

NURSING WORKFORCE STUDY

Volume IV

Nursing Workforce Deployment:
A Survey of Employers

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HEALTH HUMAN RESOURCES UNIT

The Health Human Resources Unit (HHRU) was established as a demonstration project by the British Columbia Ministry of Health in 1973. Since that time, the Unit has continued to be funded on an ongoing basis (subject to annual review) as part of the Centre for Health Services and Policy Research. The Unit undertakes a series of research studies that are relevant to health human resources management and to public policy decisions.

The HHRU's research agenda is determined through extensive discussions of key current issues and available resources with the senior staff of the Ministry of Health. Various health care provider groups participate indirectly, through on-going formal and informal communications with Ministry of Health officials and with HHRU researchers. Research is undertaken by seven professional staff, including secretarial and analyst support; Arminée Kazanjian is the Associate Director and Principal Investigator for the Unit.

Three types of research are included in the Unit's research agenda. In conjunction with professional licensing bodies or associations, the HHRU maintains the Cooperative Health Human Resources Database. The Unit uses these data to produce regular status reports that provide a basis for in-depth studies and for health human resources planning. The Unit undertakes more detailed analyses bearing on particular health human resources policy issues and assesses the impact of specific policy measures, using secondary analyses of data from the Cooperative Database, data from the administrative databases maintained under the HIDU, or primary data collected through surveys. The HHRU also conducts specific projects pertaining to the management of health human resources at local, regional and provincial levels.

Copies of studies and reports produced by the HHRU are available at no charge.

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Nursing Workforce Study

This study was commissioned by the Federal/Provincial/Territorial Advisory Committee on Health Human Resources (ACHHR) to develop baseline data on the supply and education of Registered Nurses (RNs), Registered Psychiatric Nurses (RPNs), and Licensed Practical Nurses (LPNs), and on employer practices pertaining to the deployment of all patient care providers. The study results are published in five separate volumes:

Volume I of the study “Demographic Context and Health System Structure for Nursing Services in Canada”, provides a general overview of demographic and system changes; it describes the current demographic context for nursing practice and the structure of provincial/territorial health care delivery systems. The demographic analyses are based on 1996 Census data. Provincial/territorial health care delivery information for the most part are obtained from “Health System Reform in Canada, 1997,” by Health Canada.

Volume II of the study, “The Supply of Nursing Personnel in Canada” examines data on the supply of nursing personnel in the provinces and territories to provide basic information about employment status, deployment (place of employment, area of responsibility, type of position, hours worked), age, and type and place of education/training. The analysis is based on data collected by the respective regulatory bodies in their registration and renewal processes. Two separate years of secondary data are utilized in the analysis (1990 and 1997), presenting a detailed national and regional picture on the supply of nurses in Canada.

Volume III of the study “An Inventory of Nursing Program Enrolments and Graduates in Canada by Province/Territory, 1998” describes the production of nursing personnel in Canada. A survey questionnaire was sent to provincial/territorial representatives (usually the education representative) of the ACHHR who were asked to complete the survey for all nursing education programs in their jurisdictions. The questionnaire requested information as to the type of credential offered, the length of the program, the number enrolled in each year of the program, the number of students enrolled full-time, part-time, or in distance education, and the number of graduates in 1997 and 1998. The analysis includes the impact of BN-only basic education for RNs.

Volume IV of the study, “Nursing Workforce Deployment: A Survey of Employers” examines employer practices and policies for nursing workforce deployment in each province/territory. A sample survey regarding deployment was undertaken using a questionnaire pertaining to all three regulated nursing groups: LPNs, also known as Registered Nurse Assistants (RNAs), RPNs, and RNs. Information on other professionals and unregulated patient care providers e.g. Aides was also collected by the questionnaire. The questionnaire was designed to capture the following information: hiring practices (amount of experience required, deployment, credentials, etc.), kinds of services provided and the skills perceived to be needed to provide those services, numbers and mix of nursing personnel used to provide services, use of unregulated health care workers in relation to nursing services provision, and anticipated changes in deployment practices related to changes in the organization of the health care delivery system.

Volume V of the study, “Changes in the Nursing Workforce and Policy Implications” the final part of the study, synthesizes the findings from each of the above sections and attempts to delineate the salient policy issues.

Copies of other Volumes in this study may be obtained by contacting the Health Human Resources Unit.

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NURSING WORKFORCE STUDY

Volume IV: Nursing Workforce Deployment: A Survey of Employers

I. INTRODUCTION

This part of the Nursing Workforce Study examines employer practices and policies for nursing workforce deployment in each province/territory. Primary data regarding deployment was collected using a survey questionnaire pertaining to all three regulated nursing groups: Licensed Practical Nurses (LPNs), also known as Registered Nurse Assistants (RNAs), Registered Psychiatric Nurses (RPNs), and Registered Nurses (RNs). Information on other professionals and unregulated patient care providers, e.g. Aides was also included in the questionnaire. The questionnaire was designed to capture the following information as per the request by the ACHHR Working Group:

- ◆ Hiring practices (amount of experience required, deployment, credentials, etc.).
- ◆ Kinds of services provided and the skills perceived to be needed to provide those services.
- ◆ Numbers and mix of nursing personnel used to provide services.
- ◆ Use of unregulated health care workers in relation to nursing services provision.
- ◆ Anticipated changes in deployment practices related to changes in the organization of the health care delivery system.

The survey was sent to a representative sample of employers in each province/territory which comprised Tertiary/Teaching Hospitals, Regional Community Hospitals, Community Hospitals, Rehabilitation/Convalescent Centres, Extended Care/Long Term Care/Nursing Homes, Mental Health Facilities/Agencies, Community Health Agencies/Health Centres/Public Health Units, Home Care and Nursing Stations. Regional Health Boards/Authorities were surveyed regarding their delivery of public health and mental health services.

II. METHODOLOGY

1. Facility Selection Methodology

Our objective was to select a random sample of no less than one-third of all types of nursing employers across Canada. Therefore, a total of 1870 surveys were sent to five categories of nursing employers:

- ◆ Employers of Public Health Nurses
Surveys were sent to all regional health boards, or their equivalent, requesting responses to the survey questionnaire pertaining to their public health services.
- ◆ Employers of Mental Health Nurses
Surveys were sent to all regional health boards in each of the four Western provinces (where RPNs are self-regulated) requesting that they respond to the survey for the mental health sector.
- ◆ “Other” Facilities
One third of the 549 facilities identified by the Guide to Canadian Healthcare Facilities (1997-98) as “Nursing Stations,” “Outpatient Services Centres,” and “Community Health Centres” were randomly selected.

- ◆ Hospitals and
- ◆ Long Term Care Centres

A complex, two-stage stratification process was implemented to ensure representation from all regions of Canada, and to ensure representation from a balance of urban and rural areas. Selection was based on the Guide to Canadian Healthcare Facilities (1997-98) and population data collected by Statistics Canada (1996). We divided Canada into five regions (Atlantic, Québec, Ontario, Prairies, and BC/Territories). We then listed all the cities/towns in each region by descending population size and then stratified them so that there was a relatively equal population in each stratum. Seven cities/towns were then randomly selected from each of the strata (or less than seven if the stratum contained less than seven cities/towns). All Hospitals and Long Term Care Centres in each selected city/town were then sent surveys (see detailed description in the next section).

a) Details of Methodology

Surveys were sent to five categories of nursing employers:

CATEGORY	PERCENTAGE SELECTED	NUMBER OF SURVEYS
Employers of Public Health Nurses ¹	100%	176
Mental Health ²	100%	70
“Other”: Nursing Stations, Outpatient Services Centres, and Community Health Centres ³	33%	184
Long Term Care Centres ⁴	44%	1035
Hospitals ⁴	40%	405
TOTAL:		1870

¹ Employers of Public Health Nurses were identified as the Regional Health Boards for each province, according to pages 32-47 of the Guide to Canadian Healthcare Facilities. As the guide did not include Regional Health Boards for Ontario, Quebec and the Yukon, addresses for the following were obtained from the Internet: Ontario Public Health Units (<http://www.gov.on.ca>), Les Régie Régionales du Québec (<http://www.msss.gouv.qc.ca>), and The Government of Yukon, Community Nursing (<http://www.hss.gov.yk.ca>)

² Employers of Mental Health nurses were identified as the Regional Health Boards for each of the four Western Provinces, according to pages 32-40 of the Guide to Canadian Healthcare Facilities.

³ Nursing Stations (N), Outpatient Services Centres (O), and Community Health Centres (C) were identified as those listed as such in the Guide to Canadian Healthcare Facilities (1997-1998). These facilities are listed by province, by town/city and in alphabetical order in the guide. Every facility identified as an “N”, “O” or “C” was numbered and a computer generated selection process chose 33% to be surveyed.

⁴ Long Term Care Centres and Hospitals were selected by a two stage, stratification process to ensure representation from all regions of Canada and from urban and rural facilities.

- i) The total number of Long Term Care Centres and Hospitals was obtained from the tables on pages 329-354 from the Guide to Canadian Healthcare Facilities (1997-1998). We experimented with a hypothetical stratification and determined that it should indeed yield our desired goal of surveying approximately one third of these facilities in five regions. Five regions were chosen rather than individual provinces/territories to ensure that the larger provinces received adequate representation relative to the smaller provinces.
- ii) The CD Rom "GeoRef 1996 Census" was purchased from Statistics Canada and lists of town/cities identified as "Census Sub-Divisions" for each province were exported to Excel spreadsheets.
- iii) All towns/cities which did not have at least one Long Term Care Centre or Hospital listed in the Guide to Canadian Healthcare Facilities were deleted from the Excel spreadsheets. It was noted that several towns/cities listed in the guide were not identified as "Census Sub-Divisions". Instead, Statistics Canada has identified them as "places" or "urban areas" and therefore, they were not tabulated by the GeoRef CD Rom. Therefore, facilities in "places" or "urban areas" were not included in our survey.
- iv) It was noted that the names of several Census Sub-Divisions were duplicated and sometimes triplicated (particularly in Québec). When the towns/cities were in two different provinces, the name of the province was added next to the town/city on the spreadsheet (e.g. Charlottetown PEI and Charlottetown NB). When the towns/cities were in the same province, however, the populations of the towns with the same name were merged if they were determined to be next to each other. Towns/cities were determined to be next to each other by either:
 - ◆ Having a similar Statistics Canada "UID" (unique identification number) according to GeoRef, as the numbering is in geographical order;
 - ◆ Having a similar Longitude and Latitude or the same "location" according to the Canadian Geographical Names web site; or
 - ◆ Having a similar postal code according to the Canada Post web site, as the numbering is in geographical order.
- v) When towns/cities were not next to each other, the individual facilities which could be in one of two or three different locations were telephoned (using the phone number listed in the Guide) and asked details about their location (e.g. district, nearby towns). Only ten facilities in Québec fit into this category.
- vi) The guide and the spreadsheets were reviewed at least twice for accuracy.
- vii) Canada was divided into five regions and the provincial spreadsheets were merged into the following:
 - ◆ Atlantic (New Brunswick, Newfoundland, Nova Scotia, Prince Edward Island) - Region 1
 - ◆ Québec - Region 2
 - ◆ Ontario - Region 3
 - ◆ Prairies (Alberta, Manitoba and Saskatchewan) - Region 4
 - ◆ BC and Territories - Region 5.
- viii) The town/cities in each region were then sorted in descending population size.

- ix) Seven strata were selected for each region by drawing lines on the lists where there would be approximately the same total population in each strata for each region.
- x) Seven towns/cities were selected from each of the seven strata by computer generated selection, for each of the five regions. In the strata with seven or less towns/cities, all towns/cities were selected. In the strata with eight or more towns/cities, seven towns/cities were selected by computer generated selection.
- xi) All Long Term Care facilities and Hospitals in the selected towns/cities were sent surveys. Nursing Stations, Outpatient Services Centres, Community Health Centres, and Detoxification Centres were excluded from this category. Detoxification Centres were identified as those with the following words in their title: detoxification, addiction, or drug dependency. As the Guide lists facilities in The Correctional Service of Canada separately, they were not included either.

b) Discussion

We had to confront the insurmountable hurdle of trying to define a study universe in constant flux by being as descriptive as possible about our respondents, while maintaining the rigor of the original sample design as much as possible. Thus, as new information was received, through survey returns, about facility/facility, facility/community or health authority/facility/community amalgamations, sample classification for the respective sectors was revised. However, we did not proceed to recast the sample by re-sending questionnaires to the newly identified facilities/agencies. That would have been untenable, both methodologically and practically. Where the respondent indicated that the questionnaire was completed for an entity larger than the particular facility/agency in the sample (amalgamated hospitals, or the entire region including hospital, public health and mental health sectors), we tabulate them separately because it is impossible to verify which proportion of the statistics provided pertain to the sampled facility/agency. For that purpose all tables in this section of the report refer to **Single Facility** and **Amalgamated** categories. These terms are used for tabulation purposes only and do not indicate the structural/legal status of the responding institution/organization. That is, **Single Facility** denotes individual, unique entities which were included in the sample as such. **Amalgamated** denotes those responding entities which indicated more than one facility/agency.

Given the above, our denominator (1870 surveys) is no longer accurate since this number was extracted based on the guide to Canadian Healthcare Facilities (1997-98) which reported individual facilities at that point in time. As discussed above, given the major changes taking place in the health care arena since then, (health reform, and amalgamations between hospitals, between hospitals and community facilities, and between regional authorities, hospitals and community facilities etc.), there is no way to verify what our denominator would have been. Thus, this reflects the limitations of the data given that the structure of health care providers has and is continuing to change since the publication of the 1997-98 guide.

In addition to new information being received through survey returns, we also received correspondence from amalgamated facilities indicating that individual facilities to whom surveys had been sent had amalgamated to form a larger entity and that only one survey would be completed which would include information on all facilities. The Hamilton Health Sciences Corporation (amalgamation of Hamilton General Hospital, Henderson Hospital, Chedoke Hospital, and McMaster University Medical Centre) and the Centre hospitalier de l'Université de Montréal (amalgamation of Hôtel-Dieu de Montréal, Notre-Dame and Saint-Luc hospitals), are only two examples of the type of situation we faced.

Another situation we faced involved regional health authorities and the wide range of services which fall within their jurisdictions. Most health authorities operate several hospitals, long-term care facilities and health centres. We surveyed the regional health authorities as employers of public health care providers and in the western provinces, as employers of mental health care providers as well. However, many of the regional health authorities that returned completed surveys had included information about all the services in their jurisdiction thus providing aggregate numbers of beds and staffing levels for all facilities including acute care, public health, mental health, long-term care etc.

Therefore, calculating a response rate using the original 1870 surveys mailed as the denominator would not be an accurate gauge.

The distribution of respondents by health sector provides additional information about sample characteristics and representativeness (Table 1). More than one-fifth (22.1%) of the sample is from the hospital sector, and more than one-third from the long-term care sector (38.8%); the aggregated community sector (mental health agencies, community health centres, public health units) comprises almost 30% of the respondents.

2. Questionnaire Design and Pilot

The survey questionnaire was designed to capture the following information as per the request by the ACHHR Working Group:

- ◆ Hiring practices (amount of experience required, deployment, credentials etc.).
- ◆ Kinds of services provided and the skills perceived to be needed to provide those services.
- ◆ Numbers and mix of nursing personnel used to provide services.
- ◆ Use of unregulated health care workers in relation to nursing services provision.
- ◆ Anticipated changes in deployment practices related to changes in the organization of the health care delivery system.

The survey questionnaire was developed over a number of months and several drafts were produced (see Appendix D1 (English version) and Appendix D2 (French version)). An expert review of the survey questionnaire was carried out. The expert review involved ten individuals including nurse educators, members of the Advisory Committee on Health Human Resources (ACHHR) Working Group, representatives of the Registered Nurses Association of BC (RNABC), representatives of the UBC School of Nursing, and nurse administrators. The questionnaire was re-drafted based on comments from the expert reviewers. The final survey questionnaire was translated into French by representatives of Health Canada.

3. Mail-out Process

Two separate mail-outs of the survey were conducted. The initial mail-out covered all the employers that had been selected to receive a survey. With the exception of the four western provinces to whom additional surveys were sent to be completed from the mental health perspective, the second mail-out was a follow-up mail-out and included only those employers that had not responded by the second mail-out date. French surveys were only mailed to the province of Québec. All other provinces received English surveys. However, both English and French versions of the survey were available upon request.

It is important to note that the initial French and English survey mail-outs were staggered since the survey questionnaire was being translated during the initial English survey mail-out. As a consequence, the second French survey mail-out was also staggered in order to ensure that an adequate response time was provided. As with the second mail-out of the English survey, the second mail-out of the French survey only included those employers who had not responded by the second mail-out deadline.

Attempts were made to find new addresses and contacts for those surveys that were returned in the mail due to incorrect or expired addresses, and/or contacts who were no longer at the facility. An effort was made to re-mail the surveys to the revised addresses and updated contacts.

4. Managing Responses to the Surveys

There were four main responses to the survey questionnaire:

- ◆ Return of the completed survey - when the survey was completed and returned to us, the date of return was noted and the survey filed.
- ◆ Contact by employers completing the survey to clarify questions in the survey - where employers contacted us to obtain clarification, every attempt was made to respond within 24 hours in order to maintain interest and ensure completion of the survey.
- ◆ Contact by employers not wanting to complete the survey or feeling that the survey did not apply to their facilities - where employers contacted us to say that they would not complete the survey or that the survey did not apply to their facility, numerous attempts at telephone contact were made to obtain a completed response, even if it meant that a research associate would complete the survey over the telephone. Note that employers in Québec were followed-up by French-speaking research associates.
- ◆ Contact by employers stating that they could not complete the survey per facility since several facilities were amalgamated and information was only available at the aggregated level - where this was the case, an attempt was made to confirm that facility-specific information could not be obtained and rather than lose information, surveys completed for more than one facility were accepted.

5. Management of Completed Surveys

a) Database Development

A senior programmer developed a database to enable entry of the survey responses. The database was piloted using a small sample of completed surveys and modified according to the feedback received from the researchers. Once all the survey responses were entered, programs were written to extract data from the database using PERL and SAS.

b) Questionnaire Review

Prior to the entry of survey responses, a small sample of surveys were used to pilot the database. It became obvious from the pilot test that many of the surveys would require review prior to data entry since many of the respondents failed to follow instructions and wrote in answers to questions rather than using the codes provided, or provided data for a week instead of for a year or vice versa. A decision was made to have two research associates review all of the surveys prior to data entry in order to ensure consistency in data handling and entering.

Where a large number of facilities indicated the “other” category for questions in the survey, the responses were reviewed and coded where possible; sometimes new categories were created for large numbers of similar responses.

c) Data Entry

Survey responses were entered into the database by two data entry clerks during August and September 1999, one working on responses in English, the other (bilingual) on responses in French.

III. ANALYSIS

The presentation of all tables in this section is uniform. Specifically, the columns remain the same throughout the tables, describing the regional breakdown, while the rows change to reflect the variables being discussed. As discussed above in the methodology, all tables in this section of the report refer to ‘Single Facility’ and ‘Amalgamated’ categories. These terms are used for tabulation purposes only and do not indicate the structural/legal status of the responding institution/organization. That is, ‘Single Facility’ denotes individual, unique entities which were included in the sample as such. ‘Amalgamated’ denotes those responding entities which indicated more than one facility/agency. Under the ‘Single Facility’ responses, the ‘All’ column refers to the total of the single facility responses. The ‘All Respondents’ column refers to the total of the single facility responses and the amalgamated facility responses.

The analysis of the survey findings is arranged into six sections following the organization and the content of the questions in the survey.

1. Organizational Characteristics

Tables 1 through 6(b) present the organizational characteristics (facility/agency type, reported bed capacity, total number of staff by patient care provider category and region, total number of hours worked by patient care provider category, as well as the average annual worked hours and the average number of staff per responding organization by patient care provider category and region), of the facilities/agencies which responded to the survey.

Table 1 indicates facility/agency type by region as reported by the respondents. A large number of respondents indicated “Other” as their facility/agency type; where appropriate efforts were made to categorize as many responses as possible into the existing categories. The first part of the table presents the number of responses in each category, while the second part of the table presents percentages.

More than one fifth (22.1%) of the respondents were from the hospital sector, and more than one third from the long term care sector (38.8%); the aggregated community sector (mental health agencies, community health centres, public health units) comprises another one quarter (27.5%) of the respondents.

Although we surveyed single facilities/agencies, 5.1% of the respondents reported as an entity larger than the single facility/agency initially surveyed (i.e. Amalgamated respondents). Regional response rates (for single facility respondents) ranged from a low of 8.0% in Québec to a high of 31.0% in Ontario.

Table 1
Facility/Agency Type by Region

Facility/Agency Type	Number of respondents						Amalg. Facility responses	All Respondents
	Single Facility responses							
	Atlantic	Quebec	Ontario	Prairies	BC/Terr	All		
Tertiary level/Teaching Hospital	2	3	7	10	8	30	--	30
Regional Community Hospital	3	1	2	1	6	13	1	14
Community Hospital	1	--	10	7	4	22	1	23
Rehabilitation/Convalescent Centre	3	4	3	2	1	13	2	15
Extended Care/Long Term								
Care/Nursing Home	16	9	46	27	43	141	3	144
Mental Health Facility/Agency	4	--	10	12	14	40	--	40
Community Health Agency/Health Centre/Public Health Unit	8	7	23	17	7	62	--	62
Home Care	3	--	--	--	--	3	--	3
Regional Health Board/Authority	--	4	--	4	--	8	12	20
Nursing Station	--	--	2	3	3	8	--	8
Other	1	--	6	1	2	10	--	10
Not indicated	--	--	--	1	1	2	--	2
Total	41	28	109	85	89	352	19	371

Facility/Agency Type	Percent of respondents						Amalg. Facility responses	All Respondents
	Single Facility responses							
	Atlantic	Quebec	Ontario	Prairies	BC/Terr	All		
Tertiary level/Teaching Hospital	4.9	10.7	6.4	11.8	9.0	8.5	--	8.1
Regional Community Hospital	7.3	3.6	1.8	1.2	6.7	3.7	5.3	3.8
Community Hospital	2.4	--	9.2	8.2	4.5	6.3	5.3	6.2
Rehabilitation/Convalescent Centre	7.3	14.3	2.8	2.4	1.1	3.7	10.5	4.0
Extended Care/Long Term								
Care/Nursing Home	39.0	32.1	42.2	31.8	48.3	40.1	15.8	38.8
Mental Health Facility/Agency	9.8	--	9.2	14.1	15.7	11.4	--	10.8
Community Health Agency/Health Centre/Public Health Unit	19.5	25.0	21.1	20.0	7.9	17.6	--	16.7
Home Care	7.3	--	--	--	--	0.9	--	0.8
Regional Health Board/Authority	--	14.3	--	4.7	--	2.3	63.2	5.4
Nursing Station	--	--	1.8	3.5	3.4	2.3	--	2.2
Other	2.4	--	5.5	1.2	2.2	2.8	--	2.7
Not indicated	--	--	--	1.2	1.1	0.6	--	0.5
Total	100	100	100	100	100	100	100	100

Table 2 indicates the funded bed capacity by region as reported by the respondents. The majority of respondents (28.8%) reported that they had 100-299 funded beds and 25.6% of the respondents indicated that they had 25-99 funded beds. Expectedly, within the 'Amalgamated' facility category, almost half of the respondents reported that they had 300 or more funded beds and approximately one third (31.6%) reported 100-299 funded beds.

In British Columbia and the Territories, our respondents were more likely to be the smaller size facilities (25-99 funded beds: 37.1%), while in the remaining four regions (i.e. Atlantic Canada, Québec, Ontario and the Prairies), our respondents were most frequently the medium size facilities (100-299 funded beds).

For small facilities (1-24 funded beds), a large majority of the respondents were from British Columbia/Territories. For the largest facilities (300+ funded beds), most of the respondents were from Ontario and the Prairies (see row percentages).

Table 2
Reported Bed Capacity by Region

Bed Capacity	Number of respondents							
	Single Facility responses					Amalg. Facility responses	All Respondents	
	Atlantic	Quebec	Ontario	Prairies	BC/Terr			All
none	6	6	13	13	6	44	--	44
1-24	4	--	2	6	18	30	1	31
25 - 99	12	3	28	16	33	92	3	95
100 - 299	13	9	35	21	23	101	6	107
300 or more	1	3	12	12	6	34	9	43
NA	5	4	18	15	3	45	--	45
Not indicated	--	3	1	2	--	6	--	6
Total	41	28	109	85	89	352	19	371

Bed Capacity	(Column) Percent of respondents							
	Single Facility responses						Amalg. Facility responses	All Respondents
	Atlantic	Quebec	Ontario	Prairies	BC/Terr	All		
none	14.6	21.4	11.9	15.3	6.7	12.5	--	11.9
1-24	9.8	--	1.8	7.1	20.2	8.5	5.3	8.4
25 - 99	29.3	10.7	25.7	18.8	37.1	26.1	15.8	25.6
100 - 299	31.7	32.1	32.1	24.7	25.8	28.7	31.6	28.8
300 or more	2.4	10.7	11.0	14.1	6.7	9.7	47.4	11.6
NA	12.2	14.3	16.5	17.6	3.4	12.8	--	12.1
Not indicated	--	10.7	0.9	2.4	--	1.7	--	1.6
Total	100	100	100	100	100	100	100	100

Bed Capacity	(Row) Percent of respondents							
	Single Facility responses						Amalg. Facility responses	All Respondents
	Atlantic	Quebec	Ontario	Prairies	BC/Terr	All		
none	13.6	13.6	29.5	29.5	13.6	100.0	--	100.0
1-24	12.9	--	6.5	19.4	58.1	96.8	3.2	100.0
25 - 99	12.6	3.2	29.5	16.8	34.7	96.8	3.2	100.0
100 - 299	12.1	8.4	32.7	19.6	21.5	94.4	5.6	100.0
300 or more	2.3	7.0	27.9	27.9	14.0	79.1	20.9	100.0
NA	11.1	8.9	40.0	33.3	6.7	100.0	--	100.0
Not indicated	--	50.0	16.7	33.3	--	100.0	--	100.0

Table 3 provides the total number of staff reported for the 1998 calendar year by patient care provider category and region. A total of 60,473 staff were reported by the respondents as working in their facilities/agencies. Of the total staff reported, 22,709 (37.6%) were full-time (FT) staff, 20,062 (33.2%) were part-time (PT), and 16,572 (27.4%) were Casual staff. There were 1,130 (1.9%) individuals whose employment status was unknown.

The amalgamated facility respondents indicated that they have slightly more PT (36.8%) than FT (35.0%) staff and fewer casual staff (28.2%). In contrast, the total single facility respondents reported higher FT (38.7%) than PT (33.5%) staff and approximately the same percentage of casual staff (27.9%).

In the Atlantic region, over half of the reported staff are FT (51.3%), and in fact, the latter double the number of PT staff (25.7%). The proportion of casual staff (23.0%) is almost equal to that of PT staff. Québec has reported more PT staff (40.6%) than FT (36.0%) and has fewer casual staff (23.4%).

Table 3
Total Number of Staff, by Patient Care Provider Category and Region, 1998

Provider Type	Sum of the number of FT staff							
	Single Facility responses						Amalg. Facility responses	All Respondents
	Atlantic	Quebec	Ontario	Prairies	BC/Terr	All		
Aides	316	342	1254	1192	1289	4393	571	4964
LPNs	395	191	942	354	397	2279	749	3028
RNs	1621	621	3703	2563	4415	12923	853	13776
RPNs	--	--	--	266	116	382	37	419
Other	12	5	276	160	69	522	--	522
Total	2344	1159	6175	4535	6286	20499	2210	22709

Provider Type	Sum of the number of PT staff							
	Single Facility responses					Amalg. Facility responses	All Respondents	
	Atlantic	Quebec	Ontario	Prairies	BC/Terr			All
Aides	190	451	1740	1691	721	4793	945	5738
LPNs	190	215	879	617	177	2078	418	2496
RNs	794	640	3134	3288	2784	10640	936	11576
RPNs	--	--	--	115	31	146	22	168
Other	2	3	63	7	9	84	--	84
Total	1176	1309	5816	5718	3722	17741	2321	20062

Provider Type	Sum of the number of Casual staff							
	Single Facility responses						Amalg. Facility responses	All Respondents
	Atlantic	Quebec	Ontario	Prairies	BC/Terr	All		
Aides	159	212	297	1457	1284	3409	557	3966
LPNs	267	141	298	460	362	1528	447	1975
RNs	614	384	1166	2724	4649	9537	758	10295
RPNs	--	--	--	85	59	144	19	163
Other	8	16	84	4	61	173	--	173
Total	1048	753	1845	4730	6415	14791	1781	16572

Provider Type	Sum of the number of staff with Unknown employment status						
	Single Facility responses					Amalg. Facility	All
	Atlantic	Quebec	Ontario	Prairies	BC/Terr	All responses	Respondents
Aides	--	--	139	12	34	185	185
LPNs	--	--	31	--	0	31	31
RNs	--	--	30	6	11	47	832
RPNs	--	--	--	--	0	0	35
Other	--	--	--	--	--	--	--
Total	0	0	200	18	45	263	867
							1130

In Ontario, the number of reported FT and PT staff are approximately the same (44.6% and 42.0%, respectively); the proportion of casual staff reported (13.3%) is the lowest among the five regions, indicating Ontario is least reliant on casual staff.

The Prairies has somewhat more PT than FT staff (38.2% and 30.3%, respectively); the number of reported FT and casual staff is approximately the same (30.3% and 31.6%, respectively).

B.C./Territories has reported approximately the same proportion of FT staff (38.3%) as the proportion of PT staff in the Prairies; the reported relative proportion of PT staff in B.C./Territories (22.7%) is the lowest among the five regions.

In the Atlantic region, more Aides were reported in the FT employment category than in the PT or casual categories. The LPNs have similar reporting as the Aides, with the exception that there are more casual LPNs reported than PT LPNs. Atlantic Canada also reported twice as many FT RNs as PT RNs and almost three times as many FT RNs as casual RNs.

Québec reported more Aides in the PT employment category than in either the FT or casual categories. There were also slightly more LPNs reported in the PT category than in the FT employment category or the casual category. Québec reported almost equal numbers of RNs in both the FT and PT employment categories and fewer RNs in the casual category.

In Ontario reporting facilities, approximately 40% more Aides were in the PT employment category than in the FT category and relatively few casual Aides were reported. There was less than 10% difference between the number of FT and PT LPNs. These proportions were high relative to casual LPNs: only one-third as many casual LPNs were reported. There was 18% fewer PT RNs reported in Ontario than FT RNs and the reported proportion of casual RNs was less than 15%.

The Prairies have reported more Aides in the PT and casual employment categories than in the FT category and the same trend is noted with both the LPNs and the RNs.

B.C./Territories report almost equal numbers of Aides in the FT and casual employment categories and fewer in the PT category. Similarly, there are more FT and casual LPNs reported than PT LPNs. This pattern is also repeated for RNs; however, the proportion casual is higher than the proportion of FT RNs.

A total of 750 RPNs were reported for the three known employment categories by the Prairies, B.C./Territories and the 'Amalgamated' facility respondents. The majority (56%) were reported to be in FT employment.

A large variety of "Other" was reported: it includes providers such as program assistants, child care workers, personal support workers, patient resource visitors, developmental workers, community health representatives, mental health support workers, youth and family counsellors, rehabilitation aide, developmental service workers, etc. Their total number was 779 for the responding facilities/agencies.

Table 4 provides the reported total number of hours worked for the 1998 calendar year by patient care provider category and region. While absolute numbers are not useful, relative distributions by region and average hours warrant examination. A total of 46,965,417 hours worked were reported by the respondents. Of the total hours worked in 1998, 24,633,170 (52.4%) were FT hours, 13,075,205 (27.8%) were PT hours, and 3,839,958 (8.2%) were Casual hours. The employment status of 5,417,084 (11.5%) worked hours reported was unknown.

With the exception of the Prairies, all other respondents, including the 'Amalgamated' facilities reported more hours worked in the FT employment category compared to PT; the converse was true for the Prairies: it reported slightly more PT hours worked than FT hours. Overall, more than 80% of the reported hours worked were distributed between the FT and PT employment categories. Relatively few hours were reported for casuals in all regions.

In both the FT and PT employment categories, Ontario reported the highest relative proportion of hours worked (51.8% and 51.0%, respectively), compared to the other four regions. In the casual employment

category, B.C./Territories reported the highest relative proportion (36.5%), followed by Ontario (27.8%).

Table 4
Total Number of Hours Worked, by Patient Care Provider Category and Region, 1998

Provider Type	Sum of the number of FT hours							
	Single Facility responses						Amalg. Facility responses	All Respondents
	Atlantic	Quebec	Ontario	Prairies	BC/Terr	All		
Aides	323124	51009	2087064	935754	1109345	4506298	663373	5169671
LPNs	580357	16627	1825764	274776	284218	2981744	1145794	4127538
RNs	2483048	238870	6904898	1034990	2675431	13337238	1321589	14658828
RPNs	--	--	--	79263	90711	169975	57149	227124
Other	23890	9	289687	15987	120436	450009	--	450009
Total	3410419	306515	11107413	2340770	4280141	21445264	3187905	24633170

Provider Type	Sum of the number of PT hours							
	Single Facility responses						Amalg. Facility responses	All Respondents
	Atlantic	Quebec	Ontario	Prairies	BC/Terr	All		
Aides	40491	32080	1231153	809848	488442	2602016	594119	3196135
LPNs	127517	6378	883569	374711	101665	1493842	183284	1677126
RNs	865290	36210	3802436	1574204	1156199	7434340	614403	8048743
RPNs	--	--	--	62825	21093	83918	27122	111041
Other	2340	2	27424	7405	4988	42160	--	42160
Total	1035638	74670	5944582	2828993	1772387	11656276	1418928	13075205

Provider Type	Sum of the number of casual hours							Amalg. Facility responses	All Respondents
	Single Facility responses								
	Atlantic	Quebec	Ontario	Prairies	BC/Terr	All			
Aides	31466	5855	121975	239000	361277	759574	181379	940953	
LPNs	179460	2956	153917	31800	97534	465668	100885	566554	
RNs	428628	6621	613985	249834	733546	2032616	213235	2245851	
RPNs	--	--	--	8826	16484	25311	23448	48760	
Other	2127	7	33363	456	1886	37840	--	37840	
Total	641681	15439	923240	529916	1210727	3321009	518947	3839958	

Provider Type	Sum of the number of Unknown employment status hours							
	Single Facility responses						Amalg. Facility responses	All Respondents
	Atlantic	Quebec	Ontario	Prairies	BC/Terr	All		
Aides	--	--	219620	916804	43234	1179659	336473	1516132
LPNs	--	--	58412	441776	35886	536074	63927	600001
RNs	--	--	46808	2915053	103008	3064870	229260	3294130
RPNs	--	--	--	--	--	--	6821	6821
Other	--	--	--	--	--	--	--	--
Total	0	0	324840	4273633	182128	4780603	636481	5417084

In the Atlantic region, more hours worked were reported for Aides and RNs in the FT and PT categories than in the casual category. In contrast, the LPNs worked more hours in the FT and casual categories than in the PT category. Note that the reported FT RN hours worked are three times the reported PT RN hours worked and six times the casual RN hours worked.

For all three patient care provider types (Aides, LPNs, and RNs), Québec, Ontario and B.C./Territories reported more hours worked in the FT employment category than PT or casual. The Prairies reported

more hours worked for LPNs and RNs in the PT category than the FT category and in fact, the RNs worked over 500,000 more PT hours than FT hours.

A total of 386,925 RPN hours worked were reported for all three employment categories by the Prairies, B.C./Territories and the 'Amalgamated' facility respondents.

Table 5 provides the average annual hours worked per patient care provider by patient care provider category and region. It is important to note that when the average annual worked hours by patient care provider were calculated, only data supplied by respondents who responded to both questions on the numbers of staff and the corresponding number of hours were used. There was a lower response rate for the question on hours than the one on numbers. This resulted in average hour estimates based on a subset of total hours reported. Therefore, the estimates vary widely across the regions largely due to the differences in response rates.

Table 5
Average Annual Worked Hours by Patient Care Provider Category and Region

Provider Type	Sum of Hours/Sum of Staff for FT employees*							
	Single Facility responses						Amalg. Facility responses	All Respondents
	Atlantic	Quebec	Ontario	Prairies	BC/Terr	All		
Aides	1352	157	1893	1025	1370	1328	1793	1374
LPNs	1626	99	2051	1140	980	1532	1799	1598
RNs	1727	516	1971	750	1337	1518	1741	1536
RPNs	--	--	--	304	881	467	1786	574
Other	1991	--	1053	101	1825	872	--	872

Provider Type	Sum of Hours/Sum of Staff for PT employees*							
	Single Facility responses					Amalg. Facility responses	All Respondents	
	Atlantic	Quebec	Ontario	Prairies	BC/Terr			All
Aides	314	73	818	853	1007	741	1136	793
LPNs	787	32	1257	794	801	897	1002	908
RNs	1176	68	1551	653	897	1002	1041	1005
RPNs	--	--	--	546	841	595	1427	696
Other	1170	--	435	1058	831	520	--	520

Provider Type	Sum of Hours/Sum of Staff for Casual employees*							
	Single Facility responses					Amalg. Facility responses	All Respondents	
	Atlantic	Quebec	Ontario	Prairies	BC/Terr			All
Aides	388	34	560	271	480	361	796	403
LPNs	812	27	781	185	371	485	593	501
RNs	810	32	740	167	429	426	666	441
RPNs	--	--	--	121	412	224	1234	369
Other	266	--	422	114	86	293	--	293

Provider Type	Sum of Hours/Sum of Staff for employees with Unknown employment status*							
	Single Facility responses					Amalg. Facility responses	All Respondents	
	Atlantic	Quebec	Ontario	Prairies	BC/Terr			All
Aides	--	--	1211	1955	1193	1261	--	1261
LPNs	--	--	913	--	--	913	--	913
RNs	--	--	1221	1700	952	1219	--	1219
RPNs	--	--	--	--	--	--	--	--
Other	--	--	--	--	--	--	--	--

* Please note: Only data supplied by respondents who entered values for both the number of staff and the corresponding number of hours are included in these tables.

Table 6 (a) provides the average number of staff per responding organization, by patient care provider and region. Overall, there appear to be more PT Aides (26.32) than FT (22.88) or casual Aides (20.87) in the facilities/agencies which responded to our survey. The average number of LPNs per responding organization is higher in the FT category (14.63), and almost equal in the PT and casual employment categories (13.28 and 13.08, respectively). In contrast, the average number of RNs is almost equal in the FT and casual employment categories (44.73 and 44.00, respectively), and lower in the PT employment category.

In the FT, PT, and Casual employment categories, the average number of Aides and LPNs per responding organization is much larger for the 'Amalgamated' respondents than for any of the other regions. This is to be expected since the 'Amalgamated' organizations are reporting for multiple facilities. However, note that with respect to FT and Casual RNs, B.C./Territories has the highest average number of RNs per responding organization.

Table 6 (a)
Average Number of Staff per Responding Organization,
by Patient Care Provider Category and Region

Provider Type	Mean number of FT staff							All Respondents
	Single Facility responses						Amalg. Facility responses	
	Atlantic	Quebec	Ontario	Prairies	BC/Terr	All		
Aides	15.80	28.50	20.90	24.83	20.46	21.64	40.79	22.88
LPNs	13.62	11.24	13.27	9.32	10.73	11.87	49.93	14.63
RNs	46.31	23.89	39.82	38.83	61.32	44.26	53.31	44.73
RPNs	--	--	--	10.64	3.52	6.06	4.11	5.82
Other	2.40	2.50	25.09	20.00	6.27	14.11	--	14.11

Provider Type	Mean number of PT staff						Amalg. Facility responses	All Respondents
	Single Facility responses							
	Atlantic	Quebec	Ontario	Prairies	BC/Terr	All		
Aides	10.56	32.21	29.00	36.76	10.92	23.50	67.50	26.32
LPNs	7.04	14.33	13.73	17.14	5.53	11.94	29.86	13.28
RNs	24.06	27.83	37.31	57.68	41.55	40.30	66.86	41.64
RPNs	--	--	--	5.23	1.19	2.76	3.14	2.80
Other	1.00	1.50	12.60	1.17	1.50	4.00	--	4.00

Provider Type	Mean number of Casual staff							All Respondents
	Single Facility responses						Amalg. Facility responses	
	Atlantic	Quebec	Ontario	Prairies	BC/Terr	All		
Aides	7.57	21.20	8.03	31.00	20.38	19.15	46.42	20.87
LPNs	11.13	11.75	8.51	13.14	11.31	11.07	34.39	13.08
RNs	19.81	20.21	22.00	48.64	74.98	43.15	58.31	44.00
RPNs	--	--	--	4.72	2.95	3.35	2.71	3.26
Other	2.67	8.00	14.00	1.33	10.17	8.65	--	8.65

In the Atlantic region, there are more FT and PT Aides (15.8 and 10.56, respectively), than Casual Aides (7.57), while there are more FT and Casual LPNs (13.62 and 11.13, respectively), than PT LPNs (7.04), on average. With respect to the average number of RNs per responding facility, there are almost twice as many FT RNs (46.31) than PT RNs (24.06). In Québec and the Prairies, the average number of PT Aides (32.21 and 36.76, respectively) and LPNs (14.33 and 17.14, respectively), is higher than

the average number of FT Aides (28.50 and 20.46, respectively) and LPNs (11.24 and 9.32, respectively). The RNs show the same trend. It is important to also note that in the Prairies, the average number of PT RNs (57.68) is higher than both the average number of casual (48.64) and FT RNs (38.83). Ontario shows the same trend for Aides and LPNs as is seen in Québec and the Prairies, however, the average number of RNs is different: there are more FT RNs (39.82) on average than PT and Casual (37.31 and 22.00, respectively). B.C./Territories has the same average number of FT and Casual Aides and the same is observed for LPNs. However, there are on average more Casual than FT or PT RNs.

Table 6 (b) provides the average number of hours worked per responding organization, by patient care provider and region. Overall, more FT hours worked per responding organization were reported for all patient care provider types than PT or Casual hours worked.

In the FT, PT, and Casual employment categories, the average number of hours worked per responding organization for all patient care provider types is much larger for the 'Amalgamated' respondents than for any of the other regions. This is to be expected since the 'Amalgamated' organizations are reporting for multiple facilities.

Table 6 (b)
Average Number of Hours per Responding Organization,
by Patient Care Provider Category and Region

Provider Type	Mean number of FT hours*							
	Single Facility responses						Amalg. Facility responses	All Respondents
	Atlantic	Quebec	Ontario	Prairies	BC/Terr	All		
Aides	21542	5101	42593	31192	25212	30448	73708	32928
LPNs	25233	1108	29931	14462	14211	21607	104163	27702
RNs	77595	11375	81234	20700	74776	54661	110133	57261
RPNs	--	--	--	5662	4320	4856	14287	5824
Other	5973	9	28969	2665	15055	15518	--	15518

Provider Type	Mean number of PT hours*							All Respondents
	Single Facility responses						Amalg. Facility responses	
	Atlantic	Quebec	Ontario	Prairies	BC/Terr	All		
Aides	3681	2673	25126	29994	10618	17945	66013	20754
LPNs	6711	532	17671	20817	6354	12990	20365	13525
RNs	30903	2012	51384	39355	23124	35402	68267	36752
RPNs	--	--	--	4188	1623	2997	9041	3582
Other	2340	2	5485	1481	1247	2635	--	2635

Provider Type	Mean number of Casual hours*							All Respondents
	Single Facility responses						Amalg. Facility responses	
	Atlantic	Quebec	Ontario	Prairies	BC/Terr	All		
Aides	2421	732	5808	9958	9507	7304	36276	8633
LPNs	11964	370	9054	2446	5419	6559	16814	7358
RNs	20411	552	18058	8615	17059	14623	35539	15489
RPNs	--	--	--	1103	1648	1406	7816	2322
Other	1064	4	8341	456	943	3440	--	3440

* Please note: Zero values in the number of hours have been removed from the calculations for the mean.

In the Atlantic region, higher FT and Casual LPN hours worked per responding organization (25,233 hours and 11,964 hours, respectively), were reported than PT LPN hours worked (6,711 hours), while for all other patient care provider types, the FT hours worked were higher than the PT or Casual hours worked. In the Prairies, the average number of PT LPN and RN hours worked is higher than the average number of FT LPN and RN hours worked, respectively. In all other regions (Québec, Ontario, and B.C./Territories), the average number of FT hours worked is higher for all provider types than PT or Casual hours worked.

The highest average hours in each employment category is for RNs with a few exceptions. In the FT employment category, the Prairies have relatively low RN hours worked and instead, seem to utilize relatively more FT Aide hours. In the PT employment category, the exception is Québec, which seems to utilize more PT Aide than RN hours. In the Casual employment category, Québec and the Prairies are the exceptions. In both these regions, Aides seem to be utilized more than RNs.

In summary, Tables 6 (a) and (b) have provided different analyses of employment data. Clearly, there are large variations reported in the employment of Aides, LPNs, RPNs and RNs by region, both between and within patient care provider categories.

2. Hiring Practices/Preferences

Tables 7 through 12 present the hiring practices/preferences of the facilities/agencies which responded to the survey. Facility/Agency preferences for hiring particular patient care provider types are discussed in general and for specified types of care/service. In addition, practices regarding the hiring of patient care providers from outside agencies are examined.

Table 7 details respondents' hiring practices, specifically how likely (or unlikely) they are to hire a particular category of patient/client care provider in a particular employment status and their corresponding reasons for hiring (or not hiring). The survey question was arranged so as to ask for each type of patient care provider and each employment status, whether a facility/agency would be likely or unlikely to hire that provider type and then give their reasons why (see Appendix D1 or D2, question 5). For each employment category and hiring preference (i.e. FT likely, PT likely, FT unlikely etc.), the Table presents the two most common providers reported (with the percentage of respondents choosing each) and the two most common corresponding reasons given by the respondents in each region.

Within all regions RNs were the first provider type likely to be hired into FT positions, followed by Aides in Québec, Prairies, and B.C./Territories. The Atlantic and Ontario regions are more likely to hire LPNs as the second most common provider type for FT positions compared to Aides. Respondents in Québec are far more likely to hire RNs into FT positions (69.6%) than they are likely to hire Aides into FT positions (21.7%) compared to the other regions. However, for all regions, second choice provider preferences are much lower than that for RNs. The reasons given by most respondents for likely hiring RNs into FT positions include "important for quality of care" and "necessary/important for high acuity patient/clients." The reasons given for likely hiring FT Aides include "important for quality of care" and "administration prefers regular/permanent employees."

Table 7
Likelihood for Hiring and Reasons, by Patient Care Provider Category and Region

For each hiring preference, 2 most common providers reported (%) and 2 most common corresponding reasons why*

Hiring Preference	Single Facility responses						Amalg. Facility responses	All Respondents
	Atlantic	Quebec	Ontario	Prairies	BC/Terr	All		
FT Likely	RNs 53.1% - 1,7 LPNs 33.8% - 6,1	RNs 69.6% - 1,2 Aides 21.7%	RNs 46.7% - 1,2 LPNs 26.1% - 1,3	RNs 43.6% - 1,2 Aides 21.6% - 1,7	RNs 42.4% - 1,2 Aides 30.2% - 1,7	RNs 46.2% - 1,2 Aides 22.6% - 1,9	RNs 36.0% - 1,2 LPNs 26.4% - 1	RNs 45.1% - 1,2 Aides 22.2% - 1,9
PT Likely	RNs 53.7% - 1,7 LPNs 31.6% - 1,6	RNs 53.8% - 1,13 Aides 30.8% - 6	RNs 43.8% - 1,2 Aides 25.4% - 1,3	RNs 41.0% - 1,2 Aides 24.0% - 7,1	RNs 41.7% - 1,2 Aides 29.8% - 1,7	RNs 44.1% - 1,2 Aides 24.7% - 1,7	RNs 34.1% - 1,2 LPNs 27.1% - 1	RNs 43.3% - 1,2 Aides 24.4% - 1,7
Casual Likely	RNs 52.6% - 1,2 LPNs 29.6% - 13,3	RNs 54.3% - 13 Aides 23.9% - 13	RNs 42.0% - 1 Aides, LPNs 25.6%	RNs 39.2% - 1,13 Aides 28.1% - 1,13	RNs 38.8% - 1,13 Aides 31.0% - 13	RNs 42.3% - 1,2 Aides 26.6% - 13,1	RNs 34.9% - 1,13 LPNs 30.2% - 1,13	RNs 41.9% - 1,2 Aides 26.5% - 13,1
FT Unlikely	Aides 39.0% - 13,1 LPNs 27.3% - 13,1	LPNs 32.8% - 13 Aides 29.3% - 13	Aides 38.2% - 13 LPNs 36.5% - 13,1	LPNs 27.6% - 13,5 Aides, RPNs 24.6%	LPNs 30.5% - 13 RPNs 28.7% - 13	LPNs 30.8% - 13 Aides 29.7% - 13	LPNs 35.0% - 13 RPNs 35.0% - 13	LPNs 30.9% - 13,1 Aides 29.6% - 13
PT Unlikely	Aides 43.1% - 13,1 LPNs 33.3% - 13	LPNs 32.7% - 13 Aides 29.1% - 13	LPNs 38.3% - 13 Aides 34.2% - 13	LPNs 30.0% - 13,5 RPNs 27.1% - 13	LPNs 31.2% - 13 RPNs 29.9% - 13	LPNs 33.0% - 13 Aides 29.7% - 13	RPNs 38.5% - 13,12 LPNs 26.9% - 12	LPNs 32.7% - 13 Aides 29.3% - 13,6
Casual Unlikely	Aides 51.6% - 13 LPNs 29.0% - 13	LPNs 33.3% - 13 Aides 33.3% - 13	Aides 37.7% - 13 LPNs 37.0% - 13	LPNs 35.6% - 13,5 RPNs 29.5% - 13	RPNs 37.1% - 13 LPNs 33.6% - 13	LPNs 34.3% - 13 Aides 29.4% - 13	RPNs 40.0% - 13,12 --	LPNs 34.3% - 13,5 Aides 28.9% - 13,1

*** Reasons:**

- | | |
|--|--|
| 0 = no reason given | 7 = staff prefer regular/permanent employment |
| 1 = important for quality of care | 8 = staff prefer on-call employment |
| 2 = necessary/important for high acuity patients/clients | 9 = administration prefers regular/permanent employees |
| 3 = less expensive wages | 10 = administration prefers casual/on-call employees |
| 4 = less expensive benefits | 11 = abundance of well-qualified providers |
| 5 = administrative policy (e.g. min. 2 years' acute care employment for home care nursing) | 12 = scarcity of well-qualified providers |
| 6 = collective agreement requirement | 13 = other |

As with FT, in all regions RNs were the first provider type likely to be hired into PT positions, followed by Aides in Québec, Ontario, Prairies, and B.C./Territories. The second most likely to be hired in the Atlantic region are LPNs for PT positions. The reasons given by most respondents for likely hiring RNs into PT positions (as in FT positions) include “important for quality of care” and “necessary/important for high acuity patient/clients.” The reasons given for likely hiring PT Aides include “important for quality of care” and “staff prefer regular/permanent employment.” Atlantic Canada would likely hire LPNs instead of Aides because they are “important for quality of care” and “collective agreement requirement.”

RNs are again the first provider type to be hired as casuals in all regions, followed by Aides, except in the Atlantic provinces. Overall, the reasons given for likely hiring RNs into casual positions include “important for quality of care” and “necessary/important for high acuity patient/clients.” Within the regions, the reason “other” was also chosen by some respondents; the most common reasons given under “other” include “relief for sick and vacation leave” and “extra workload requirements.”

Like the Atlantic region, the ‘Amalgamated’ facility respondents are more likely to hire RNs and LPNs into all three employment categories. Unlike the single facility respondents, the ‘Amalgamated’ facilities did not show as marked a preference for RNs.

Tables 8(a) to 8(e) are the disaggregated results of respondents’ hiring preferences as described in Table 7, by type of facility/agency. For the purposes of the crosstabulations, the facility/agency types presented in Table 1 were aggregated to enable better comparisons between facility/agency types. Each of Tables 8(a) to 8(e) present data by different aggregated facility/agency types. Within each table data are presented on the two most common providers reported (with the percentage of respondents choosing each) for each employment category and hiring preference (i.e. FT likely, PT likely, FT unlikely etc.) in

each region. Tables 8(a) to 8(e) therefore allow one to compare, for example, whether tertiary/teaching hospitals in Ontario have different hiring preferences than say, regional/community hospitals/rehabilitation centres in Ontario.

Table 8(a) presents data on hiring preferences for Tertiary/Teaching Hospitals. RNs are the provider type most likely to be hired in all employment categories in all regions. In fact, RNs were chosen by the majority of Tertiary/Teaching Hospital respondents for FT positions in all regions, by the majority of Tertiary/Teaching Hospital respondents for PT positions in all but the Prairies, and by the majority of Tertiary/Teaching Hospital respondents for casual positions in all but the Prairies and B.C./Territories.

Table 8 (a)
Hiring Preferences for Tertiary/Teaching Hospitals,
by Patient Care Provider Category and Region

Hiring Preference	For each hiring preference, 2 most common providers reported (%)							All Respondents
	Single Facility responses						Amalg. Facility responses	
	Atlantic	Quebec	Ontario	Prairies	BC/Terr	All		
FT Likely	RNs 67%	RNs 67%	RNs 59%	RNs 53%	RNs 78%	RNs 64%	--	RNs 64%
	LPNs 33%	Aides 33%	LPNs 15%	RPNs 33%	LPNs 11%	LPNs 13%	--	LPNs 13%
	--	--	Other 15%	--	RPNs 11%	--	--	--
PT Likely	RNs 67%	RNs 60%	RNs 58%	RNs 48%	RNs 71%	RNs 59%	--	RNs 59%
	LPNs 33%	Aides 40%	LPNs 15%	Aides 30%	LPNs 18%	Aides 15%	--	Aides 15%
	--	--	Other 15%	--	--	--	--	--
Casual Likely	RNs 73%	RNs 63%	RNs 52%	RNs 42%	RNs 39%	RNs 49%	--	RNs 49%
	LPNs 27%	Aides 37%	LPNs 36%	Aides 27%	Aides 26%	LPNs 21%	--	LPNs 21%
	--	--	--	--	LPNs 26%	--	--	--
FT Unlikely	Aides 100%	LPNs 50%	Aides 45%	RNs 30%	Aides 35%	Aides 30%	--	Aides 30%
	--	Aides 25%	LPNs 36%	LPNs 27%	LPNs 20%	LPNs 27%	--	LPNs 27%
	--	RNs 25%	--	--	--	--	--	--
PT Unlikely	Aides 100%	LPNs 50%	Aides 45%	LPNs 38%	Aides 40%	LPNs 32%	--	LPNs 32%
	--	Aides 25%	LPNs 36%	RPNs 31%	RPNs 35%	Aides 31%	--	Aides 31%
	--	RNs 25%	--	--	--	--	--	--
Casual Unlikely	Aides 100%	LPNs 67%	Aides 60%	LPNs 54%	RPNs 54%	LPNs 37.5%	--	LPNs 38%
	--	Aides 33%	LPNs 30%	RPNs 38%	Aides 23%	Aides 30%	--	Aides 30%
	--	--	--	--	LPNs 23%	RPNs 30%	--	RPNs 30%

Table 8(b) presents data on hiring preferences for Regional/Community Hospitals/Rehabilitation Centres. RNs are again the provider type most likely to be hired in almost all employment categories in almost all regions, with B.C./Territories being the exception. LPNs were chosen by slightly more Regional/Community Hospitals/Rehabilitation Centre respondents in B.C./Territories as a provider group they would likely hire FT. LPNs are the second most common provider type likely to be hired in all employment categories in the Atlantic provinces, in Ontario, and in the Prairies. In Québec, Aides are the second most common provider type likely to be hired in all employment categories.

Table 8 (b)
Hiring Preferences for Regional/Community Hospitals/Rehabilitation Centres,
by Patient Care Provider Category and Region

For each hiring preference, 2 most common providers reported (%)

Hiring Preference	Single Facility responses						Amalg. Facility responses	All Respondents
	Atlantic	Quebec	Ontario	Prairies	BC/Terr	All		
FT Likely	RNs 75%	RNs 50%	RNs 50%	RNs 45%	LPNs 32%	RNs 45%	RNs 33%	RNs 43%
	LPNs 25%	Aides 50%	LPNs 35%	LPNs 27%	RNs 30%	LPNs 29%	LPNs 33%	LPNs 30%
PT Likely	RNs 67%	RNs 67%	RNs 46%	RNs 44%	RNs 35%	RNs 45%	RNs 28%	RNs 43%
	LPNs 33%	Aides 33%	LPNs 38%	LPNs 24%	LPNs 22%	LPNs 27%	RPNs 28%	LPNs 27%
Casual Likely	RNs 48%	RNs 50%	RNs 46%	RNs 40%	RNs 33%	RNs 41%	RNs 33%	RNs 40%
	LPNs 38%	Aides 25%	LPNs 41%	LPNs 24%	LPNs 21%	LPNs 28%	Aides 33%	LPNs 28%
	--	LPNs 25%	--	--	RPNs 21%	--	--	--
FT Unlikely	Aides 60%	RNs 42%	Aides 53%	Aides 42%	RPNs 29%	Aides 39%	Aides 50%	Aides 39%
	LPNs 30%	LPNs 33%	RNs 26%	LPNs 33%	Aides 24%	LPNs 26%	RPNs 50%	LPNs 25%
	--	--	--	--	RNs 24%	--	--	--
PT Unlikely	Aides 75%	LPNs 36%	Aides 57%	Aides 42%	Aides 30%	Aides 43%	--	Aides 42%
	LPNs 25%	RNs 36%	LPNs 29%	LPNs 33%	LPNs 25%	LPNs 29%	--	LPNs 29%
	--	--	--	--	RPNs 25%	--	--	--
Casual Unlikely	Aides 100%	Aides 50%	Aides 69%	Aides 42%	Aides 42%	Aides 56%	LPNs 40%	Aides 52%
	--	LPNs 50%	LPNs 15%	LPNs 33%	RPNs 33%	LPNs 20%	--	LPNs 22%
	--	--	RNs 15%	--	--	--	--	--

Table 8(c) presents data on hiring preferences for Extended Care/LTC/Nursing Homes. Overall, Aides and RNs are almost equally likely to be hired in all employment categories. However, in the Atlantic region, RNs and LPNs are the provider types most likely to be hired in all employment categories.

Table 8 (c)
Hiring Preferences for Extended Care/LTC/Nursing Home Facilities/Agencies,
by Patient Care Provider Category and Region

For each hiring preference, 2 most common providers reported (%)

Hiring Preference	Single Facility responses						Amalg. Facility responses	All Respondents
	Atlantic	Quebec	Ontario	Prairies	BC/Terr	All		
FT Likely	LPNs 41%	RNs 43%	RNs 36%	Aides 40%	Aides 46%	Aides 36%	RNs 38%	Aides 36%
	RNs 38%	Aides 29%	Aides 34%	RNs 28%	RNs 39%	RNs 35%	LPNs 31%	RNs 35%
	--	LPNs 29%	--	--	--	--	--	--
PT Likely	RNs 43%	RNs 36%	Aides 38%	Aides 36%	Aides 42%	Aides 37%	RNs 38%	Aides 36%
	LPNs 31%	Aides 36%	RNs 34%	RNs 30%	RNs 41%	RNs 36%	LPNs 31%	RNs 36%
	--	LPNs 29%	--	--	--	--	--	--
Casual Likely	RNs 42%	RNs 37.5%	Aides 39%	Aides 34%	Aides 40%	RNs 37%	RNs 43%	RNs 37%
	LPNs 32%	Aides 31%	RNs 34%	RNs 32%	RNs 40%	Aides 36%	LPNs 29%	Aides 36%
	--	LPNs 31%	--	--	--	--	--	--
FT Unlikely	Aides 37%	Aides 29%	LPNs 49%	LPNs 28%	LPNs 32%	LPNs 33%	Aides 50%	LPNs 32%
	RNs 37%	LPNs 29%	RNs 28%	RPNs 28%	RPNs 31%	RNs 24%	RPNs 50%	RNs 24%
	--	RNs 29%	--	--	--	--	--	--
PT Unlikely	Aides 41%	Aides 27%	LPNs 51%	RPNs 35%	RPNs 33%	LPNs 36%	Aides 50%	LPNs 35%
	LPNs 41%	LPNs 27%	RNs 33%	LPNs 30%	LPNs 31%	RPNs 23%	RPNs 50%	RPNs 23%
	--	RNs 27%	--	--	--	--	--	--
Casual Unlikely	Aides 80%	RNs 33%	LPNs 49%	LPNs 41%	RPNs 45%	LPNs 41%	Aides 40%	LPNs 40%
	RPNs 20%	--	Aides 28%	RPNs 41%	LPNs 40%	RPNs 27%	--	RPNs 27%

Table 8(d) presents data on hiring preferences for Community Health/Home Care/Nursing Stations. Overall, RNs are by a large majority (exceeding that of Tertiary/Teaching Hospitals) the provider type most likely to be hired in all three employment categories: RNs were chosen by the majority of Community Health/Home Care/Nursing Stations in all regions as the provider type most likely to be hired in all three employment categories.

Table 8 (d)
Hiring Preferences for Community Health/Home Care/Nursing Station Facilities/Agencies,
by Patient Care Provider Category and Region

Hiring Preference	For each hiring preference, 2 most common providers reported (%)						
	Single Facility responses						All Respondents
	Atlantic	Quebec	Ontario	Prairies	BC/Terr	All	
FT Likely	RNs 78%	RNs 100%	RNs 78%	RNs 96%	RNs 86%	RNs 84%	RNs 84%
	LPNs 22%	--	LPNs 18%	Other 4%	RPNs 10%	LPNs 11%	LPNs 11%
PT Likely	RNs 73%	RNs 100%	RNs 76%	RNs 84%	RNs 77%	RNs 78%	RNs 78%
	LPNs 27%	--	LPNs 18%	--	Aides 15%	LPNs 15%	LPNs 15%
Casual Likely	RNs 75%	RNs 80%	RNs 80%	RNs 77%	RNs 93%	RNs 80%	RNs 80%
	LPNs 21%	LPNs 20%	Other 10%	RPNs 9%	RPNs 7%	LPNs 11%	LPNs 11%
	--	--	--	Aides 9%	--	--	--
FT Unlikely	LPNs 36%	Aides 33%	Aides 50%	Aides 32%	Aides 37%	Aides 38%	Aides 38%
	Aides 29%	LPNs 33%	LPNs 33%	LPNs 31%	LPNs 37%	LPNs 33%	LPNs 33%
PT Unlikely	LPNs 38%	Aides 33%	Aides 43%	Aides 29%	LPNs 35%	Aides 34%	Aides 34%
	Aides 33%	LPNs 33%	LPNs 31%	LPNs 28%	Aides 25%	LPNs 31%	LPNs 31%
	--	--	--	--	RPNs 25%	--	--
Casual Unlikely	LPNs 47%	Aides 40%	Aides 38%	Aides 29%	LPNs 35%	Aides 34%	Aides 34%
	Aides 32%	LPNs 33%	LPNs 33%	LPNs 29%	Aides 30%	LPNs 34%	LPNs 34%

Table 8(e) presents data on hiring preferences for Mental Health Facilities/Agencies. RNs are slightly more likely than other provider types to be hired in all three employment categories, overall. In Ontario, it is interesting to note that the “Other” provider group is the second most likely provider type to be hired after RNs. Examples of the “Other” provider group in Ontario include Child Care Workers and Developmental Service Workers, as well as Program Assistants.

Table 8 (e)
Hiring Preferences for Mental Health Facilities/Agencies,
by Patient Care Provider Category and Region

Hiring Preference	For each hiring preference, 2 most common providers reported (%)							
	Single Facility responses						Amalg. Facility responses	All Respondents
	Atlantic	Quebec	Ontario	Prairies	BC/Terr	All		
FT Likely	RNs 37%	--	RNs 45%	RPNs 37%	RPNs 33%	RNs 35%	--	RNs 35%
	LPNs 37%	--	Other 25%	RNs 29%	RNs 30%	RPNs 20%	--	RPNs 20%
PT Likely	RNs 39%	--	RNs 49%	RPNs 41%	RNs 32%	RNs 38%	--	RNs 38%
	LPNs 39%	--	Other 26%	RNs 33%	RPNs 26%	Aides 20%	--	Aides 20%
Casual Likely	RNs 50%	--	RNs 39%	Aides 38%	RPNs 29%	RNs 32%	--	RNs 32%
	LPNs 25%	--	Other 33%	RPNs 27%	RNs 26%	Aides 25%	--	Aides 25%
	--	--	--	RNs 27%	--	--	--	--
FT Unlikely	Aides 67%	--	Aides 32%	RNs 28%	LPNs 39%	LPNs 28%	--	LPNs 28%
	RNs 33%	--	LPNs 29%	LPNs 23%	Aides 22%	Aides 25%	--	Aides 25%
	--	--	RNs 29%	--	RPNs 22%	RNs 25%	--	RNs 25%
PT Unlikely	Other 50%	--	LPNs 36%	Aides 47%	LPNs 50%	LPNs 34%	--	LPNs 34%
	Aides 25%	--	Aides 27%	LPNs 26%	Aides 29%	Aides 34%	--	Aides 34%
	RNs 25%	--	--	--	--	--	--	--
Casual Unlikely	Aides 50%	--	Aides 38%	LPNs 45%	LPNs 54%	LPNs 43%	--	LPNs 43%
	RNs 50%	--	LPNs 38%	Aides 18%	Aides 31%	Aides 32%	--	Aides 32%
	--	--	--	RNs 18%	--	--	--	--

By comparing Tables 8(a) to 8(e), we can identify different hiring practices by aggregated facility/agency types and regions. For example, in Ontario, Aides are the provider type most likely to be hired by the Extended Care/LTC/Nursing Home facilities, but are not chosen by any of the other aggregated facility/agency types in Ontario, as likely to be hired. In regions where RPNs are regulated (B.C./Territories and the Prairies), only respondents in Community Care/Home Care/Nursing Station and Mental Health Agencies/Facilities indicated that they were likely to hire RPNs.

Table 9 provides the hiring preferences reported for specified types of care/service by provider type and reasons, for each region. The Table presents the two most frequently reported provider types for a specified type of care/service and provides the two most common reasons (in descending order) for choosing those provider types.

Nationally, for direct patient/client care involving medication administration, respondents reported that they preferred to hire RNs, by a large majority, followed by LPNs (67% and 17%, respectively). The reasons for hiring RNs for direct patient/client care involving medication administration included that RNs “have the education most appropriate to needs” and that they “give the best clinical care.” The reasons for hiring LPNs included that LPNs “have the education most appropriate to needs” and that they “are the most cost-effective.”

Overall, for direct patient/client care not involving medication administration, Aides and RNs were equally preferred as the provider type to render this care/service (34% and 32%, respectively). The reasons reported for choosing Aides to provide this type of care/service included that they “are the most cost-effective” and that they “have the education most appropriate to needs.” The reasons reported for choosing RNs to render this level of care/service included that RNs “have the education most appropriate to needs” and that they “give the best clinical care.”

Table 9
Hiring Preferences for Specified Type of Care/Service, by Patient Care Provider Type and Reason, by Region

Specified Type of Care/Service	2 Most frequently reported types of provider (%) and 2 most common reasons* why (in descending order):							
	Single Facility responses						Amalg. Facility responses	All Respondents
	Atlantic	Quebec	Ontario	Prairies	BC/Terr	All		
1. For direct patient/client care involving medication administration	RNs 84% - 1,3 LPNs 15% - 1,3	RNs 77% - 1,3 LPNs 14% - 1,3	RNs 66% - 1,3 LPNs 29% - 1,2	RNs 60% - 1,3 RPNs 26% - 1,3	RNs 69% - 1,3 RPNs 15% - 1,3	RNs 68% - 1,3 LPNs 17% - 1,2	RNs 55% - 1,3 LPNs 26% - 1,(2,3)	RNs 67% - 1,3 LPNs 17% - 1,2
2. For direct patient/client care not involving medication administration	LPNs 42% - 1,(2,3) RNs 41% - 1,3	RNs 39% - 1,(2,3) Aides,LPNs 25%	Aides 37% - 2,1 RNs 36% - 1,3	RNs 34% - 1,3 Aides 27% - 2,1	Aides 47% - 2,1 RNs 24% - 1,3	Aides 34% - 2,1 RNs 33% - 1,3	LPNs 36% - 2,1 Aides 33% - 2,1	Aides 34% - 2,1 RNs 32% - 1,3
3. For specialty direct care	RNs 85% - 1,3 LPNs 13% - 1,3	RNs 96% - 1,3 --	RNs 71% - 1,3 LPNs 22% - 1,3	RNs 64% - 1,3 RPNs 26% - 1,3	RNs 57% - 1,3 RPNs 20% - (1,3)	RNs 69% - 1,3 RPNs 12% - 1,3	RNs 57% - 1,3 RPNs 24% - 1,3	RNs 68% - 1,3 RPNs 13% - 1,3
4. For supervision, coordination and/or team-leading of other employees	RNs 87% - 1,6 LPNs 8% - (1,2)	RNs 98% - 1,6 --	RNs 86% - 1,6 LPNs 7% - 1,6	RNs 68% - 1,3 RPNs 25% - 1,3	RNs 73% - 1,3 RPNs 20% - 1,3	RNs 78% - 1,3 RPNs 12% - 1,3	RNs 52% - 1,6 RPNs 26% - 1,(2,6)	RNs 76% - 1,3 RPNs 14% - 1,3
5. To work under supervision	LPNs 43% - 1,2 RNs 33% - 1,(2,3)	Aides 36% - 2,7 LPNs 32% - 2,(1,4)	Aides 38% - 2,1 LPNs 31% - 2,1	Aides 39% - 2,1 LPNs 24% - 2,1	Aides 54% - 2,1 LPNs 22% - 2,1	Aides 40% - 2,1 LPNs 29% - 2,1	LPNs 39% - (1,2),3 Aides 32% - 2,1	Aides 39% - 2,1 LPNs 30% - 2,1

* Reasons:

- | | |
|--|--------------------------------------|
| 1 = Have the education most appropriate to needs | 5 = Require less orientation |
| 2 = Are the most cost-effective | 6 = Require less supervision |
| 3 = Give the best clinical care | 7 = Required by collective agreement |
| 4 = Remain employed for longer periods (less turnover) | 8 = Other, (please specify) |

Canada-wide RNs are preferred by a large majority for the provision of specialty direct care (68%). The reasons for this include that they “have the education most appropriate to needs” and that they “give the best clinical care.” RNs are also the preferred provider type for supervision, coordination and/or team-leading of other employees as reported by over 75% of the respondents. The reasons provided for preferring RNs include that they “have the education most appropriate to needs” and that they “give the best clinical care.”

Across Canada, Aides, closely followed by LPNs were reported as the preferred provider types to work under supervision (39% and 30%, respectively). The reasons reported for both provider types were the same i.e. that these provider types “are the most cost-effective” and that they “have the education most appropriate to needs.”

In all regions, for direct patient/client care involving medication administration, for specialty direct care, and for supervision, coordination and/or team-leading of other employees, RNs were chosen as the most preferred provider type, followed by LPNs in the Atlantic region and Ontario, and by RPNs in the two western regions. Respondents in Québec reported that they would prefer to hire only RNs for specialty direct care and for supervision, coordination and/or team-leading of other employees.

For direct patient/client care not involving medication administration, RNs and Aides were the most frequently chosen provider types in all regions except Atlantic Canada, where RNs and LPNs were reported as being equally preferable. Québec and the Prairies prefer to hire RNs first and then Aides as a second choice, while B.C./Territories prefers to hire Aides first followed by RNs. In Ontario, Aides and RNs were equally preferable for the provision of this type of care.

All regions except the Atlantic prefer to hire Aides and LPNs to work under supervision. Atlantic Canada prefers to hire LPNs first followed by RNs.

Tables 10(a) to 10(e) are the disaggregated results of respondents' hiring preferences as reported for specified types of care/service by type of facility/agency. For the purposes of this analysis, the facility/agency types presented in Table 1 were aggregated to enable better comparisons between facility/agency types. Each of Tables 10(a) to 10(e) present data by different aggregated facility/agency types. Data are presented in each Table on the two most frequently reported provider types for a specified type of care/service and the two most common reasons (in descending order) for choosing those provider types. Tables 10(a) to 10(e) therefore allow one to compare, for example, whether tertiary/teaching hospitals prefer to hire certain provider types for particular types of care/service compared to other facility/agency types.

Table 10(a) presents data on Tertiary/Teaching Hospital respondents' hiring preferences as reported for specified types of care/service. The Tertiary/Teaching Hospitals reported RNs as the most preferred provider type for direct patient/client care involving medication administration (83%), for direct patient/client care not involving medication administration (54%), for specialty direct care (87%), and for supervision, coordination and/or team-leading of other employees (76%). LPNs and Aides were reported as the provider types preferred to work under supervision (45% and 33%, respectively), except in Québec, where Aides followed by RNs were the reported preferences (67% and 33%, respectively). Note that although Tertiary/Teaching Hospitals in the Prairies reported RNs as the first preferred provider type for direct patient/client care involving medication administration, for specialty direct care and for supervision, coordination and/or team-leading of other employees, they also prefer to hire RPNs. In general, the reasons given for hiring RNs and RPNs were the same i.e. hire RNs/RPNs because they "have the education most appropriate to needs" and they "give the best clinical care." Reasons for hiring LPNs and Aides to work under supervision indicate that they "have the education most appropriate to needs" and that they "are the most cost-effective."

Table 10 (a)
Hiring Preferences for Specified Type of Care/Service, by Patient Care Provider Type and Reason,
For Tertiary/Teaching Hospitals by Region*

2 Most frequently reported types of provider (%) and 2 most common reasons** why (in descending order):							
Specified Type of Care/Service	Single Facility responses						All Respondents
	Atlantic	Quebec	Ontario	Prairies	BC/Terr	All	
1. For direct patient/client care involving medication administration	RNs 100% - (1,3) --	RNs 100% - (1,3) --	RNs 91% - 1,3 LPNs 9% - (1,3)	RNs 63% - 1,3 RPNs 37% - 1,3	RNs 100% - 1,3 --	RNs 83% - 1,3 RPNs 15% - 1,3	RNs 83% - 1,3 RPNs 15% - 1,3
2. For direct patient/client care not involving medication administration	RNs 67% - (1,2,3) LPNs 33% - (1,2,3)	RNs 80% - 2,(1,3) Aides 20% - 0	RNs 59% - (1,3) LPNs 19% - 1	RNs 41% - 3,1 LPNs 32% - (1,3)	RNs 56% - (1,3,8) LPNs 36% - 1,4	RNs 54% - 3,1 LPNs 28% - 1,3	RNs 54% - 3,1 LPNs 28% - 1,3
3. For specialty direct care	RNs 100% - (1,3) --	RNs 100% - (1,3) --	RNs 100% - (1,3) --	RNs 79% - 3,1 RPNs 21% - (1,3)	RNs 80% - 3,1 RPNs 20% - (1,2,3,6,7)	RNs 87% - 3,1 RPNs 13% - (1,3)	RNs 87% - 3,1 RPNs 13% - (1,3)
4. For supervision, coordination and/or team-leading of other employees	RNs 100% - (1,3) --	RNs 100% - (1,2,3,6) --	RNs 77% - 1,6 Other 23% - 2	RNs 62% - 1,3 RPNs 38% - 1,3	RNs 75% - 1,3 RPNs 25% - (1,2,3,6,7)	RNs 76% - 1,3 RPNs 17% - 1,3	RNs 76% - 1,3 RPNs 17% - 1,3
5. To work under supervision	LPNs 43% - 1,2 Aides, RNs 29%	Aides 67% - 0 RNs 33% - 0	LPNs 44% - (1,2) Aides 33% - 2,1	LPNs 50% - (1,2) Aides 31% - 1,2	LPNs 57% - 2,8 Aides 29% - 2	LPNs 45% - 2,1 Aides 33% - (1,2)	LPNs 45% - 2,1 Aides 33% - (1,2)

* Please note: There were no tertiary/teaching hospitals among the 'Amalgamated' respondents, so no data appear in this table for the 'Amalgamated' facilities/agencies.

** Reasons:

- | | |
|--|--------------------------------------|
| 0 = No reason given | 5 = Require less orientation |
| 1 = Have the education most appropriate to needs | 6 = Require less supervision |
| 2 = Are the most cost-effective | 7 = Required by collective agreement |
| 3 = Give the best clinical care | 8 = Other, (please specify) |
| 4 = Remain employed for longer periods (less turnover) | |

Table 10(b) presents data on Regional/Community Hospital/Rehabilitation Centre respondents' hiring preferences as reported for specified types of care/service. Regional/Community Hospital/Rehabilitation Centres reported RNs as the most frequently chosen provider type for direct patient/client care involving medication administration (70%), for specialty direct care (86%), and for supervision, coordination and/or team-leading of other employees (80%). In the Western regions, RPNs were cited as the second preference for the above types of care/service. In contrast to the Tertiary/Teaching Hospitals, the Regional/Community Hospital/Rehabilitation Centres reported that LPNs and RNs were almost equally preferable provider types for direct patient/client care not involving medication administration (38% and 35%, respectively). Only Québec respondents reported that they would prefer to hire Aides, followed by LPNs for direct patient/client care not involving medication administration (63% and 25%, respectively). Overall, Regional/Community Hospital/Rehabilitation Centres reported LPNs and then Aides as the preferred provider types to work under supervision (48% and 27%, respectively). Only Atlantic Canada and Ontario preferred RNs as the second provider type to work under supervision (Atlantic 32%, Ontario 22%). The reasons given for preferring to hire RNs and RPNs for specified types of care/service as discussed above were that these provider types "have the education most appropriate to needs" and they "give the best clinical care." The reasons for hiring LPNs and Aides to work under supervision included that both provider types "are the most cost-effective" and that they "have the education most appropriate to needs."

Table 10(b)
Hiring Preferences for Specified Type of Care/Service, by Patient Care Provider Type and Reason,
For Regional/Community Hospitals/Rehabilitation Centres by Region

Specified Type of Care/Service	2 Most frequently reported types of provider (%) and 2 most common reasons* why (in descending order):							
	Single Facility responses						Amalg. Facility responses	All Respondents
	Atlantic	Quebec	Ontario	Prairies	BC/Terr	All		
1. For direct patient/client care involving medication administration	RNs 83% - 1,3 LPNs 17% - (1,3,6)	RNs 65% - 1,3 Other 19% - (1,2,3,5,6)	RNs 75% - 3,1 LPNs 18% - 3,(1,2)	RNs 74% - 1,3 RPNs 21% - (1,3)	RNs 70% - (1,3) RPNs 23% - (1,2,3)	RNs 73% - 1,3 LPNs 12% - (1,3)	RNs 54% - (2,3) RPNs 31% - (1,2,3)	RNs 70% - 1,3 RPNs 13% - (1,3)
2. For direct patient/client care not involving medication administration	RNs 52% - (1,3) LPNs 44% - 1	Aides 63% - 2,(1,4) LPNs 25% - (2,4)	LPNs 63% - 1,3 RNs 23% - 3,1	RNs 38% - 1,3 LPNs 34% - 1,2	RNs 38% - 1,2 LPNs 32% - (1,2)	LPNs 40% - 1,2 RNs 35% - 1,3	RNs 36% - (1,2) RPNs 28% - (1,2,3)	LPNs 38% - 1,2 RNs 35% - 1,3
3. For specialty direct care	RNs 82% - 3,1 LPNs 18% - (1,3,6,7)	RNs 100% - 1,3 --	RNs 100% - 1,(3,6) --	RNs 100% - 1,3 --	RNs 74% - (1,3) RPNs 26% - (1,3)	RNs 89% - 1,3 RPNs 8% - (1,3)	RNs 57% - 1,(3,6) RPNs 43% - (1,3)	RNs 86% - 1,3 RPNs 11% - (1,3)
4. For supervision, coordination and/or team-leading of other employees	RNs 92% - 1,6 LPNs 8% - 1	RNs 100% - 1,(2,6) --	RNs 100% - 1,3 --	RNs 69% - 1,3 RPNs 19% - 1,3	RNs 72% - 1,2 Other 16% - (1,2,5,6)	RNs 83% - 1,3 RPNs 9% - 1,3	RNs 65% - 1,6 RPNs 35% - (1,2)	RNs 80% - 1,(3,6) RPNs 12% - 1,(2,3)
5. To work under supervision	LPNs 53% - 2,(1,5) RNs 32% - 6	LPNs 50% - (1,2,4,7) Aides 25% - (2,7)	LPNs 67% - 2,1 RNs 22% - (1,2,3,7)	LPNs 41% - 2,1 Aides 32% - 2,1	LPNs 39% - 2,1 Aides 30% - 2,(1,3,7)	LPNs 48% - 2,1 Aides 24% - 2,1	LPNs 46% - 3,(1,2) Aides 39% - (2,3)	LPNs 48% - 2,1 Aides 27% - 2,1

* Reasons:

0 = No reason given

1 = Have the education most appropriate to needs

2 = Are the most cost-effective

3 = Give the best clinical care

4 = Remain employed for longer periods (less turnover)

5 = Require less orientation

6 = Require less supervision

7 = Required by collective agreement

8 = Other, (please specify)

Table 10(c) presents data on Extended Care/LTC/Nursing Home facility/agency respondents' hiring preferences as reported for specified types of care/service. The Extended Care/LTC/Nursing Home facilities/agencies reported RNs as the most frequently chosen provider type for direct patient/client care involving medication administration (62%), for specialty direct care (54%), and for supervision, coordination and/or team-leading of other employees (82%). The preference for hiring RNs is especially pronounced for supervision, coordination and/or team-leading of other employees. Note that in the western provinces, the RPNs are reported as the second preference for supervision, coordination

and/or team-leading of other employees. For direct patient/client care not involving medication administration and to work under supervision, overall, the Extended Care/LTC/Nursing Home facilities/agencies prefer to hire Aides followed by LPNs. The reasons given for hiring RNs and RPNs in specified types of care/service included that both provider types “have the education most appropriate to needs” and that they “give the best clinical care.” The reasons provided for hiring RNs for supervision, coordination and/or team-leading of other employees included that they “have the education most appropriate to needs” and that they “require less supervision.” The reasons given for hiring Aides and LPNs in specified types of care/service included that both provider types “are the most cost-effective” and that they “have the education most appropriate to needs.” The reasons for hiring LPNs as a second choice for specialty direct care included that they “have the education most appropriate to needs” and that they “give the best clinical care.”

Table 10(c)
Hiring Preferences for Specified Type of Care/Service, by Patient Care Provider Type and Reason,
For Extended Care/LTC/Nursing Home Facilities/Agencies by Region

2 Most frequently reported types of provider (%) and 2 most common reasons* why (in descending order):

Specified Type of Care/Service	Single Facility responses						Annl. Facility responses	All Respondents
	Atlantic	Quebec	Ontario	Prairies	BC/Terr	All		
1. For direct patient/client care involving medication administration	RNs 80% - 1,3 LPNs 20% - 1,3	RNs 63% - 1,3 LPNs 32% - 1, (2,3,8)	RNs 54% - 1,3 LPNs 44% - 1,2	RNs 54% - 1,3 LPNs 25% - 1, (2,3)	RNs 74% - 1,3 RPNs 12% - (1,3)	RNs 62% - 1,3 LPNs 27% - 1,2	LPNs 55% - (1,2) RNs 45% - 1, (2,3,8)	RNs 62% - 1,3 LPNs 28% - 1,2
2. For direct patient/client care not involving medication administration	LPNs 52% - 1, (2,3) Aides 30% - 2, (1,4)	Aides, LPNs 33% Other 27% - 2, (1,3)	Aides 74% - 2,1 LPNs 15% - (2,3)	Aides 67% - 2,1 LPNs 29% - 2,1	Aides 82% - 2,1 LPNs 15% - (1,2,3)	Aides 67% - 2,1 LPNs 23% - 2,1	Aides, LPNs 40% RNs 20% - (1,2)	Aides 66% - 2,1 LPNs 24% - 2,1
3. For specialty direct care	RNs 80% - 1,3 LPNs 20% - (1,3)	RNs 87% - (1,3) Aides, LPNs 7%	RNs 52% - 1,3 LPNs 41% - 1,3	RNs 52% - 1,3 RPNs 27% - 1,3	RNs 45% - 3,1 Aides 29% - 1,2	RNs 55% - 1,3 LPNs 21% - 1,3	RNs 40% - 1,2 LPNs 33% - (1,2)	RNs 54% - 1,3 LPNs 22% - 1,3
4. For supervision, coordination and/or team-leading of other employees	RNs 100% - 1,6 --	RNs 92% - 1,6 Aides 8% - 2	RNs 84% - 1,6 LPNs 14% - 1,6	RNs 73% - 1,3 RPNs 16% - 1,3	RNs 80% - 1,3 RPNs 14% - 1,3	RNs 82% - 1,6 LPNs 8% - 1,3	RNs 71% - 1, (2,3) LPNs 29% - (1,2)	RNs 82% - 1,6 LPNs, RPNs 8%
5. To work under supervision	LPNs 50% - 1,2 Aides 29% - 2	Aides 55% - 2, (6,7) LPNs 27% - (2,4,6)	Aides 69% - 2,1 LPNs 29% - 2,1	Aides 70% - 2,1 LPNs 30% - 2,1	Aides 74% - 2,1 LPNs 15% - 2, (1,3)	Aides 65% - 2,1 LPNs 27% - 2,1	LPNs 60% - 2,1 Aides 40% - (1,2)	Aides 64% - 2,1 LPNs 28% - 2,1

* Reasons:

- | | |
|--|--------------------------------------|
| 0 = No reason given | 5 = Require less orientation |
| 1 = Have the education most appropriate to needs | 6 = Require less supervision |
| 2 = Are the most cost-effective | 7 = Required by collective agreement |
| 3 = Give the best clinical care | 8 = Other, (please specify) |
| 4 = Remain employed for longer periods (less turnover) | |

Table 10(d) presents data on Mental Health Facility/Agency respondents' hiring preferences as reported for specified types of care/service. Mental Health Facilities/Agencies reported RNs and RPNs as the preferred provider types for direct patient/client care involving medication administration, for specialty direct care, and for supervision, coordination and/or team-leading of other employees. For direct patient/client care not involving medication administration RNs and Aides were reported as the preferred provider types. It is interesting to note that B.C./Territories seems to equally prefer hiring RNs or RPNs in Mental Health Facilities/Agencies, while the Prairies seem to favour RPNs working in mental health. As expected, the “Other” provider category seems more prevalent in Mental Health Facilities/Agencies compared to other facility/agency types previously discussed, especially in B.C./Territories. The “Other” category includes provider types such as Developmental Workers, Child Care Counsellors, Activity Workers, Mental Health Support Workers, Youth and Family Counsellors and Social Workers.

Table 10 (d)
Hiring Preferences for Specified Type of Care/Service, by Patient Care Provider Type and Reason,
For Mental Health Facilities/Agencies by Region*

2 Most frequently reported types of provider (%) and 2 most common reasons** why (in descending order):

Specified Type of Care/Service	Single Facility responses					All Respondents
	Atlantic	Ontario	Prairies	BC/Terr	All	
1. For direct patient/client care involving medication administration	RNs 89% - 1,(3,6) Aides 11% - 1	RNs 63% - 1,3 LPNs 24% - 3,1	RPNs 50% - 1,3 RNs 33% - 1,3	RNs 42% - 3,1 RPNs 29% - 1,3	RNs 48% - 1,3 RPNs 26% - 1,3	RNs 48% - 1,3 RPNs 26% - 1,3
2. For direct patient/client care not involving medication administration	LPNs 43% - (1,2,3) RNs 36% - (1,3)	RNs 51% - (1,3) Aides 20% - (1,2)	RPNs 30% - (1,3) Aides 28% - 2,(1,4)	Aides 38% - 2,(1,4) RNs, RPNs, Other 21%	RNs 30% - (1,3) Aides 27% - 2,1	RNs 30% - (1,3) Aides 27% - 2,1
3. For specialty direct care	RNs 60% - (1,3,6) Aides, Other 20%	RNs 83% - 3,1 LPNs 17% - 3,2	RPNs 54% - 1,3 RNs 41% - 1,3	RNs, RPNs 44% - 1,3 Other 11% - (1,5,6,7)	RNs 50% - (1,3) RPNs 39% - 1,3	RNs 50% - (1,3) RPNs 39% - 1,3
4. For supervision, coordination and/or team-leading of other employees	RNs 71% - (1,6) LPNs, Other 14%	RNs 76% - 1,3 Other 16% - (1,3)	RPNs 55% - 1,3 RNs 45% - 1,3	RNs, RPNs 47% - 1,3 Other 6% - (1,6)	RNs 55% - 1,3 RPNs 36% - 1,3	RNs 55% - 1,3 RPNs 36% - 1,3
5. To work under supervision	Aides 50% - 1,2 LPNs, RNs - 25%	Aides 28% - (2,3) LPNs, Other 26%	Aides 47% - (2,4) RPNs 26% - 1	Aides 44% - 2 Other 25% - 5, (1,2)	Aides 38% - 2,4 Other 21% - 2,1	Aides 38% - 2,4 Other 21% - 2,1

* Please note: There were no mental health facilities/agencies among the Quebec respondents or among the 'Amalgamated' respondents, so no data appear in this table for the Quebec or the 'Amalgamated' facilities/agencies.

** Reasons:

- | | |
|--|--------------------------------------|
| 0 = No reason given | 5 = Require less orientation |
| 1 = Have the education most appropriate to needs | 6 = Require less supervision |
| 2 = Are the most cost-effective | 7 = Required by collective agreement |
| 3 = Give the best clinical care | 8 = Other, (please specify) |
| 4 = Remain employed for longer periods (less turnover) | |

Table 10(e) presents data on Community Health/Home Care/Nursing Stations respondents' hiring preferences as reported for specified types of care/service. In all regions and for all types of care/service specified, RNs are overwhelmingly the provider type preferred for Community Health/Home Care/Nursing Stations. In the Atlantic region, Québec and Ontario, LPNs are reported as the second most preferred provider type. Note that in B.C./Territories, the "Other" provider type is the second most preferred provider type for all types of care/service specified. The "Other" category includes providers such as Community Health Representatives (CHRs), Support staff, Social Workers, Personal Support Workers, and Patient Resource Visitors. The most common reasons given for hiring RNs for all types of care/service in Community Health/Home Care/Nursing Stations included that RNs "have the education most appropriate to needs" and that they "give the best clinical care."

Table 10 (c)
Hiring Preferences for Specified Type of Care/Service, by Patient Care Provider Type and Reason,
For Community Health/Home Care/Nursing Station Facilities/Agencies by Region*

	2 Most frequently reported types of provider (%) and 2 most common reasons** why (in descending order):						
Specified Type of Care/Service	Single Facility responses						All Respondents
	Atlantic	Quebec	Ontario	Prairies	BC/Terr	All	
1. For direct patient/client care involving medication administration	RNs 100% - 1,3 --	RNs 100% - 1,3 --	RNs 87% - 1,3 LPNs 13% - 2	RNs 89% - 1,3 RPNs 5% - 1,7	RNs 88% - 1,3 Other 12% - (1,2,7)	RNs 91% - 1,3 LPNs 5% - (1,2)	RNs 91% - 1,3 LPNs 5% - (1,2)
2. For direct patient/client care not involving medication administration	RNs 75% - 1,3 LPNs 25% - 1	RNs 71% - 1,(2,3) LPNs 29% - (1,2,3,5)	RNs 75% - 1,3 LPNs 22% - 2,1	RNs 86% - 1,3 Aides 8% - 2,3	RNs 76% - 1,(3,7) Other 24% - (1,2,7)	RNs 78% - 1,3 LPNs 15% - 2,1	RNs 78% - 1,3 LPNs 15% - 2,1
3. For specialty direct care	RNs 96% - 3,1 LPNs 4% - 1	RNs 100% - 1,3 --	RNs 85% - 1,3 LPNs 11% --	RNs 81% - 1,3 Other 12% - (2,3,8)	RNs 76% - 1,(3,7) Other 24% - (1,2,7)	RNs 87% - 1,3 Other 5% - 2	RNs 87% - 1,3 Other 5% - 2
4. For supervision, coordination and/or team-leading of other employees	RNs 68% - 1,3 LPNs 18% - (1,2,3,6)	RNs 100% - 1,6 --	RNs 100% - 1 --	RNs 91% - 1,3 RPNs 6% - (1,3)	RNs 89% - 1,3 Other 11% - 1	RNs 90% - 1,3 Other 5% - 1	RNs 90% - 1,3 Other 5% - 1
5. To work under supervision	RNs 63% - (1,3) LPNs 26% - 1	RNs 80% - (1,2,6) LPNs 20% - 1	RNs 70% - 1,3 LPNs 24% - 2,(1,3)	RNs 63% - 1,3 Other 17% - 3	RNs 90% - 1,7 Other 10% - 1	RNs 69% - 1,3 LPNs 18% - 2,1	RNs 69% - 1,3 LPNs 18% - 2,1

* Please note: There were no community health/home care/nursing station facilities/agencies among the 'Amalgamated' respondents, so no data appear in this table for the 'Amalgamated' facilities/agencies.

** Reasons:

- | | |
|--|--------------------------------------|
| 0 = No reason given | 5 = Require less orientation |
| 1 = Have the education most appropriate to needs | 6 = Require less supervision |
| 2 = Are the most cost-effective | 7 = Required by collective agreement |
| 3 = Give the best clinical care | 8 = Other, (please specify) |
| 4 = Remain employed for longer periods (less turnover) | |

Table 11 discusses respondents' practices regarding hiring health care providers from an outside private agency. The survey question first asked whether health care providers from an outside private agency were hired by the respondent, and then if so, asked the respondent to give reasons why (multiple answers as to why were allowed). The first section of the Table presents the number of responses in each category, while the second section of the table presents corresponding percentages.

Of the respondents who answered the question, a large majority of respondents (77.2%) said they do not hire health care providers from an outside private agency. In Québec, only a small majority (57.1%) said they do not hire health care providers from an outside private agency, while in the Atlantic region, a very large majority (92.7%) of respondents do not hire health care providers from an outside private agency.

For facilities/agencies who do hire health care providers from an outside private agency, the most common reason given by the respondents for doing so was "vacancies are difficult to fill" (57.1%). The second most common reason given was "the need for additional employees is very unusual" (16.7%).

Table 11
Hiring of Patient Care Providers from Outside Agencies, by Region

	Number of respondents						Amalg. Facility responses	All Respondents
	Single Facility responses							
	Atlantic	Quebec	Ontario	Prairies	BC/Terr	All		
NO	38	16	80	67	71	272	13	285
YES	3	12	28	17	18	78	6	84
Not answered	--	--	1	1	--	2	--	2
Why?								
vacancies are difficult to fill	--	7	13	11	11	45	3	48
agency employees are more cost-effective	--	--	2	1	1	4	--	4
the need for additional employees is very unusual	--	2	5	6	6	13	1	14
agency employees are more competent	--	--	--	--	--	--	--	--
other	3	5	15	5	5	33	2	35
	Percent of respondents						Amalg. Facility responses	All Respondents
	Single Facility responses							
	Atlantic	Quebec	Ontario	Prairies	BC/Terr	All		
NO	92.7	57.1	73.4	78.8	79.8	77.3	68.4	76.8
YES	7.3	42.9	25.7	20.0	20.2	22.2	31.6	22.6
Not answered	--	--	0.9	1.2	--	0.6	--	0.5
Why?								
vacancies are difficult to fill	--	58.3	46.4	64.7	64.7	57.7	50.0	57.1
agency employees are more cost-effective	--	--	7.1	5.9	5.9	5.1	--	4.8
the need for additional employees is very unusual	--	16.7	17.9	35.3	35.3	16.7	16.7	16.7
agency employees are more competent	--	--	--	--	--	--	--	--
other	100.0	41.7	53.6	29.4	29.4	42.3	33.3	41.7

Table 12 presents details on the mean percentage of staff and the mean percentage of paid hours provided by an outside agency in 1998 for those facilities/agencies who indicated that they hire health care providers from an outside private agency. The first section of the Table presents the mean percentage of staff provided by an outside agency by provider type, while the second section of the table presents the mean percentage of paid hours by provider type.

For Canada in total, the highest mean percentage of staff provided by an outside agency was for RNs at 10.9%. Aides and LPNs followed closely at 9.8% and 8.8%, respectively. Within the regions, the mean percentage of staff provided by an outside agency never reaches above 20%, with the highest mean found for Aides in the Prairies at 18.9% of staff provided by an outside agency. Facilities/agencies in B.C./Territories almost exclusively hire only RNs from outside agencies (mean of 16.5% of the staff

compared to 0.4% for Aides and 0.8% for LPNs). In Québec, LPNs are the provider group most often hired from outside agencies (mean of 17.4%). Ontario hires similar proportions of Aides, LPNs and RNs from outside agencies, 12.6%, 11.6% and 12.0% means, respectively.

Table 12
Average Percent of Staff and Paid Hours Provided by an Outside Agency,
by Patient Care Provider Category and Region

Provider Type	Mean percent of staff						Amalg. Facility responses	All Respondents
	Single Facility responses							
	Atlantic	Quebec	Ontario	Prairies	BC/Terr	All		
Aides	0.50	8.72	12.56	18.89	0.40	10.63	0.00	9.83
LPNs	0.00	17.42	11.62	6.90	0.75	9.71	0.00	8.77
RNs	0.00	2.67	11.96	11.18	16.51	11.27	5.00	10.87
RPNs	--	--	--	0.00	0.00	0.00	0.00	0.00
Other	--	0.00	0.50	--	--	0.25	--	0.25

Provider Type	Mean percent of paid hours						Amalg. Facility responses	All Respondents
	Single Facility responses							
	Atlantic	Quebec	Ontario	Prairies	BC/Terr	All		
Aides	0.50	1.52	6.83	5.02	1.06	4.17	6.50	4.39
LPNs	0.00	2.59	2.03	1.06	0.80	1.63	1.43	1.60
RNs	0.00	0.66	3.00	6.50	13.21	6.04	3.13	5.81
RPNs	--	--	--	0.06	0.00	0.04	0.00	0.03
Other	--	0.00	0.50	--	--	0.25	--	0.25

The results are similar for the mean percentage of paid hours provided by an outside agency; RNs show the highest mean in Canada at 5.8% of paid hours provided by an outside agency. In B.C./Territories, the RNs hired from outside agencies account for a mean of 13.2% of paid hours, the highest mean percentage of paid hours provided by an outside agency. In Québec, although LPNs account for a large mean percentage of the staff hired from outside agencies (17.4%), they account for only a mean of 2.59% of paid hours. Aides in Ontario, account for twice the mean percentage of paid hours as that of RNs (6.8% for Aides versus 3.0% for RNs) and three times as that of LPNs (6.8% for Aides versus 2.0% for LPNs).

3. Recruitment

Tables 13 through 16(b) present the recruitment efforts of the facilities/agencies which responded to the survey. Data reported by the responding facilities/agencies on the number of vacancies, hiring of casual staff and recruitment difficulties are examined.

Table 13 presents details on the average number of vacancies facilities/agencies had for patient/client care providers as of December 1998. The Table is divided into three sections based on employment status, with the first section of the Table presenting the data on the mean number of FT vacancies, the second section of the Table presenting data on the mean number of PT vacancies, while the third section of the Table presents data on the mean number of casual vacancies. All show data on the mean number of vacancies reported by provider type and by region.

Table 13
Average Number of Vacancies by Employment Status,
by Patient Care Provider Category and Region, December 1998

Provider Type	Mean number of FT vacancies							
	Single Facility responses						Amalg. Facility	All
	Atlantic	Quebec	Ontario	Prairies	BC/Terr	All	responses	Respondents
Total Aides	0.11	0.77	0.51	3.13	0.13	1.07	0.36	1.02
Total LPNs	0.50	0.94	0.59	0.94	0.12	0.59	0.55	0.59
Total RNs	1.38	6.47	3.14	1.24	3.64	2.77	3.08	2.79
Total RPNs	--	--	--	0.15	0.17	0.14	0.33	0.16
Total Other	0.00	0.00	0.25	0.25	7.14	2.08	--	2.08

Provider Type	Mean number of PT vacancies							
	Single Facility responses						Amalg. Facility	All
	Atlantic	Quebec	Ontario	Prairies	BC/Terr	All	responses	Respondents
Total Aides	0.12	3.00	2.00	6.22	0.69	2.61	0.50	2.47
Total LPNs	0.63	1.08	1.40	2.00	0.36	1.15	0.36	1.10
Total RNs	0.85	7.19	2.93	2.73	3.40	3.06	2.08	3.00
Total RPNs	--	--	--	0.13	0.07	0.09	0.22	0.11
Total Other	--	0.00	0.14	0.33	2.57	0.88	--	0.88

Provider Type	Mean number of Casual vacancies							
	Single Facility responses						Amalg. Facility	All
	Atlantic	Quebec	Ontario	Prairies	BC/Terr	All	responses	Respondents
Total Aides	0.28	1.88	1.29	3.65	2.38	2.16	3.58	2.27
Total LPNs	0.81	1.40	0.52	1.00	1.65	1.03	3.58	1.25
Total RNs	2.46	7.40	4.58	2.11	10.89	5.69	6.08	5.71
Total RPNs	--	--	--	0.40	0.50	0.39	1.89	0.59
Total Other	--	0.00	0.17	0.33	10.86	3.76	--	3.76

In Table 13, for Canada overall, the highest mean number of vacancies per responding facility/agency is 5.71 for casual RNs. In fact, the highest mean numbers of vacancies reported seem predominately to occur for casual positions. If we compare the employment statuses for all Canada, RNs account for the highest mean number of vacancies in each employment status (2.79 FT, 3.00 PT and 5.71 casual).

On a regional basis, the Table shows RNs actually account for the highest mean number of vacancies per facility/agency in each of the employment statuses in the Atlantic provinces, Québec, Ontario, and for the 'Amalgamated' respondent group. RNs also account for the highest mean number of PT vacancies and for the highest mean number of casual vacancies in the B.C./Territories region (3.40 and 10.89 respectively). The provider group 'Other' also shows a large mean number of vacancies in the B.C./Territories region, accounting for 10.86 of the casual vacancies, for 7.14 of the FT vacancies (the largest mean number of FT vacancies in the region), and for 2.57 of the PT vacancies. In the Prairies, the highest mean numbers of vacancies are reported for Aides in each employment status (3.13 FT vacancies, 6.22 PT vacancies, and 3.65 casual vacancies).

The Atlantic provinces have reported some of the lowest mean numbers of vacancies per facility/agency, with casual RNs showing the highest mean in the region at only 2.46. In Québec, the mean number of vacancies for RNs are considerably higher than for the other provider groups (6.47 FT RN vacancies

versus 0.94 FT LPN vacancies, 7.19 PT RN vacancies versus 3.00 PT Aide vacancies, and 7.40 casual RN vacancies versus 1.88 casual Aide vacancies).

Tables 14(a) to 14(e) are the disaggregated results of the mean number of vacancies facilities/agencies had for patient/client care providers as described in Table 13, by type of facility/agency. For the purposes of this analysis, the facility/agency types presented in Table 1 were aggregated to enable better comparisons between facility/agency types. Each of Tables 14(a) to 14(e) present data by different aggregated facility/agency types. Each Table is then divided into three sections based on employment status, with the first section of the Tables presenting the data on the mean number of FT vacancies, the second section of the Tables presenting data on the mean number of PT vacancies, while the third section of the Tables presents data on the mean number of casual vacancies. All show data on the mean number of vacancies reported by provider type and by region. Tables 14(a) to 14(e) therefore allow one to compare, for example, whether tertiary/teaching hospitals in the Prairies had different mean numbers of vacancies for patient/client care providers than say, extended care/LTC/nursing home facilities in the Prairies.

Table 14(a) presents data on the mean number of vacancies Tertiary/Teaching Hospitals reported for patient/client care providers as at December 1998. Please note, there were no Tertiary/Teaching Hospital respondents in the 'Amalgamated' respondent group, so that column has been omitted. For Canada overall, the highest mean number of vacancies reported was 38.47 for casual RNs, more than double the mean numbers of vacancies reported for PT and FT RNs (16.27 and 15.63, respectively). These values are much higher than the mean numbers of vacancies which were reported for all facilities combined in Table 13 above (5.71 for casual RNs, 3.00 for PT RNs, and 2.79 for FT RNs). The mean numbers of vacancies reported for RNs in Tertiary/Teaching Hospitals are also much higher than the mean numbers of vacancies reported for the other provider types in Tertiary/Teaching Hospitals; the provider type with the next highest mean to the RNs was Aides with a mean number of PT vacancies of only 2.67.

On a regional basis, Table 14(a) shows that it was facilities/agencies in the B.C./Territories region which had the largest mean numbers of vacancies reported for RNs. In fact, facilities/agencies in the B.C./Territories region had more than twice the mean number of vacancies reported for RNs than the other regions (73.33 in B.C./Territories versus 29.00 in Ontario for casual RNs, 33.80 in B.C./Territories versus 13.83 in Ontario for FT RNs, and 30.00 in B.C./Territories versus 14.75 in the Prairies for PT RNs). The only region where the mean number of vacancies for another provider group was higher than that for RNs was in Ontario, where the mean number of vacancies reported for PT Aides was 11.00 compared to 8.75 for RNs.

Table 14 (a)
Average Number of Vacancies for Patient Care Provider Type,
for Tertiary/Teaching Hospitals by Region*, December 1998

Provider Type	Mean number of FT vacancies by responding facility					
	Single Facility responses					
	Atlantic	Quebec	Ontario	Prairies	BC/Terr	All Respondents
Aides	0.00	0.00	3.00	1.67	0.00	0.80
LPNs	1.00	--	0.00	0.25	0.00	0.25
RNs	7.15	0.00	13.83	3.75	33.80	15.63
RPNs	--	--	--	0.00	0.00	0.00
Other	--	--	0.00	1.00	--	0.50

Provider Type	Mean number of PT vacancies by responding facility					
	Single Facility responses					
	Atlantic	Quebec	Ontario	Prairies	BC/Terr	All Respondents
Aides	0.00	0.00	11.00	4.33	0.00	2.67
LPNs	0.00	--	0.00	1.75	0.20	0.73
RNs	0.00	0.00	8.75	14.75	30.00	16.27
RPNs	--	--	--	0.00	0.00	0.00
Other	--	--	0.00	0.00	--	0.00

Provider Type	Mean number of Casual vacancies by responding facility					
	Single Facility responses					
	Atlantic	Quebec	Ontario	Prairies	BC/Terr	All Respondents
Aides	0.00	0.00	--	0.50	3.67	1.71
LPNs	0.00	--	0.00	0.33	2.40	1.30
RNs	0.00	9.00	29.00	4.00	73.33	38.47
RPNs	--	--	--	0.00	1.50	1.00
Other	--	--	0.00	--	--	0.00

* Please note: There were no tertiary/teaching hospitals among the 'Amalgamated' respondents, so no data appear in this table for the 'Amalgamated' facilities/agencies.

Table 14(b) presents data on the mean number of vacancies Regional/Community Hospitals/Rehabilitation Centres reported for patient/client care providers as at December 1998. For Canada overall, the highest mean numbers of vacancies reported were again for RNs, with casual RNs the highest at 9.39; PT and FT RNs followed with 7.46 and 5.06, respectively. These means were above the means seen for all facilities/agencies in Table 13, but well below those seen for Tertiary/Teaching Hospitals in Table 14(a).

Table 14 (b)
Average Number of Vacancies for Patient Care Provider Type,
for Regional/Community Hospitals/Rehabilitation Centres by Region, December 1998

Provider Type	Mean number of FT vacancies by responding facility							
	Single Facility responses						Amalg. Facility responses	All Respondents
	Atlantic	Quebec	Ontario	Prairies	BC/Terr	All		
Aides	0.00	1.67	0.00	3.25	1.00	1.79	0.00	1.62
LPNs	2.00	3.25	0.29	0.33	0.50	0.97	0.50	0.94
RNs	3.25	41.00	2.25	2.90	2.43	5.13	4.00	5.06
RPNs	--	--	--	0.00	0.00	0.00	1.00	0.25
Other	--	0.00	0.00	--	--	0.00	--	0.00

Provider Type	Mean number of PT vacancies by responding facility							
	Single Facility responses						Amalg. Facility responses	All Respondents
	Atlantic	Quebec	Ontario	Prairies	BC/Terr	All		
Aides	0.00	2.00	1.00	1.29	3.00	1.53	0.00	1.38
LPNs	2.60	2.67	2.75	0.75	1.80	2.00	0.00	1.87
RNs	5.00	30.00	8.60	3.33	2.80	7.83	3.67	7.46
RPNs	--	--	--	0.00	0.00	0.00	0.00	0.00
Other	--	0.00	0.00	--	--	0.00	--	0.00

Provider Type	Mean number of Casual vacancies by responding facility							
	Single Facility responses						Amalg. Facility responses	All Respondents
	Atlantic	Quebec	Ontario	Prairies	BC/Terr	All		
Aides	0.33	3.75	0.00	0.60	6.25	2.20	10.00	2.91
LPNs	3.50	3.50	0.00	0.67	5.40	2.36	7.00	2.86
RNs	11.00	21.67	6.00	1.00	11.17	9.12	11.67	9.39
RPNs	--	--	--	0.00	2.00	0.89	3.33	1.50
Other	--	0.00	0.00	--	--	0.00	--	0.00

On a regional basis, Table 14(b) shows RNs accounted for the highest mean number of vacancies reported in each of the employment statuses by facilities/agencies in the Atlantic provinces, Québec, Ontario, and in the 'Amalgamated' respondent group. RNs also accounted for the highest mean numbers of PT and casual vacancies reported by facilities/agencies in the Prairies, and for the highest mean numbers of FT and casual vacancies reported by facilities/agencies in the B.C./Territories region. Regional/Community Hospitals/Rehabilitation Centres in Québec reported far larger mean numbers of vacancies for RNs than in the other regions (41.00 in Québec versus 3.25 in the Atlantic provinces for FT RNs, 30.00 in Québec versus 8.60 in Ontario for PT RNs, and 21.67 in Québec versus 11.17 in the B.C./Territories for casual RNs). However, as the number of respondents from Québec is very low, caution is advised in interpreting these numbers.

Table 14(c) presents data on the mean number of vacancies Extended Care/LTC/Nursing Home facilities reported for patient/client care providers as at December 1998. For Canada overall, the highest mean numbers of vacancies reported were for Aides, with PT Aides the highest at 3.36. Extended Care/LTC/Nursing Home facilities reported very small mean numbers of vacancies for RNs (from 0.33 FT vacancies to 1.67 casual vacancies) compared to the mean numbers of vacancies reported for RNs by the facility/agency types described above in Tables 14(a) and 14(b).

Table 14 (c)
Average Number of Vacancies for Patient Care Provider Type,
for Extended Care/LTC/Nursing Home Facilities/Agencies by Region, December 1998

Provider Type	Mean number of FT vacancies by responding facility						
	Single Facility responses						All Respondents
	Atlantic	Quebec	Ontario	Prairies	BC/Terr	All	
Aides	0.20	1.00	0.67	5.27	0.09	1.34	0.00
LPNs	0.18	0.20	0.48	2.42	0.07	0.66	0.00
RNs	0.18	0.50	0.20	1.00	0.13	0.34	0.00
RPNs	--	--	--	0.09	0.00	0.03	0.00
Other	--	--	0.00	0.00	--	0.00	--

Provider Type	Mean number of PT vacancies by responding facility						
	Single Facility responses						All Respondents
	Atlantic	Quebec	Ontario	Prairies	BC/Terr	All	
Aides	0.11	7.50	1.97	10.37	0.48	3.44	0.00
LPNs	0.09	1.20	1.36	4.23	0.12	1.38	1.00
RNs	0.36	1.25	1.17	2.11	0.35	1.02	0.50
RPNs	--	--	--	0.09	0.00	0.03	0.00
Other	--	--	0.00	0.00	--	0.00	--

Provider Type	Mean number of Casual vacancies by responding facility						
	Single Facility responses						All Respondents
	Atlantic	Quebec	Ontario	Prairies	BC/Terr	All	
Aides	0.44	--	1.73	3.63	2.50	2.32	0.00
LPNs	0.30	0.00	0.89	2.00	0.80	0.98	5.00
RNs	0.60	0.00	1.52	1.50	2.19	1.61	4.00
RPNs	--	--	--	0.67	0.00	0.31	0.00
Other	--	--	--	0.00	--	0.00	--

On a regional basis, Table 14(c) shows Extended Care/LTC/Nursing Home facilities in the Prairies reported higher mean numbers of vacancies of both Aides and LPNs than any other region, this was true for all employment statuses. The mean number of vacancies reported for Aides varies from a high of 10.37 for PT Aides in the Prairies to a low of 0.09 for FT Aides in the B.C./Territories region. The mean number of vacancies reported for LPNs varies from a high of 4.23 for PT LPNs in the Prairies to a low of 0.00 for casual LPNs in Québec.

Table 14(d) presents data on the mean number of vacancies Mental Health Facilities/Agencies reported for patient/client care providers as at December 1998. Please note, there were no Mental Health Facility/Agency respondents in the 'Amalgamated' respondent group, or in the Québec region, so these two groups have been omitted from the Table. For Canada overall, the highest mean numbers of vacancies reported were for casual Aides (4.50), casual RNs (3.93) and PT Aides (2.50). It appears that Mental Health Facilities/Agencies in the Prairies were the largest contributors to these means, as they reported fairly large mean numbers of vacancies for these same three groups (casual Aides - 15.50, casual RNs - 16.67, and PT Aides - 7.20), while the other regions reported comparably low mean numbers of vacancies for these groups. Other regional differences include Ontario reporting somewhat large mean numbers of vacancies for FT LPNs (4.00) and FT RNs (5.00), and B.C./Territories reporting slightly smaller mean numbers of vacancies for FT Other providers (2.50) and casual Other providers (3.00).

Table 14 (d)
Average Number of Vacancies for Patient Care Provider Type,
for Mental Health Facilities/Agencies by Region*, December 1998

Provider Type	Mean number of FT vacancies by responding facility				
	Single Facility responses				
	Atlantic	Ontario	Prairies	BC/Terr	All Respondents
Aides	0.00	0.33	2.00	0.00	0.77
LPNs	0.00	4.00	0.00	0.00	1.00
RNs	0.33	5.00	0.20	0.00	1.05
RPNs	--	--	0.57	0.71	0.64
Other	0.00	1.00	0.33	2.50	1.30

Provider Type	Mean number of PT vacancies by responding facility				
	Single Facility responses				
	Atlantic	Ontario	Prairies	BC/Terr	All Respondents
Aides	0.33	0.00	7.20	1.14	2.50
LPNs	0.50	2.00	0.00	0.00	0.56
RNs	0.50	1.00	3.00	0.22	1.00
RPNs	--	--	0.60	0.29	0.42
Other	--	0.50	0.67	0.00	0.33

Provider Type	Mean number of Casual vacancies by responding facility				
	Single Facility responses				
	Atlantic	Ontario	Prairies	BC/Terr	All Respondents
Aides	0.00	0.00	15.50	0.17	4.50
LPNs	0.00	0.00	0.00	0.00	0.00
RNs	0.00	1.33	16.67	0.14	3.93
RPNs	--	--	0.80	0.17	0.46
Other	--	0.00	1.00	3.00	1.75

* Please note: There were no mental health facilities/agencies among the Quebec respondents or among the 'Amalgamated' respondents, so no data appear in this table for the Quebec or the 'Amalgamated' facilities/agencies.

Table 14(e) presents data on the mean number of vacancies Community Health/Home Care/Nursing Station facilities/agencies reported for patient/client care providers as at December 1998. Please note, there were no Community Health/Home Care/Nursing Station facility/agency respondents in the 'Amalgamated' respondent group, so the 'Amalgamated' group has been omitted from the Table. For Canada overall, the highest mean numbers of vacancies reported were for the Other provider group, with casual Other the highest at 10.83. However, closer examination shows that the high mean numbers of vacancies reported for the Other provider group are due solely to the extremely large mean numbers of vacancies which were reported in B.C./Territories by one facility. The next highest mean numbers of vacancies reported for Canada overall by Community Health/Home Care/Nursing Station facilities/agencies were for RNs (2.07 FT, 1.33 casual and 1.10 PT). These are much lower than the mean numbers of vacancies reported for RNs by the Tertiary/Teaching Hospitals in Table 14(a) or by the Regional/Community Hospitals/Rehabilitation Centres in Table 14(b).

Table 14 (e)
Average Number of Vacancies for Patient Care Provider Type,
for Community Health/Home Care/Nursing Stations by Region*, December 1998

Provider Type	Mean number of FT vacancies by responding facility						All Respondents
	Single Facility responses						
	Atlantic	Quebec	Ontario	Prairies	BC/Terr	All	
Aides	0.00	0.00	0.00	0.00	0.00	0.00	0.00
LPNs	0.00	0.25	0.00	0.00	0.00	0.04	0.04
RNs	1.10	3.25	3.90	0.41	1.57	2.07	2.07
RPNs	--	--	--	0.00	0.00	0.00	0.00
Other	--	--	0.00	0.00	40.00	6.67	6.67

Provider Type	Mean number of PT vacancies by responding facility						All Respondents
	Single Facility responses						
	Atlantic	Quebec	Ontario	Prairies	BC/Terr	All	
Aides	0.00	0.00	0.00	0.00	0.00	0.00	0.00
LPNs	0.00	0.00	0.00	0.00	0.00	0.00	0.00
RNs	0.30	4.75	1.89	0.00	0.40	1.10	1.10
RPNs	--	--	--	0.00	0.00	0.00	0.00
Other	--	--	0.00	0.25	18.00	2.71	2.71

Provider Type	Mean number of Casual vacancies by responding facility						All Respondents
	Single Facility responses						
	Atlantic	Quebec	Ontario	Prairies	BC/Terr	All	
Aides	0.00	0.00	1.20	0.90	0.00	0.35	0.35
LPNs	0.00	0.00	0.00	0.00	0.00	0.00	0.00
RNs	1.13	0.00	2.69	0.21	2.00	1.33	1.33
RPNs	--	--	--	0.00	0.00	0.00	0.00
Other	--	--	0.50	0.00	64.00	10.83	10.83

* Please note: There were no community health/home care/nursing station facilities/agencies among the 'Amalgamated' respondents, so no data appear in this table for the 'Amalgamated' facilities/agencies.

Québec and Ontario Community Health/Home Care/Nursing Station facilities/agencies reported the largest mean numbers of vacancies for both FT and PT RNs (3.25 FT and 4.75 PT in Québec, and 3.90 FT and 1.89 PT in Ontario), while Ontario and B.C./Territories Community Health/Home Care/Nursing Station facilities/agencies reported the largest mean numbers of vacancies for casual RNs (2.69 and 2.00, respectively).

Table 15 presents details on the mean number of casual/on-call patient/client care providers hired by respondent facilities/agencies during the calendar year ending December 1998, and the mean number of casual/on-call patient/client care providers the respondent facilities/agencies would have liked to hire, if they could hire as many or as few as they wished. The first section of the Table presents the mean number of casual staff hired by the respondent facilities/agencies, while the second section of the table presents the mean number of casual staff the respondent facilities/agencies wished to hire. Each section shows data on the mean number of staff by provider type and by region.

Table 15
Average Number of Casual Staff Hired and Wished to Hire,
by Patient Care Provider Category and Region

Provider Type	Mean number of Casual staff HIRED							
	Single Facility responses						Amalg. Facility	All
	Atlantic	Quebec	Ontario	Prairies	BC/Terr	All	responses	Respondents
Total Aides	4.00	7.00	4.75	10.47	5.60	6.48	14.18	6.93
Total LPNs	4.46	3.18	2.43	2.94	1.97	2.83	9.09	3.23
Total RNs	6.55	8.61	9.22	14.50	17.17	12.33	34.46	13.47
Total RPNs	--	--	--	0.61	0.81	0.68	2.57	0.87
Total Other	2.50	1.00	1.20	6.00	22.29	8.96	--	8.96

Provider Type	Mean number of Casual staff WISHED TO HIRE							
	Single Facility responses						Amalg. Facility	All
	Atlantic	Quebec	Ontario	Prairies	BC/Terr	All	responses	Respondents
Total Aides	5.75	7.63	4.00	7.11	4.94	5.50	9.22	5.74
Total LPNs	4.76	4.27	2.38	4.03	3.43	3.55	9.25	3.86
Total RNs	9.71	11.29	5.10	6.26	19.41	10.17	14.60	10.39
Total RPNs	--	--	--	0.48	1.00	0.69	3.43	1.02
Total Other	3.00	1.00	0.25	0.80	21.50	8.46	--	8.46

For Canada as a whole, the highest mean number of casual staff hired per facility was for RNs at 13.47. Other providers and Aides followed at 8.96 and 6.93, respectively. The 'Amalgamated' respondent group shows higher mean numbers of casual staff hired for all provider groups than reported in the individual regions; this probably reflects the corporate status, as this group of respondents would be hiring staff for numerous facilities/agencies, and thus we could expect would hire a larger number of staff over the period of a year than a single facility/agency would.

Within each region, the highest means were seen for RNs in the Atlantic provinces, Québec, Ontario, and the Prairies (6.55, 8.61, 9.22 and 14.50, respectively). In the B.C./Territories region, it was the Other provider group which had the highest mean number of casual staff hired, with a mean of 22.29 compared to a mean of 17.17 for casual RNs. Relatively large mean numbers of casual Aides were also hired by some of the respondents (10.47 in the Prairies and 7.00 in Québec).

The results are similar for the mean number of casual staff the respondent facilities/agencies would have liked to hire; RNs show the highest mean for Canada overall at 10.39. For casual staff the respondents would have liked to hire, the 'Amalgamated' respondent group again shows higher mean numbers than seen within the individual regions for Aides, LPNs and RPNs. The mean number of casual RNs the respondent facilities/agencies would have liked to hire is highest in the B.C./Territories region (19.41). As for the Other provider group, the highest mean for number of casual staff wished to hire was reported by the B.C./Territories respondents (21.50). The mean numbers of casual Aides the respondent facilities/agencies would have liked to hire were also relatively large in the Prairies (7.11) and in Québec (7.63).

If we compare the two sections of the table, namely the mean number of casual staff hired as compared to the mean number of casual staff respondents wished to hire, the means are relatively close for Canada as a whole, with the largest difference in the means seen for RNs (a mean of 13.47 hired versus a mean of 10.39 they wished to hire). On a regional basis, the mean number of casual staff respondents wished

to hire is greater than the mean number of casual staff hired for all providers groups in the Atlantic provinces and Québec. The opposite is true in Ontario and the Prairies (with the exception of LPNs in the Prairies), where the mean number of casual staff hired is lower than the mean number of casual staff respondents wished to hire. In the B.C./Territories region, the respondents wished to hire more casual LPNs, RNs, and RPNs than they actually did hire in 1998.

Tables 16(a) and 16(b) discuss difficulties respondents were having recruiting health care providers for regular/permanent positions as of December 1998. The corresponding survey question first asked whether health care providers were having difficulty recruiting health care providers for regular/permanent positions as of December 1998, and if so, asked the respondents to indicate how problematic on a scale of one (not problematic) to five (very problematic) certain factors were for their facility/agency. Table 16(a) presents the answer to the first part of the question, whether facilities/agencies were having difficulty recruiting health care providers for regular/permanent positions. Approximately 5% of the survey respondents did not answer this question. Table 16 (b) details the mean scores reported by the respondents for how problematic certain factors were for their facility/agency with regard to difficulty hiring each provider type.

Of the respondents who answered the question, a small majority of respondents (55.0%) said they were not having difficulty recruiting health care providers for regular/permanent positions as of December 1998. Ontario reported the largest majority of respondents who reported they were not having difficulty recruiting health care providers for regular/permanent positions (68.6%).

However, in the 'Amalgamated' respondent group a large majority of respondents reported difficulty recruiting health care providers for regular/permanent positions (73.3%), while in the Prairies a small majority of respondents reported difficulty recruiting health care providers for regular/permanent positions (55.6%).

For facilities/agencies who reported difficulty recruiting health care providers for regular/permanent positions, Table 16(b) details how problematic on a scale of one (not problematic) to five (very problematic) certain factors were for each facility/agency with regard to difficulty hiring each provider type. The Table presents mean scores for each factor for each provider group by region. Please note, this portion of the question was not answered by many respondents so the mean scores shown are based on relatively small 'n values'.

The highest mean scores (i.e. most problematic factors) appear for the RNs, both for Canada as a whole and across the regions. Of particular concern for facilities/agencies having difficulty recruiting RNs, were the factors "too few recent graduates" (mean score of 4.16 for Canada) and "other factor" (mean score of 4.12 for Canada). Examples of the types of responses given under "other factor" for RNs were "we have insufficient funds to post FT positions, which are required" and "we offer less competitive salaries."

The factor "too few applying" was the most problematic concern for facilities/agencies having difficulty hiring LPNs (mean score of 3.39 for Canada). This was true for LPNs in the individual regions as well.

Table 16 (a)
Difficulty in Recruiting to Regular Positions, by Region

	Number and percentage (%) of respondents							
	Single Facility responses						Amalg. Facility	All
	Atlantic	Quebec	Ontario	Prairies	BC/Terr	All	responses	Respondents
NO	23 (56.1%)	17 (60.7%)	72 (68.6%)	36 (44.4%)	42 (50.6%)	190 (56.2%)	4 (26.7%)	194 (55.0%)
YES	18 (43.9%)	11 (39.3%)	33 (31.4%)	45 (55.6%)	41 (49.4%)	148 (43.8%)	11 (73.3%)	159 (45.0%)

Table 16 (b)
Average Score in Recruiting Difficulty, by Patient Care Provider Category and Region

	Mean score (1=Not Problematic and 5=Very problematic)							
	Single Facility responses						Amalg. Facility	All
	Atlantic	Quebec	Ontario	Prairies	BC/Terr	All	responses	Respondents
Aides								
too few applying	2.60	3.33	1.84	2.75	1.79	2.29	3.11	2.36
have less than 1 year's experience	2.78	2.80	2.38	2.33	2.22	2.39	2.44	2.40
don't have specialty certification	2.78	2.80	2.06	2.81	3.87	2.96	2.78	2.94
collective agreement restrictions	2.78	2.20	1.50	1.59	1.41	1.71	1.83	1.72
overall concern about recruitment	2.09	3.00	2.19	2.84	1.68	2.29	2.43	2.30
other	--	4.00	3.67	4.00	1.00	3.43	--	3.43
LPNs								
too few applying	3.75	4.00	3.39	3.20	3.23	3.31	3.90	3.39
have less than 2 years' experience	2.18	2.67	2.56	1.74	2.44	2.25	2.30	2.25
too few recent graduates	2.69	--	2.44	2.89	2.61	2.68	2.80	2.70
don't have specialty certification	1.64	2.33	2.17	1.37	1.56	1.71	1.70	1.71
collective agreement restrictions	1.46	3.00	1.50	1.22	1.78	1.56	1.90	1.61
overall concern about recruitment	2.36	4.00	2.56	2.95	2.32	2.66	3.36	2.75
other	1.00	1.00	1.00	--	2.00	1.40	--	1.40
RNs								
too few applying	--	--	--	--	--	--	--	--
too few recent graduates	4.33	4.44	3.32	4.37	4.27	4.11	4.60	4.16
have less than 3 years' experience	4.13	3.67	2.72	3.73	3.41	3.47	4.75	3.60
don't have specialty certification	3.71	3.50	3.33	3.64	3.87	3.62	3.50	3.61
collective agreement restrictions	3.21	2.83	3.39	2.94	3.29	3.18	3.08	3.17
overall concern about recruitment	1.57	3.00	2.05	1.70	2.73	2.13	2.80	2.19
other	4.35	4.71	3.58	4.24	4.00	4.08	4.54	4.12
RPNs								
too few applying	--	--	--	3.48	3.00	3.26	3.22	3.26
too few recent graduates	--	--	--	3.38	2.94	3.18	2.63	3.09
have less than 3 years' experience	--	--	--	2.76	2.82	2.79	2.38	2.72
don't have specialty certification	--	--	--	2.20	2.29	2.24	2.00	2.20
collective agreement restrictions	--	--	--	2.35	1.77	2.08	1.71	2.02
overall concern about recruitment	--	--	--	4.04	2.94	3.62	2.71	3.50
other	--	--	--	4.33	1.00	3.00	--	3.00
Other								
too few applying	--	--	4.00	4.25	2.17	3.50	4.00	3.53
too few recent graduates	--	--	3.25	4.25	2.17	3.33	4.00	3.37
have less than 2 years' experience	--	--	3.80	2.67	1.50	2.75	1.00	2.62
don't have specialty certification	--	--	3.50	2.75	2.60	2.92	1.00	2.79
collective agreement restrictions	--	--	1.00	1.50	1.80	1.53	4.00	1.69
overall concern about recruitment	--	--	4.00	2.50	2.71	3.00	4.00	3.06
other	--	--	1.00	5.00	1.00	2.60	--	2.60

4. Layoff Practices

Tables 17 through 19 present the lay-off practices of the facilities/agencies which responded to the survey. Facility/Agency practices regarding the lay-off order of different patient care provider types and reasons are reported as well as the factors considered when laying off staff.

Table 17 details respondents' layoff practices, specifically for each type of patient/client care provider they employ; the respondents were asked to rank the order in which they would lay-off staff, i.e. if they employ Aides, LPNs and RNs, which provider would they lay-off first, which second and which third. The survey also asked the respondents to list all the reasons why they would choose to lay-off staff in the order reported. The Table presents for each lay-off order from 1 (first laid off) to 4, the type of provider chosen most frequently (with the percentage of respondents choosing that provider type) followed by the most frequently reported reason why. Please note, in several places within the Table, the same provider type appears for more than one lay-off order. This is due to the fact that each rank of lay-off order is independent of the others. Also, while some facilities/agencies may employ all five types of patient/client care providers, other facilities/agencies may employ only one or two types of patient/client care providers, and thus their rankings for lay-off will reflect this difference. For example, for a facility/agency which employs all five types of patient/client care providers, RNs may be ranked as fourth to be laid off, while for a facility/agency which employs only one or two types of patient/client care providers, RNs may be ranked as second to be laid off. The Table only shows the most commonly reported provider type for each lay-off order, not the entire list.

Table 17
Lay-off Order by Patient Care Provider Type and Reason, by Region

Lay-off Order	The most frequently reported type of provider (within lay-off order) and the most common reason* why:						Amalg. Facility responses	All Respondents
	Atlantic	Quebec	Ontario	Prairies	BC/Terr	All		
1	Aides 77% - 2	LPNs 61% - 1	Aides 45% - 4	Aides 40% - 4	Aides 48% - 4	Aides 47% - 4	Aides 59% - (2,3,4,5)	Aides 48% - 4
2	LPNs 86% - (2,4)	Aides 48% - 4	Aides 36% - (3,4)	LPNs 36% - 7	RNs 35% - 7	LPNs 36% - 2	LPNs 60% - 4	LPNs 39% - (2,4)
3	RNs 94% - 7	RNs 100% - 7	RNs 47% - (1,7)	RNs 34% - 7	RNs 38% - 1	RNs 49% - 1	RNs 33% - (4,5)	RNs 45% - 7
4	--	--	RNs 100% - 0	RNs 40% - (1,7)	RNs 50% - (1,5)	RNs 47% - 1	RNs 50% - 5	RNs 48% - 1

*** Reasons:**

- 0 = no reason given
- 1 = less cost-effective (regardless of age or level of experience)
- 2 = less education
- 3 = need more supervision

- 4 = fewer skills
- 5 = less able to provide appropriate care to meet needs
- 6 = collective agreement forces lay-off by provider type
- 7 = other, (please specify)

In Canada overall, Aides were reported by 48% of the respondents as the patient/client care provider type they would lay-off first. The most common reason reported for laying off Aides first was "fewer skills". The most frequently chosen provider type to lay-off second was LPNs, reported by 39% of respondents. The most common reason reported for laying off LPNs second was a tie, with equal numbers of respondents reporting "less education" and "fewer skills" as their reasons. RNs were the most commonly reported provider type to be laid off third (by 45% of respondents) and also the most commonly reported provider type to be laid off fourth (by 48% of respondents). The most commonly reported reason for laying off RNs third was given as "other", while the most commonly reported reason for laying off RNs fourth was given as "less cost-effective (regardless of age or level of experience)".

Within the regions, Aides were the most commonly reported provider type to be laid off first by all regions except Québec, where LPNs were the most commonly reported provider type to be laid off first

(by 61% of respondents in Québec). The most commonly reported reason for laying off Aides first differed across the country, with the Atlantic provinces reporting “less education” while Ontario, the Prairies, and B.C./Territories gave the reason “fewer skills”. Québec reported “less cost-effective (regardless of age or level of experience)” as the most common reason for laying off LPNs first.

Aides were the most commonly reported provider type to be laid off second in Québec (by 48% of respondents), and also in Ontario (by 36% of respondents), while LPNs were the most commonly reported provider type to be laid off second in the Atlantic provinces (by 86% of respondents), in the Prairies (by 36% of respondents) and also by the ‘Amalgamated’ facilities/agencies (60% of respondents). Again the reasons varied slightly across the country, but were similar to those given for the first: the Atlantic provinces reported “fewer skills” and “less education”, Québec reported “fewer skills”, Ontario reported “need more supervision” and “fewer skills”, while the Prairies reported “other” as the most common reasons.

RNs were the most commonly reported provider type to be laid off third in all regions, with the exception of the ‘Amalgamated’ facilities/agencies who reported RPNs as the most commonly reported provider type to be laid off third. RNs were also the most commonly reported provider type to be laid off fourth by all regions reporting a fourth lay-off rank. The most common reasons given for laying off RNs third and fourth were “less cost-effective (regardless of age or level of experience)” and “other”.

It should be noted that in the Atlantic provinces, there were clear majorities of respondents for whom Aides were the most commonly reported provider type to be laid off first (77%), for whom LPNs were the most commonly reported provider type to be laid off second (86%), and for whom RNs were the most commonly reported provider type to be laid off third (94%). In the other regions, the percentages for the most commonly reported provider types were smaller, and usually less than a majority.

Table 18 is the disaggregated result of respondents’ lay-off practices as described in Table 17, by type of facility/agency. For the purposes of this analysis, the facility/agency types presented in Table 1 were aggregated to enable better comparisons between facility/agency types. Each section of Table 18 presents data by a different aggregated facility/agency type. Within each section, data are presented on the most frequently reported type of provider for a particular lay-off order (with the percentage of respondents choosing that provider type) followed by the most frequently reported reason why in each region. This Table therefore allows one to compare, for example, whether extended care/LTC/nursing home facilities/agencies in Ontario have different lay-off practices than say, community health/home care/nursing station facilities/agencies in Ontario. In most instances the number of responses in each cell of Table 18 is quite small; caution is therefore advised when interpreting these data.

The first section of Table 18 presents data on lay-off practices of responding tertiary/teaching hospitals. In Canada overall, LPNs were reported by a slight majority of the respondents (51%) as the patient/client care provider type they would lay-off first. The most common reason reported for laying off LPNs first was “less able to provide appropriate care to meet needs”. The most frequently chosen provider type to lay-off second was also LPNs, reported by 53% of respondents. The most common reason reported for laying off LPNs second was “other”. A majority of respondents reported RNs as the patient/client care provider type they would lay-off third (69%), with the most common reason given as “less cost-effective (regardless of age or level of experience)”.

Table 18
Lay-off Order by Patient Care Provider Type and Reason, by Region and Type of Facility

Facility = Tertiary/Teaching Hospital

The most frequently reported type of provider (within lay-off order) and the most common reason* why:

Lay-off Order	Single Facility responses						Amalg. Facility responses	All Respondents
	Atlantic	Quebec	Ontario	Prairies	BC/Terr	All		
1	Aides 100% - (2,3,4)	LPNs 80% - (1,3,5,6)	LPNs 57% - 5	RNs 33% - 7	LPNs 85% - (3,4,5)	LPNs 51% - 5	--	LPNs 51% - 5
2	LPNs 100% - (2,3,4)	Aides 100% - 3	Other 50% - (3,4)	LPNs 56% - 7	RNs 40% - 7	LPNs 53% - 7	--	LPNs 53% - 7
3	RNs 100% - 0	RNs 100% - 7	RNs 100% - 1	Aides 57% - 7	RNs 100% - (1,5)	RNs 69% - 1	--	RNs 69% - 1
4	--	--	--	--	--	--	--	--

Facility = Regional/Community Hospital/Rehab

The most frequently reported type of provider (within lay-off order) and the most common reason* why:

Lay-off Order	Single Facility responses						Amalg. Facility responses	All Respondents
	Atlantic	Quebec	Ontario	Prairies	BC/Terr	All		
1	Aides 76% - 5	LPNs 56% - (1,3,4,5,7)	Aides 52% - (3,4,5)	LPNs 55% - 1	LPNs 61% - (3,4)	LPNs 43% - (4,5)	Aides 78% - (2,3,4)	Aides 44% - 5
2	LPNs 93% - 2	LPNs 67% - (2,3,6,7)	LPNs 70% - (2,3,4)	RPNs 41% - 1	Aides 53% - (2,3,4,5)	LPNs 43% - 2	LPNs 83% - (1,2,3,4,5)	LPNs 46% - 2
3	RNs 100% - 7	RNs 100% - 0	RNs 67% - 1	LPNs 50% (2,3,4,5)	LPNs 60% - (2,4,5)	RNs 41% - (1,7)	RPNs 100% - (2,5)	RNs 38% - (1,7)
4	--	--	--	RNs 100% - (1,7)	RNs 100% - (5,7)	RNs 100% - 7	RNs 100% - 5	RNs 100% - (5,7)

Facility = Extended Care/LTC/Nursing Home

The most frequently reported type of provider (within lay-off order) and the most common reason* why:

Lay-off Order	Single Facility responses						Amalg. Facility responses	All Respondents
	Atlantic	Quebec	Ontario	Prairies	BC/Terr	All		
1	Aides 82% - (2,4)	(Aides, LPNs) 40%	Aides 64% - (3,4)	Aides 63% - 4	Aides 59% - 4	Aides 63% - 4	(Aides, LPNs, RPNs)	Aides 62% - 4
2	LPNs 87% - (2,4)	Aides 43% - 4	Aides 46% - (2,3,4)	LPNs 63% - 2	RNs 30% - 7	LPNs 38% - 4	RNs 67% - 1	LPNs 38% - 4
3	RNs 100% - 7	RNs 100% - 7	RNs 45% - 7	RNs 69% - (1,7)	RNs 38% - 1	RNs 54% - 7	Aides 50% - (3,4)	RNs 54% - 7
4	--	--	--	(Aides, RNs) 33%	Aides 43% - 0	Aides 38% - 7	Aides 100% - (2,5)	Aides 44% - (2,5,7)

Facility = Mental Health Facility/Agency

The most frequently reported type of provider (within lay-off order) and the most common reason* why:

Lay-off Order	Single Facility responses						Amalg. Facility responses	All Respondents
	Atlantic	Quebec	Ontario	Prairies	BC/Terr	All		
1	Aides 100% - 7	--	(Aides, Other) 42%	Aides 36% - 4	Aides 65% - (4,5)	Aides 51% - 4	--	Aides 51% - 4
2	--	--	Aides 56% - (1,3,4,5)	RNs 42% - 7	RNs 45% - (1,5)	RNs 34% - (1,7)	--	RNs 34% - (1,7)
3	--	--	LPNs 67% - (1,2,4)	(LPNs, Aides) 36%	RPNs 50% - (1,5)	LPNs 35% - (1,4)	--	LPNs 35% - (1,4)
4	--	--	RNs 100% - 0	Aides 50% - (1,7)	RNs 100% - (1,5)	RNs 57% - (1,5)	--	RNs 57% - (1,5)

Facility = Community Health/Home Care/Nursing Station

The most frequently reported type of provider (within lay-off order) and the most common reason* why:

Lay-off Order	Single Facility responses						Amalg. Facility responses	All Respondents
	Atlantic	Quebec	Ontario	Prairies	BC/Terr	All		
1	Aides 50% - 2	LPNs 100% - (1,2,3,4,5,6)	RNs 46% - 6	RNs 39% - 7	(Aides, RNs) 50%	RNs 38% - 7	--	RNs 38% - 7
2	(LPNs, RNs) 50%	Aides 60% - (2,3)	LPNs 56% - (2,3,4,5,6)	RNs 60% - (1,6,7)	(RNs, RPNs) 50%	RNs 48% - 1	--	RNs 48% - 1
3	RNs 67% (1,6)	RNs 100% - 6	RNs 100% - 1	RNs 100% - 7	LPNs 100% (3,4)	RNs 67% - (1,6)	--	RNs 67% - (1,6)
4	--	--	--	--	Aides 100% - (3,4)	Aides 100% - (3,4)	--	Aides 100% - (3,4)

*** Reasons:**

- | | |
|--|--|
| 0 = no reason given | 4 = fewer skills |
| 1 = less cost-effective (regardless of age or level of experience) | 5 = less able to provide appropriate care to meet needs |
| 2 = less education | 6 = collective agreement forces lay-off by provider type |
| 3 = need more supervision | 7 = other, (please specify) |

The second section of Table 18 presents data on lay-off practices of responding regional/community hospitals/rehabilitation centres. In Canada overall, Aides were reported by 44% of respondents as the patient/client care provider type they would lay-off first. The most common reason reported for laying off Aides first was “less able to provide appropriate care to meet needs”. The most frequently chosen provider type to lay-off second was LPNs, reported by 46% of respondents. The most common reason reported for laying off LPNs second was “less education”. RNs were the most commonly reported provider type to be laid off third (by 38% of respondents) and also the most commonly reported provider type to be laid off fourth (by 100% of respondents). The most commonly reported reasons for laying off RNs third were given as “less cost-effective (regardless of age or level of experience)” and “other”, while the most commonly reported reasons for laying off RNs fourth were given as “less able to provide appropriate care to meet needs” and “other”.

The third section of Table 18 presents data on lay-off practices of responding extended care/LTC/nursing home facilities/agencies. In Canada overall, Aides were again reported as the patient/client care provider type respondents would lay-off first (62% of respondents), and LPNs were again reported as the patient/client care provider type respondents would lay-off second (38% of respondents). The most common reason reported for both laying off Aides first and for laying off LPNs second was “fewer skills”. RNs were reported by 54% of respondents as the most common provider type to be laid off third. The most commonly reported reason for laying off RNs third was given as “other”. Interestingly, Aides were also the most commonly reported provider type to be laid off fourth (by 44% of respondents).

In all regions, Aides were the most common provider group to be laid off first, and RNs were the most common provider group to be laid off third. The most common reason given by the regions to lay Aides off first was “fewer skills”, while the most common reasons given by the regions to lay RNs off third were “other” and “less cost-effective (regardless of age or level of experience)”.

The fourth section of Table 18 presents data on lay-off practices of responding mental health facilities/agencies. In Canada overall, 51% of respondents again reported Aides as the patient/client care provider type respondents would lay-off first. The most common reason reported for laying off Aides first was again “fewer skills”. RNs were reported by mental health facilities/agencies as the patient/client care provider type respondents would lay-off second (34% of respondents). The most common reasons given by the regions to lay RNs off second were “other” and “less cost-effective (regardless of age or level of experience)”. The most frequently chosen provider type to lay-off third was LPNs, reported by 35% of respondents, and the most common reasons reported for laying off LPNs third were “fewer skills” and “less cost-effective (regardless of age or level of experience)”. RNs were also reported by 57% of respondents as the most common provider type to be laid off fourth. The most commonly reported reasons for laying off RNs fourth were given as “less cost-effective (regardless of age or level of experience)” and “less able to provide appropriate care to meet needs”.

The fifth section of Table 18 presents data on lay-off practices of responding community health/home care/nursing station facilities/agencies. Unlike the previous facility/agency types, RNs were reported as the patient/client care provider type respondents would lay-off first (38% of respondents). RNs were also reported as the most common provider type respondents would lay-off second (48% of respondents), and the most common provider type respondents would lay-off third (67% of respondents), likely reflecting the homogeneity of this workforce. The most commonly reported reason for laying off RNs first was given as “other”, while the most commonly reported reason for laying off RNs second was “less cost-effective (regardless of age or level of experience)”, and the most commonly reported reasons given to lay RNs off third were “less cost-effective (regardless of age or level of

experience)” and “collective agreement forces lay-off by provider type”. Aides were reported (by 100% of respondents) as the most common provider type to be laid off fourth. The reasons given to lay-off Aides fourth were “need more supervision” and “fewer skills”.

Table 19 presents respondents’ practices regarding factors considered when selecting who to lay-off within a provider group. The table presents data on the two most common factors reported by respondents in descending order by provider type and by region.

Table 19
Factors Considered When Laying Off Staff, by Patient Care Provider Category and Region

Provider Type	2 Most common factors reported*							
	Single Facility responses						Amalg. Facility responses	All Respondents
	Atlantic	Quebec	Ontario	Prairies	BC/Terr	All		
Aides	(5, 9)	5, 9	5, 9	5, 9	5, 9	5, 9	9, 5	5, 9
LPNs	9, 5	5, (6, 7)	5, 9	5, 9	5, 9	5, 9	9, 5	5, 9
RNs	9, 5	5, 10	5, 9	5, 9	5, 9	5, 9	9, 5	5, 9
RPNs	--	--	--	5, 9	5, 9	5, 9	5, 9	5, 9
Other	9	(8, 10)	5, 10	5, 9	9, 5	5, 9	--	5, 9

* Factors are listed in descending order based on the number of respondents reporting each factor. Where factors appear in brackets they were reported by equal numbers of respondents. The factors are:

- 1 = employees with over 25 years’ experience, because of wage increments and benefits
- 2 = employees with over 25 years’ experience, as they are harder to retrain
- 3 = employees with less than 2 years’ experience, as their care is generally less efficient
- 4 = employees with less than 2 years’ experience, as their care is generally less adequate
- 5 = employees with less seniority
- 6 = less cost-effective employees regardless of age or level of experience
- 7 = employees with less education
- 8 = employees identified by an early retirement scheme
- 9 = employees identified by a collective agreement
- 10 = employees who perform less well
- 11 = other. (please specify)

The responses to this survey question were overwhelmingly similar for all provider types and across the country. Respondents indicated they select who to layoff based on seniority and collective agreement stipulations. Only in Québec (and in Ontario for the Other provider group), were factors other than these two considered. Employees who perform less well, less cost-effective employees, employees with less education, and employees identified by an early retirement scheme were chosen as factors for consideration when selecting who to lay-off in Québec.

5. Deployment

Tables 20 through 25 present data on the deployment of patient care providers as reported by the responding facilities/agencies. Information regarding supervision of new staff and the matching of level of education and experience with work assignment is provided. Also provided, is information on the standard number of hours worked and average overtime per month as reported by the responding facilities/agencies.

Table 20 presents data on the mean number of days a new employee would receive supervision from another staff member before being expected to work independently (within the limits of his/her scope of

practice or job description) as reported by the respondents. The mean number of days are reported for different types of patient care providers with differing levels of education and by region.

Table 20
Average Number of Days Supervising New Staff, by Patient Care Provider Category and Region

Provider Type	Mean number of days						Amalg. Facility responses	All Respondents
	Single Facility responses							
	Atlantic	Quebec	Ontario	Prairies	BC/Terr	All		
a newly trained Aide without work experience	6.40	12.23	6.73	6.34	4.70	6.42	12.11	6.79
an Aide with work experience	5.86	7.00	5.32	4.67	4.49	5.09	10.89	5.45
a new graduate LPN without any work experience	6.50	11.29	6.94	5.24	4.61	6.40	11.71	6.86
a LPN with work experience	6.14	7.57	5.70	7.11	3.83	5.92	10.91	6.30
a new graduate diploma RN without any work experience	8.76	10.91	7.32	6.67	5.36	7.22	10.42	7.46
a diploma RN with work experience	7.90	10.10	5.58	7.52	6.25	6.91	8.15	6.98
a new graduate baccalaureate RN without any work experience	8.55	11.12	6.90	9.54	5.97	7.99	11.03	8.21
a baccalaureate RN with work experience	8.53	10.29	5.62	8.12	6.35	7.20	8.21	7.26
a new graduate RPN without any work experience	--	--	--	7.35	5.89	6.78	7.28	6.83
a RPN with work experience	--	--	--	6.11	7.78	6.81	6.72	6.80
Other, (please specify)	10.00	4.00	7.20	5.35	2.71	5.16	1.50	5.05

As one would expect, on average, newly trained or newly graduated employees were reported to receive slightly more supervision than new staff with past work experience. For example in Canada as a whole, newly trained Aides without work experience received on average 6.79 days of supervision compared to new staff with past work experience who received on average 5.45 days of supervision. RNs (regardless of education or work experience) were reported to receive slightly more supervision than any of the other types of patient care providers; a minimum mean of 6.98 days of supervision was reported for Diploma RNs with work experience compared to a mean of 6.86 days of supervision for LPNs with no work experience (the maximum mean reported for the other types of patient care providers).

On a regional basis, Québec reports as providing more supervision to all types of patient care providers and for all education and experience levels (caution is advised in interpreting this, however, since the response rate is very low). Newly trained Aides with no work experience were reported to receive a mean of 12.23 days of supervision in Québec compared to a mean of 6.40 days in the Atlantic provinces, 6.73 days in Ontario, 6.34 days in the Prairies, and 4.70 days in the B.C./Territories region. A similar pattern exists for Aides with work experience, although the differences are not as large from region to region.

The B.C./Territories region tends to provide less supervision to most types of patient care providers and for most education and experience levels. For RNs for example, newly graduated Diploma RNs receive

on average 5.36 days of supervision in the B.C./Territories region, but the same group receives 6.67 days in the Prairies, 7.32 days in Ontario, 8.76 days in the Atlantic provinces, and 10.91 days in Québec, on average.

Table 21 presents data on how respondents match level of education, level of experience and need for supervision of patient care providers to work assignments within their facility/agency. The survey question asked for each type of patient care provider with a certain level of education, the types of work assignments which they would be given within the respondents' facility/agency, and correspondingly, the level of experience that type of patient care provider would be expected to have, and whether they would need nearby supervision to work in that work assignment. The Table presents the three most common work assignments, the corresponding most common amount of experience and the corresponding most common level of supervision reported by the respondents for each type of patient care provider with a certain level of education by region.

Overall in Canada, Extended Care/LTC was reported as one of the 3 most common work assignments for all types of patient care providers regardless of level of education. For Aides, LPNs and Diploma RNs (the 3 provider types with the lowest levels of education) Medical Care was also reported as one of the 3 most common work assignments. For all types of Baccalaureate-prepared RNs, Master's-prepared RNs, and all types of RPNs, Administration was reported as one of the most common work assignments. The most common work assignment reported for RPNs was Mental Health, as would be expected.

The reported level of experience required increases as the level of education of the patient care providers increases, from "no experience" or "more than 1 year" for Aides and LPNs, up to "more than 5 years" for Master's-prepared RNs across Canada. The need for nearby supervision is also clearly delineated, with Aides and LPNs requiring nearby supervision, while the remaining types of providers do not.

Within the regions, Extended Care/LTC appears among the three most common types of work assignment reported for most of the provider types in most regions. In fact, Extended Care/LTC is the most common work assignment reported for Aides, LPNs and Diploma RNs in all regions and in the 'Amalgamated' respondent group. Medical Care also appears frequently as a common work assignment for Aides and LPNs in all regions and in the 'Amalgamated' respondent group, and for Diploma RNs in Québec, Ontario and the 'Amalgamated' respondent group. The level of experience required for Aides and LPNs is reported most often as "more than 1 year".

For RNs with a Diploma and Specialty Certification, Emergency Room and/or Critical Care/ICU are among the most common work assignments in Canada overall and in all regions except Québec. Emergency Room also appears among the most common work assignments reported for RNs with a Baccalaureate and Specialty Certification, in Canada overall and in the Prairies. The level of experience required for these two groups of providers (RNs with a Diploma and Specialty Certification and RNs with a Baccalaureate and Specialty Certification) is consistently reported as "more than 2 years" for the work assignments of Emergency Room and Critical Care/ICU.

Both the RNs with a Post-basic Baccalaureate and the RNs with a Basic Baccalaureate are reported to work in either Extended Care/LTC, Administration or Public Health in almost all regions. Administration is also a common work assignment for RNs with a Baccalaureate and Specialty Certification. The level of experience required for Baccalaureate-prepared RNs is most often reported as "more than 2 years".

Table 21
Matching Level of Education with Work Assignment, Level of Experience and Supervision,
by Patient Care Provider Category and Region

3 Most common work assignments reported (in descending order) - the most common
amount of experience* reported - the most common level of supervision** reported

Type of Provider	Single Facility responses						Amalg. Facility responses	All Respondents
	Atlantic	Quebec	Ontario	Prairies	BC/Terr	All		
Aides	ECU-3-2	ECU-4-2	ECU-3-2	ECU-3-2	ECU-3-2	ECU-3-2	ECU-4-2	ECU-3-2
	MHlth-3-2	MedC-4-2	MedC-3-2	MHlth-2-2	MHlth-3-1	MHlth-3-2	HomeC-3-2	MHlth-3-2
	MedC-4-2	SurgC-4-2	Other-3-2	MedC-2-2	--	MedC-4-2	MedC-4-2	MedC-4-2
LPNs	ECU-2-2	ECU-3-2	ECU-3-2	ECU-4-2	ECU-3-2	ECU-3-2	ECU-4-2	ECU-3-2
	MHlth-3-2	MedC-3-1	MHlth-3-2	MedC-2-2	MedC-3-2	MedC-3-2	MedC-4-2	MedC-3-2
	MedC-3-2	PH-2-2	PH-2-2	SurgC-2-2	SurgC-3-2	SurgC-4-2	SurgC-4-2	SurgC-4-2
RNs with a diploma in nursing	ECU-1-1	ECU-3-1	ECU-2-1	ECU-3-1	ECU-2-1	ECU-2-1	ECU-3-1	ECU-2-1
	HomeC-2-1	PH-2-1	MedC-3-1	MHlth-3-1	MHlth-3-1	MHlth-3-1	MedC-3-1	MHlth-3-1
	--	MedC-3-1	MHlth-4-1	--	SurgC-4-1	MedC-1-1	--	MedC-3-1
RNs with a diploma in nursing and specialty certification (e.g. certification in critical care nursing)	ER-2-1	ECU-3-1	MHlth-2-1	ER-2-1	ECU-2-1	ECU-2-1	ICU-2-1	ER-2-1
	PH-2-1	PH-3-2	ER-2-1	ICU-2-1	ER-2-1	ER-2-1	OR-2-1	ECU-2-1
	--	HomeC-2-1	ECU-2-1	ECU-2-1	ICU-2-1	ICU-2-1	ER-2-1	ICU-2-1
RNs with a diploma in nursing & post-basic bacc. in nursing	Admin-1-1	PH-2-1	Admin-2-1	ECU-2-1	ECU-2-1	ECU-2-1	Admin-2-1	ECU-2-1
	ECU-2-1	ECU-3-1	ECU-2-1	MHlth-2-1	Admin-1-1	Admin-1-1	ECU-2-1	Admin-1-1
	PH-2-1	--	PH-2-1	Admin-1-1	--	PH-2-1	--	PH-2-1
RNs with a basic baccalaureate in nursing	Admin-1-1	Admin-2-1	PH-2-1	ECU-2-1	ECU-2-1	ECU-2-1	Admin-2-1	ECU-2-1
	ECU-4-1	PH-2-1	ECU-2-1	MHlth-3-1	Admin-2-1	Admin-2-1	ECU-3-1	Admin-2-1
	PH-2-1	--	Admin-2-1	PH-2-1	--	PH-2-1	MedC-3-1	PH-2-1
RNs with a basic baccalaureate in nursing and speciality certification	Admin-1-1	MHlth-2-1	Admin-1-1	ER-2-1	Admin-2-1	Admin-1-1	Admin-2-1	Admin-1-1
	--	Admin-2-2	MHlth-1-1	OR-2-1	--	ER-2-1	ECU-2-1	ER-2-1
	--	PH-2-2	PH-2-1	--	--	ECU-2-1	--	ECU-2-1
RNs with a master's degree	Admin-2-1	Admin-1-1	Admin-1-1	Admin-1-1	Admin-1-1	Admin-1-1	Admin-1-1	Admin-1-1
	ER-3-1	ICU-2-1	PH-1-1	ECU-1-1	ECU-2-1	PH-1-1	ECU-2-1	PH-1-1
	PH-2-1	--	--	--	--	ECU-1-1	PH-1-1	ECU-1-1
RPNs with diploma in psychiatric nursing	--	--	--	MHlth-4-1	ECU-2-1	MHlth-2-1	ECU-3-1	MHlth-2-1
	--	--	--	ECU-2-1	MHlth-2-1	ECU-2-1	MHlth-3-1	ECU-2-1
	--	--	--	Admin-1-1	Admin-1-1	Admin-1-1	--	Admin-1-1
RPNs with diploma in psychiatric nursing and post-diploma bacc. in psychiatric nursing	--	--	--	MHlth-1-1	ECU-2-1	MHlth-3-1	MHlth-2-1	MHlth-3-1
	--	--	--	Admin-1-1	MHlth-3-1	ECU-2-1	ECU-2-1	ECU-2-1
	--	--	--	ECU-2-1	--	Admin-1-1	Admin-2-1	Admin-1-1
RPNs with baccalaureate in psychiatric nursing	--	--	--	MHlth-1-1	MHlth-3-1	MHlth-1-1	ECU-2-1	MHlth-1-1
	--	--	--	Admin-1-1	ECU-2-1	ECU-2-1	MHlth-2-1	ECU-2-1
	--	--	--	ECU-2-1	Admin-1-1	Admin-1-1	Admin-2-1	Admin-1-1
Other	--	Admin-1-1	--	MHlth-3-2	MHlth-3-1	MHlth-3-2	--	MHlth-3-2
	--	--	--	PH-3-2	HomeC-3-1	HomeC-3-1	--	HomeC-3-1
	--	--	--	HomeC-3-1	--	--	--	--

* The code for amount of experience follows the first dash. Amount of experience is as follows:

- 1 = More than 5 years
- 2 = More than 2 years
- 3 = More than 1 year
- 4 = No experience

** The code for level of supervision follows the second dash. Level of supervision is as follows:

- 1 = no
- 2 = yes

For Master's-prepared RNs Administration is the most common work assignment in all regions. Extended Care/LTC and Public Health are also commonly reported work assignments for Master's-prepared RNs. The level of experience required is most often reported as "more than 5 years" for Master's-prepared RNs.

For RPNs, Administration tends to be the third most common work assignment, after Mental Health and Extended Care/LTC. For the Administration work assignment, the level of experience required is most often reported as "more than 5 years", while for Mental Health the level of experience required is most often reported as either "more than 2 years" or "more than 5 years", and for Extended Care/LTC the level of experience required is most often reported as "more than 2 years".

Mental Health and Home Care are the most common work assignments reported for the "Other" provider group. This group tends to require less experience than the RNs or RPNs; the most common level of experience reported is "more than 1 year".

Tables 22(a) to 22(c) disaggregate the results from Table 21 by type of facility/agency. For the purposes of this analysis, some of the facility/agency types presented in Table 1 were aggregated to enable better comparisons between facility/agency types. Each of Tables 22(a) to 22(c) present data by different aggregated facility/agency types. Within each Table data are presented on the two most common providers reported for a particular work assignment, by region. Tables 22(a) to 22(c) therefore allow one to compare, for example, whether tertiary/teaching hospitals in Ontario report different types of patient care providers to work in a particular work assignment than say, regional hospitals in Ontario.

Table 22(a) presents data on how respondents matched level of education of patient care provider to work assignment in Tertiary/Teaching Hospitals. For Canada as a whole, Tertiary/Teaching Hospital respondents were most likely to report RNs with a Diploma and Specialty Certification or RNs with a Baccalaureate and Specialty Certification to work in the Emergency Room, in Critical Care/ICU, or in the Operating Room. RNs with a Baccalaureate and Specialty Certification were also commonly reported to work in the areas of Community/Public Health and Home Care. Diploma RNs or RNs with a Basic Baccalaureate were commonly reported by Tertiary/Teaching Hospitals to work in Extended Care/LTC, Maternity/Newborn, Paediatrics, Mental Health, or Surgical Care.

Tertiary/Teaching Hospitals in the Atlantic region appear to deploy Diploma RNs, RNs with a Basic Baccalaureate or RNs with a Baccalaureate and Specialty Certification in almost all work areas. RNs with a Diploma and Specialty Certification and RNs with a Post-basic Baccalaureate appear among the most common type of provider reported for only a few work assignments in the Atlantic region. In contrast, Québec Tertiary/Teaching Hospitals seem to prefer Aides, Diploma RNs or RNs with a Post-basic Baccalaureate to work in almost all areas. Ontario, like Québec prefers Diploma RNs or RNs with a Post-basic Baccalaureate to work in almost all areas, but they also appear to choose RNs with a Basic Baccalaureate to work in most areas.

Tertiary/Teaching Hospitals in the Prairies and B.C./Territories seem more likely to use level of education in deciding which areas particular types of patient care providers will work within their facilities/agencies. For example, RNs with a Diploma and Specialty Certification or RNs with a Baccalaureate and Specialty Certification were reported by Tertiary/Teaching Hospitals in the Prairies to work only in the Emergency Room, in Critical Care/ICU, or in the Operating Room. In B.C./Territories these two types of RNs were the provider most frequently reported to work in the same three areas. The Prairies, like Québec, also seem to report Aides working in a large number of areas.

Diploma RNs or RNs with a Basic Baccalaureate were also reported by Tertiary/Teaching Hospitals in the Prairies to work in many different work assignments.

Table 22 (a)
Type of Patient Care Provider Reported for Each Work Assignment,
for Tertiary/Teaching Hospitals by Region (N=30)

2 Most common types of provider* reported for a particular work assignment								
Work Assignments	Single Facility responses						Amalg. Facility responses	All Respondents
	Atlantic	Quebec	Ontario	Prairies	BC/Terr	All		
a) Administration	(e,f,g,h)	(g,h,i)	h,(c,g,i)	h,e	h,g	h,e	--	h,e
b) Emergency Room	(c,d,f,g,h)	(a,c,d,e,f)	(c,f),e	a,(d,e,f,g,h)	(d,g)	d,g	--	d,g
c) Extended Care/Long Term Care	a,(b,c,f,g)	(a,c,e)	(c,d,e,f)	(a,c)	(c,f),e	c,(a,f)	--	c,(a,f)
d) Critical Care	(c,d,f,g,h)	(d,f,g)	(d,g),f	d,(c,f,g,h)	(d,g)	d,g	--	d,g
e) Maternity/Newborn	(b,c,f,g)	(a,c,e)	(c,f)	(a,c,f)	g,(d,e,f)	(c,f),a	--	(c,f),a
f) Medical Care	(b,c,f,g)	(a,e)	(c,f),e	(a,c,f)	(e,f,g)	f,c	--	f,c
g) Operating Room	(c,d,g)	e,(a,c,d,f)	d,(c,f,g)	(d,e,f,g,h)	g,d	d,g	--	d,g
h) Pediatrics	(c,f,g)	(a,c,e)	(c,e,f)	a,(c,f)	(c,h)	c,f	--	c,f
i) Mental Health	(a,b,c,f,g)	g,(c,e,f,h)	(c,f)	a,(c,f,i,j,k)	(c,k),j	c,f	--	c,f
j) Surgical Care	(b,c,f,g)	(a,e)	(c,e,f)	(a,c)	c,(e,f,g)	c,(e,f)	--	c,(e,f)
k) Community/Public Health	(e,f,g,h)	--	--	h	(g,h)	h,g	--	h,g
l) Home Care	(c,e,f,g)	h	--	h	(g,h)	h,g	--	h,g
m) Other, (please specify)	(f,g,h)	(f,h)	(b,h)	g	b,(c,d,e,f,g)	(b,f,g,h)	--	(b,f,g,h)
Most common provider type overall	g,f	e,a	f,c	h,f	g,(d,f)	f,e	--	f,e

* The types of providers reported are listed in descending order based on the number of respondents reporting each type of provider. Where types of providers appear in brackets they were reported by equal numbers of respondents. The types of providers are:

a = Aides

b = LPNs

c = RNs - Diploma in nursing

d = RNs - Diploma in nursing & Specialty Certif.

e = RNs - Diploma & Post-basic Bacc. in nursing

f = RNs - Basic Baccalaureate in nursing

g = RNs - Basic Bacc in nursing & Speciality Certif.

h = RNs - Master's degree

i = RPNs - Diploma in psych nursing

j = RPNs - Diploma in psych nursing &

Post-diploma Bacc. in psych nursing

k = RPNs - Bacc in psychiatric nursing

l = Other

Table 22(b) presents data on how respondents matched level of education of patient care provider to work assignment in Regional Hospitals. For Canada as a whole, Regional Hospital respondents were most likely to report Diploma RNs as working in a wide variety of work assignments. RNs with a Diploma and Specialty Certification or RNs with a Baccalaureate and Specialty Certification were commonly reported by Regional Hospitals to work mainly in the Emergency Room, in Critical Care/ICU, in the Operating Room, or in Mental Health.

Regional Hospitals in the Atlantic provinces and in the B.C./Territories region, like Canada overall, commonly report RNs with a Diploma and Specialty Certification or RNs with a Baccalaureate and Specialty Certification to work mainly in the Emergency Room, in Critical Care/ICU, in the Operating Room, or in Mental Health. These two types of providers appear to be more widely deployed in most work areas in both Ontario and the Prairies, while they were never reported among the most common type of providers in any work area in Québec.

Diploma RNs appear to be widely deployed by all regions in all work assignments, with the exception of in B.C./Territories, where they are not among the most common type of provider reported for areas such as the Emergency Room, Critical Care/ICU, the Operating Room, or Mental Health. The 'Amalgamated' respondents most commonly report Diploma RNs and sometimes Basic Baccalaureate RNs to work within their facilities/agencies.

Table 22 (b)
Type of Patient Care Provider Reported for Each Work Assignment,
for Regional Hospitals by Region (N=14)

2 Most common types of provider* reported for a particular work assignment								
Work Assignments	Single Facility responses						Amalg. Facility responses	All Respondents
	Atlantic	Quebec	Ontario	Prairies	BC/Terr	All		
a) Administration	h,(d,e,f)	e	h	(c,f,g,h,j,k)	(g,h)	h,e	f	h,(e,f)
b) Emergency Room	(d,e,f,g)	(c,e)	g,(c,d,e,f)	(c,d,e,f,g,h)	(d,g),f	g,d	--	g,d
c) Extended Care/Long Term Care	(c,e,f)	e	(b,c,d,e,f,g)	--	(b,c)	(c,e)	c	c,e
d) Critical Care	(e,f,g)	(c,e)	(c,g)	(d,g,h)	(d,g),f	g,d	c	g,d
e) Maternity/Newborn	(c,e,f)	(c,e)	(c,g)	(c,d,e,f,g,h)	(d,g),f	c,g	c	c,g
f) Medical Care	b,(c,e,f)	(a,b,c,e)	(b,c,e,f)	(c,d,e,f,g,h)	c,b	c,b	c	c,b
g) Operating Room	(c,d,e,f,g)	(c,e)	(b,c,g)	(d,e,g,h)	d,g	(d,g),c	--	(d,g),c
h) Pediatrics	(c,e,f)	(c,e)	(b,c)	(c,d,f,g,h)	c,b	c,(b,f)	c	c,(b,f)
i) Mental Health	(c,d,e,f,g)	(a,c,e)	(b,c,d,g)	(c,d,e,f,g,h,i,j,k)	d,(g,i,j,k)	d,(c,g)	--	d,(c,g)
j) Surgical Care	c,(b,e,f)	(a,c)	(b,c,e,f,g)	(c,d,e,f,g,h)	c,(b,f)	c,f	--	c,f
k) Community/Public Health	(e,f)	--	--	--	(e,g,h)	e,(f,g,h)	f	(e,f)
l) Home Care	(c,e,f)	--	--	--	(e,g,h,j,k)	e,(c,f,g,h)	c	(c,e)
m) Other, (please specify)	--	--	--	--	--	--	--	--
Most common provider type overall	(e,f),c	e,c	c,g	(g,h),d	(c,g),d	c,e	c,f	c,e

* The types of providers reported are listed in descending order based on the number of respondents reporting each type of provider. Where types of providers appear in brackets they were reported by equal numbers of respondents. The types of providers are:

a = Aides	c = RNs - Diploma & Post-basic Bacc. in nursing	i = RPNs - Diploma in psych nursing
b = LPNs	f = RNs - Basic Baccalaureate in nursing	j = RPNs - Diploma in psych nursing & Post-diploma Bacc. in psych nursing
c = RNs - Diploma in nursing	g = RNs - Basic Bacc in nursing & Specialty Certif.	k = RPNs - Bacc in psychiatric nursing
d = RNs - Diploma in nursing & Specialty Certif.	h = RNs - Master's degree	l = Other

Like Diploma RNs, Post-basic Baccalaureate RNs appear to be commonly reported to work in all work areas by all regions except B.C./Territories, where they were reported most frequently in the areas of Community/Public Health and Home Care.

Basic Baccalaureate RNs were commonly reported to work in most areas by the Regional Hospitals in the Atlantic provinces and in the Prairies, while they were commonly reported for work in only a few areas by Regional Hospitals in Ontario and in B.C./Territories. In B.C./Territories, the Basic Baccalaureate RNs were commonly reported (along with RNs with Specialty Certification) to work in areas such as the Emergency Room, Critical Care/ICU, or Maternity/Newborn.

The Prairies were the only region which seemed to report Master's-prepared RNs as working in a wide variety of work areas.

Aides were commonly reported to be deployed in a few work areas in Regional Hospitals in Québec, and were absent from the frequently reported types of providers in the other regions. In Ontario, LPNs were commonly deployed in many work areas by the Regional Hospitals.

Table 22(c) presents data on how respondents matched level of education of patient care provider to work assignment in Community Hospitals/Rehabilitation/Convalescent Centres. For Canada as a whole, Community Hospitals/Rehabilitation/Convalescent Centre respondents were most likely to deploy either Diploma RNs or Basic Baccalaureate RNs in most work assignments. Community Hospitals/Rehabilitation/Convalescent Centre respondents were also likely to deploy RNs with a Diploma and Specialty Certification or RNs with a Baccalaureate and Specialty Certification in the

Emergency Room, in Critical Care/ICU, or in the Operating Room, a similar pattern to that seen in Tertiary/Teaching Hospitals (Table 22(a)).

Table 22 (c)
Type of Patient Care Provider Reported for Each Work Assignment,
for Community Hospitals/Rehabilitation Centres by Region (N=38)

Work Assignments	2 Most common types of provider* reported for a particular work assignment						
	Single Facility responses						All Respondents
	Atlantic	Quebec	Ontario	Prairies	BC/Terr	All	
a) Administration	(f,g,h)	h,(d,e,f)	g,h	h,(e,f)	h,(e,f,g)	h,(e,f,g)	h,(e,f,g)
b) Emergency Room	(b,c,f,g,h)	--	d,g	d,(e,f,g)	d,g	d,g	d,g
c) Extended Care/Long Term Care	(b,c,f,g,h)	a,c	c,b	(a,c,f)	(a,c)	c,a	c,a
d) Critical Care	(a,c,d,f,g,h)	(e,h)	d,g	d,(e,f)	d,g	d,g	d,g
e) Maternity/Newborn	--	--	c,g	(f,g)	d,g	c,g	c,g
f) Medical Care	(a,b,c,f,g,h)	(b,c,e)	c,b	f,c	(c,e,f),b	c,(b,f)	c,(b,f)
g) Operating Room	--	--	d,g	g,(e,f)	d,g	d,g	d,g
h) Pediatrics	(b,c,f,g,h)	--	c,f	f,(b,c,e)	(c,d,e,f,g)	c,f	c,f
i) Mental Health	c,(a,b,d)	c	g,(b,d,f)	f,c	(c,i)	c,f	c,f
j) Surgical Care	(b,f,g,h)	(c,e)	c,b	f,c	(c,e,f)	c,f	c,f
k) Community/Public Health	--	f,(a,b,c,d,e)	(d,e,f,g,h)	e	--	(e,f),d	(e,f),d
l) Home Care	(b,c,f,g,h)	(d,f)	(e,f,g,h)	e	--	f,(e,g,h)	f,(e,g,h)
m) Other, (please specify)	c,(a,b,d,e)	(c,f)	h,(a,b,d)	(b,c,e,f)	--	c,b	c,b
Most common provider type overall	c,(f,g,h)	c,(e,f)	c,g	f,e	c,(e,f)	c,f	c,f

* The types of providers reported are listed in descending order based on the number of respondents reporting each type of provider. Where types of providers appear in brackets they were reported by equal numbers of respondents. The types of providers are:

a = Aides	e = RNs - Diploma & Post-basic Bacc. in nursing	i = RPNs - Diploma in psych nursing
b = LPNs	f = RNs - Basic Baccalaureate in nursing	j = RPNs - Diploma in psych nursing &
c = RNs - Diploma in nursing	g = RNs - Basic Bacc in nursing & Speciality Certif.	Post-diploma Bacc. in psych nursing
d = RNs - Diploma in nursing & Speciality Certif.	h = RNs - Master's degree	k = RPNs - Bacc in psychiatric nursing
		l = Other

Community Hospitals/Rehabilitation/Convalescent Centres in the Atlantic region appear to deploy Diploma RNs, RNs with a Basic Baccalaureate or RNs with a Baccalaureate and Specialty Certification in almost all work areas. Tertiary/Teaching Hospital respondents in the Atlantic region commonly report the same types of providers, while Regional Hospitals in the Atlantic region commonly report Diploma RNs, RNs with a Post-Basic Baccalaureate or RNs with a Basic Baccalaureate.

RNs with a Diploma and Specialty Certification or RNs with a Baccalaureate and Specialty Certification were commonly deployed by Community Hospitals/Rehabilitation/Convalescent Centres in Ontario and in the B.C./Territories region in the Emergency Room, in Critical Care/ICU, or in the Operating Room. In fact, these two provider groups were deployed more frequently by Ontario Community Hospitals/Rehabilitation/Convalescent Centre respondents in a variety of work areas than by either Ontario Tertiary/Teaching Hospitals or Ontario Regional Hospitals.

Atlantic Community Hospitals/Rehabilitation/Convalescent Centre respondents commonly reported both Aides and LPNs for work in many areas, more so than any other region. Also, more so than either Tertiary/Teaching Hospitals or Regional Hospitals did in the Atlantic Region.

Table 23 provides the standard number of hours worked per week for regular/permanent positions for each patient care provider type by region. It appears as if all the patient care provider types are working approximately the same number of hours per week. The 'Amalgamated' facilities/agencies reported only slightly higher hours worked per week for their patient care provider types.

Table 23
Standard Number of Hours Worked per Week for Regular/Permanent Positions,
by Patient Care Provider Category and Region

Type of Provider	Mean number of hours/week							
	Single Facility responses						Amalg. Facility responses	All Respondents
	Atlantic	Quebec	Ontario	Prairies	BC/Terr	All		
Aides	35.13	34.59	35.40	36.50	34.93	35.45	37.61	35.59
LPNs	36.33	36.13	35.70	36.13	36.08	35.99	37.68	36.14
RNs	36.18	35.19	35.80	36.88	34.10	35.63	37.68	35.74
RPNs	--	--	--	36.56	35.03	35.83	37.59	36.01
Other	37.50	35.63	37.93	36.71	36.40	36.85	--	36.85

Table 24 provides an estimate of the average amount of overtime worked per month for each type of patient care provider, by level of experience and region. It is important to note that in the survey, code "1" referred to 0-4 overtime hours/month. However, many respondents took the time to indicate precisely 0 hours of overtime/month and thus we re-coded where possible, the estimated overtime hours to account for 0 overtime. As a result, code "1" now refers to 1-4 overtime hours/month and code "8" refers to 0 overtime hours/month. However, in some cases, code "1" may still include 0 overtime hours.

Overall, 1-4 hours of overtime worked per month was most commonly reported followed by 0 hours of overtime worked per month. In most cases, the level of experience of the patient care provider does not seem to make a difference in the overtime hours worked. However, where a difference is seen, for all regions except B.C./Territories, it appears that patient care providers with more experience are working fewer overtime hours. In B.C./Territories, patient care providers with more experience appear to be working more overtime hours/month than patient care providers with less experience.

Table 24
Estimated Average Amount of Overtime per Month by Type of Patient Care Provider and Region

Type of Provider	2 Most common overtime codes reported*						Amalg. Facility responses	All Respondents
	Single Facility responses							
	Atlantic	Quebec	Ontario	Prairies	BC/Terr	All		
Aides < 1 year's experience	1,(2,8)	1	1,8	1,3	1,8	1,8	1,2	1,8
Aides > 1 year's experience	1	1	1,8	1,3	1,8	1,8	1	1,8
Aides Experience Unspec	1,2	7,6	(1,2,8)	1,(3,6)	(1,3,8)	1,7	(1,2,7)	1,7
LPNs < 2 years' experience	1,2	1,2	1,8	1,3	1,8	1,8	1	1,8
LPNs > 2 years' experience	1,2	1	1,8	1,3	1,3	1,8	1,7	1,8
LPNs Experience Unspec	1,2	4,7	(1,2,8)	1,(4,8)	1,(4,6)	1,4	(1,2,7)	1,(2,4)
RNs < 2 years' experience	1,2	1,8	1,8	1,2	1,8	1,8	1,2	1,8
RNs > 2 years' experience	1,2	1,8	1,8	1,2	1,2	1,2	1,2	1,2
RNs Experience Unspec	2	7,6	1,(7,8)	1,(4,7)	1,7	1,7	(1,4,7)	1,8
RPNs < 2 years' experience	--	--	--	2,1	1,8	1,(2,8)	1	
RPNs > 2 years' experience	--	--	--	1,2	1,2	1,2	1	
RPNs Experience Unspec	--	--	--	1	(1,8)	1,8	(1,7)	
Other	1	8	1	(1,2)	1,(2,4)	1,2	6	

* The 'amount of overtime' codes reported are listed in descending order based on the number of respondents reporting each code. Where codes appear in brackets they were reported by equal numbers of respondents. The 'amount of overtime' codes are:

- | | |
|-----------------|------------------------|
| 1 = 1-4 hours | 5 = 17-20 hours |
| 2 = 5-8 hours | 6 = 21-24 hours |
| 3 = 9-12 hours | 7 = More than 24 hours |
| 4 = 13-16 hours | 8 = 0 hours |

Table 25 disaggregates the results of Table 24 by aggregated type of facility/agency. For the purposes of this analysis, some of the facility/agency types presented in Table 1 were aggregated to enable better comparisons between facility/agency types. Table 25 presents data by three different aggregated facility/agency types (Tertiary/Teaching Hospital; Regional/Community Hospital/Rehabilitation Centre; and Extended Care/LTC/Nursing Home). Data are presented on the two most common overtime codes reported for each patient care provider category and level of experience in each region. Table 25 therefore allows one to compare, for example, whether tertiary/teaching hospitals in B.C./Territories have different practices with regard to overtime work than tertiary/teaching hospitals in Ontario, as well as whether in general, the different aggregated facility/agency types have different practices with regard to overtime work.

Canada-wide, it appears as if the Tertiary/Teaching Hospitals have patient care providers working more overtime hours per month on average than either Regional/Community Hospital/Rehabilitation Centres or Extended Care/LTC/Nursing Homes. Patient care providers in Regional/Community Hospital/Rehabilitation Centres are working slightly more overtime hours per month than patient care providers in Extended Care/LTC/Nursing Homes.

In the Tertiary/Teaching Hospital sector, Aides in Québec and Aides and LPNs in the Prairies appear to be working more overtime hours per month on average than RNs in those regions, regardless of the level of experience. However, in B.C./Territories, RNs appear to be working considerably more overtime per month than either the Aides or LPNs.

In both Regional/Community Hospital/Rehabilitation Centre and Extended Care/LTC/Nursing Home facilities/agencies, all the patient care provider categories appear to be working similar overtime hours per month on average, with the exception of RNs in Extended Care/LTC/Nursing Home in Québec, who seem to be working considerably more overtime hours per month.

Note that as in Table 24, generally, the level of experience of the patient care provider does not seem to make a difference in the average number of overtime hours worked per month. However, when a difference is seen, the different facility/agency types seem to be handling it differently. For instance, patient care providers with more experience seem to be working more overtime hours per month on average in Regional/Community Hospital/Rehabilitation Centre and in Extended Care/LTC/Nursing Home facilities/agencies compared to patient care providers in Tertiary/Teaching Hospitals, where the patient care providers with more experience appear to be working less overtime hours on average per month.

Table 25
Estimated Average Amount of Overtime per Month,
by Type of Patient Care Provider and Region, by Type of Facility

Facility = Tertiary/Teaching Hospital (N=30)

2 Most common overtime codes reported*

Type of Provider	Single Facility responses						Amalg. Facility responses	All Respondents
	Atlantic	Quebec	Ontario	Prairies	BC/Terr	All		
Aides < 1 year's experience	--	4	--	3	3,4	3,4	--	3,4
Aides > 1 year's experience	--	4	--	3	3,4	3,4	--	3,4
Aides Experience Unspec	1	7	1	1	--	1,7	--	1,7
LPNs < 2 years' experience	--	1	1	3	3,2	3,1	--	3,1
LPNs > 2 years' experience	--	1	1	3,1	3,1	3,1	--	3,1
LPNs Experience Unspec	1	--	1	1	1	1	--	1
RNs < 2 years' experience	--	(2,4)	1	2,1	7,(2,3)	2,(1,7)	--	2,(1,7)
RNs > 2 years' experience	--	(2,4)	1	2,1	7,(1,3)	2,1	--	2,1
RNs Experience Unspec	--	7	1,7	1	1	1,7	--	1,7
RPNs < 2 years' experience	--	--	--	2	3	2,3	--	2,3
RPNs > 2 years' experience	--	--	--	2	3	2,3	--	2,3
RPNs Experience Unspec	--	--	--	--	1	1	--	1
Other	--	--	1	--	--	1	--	1

Facility = Regional/Community Hospital/Rehab (N=52)

2 Most common overtime codes reported*

Type of Provider	Single Facility responses						Amalg. Facility responses	All Respondents
	Atlantic	Quebec	Ontario	Prairies	BC/Terr	All		
Aides < 1 year's experience	8	1	1,8	1	--	1,8	--	1,8
Aides > 1 year's experience	(1,3,8)	1	1,8	1	--	1,8	--	1,8
Aides Experience Unspec	--	(6,7)	--	1	1,7	1,7	1,7	1,7
LPNs < 2 years' experience	1,(2,8)	1	1,8	1,2	1	1,(2,8)	1	1,(2,8)
LPNs > 2 years' experience	1,(2,4)	1	1,8	1,2	(1,3)	1,(2,8)	1	1,(2,8)
LPNs Experience Unspec	--	(4,7)	--	--	1,6	1	1,7	1,7
RNs < 2 years' experience	(1,2)	1	1	(1,7)	1	1,2	2	1,2
RNs > 2 years' experience	2,(3,5)	1	1,2	1,7	1,2	1,2	2	1,2
RNs Experience Unspec	--	(6,7)	--	1	1	1,7	1,7	1,7
RPNs < 2 years' experience	--	--	--	1	1	1	--	1
RPNs > 2 years' experience	--	--	--	1	2	1,2	--	1,2
RPNs Experience Unspec	--	--	--	1	--	1	1,7	1,7
Other	--	--	--	--	--	--	--	--

Facility = Extended Care/LTC/Nursing Home (N=144)

2 Most common overtime codes reported*

Type of Provider	Single Facility responses						Amalg. Facility responses	All Respondents
	Atlantic	Quebec	Ontario	Prairies	BC/Terr	All		
Aides < 1 year's experience	1,(2,8)	1,2	1,8	1,8	1,8	1,8	(1,8)	1,8
Aides > 1 year's experience	1,2	1,6	1,8	1,2	1,8	1,8	(1,6)	1,8
Aides Experience Unspec	2	7	(2,8)	1,(3,6)	3	3,(1,2)	--	3,(1,2)
LPNs < 2 years' experience	1,2	(1,2)	1,8	1	1,8	1,8	(1,8)	1,8
LPNs > 2 years' experience	1,2	1,(2,4)	1,8	1	1,8	1,8	(1,8)	1,8
LPNs Experience Unspec	(1,2)	--	(2,8)	(1,4,8)	4	(1,2,4,8)	--	(1,2,4,8)
RNs < 2 years' experience	1	3,(4,8)	1,8	1,8	1,8	1,8	(1,8)	1,8
RNs > 2 years' experience	1,2	3,(4,8)	1,8	1,(2,4)	1,2	1,8	(1,5)	1,8
RNs Experience Unspec	3	7	(1,8)	1,4	7,3	1,7	--	1,7
RPNs < 2 years' experience	--	--	--	1,8	1,8	1,8	--	1,8
RPNs > 2 years' experience	--	--	--	1	1,8	1,8	--	1,8
RPNs Experience Unspec	--	--	--	1	--	1	--	1
Other	--	8	8	--	1	8,1	--	8,1

* The 'amount of overtime' codes reported are listed in descending order based on the number of respondents reporting each code. Where codes appear in brackets they were reported by equal numbers of respondents. The 'amount of overtime' codes are:

- | | |
|-----------------|------------------------|
| 1 = 1-4 hours | 5 = 17-20 hours |
| 2 = 5-8 hours | 6 = 21-24 hours |
| 3 = 9-12 hours | 7 = More than 24 hours |
| 4 = 13-16 hours | 8 = 0 hours |

6. Fiscal Responsibility

Tables 26 through 29 present information regarding who has authority over the amount of the patient care provider budget and how the budget is spent in each reporting facility/agency. In addition, reported information on funding source(s) is provided.

Table 26 discusses respondents' policies regarding budgeting responsibility for patient care providers by region. The survey question asked "who decides how much the patient care provider budget will be at your facility/agency?" The Table presents the frequency of responses in each category.

A very large number of facilities/agencies indicated the "Other" category; these responses were reviewed and where there were large numbers of similar responses new categories were created. The three new categories created for this Table were "Other Administration", "Federal/Provincial/Territorial Government/Regional Health Authority/Municipal Government" and "Director (varied)".

Table 26
Budgeting Responsibility for Patient Care Providers by Region

Position	Number of Responses							All Respondents
	Single Facility responses						Amalg. Facility responses	
	Atlantic	Quebec	Ontario	Prairies	BC/Terr	All		
head nurse	1	2	9	2	4	18	2	20
unit manager	7	4	11	13	4	39	6	45
program manager	7	4	17	10	12	50	7	57
administrator, Dept. of Nursing	3	--	18	7	7	35	6	41
administrator, Dept. of Finance	6	--	12	11	6	35	1	36
administrator, Dept. of H Resources	--	--	3	--	1	4	1	5
Director of Nursing	7	10	29	17	22	85	6	91
Director of Finance	10	6	19	10	21	66	9	75
Director of Human Resources	--	4	2	1	2	9	2	11
Vice President, Nursing	2	--	13	7	3	25	5	30
Vice President, Human Resources	1	--	5	1	1	8	--	8
Chief Executive Officer	13	16	61	31	34	155	9	164
Other	20	7	50	44	41	162	7	169
Other Administration	7	3	19	20	13	62	3	65
Fed/Prov/Terr Gov't/Reg Hlth A/Municipal	10	--	23	15	17	65	1	66
Director (varied)	--	2	--	10	3	15	1	16

Across Canada, the three most common responses reported in descending order as to who decides how much the patient care provider budget will be were "Other", closely followed by Chief Executive Officer, and then Director of Nursing. Atlantic Canada, the Prairies and B.C./Territories most commonly reported the "Other" category for who decides how much the patient care provider budget would be in their facilities/agencies, followed in all regions by the Chief Executive Officer. All regions with the exception of the Atlantic region, reported the Director of Nursing as the next most common position to decide the patient care provider budget. Atlantic Canada reported the Director of Finance.

Two of the most common responses in the "Other" category included that a senior management team determines the budget and that the patient care provider budget is determined by an annual classification system (usually in continuing care) in conjunction with funding provided by the regional health authority or the provincial government.

Table 27 discusses respondents' policies regarding who decides how the patient care provider budget is spent. The survey question asked "who decides how the patient care provider budget is going to be spent at your facility/agency?" The Table presents the frequency of responses in each category.

Again, a very large number of facilities/agencies indicated the "Other" category; these responses were reviewed and where there were large numbers of similar responses new categories were created. The three new categories created for this Table were "Other Administration", "Federal/Provincial/Territorial Government/Regional Health Authority/Municipal Government" and "Director (varied)".

Table 27
Staffing Budget Authority by Region

Position	Number of Responses							
	Single Facility responses						Amalg. Facility responses	All Respondents
	Atlantic	Quebec	Ontario	Prairies	BC/Terr	All		
head nurse	4	3	14	2	5	28	1	29
unit manager	13	5	11	23	18	70	6	76
program manager	8	6	26	14	16	70	7	77
administrator, Dept. of Nursing	5	--	19	10	10	44	5	49
administrator, Dept. of Finance	2	--	7	3	7	19	--	19
administrator, Dept. of H Resources	1	--	3	--	2	6	1	7
Director of Nursing	10	11	39	23	26	109	6	115
Director of Finance	6	4	8	7	9	34	3	37
Director of Human Resources	--	3	4	--	1	8	1	9
Vice President, Nursing	6	--	7	3	8	24	3	27
Vice President, Finance	--	--	5	2	2	9	--	9
Vice President, Human Resources	--	--	2	--	--	2	--	2
Chief Executive Officer	10	9	40	22	26	107	6	113
Other	14	4	27	20	26	91	5	96
Other Administration	6	--	12	7	20	45	2	47
Fed/Prov/Terr Gov't/Reg Hlth A/Municipal	5	--	5	4	2	16	--	16
Director (varied)	2	3	3	5	2	15	2	17

Overall, the Director of Nursing and the Chief Executive Officer were equally common responses as the position that decides how the patient care provider budget is spent. All regions with the exception of Atlantic Canada reported the above. The Atlantic region reported "Other" and Unit Manager equally often as the position deciding how the budget is spent. The "Other" category included senior management team and consultation with appropriate positions for deciding how the patient care provider budget is spent.

Table 28 discusses respondents' views regarding who has authority for patient care provider deployment policies in their facilities/agencies. The survey question asked "who formulates the policy about the numbers and types of patient care providers hired at your facility/agency?" The Table presents the frequency of responses in each category.

Again, a very large number of facilities/agencies indicated the "Other" category; these responses were reviewed and where there were large numbers of similar responses new categories were created. The three new categories created for this Table were "Other Administration", "Federal/Provincial/Territorial Government/Regional Health Authority/Municipal Government" and "Director (varied)".

Table 28
Authority for Patient Care Provider Deployment Policy by Region

Position	Number of Responses						Amalg. Facility responses	All Respondents
	Single Facility responses							
	Atlantic	Quebec	Ontario	Prairies	BC/Terr	All		
head nurse	4	2	9	2	5	22	1	23
unit manager	10	3	11	19	15	58	5	63
program manager	12	2	22	12	17	65	7	72
administrator, Dept. of Nursing	8	--	19	11	12	50	6	56
administrator, Dept. of Finance	--	--	3	1	3	7	--	7
administrator, Dept. of H Resources	1	--	5	1	4	11	2	13
Director of Nursing	11	14	41	21	33	120	7	127
Director of Finance	2	1	5	5	4	17	2	19
Director of Human Resources	5	5	5	6	8	29	5	34
Vice President, Finance	2	--	4	3	1	10	--	10
Vice President, Human Resources	1	1	6	3	1	12	--	12
Chief Executive Officer	11	8	37	25	25	106	7	113
Other	17	3	33	25	35	113	7	120
Other Administration	4	--	19	7	16	46	2	48
Fed/Prov/Terr Gov't/Reg Hlth A/Municipal	11	--	6	10	8	35	1	36
Director (varied)	--	3	4	7	3	17	2	19

Canada-wide, the Director of Nursing followed by the “Other” category were the two most common responses reported. The Director of Nursing was selected in all regions with the exception of Atlantic Canada, where “Other” was chosen followed by Program Manager. Responses in the “Other” category were varied, examples include: “guidelines set by Regional Health Authority”, “LTC standards”, “negotiation with respective unions”, and “Management Committee decides”.

Table 29 presents data on the source(s) of funding for facilities/agencies by region. The Table presents the number of respondents as well as the percentage of respondents. In asking this question, the survey had originally provided five categories from which the respondents could choose. One of the five categories included an “Other, including a combination of the above” category, which meant that those regions which received funding from a combination of the categories listed would have chosen this “Other” category as their answer. When the responses in the “Other” category were reviewed, we found that a number of them were combinations of different funding agencies, so we developed two new categories (Federal Government +/- Provincial/Territorial +/- Regional +/- Municipal Government, and Government and Private), and re-coded responses in the “Other” category into the new categories, where appropriate.

Canada-wide, the majority of respondents (72%) reported that funding for their facilities/agencies comes from public organizations. Almost equal numbers of respondents reported that their facility/agency was funded by Public-Regional Health Authority/Board (36.7%) or by Public-Provincial/Territorial Government (35.0%). However, when one examines the individual regions, it is quite clear which of the regions are funded by Public-Regional Health Authority/Board and which are funded by Public-Provincial/Territorial Government. The majority of the respondents in the Prairies and B.C./Territories reported that their facilities/agencies are funded by Public-Regional Health Authority/Board (51.8% and 74.2%, respectively), while the majority of respondents in Atlantic Canada and almost half of the respondents in Ontario reported that their facilities/agencies are funded by Public-Provincial/Territorial Government (61.0% and 47.7%, respectively). A large percentage of the respondents in Ontario (18.3%) also reported receiving a combination of government and private funding. Ontario is the only region that reported Public-Municipal as a funding source. As with Atlantic Canada and Ontario, the

‘Amalgamated’ facilities reported receiving the majority of their funding from the Public-Provincial/Territorial Government. In Québec, funding for facilities/agencies is provided equally by Public-Regional Health Authority/Board and by Public-Provincial/Territorial Government.

Table 29
Source of Funding by Region

Funding Source	Number of respondents						Amalg. Facility responses	All Respondents
	Single Facility responses							
	Atlantic	Quebec	Ontario	Prairies	BC/Terr	All		
Private	2	2	13	2	1	20	--	20
Public - Municipal	--	--	14	--	--	14	1	15
Public - Reg Hlth Authority/Board	10	11	--	44	66	131	5	136
Public - Prov/Terr Government	25	11	52	18	12	118	12	130
Fed +/- Prov/Terr +/- Reg +/- Mun Gov't	--	3	9	10	4	26	--	26
Gov't and Private	3	1	20	9	2	35	1	36
Other	1	--	--	--	--	1	--	1
Not answered	--	--	1	2	4	7	--	7
Total	41	28	109	85	89	352	19	371

Funding Source	Percent of respondents						Amalg. Facility responses	All Respondents
	Single Facility responses							
	Atlantic	Quebec	Ontario	Prairies	BC/Terr	All		
Private	4.9	7.1	11.9	2.4	1.1	5.7	--	5.4
Public - Municipal	--	--	12.8	--	--	4.0	5.3	4.0
Public - Reg Hlth Authority/Board	24.4	39.3	--	51.8	74.2	37.2	26.3	36.7
Public - Prov/Terr Government	61.0	39.3	47.7	21.2	13.5	33.5	63.2	35.0
Fed +/- Prov/Terr +/- Reg +/- Mun Gov't	--	10.7	8.3	11.8	4.5	7.4	--	7.0
Gov't and Private	7.3	3.6	18.3	10.6	2.2	9.9	5.3	9.7
Other	2.4	--	--	--	--	0.3	--	0.3
Not answered	--	--	0.9	2.4	4.5	2.0	--	1.9
Total	100	100	100	100	100	100	100	100

7. Concluding Remarks

In summary, deployment patterns of Aides, LPNs, RPNs and RNs and funding authority, sources, and policies vary widely by region, though there are some common preferences and practices among employers pertaining to the education and deployment of providers. The important and interesting detail of jurisdictional differences are lost when the analysis is at the “All Respondents” or national level. In many cases “anecdotal” information from the popular media or other sources may allude to circumstances or situations which, at best, may be an overall, national picture. Yet without any national coordinating efforts in either training or deployment, we have a variety of alternative deployment patterns to study and explore. Data from a question in the survey (Question 4 in Appendices D1 and D2) regarding the level of education of patient care providers employed by the facilities/agencies are not presented due to the poor quality of responses. Many facilities/agencies reported that they were unable to complete this question as the information is not readily available or, they do not collect the information on level of education in the detail asked for in the survey.

It is difficult to identify best practices without anchoring such analyses in population health outcomes.

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Volume IV

Employer Survey Describing Nursing Workforce Deployment Policies

Appendices

Appendix 1

English Version of Employer Survey



Centre for Health Services and Policy Research
PATIENT/CLIENT CARE PROVIDER SURVEY

You are asked kindly to complete this survey *before February 5th, 1999* and return by fax to (604) 822-5690 or by mail in the enclosed envelope to:

**Health Human Resources Unit
Centre for Health Services and Policy Research
The University of British Columbia
2329 Health Sciences Mall
Vancouver BC V6T 9Z9**

If you have any questions regarding the survey or this questionnaire, please contact Arminée Kazanjian:
Tel: (604) 822-4618 e-mail: arminee@chspr.ubc.ca

Name and Position of person completing the survey:

Facility/Agency Name:

Please note the following definitions:

- Aide:** *Includes Nurse's Aide, Resident Care Aide, Patient Care Aide, or Patient Care Attendant (unlicensed/unregulated staff with less than 6 months of training).*
- LPN:** *Licensed Practical Nurse/Registered Practical Nurse with 10 - 13 months of training (known as "Nursing Assistants" in some provinces/territories).*
- RN:** *Registered Nurse.*
- RPN:** *Registered Psychiatric Nurse (diploma or baccalaureate/master's degree).*
- Patient/Client**
- Care Provider:** *Includes any of the above, but excludes others such as Medical Doctors, Occupational Therapists, Physical Therapists, Respiratory Therapists etc.*
- NA** *Not Applicable*
-

Centre for Health Services and Policy Research
PATIENT/CLIENT CARE PROVIDER SURVEY

1. Please indicate your facility/agency type (choose one only):

- ☐ Tertiary level/Teaching Hospital
- ☐ Regional Community Hospital
- ☐ Community Hospital
- ☐ Rehabilitation/Convalescent Centre
- ☐ Extended Care/Long Term Care/Nursing Home
- ☐ Mental Health Facility/Agency
- ☐ Community Health Agency/Health Centre/Public Health Unit
- ☐ Home Care
- ☐ Regional Health Board/Authority
- ☐ Nursing Station
- ☐ Other, *please specify*: _____

2. a) Please indicate the funded number of beds in your facility/agency:

- ☐ none
- ☐ 1 - 24
- ☐ 25 - 99
- ☐ 100 - 299
- ☐ 300 or more
- ☐ NA

2. b) If your facility/agency does not have funded beds, please approximate the average caseload per patient/client care provider (*see definition above*):

Average caseload _____

3. Of the paid staff working in your facility/agency who are patient/client care providers, please approximate the total number of employees and the total number of hours worked for each category for the calendar year ending December 31st, 1998:

Paid Staff	Regular /Permanent Full-Time		Regular/Permanent Part-Time		Casual/On-Call	
	# Staff	# Hours	#Staff	#Hours	#Staff	#Hours
Aides						
LPNs						
RNs						
RPNs						
Other, (<i>please specify</i>)						

Centre for Health Services and Policy Research
PATIENT/CLIENT CARE PROVIDER SURVEY

4. Of the paid staff working as patient/client care providers at your facility/agency, please approximate the number of staff in each category described by highest level of education. (The total should be the same total you entered in question #3.):

Paid Staff	#
Aides	
LPNs	
RNs with a diploma in nursing	
RNs with a diploma in nursing and specialty certification (e.g.: certification in critical care nursing)	
Total RNs with diplomas in nursing	
RNs with a diploma in nursing and post-basic baccalaureate in nursing	
RNs with a basic baccalaureate in nursing	
RNs with a basic baccalaureate in nursing and speciality certification	
Total RNs with baccalaureates in nursing	
RNs with a master's degree	
RPNs with diploma in psychiatric nursing	
RPNs with diploma in psychiatric nursing and post-diploma baccalaureate in psychiatric nursing	
RPNs with baccalaureate in psychiatric nursing	
Total RPNs	
Other, <i>(please specify)</i>	
TOTAL	

Centre for Health Services and Policy Research
PATIENT/CLIENT CARE PROVIDER SURVEY

5. According to your facility/agency's hiring policies, how likely are you to hire each category of patient/client care provider; and for what reasons? (Please indicate as many reasons as are applicable):

For example, if your facility/agency is (i) unlikely to hire LPNs as regular/permanent full-time because the administration prefers casual employees; but (ii) your facility is likely to hire LPNs as regular/permanent part-time because staff prefer regular/permanent employment; and (iii) likely to employ casual/on-call employees, because wages and benefits are less expensive, your response would be as follows:

Patient/client Care Providers	Regular/Permanent Full-Time	Regular/Permanent Part-Time	Casual/On-Call
	Unlikely or Likely	Unlikely or Likely	Unlikely or Likely
LPNs	[x] []	[] [x]	[] [x]
Reasons	10	7	3,4

Reasons:

- 1 = important for quality of care
- 2 = necessary/important for high acuity patients/clients
- 3 = less expensive wages
- 4 = less expensive benefits
- 5 = administrative policy (e.g. minimum 2 years' acute care employment for home care nursing)
- 6 = collective agreement requirement
- 7 = staff prefer regular/permanent employment
- 8 = staff prefer on-call employment
- 9 = administration prefers regular/permanent employees
- 10 = administration prefers casual/on-call employees
- 11 = abundance of well-qualified providers
- 12 = scarcity of well-qualified providers
- 13 = other, (please specify) _____

Patient Care Providers	Regular/Permanent/ Full-Time	Regular/Permanent Part-Time	Casual/On-Call
	Unlikely or Likely	Unlikely or Likely	Unlikely or Likely
Aides	[] []	[] []	[] []
Reasons			
LPNs	[] []	[] []	[] []
Reasons			
RNs	[] []	[] []	[] []
Reasons			
RPNs	[] []	[] []	[] []
Reasons			
Other, (please specify)	[] []	[] []	[] []
Reasons			

Centre for Health Services and Policy Research
PATIENT/CLIENT CARE PROVIDER SURVEY

6. At your facility/agency, do you hire patient/client care providers from an outside private agency (e.g. nursing registries, home care agencies, temporary employment agencies)?

- ☐ no (please go on to question #8)
☐ yes

Why? (please check all that apply)

- ☐ because vacancies are difficult to fill
☐ because agency employees are more cost-effective
☐ because the need for additional employees is very unusual
☐ because agency employees are more competent
☐ other, (*please specify*):
-

7. At your facility/agency in 1998, for each of the categories listed below, what percentage of patient/client care providers and of paid hours were provided by an outside private agency as defined in Question 6?

	% staff	% paid hours
Aides	_____ %	_____ %
LPNs	_____ %	_____ %
RNs	_____ %	_____ %
RPNs	_____ %	_____ %
Other, (<i>please specify title</i>)		
_____	_____ %	_____ %
TOTAL _____	_____ %	_____ %

Centre for Health Services and Policy Research
PATIENT/CLIENT CARE PROVIDER SURVEY

8. **As of December 1998, how many vacancies did you have for patient/client care providers at your facility/agency?**

	Regular/ Permanent Full-time	Regular/ Permanent Part-time	Casual/ On-Call
Aides with less than 1 year's experience			
Aides with more than 1 year's experience			
LPNs with less than 2 years' working experience			
LPNs with more than 2 years' working experience			
RNs with less than 3 years' working experience			
RNs with more than 3 years' working experience			
RPNs with less than 3 years' working experience			
RPNs with more than 3 years' working experience			
Other, <i>(please specify title and level of experience)</i>			

9. **During the calendar year ending December 31st, 1998, how many casual/on-call patient/client care providers with varying levels of experience did you hire into your casual/on-call pool? How many would you have hired if you could have hired as many or as few as you wished? Please exclude patient/client care providers brought in from outside private agencies (as defined in question 6).**

	Casual On-Call hired in '98	Casual On-Call we wished to hire in '98
Aides with less than 1 year's experience		
Aides with more than 1 year's experience		
LPNs with less than 2 years' working experience		
LPNs with more than 2 years' working experience		
RNs with less than 3 years' working experience		
RNs with more than 3 years' working experience		
RPNs with less than 3 years' working experience		
RPNs with more than 3 years' working experience		
Other, <i>(please specify title and level of experience)</i>		

Centre for Health Services and Policy Research
PATIENT/CLIENT CARE PROVIDER SURVEY

10. As of December 1998, are you having difficulty recruiting to regular/permanent (full-time or part-time) positions at your facility/agency?

☐ no (please go on to question #11)

☐ yes Please circle how problematic each of the following factors is at your facility/agency for any of the patient/client care providers listed below:

	Not problematic			Very problematic	
Aides					
too few applying	1	2	3	4	5
have less than 1 year's experience	1	2	3	4	5
don't have specialty certification	1	2	3	4	5
collective agreement restrictions	1	2	3	4	5
overall concern about recruitment	1	2	3	4	5
Other, (please specify) _____	1	2	3	4	5
LPNs					
too few applying	1	2	3	4	5
have less than 2 years' experience	1	2	3	4	5
too few recent graduates	1	2	3	4	5
don't have specialty certification	1	2	3	4	5
collective agreement restrictions	1	2	3	4	5
overall concern about recruitment	1	2	3	4	5
Other, (please specify) _____	1	2	3	4	5
RNs					
too few applying	1	2	3	4	5
too few recent graduates	1	2	3	4	5
have less than 3 years' experience	1	2	3	4	5
don't have specialty certification	1	2	3	4	5
collective agreement restrictions	1	2	3	4	5
overall concern about recruitment	1	2	3	4	5
Other, (please specify) _____	1	2	3	4	5
RPNs					
too few applying	1	2	3	4	5
too few recent graduates	1	2	3	4	5
have less than 3 years' experience	1	2	3	4	5
don't have specialty certification	1	2	3	4	5
collective agreement restrictions	1	2	3	4	5
overall concern about recruitment	1	2	3	4	5
Other, (please specify) _____	1	2	3	4	5
Other, (please specify) _____					
too few applying	1	2	3	4	5
too few recent graduates	1	2	3	4	5
have less than 2 years' experience	1	2	3	4	5
don't have specialty certification	1	2	3	4	5
collective agreement restrictions	1	2	3	4	5
overall concern about recruitment	1	2	3	4	5
Other, (please specify) _____	1	2	3	4	5

Centre for Health Services and Policy Research
PATIENT/CLIENT CARE PROVIDER SURVEY

11. Please indicate your hiring preferences in general for any applicable patient/client care provider, and give reasons.

For example, for direct patient/client care with medication administration, if you prefer to hire RNs because you feel that they give the best clinical care and are the most cost-effective workers, you would indicate as follows:

Hiring Preference(s)	Type(s) of Patient/client Care Provider	Reason(s)
1. For direct patient/client care involving medication administration	3	2,3

Type of Patient/client Care Provider

- 1 = Aides
- 2 = LPNs
- 3 = RNs
- 4 = RPNs
- 5 = Other, (please specify)

Reasons:

- 1 = Have the education most appropriate to needs
- 2 = Are the most cost-effective
- 3 = Give the best clinical care
- 4 = Remain employed for longer periods (less turnover)
- 5 = Require less orientation
- 6 = Require less supervision
- 7 = Required by collective agreement
- 8 = Other, (please specify)

Please complete the following using the above code numbers :

Hiring Preference(s)	Type(s) of Patient/client Care Provider	Reason(s)
1. For direct patient/client care involving medication administration	_____	_____
2. For direct patient/client care not involving medication administration	_____	_____
3. For specialty direct care	_____	_____
4. For supervision, coordination and/or team-leading of other employees	_____	_____
5. To work under supervision	_____	_____
6. Do not employ this type of patient/client care provider	_____	_____

Centre for Health Services and Policy Research
PATIENT/CLIENT CARE PROVIDER SURVEY

12. For each type of patient/client care provider employed by your facility/agency, please rank the order in which you would lay-off staff, and list all the reasons why:

For example, if you are likely to lay-off RNs first because they are less cost-effective and are less able to provide appropriate care to meet needs (regardless of age or level of experience), you would indicate as follows:

	<i>Lay-off order</i>	<i>Reason Why</i>
c) RNs	<u>1</u>	<u>1,5</u>
		Reasons: 1 = less cost-effective (regardless of age or level of experience) 2 = less education 3 = need more supervision 4 = fewer skills 5 = less able to provide appropriate care to meet needs 6 = collective agreement forces lay-off by provider type 7 = other, (please specify) <hr/>

Please complete the following using the above code numbers:

	Lay-off Order	Reason(s) why
a) Aides	_____	_____
b) LPNs	_____	_____
c) RNs	_____	_____
d) RPNs	_____	_____
e) Other, (please specify) _____	_____	_____

Centre for Health Services and Policy Research
PATIENT/CLIENT CARE PROVIDER SURVEY

13. For individuals within each category of patient/client care provider employed by your facility/agency, please indicate the factors which you consider when selecting who to lay-off (please choose as many as applicable).

For example, if you lay-off RNs with less seniority and less education, you would indicate:

	Factors you consider
c) RNs	<u>5,7</u>

Factors you consider:

- 1 = employees with over 25 years' experience, because of wage increments and benefits
- 2 = employees with over 25 years' experience, as they are harder to retrain
- 3 = employees with less than 2 years' experience, as their care is generally less efficient
- 4 = employees with less than 2 years' experience, as their care is generally less adequate
- 5 = employees with less seniority
- 6 = less cost-effective employees regardless of age or level of experience
- 7 = employees with less education
- 8 = employees identified by an early retirement scheme
- 9 = employees identified by a collective agreement
- 10 = employees who perform less well
- 11 = other, (*please specify*)

Please complete the following using the above code numbers (please choose as many as applicable):

Factors you consider

- a) Aides _____
- b) LPNs _____
- c) RNs _____
- d) RPNs _____
- e) Other, (*please specify*) _____

Centre for Health Services and Policy Research
PATIENT/CLIENT CARE PROVIDER SURVEY

14. For each type of patient/client care provider employed by your facility/agency, please indicate how you match level of education with work assignment, level of experience, and need for supervision.

For example, if for Emergency Rooms you prefer to hire RNs with a basic baccalaureate in nursing and more than 2 years of experience, who don't need nearby supervision, then your answer would be as follows:

	Work Assignment	Amount of Experience	Need Nearby Supervision
RNs with basic baccalaureate in nursing	<u> b </u>	<u> 2 </u>	<u> 1 </u>
	Work Assignment	Amount of Experience	Need Nearby Supervision
a) Administration (includes Head Nurse or Manager)		1 = More than 5 years	1 = no
b) Emergency Room		2 = More than 2 years	2 = yes
c) Extended Care/Long Term Care		3 = More than 1 year	
d) Critical Care (e.g. critical cardiac care, intensive care nursery)		4 = No experience	
e) Maternity/Newborn			
f) Medical Care			
g) Operating Room			
h) Pediatrics			
i) Mental Health			
j) Surgical Care			
k) Community/Public Health			
l) Home Care			
m) Other, (please specify)			

Please complete the following using the above code numbers:

	Work Assignment	Amount of Experience	Need Nearby Supervision
Aides			
LPNs			
RNs with a diploma in nursing			
RNs with a diploma in nursing and specialty certification (e.g. certification in critical care nursing)			
RNs with a diploma in nursing and post-basic baccalaureate in nursing			
RNs with a basic baccalaureate in nursing			
RNs with a basic baccalaureate in nursing and speciality certification			
RNs with a master's degree			
RPNs with diploma in psychiatric nursing			
RPNs with diploma in psychiatric nursing and post-diploma baccalaureate in psychiatric nursing			
RPNs with baccalaureate in psychiatric nursing			
Other, (please specify)			

Centre for Health Services and Policy Research
PATIENT/CLIENT CARE PROVIDER SURVEY

15. If you were to hire one of the following today, how many days/months would he/she receive supervision from another staff member before being expected to work independently (within the limits of his/her scope of practice or job description)?

a newly trained Aide without work experience	_____ days	_____ months
an Aide with work experience	_____ days	_____ months
a new graduate LPN without any work experience	_____ days	_____ months
a LPN with work experience	_____ days	_____ months
a new graduate diploma RN without any work experience	_____ days	_____ months
a diploma RN with work experience	_____ days	_____ months
a new graduate baccalaureate RN without any work experience	_____ days	_____ months
a baccalaureate RN with work experience	_____ days	_____ months
a new graduate RPN without any work experience	_____ days	_____ months
a RPN with work experience	_____ days	_____ months
Other, (<i>please specify</i>) _____	_____ days	_____ months

16. a) For each of the following patient/client care providers, please indicate the standard number of hours worked per week for regular/permanent positions in your facility/agency:

	Hours/week
1. Aides	_____
2. LPNs	_____
3. RNs	_____
4. RPNs	_____
5. Other, (<i>please specify</i>) _____	_____

Centre for Health Services and Policy Research
PATIENT/CLIENT CARE PROVIDER SURVEY

16. b) Please estimate the average amount of overtime (paid in money or time) worked per month for each type of patient/client care provider employed by your facility/agency:

For example, where Aides with less than 1 year's experience work an average of 0 - 4 hours of overtime per month, you would indicate as follows:

Aides with less than 1 year's experience

1

Overtime hours/month

1 = 0-4 hours

5 = 17-20 hours

2 = 5-8 hours

6 = 21-24 hours

3 = 9-12 hours

7 = More than 24 hours please specify: _____

4 = 13-16 hours

Please complete the following using the above code numbers:

Overtime hours/month

- a) Aides with less than 1 year's experience
- b) Aides with more than 1 year's experience
- c) LPNs with less than 2 years' working experience
- d) LPNs with more than 2 years' working experience
- e) RNs with less than 2 years' working experience
- f) RNs with more than 2 years' working experience
- g) RPNs with less than 2 years' working experience
- h) RPNs with more than 2 years' working experience
- i) Other, (please specify)

17. Who decides how much the patient/client care provider budget will be at your facility/agency?

If equivalent position, but different title, please specify title:

- ☐ head nurse
- ☐ unit manager
- ☐ program manager
- ☐ administrator, Dept. of Nursing
- ☐ administrator, Dept. of Finance
- ☐ administrator, Dept. of Human Resources
- ☐ Director of Nursing
- ☐ Director of Finance
- ☐ Director of Human Resources
- ☐ Vice President, Nursing
- ☐ Vice President, Human Resources
- ☐ Chief Executive Officer
- ☐ Other, (please specify)

Centre for Health Services and Policy Research
PATIENT/CLIENT CARE PROVIDER SURVEY

18. Who decides how the patient/client care provider budget is going to be spent at your facility/agency?

- | | |
|--|--|
| <p><input type="checkbox"/> head nurse</p> <p><input type="checkbox"/> unit manager</p> <p><input type="checkbox"/> program manager</p> <p><input type="checkbox"/> administrator, Dept. of Nursing</p> <p><input type="checkbox"/> administrator, Dept. of Finance</p> <p><input type="checkbox"/> administrator, Dept. of Human Resources</p> <p><input type="checkbox"/> Director of Nursing</p> <p><input type="checkbox"/> Director of Finance</p> <p><input type="checkbox"/> Director of Human Resources</p> <p><input type="checkbox"/> Vice President, Nursing</p> <p><input type="checkbox"/> Vice President, Finance</p> <p><input type="checkbox"/> Vice President, Human Resources</p> <p><input type="checkbox"/> Chief Executive Officer</p> <p><input type="checkbox"/> Other, <i>(please specify)</i></p> | <p>If equivalent position, but different title, please specify title:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> |
|--|--|

19. Who formulates the policy about the numbers and types of patient/client care providers hired at your facility/agency?

- | | |
|--|--|
| <p><input type="checkbox"/> head nurse</p> <p><input type="checkbox"/> unit manager</p> <p><input type="checkbox"/> program manager</p> <p><input type="checkbox"/> administrator, Dept. of Nursing</p> <p><input type="checkbox"/> administrator, Dept. of Finance</p> <p><input type="checkbox"/> administrator, Dept. of Human Resources</p> <p><input type="checkbox"/> Director of Nursing</p> <p><input type="checkbox"/> Director of Finance</p> <p><input type="checkbox"/> Director of Human Resources</p> <p><input type="checkbox"/> Vice President, Finance</p> <p><input type="checkbox"/> Vice President, Human Resources</p> <p><input type="checkbox"/> Chief Executive Officer</p> <p><input type="checkbox"/> Other, <i>(please specify)</i></p> | <p>If equivalent position, but different title, please specify title:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> |
|--|--|

Centre for Health Services and Policy Research
PATIENT/CLIENT CARE PROVIDER SURVEY

20. Please indicate how your facility/agency is funded:

- ☐ Private
 - ☐ Public - Municipal
 - ☐ Public - Regional Health Authority/Board
 - ☐ Public - Provincial/Territorial Government
 - ☐ Other, including a combination of the above, (*please specify*)
-

21. Does your facility/agency hire patient/client care providers who are subject to a collective agreement?

- ☐ No ☐ Yes Please indicate the union affiliation(s) for:
- Aides _____
- LPNs _____
- RNs _____
- RPNs _____
- Other, (*please specify*) _____
-

22. Please consider adding any comments you may have.

Thank you very much for your participation!

Appendix 2

French Version of Employer Survey



ENQUÊTE SUR LE PERSONNEL SOIGNANT

Veuillez répondre aux questions suivantes avant le 8 mars 1999 et une fois rempli, veuillez le rendre par télécopieur au (604) 822-5690, ou par la poste dans l'enveloppe ci-jointe à cette adresse :

Health Human Resources Unit
The University of British Columbia
2329 Health Sciences Mall
Vancouver, B.C. V6T 9Z9

Si vous désirez plus de renseignements, veuillez communiquer avec Arminée Kazanjian au (604) 822 - 4618 ou, par messagerie électronique, à l'adresse suivante: arminée@chspr.ubc.ca

Nom et titre du répondant :

Nom de l'établissement :

Veuillez noter les définitions suivantes :

A-I = Aide-infirmière : employée non agréée/non réglementée ayant moins de six mois de formation

IAA = Infirmière auxiliaire autorisée comptant de 10 à 13 mois de formation

IA = Infirmière autorisée

IPA = Infirmière psychiatrique autorisée (diplôme collégial ou baccalauréat/maîtrise)

Prestateur de soins : terme générique englobant tous les employés susmentionnés mais excluant les emplois spécialisés, tels que médecins, ergothérapeutes, physiothérapeutes, inhalothérapeutes, etc.

SO = Sans objet

Centre for Health Services and Policy Research
Enquête Sur le Personnel Soignant

1. Quel est votre type d'établissement? (ne cocher qu'une seule case) :

- ☐ Établissement de niveau tertiaire/Hôpital d'enseignement
☐ Hôpital communautaire régional
☐ Hôpital communautaire
☐ Centre de réadaptation/Centre de convalescence
☐ Établissement de soins prolongés/de soins de longue durée/Foyer de soins infirmiers
☐ Établissement psychiatrique
☐ Centre de soins communautaires/Centre de santé/ Service de santé publique
☐ Soins à domicile
☐ Régie régionale de la santé
☐ Poste de soins infirmiers
☐ Autre _____

2. a) Quel est le nombre de lits subventionnés dans votre établissement?

- ☐ aucun
☐ 1 - 24
☐ 25 - 99
☐ 100 - 299
☐ 300 ou plus
☐ SO

2. b) Si votre établissement ne compte aucun lit subventionné, quel est le nombre approximatif moyen de cas par prestataire de soins? (voir la définition de prestataire de soins ci-dessus).

Nombre moyen de cas par prestataire _____

3. Parmi le personnel rémunéré travaillant dans votre établissement en tant que prestataires de soins, quel est le nombre total approximatif d'employé(e)s et le nombre total approximatif d'heures travaillées pendant l'année civile se terminant le 31 décembre 1998 pour chaque catégorie?

Personnel rémunéré	Permanent/ temps plein		Permanent/ temps partiel		Occasionnel/ sur appel	
	Nbre de prestataires	Nbre d'heures	Nbre de prestataires	Nbre d'heures	Nbre de prestataires	Nbre d'heures
Aides-infirmières						
IAA						
IA						
IPA						
Autre, veuillez préciser :						

Centre for Health Services and Policy Research
Enquête Sur le Personnel Soignant

4. Parmi le personnel rémunéré travaillant en tant que prestataires de soins dans votre établissement, quel est le nombre approximatif d'employé(e)s dans chaque catégorie selon le niveau de formation (le nombre total doit être le même que celui indiqué à la question 3) :

Personnel rémunéré	#
A-I	
IAA	
IA ayant un diplôme en soins infirmiers	
IA ayant un diplôme en soins infirmiers et un certificat de spécialité (ex., certificat en soins infirmiers pour malades en phase critique)	
IA ayant un diplôme en soins infirmiers et un baccalauréat en soins infirmiers	
IA ayant un baccalauréat en soins infirmiers	
IA ayant un baccalauréat en soins infirmiers et un certificat de spécialité	
IA ayant une maîtrise	
IPA ayant un diplôme en soins infirmiers psychiatriques	
IPA ayant un diplôme en soins infirmiers psychiatriques et un baccalauréat en soins infirmiers psychiatriques	
IPA ayant un baccalauréat en soins infirmiers psychiatriques	
Autre, veuillez préciser	
TOTAL	

5. Selon la politique d'embauche de votre établissement, dans quelle mesure est-il probable ou improbable que votre établissement engage des prestataires de soins dans chaque catégorie, et pour quelles raisons (indiquez autant de raisons que nécessaire)

Par exemple, peut-être est-il improbable que votre établissement embauche des IAA à titre permanent et à temps plein, mais il est probable qu'il les embauche comme employés permanents à temps partiel et comme employés occasionnels sur appel, car les employés préfèrent un poste permanent et, dans le cas des employés occasionnels/sur appel, les salaires et les avantages sociaux coûtent moins cher :

Prestataires de soins	Permanent/temps plein	Permanent/temps partiel	Occasionnel/sur appel
	<i>Improbable Probable</i>	<i>Improbable Probable</i>	<i>Improbable Probable</i>
IAA	[x] []	[] [x]	[] [x]
Raisons	10	7	3,4

Raisons :

- 1=important pour la qualité des soins
- 2= nécessaire/important pour les patients/bénéficiaires en phase aiguë requérant un niveau élevé de soins
- 3=salaires moins élevés
- 4=avantages sociaux moins élevés
- 5=politique administrative (ex., emploi minimal de 2 ans en soins aigus pour les soins infirmiers à domicile)
- 6=exigence de la convention collective
- 7=l'employé préfère un emploi permanent
- 8=l'employé préfère être sur appel
- 9=l'administration préfère des employés permanents
- 10=l'administration préfère des employés occasionnels/sur appel
- 11=abondance de prestataires de soins qualifiés
- 12=pénurie de prestataires de soins qualifiés
- 13=autre, veuillez préciser _____

Prestataires de soins	Permanent/temps plein	Permanent/temps partiel	Occasionnel/sur appel
	<i>Improbable Probable</i>	<i>Improbable Probable</i>	<i>Improbable Probable</i>
Aides-infirmières	[] []	[] []	[] []
Raisons			
IAA	[] []	[] []	[] []
Raisons			
IA	[] []	[] []	[] []
Raisons			
IPA	[] []	[] []	[] []
Raisons			
Autre, veuillez préciser	[] []	[] []	[] []
Raisons			

Centre for Health Services and Policy Research
Enquête Sur le Personnel Soignant

6. À votre établissement, engage-t-on des prestataires de soins (voir la définition de ce terme à la p. 1) par l'intermédiaire d'une agence privée extérieure (ex., registres d'infirmières, agences de soins à domicile, agences de placement)?

☐ non (veuillez passer à la question n° 8)

☐ oui

pourquoi? (veuillez cocher toutes les mentions qui s'appliquent)

☐ parce que les postes vacants sont difficiles à pourvoir

☐ parce que les employés d'agence sont plus rentables

☐ parce qu'il est rare que nous ayons besoin de personnel supplémentaire

☐ parce que les employés d'agence sont plus compétents

☐ autre : _____

7. En 1998, pour chacune des catégories mentionnées ci-dessous, quel est le pourcentage de prestataires de soins à votre établissement et le pourcentage d'heures rémunérées qui provenaient d'une agence privée extérieure, telle que définie à la question 6?

	% prestataires	% heures rémunérées
Aides-infirmières	_____ %	_____ %
IAA	_____ %	_____ %
IA	_____ %	_____ %
IPA	_____ %	_____ %
Autre, veuillez préciser : _____	_____ %	_____ %
TOTAL	_____ %	_____ %

8. Jusqu'à décembre 1998, il y avait combien de postes vacants de prestataires de soins dans votre établissement?

	Permanent à temps plein	Permanent à temps partiel	Occasionnel sur appel
Aides-infirmières ayant moins d'un an d'expérience			
Aides-infirmières ayant plus d'un an d'expérience			
IAA ayant moins de deux ans d'expérience de travail			
IAA ayant plus de deux ans d'expérience de travail			
IA ayant moins de trois ans d'expérience de travail			
IA ayant plus de trois ans d'expérience de travail			
IPA ayant moins de trois ans d'expérience de travail			
IPA ayant plus de trois ans d'expérience de travail			
Autre, veuillez préciser le titre et le niveau d'expérience			

9. Durant l'année civile se terminant le 31 décembre 1998, combien de prestataires de soins occasionnels/sur appel ayant divers niveaux d'expérience avez-vous engagés pour faire partie de votre effectif d'employés occasionnels/sur appel? Combien en auriez-vous engagés si vous aviez pu en engager autant ou aussi peu que vous l'auriez souhaité? Veuillez exclure les prestataires de soins fournis par des agences privées extérieures (telles que définies à la question 6).

	Infirmières occasionnelles/ sur appel engagées en 1998	Infirmières occasionnelles/ sur appel que nous aurions souhaité engager en 1998
Aides-infirmières ayant moins d'un an d'expérience		
Aides-infirmières ayant plus d'un an d'expérience		
IAA ayant moins de deux ans d'expérience de travail		
IAA ayant plus de deux ans d'expérience de travail		
IA ayant moins de trois ans d'expérience de travail		
IA ayant plus de trois ans d'expérience de travail		
IPA ayant moins de trois ans d'expérience de travail		
IPA ayant plus de trois ans d'expérience de travail		
Autre, veuillez préciser le titre et le niveau d'expérience		

10. Des le mois de decembre 1998, avez-vous de la difficulté à recruter du personnel infirmier à des postes permanents (temps plein ou temps partiel) dans votre établissement?
☐ non (veuillez passer à la question n°11)
☐ oui Veuillez indiquer, en encerclant le chiffre approprié, dans quelle mesure les facteurs suivants font problème dans votre établissement :

	Non problématique			Très problématique	
Aides-infirmières					
trop peu de candidatures	1	2	3	4	5
moins d'une année d'expérience	1	2	3	4	5
pas de certificat de spécialité	1	2	3	4	5
contraintes découlant de la convention collective	1	2	3	4	5
préoccupation générale concernant le recrutement	1	2	3	4	5
autres, veuillez préciser	1	2	3	4	5
IAA					
trop peu de candidatures	1	2	3	4	5
moins de deux ans d'expérience	1	2	3	4	5
pas de certificat de spécialité	1	2	3	4	5
contraintes découlant de la convention collective	1	2	3	4	5
préoccupation générale concernant le recrutement	1	2	3	4	5
autres, veuillez préciser	1	2	3	4	5
IA					
trop peu de candidatures	1	2	3	4	5
trop peu de diplômées récentes	1	2	3	4	5
moins de trois ans d'expérience	1	2	3	4	5
pas de certificat de spécialité	1	2	3	4	5
contraintes découlant de la convention collective	1	2	3	4	5
préoccupation générale concernant le recrutement	1	2	3	4	5
autres, veuillez préciser	1	2	3	4	5
IPA					
trop peu de candidatures	1	2	3	4	5
trop peu de diplômées récentes	1	2	3	4	5
moins de trois ans d'expérience	1	2	3	4	5
pas de certificat de spécialité	1	2	3	4	5
contraintes découlant de la convention collective	1	2	3	4	5
préoccupation générale concernant le recrutement	1	2	3	4	5
autres, veuillez préciser	1	2	3	4	5
Autre, veuillez préciser					
trop peu de candidatures	1	2	3	4	5
trop peu de diplômées récentes	1	2	3	4	5
moins de deux ans d'expérience	1	2	3	4	5
pas de certificat de spécialité	1	2	3	4	5
contraintes découlant de la convention collective	1	2	3	4	5
préoccupation générale concernant le recrutement	1	2	3	4	5
autres, veuillez préciser	1	2	3	4	5

11. Veuillez indiquer vos préférences en matière d'embauche en général pour tout prestataire de soins applicable, et donnez vos raisons.

Dans l'exemple ci-dessous, pour les soins directs aux patients nécessitant l'administration de médicaments, vous préférez embaucher des infirmières autorisées (IA), car vous estimez qu'elles fournissent les meilleurs soins cliniques au meilleur coût :

<i>Préférence(s) en matière d'embauche</i>	<i>Type(s) de prestataire de soins</i>	<i>Raison(s)</i>
1. Pour les soins directs aux patients nécessitant l'administration de médicaments	<u>3</u>	<u>2,3</u>

Type de prestataire de soins

1. Aides-infirmières
2. IAA
3. IA
4. IPA
5. Autre, veuillez préciser :

Raisons :

- 1=Ont la formation qui répond le mieux aux besoins
- 2=Sont les plus rentables
- 3=Dispensent les meilleurs soins cliniques
- 4=Demeurent à notre emploi plus longtemps (taux de roulement plus faible)
- 5=Exigent moins d'orientation
- 6=Exigent moins de supervision
- 7=Contrainte de la convention collective
- 8=Veuillez préciser la raison

Veuillez remplir les champs suivants en utilisant les codes numériques ci-dessus :

Préférences en matière d'embauche	Type(s) de prestataire de soins	Raison(s)
1. Pour des soins directs aux patients exigeant l'administration de médicaments	<u> </u>	<u> </u>
	<u> </u>	<u> </u>
2. Pour des soins directs aux patients n'exigeant pas l'administration de médicaments	<u> </u>	<u> </u>
	<u> </u>	<u> </u>
3. Pour des soins spécialisés directs	<u> </u>	<u> </u>
	<u> </u>	<u> </u>
4. Pour superviser, coordonner d'autres employés et/ou pour leurs qualités de chefs d'équipe	<u> </u>	<u> </u>
	<u> </u>	<u> </u>
5. Pour travailler sous supervision	<u> </u>	<u> </u>
	<u> </u>	<u> </u>
6. N'emploie pas ce type de prestataire de soins	<u> </u>	<u> </u>

12. Pour chaque type de prestataire de soins employé par votre établissement, dans quel ordre procéderiez-vous au congédiement du personnel, et indiquez vos raisons à l'appui.

Dans l'exemple ci-dessous, les infirmières autorisées (IA) sont les premières à être congédiées, car elles sont moins rentables et moins capables de dispenser les soins appropriés répondant aux besoins (indépendamment de l'âge ou du niveau d'expérience) :

	<i>Ordre des congédiements</i>	<i>Raison à l'appui</i>
c) IA	<u>1</u>	<u>1,5</u>
Raisons : 1=Moins rentables (indépendamment de l'âge ou de l'expérience) 2=moins instruites 3=ont besoin de plus de supervision 4=moins de compétences 5=moins capables de dispenser des soins appropriés répondant aux besoins 6=la convention collective exige des mises à pied par type de prestateur 7=autre, veuillez préciser _____		

Veuillez remplir les champs suivants en utilisant les codes numériques ci-dessus :

	Ordre des congédiements	Raison(s) à l'appui
a) Aides-infirmières	_____	_____
b) IAA	_____	_____
c) IA	_____	_____
d) IPA	_____	_____
e) Autre, veuillez préciser : _____	_____	_____

13. En ce qui concerne les personnes appartenant à chaque catégorie de prestataires de soins employés dans votre établissement, quels sont les facteurs que vous considérez lorsque vous décidez des personnes à congédier (indiquez autant de facteurs que nécessaire)?

L'exemple ci-dessous montre que vous licenciez les infirmières autorisées (IA) ayant moins d'ancienneté et moins de formation :

c) IA

Facteurs que vous prenez en considération

5,7

Facteurs que vous prenez en considération :

- 1=les employés comptant plus de 25 ans d'expérience, à cause du coût plus élevé du salaire et des avantages sociaux
- 2=les employés comptant plus de 25 ans d'expérience, car ils sont plus difficiles à recycler
- 3=les employés comptant moins de deux ans d'expérience, car leurs soins sont généralement moins efficaces
- 4=les employés comptant moins de deux ans d'expérience, car leurs soins sont généralement moins adéquats
- 5=les employés ayant moins d'ancienneté
- 6=les employés les moins rentables, quel que soit leur âge ou expérience professionnelle
- 7= les employés ayant moins de formation
- 8=les employés visés par un régime de retraite anticipée
- 9=les employés visés par une convention collective
- 10=les employés dont le rendement est moins élevé
- 11=autre, veuillez préciser

Veuillez remplir les champs suivants en utilisant les codes numériques ci-dessus (utilisez autant de codes que nécessaire)

Facteurs que vous prenez en considération

a) Aides-infirmières

b) IAA

c) IA

d) IPA

e) Autre : _____

14. Pour chaque type de prestataires de soins employés par votre établissement, veuillez indiquer comment vous appariez le niveau de formation avec l'attribution des tâches, le niveau d'expérience et le besoin de surveillance?

L'exemple ci-dessous montre que, pour les salles d'urgence, vous préférez engager des infirmières autorisées (IA) ayant un baccalauréat en soins infirmiers avec plus de deux ans d'expérience et n'exigeant pas une surveillance étroite.

	<i>Attribution des tâches</i>	<i>Expérience</i>	<i>Exige une surveillance étroite</i>
IA ayant un baccalauréat en soins infirmiers	<u> b </u>	<u> 2 </u>	<u> 1 </u>

Tâche	Expérience	Exige une surveillance étroite
a) Administration (comprend l'infirmière-chef ou le chef de service)	1=Plus de cinq ans	1=non
b) Salle d'urgence	2=Plus de deux ans	2=oui
c) Soins prolongés/soins de longue durée	3=Plus d'un an	
d) Soins critiques (ex., soins cardiaques critiques, soins intensifs en pouponnière)	4=Aucune expérience	
e) Maternité/Nourrissons		
f) Soins médicaux		
g) Salle d'opération		
h) Pédiatrie		
i) Santé mentale		
j) Soins chirurgicaux		
k) Santé publique/communautaire		
l) soins à domicile		
m) Autre, veuillez préciser : _____		

Veuillez remplir les champ suivants en utilisant les codes numériques ci-dessus :

	Tâche	Expérience	Exige une surveillance étroite
Aides-infirmières	_____	_____	_____
IAA	_____	_____	_____
IA ayant un diplôme en soins infirmiers	_____	_____	_____
IA ayant un diplôme en soins infirmiers et un certificat de spécialité (ex.certification en soins infirmiers aux malades en phase critique)	_____	_____	_____
IA ayant un diplôme en soins infirmiers et un baccalauréat en soins infirmiers	_____	_____	_____
IA ayant un baccalauréat en soins infirmiers	_____	_____	_____
IA ayant un baccalauréat en soins infirmiers et un certificat de spécialité	_____	_____	_____
IA ayant une maîtrise	_____	_____	_____
IPA ayant un diplôme en soins infirmiers psychiatriques	_____	_____	_____
IPA ayant un diplôme en soins infirmiers psychiatriques et un baccalauréat en soins infirmiers psychiatriques	_____	_____	_____
IPA ayant un baccalauréat en soins infirmiers psychiatriques	_____	_____	_____
Autre, veuillez préciser	_____	_____	_____

15. Si vous deviez engager l'une des personnes suivantes aujourd'hui, pendant combien de temps serait-elle placée sous la supervision d'un autre membre du personnel avant d'être censée travailler en autonomie?

une aide-infirmière nouvellement formée sans expérience professionnelle	_____jours	_____mois
une aide-infirmière ayant de l'expérience professionnelle	_____jours	_____mois
une IAA nouvellement diplômée sans expérience professionnelle	_____jours	_____mois
une IAA ayant de l'expérience professionnelle	_____jours	_____mois
une IA nouvellement diplômée sans expérience professionnelle	_____jours	_____mois
une IA diplômée ayant de l'expérience professionnelle	_____jours	_____mois
une IA nouvellement diplômée (baccalauréat) sans expérience professionnelle	_____jours	_____mois
une IA diplômée (baccalauréat) ayant de l'expérience professionnelle	_____jours	_____mois
une IPA nouvellement diplômée sans expérience professionnelle	_____jours	_____mois
une IPA ayant de l'expérience professionnelle	_____jours	_____mois
Autre, veuillez préciser _____	_____jours	_____mois

16. a) Pour chacun des prestataires de soins suivants, quel est le nombre type d'heures de travail par semaine dans le cas des postes permanents?

Heures/semaine

1. Aides-infirmières	_____
2. IAA	_____
3. IA	_____
4. IPA	_____
5. Autre, veuillez préciser :	_____
_____	_____

16. b) Pourriez-vous fournir une estimation du nombre d'heures de travail supplémentaires rémunérées par mois pour chaque type de prestataires de soins employés par votre établissement?

L'exemple ci-dessous montre que les aides-infirmières ayant moins d'une année d'expérience professionnelle font, en moyenne, de 0-4 heures de temps supplémentaire par mois :

Aides-infirmières ayant moins d'une année d'expérience professionnelle _____ 1 _____

Heures supplémentaires/mois

1=0-4 heures 5=17-20 heures
2=5-8 heures 6=21-24 heures
3=9-12 heures 7=Plus de 24 heures veuillez préciser : ____
4=13-16 heures

Veuillez remplir les champs suivants en utilisant les codes numériques ci-dessus :

	Heures supplémentaires/mois
a) Aides-infirmières ayant moins d'un an d'expérience	_____
b) Aides-infirmières ayant plus d'un an d'expérience	_____
c) IAA ayant moins de deux ans d'expérience	_____
d) IAA ayant plus de deux ans d'expérience	_____
e) IA ayant moins de deux ans d'expérience	_____
f) IA ayant plus de deux ans d'expérience	_____
g) IPA ayant moins de deux ans d'expérience	_____
h) IPA ayant plus de deux ans d'expérience	_____
i) Autre, veuillez préciser : _____	_____

17. Dans votre établissement, qui décide de la valeur du budget qui sera consacré aux prestataires de soins (voir la définition de ce terme à la p. 1)?

Si le poste est équivalent, mais que le titre diffère, veuillez préciser le titre

<input type="checkbox"/> infirmière-chef	_____
<input type="checkbox"/> chef de service	_____
<input type="checkbox"/> directeur des programmes	_____
<input type="checkbox"/> administrateur, Serv. des soins infirmiers	_____
<input type="checkbox"/> administrateur, Serv. des finances	_____
<input type="checkbox"/> administrateur, Serv. des ressources humaines	_____
<input type="checkbox"/> Directeur des soins infirmiers	_____
<input type="checkbox"/> Directeur des finances	_____
<input type="checkbox"/> Directeur des ressources humaines	_____
<input type="checkbox"/> Vice-président, Soins infirmiers	_____
<input type="checkbox"/> Vice-président, Ressources humaines	_____
<input type="checkbox"/> Directeur général	_____
<input type="checkbox"/> Autre, veuillez préciser :	_____

18. Dans votre établissement, qui décide de la façon dont le budget consacré aux prestataires de soins (voir la définition de ce terme à la p. 1) sera dépensé?

Si le poste est équivalent, mais que le titre diffère, veuillez préciser le titre

- | | |
|--|-------|
| <input type="checkbox"/> infirmière-chef | _____ |
| <input type="checkbox"/> chef de service | _____ |
| <input type="checkbox"/> directeur des programmes | _____ |
| <input type="checkbox"/> administrateur, Serv. des soins infirmiers | _____ |
| <input type="checkbox"/> administrateur, Serv. des finances | _____ |
| <input type="checkbox"/> administrateur, Serv. des ressources humaines | _____ |
| <input type="checkbox"/> Directeur des soins infirmiers | _____ |
| <input type="checkbox"/> Directeur des finances | _____ |
| <input type="checkbox"/> Directeur des ressources humaines | _____ |
| <input type="checkbox"/> Vice-président, Soins infirmiers | _____ |
| <input type="checkbox"/> Vice-président, Ressources humaines | _____ |
| <input type="checkbox"/> Directeur général | _____ |
| <input type="checkbox"/> Autre, veuillez préciser : | _____ |

19. Dans votre établissement, qui formule la politique relative au nombre et aux types de prestataires de soins (voir la définition de ce terme à la p. 1) qui seront engagés?

Si le poste est équivalent, mais que le titre diffère, veuillez préciser le titre

- | | |
|--|-------|
| <input type="checkbox"/> infirmière-chef | _____ |
| <input type="checkbox"/> chef de service | _____ |
| <input type="checkbox"/> directeur des programmes | _____ |
| <input type="checkbox"/> administrateur, Serv. des soins infirmiers | _____ |
| <input type="checkbox"/> administrateur, Serv. des finances | _____ |
| <input type="checkbox"/> administrateur, Serv. des ressources humaines | _____ |
| <input type="checkbox"/> Directeur des soins infirmiers | _____ |
| <input type="checkbox"/> Directeur des finances | _____ |
| <input type="checkbox"/> Directeur des ressources humaines | _____ |
| <input type="checkbox"/> Vice-président, Soins infirmiers | _____ |
| <input type="checkbox"/> Vice-président, Ressources humaines | _____ |
| <input type="checkbox"/> Directeur général | _____ |
| <input type="checkbox"/> Autre, veuillez préciser : | _____ |

20. Veuillez indiquer comment votre établissement est financé :

- ☐ Privé
☐ Public - Municipal
☐ Public – Régie régionale de la santé
☐ Public – Gouvernement provincial
☐ Autre (y compris une combinaison des éléments ci-dessus), veuillez préciser :

21. Votre établissement engage-t-il des prestataires de soins visés par une convention collective?

- ☐ Non ☐ Oui Veuillez indiquer la ou les affiliations syndicales pour :

A-I _____

IAA _____

IA _____

IPA _____

Autre, veuillez préciser :

22. N'hésitez pas à ajouter vos observations au besoin.

Merci mille fois de votre participation!

Appendix 3

English Version of Cover Letter Sent to Employers

24 December 1998

«Person»
«Name»
«Address1»
«Address2»
«City», «Province»
«PostalCode»

Dear «Person»:

Pour recevoir une copie de cette lettre et le questionnaire en français, veuillez appeler le (604) 822 - 4618.

The Health Human Resources Unit, Centre for Health Services and Policy Research at The University of British Columbia is conducting a national study entitled "The Changes in the Nursing Workforce and Policy Implications", with funding from The Federal/Provincial/Territory Advisory Committee on Health Human Resources.

This project is designed to collect primary and secondary information that can be used to identify and analyse the policy implications of the current supply and deployment of nursing personnel, and that may help anticipate the effects of changes in the nursing workforce on the provision of health care services in the future. The study concerns itself particularly with the three regulated nursing groups: registered nurses, licensed practical nurses (also called registered nursing assistants), and registered psychiatric nurses. Information is being collected from a number of sources, including but not limited to the attached survey.

The purpose of this "Patient/Client Care Provider Survey" is to give us a clearer understanding of *the employer's perspective* about the practices and issues surrounding the deployment of regulated and unregulated patient care providers. We selected representative facilities/agencies through a stratified sampling of the listing found in the Canadian Healthcare Association's publication "Guide to Canadian Healthcare Facilities," Volume 5, 1997-1998.

/continued . . .

Your facility/agency has been selected by a computer-generated randomisation sequence to receive the enclosed questionnaire. You may notice that some of the questions may be more or less relevant to the practices and issues of importance to your facility/agency, and that terminology regarding deployment may differ across Canada. Please feel free to contact us with any inquiries or concerns about the meaning and/or purpose of any of the survey questions (see phone and fax numbers and e-mail address below).

Our Unit has a long history of successful collaboration with regulatory bodies, professional associations, employer associations and governments. All data that are collected by the Health Human Resources Unit are computer-stored and access to them is strictly controlled. To ensure that the anonymity of individual facilities is preserved, results will be presented in aggregate form only. Procedures to safeguard confidentiality will be strictly maintained.

We ask for your participation in our research by completing the enclosed survey, which should take between 30 and 40 minutes of your time, depending upon the size of your facility and the accessibility of your staffing data. As only representative facilities have been selected to receive the questionnaire, your response is particularly significant. Although you are under no obligation to reply, the return of the completed survey indicates your willingness to participate in the project. After the project is finished, a summary of the findings will be made available to participants electronically and on paper. Please return the completed questionnaire **before February 5th, 1999**, in the envelope provided.

We hope that you will participate in this important national study. We greatly appreciate your co-operation and thank you in advance for your support and assistance. If you have questions or comments about the questionnaire, please contact Arminée Kazanjian at:

telephone (604) 822-4618
fax (604) 822-5690
e-mail: arminee@chspr.ubc.ca

Sincerely yours,

Arminée Kazanjian, Dr. Soc.
Associate Director
Centre for Health Services and Policy Research

Encls.

Appendix 4

French Version of Cover Letter Sent to Employers

le 8 février 1999

Directeur / Directrice

«Person»

«Name»

«Address1»

«Address2»

«City», «Province»

«PostalCode»

Monsieur / Madame,

Le Health Human Resources Unit du Centre for Health Services and Policy Research de l'Université de la Colombie-Britannique, avec du financement fourni par Santé Canada et le Comité consultatif fédéral-provincial-territorial des ressources humaines en santé, mène une étude nationale sur les changements dans la main d'oeuvre infirmière et sur leurs répercussions d'ordre politique.

Le projet vise à recueillir des renseignements primaires et secondaires qui pourront servir à cerner et à analyser les répercussions d'ordre politique de main d'oeuvre infirmière disponibles actuellement et de leur affectation; ces renseignements pourront aussi aider à prévoir les répercussions de l'évolution de main d'oeuvre infirmière sur la prestation des services de soins de santé. L'étude porte sur les trois groupes infirmiers réglementés : les infirmières autorisées, les infirmières auxiliaires (ou infirmières auxiliaires autorisées) et les infirmières psychiatriques autorisée. Les renseignements seront recueillis auprès de diverses sources. Des efforts particuliers seront déployés pour obtenir le point de vue d'employeurs au sujet de la répartition de main d'oeuvre infirmière dans chaque province ou territoire.

L'objectif de l'**Enquête sur le personnel soignant** est d'obtenir une image plus claire de la façon dont les employeurs perçoivent les pratiques et les problèmes qui entourent la répartition des prestataires réglementés et non réglementés. Nous avons choisi les établissements ou organismes représentatifs au moyen échantillonnage stratifié à partir de la liste contenue dans *Guide des établissements de santé du Canada*, volume 5, 1997-1998, une publication de l'Association canadienne des soins de santé.

Votre établissement ou votre organisme a été choisi au moyen d'une séquence aléatoire informatisée comme destinataire du questionnaire ci-joint. Vous remarquerez peut-être que certaines questions ont plus ou moins de rapport avec les pratiques et les problèmes qui revêtent de l'importance pour votre établissement ou votre organisme et que la terminologie relative à l'affectation du personnel soignant peut différer d'un endroit à l'autre du Canada. N'hésitez pas à communiquer avec nous si vous avez des questions ou des préoccupations concernant la signification ou le but de n'importe quelle question de l'enquête (numéro de téléphone, numéro de télécopieur et adresse électronique ci-dessous).

Notre unité a une longue histoire de fructueuse collaboration avec les organismes de réglementation, les associations professionnelles, les associations d'employeurs et avec les administrations publiques. Toutes les données que nous recueillons sont stockées sur ordinateur, et leur accès est strictement contrôlé. Afin de préserver l'anonymat des établissements, nous ne présenterons que des résultats agrégés. Les procédures de protection de la confidentialité seront appliquées strictement.

Nous vous prions de nous aider dans nos recherches en remplissant le questionnaire ci-joint, ce qui devrait prendre entre 30 et 40 minutes, selon la taille de votre établissement ou de votre organisme et l'accessibilité des données sur l'affectation du personnel. Étant donné que seulement des établissements représentatifs recevront le questionnaire, vos réponses seront particulièrement importantes. Même si rien ne vous oblige à répondre au questionnaire, nous considérerons le retour du questionnaire rempli comme signifiant que vous acceptez de participer à ce projet. Lorsque le projet sera terminé, un sommaire des constatations sera mis à la disposition des participants, sur support électronique et sur papier. Nous vous prions de retourner le questionnaire rempli, **avant le 8 mars**, dans l'enveloppe ci-jointe.

Nous espérons que vous participerez à cette importante enquête nationale. Nous apprécions beaucoup votre coopération et nous vous remercions à l'avance de votre appui et de votre aide. Pour toute question ou tout commentaire au sujet du questionnaire, veuillez communiquer avec Arminée Kazanjian à:

téléphone : (604) 822-4618

télécopieur : (604) 822-5690

courrier électronique : arminee@chspr.ubc.ca

Je vous prie d'agréer, Monsieur / Madame, mes salutations respectueuses.

Arminée Kazanjian, Dr. Soc.

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