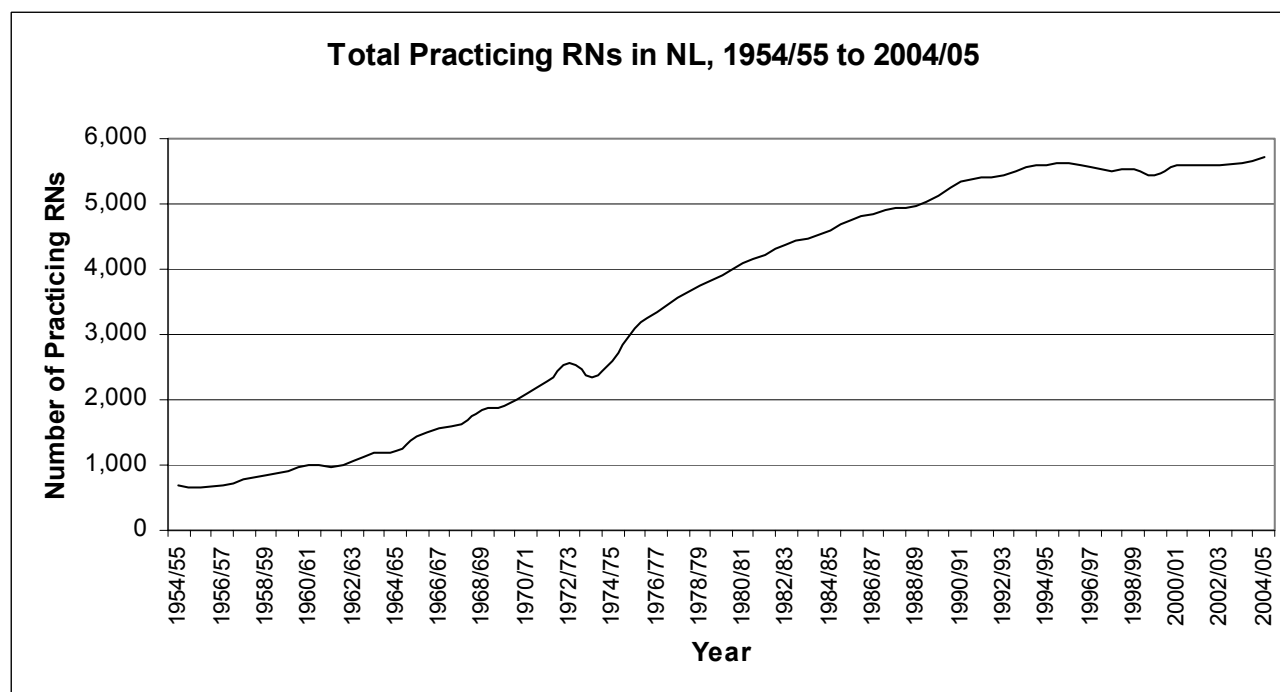
Finally, in previous versions of this publication, Nunavut figures were estimated by CIHI using the *Postal Code of Residence* field; this process allowed for historical estimates. Accurate Nunavut data are presented for 2001 to 2003; therefore, Northwest Territories and Nunavut data are combined between 1994 and 2000. This information is footnoted in tables and figures where necessary. Nunavut information was not available to CIHI for the 2004 data year. Therefore, Northwest Territories and Nunavut data are presented as a single total in 2004. CIHI is working with the Registered Nurses Association of the Northwest Territories and Nunavut (RNANT/NU) to provide an accurate breakdown of Northwest Territories and Nunavut data in future publications.<sup>9</sup>

## 2. Workforce Attributes

### 2.1. Total Number of Registered Nurses

The supply of RNs in NL reached a new all-time high in 2004/05, with 5727 practicing and 566 non-practicing RNs. The total number of practicing RNs actually employed has remained relatively constant at approximately 97 per cent of those with practicing licenses, thereby representing the provincial RN workforce. Historical trends for the total number of RNs with practicing licenses are shown in Figure 1 from 1954/55 to 2004/05.

**Figure 1. Total Practicing RNs in NL, 1954/55 to 2004/05.**



Source: Association of Registered Nurses of Newfoundland and Labrador, Registration Statistics, (1954/55 to 2004/05).

On a linear basis, the number of RNs with practicing licenses has grown by approximately 112 RNs annually since 1954/55, representing an annual compounding growth rate of 4.3 per cent. Practicing RN counts in NL from 1991/92 to 2004/05 are given in Table 1.

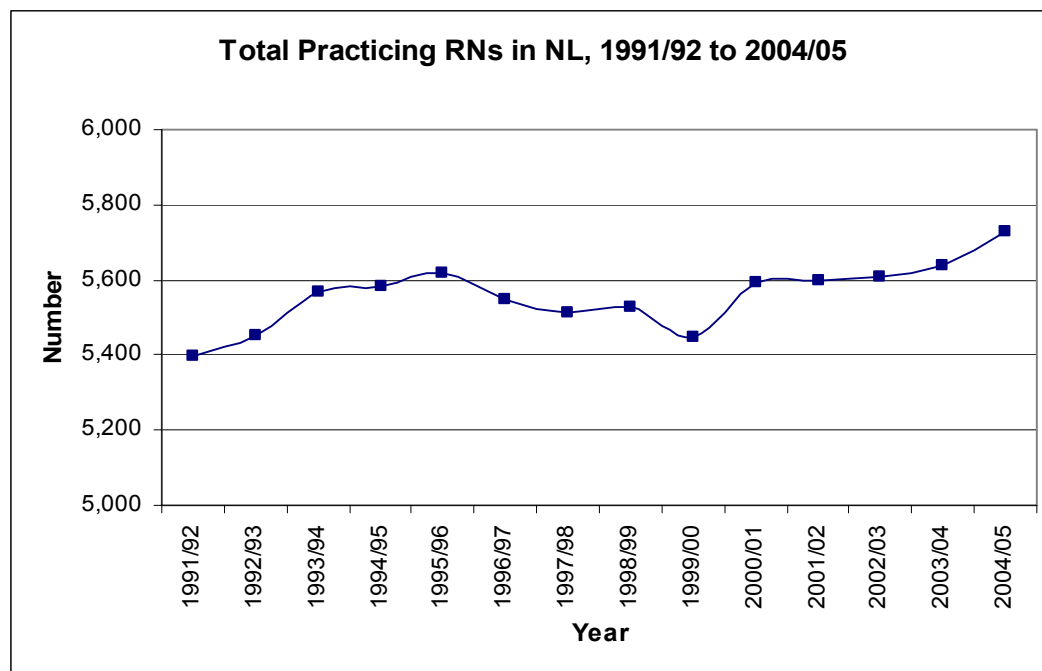
**Table 1. Total Practicing RNs in NL, 1991/92 to 2004/05.**

Fiscal Year	Number of Practicing RNs
1991/92	5,397
1992/93	5,452
1993/94	5,568
1994/95	5,584
1995/96	5,617
1996/97	5,549
1997/98	5,511
1998/99	5,528
1999/00	5,447
2000/01	5,592
2001/02	5,596
2002/03	5,609
2003/04	5,629
2004/05	5,727

Source: Association of Registered Nurses of Newfoundland and Labrador, Registration Statistics, (1990/91 to 2004/05).

Figure 2 shows the number of RNs with practicing licenses for the last 15 years on a larger scale than in Figure 1.

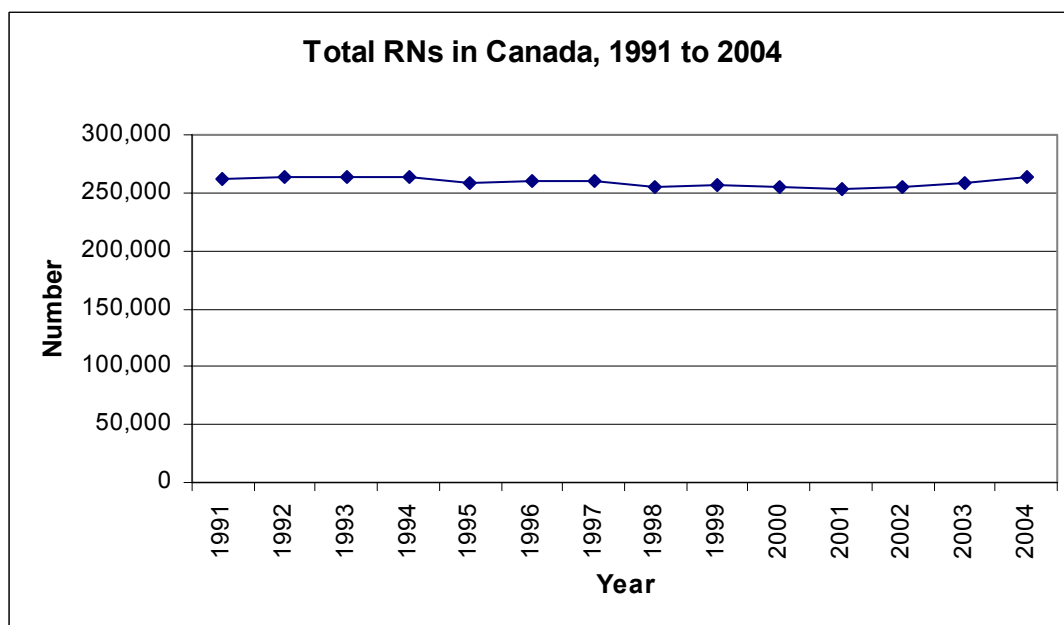
**Figure 2. Total Practicing RNs in NL, 1991/92 to 2004/05.**



Source: Association of Registered Nurses of Newfoundland and Labrador, Registration Statistics, (1991/92 to 2004/05).

Similar findings are seen in national supply trends for RNs in Figure 3.

**Figure 3. Total RNs in Canada, 1991 to 2004.**



Source: Canadian Institute for Health Information, Workforce Trends of Registered Nurses in Canada, 2004, (2005).

The Canadian RN population peaked in 1994 with 264,355 RNs, but experienced a 4.3 per cent decline between 1994 and 2001. The supply of RNs quickly recovered in the last three years, increasing 4.1 per cent to 263,356 RNs nationally in 2004. Comparatively, the Canadian total population continues to grow.

## 2.2. Registered Nurse to Population Ratios

A national comparison of the RN workforce to population ratios is shown in Table 2.

**Table 2. RN Workforce per 1000 Population Ratios in Canada, 1995 to 2004.**

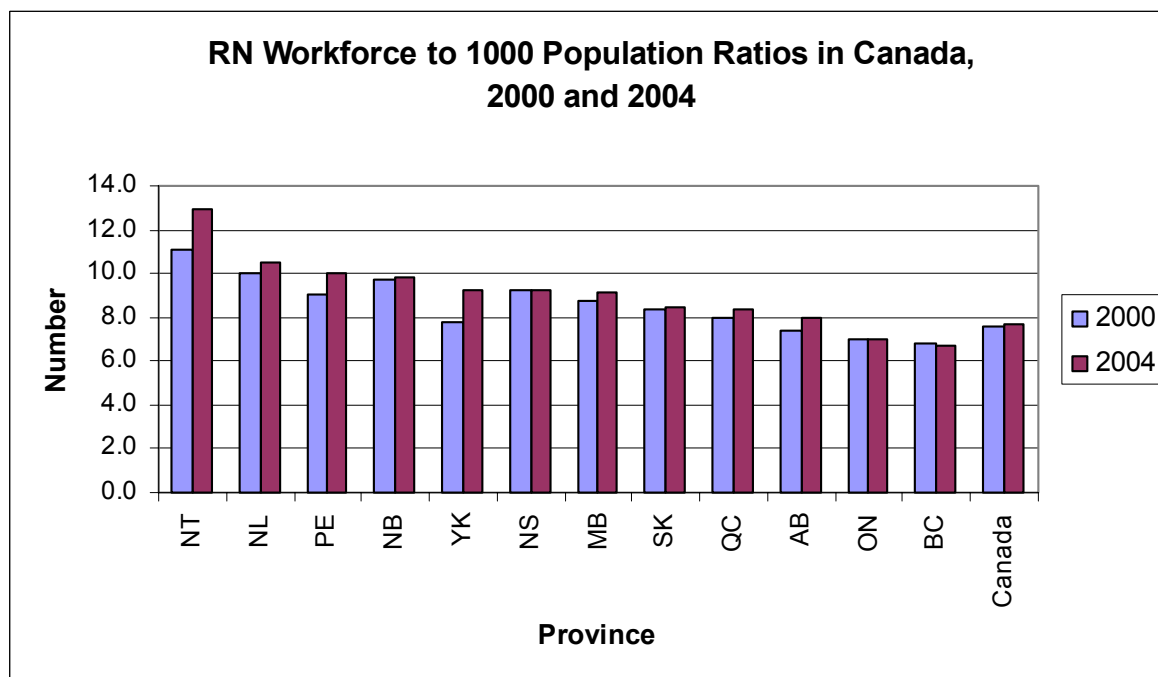
Jurisdiction	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003 <sup>2</sup>	2004 <sup>2</sup>
NT	10.2	10.4	10.0	8.9	10.9	10.0	11.1	11.4	11.8	9.7	12.9
NL	9.1	9.2	9.4	9.5	9.8	9.7	10.0	10.2	10.2	10.4	10.5
PE	8.7	8.8	9.8	9.4	9.3	8.9	9.0	9.1	9.2	10.0	10.0
NB	10.1	10.0	9.9	9.8	9.9	10.2	9.7	9.8	9.7	9.6	9.8
YK	6.7	6.9	7.1	7.9	7.8	7.9	7.8	9.2	9.1	9.3	9.2
NS	9.9	9.5	9.4	9.2	9.1	9.2	9.2	9.1	8.9	9.1	9.2
MB	9.0	9.0	9.2	9.3	8.9	8.9	8.8	8.9	8.6	8.6	9.1
SK	8.4	8.3	8.3	8.3	8.2	8.4	8.4	8.1	8.2	8.5	8.5
QC	8.5	8.6	7.9	8.1	7.8	7.9	8.0	7.9	7.9	8.3	8.4
AB	8.0	7.7	7.4	7.5	7.5	7.4	7.4	7.5	7.5	7.5	8.0
ON	7.5	7.2	7.2	6.9	6.9	6.8	7.0	6.8	6.5	6.9	7.0
BC	7.4	7.3	7.2	7.3	7.0	6.9	6.8	6.7	6.7	6.6	6.7
NU <sup>1</sup>	n/a	n/a	n/a	n/a	n/a	n/a	n/a	10.1	9.5	8.8	n/a
<b>Canada</b>	<b>8.0</b>	<b>7.9</b>	<b>7.7</b>	<b>7.6</b>	<b>7.5</b>	<b>7.5</b>	<b>7.5</b>	<b>7.4</b>	<b>7.3</b>	<b>7.6</b>	<b>7.7</b>

Source: Canadian Institute for Health Information, *Workforce Trends of Registered Nurses in Canada, 2004*, (2005); Statistics Canada, *Demographic Statistics*, Retrieved December 21, 2005 from [www.statcan.ca](http://www.statcan.ca).

## Notes:

1. Nunavut data not collected prior to 2001. Data from Northwest Territories and Nunavut are combined for 2004.
2. Prior to 2003, CIHI reported population ratios using the workforce count of RNs per jurisdiction divided by a population estimate provided by Statistics Canada. In 2003 and 2004, CIHI did not report population ratios. Population ratios for 2003 and 2004 were manually derived by taking the RN workforce count per jurisdiction provided by CIHI and dividing by the most recent population estimates provided by Statistics Canada.

Figure 4 shows five-year trends for the RN workforce to population ratios for each Canadian jurisdiction for 2000 and 2004.

**Figure 4. RN Workforce to 1000 Population Ratios in Canada, 2000 and 2004.**

Source: Canadian Institute for Health Information, *Workforce Trends of Registered Nurses in Canada, 2004* (2005).

Notes:

1. Nunavut data not collected prior to 2001. Data for Northwest Territories and Nunavut are combined for 2000 and 2004.
2. Prior to 2003, CIHI reported population ratios using the workforce count of RNs per jurisdiction divided by a population estimate provided by Statistics Canada. In 2003 and 2004, CIHI did not report population ratios. Population ratios for 2003 and 2004 were manually derived by taking the RN workforce count per jurisdiction provided by CIHI and dividing by the most recent population estimates provided by Statistics Canada.

NL has the second highest proportion of RN workforce per 1000 population, only the Northwest Territories (NT) and Nunavut (NU) have higher ratios. A rise in the ranking over the last four years is due mainly to a decline in the NL population with the RN workforce remaining stable. Another factor influencing the change in ranking is reductions in RN positions across Canada during the mid-1990s (losses of thousands of positions) as part of cost-cutting reforms. Similar reductions in the RN population did not occur in this province. Other contributing factors that must be considered when analyzing the RN to population ratio include core staffing levels, staffing mix, beds per population, numbers and types of services being offered, geography, and population health. (Further discussion is contained in [Limitations](#), Section 1.2)

### 2.3. Demographics

About 96 per cent of practicing RNs in NL are female.<sup>3</sup> A comparison of the age distribution for practicing RNs in NL in 1997/98 and 2004/05 is given in Table 3.

**Table 3. Age Distribution of Practicing RNs in NL, 1997/98 and 2004/05.**

Age Range	1997/98 (number)	1997/98 (per cent)	2004/05 (number)	2004/05 (per cent)
<25	293	5.3%	209	3.6%
25 - 34	1,944	35.3	1,354	23.6
35 - 44	1,896	34.4	2,017	35.2
45 - 54	1,128	20.5	1,588	27.7
55 - 64	241	4.4	543	9.5
65 +	8	0.1	16	0.3
<b>Total</b>	<b>5,510</b>	<b>100.0</b>	<b>5,727</b>	<b>100.0</b>
<b>45+</b>	<b>1,377</b>	<b>25.0</b>	<b>2,147</b>	<b>37.5</b>

Source: Association of Registered Nurses of Newfoundland and Labrador, Registration Statistics, (1997/98 and 2004/05).

Over the last seven years there has been a 12.5 per cent increase in the number of practicing RNs in NL ages 45 years or older going from 25.0 per cent in 1997/98 to 37.5 per cent in 2004/05. The national figures for the age distribution of the RN workforce in Canada compared to practicing RNs in NL are given in Table 4.

**Table 4. Age Distribution of the RN Workforce in Canada, 2004 and Practicing RNs in NL, 2004/05.**

Age Range	Canada (number)	Canada (per cent)	NL (number) <sup>1</sup>	NL (per cent)
<25	5,743	2.3%	209	3.6%
25 - 34	42,624	17.3	1,354	23.6
35 - 44	68,374	27.7	2,017	35.2
45 - 54	83,800	34.0	1,588	27.7
55 - 64	42,408	17.2	543	9.5
65+	3,626	1.5	16	0.3
<b>Total</b>	<b>246,575</b>	<b>100.0</b>	<b>5,727</b>	<b>100.0</b>
<b>45 +</b>	<b>129,834</b>	<b>52.7</b>	<b>2,147</b>	<b>37.5</b>

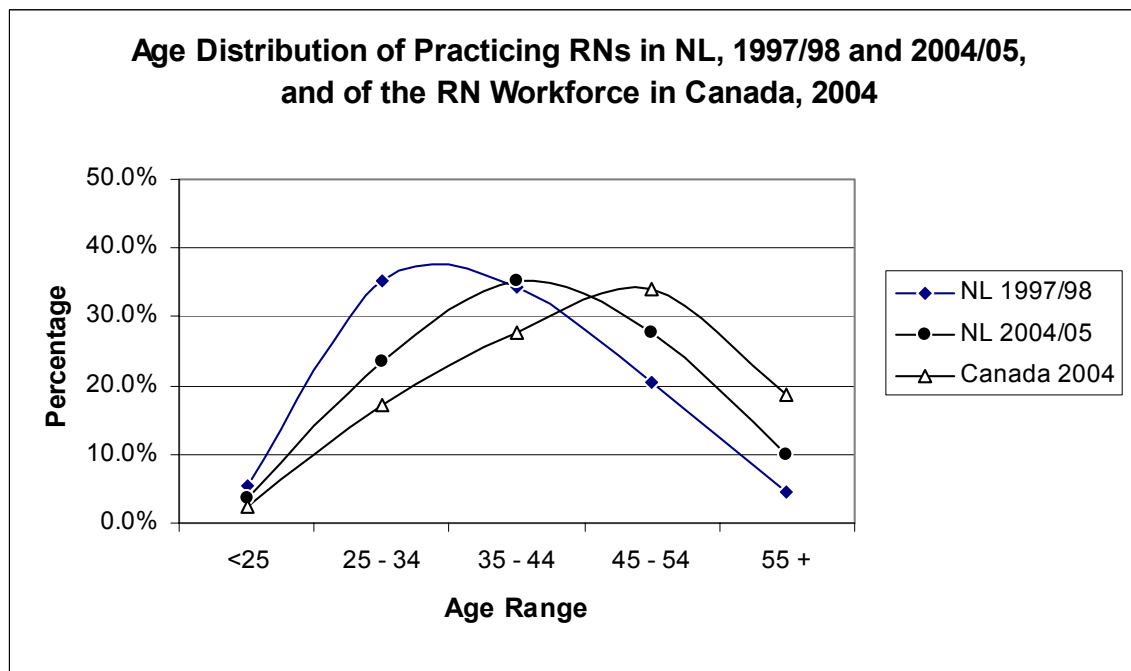
Source: Canadian Institute for Health Information, Workforce Trends of Registered Nurses in Canada, 2004, (2005); Association of Registered Nurses of Newfoundland and Labrador, Registration Statistics, (2004/05).

Notes:

1. The age distribution of practicing RNs from NL is taken from Table 3.

The average age of RNs practicing in NL is 41.6 years or approximately three years younger than the average age of the national RN workforce.<sup>9</sup> The percentage of employed RNs in Canada who are ages 45 years or older (52.7 per cent) is significantly higher than the percentage of practicing RNs in NL who are ages 45 years or older (37.5 per cent). This difference (15.2 per cent) demonstrates that NL has a much younger practicing RN population compared to the Canadian average. In fact, CIHI data indicates that when comparing RNs ages 35 years or less with RNs ages 50 or greater, NL is the only jurisdiction to have more RNs in the younger age group than the older age group in its workforce.<sup>9</sup> Reductions in nursing positions across Canada in the mid-1990s but not in NL may have contributed to this imbalance. Graphically, the age distribution of practicing RNs in NL and the Canadian RN workforce is shown in Figure 5.

**Figure 5. Age Distribution of Practicing RNs in NL, 1997/98 and 2004/05, and of the RN Workforce in Canada, 2004.**



Source: Association of Registered Nurses of Newfoundland and Labrador, Registration Statistics, (1997/98 and 2004/05); Canadian Institute for Health Information, Workforce Trends of Registered Nurses in Canada, 2004, (2005).

The percentage of the RN workforce ages 45 years and older by practice setting in 2004/05 is given in Table 5.

**Table 5. RN Workforce Ages 45 and Older by Place of Employment in NL, 2004/05.**

Place of Employment	Number Ages 45 Years and Older in 2004/05	Per Cent Ages 45 Years and Older in 2004/05 <sup>1</sup>
Nursing Home/Long-Term Care	353	57.8%
Educational Institution	84	57.5
Community Health	263	45.4
Hospital	1,198	30.9
Other	249	48.4

Source: Association of Registered Nurses of Newfoundland and Labrador, Registration Statistics, (2004/05).

Notes:

1. Indicates the percentage of all RNs in each place of employment that are ages 45 years and older.

The percentage of the RN workforce employed in educational institutions ages 45 years and older has risen dramatically from 27.0 per cent in 1990 to approximately 57.5 per cent in 2004/05. The combined effect of retirements and potential increased demand for more RNs in educational institutions, particularly if student enrollments are increased, will create shortages in this group. Currently, RNs are required to have a minimum of a Master degree to teach in the Bachelor of Nursing (BN) (Collaborative) Program and this standard is moving towards a Doctorate degree. RNs pursuing a Doctorate degree require additional time to be prepared. The percentage of the RN workforce ages 45 years and older employed in nursing homes remains high at 57.8 per cent.

Table 6 shows RNs working in managerial positions are also older than their provincial colleagues.

**Table 6. RN Workforce Ages 50 and Older by Employment Position in NL, 2004.**

Employment Position	Number Ages 50 Years and Older in 2004	Per Cent Ages 50 Years and Older in 2004 <sup>1</sup>
Managerial	231	40.8%
Staff Nurse/Community Health Nurse	859	19.8
Other	176	32.5

Source: Canadian Institute for Health Information, Workforce Trends of Registered Nurses in Canada, 2004, (2005).

Notes:

1. Indicates the percentage of all RNs in each position that are ages 45 years and older.

Although an aging RN workforce means a greater number of experienced RNs are employed in the health system, many current RNs will be eligible for retirement within the next decade (see Retirements, Section 2.4). This will result in experience gaps between seasoned RNs and new RNs.

## 2.4. Retirements

### 2.4.1. Age Data

This section contains estimates of practicing RN retirements based on retirement at age 58 as a point-in-time estimate as of March 16, 2006. The age 58 assumption is based on anecdotal evidence, pension eligibility, and practicing RN age distribution. Practicing RN retirement estimates include RNs working in management positions; it is not possible to distinguish from this data whether an RN is unionized or management, although it is expected that 34 per cent of managers have RN backgrounds, or approximately six per cent of all practicing RNs are managers. Table 7 shows the number of practicing RNs who reached age 58 years before 2006 and still have a license, will reach age 58 years in each of the next 10 years, and will reach age 58 years after 2015, based on the current supply.

**Table 7. Practicing RNs Reaching Age 58 by Calendar Year in NL, as of March 2006.**

Year Reaching Age 58	ERHA <sup>1</sup>	CRHA	WRHA	LGRHA	RHA Total	Private Employer / Other	No Employer Listed	Total
<2006	201	42	42	30	<b>315</b>	46	9	<b>370</b>
2006	42	8	8	4	<b>62</b>	10	0	<b>72</b>
2007	66	13	21	6	<b>106</b>	10	1	<b>117</b>
2008	59	7	23	6	<b>95</b>	13	1	<b>109</b>
2009	90	16	20	9	<b>135</b>	11	0	<b>146</b>
2010	66	17	21	10	<b>114</b>	11	2	<b>127</b>
2011	84	20	22	7	<b>133</b>	10	3	<b>146</b>
2012	124	21	26	7	<b>178</b>	15	1	<b>194</b>
2013	112	16	33	8	<b>169</b>	14	2	<b>185</b>
2014	100	24	31	9	<b>164</b>	9	1	<b>174</b>
2015	92	25	23	11	<b>151</b>	9	0	<b>160</b>
>2015	2,260	563	531	221	<b>3,575</b>	290	62	<b>3,927</b>
<b>Total</b>	<b>3,296</b>	<b>772</b>	<b>801</b>	<b>328</b>	<b>5,197</b>	<b>448</b>	<b>82</b>	<b>5,727</b>

Source: Association of Registered Nurses of Newfoundland and Labrador, *Registration Statistics*, (As of March 16, 2006).

## Notes:

- The following abbreviations are used for regional health authorities:  
ERHA – Eastern Regional Health Authority  
CRHA – Central Regional Health Authority  
WRHA – Western Regional Health Authority  
LGRHA – Labrador Grenfell Regional Health Authority

Note that there are 370 practicing RNs that are currently beyond the assumed retirement age. Within the next 10 years one might expect that there will always be a cohort in this category, although it may vary in size. The assumption is made therefore that this group represents a permanent “wave” of practicing RNs that will turnover but likely remain constant in quantity. Table 7 indicates the number of practicing RNs reaching age 58 in each year more than doubles between 2006 and 2015. Retirements are expected to peak in 2012 with approximately 194 practicing RNs, almost triple the number of retirements expected in 2006.

In the report *Bringing the Future into Focus: Projecting RN Retirements in Canada*, an average annual loss rate calculated using 1997 to 2001 data estimated the number of RNs expected to leave the system for each year of age from 50 to 65, assuming these losses would be entirely due to retirement or death.<sup>27</sup> Using the average loss rates for Atlantic Canada, and applying them to RHA workforce figures for RNs for March 31, 2003, for each year of age, yields 96 expected to retire in 2006; Table 7 shows an expected count of 62 practicing RNs employed in RHAs expected to retire in 2006. Figures are small and caution should be used in drawing conclusions about the comparability of the two estimates.

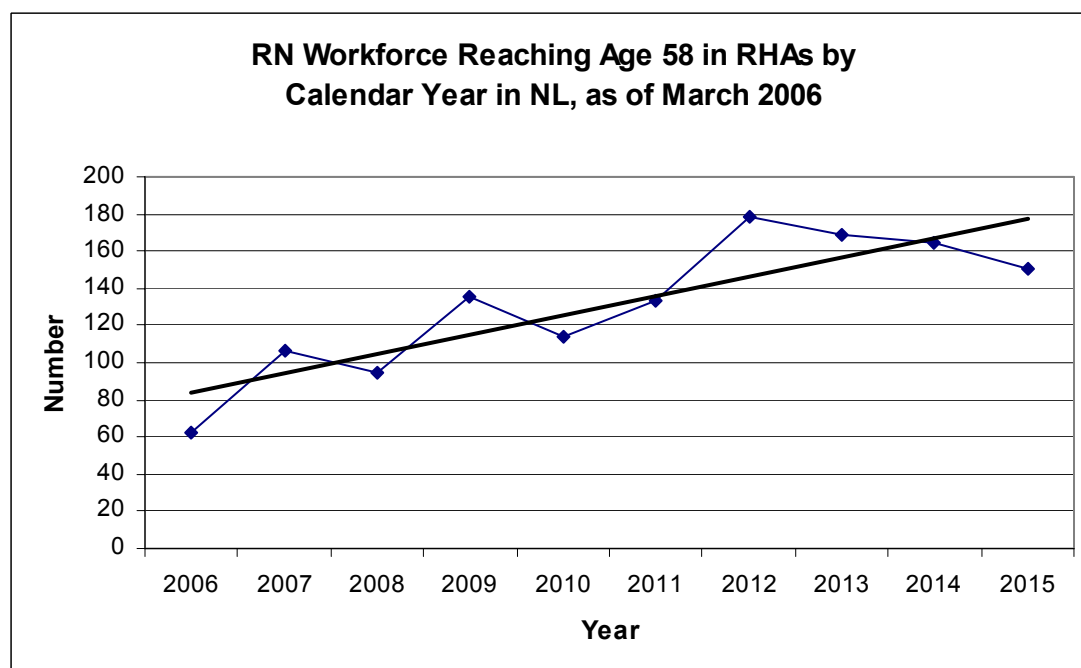
Table 8 shows the number of RNs employed by RHAs reaching age 58 between 2006 and 2015 inclusive.

**Table 8. RN Workforce Reaching Age 58 Between 2006 and 2015 by RHA as a Percentage of the Total RN Workforce in NL, as of March 2006.**

RHA	RN Workforce Reaching Age 58 by 2015	RN Workforce	Percentage of Total RN Workforce
WRHA	228	801	28.5%
ERHA	835	3,296	25.3
LGRHA	77	328	23.5
CRHA	167	772	21.6
<b>Total</b>	<b>1,307</b>	<b>5,197</b>	<b>25.1</b>

Source: Association of Registered Nurses of Newfoundland and Labrador, Registration Statistics, (As of March 16, 2006).

Approximately 25.1 per cent of the current RN RHA workforce will retire between 2006 and 2015. WRHA is projected to lose the highest percentage of its RN workforce to retirement at 28.5 per cent. The total number of expected RN retirements in RHAs for each year (non-cumulative) is shown graphically in Figure 6.

**Figure 6. RN Workforce Reaching Age 58 in RHAs by Calendar Year in NL, as of March 2006.**

Source: Association of Registered Nurses of Newfoundland and Labrador, Registration Statistics, (As of March 16, 2006).

The total number of RNs employed in RHAs turning age 58 by calendar year increases steadily over the next decade, which is indicated by the trend line on the graph that shows about 10 more RNs in each successive year.

Self-reported data from the ARNNL is used to derive expected annual RN retirements based on employment position. It is not possible to distinguish the number of RNs in management positions exclusively because some unionized RNs hold positions that may be reported as management, e.g. coordinators. Table 9 uses employment position categories as provided by the ARNNL to show the expected number of RNs employed by RHAs who will reach age 58 between 2006 and 2015.

**Table 9. RN Workforce Reaching Age 58 Between 2006 and 2015 in RHAs by Employment Position in NL, as of March 2006.**

<b>Employment Position</b>	<b>Number Reaching Age 58 Between 2006 and 2015</b>	<b>Per Cent Reaching Age 58 Between 2006 and 2015</b>
Clinical Nurse Specialist	10	62.5%
Director / Assistant Director (2nd in command)	43	62.3
Chief Nursing Officer / Chief Executive Officer	17	56.7
Manager / Assistant Manager	50	55.6
Head Nurse / Unit Manager	38	48.1
Supervisor	26	47.3
Coordinator	72	40.0
Instructor / Professor / Educator	61	36.7
Nurse Practitioner	18	26.5
Staff Nurse / Community Health Nurse	891	21.0
Other	81	39.9
<b>Total</b>	<b>1,307</b>	<b>25.1</b>

Source: Association of Registered Nurses of Newfoundland and Labrador, Registration Statistics, (As of March 16, 2006).

Four RN employment position groups report more than 50 per cent of their workforce will reach age 58 years between 2006 and 2015. The majority of these groups contain RNs in management positions.

#### **2.4.2. Pension Eligibility**

In the NL Public Service Pension Plan (PSPP), normal retirement with an unreduced pension occurs at age 65 with a minimum of five years pensionable service. Early retirement with an unreduced pension can occur at age 55 with a minimum of 30 years pensionable service or age 60 with a minimum of five years of pensionable service.<sup>29</sup> Using dates for normal and early retirement may underestimate total retirement estimates; many RNs may retire with a reduced pension. Note that casual employees participate in the Government Money Purchase Pension Plan (GMPP) as they are ineligible for participation in the PSPP. These employees do not accumulate pensionable service and are excluded for the retirement figures shown in Table 10. A comparison is shown in Table 10.

**Table 10. Comparison of Age Analysis versus Pension Eligibility for the RN Workforce in RHAs in NL, 2006 to 2015.**

Year	Age 58 <sup>1</sup>	Early Retirement <sup>2</sup>	Normal Retirement <sup>3</sup>
<2006	315	173	11
2006	62	60	7
2007	106	70	16
2008	95	66	9
2009	135	114	24
2010	114	92	39
2011	133	105	44
2012	178	93	55
2013	169	104	52
2014	164	108	66
2015	151	140	58
>2015	3,575	2,325	3,069

Source: Association of Registered Nurses of Newfoundland and Labrador, *Registration Statistics*, (As of March 16, 2006); Newfoundland and Labrador Health and Community Services, *Retirement Analysis*, (2003).

Notes:

1. RNs employed in the private sector are excluded from this analysis.
2. Early retirement with an unreduced pension can occur at age 55 with a minimum of 30 years pensionable service or age 60 with a minimum of five years of pensionable service.
3. Normal retirement with an unreduced pension occurs at age 65 with a minimum of five years pensionable service.

An analysis of data on eligibility for an unreduced pension shows significant numbers of RNs will turn age 58 years without having become eligible for an unreduced pension. Pension eligibility as an indicator of retirements should be used with caution.

### 3. Education

Historically, the model of RN education in NL was a 30-month or three-year Diploma of Nursing Program in the following schools; Western Memorial Regional Hospital School of Nursing, Corner Brook; St. Clare's Mercy Hospital School of Nursing, St. John's; General Hospital School of Nursing, St. John's; Salvation Army Grace General Hospital, School of Nursing, St. John's. A generic BN Program was in place at Memorial University of Newfoundland (MUN) commencing in 1966.

Currently, three institutions administer nursing education in this province: The Centre for Nursing Studies (CNS), Memorial University of Newfoundland School of Nursing (MUNSON), and Western Regional School of Nursing (WRSON). Under a consortium agreement, the BN (Collaborative) Program curriculum is set by MUNSON in collaboration with the other sites; however, the three sites operating the program handle daily administrative matters separately. The recent publication *Foundation for Success: White Paper on Public Post-Secondary Education* suggests a strategy to “discuss implementing a consolidated model that provides for the administration of nursing education, including continuing education and other programs such as the Practical Nursing program and the Nurse Practitioner program within Memorial University.”<sup>15</sup> Consolidation discussions are ongoing.

In 1996, a new four-year BN (Collaborative) Program was introduced and the generic BN program at MUNSON and the diploma programs were discontinued. The last class of diploma-prepared nurses graduated in 1998. In 1999 there were only 40 graduates from the generic BN program at MUNSON due to the transition to the new program. The BN (Collaborative) Program admitted its first class of 221 students in 1996 and had its first graduates in 2000. A further increase of enrollments of 32 Fast-Track Program seats was introduced in 2002. Based on current enrollments and an intake of approximately 255 per year, the number of graduates is expected to increase.

The 32 seats introduced in 2002 were developed as a Fast-Track Program for students who may enter the program and complete their BN in two years of consecutive semesters, as opposed to the current program, which takes four years to complete. These students are required to have all non-nursing courses completed prior to entry with the majority having already completed a university degree.

CNS, MUNSON and WRSON have collaborated to develop a LPN Bridging Program that would enable graduates of current practical nursing programs to enter the second year of the BN (Collaborative) Program. Qualified LPNs would take the Bridging Semester, consisting of two Bridging Nursing courses, and other required non-nursing courses. Policy approval and government funding for the LPN Bridging Program is currently undecided.

The Integrated Nursing Access Program commenced in January 2005 with an initial enrolment of 19 students from northern Labrador. This program recognizes the unique challenges facing Aboriginals who wish to pursue a career in nursing and encompasses the Inuit culture including health beliefs and language implications. It is a three-year program offered by the College of the North Atlantic in Happy Valley-Goose Bay and consists of high-school equivalency courses required for nursing and the completion of the first year BN (Collaborative) Program courses. Following successful completion of the Integrated Nursing Access Program, students complete the second year of the BN (Collaborative) Program at the College of the North Atlantic in Happy Valley – Goose Bay, and the third and fourth years of the BN (Collaborative) Program at the WRSON in Corner Brook. Clinical components are offered in Labrador to the extent possible.<sup>4</sup>

### **3.1. Applicants, Enrollments, and Graduates**

For both the diploma program and the combined BN (Collaborative) and Fast-Track Programs, Table 11 shows the program capacity, number of nursing applicants, enrollments, and graduates since 1991.

**Table 11. Program Capacity, Number of Applicants, Enrollments, and Graduates from Schools of Nursing by Credential and Year of Graduation in NL, 1991 to 2011.**

Year	Program Capacity (Approved Seats)			Applicants <sup>2</sup>			Enrollments <sup>1</sup>			Graduates		
	Diploma	BN <sup>3</sup>	Total	Diploma	BN	Total	Diploma	BN	Total	Diploma	BN	Total
1991	339	50	389	1,647	99	1,746	339	50	389	243	25	268
1992	326	50	376	1,879	73	1,952	326	45	371	252	47	299
1993	314	50	364	1,744	96	1,840	314	51	365	260	44	304
1994	246	50	296	1,046	100	1,146	246	51	297	249	27	276
1995 <sup>4</sup>	244	50	294	926	107	1,033	244	52	296	227	31	258
1996 <sup>5</sup>	x	223	223	x	419	419	x	221	221	241	41	282
1997 <sup>6</sup>	x	223	223	x	416	416	x	221	221	211	45	256
1998	x	223	223	x	399	399	x	221	221	198	49	247
1999 <sup>7</sup>	x	223	223	x	482	482	x	226	226	x	40	40
2000 <sup>8</sup>	x	223	223	x	556	556	x	227	227	x	163	163
2001	x	223	223	x	493	493	x	223	223	x	162	162
2002 <sup>9</sup>	x	255	255	x	557	557	x	244	244	x	176	176
2003 <sup>10</sup>	x	255	255	x	607	607	x	255	255	x	181	181
2004 <sup>11</sup>	x	255	255	x	620	620	x	255	255	x	222	222
2005 <sup>12</sup>	x	255	255	x	582	582	x	244	244	x	197	197
2006 <sup>13</sup>	x	255	255	x	-	-	x	-	x	x	190	190
2007	x	255	255	x	-	-	x	-	x	x	213	213
2008	x	255	255	x	-	-	x	-	x	x	214	214
2009	x	255	255	x	-	-	x	-	x	x	206	206
2010	x	255	255	x	-	-	x	-	x	x	226	226
2011	x	255	255	x	-	-	x	-	x	x	208	208

Source: Program Capacity: Association of Registered Nurses of Newfoundland and Labrador, *Annual Reports*, (1991-current). Applicants and enrollments: June Ellis, BN Consortium Office, personal communication, (January 2006). Graduates: Dr. Sandra LeFort, Memorial University School of Nursing, personal communication, (December 2005); Linda Norman-Robbins, Western Regional School of Nursing, personal communication, (December 2005), Joan Rowsell, Centre for Nursing Studies, personal communication, (December 2005).

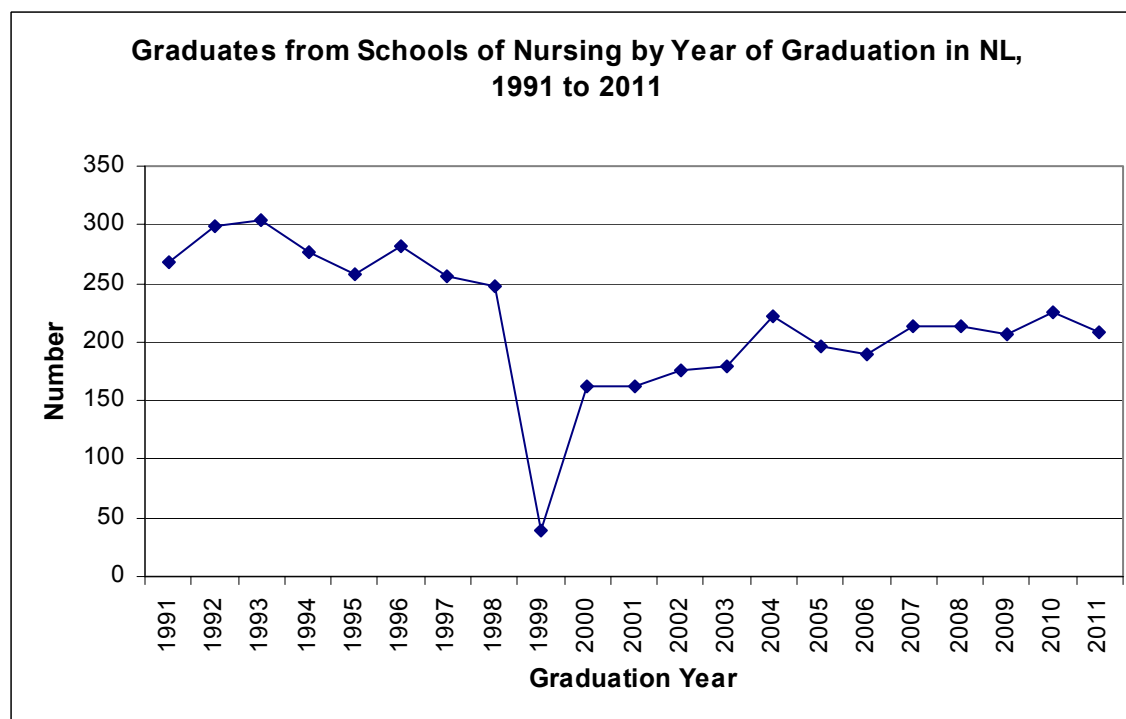
## Notes:

1. Enrollment in year one of program (does not include enrollment in other program years)
2. Duplicate applications to two or more schools prior to 1996 not removed
3. Data for the BN Program does not include Post Basic BN for RNs
4. Last intake of students for the BN Generic Program
5. In 1996, the BN (Collaborative) Program started with 3 Aboriginal seats, one at each site
6. In 1997, ARNNL registration data used as schools did not report the number of graduates
7. In 1999, no diploma graduates; graduates of 'phasing out' Generic BN Program only
8. In 2000, first graduates of the BN (Collaborative) Program
9. In 2002, increase of 21 enrollments reflects the addition of 32 Fast-Track Program seats. Not all filled due to timing issues with the introduction of the seats
10. Further increase reflects complete filling of the Fast-Track Program seats
11. In 2004, first graduates of the BN (Collaborative) Fast-Track Program are included.
12. Despite the number of applicants in 2005 and the capacity to fill 255 seats, only 244 students enrolled in the BN (Collaborative) Program and the Fast-Track Program. In 2005, not all Fast-Track Program seats were filled, resulting in only 244 overall enrolments.
13. From 2006 to 2011, graduate numbers are estimated.

To illustrate the figures in Table 11, consider the year 2004. First-year seat capacity for the BN (Collaborative) Program and the Fast-Track Program was 255 seats; there were 620 applicants and a full enrollment of 255 students. There were 222 graduates in that year, with most of these graduates beginning their program in 2000.

The decline in funded seats for RN education began when the new BN (Collaborative) Program was introduced based on a surplus supply of RNs in the mid-1990s. The group coordinating the introduction of the BN (Collaborative) Program was the Advisory Committee on Basic Nursing Education. In their analysis, the group compared basic retirement estimates with the retention of graduates to arrive at a net surplus or deficit. Potential increases in demand for RNs was acknowledged but not estimated. Trends in the number of graduates from NL schools of nursing between 1991 and 2006 are shown in Figure 7.

**Figure 7. Graduates from Schools of Nursing by Year of Graduation in NL, 1991 to 2011.**



Source: Dr. Sandra LeFort, Memorial University School of Nursing, personal communication, (December 2005); Linda Norman-Robbins, Western Regional School of Nursing, personal communication, (December 2005); Joan Rowsell, Centre for Nursing Studies, personal communication, (December 2005).

Notes:

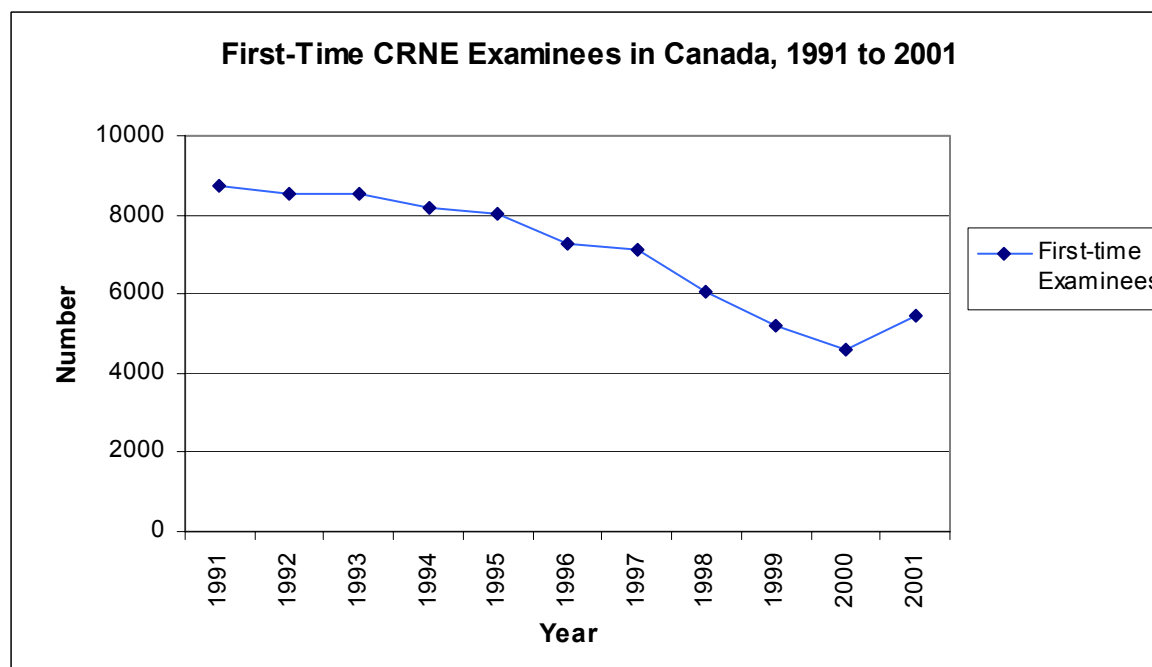
1. From 2006 to 2011, graduate numbers are estimated.
2. In 1999, no diploma graduates; graduates of 'phasing out' Generic BN Program only

In NL, the number of graduates expected in 2006 is approximately 29.1 per cent less than in 1991 when the program capacity (approved seats) was higher (190 versus 268). This gap is expected to decrease over the next four years as students begin to graduate from the Fast-Track Program added in 2002.

The Canadian Registered Nurse Examination (CRNE) is a national exam that measures the competency level of nursing graduates starting practice at the entry level. It is required of all basic nursing graduates across Canada, except Quebec. Since 2000, Quebec nursing graduates are required to write a separate examination, but must write the CRNE if they wish to practice in some jurisdictions. Similarly, some nursing graduates seeking registration in Quebec must write the Quebec examination. Other jurisdictions have an agreement with Quebec to accept each other's exam.

The number of first-time examinees in Canada is not available for 2002 or 2003 however, approximately 7,349 first-time examinees passed the CRNE in 2004, not including Quebec figures. Trends in the number of first-time examinees in Canada from 1991 to 2001 are shown in Figure 8.

**Figure 8. First-Time CRNE Examinees in Canada, 1991 to 2001.**



Source: Canadian Nurses Association, Planning for the Future: Nursing Human Resource Projections, (2002).

Note:

1. The number of first-time examinees is used as proxy for the number of graduates because not all nursing schools report their graduates.

The reduced admission levels to nursing programs in Canada have resulted in lower graduate numbers. There was a continuous decline in the number of first-time examinees from 1991 to 2000 resulting in a 48 per cent decrease. In 2001, the trend reversed with a 15.7 per cent increase in first-time examinees from the previous year.

One strategy to counter this trend, outlined in the Nursing Strategy for Canada (2000), was to increase nursing education seats Canada-wide by at least 10 per cent over two years starting in 1998/99. A follow-up study in 2002 revealed a 43.0 per cent increase in seats in nursing education programs preparing entry level RNs and LPNs across Canada, and registered psychiatric nurses across western provinces over this period.<sup>1</sup>

There is no standard definition for attrition, or loss of students, from schools of nursing. Flexibility in the BN (Collaborative) Program means graduation could be delayed by one or more years. Measuring the movement and/or loss of students has not been undertaken in this report.

MUNSON offers a Master of Nursing (MN) Program with three options: thesis, non-thesis, and nurse practitioner as well as a Post-Master Nurse Practitioner Graduate Diploma (further discussion of MN nurse practitioner options is available in Graduates and Education, Section 4.4.2). Applicants are required to hold a practicing license from the ARNNL or must be currently registered as a practicing RN in another Canadian jurisdiction. Applicants are also required to have a minimum of one year's experience in nursing practice for thesis and non-thesis options, and two years of clinical experience for nurse practitioner options. Students in the thesis or non-thesis options may complete their studies on a full-time or part-time basis and either on-campus or via distance education.<sup>26</sup> In Fall 2005, 15 new students were accepted into the three various MN Program options at MUNSON as follows: a) 11 distance education and four on-campus students, b) four full-time and 11 part-time students, and c) four thesis students, nine non-thesis students, and two nurse practitioners (Shirley Solberg, Memorial University School of Nursing, personal communication, February 2006).

### **3.2. New Graduate Retention**

Initial registration with ARNNL is mandatory for all new graduates. As a result, the first available indicator of out-migration is the number of new graduates who did not renew practicing licenses following initial registration, i.e. registration for their second year. In the last five years, an average of 74.1 per cent of RNs re-registered in the year following graduation. These numbers are shown in Table 12.

**Table 12. RN Graduates by Year of Initial Registration and Licensure Renewal Year in NL, 1997/98 to 2004/05.**

Year of Initial Registration	Licensure Renewal							
	1997/98	1998/99	1999/00	2000/01	2001/02	2002/03	2003/04	2004/05
<i>Number of Practicing Licenses from Initial Pool</i>								
<b>1997/98</b>	260	<b>151</b>	148	150	156	145	132	143
<b>1998/99</b>	-	250	<b>171</b>	166	173	157	147	149
<b>1999/00</b>	-	-	46	<b>31</b>	30	30	28	29
<b>2000/01</b>	-	-	-	162	<b>125</b>	113	102	105
<b>2001/02</b>	-	-	-	-	159	<b>133</b>	122	124
<b>2002/03</b>	-	-	-	-	-	176	<b>126</b>	111
<b>2003/04</b>	-	-	-	-	-	-	181	<b>128</b>
<b>2004/05</b>	-	-	-	-	-	-	-	218
<i>Number of Practicing Licenses as a Percentage of Initial Pool</i>								
<b>1997/98</b>	100.0% <sup>1</sup>	<b>58.1%</b> <sup>2</sup>	56.9%	57.7%	60.0%	55.8%	50.8%	55.7%
<b>1998/99</b>	-	100.00	<b>68.4</b>	66.4	69.2	62.8	58.8	59.6
<b>1999/00</b>	-	-	100.0	<b>67.4</b>	65.2	65.2	60.9	63.0
<b>2000/01</b>	-	-	-	100.0	<b>77.2</b>	69.7	63.0	64.8
<b>2001/02</b>	-	-	-	-	100.0	<b>83.6</b>	76.7	77.9
<b>2002/03</b>	-	-	-	-	-	100.0	<b>71.6</b>	63.1
<b>2003/04</b>	-	-	-	-	-	-	100.0	<b>70.7</b>
<b>2004/05</b>	-	-	-	-	-	-	-	100.0

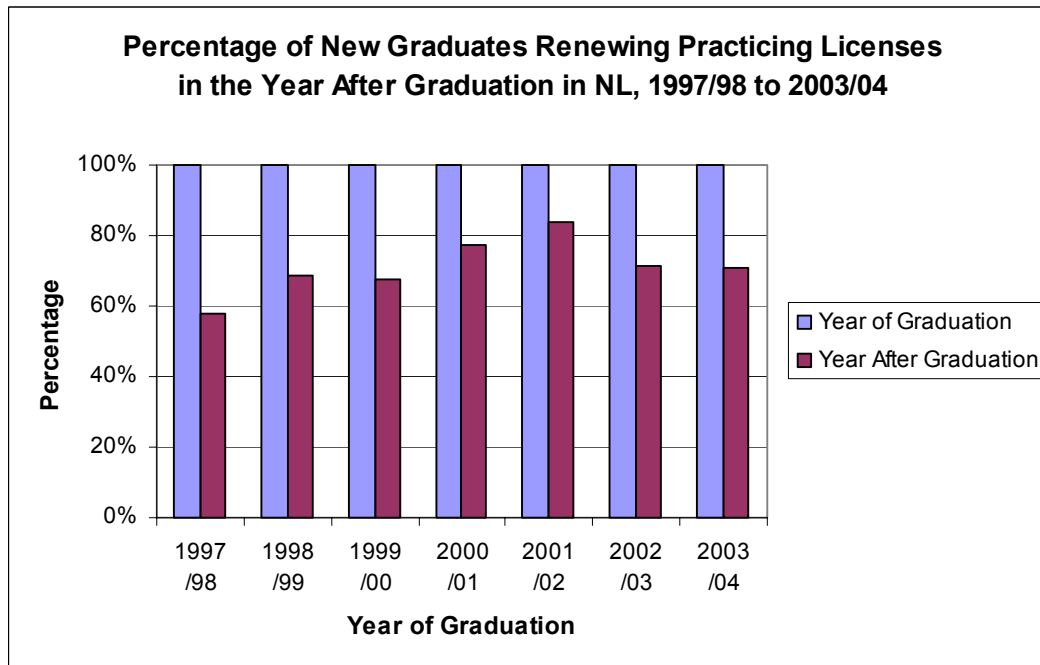
Source: Association of Registered Nurses of Newfoundland and Labrador, Registration Statistics, (1997/98-2004/05).

## Notes:

1. All graduates must register for licensure with the ARNNL upon graduation, but not all stay to work. In some instances, graduates do not register immediately.
2. Figures shown in bold are the number/per cent of nursing graduates that have remained for their second registration.

The percentage of new graduates renewing licenses in the year after graduation is given in Figure 9.

**Figure 9. Percentage of New Graduates Renewing Practicing Licenses in the Year After Graduation in NL, 1997/98 to 2003/04.**



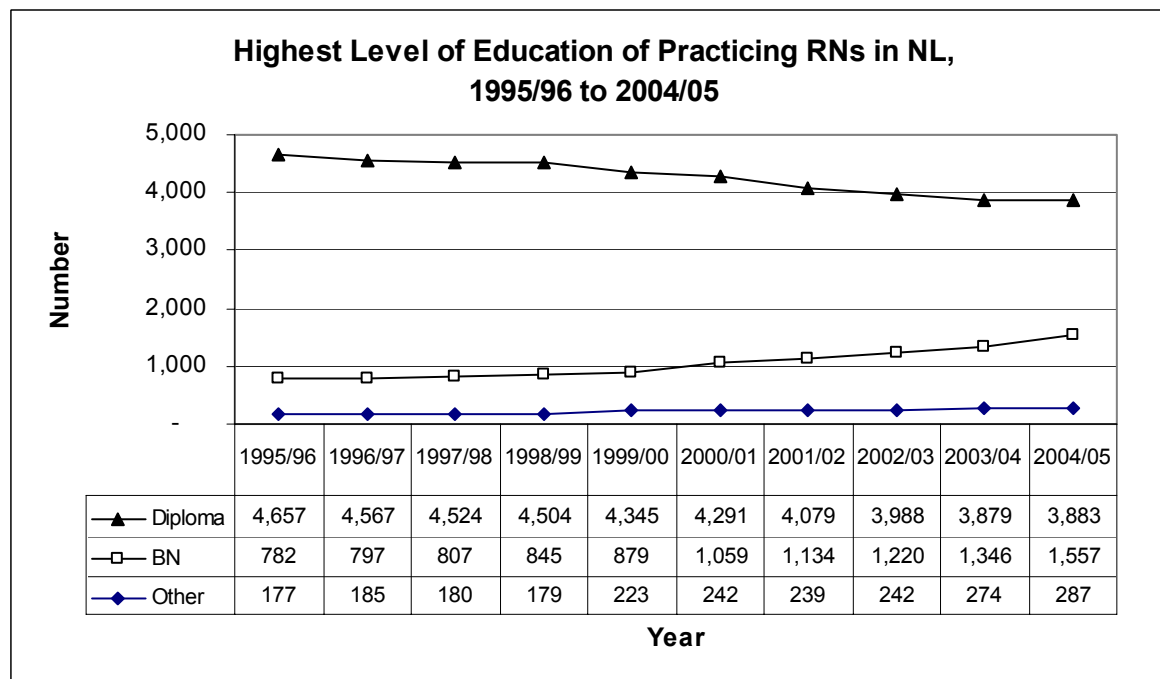
Source: Association of Registered Nurses of Newfoundland and Labrador, Registration Statistics, (1997/98-2004/05).

To illustrate Figure 9, consider the year of graduation 1997/98. Initial registration is mandatory for all new graduates, therefore the percentage of new graduate licenses equals 100 per cent. In the year after graduation, less than 60 per cent of graduates re-registered. Trends show variability in the number of graduates who renew licenses in the year after graduation.

### 3.3. Level of Education

Figure 10 shows the highest level of education obtained by practicing RNs in the province.

**Figure 10. Highest Level of Education of Practicing RNs in NL, 1995/96 to 2004/05.**

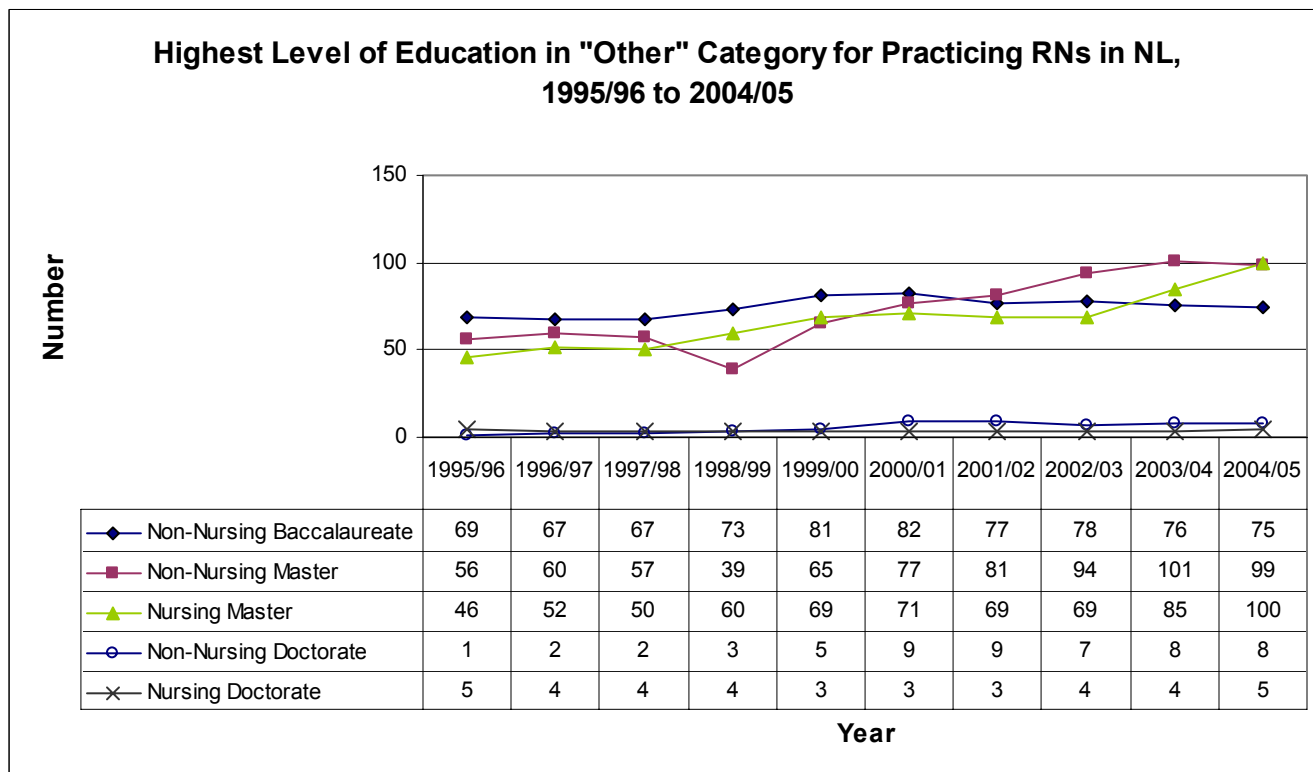


Source: Association of Registered Nurses of Newfoundland and Labrador, Registration Statistics, (1995/96 to 2004/05).

Approximately 67.8 per cent of practicing RNs in this province are diploma-prepared as their highest level of education; the national average is 68.0 per cent.<sup>9</sup> Since 2000, graduates in NL are BN-prepared and as a result the number of BN-prepared practicing RNs increases each year. Also, some diploma-prepared practicing RNs continue to pursue BN (Post RN) programs.

Since 1998/99, trends have shown that more practicing RNs are pursuing education beyond the bachelor level. These trends are given in Figure 11 below.

**Figure 11. Highest Level of Education in "Other" Category for Practicing RNs in NL, 1995/96 to 2004/05.**



Source: Association of Registered Nurses of Newfoundland and Labrador, Registration Statistics, (1995/96 to 2004/05).

The number of practicing RNs with a Master degree as their highest level of education has nearly doubled in the last decade, from 102 in 1995/96 to 199 in 2004/05. There is also a noticeable increase in the number of practicing RNs with non-nursing Doctorates.

### 3.4. Continuing Education

Continuing education programs allow RNs to expand their knowledge and competencies to improve overall job performance and meet employer needs. RNs may avail of similar programs from education institutions outside NL that are accepted by the ARNNL, or choose to study at the CNS in the province. CNS conducts employer needs assessments every five years. Current educational and potential program offerings are evaluated and recommendations are made to educational institutions. Student financial assistance is not obligatory by RHAs, although the majority offer some assistance. Table 13 provides basic details of the continuing education program and course offerings from the CNS, and is followed by more general descriptions of each.

**Table 13. Continuing Education Programs and Courses Offered by CNS.**

Program	Started	Duration	Location	Total Graduates to Date	Capacity
<b>Re-Entry Program</b>	1996	1 Year	CNS – Distance	89	Unlimited
<b>Health Assessment</b>	1998	4 Months	CNS - Distance	313	35-40
<b>Gerontology Nursing Program</b>	April 2003	1 Year	CNS - Distance	7	Unlimited
<b>Critical Care Program</b>	Sept 2004	1 Year	CNS - Distance	6	8-10
<b>Perioperative Program</b>	Due to start March 2006	Unknown	Unknown	Unknown	Unknown
<b>General Surgery Program</b>	2000	1 Year	CNS - Distance	2	Unlimited
<b>Cardiac Surgery Program</b>	1997	1 Year	CNS - Distance	4	Unlimited
<b>Foot Care</b>	1997	2-Day	CNS - Distance	154	12

Source: Centre for Nursing Studies, Continuing Nursing Studies Programs/Courses for Registered Nurses, (2004/05).

### **Re-Entry Program**

The Re-Entry Program is designed to meet the needs of RNs who are not eligible for practicing licensure to allow them to re-apply for licensure. The majority of these RNs have been out of the workforce for more than five years. Theoretical components are offered as self-learning modules through distance education with the support of a tutor and a minimum of 156 hours clinical acute care preceptorship. Learners can pace their study over a maximum one-year period.<sup>14</sup>

### **Health Assessment**

The Health Assessment course was developed to increase RN knowledge and skill in performing adult health assessment to meet national competency benchmarks. Eleven self-learning modules are delivered by distance using print-based materials, and communication between learner and course facilitator is promoted. Completion of this course will result in credit equivalency to N4040, the Health Assessment course offered within the BN (Post RN) program.<sup>14</sup> To date, there have been 313 graduates and 35 learners are currently enrolled.

### **Gerontology Nursing Program**

The Gerontology Nursing Program is designed to enable RNs to acquire the necessary knowledge and practice expertise to care for older persons in all health care settings. It consists of three core modules, five self-learning modules, and a clinical component to be completed in the learner's own geographic area. Depending on learner experience, the clinical component may consist of a preceptorship or completion of two clinical assignments. Learners can pace their study over a maximum one-year period.<sup>14</sup> To date, there have been seven graduates and seven learners are currently enrolled.

### **Critical Care Nursing Program**

The Critical Care Nursing Program was designed to enable RNs to acquire the necessary knowledge and practice expertise to care for the critically ill client in a critical care setting. It consists of three core modules, four self-learning modules, a laboratory component, and a clinical preceptorship or clinical project. Learners can pace their study over a maximum one-year period.<sup>14</sup> To date, there have been six graduates, and five learners are currently enrolled.

### **Perioperative Nursing Program**

The Perioperative Nursing Program was designed to provide RNs with the knowledge and clinical expertise to care for the perioperative client. It consists of three core modules, five self-learning modules, a laboratory component, and a clinical preceptorship or clinical project. Learners can pace their study over a maximum one-year period.<sup>14</sup> This program is scheduled to start in March 2006.

### **First Assistant General Surgery Program**

The First Assistant General Surgery Program was designed to provide the advanced knowledge and clinical skills necessary to prepare the operating room RN to practice in collaboration with and at the direction of the surgeon during general surgery, and is offered in conjunction with the Perioperative Nursing Program. It consists of five self-directed modules, a Suturing and Knot Tying Workshop, and a 200-hour clinical component. Learners can pace their study over a maximum one-year period.<sup>14</sup> To date, there have been two graduates and three learners are currently enrolled.

### **First Assistant Cardiac Surgery Program**

The First Assistant Cardiac Surgery Program was designed to provide the advanced knowledge and clinical skills necessary to prepare the operating room RN to practice in collaboration with and at the direction of the surgeon during cardiac surgery, and is offered in conjunction with the Perioperative Nursing Program. It consists of five self-directed modules, a Suturing and Knot Tying Workshop, and a 200-hour clinical component. Learners can pace their study over a maximum one-year period.<sup>14</sup> To date, there have been four graduates; there is currently no enrollment.

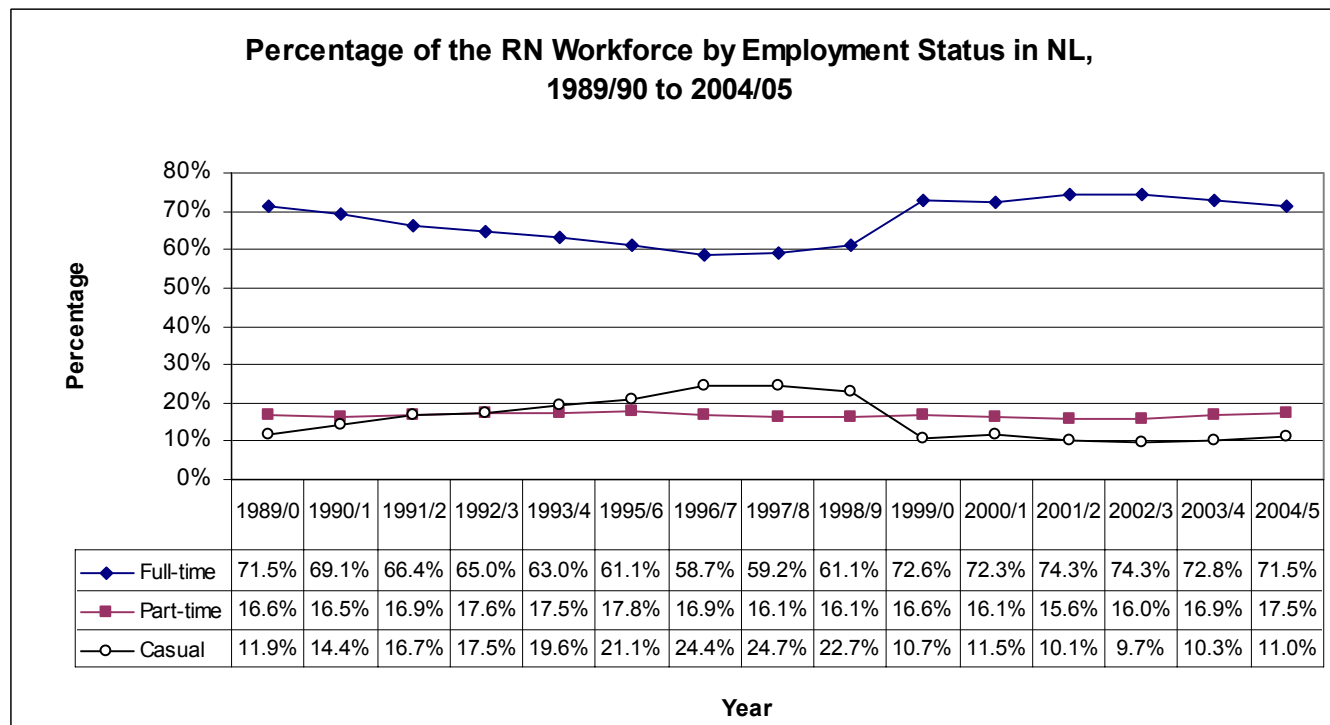
### **Foot Care Workshop**

The two-day Foot Care Workshop provides RNs with theory and practice needed to perform invasive foot care on a stabilized client. It consists of seven theoretical components and a clinical component in a long-term care setting.<sup>14</sup> To date, there have been 154 graduates; there is currently no enrollment.

## **4. Employment Trends**

### **4.1. Employment Status**

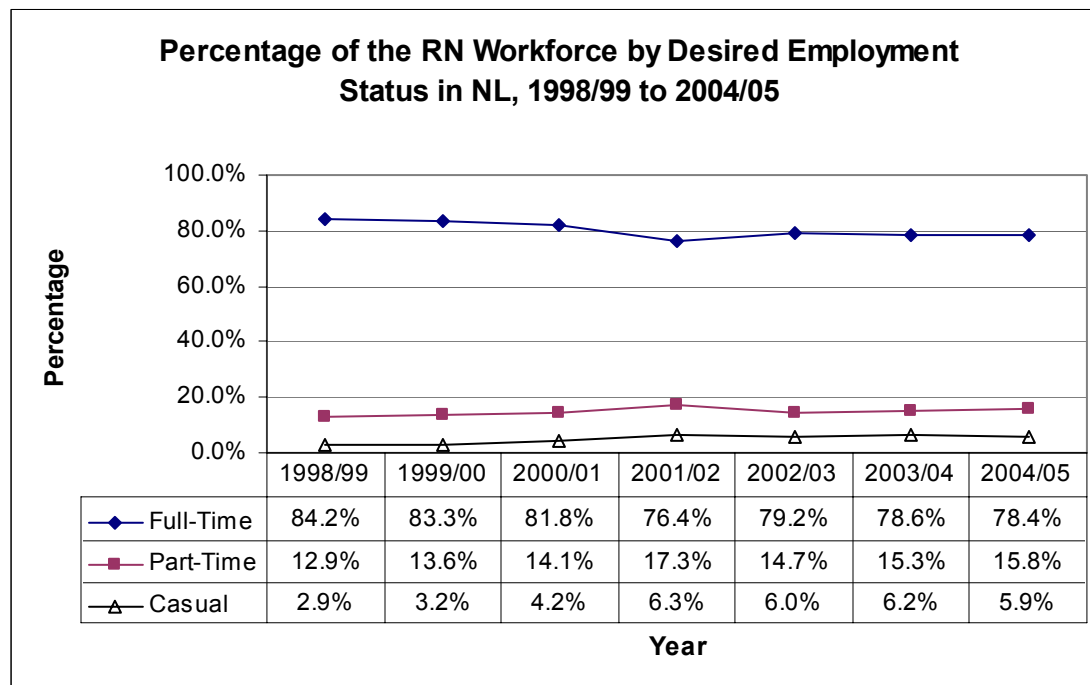
Present employment status is indicated on the ARNNL registration form as full-time, part-time and casual. Trends are given in Figure 12.

**Figure 12. Percentage of the RN Workforce by Employment Status in NL, 1989/90 to 2004/05.**

Source: Association of Registered Nurses of Newfoundland and Labrador, Registration Statistics, (1989/90 to 2004/05).

Although there was a steady rise in the size of the casual workforce in the 1990s, peaking at 24.7 per cent of the total workforce in 1997/98, this trend seemed to have reversed. Since 2002/03, there is a consistent but slow increase in the casual workforce. Casual employment is reported by 11.0 per cent of the RN workforce in 2004/05.

Since 1998/99, ARNNL has collected self-reported data from the RN workforce in NL on their desired employment status, and whether they prefer to work full-time, part-time, or casual hours. Approximately 86 per cent of the RN workforce provides feedback each year. Results based on the number of respondents are given in Figure 13.

**Figure 13. Percentage of the RN Workforce by Desired Employment Status in NL, 1998/99 to 2004/05.**

Source: Association of Registered Nurses of Newfoundland and Labrador, *Registration Statistics*, (1999/99 to 2004/05).

Since 1998/99, the percentage of the RN workforce who want full-time employment has decreased by 5.8 per cent. Given the current age and rate of retirement of the RN workforce, it is expected that an increasing percentage of the workforce would prefer to work fewer hours as they approach retirement.

Table 14 shows the employment trends in Canadian jurisdictions.

**Table 14. Percentage of the RN Workforce by Employment Status in Canada, 2004.**

<b>Jurisdiction<sup>1</sup></b>	<b>Full-Time</b>	<b>Part-Time</b>	<b>Casual</b>	<b>Unknown</b>
<b>NL</b>	71.7%	17.7%	10.6%	0.0%
<b>NB</b>	63.4	30.1	6.5	0.0
<b>NS</b>	61.9	27.6	10.6	0.0
<b>SK</b>	54.5	34.9	10.6	0.0
<b>QC</b>	51.8	32.0	10.6	5.6
<b>ON</b>	51.8	28.0	7.5	12.7
<b>PE</b>	50.2	46.5	2.1	1.2
<b>BC</b>	49.9	30.1	18.2	1.8
<b>MB</b>	46.7	45.9	6.5	0.9
<b>YK</b>	43.5	33.2	22.6	0.7
<b>AB</b>	38.9	47.6	10.9	2.7
<b>Canada</b>	<b>51.0</b>	<b>32.1</b>	<b>10.1</b>	<b>6.8</b>

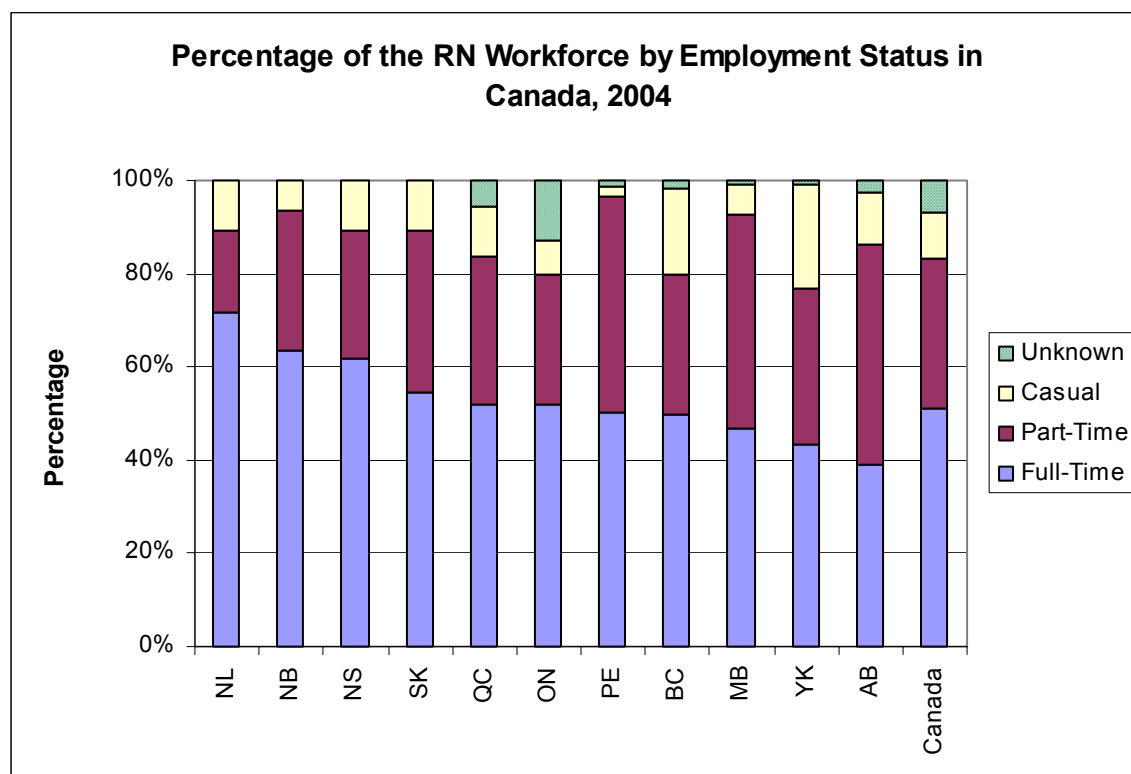
Source: Canadian Institute for Health Information, Workforce Trends of Registered Nurses in Canada, 2004, (2005).

Notes:

1. Data for Northwest Territories and Nunavut not submitted in 2004.

The data shows that NL currently has the highest proportion of its RN workforce employed on a full-time basis (71.7 per cent). Caution is noted where the Unknown category could significantly affect the other percentages. Caution should also be used when interpreting these figures as definitions for full-time and part-time may differ from jurisdiction to jurisdiction. The 2004 national picture is shown graphically in Figure 14.

**Figure 14. Percentage of the RN Workforce by Employment Status in Canada, 2004.**



Source: Canadian Institute for Health Information, Workforce Trends of Registered Nurses in Canada, 2004, (2005).

Notes:

1. Data for Northwest Territories and Nunavut not submitted in 2004.

## 4.2. Employer Types

The national picture shows differences in the distribution of the RN workforce by place of employment across jurisdictions. On average, Canadian hospitals annually employ 63.5 per cent of the RN workforce, however, this percentage ranges from almost three-quarters in New Brunswick to less than 45 per cent in the territories. This is shown in Table 15.

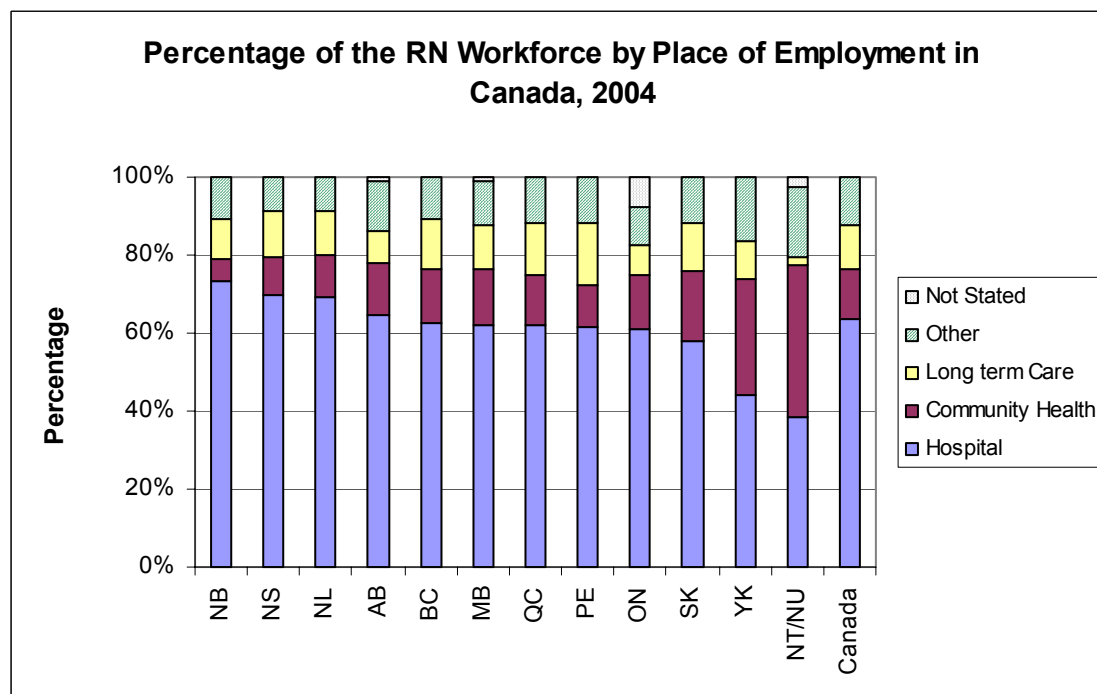
**Table 15. Percentage of the RN Workforce by Place of Employment in Canada, 2004.**

Jurisdiction	Place of Employment				
	Hospital	Community Health	Long-Term Care	Other	Not Stated
<b>NB</b>	73.3	5.9	9.8	11.0	0.0
<b>NS</b>	69.8	9.9	11.5	8.8	0.0
<b>NL</b>	69.0	11.2	11.1	8.7	0.0
<b>AB</b>	64.6	13.5	8.2	12.9	0.8
<b>BC</b>	62.4	13.9	13.0	10.5	0.2
<b>MB</b>	62.0	14.5	11.4	11.1	1.0
<b>QC</b>	61.9	13.1	13.3	11.6	0.1
<b>PE</b>	61.5	10.6	16.0	11.9	0.0
<b>ON</b>	61.0	13.8	7.9	9.7	7.6
<b>SK</b>	57.9	18.2	12.0	11.7	0.2
<b>YK</b>	44.2	29.7	9.9	16.2	0.0
<b>NT/NU</b>	38.3	39.2	2.2	17.8	2.5
<b>Canada</b>	<b>63.5</b>	<b>12.8</b>	<b>11.2</b>	<b>12.3</b>	<b>0.2</b>

Source: Canadian Institute for Health Information, Workforce Trends of Registered Nurses in Canada, 2004, (2005).

The data shows that NL has the third highest proportion of its RN workforce employed in hospitals. Graphically this data is shown in Figure 15.

**Figure 15. Percentage of the RN Workforce by Place of Employment in Canada, 2004.**

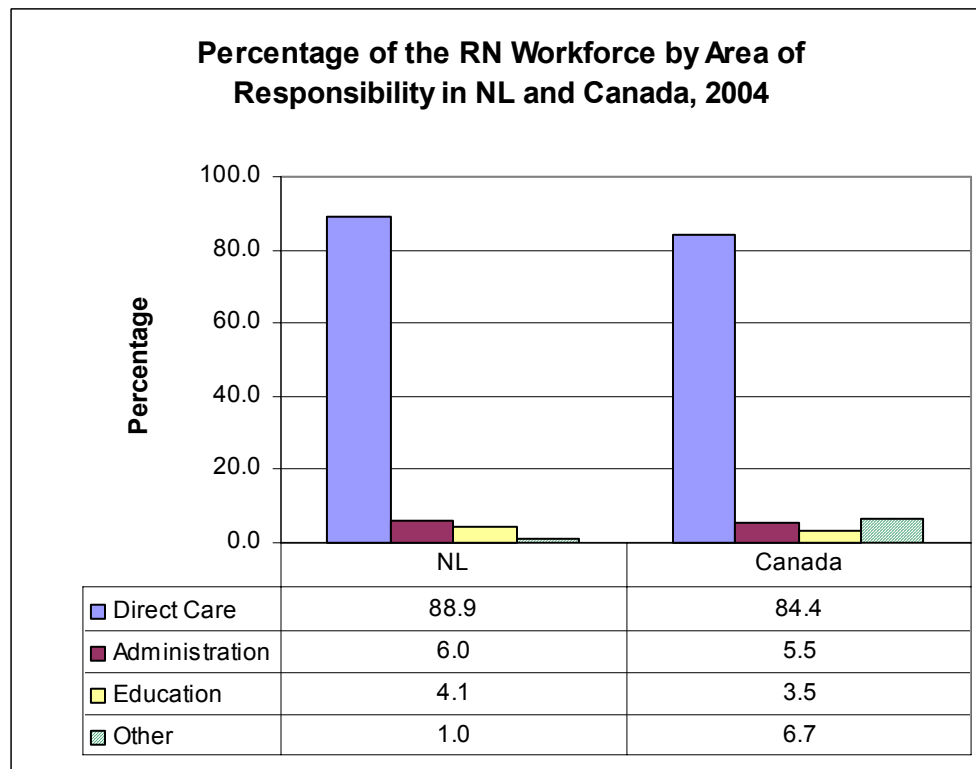


Source: Canadian Institute for Health Information, Workforce Trends of Registered Nurses in Canada, 2004, (2005).

### Area of Responsibility

The percentage of the RN workforce by area of responsibility in 2004 is shown in Figure 16.

**Figure 16. Percentage of the RN Workforce by Area of Responsibility in NL and Canada, 2004.**



Source: Canadian Institute for Health Information, *Workforce Trends of Registered Nurses in Canada, 2004*, (2005).

NL has a higher percentage of its RN workforce in direct care and administration (data is self reported and may include unionized RNs) when compared to the national average. Other areas of responsibility for Canada are significantly larger than for NL due to the “Not Stated” category. Caution is noted as the “Not Stated” category in CIHI data could significantly affect the other percentages.

### 4.3. Wellness of Registered Nurses

There are a number of indicators that assist in the examination of RN wellness, including sick leave and workplace injury leave. All lost-time hours are measured in terms of full-time equivalents (FTEs). A FTE is defined as the total number of earned hours divided by the “normal” earned hours in the same period (1950 annually). The total number of earned hours is the sum of worked hours and benefits hours.<sup>21</sup>

Provincially, in fiscal 2002/03, the total number of FTEs lost due to illness and injury was 309.2 (226.3 for sick leave and 82.9 for workplace injury leave). Injury leave is normally work injury related. The Workplace Health, Safety, and Compensation Commission (WHSCC) compensates employees for injuries occurred in the workplace under specific guidelines.

### 4.3.1. Sick Leave

In fiscal year 2002/03, the total sick leave for unionized RNs employed in RHAs was 226.3 FTEs, or 109.2 sick leave hours per FTE, or 89.8 sick leave lost time hours per RN.<sup>21</sup> Sick leave FTEs translate into 5.6 per cent of total RN earned hours in RHAs. RN sick leave by RHA as a percentage of total RN earned hours is presented in Table 16.

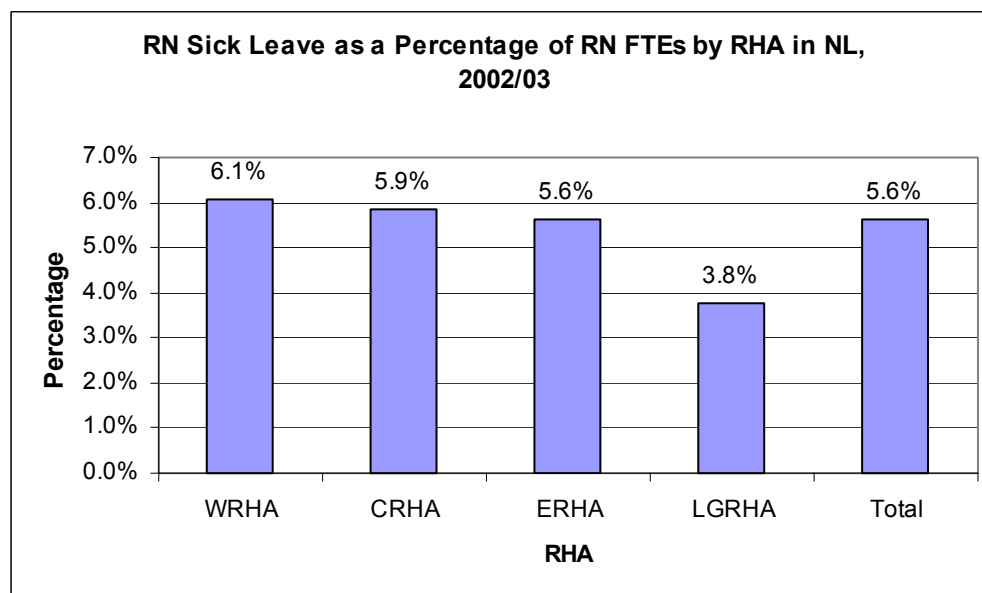
**Table 16. RN Sick Leave as a Percentage of RN FTEs by RHA in NL, 2002/03.**

RHA	Sick Leave FTEs	Total FTEs	Sick Leave as a Percentage of Total FTEs
WRHA	37.1	611.0	6.1%
CRHA	34.2	584.3	5.9%
ERHA	145.7	2,586.0	5.6%
LGRHA	9.3	247.7	3.8%
<b>Total</b>	<b>226.3</b>	<b>4,028.9</b>	<b>5.6%</b>

Source: Human Resource Planning Unit, Newfoundland and Labrador Health Human Resource Indicator Report 1999 to 2003, (2004).

WRHA had the highest rate of sick leave at 6.1 per cent of total RN FTEs in 2002/03. RN sick leave as a percentage of total RN FTEs is shown graphically by RHA in Figure 17.

**Figure 17. RN Sick Leave as a Percentage of RN FTEs by RHA in NL, 2002/03.**



Source: Human Resource Planning Unit, Newfoundland and Labrador Health Human Resource Indicator Report 1999 to 2003, (2004).

### 4.3.2. Workplace Injury Leave

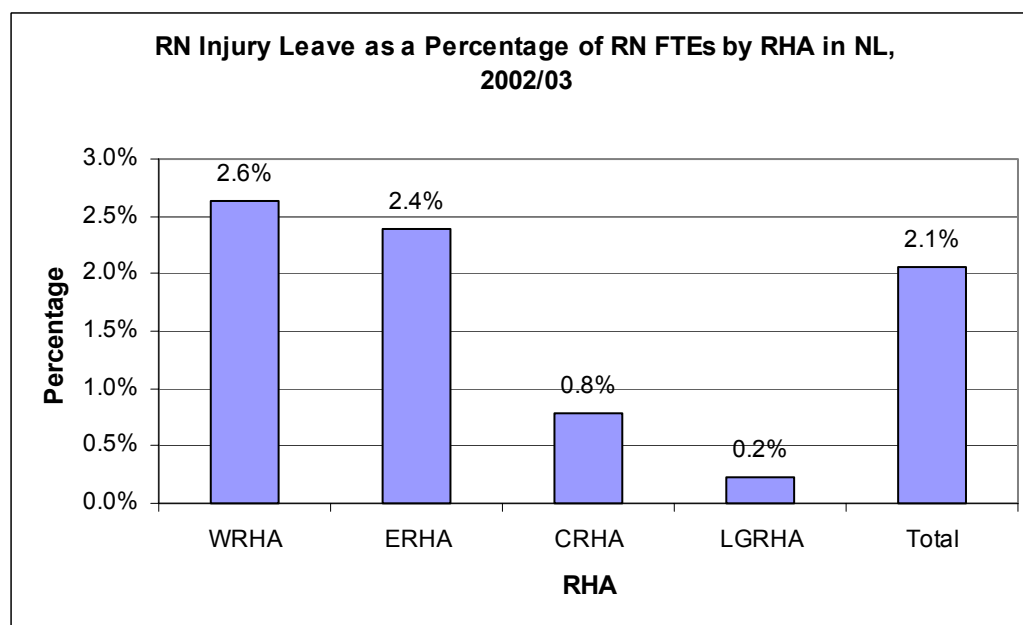
In fiscal year 2002/03, the total injury leave for unionized RNs employed in RHAs was 82.9 FTEs, or 41.0 injury leave hours per FTE, or 32.9 injury leave lost time hours per RN.<sup>21</sup> Injury leave FTEs accounted for 2.1 per cent of total RN earned hours in RHAs. RN injury leave by RHA as a percentage of total RN earned hours is presented in Table 17.

**Table 17. RN Injury Leave as a Percentage of RN FTEs by RHA in NL, 2002/03.**

RHA	Injury Leave FTEs	Total FTEs	Injury Leave as a Percentage of Total FTEs
WRHA	16.1	611.0	2.6%
ERHA	61.7	2,586.0	2.4
CRHA	4.6	584.3	0.8
LGRHA	0.6	247.7	0.2
<b>Total</b>	<b>82.9</b>	<b>4,028.9</b>	<b>2.1</b>

Source: Human Resource Planning Unit, Newfoundland and Labrador Health Human Resource Indicator Report 1999 to 2003, (2004).

Again, WRHA had the highest rate of injury leave at 2.6 per cent of total RN FTEs in 2002/03. RN injury leave as a percentage of total RN FTEs is shown graphically by RHA in Figure 18.

**Figure 18. RN Injury Leave as a Percentage of RN FTEs by RHA in NL, 2002/03.**

Source: Human Resource Planning Unit, Newfoundland and Labrador Health Human Resource Indicator Report 1999 to 2003, (2004).

In Canada, health care workers face substantially more sickness and injury risks than other occupational groups. “Musculoskeletal injuries (MSI) occur due to equipment and environmental inadequacies, high work demands, inadequate staffing, poor work morale and low social support. Nursing personnel report MSI prevalence as high as 60 per cent for upper-body and 72 per cent for lower-body symptoms.”<sup>33</sup> Workplace injuries for RNs in NL consist mainly of “sprains, strains, or tears” of the “back, spine, or trunk” due to “overextension in lifting.”<sup>25</sup> Provincial data shows that in the fiscal year 2002/03, RNs were injured at a rate of one in 22 RNs while LPNs were injured at a rate of one in 10 LPNs.<sup>21</sup> Not all injuries lead to a claim or lost time.

#### 4.4. Focus on Nurse Practitioners

This section contains data on nurse practitioners (NPs) collected as of March 31, 2005. CIHI and the Canadian Nurses Association define a NP as a “registered nurse...with additional education in health assessment, diagnosis and management of illnesses and injuries, including ordering tests and prescribing drugs.”<sup>10</sup> Although the introduction of NPs to the health system occurred in the late 1960s, the role of NPs was not prominently recognized until the 1990s; this could likely be attributed to a renewed interest in primary health care and perceived health workforce shortages.

In 1997, the provincial government of NL amended its *Registered Nurses Act* to provide for NPs; it was amended again in 2001 to provide for practice protocols for NPs in specialty areas. The current regulatory framework is under review provincially and nationally. Regulation in NL defines NPs as either “NP – primary health care” or “NP – specialist.” A license is obtained from the ARNNL for NPs to practice in primary health care or a specialty area.<sup>10</sup>

##### 4.4.1. Workforce Attributes

Seventy-two NPs are employed in this province, including 69 primary health care (PHC) NPs and three specialist NPs (with two cardiovascular and one neonatology). Table 18 shows the NP workforce by RHA for the last six years.

**Table 18. NP Workforce by RHA in NL, 1999/00 to 2004/05.**

RHA	1999/00	2000/01	2001/02	2002/03	2003/04	2004/05
ERHA	6	9	17	19	25	25
CRHA	5	10	12	13	13	16
WRHA	9	8	5	8	9	12
LGRHA	1	4	4	11	10	14
Private	1	3	1	3	4	5
<b>Total</b>	<b>22</b>	<b>34</b>	<b>39</b>	<b>54</b>	<b>61</b>	<b>72</b>

Source: Association of Registered Nurses of Newfoundland and Labrador, *Registration Statistics*, (1999/00 to 2004/05).

Notes:

1. ERHA numbers include NPs employed by CNS and MUNSON.

Nationally, eight jurisdictions offer licensure to NPs. The total national NP workforce increased by 21.1 per cent in the last year, from 725 NPs in 2003 to 878 NPs in 2004. The rapid increase in the NP workforce in some jurisdictions may be due to the year in which there was legislative authority to license RNs as NPs. The NP workforce represents 0.4 per cent of the total RN workforce in Canada. Table 19 shows the NP workforce by province or territory of registration in Canada for 2003 and 2004.

**Table 19. NP Workforce by Province or Territory of Registration in Canada, 2003 and 2004.**

Jurisdiction	2003	2004	Percentage Change
NW/NU	5	16	220.0%
NB	6	14	133.3
AB	76	112	47.4
NS	29	35	17.2
NL	57	62	8.8
ON	552	598	8.3
SK <sup>1</sup>	-	42	n/a <sup>2</sup>
<b>Total<sup>3</sup></b>	<b>725</b>	<b>878</b>	<b>21.1</b>

Source: Canadian Institute for Health Information, The Regulation and Supply of Nurse Practitioners in Canada, (2005).

Notes:

1. NP licensure in Saskatchewan began in the 2004 registration year.
2. Data not applicable.
3. Table 19 only includes Canadian jurisdictions that license NPs separately from other registered nurses.

The NP workforce in NW/NU more than tripled in one year. Between 2003 and 2004, the NP workforce increased by at least eight per cent in all jurisdictions, with an overall national increase of 21.0 per cent.

The average age of the NP workforce in NL is 42.5 years, compared to a national average of 44.8 years. Before 2015, there is estimated to be 12 NPs in NL who will reach age 58, which is the assumed age of retirement.<sup>21</sup>

#### 4.4.2. Graduates and Education

CNS offers a Primary Health Care (PHC) NP post RN diploma. This program prepares registered nurses to collaborate with other health care practitioners in the provision of PHC services. The program is available on a full-time basis every year and is available on a part-time basis every second year. Applicants who enroll full-time complete the program in four semesters (16 months). Applicants who enroll part-time complete the program in seven semesters; program completion time may vary for applicants with relevant prior learning. The program is only available through distance delivery (primarily web-based) where RNs can pursue the program and continue to work and live in their communities.

Table 20 illustrates the number of RNs who have completed and are expected to complete the PHC NP post RN Certificate.

**Table 20. Graduates from the CNS PHC Nurse Practitioner Post-RN Certificate in NL, 1998-2011.**

Year of Graduation	Enrolled	Capacity	Graduates
1998	14	16	12
1999	15	16	12
2000	13	16	12
2001	0 <sup>1</sup>	16	0
2002	12	20	9
2003	14 <sup>2</sup>	20	14
2004	19 <sup>2</sup>	20	17
2005	17	20	4
2006	16	20	22
2007	15	20	- <sup>3</sup>
2008	15	20	-
2009	15	20	-
2010	15	20	-
2011	15	20	-

Source: Joan Rowsell, Centre for Nursing Studies, personal communication, (December 2005).

Notes:

1. No graduates in 2001 due to the fact that in 2000 the program was extended from 12 months to 16 months. For this reason, applicants who were accepted into the program in 2000 did not start until January 2001 and did not graduate until April 2002.
2. Includes both full-time and part-time students.
3. It is difficult to estimate graduates as the numbers change significantly each year and there is a full-time or part-time stream.

In addition to the NP Program offered at CNS, MUNSON offers a Master of Nursing (MN) – Nurse Practitioner degree and a Post-Master Nurse Practitioner graduate diploma. All applicants must hold a practicing license from the ARNNL or must be currently registered as a practicing nurse in another Canadian jurisdiction.

Candidates seeking admission to the MN Nurse Practitioner degree option must have two years of clinical experience preferably in their chosen specialty area. As well, candidates must have confirmation from a health care agency and a clinical preceptor guaranteeing the candidate a preceptored clinical placement for the final semester of their program. Candidates seeking admission to the Post-Master Nurse Practitioner graduate diploma must have completed a MN or an equivalent degree with a nursing focus and have two years of clinical nursing experience preferably in their chosen specialty area. As well, candidates must have confirmation from a health care agency and a clinical preceptor guaranteeing the candidate a preceptored clinical placement for the final semester of their program.<sup>26</sup>

Table 21 shows the highest level of education of NPs currently working in the province.

**Table 21. Highest Level of Education of the NP Workforce in NL, 2004.**

<b>2004</b>	<b>Number</b>	<b>Percentage</b>
Diploma	48	66.7%
Bachelor of Nursing	20	27.8
Master of Nursing (3 specialists)	4	5.6
<b>Total</b>	<b>72</b>	<b>100.0</b>

Source: Association of Registered Nurses of Newfoundland and Labrador, Registration Statistics, (1999/00 to 2004/05).

Approximately 66.7 per cent of NPs currently working in NL are diploma-prepared as their highest level of education. All of the specialist NPs are Master-prepared.

#### 4.4.3. Employment Trends

Present employment status of the NP workforce is reported as full-time, part-time, or casual in Table 22, and only includes licensed NPs employed in nursing at the time of registration.

**Table 22. Percentage of the NP Workforce by Employment Status in Canada, 2003 and 2004.**

<b>Employment Status</b>	<b>2003</b>	<b>2004</b>
<b>Full-Time</b>	67.4%	68.9%
<b>Part-Time</b>	16.6	15.5
<b>Casual</b>	4.2	3.5
<b>Unknown</b>	11.8	12.1
<b>Total</b>	<b>100.0</b>	<b>100.0</b>

Source: Canadian Institute for Health Information, The Regulation and Supply of Nurse Practitioners in Canada, (2005).

In comparison to the overall national RN workforce in Table 14, rates of full-time employment are substantially higher for the NP workforce and rates of casual employment are substantially lower. The unemployment rate for licensed NPs, defined as the proportion of NPs with a valid license but not employed at the time of registration, was 4.2 per cent in 2004, an increase of one per cent from the previous year.<sup>10</sup>

#### 4.5. Focus on Faculty

The supply of faculty for education programs in nursing (which includes university/college faculty and school of nursing administration faculty) is a topic attracting increasing attention in recent years. In particular, ongoing issues such as increased enrollments in schools of nursing, higher numbers of faculty approaching retirement age, and a limited number of Master/Doctorate programs across the country have generated concern on provincial, national and international levels regarding the availability of faculty for nursing education programs.

For the purposes of this report, faculty are defined as individuals who have a RN background and a practicing license in NL, and teach at MUNSON, CNS, or WRSON. Only this specific group of faculty is reported (except where stated otherwise). Data was collected as of October 2005.

#### 4.5.1. Faculty Demographics

The three schools of nursing in NL employ 133 nursing faculty based on self-reported information at the time of licensure renewal.<sup>3</sup> Faculty members teach nursing students in a variety of programs at the different schools, which include: BN (Collaborative) Program, MN, LPN, and NP programs. In NL, there is currently no Doctorate program available. Table 23 indicates the employment status for the nursing faculty with approximately 77.4 per cent employed on a full-time basis.

**Table 23. Employment Status of Faculty Teaching in the Three Schools of Nursing in NL, as of October 2005.**

Employment Status	Number	Percentage
<b>Full-Time</b>	103	77.4%
<b>Part-Time</b>	18	13.5
<b>Casual<sup>1</sup></b>	12	9.0
<b>Total</b>	<b>133</b>	<b>100.0</b>

Source: Association of Registered Nurses of Newfoundland and Labrador, Registration Database, (As of October 2005).

Note:

1. Casual faculty are employed casually or on a semester basis in the schools of nursing. The casual faculty teach in clinical settings, laboratories, or other areas when needed throughout the school year. Some casual faculty may have positions elsewhere. The number of casual faculty can change from semester to semester.

#### 4.5.2. Aging Faculty

The percentage of RNs employed in the three schools of nursing in NL who are over the age of 45 years is 59.4 per cent, with an average age of 47.8 years.<sup>3</sup> This is older than the provincial average age (41.6 years) for all practicing RNs.<sup>9</sup> An age profile of the nursing faculty in the three schools of nursing is presented in Table 24.

**Table 24. Age Profile of Faculty Teaching in the Three Schools of Nursing in NL, as of October 2005.**

Age Cohorts	Number of Faculty by Age Cohort	Percentage of Faculty by Age Cohort
<b>25-29</b>	1	0.8%
<b>30-34</b>	8	6.0
<b>35-39</b>	12	9.0
<b>40-44</b>	33	24.8
<b>45-49</b>	27	20.3
<b>50-54</b>	33	24.8
<b>55+</b>	19	14.3
<b>Total</b>	<b>133</b>	<b>100.0</b>

Source: Association of Registered Nurses of Newfoundland and Labrador, Registration Database, (As of October 2005).

Almost 40 percent of the nursing faculty is age 50 years or older. This may result in significant retirements from the nursing faculty in the next few years.

### 4.5.3. Faculty Level of Education

Table 25 details the highest level of education among the faculty in this province. Master-prepared faculty members represent approximately 57.9 per cent of the total nursing faculty in the three schools of nursing. Less than seven per cent of faculty in the three schools of nursing in NL is Doctorate-prepared.

**Table 25. Highest Level of Education of Faculty Teaching in the Three Schools of Nursing in NL, as of October 2005.**

Highest Level of Education	Number	Percentage
Diploma	8	6.0%
Baccalaureate (graduated or pending)	39	29.3
Masters	77	57.9
Doctorate	9	6.8
<b>Total</b>	<b>133</b>	<b>100.0</b>

Source: Association of Registered Nurses of Newfoundland and Labrador, Registration Database. (As of October 2005).

### 4.6. Focus on Management and Supervisory Positions

Almost 10 per cent of the RN workforce are employed in management or supervisory positions.<sup>9</sup> Changes in the number of management/supervisory positions over the last 20 years are given in Table 26.

**Table 26. Management and Supervisory Position Trends by Registration Year in NL, 1985/86 to 2004/05.**

Fiscal Year	Chief Nursing Officer / Director and Assistant / Associate Director	Manager / Assistant Manager	Total Management / Supervisory Positions	Percentage of RN Workforce in Management / Supervisory Positions <sup>1</sup>
	A	B	C=A+B	
1985/86	113	344	457	9.6%
1986/87	131	396	527	10.9
1987/88	116	385	501	10.1
1988/89	120	389	509	10.2
1989/90	132	434	566	11.0
1990/91	130	450	580	10.9
1991/92	129	464	593	11.0
1992/93	120	471	591	10.8
1993/94	124	466	590	10.6
1994/95	119	434	553	9.9
1995/96	105	408	513	9.1
1996/97	101	388	489	8.8
1997/98	86	325	411	7.5
1998/99	108	322	430	7.8
1999/00	132	308	440	8.1
2000/01	88	382	470	8.4
2001/02	89	401	490	8.8
2002/03	97	404	501	8.9
2003/04	108	422	530	9.4
2004/05	119	447	566	9.9

Source: Statistics Canada, Health Statistics Division, Registered Nurses Management Data (1985-1998); Canadian Institute for Health Information, Workforce Trends of Registered Nurses in Canada, (1999-2004).

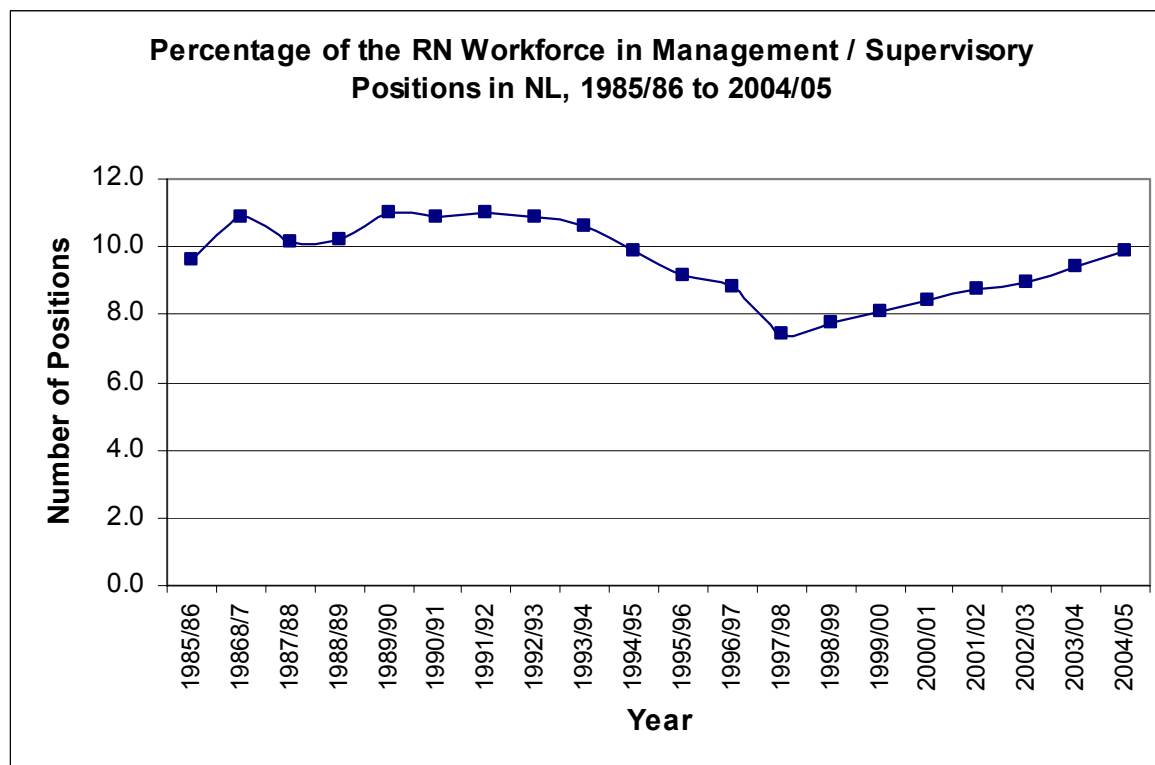
## Notes:

1. The percentage of the RN workforce in management/supervisory positions is calculated to show the trend and is not a true measure of span of control for individual managers and supervisors who often manage various types of staff. Management/supervisory positions may include unionized nurses (i.e. clinical coordinators) due to self-reporting.

There was a steady drop from 1991/92 from 11 per cent of the RN workforce in management/supervisory positions to a low of 7.5 per cent in 1997/98, reflecting a loss of 182 positions. The trend has reversed in the last six years, but has not returned to previous levels.

The percentage of the RN workforce in management / supervisory positions is shown in Figure 19.

**Figure 19. Percentage of the RN Workforce in Management / Supervisory Positions in NL, 1985/86 to 2004/05.**



Source: Statistics Canada, Health Statistics Division, Registered Nurses Management Data (1985 - 1998); Canadian Institute for Health Information, Workforce Trends of Registered Nurses in Canada, (1999-2004).

In a program management model of health care delivery, these management/supervisory positions may also be responsible for allied health personnel, LPNs, and other support staff, in multiple clinical settings. A wide range of spans of control is reported within this ratio with some nurse managers indicating as many as 100 employees report to them, and others with very few or none. Additionally, some managers are responsible for staff across several sites or locations. Faculty, government staff, and others are included in the total number of nurse managers.

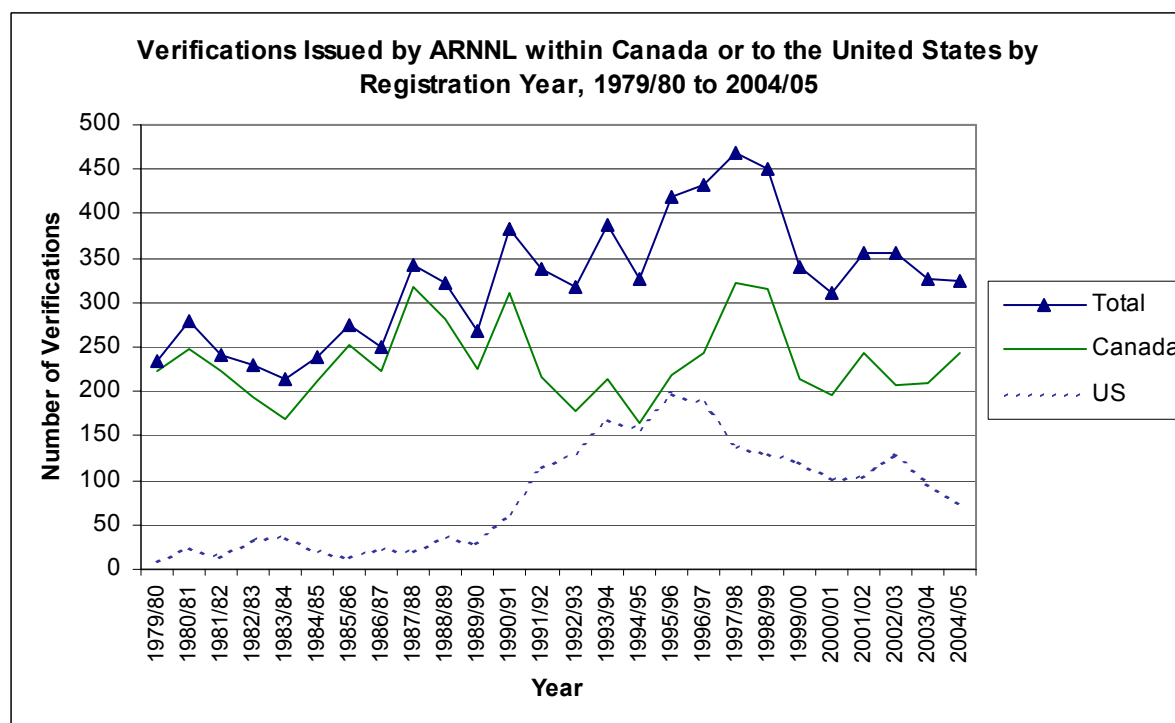
## 5. Mobility of Registered Nurses

### 5.1. Migration

Data on inter-provincial and international RN migration is difficult to obtain directly. RNs in Canada have unique provincial/territorial registration numbers, not unique national numbers. Therefore, an RN who moves from one jurisdiction will receive a new registration number in their new jurisdiction. Without a single national registration number for all RNs, it is not possible to track RN migration within Canada.<sup>9</sup>

A proxy measure of the intent to migrate is the number of requests the ARNNL receives to forward verification of registration documents to another regulatory body. As one RN may generate several verifications to explore possibilities for employment, yet may never leave, these numbers must be viewed with caution. Note also that a verification can be requested for a RN who has been out of practice in NL for many years but who is required to provide proof of original registration when seeking registration in another jurisdiction. The trend in verifications issued by ARNNL is shown in Figure 20.

**Figure 20. Verifications Issued by ARNNL within Canada or to the United States by Registration Year, 1979/80 to 2004/05.**



Source: Association of Registered Nurses of Newfoundland and Labrador, Registration Statistics, (1979/80 to 2004/05).

There was a notable spike in verification requests from 1995/96 to 1998/99. The RN workforce moves through regular cycles of shortage and surplus, provincially, nationally and internationally. During periods of provincial RN surplus, increased migratory activity would be expected. The 1996/97 period is an example of the response to a lack of RN positions available in this province.

National migration statistics show that over 90 per cent of graduates from nursing programs in Quebec, British Columbia and Ontario are employed in their province of graduation. Only 71.6 per cent of NL graduates remain in this province after graduation, while over 20 per cent of NL graduates move to Ontario, Nova Scotia, or Alberta.<sup>9</sup>

In the 1990s, a shift was noted with a decline in verifications sent within Canada, and an increase in verifications sent to the United States (US). In response to the increasing shortages of RNs in North America, recruiters from other provinces and the US have increased activities in recent years through local job fairs and advertising. The past two years have seen a sizable decrease in verifications sent to the US, and an increase in verifications within Canadian jurisdictions.

## 5.2. Net Change in Practicing Registered Nurses

Table 27 outlines overall trends of practicing license renewals in NL over the past 14 years.

**Table 27. Practicing License Renewals by Registration year, 1991 to 2003.**

Year	Practicing RNs	New Registrants	New Registrants	Total Number of New Registrants	Renewals <sup>3</sup> (to Practicing Licenses)	Net Change in Renewals <sup>4</sup>
		NL <sup>1</sup>	Other <sup>2</sup>			
1991/92	5,397	269	51	320	5,077	-252
1992/93	5,452	306	40	346	5,106	-291
1993/94	5,568	300	30	330	5,238	-214
1994/95	5,584	278	27	305	5,279	-289
1995/96	5,617	266	19	285	5,332	-252
1996/97	5,549	277	26	303	5,246	-371
1997/98	5,511	260	24	284	5,227	-322
1998/99	5,528	250	21	271	5,257	-254
1999/00	5,447	46	35	81	5,366	-162
2000/01	5,592	162	50	212	5,380	-67
2001/02	5,596	159	38	197	5,399	-193
2002/03	5,609	176	32	208	5,401	-195
2003/04	5,629	181	34	215	5,414	-195
2004/05	5,727	218	56	274	5,453	-176

Source: Association of Registered Nurses of Newfoundland and Labrador, Registration Statistics, (1991/92 to 2004/05).

### Notes:

1. Initial registrants graduating from NL nursing schools. Note that the number of initial registrants may differ slightly from the number of graduates because graduates may fail the national exam, attend school elsewhere and return to NL to write the national exam, delay registration until the following year, or choose not to work and therefore not require a practicing license.
2. Other new registrants are from outside NL. Average per year equals 34.5.
3. Renewals can include any nurse who was registered at least once in NL. This can include RNs with practicing licenses, non-practicing licenses, or lapsed memberships who may or may not be working within the province or away.
4. The net change in renewals means the net change overall in the current year versus the previous year when all factors are included. For example, in 1999/00, one might expect 5,528 practicing members from the previous year plus 81 new registrants for a total of 5,609 practicing members. In fact there were actually 5,447, or a net change of 162 less renewals.

Note that RN retirement estimates shown in Table 9, section 2.4 are approximately one quarter of the net loss in practicing registrations with the ARNNL in recent years.

Data in Table 27 shows how variable this net change in renewals can be. The figure for 2000/01 shows a small net loss (67) which is probably due to the class of 2000/01 filling the void left by the very small class of 1999/00 i.e. two small classes meeting the demand normally addressed by two larger sized classes. Additionally, in the same year the provincial government created 125 new positions and converted 400 positions from casual to permanent status. Salary increases and incentive packages also impact retention statistics. Table 28 further analyses net changes for the last five registration years.

**Table 28. Account of Net Change in Practicing Licenses 1997 to 2003.**

Fiscal Year	Net Change in Renewals <sup>1</sup>	RNs Renewing to a Practicing License From Non-Practicing or Lapsed License	New RN Graduates From Previous Year Not Renewing Practicing Licenses in Current Year	Other RNs Not Renewing Practicing Licenses
	A=B-C-D	B	C	D
1998/99	-254	108	109	253
1999/00	-162	154	79	237
2000/01	-67	153	15	205
2001/02	-193	105	37	261
2002/03	-195	98	26	267
2003/04	-195	113	54	254
2004/05	-176	104	53	227

Source: Association of Registered Nurses of Newfoundland and Labrador, Registration Statistics, (1991/92 to 2004/05).

Note:

1. Column A is taken from Table 27.

Table 28 shows that in each year there are RNs who return to the workforce (Column B – assuming that RNs obtaining practicing licenses actually work - some may obtain a practicing license but choose to retire or drastically reduce their workload) and many more who leave the workforce (Column C and D). Historically, new registrants (those entering the NL workforce for the first time) usually offset the net loss. This has led to an overall increase in the number of practicing RNs in the province and a steady-state system in recent years.

This fluctuating movement of RNs highlights the difficulty in predicting changes in the workforce. RNs obtain non-practicing memberships, let their licenses lapse, or return to a full practicing license, for many and varied reasons. Planning is further challenged by the fact that these statistics reflect licenses only, and do not reflect the extent of labour force participation.

## **6. Conclusion**

This report has highlighted a number of trends and issues concerning RN human resources in NL. Supply counts reached a new all-time high in 2004/05, with approximately 5727 practicing and 566 non-practicing RNs in NL. Comparing RNs nationally, NL has the second highest RN workforce to population ratio in the country and the highest percentage of its RN workforce in full-time positions. Although NL has the youngest RN workforce in Canada, an aging workforce is a factor in areas such as long-term care and faculty where a majority of RNs are over age 45 years. Within the RHA workforce, RN retirement estimates suggest that in each successive year for the next decade, 10 more RNs are estimated to retire for a total of approximately 1,307 RNs employed by RHAs.

Since the early 1990s, the supply of new graduates from schools of nursing into the workforce in NL has been reduced significantly however the overall number of RNs in the province has increased. In NL, graduates from the BN (Collaborative) Program have steadily risen since the first graduating class of 2000. Although RN migration is difficult to measure directly, as we know that many RNs in NL move to other jurisdictions each year including new graduates. Wellness is also an important issue in today's RN workforce. Trends show almost 310 RN FTEs are lost annually to sick and injury leave.

Three specialty groups within the RN workforce were examined in this report; NPs, faculty and management. All three groups are generally older than the overall RN workforce. The number of RNs in supervisory/management positions has dropped steadily from 1991/92 to 1997/98. This trend has begun to reverse but not to previous levels. NPs and faculty from the schools of nursing require specialized and advanced education, and therefore long-term planning is required to sustain these groups.

The combined factors of declining graduate numbers, increasing retirement rates, and the out-migration of RNs, will challenge the ability of employers to meet the staffing requirements of the health system. It is important to note that this report only addresses the supply side of the forecasting equation. The report does not consider demand factors that will have a major impact on the future need for RNs. Ongoing monitoring is needed.

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