2018 Member Survey

Research: Final Report

Published: September 2019

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College of
LICENSED PRACTICAL NURSES
OF ALBERTA

St. Albert Trail Place
13163 -146 Street
Edmonton, AB T5L 4S8

Phone 780.484.8886
Toll Free 1.800.661.5877
Fax 780.484.9069
www.clpna.com

EXECUTIVE SUMMARY

In 2002 and 2007, the College of Licensed Practical Nurses of Alberta (CLPNA) surveyed its membership to learn about Licensed Practical Nurses' (LPNs) perspectives on their practice, their work environments, and the profession itself. Given that the CLPNA membership has more than doubled since 2007 and the needs of today's health system are shifting, the CLPNA felt another member survey was timely. Thus, in the summer of 2018, all CLPNA members were invited to participate in the CLPNA Member Survey 2018. The online survey was designed to take a well-rounded look at the work-life of Alberta LPNs. The survey captured demographic information, as well as information on work environment, burnout, resilience, intention to stay, health behaviours, and health quality of life. What follows is a summary of the survey's results.

4,425 LPNs participated (approximately 28% of the total 2017 LPN population in Alberta), resulting in a wealth of information. Similar to the overall LPN population, the average age of respondents was 39 years, with self-identified gender reported as 92% female and 7% male. 40% of respondents worked full-time, 38% part-time, and 16% casual. 39% reported their primary work place as acute care, 28% continuing care, 26% community care, while the rest worked in other settings such as education, rehabilitation or administration. In the overall sample population, 46% of respondents had 5 or less years of experience, 35% had 6-15 years of experience, while 19% had 16 or more years of experience.

The majority (63%) of the sample reported they felt fully utilized in their current role as an LPN. 83% stated they would recommend Practical Nursing as a career, and 76% of the sample agreed they are proud to tell others they are an LPN. An overwhelming majority (94%) of the sample stated that the CLPNA provides them with good support, with 71% of the respondents reporting they were optimistic about the future of the LPN profession.

Widely used standardized questionnaires that measure relevant topics in today's healthcare context were also included in the Member Survey 2018. On the Practice Environment Scale of the Nursing Work Index (PES-NWI, Lake, 2002), LPNs in community care and 'other' work settings

perceived their work environments favourably. On the other hand, in acute care and continuing care, LPNs indicated mixed feelings with regard to the measured aspects of their work environment. Based on the Intent to Stay Measure (Kim, Price, Mueller & Watson, 1996), LPNs indicated they are unlikely to leave their current work environment and the nursing profession. On the Maslach Burnout Inventory-Human Services Survey (MBI-HSS, Maslach & Jackson, 1981) LPNS scored similarly to other human services professions. Their MBI scores indicated moderate Emotional Exhaustion, low Depersonalization, and a high sense of Personal Accomplishment independent of their work setting. Their mean resiliency score on the Connor-Davidson Resilience Scale 10 (CD-RISC 10, Connor & Davidson, 2003) indicated a high capacity to cope with demanding work and life stressors. Finally, LPNs scored lower across all areas (except for one) of the Medical Outcomes Study 36-item Short Form Health Survey (SF-36, Hays, 1994) compared to a normative sample from the Canadian general population.

As next steps, the CLPNA will conduct more in-depth analyses on the CLPNA Member Survey 2018 to explore emerging patterns and associations within the data.

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Fax 780.484.9069
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INTRODUCTION

Licensed Practical Nurses (LPNs) face many physical, emotional, and social challenges in their work which can lead to absenteeism, turnover, anxiety, and burnout. Current research suggests that a strong healthy workforce can support the highest level of safety for the public. The College of Licensed Practical Nurses of Alberta (CLPNA) is committed to ensuring Alberta's LPNs can adapt to shifting care needs and continue to provide safe ethical care. In the next 20 years, demands on the nursing workforce will intensify as care needs around complex, chronic diseases continue to increase. In addition to these shifts in the health system, there is a considerable portion of the nursing workforce heading towards retirement.

PURPOSE OF THE 2018 MEMBER SURVEY

The 2018 CLPNA Member Survey is designed to provide a well-rounded understanding of the work-life of LPNs in Alberta. This information will inform CLPNA's activities that support LPNs in continuing to provide safe, high-quality care for the public. Additionally, the LPN Member Survey 2018 was developed as a follow up to the 2002 and 2007 CLPNA member surveys. While the past member surveys were aimed at learning about LPNs' perspectives on their practice, the 2018 LPN Member Survey expanded on these concepts and aimed for a comprehensive understanding of LPN work-life, work environments, and the profession itself. In addition to some of the important questions asked in 2002 and 2007, the 2018 survey provides information that is highly relevant to the current health care context and is collected using measures with proven reliability and validity. These included standardized questionnaires that allow for clear and reliable interpretation of the information collected, as well as for potential comparison over time and between groups (e.g. LPNs working in acute care versus long-term care). When possible, results are provided with the corresponding 2002 and 2007 results to provide comparisons.

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METHODOLOGY

Internal piloting of 2018 survey

Once the first draft of the survey was ready in the online platform REDCap, the CLPNA Research Department had a sample of CLPNA directors and consultants test the survey. They provided input on the length of the survey, technical difficulties, ease of understanding, and face validity of the survey questions. Based on pilot feedback, the Patient Health Questionnaire, that examines the presence of depressive symptoms, was removed due to concerns of its sensitive nature and in an effort to reduce the overall survey length. Additionally, where permissible, modifications were made to the wording of some questions for the purpose of clarification.

Variables included in the survey

The survey questions were categorized under the following headings:

- **Demographics:** e.g. age, gender, education, family structure, income, etc.
- **Employment information and experiences:** e.g. status, practice setting, LPN engagement in her/his role and with the profession, etc.
- **Perceptions of the LPN profession:** questions were adapted from the LEADS Engagement framework.
- **Practice environment:** Examines the nursing work environment, focusing on factors that either facilitate or hinder professional nursing practice.
- **Intention to stay:** measures an indication of the LPN's intention to stay or leave her/his current job, employer, or the profession.
- **Health indicators:** includes risk of burnout, mental resiliency and general health.

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RESULTS

Demographics

- A total number of 4425 LPNs responded to the survey (approximately 28% of the total 2017 LPN population in Alberta).

- The average age of respondents was 39 year of age, the mean age in 2007 was 42 years. The 2018 sample had fewer older aged nurses than in 2007.

- The most common age range is 26-40 years old.

Age comparison by survey year (%)

Age	2007	2018
≤25	12.4	9.3
26-30	13.4	17.5
31-35	10.7	19.1
36-40	10.4	15
41-45	11.4	10.9
46-50	12.7	9.2
51-55	12.4	7.3
56-60	9.5	6.54
≥61	7.1	5.2

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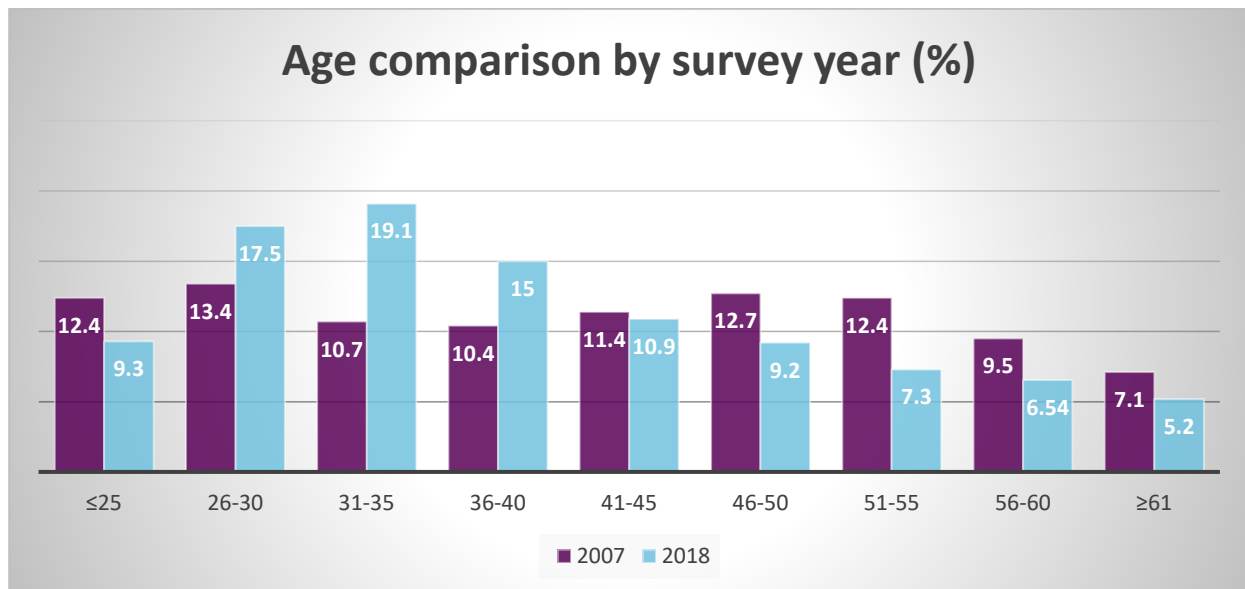
- The LPN profession continues to largely identify as female (92%).

Self identified gender (%)

- **Female**
- **Male**
- **Prefer not to answer**
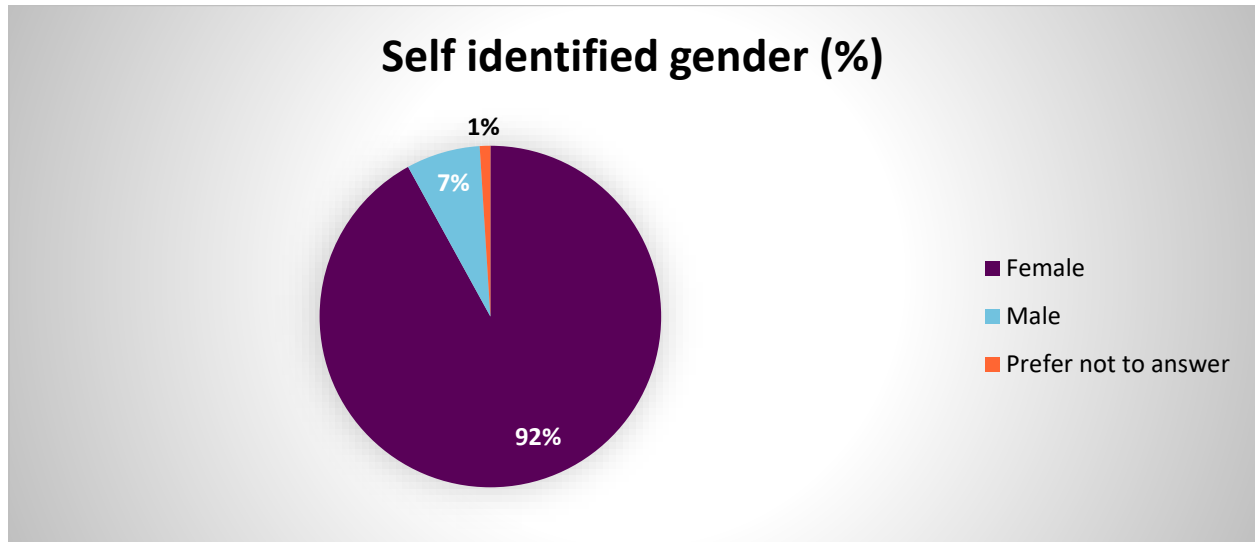
- A large majority (86%) had at least a diploma in practical nursing while 14% had a Bachelor's degree, Master's, or another nursing related educational program.
- Most of the LPN respondents were married (71%), 18% were single and 11% reported widowed or divorced.
- LPNs most commonly earned between 30k and 69k (56%) per year. Their reported household income was higher with the majority noting 50k-90k+ per year.

Individual Income (%)

Household Income (%)
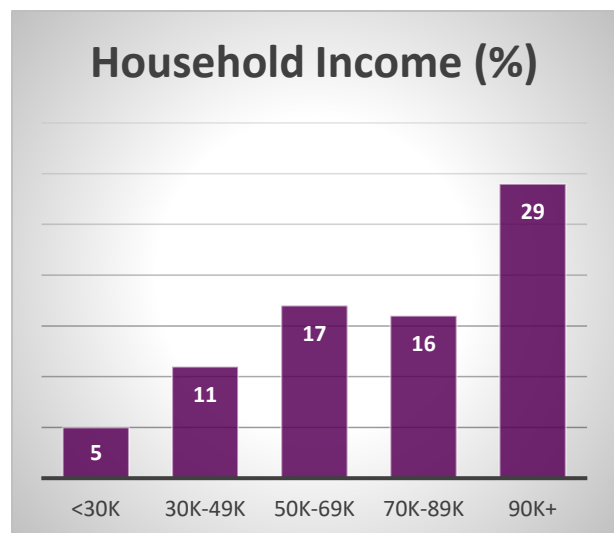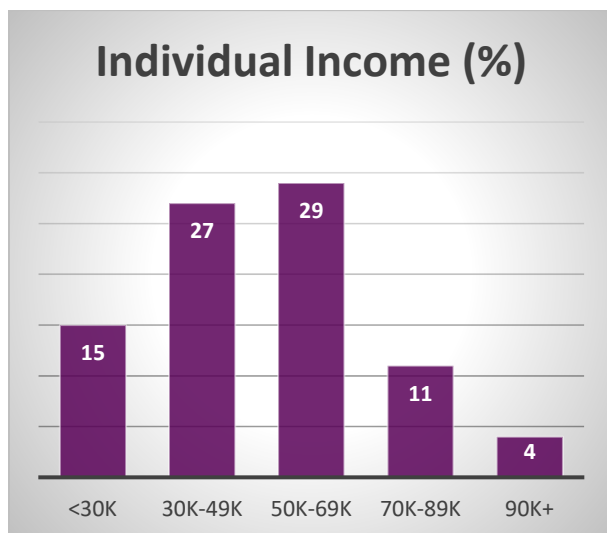
- 46% said they had children. The average number of children was 2.

- 16% said they took care of dependent adults. 1% said they had both dependent children and dependent adults living with them.

Employment Information and Experiences

- 40% stated they worked full-time, 38% worked part-time and 16% casual. 5% reported unemployed and seeking employment. A large majority (82%) stated that their employment status was by choice.

- The same percentage of LPNs are working full-time as in 2007, however, there are fewer working part-time as compared to 2007 and 2002.

- Unemployment was not captured in the 2007 or 2002 data sets.

Employment status (%)

	FULL-TIME	PART-TIME	CASUAL
2002	38	51	11
2007	40	47	13
2018	40	38	16
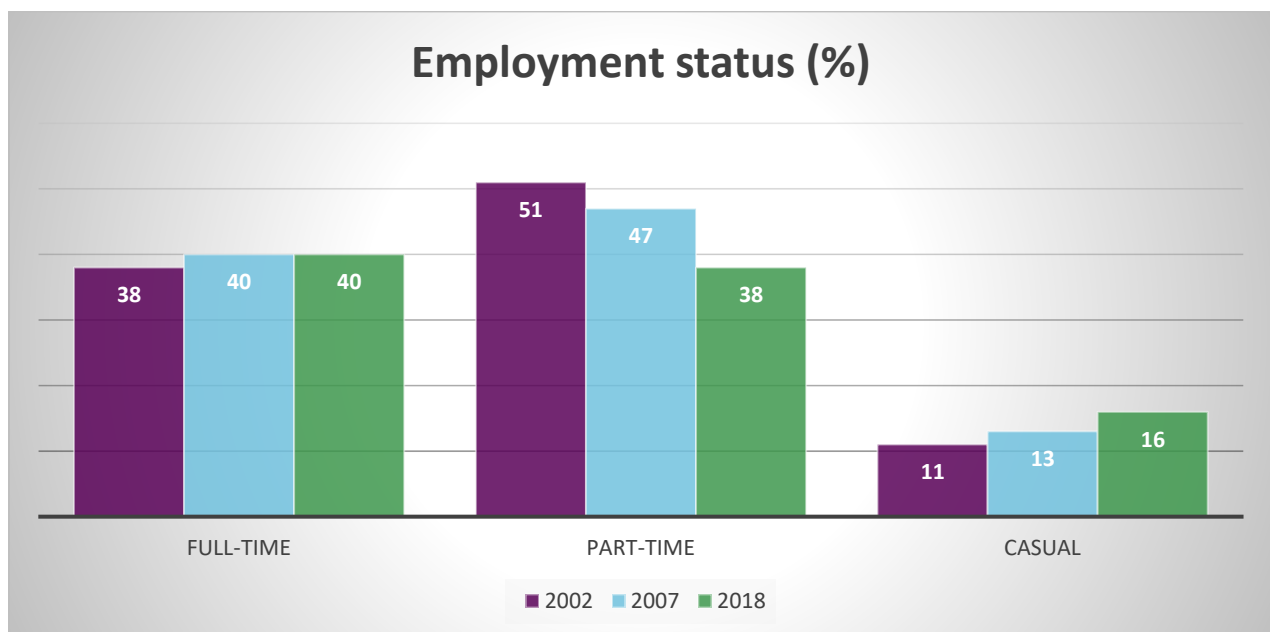
- 22% stated they had more than one employer, out of these (n= 884) 80% had 2 jobs, while 20% said they had 3 or more employers.

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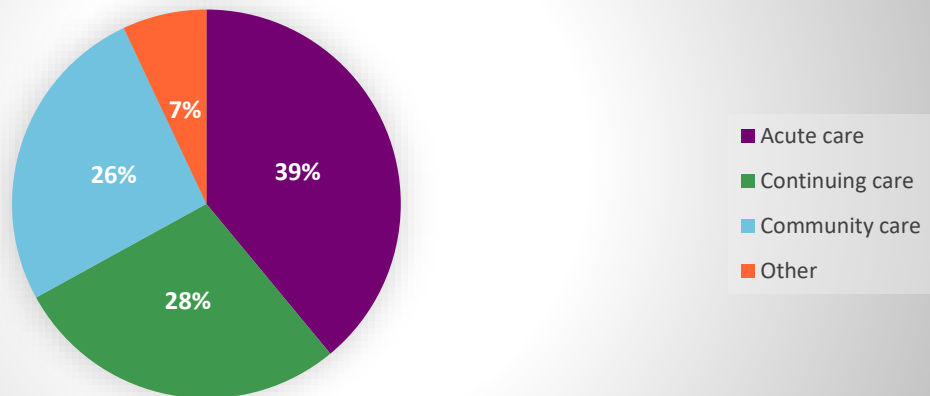LICENSED PRACTICAL NURSES
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Practice setting: Type of setting in which LPN performs the majority of their work, categorized into:

- **Acute Care:** e.g., hospital setting

- **Continuing Care:** e.g., long-term care, assisted living, supportive living, retirement home, geriatrics, gerontology

- **Community Care:** e.g., home care, rehabilitation, clinic

- **Other:** responses that do not fit into 3 previous categories; e.g., education, research

- **Not employed:** includes both seeking and not seeking employment

Practice setting (%): 2018

	Acute care
	Continuing care
	Community care
	Other

Primary work setting: 2007 vs 2019 (%)

	Acute	Continuing Care	Community Care	Other
2007	46	21	12	17
2018	39	28	26	7

■ 2007 ■ 2018

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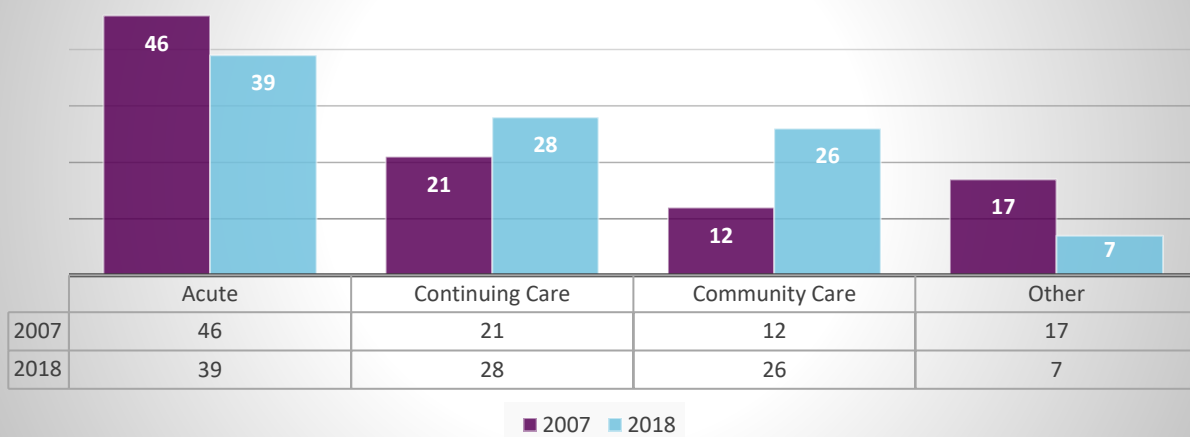
Practice Years

- A large percentage of LPNs in our sample are new to the profession with ≤ 5 years working as an LPN.

- In the overall sample population, 46% of respondents had 5 or less years of experience, 35% had 6-15 years of experience, while 19% had 16 or more years of experience.

Practice years (%)

- ≤5 years — 46%
- 6-15 years — 35%
- ≥ 16 — 19%

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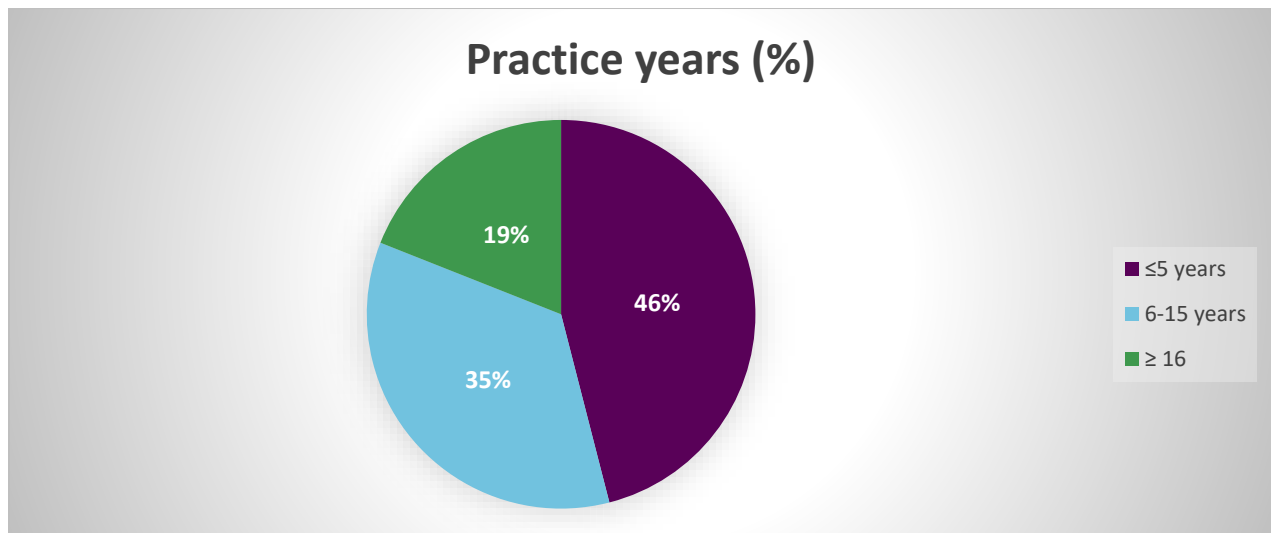
Perceptions of LPN Profession

- The majority (63%) of the sample reported that they felt fully utilized in their current role as an LPN.

Full utilization (%)
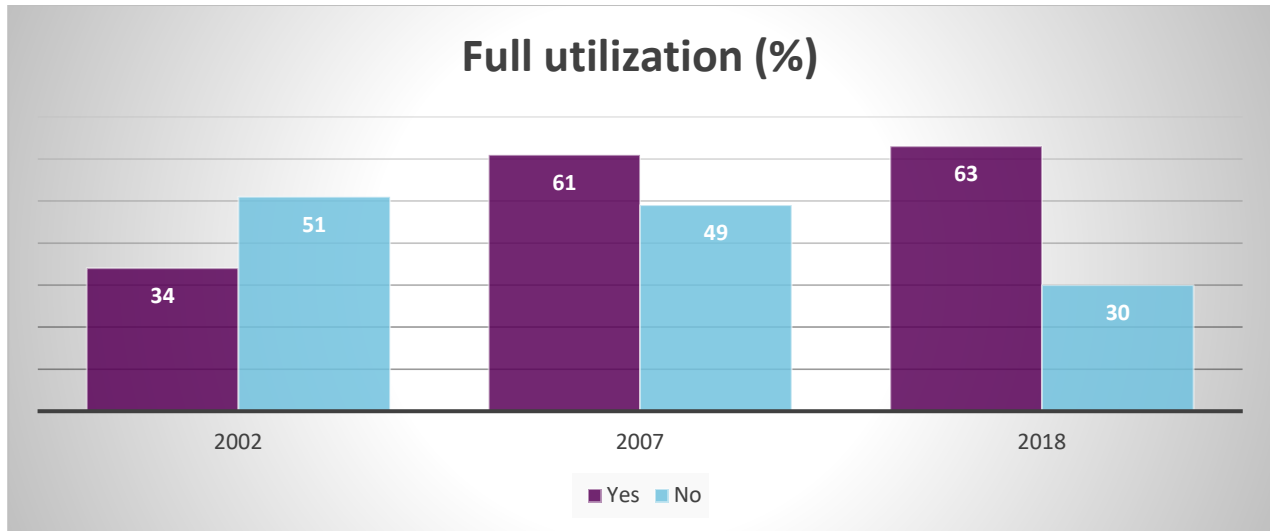
- 83% stated that they would recommend Practical Nursing as a career.

Recommend LPN as Career (%)

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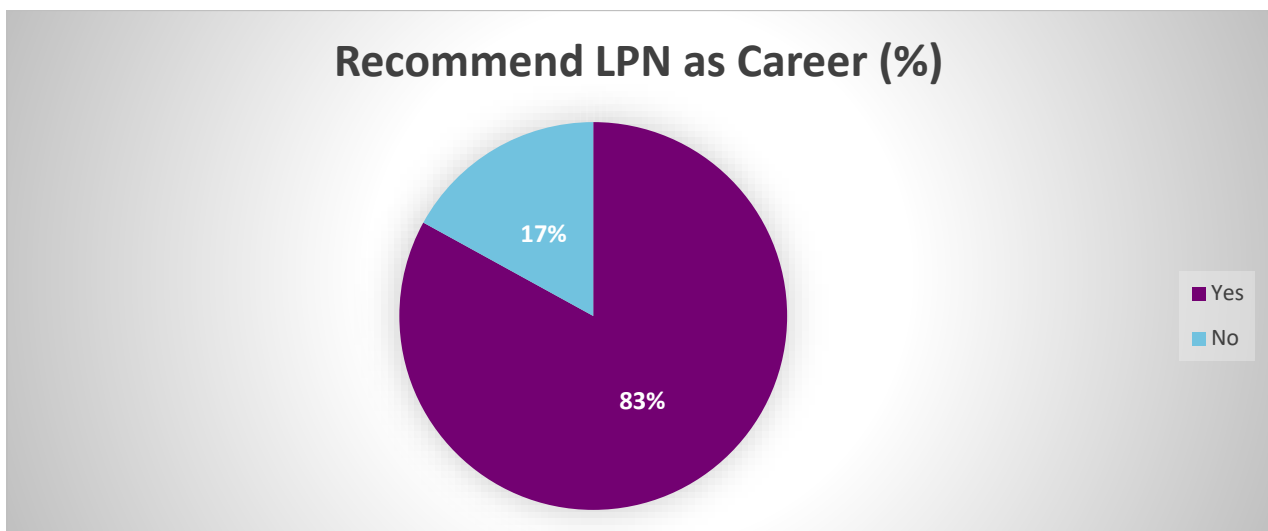
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If no, why? (%)

Category	%
POOR PAY	67
LACK OF RESPECT	60
WORK LOAD	57
STRESS	53
POOR BENEFITS	34
LACK OF FULL UTILIZATION	30
LACK OF FULL-TIME	30
SHIFT WORK	27
INJURY	20
CHILDCARE	15
OTHER	15
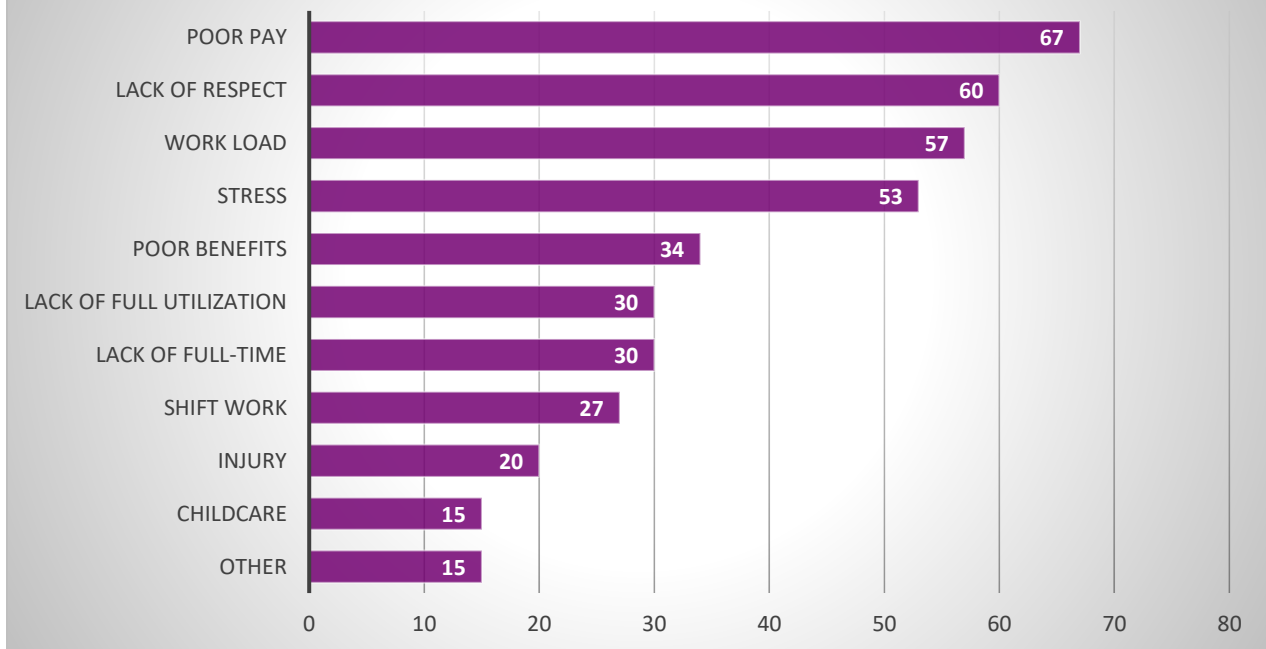
For those that stated no, the three most common reasons were: 'poor pay', 'perceived lack of respect', and 'workload'.

- An overwhelming majority (94%) of the sample stated that the CLPNA provides them with good support.

Good support from CLPNA (%)

Legend: Yes, No — 94% Yes, 6% No

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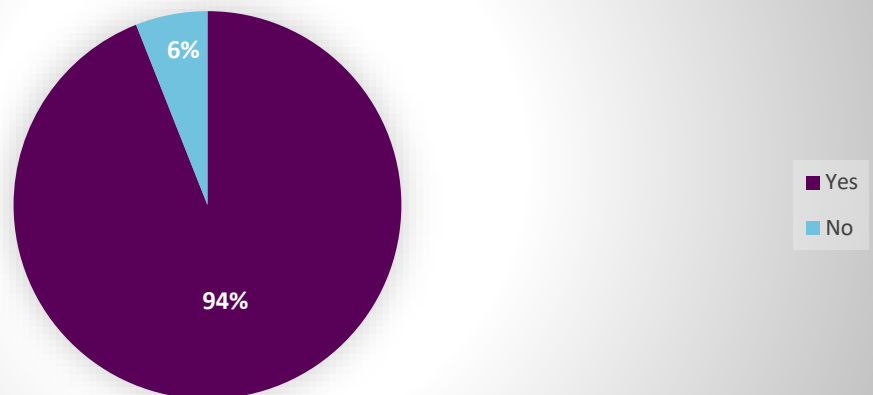
LPN engagement

To measure engagement with their profession and to the CLPNA, LPNs were asked to assess their satisfaction with five statements:

1.   I am proud to tell others I am an LPN.

2.   I am optimistic about the future of the LPN profession.

3.   The CLPNA inspires me to do my best work.

4.   Being an LPN provides me with a sense of personal accomplishment.

5.   I can see a clear link between my work and the CLPNA's vision and mission.

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- When asked if the CLPNA inspired them to do their best work, 72% stated they agreed or strongly agreed.
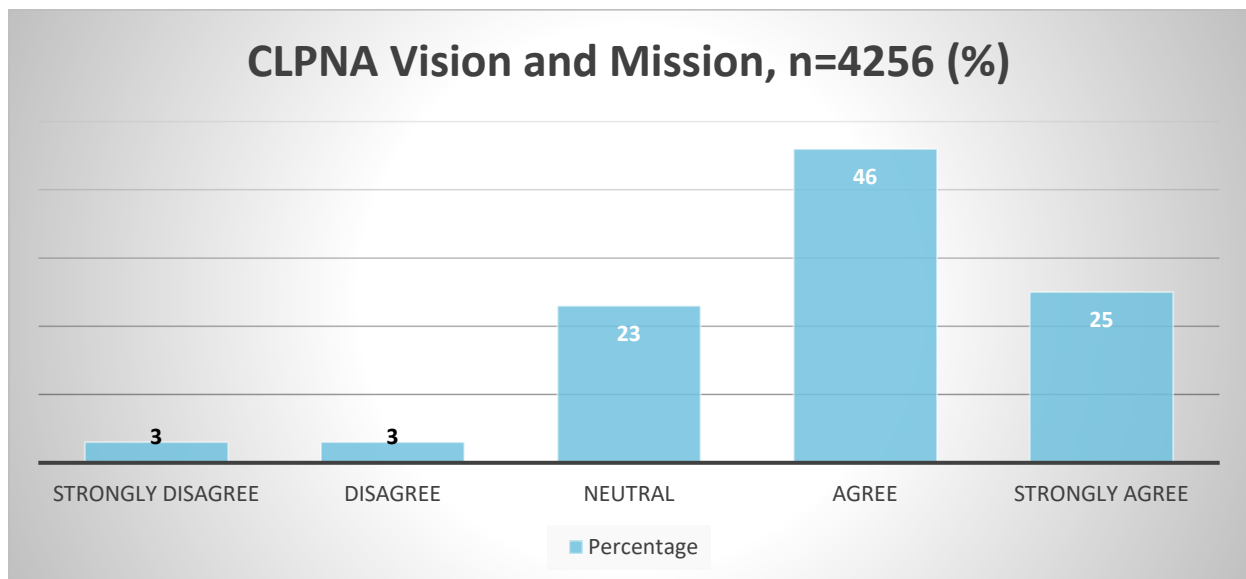
Inspires, n= 4257 (%)

STRONGLY DISAGREE	DISAGREE	NEUTRAL	AGREE	STRONGLY AGREE
3	2	23	44	28

■ Percentage
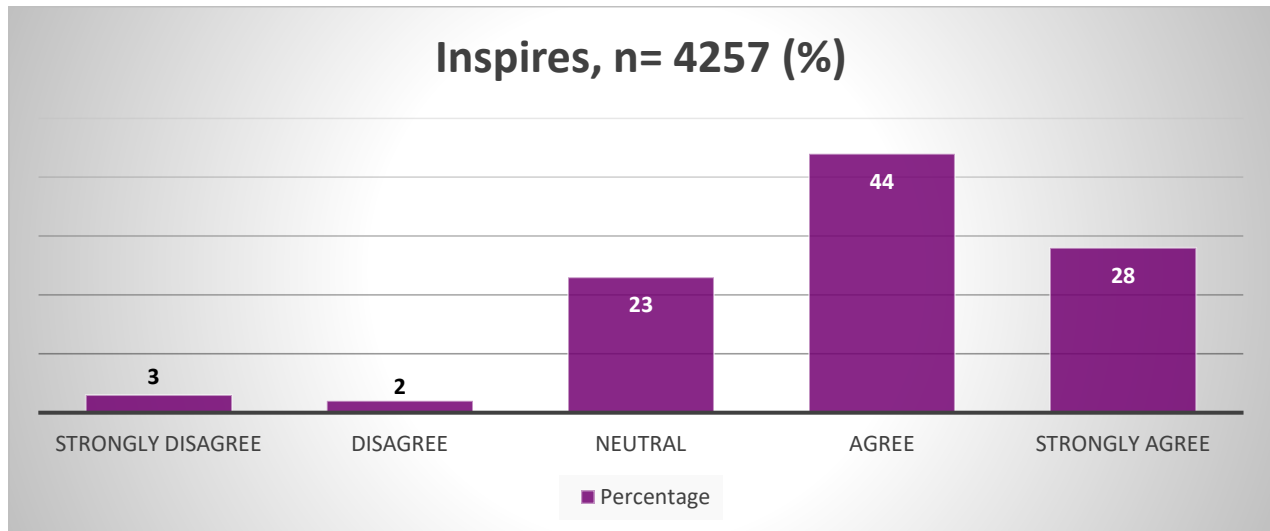
- 71% stated that they can clearly see a link between their work and CLPNA's Vision and Mission.

CLPNA Vision and Mission, n=4256 (%)

STRONGLY DISAGREE	DISAGREE	NEUTRAL	AGREE	STRONGLY AGREE
3	3	23	46	25

■ Percentage

- When asked if they are proud to tell others they are an LPN, 76% of the sample agreed or strongly agreed.

Proud to tell others, n=4267 (%)
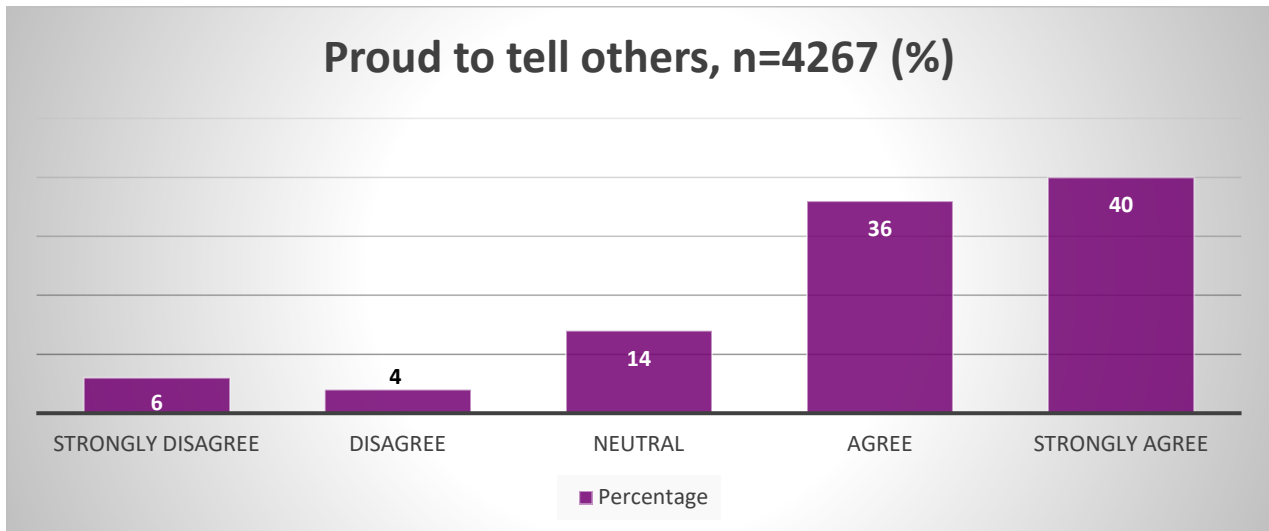
- 71% of the respondents said they were optimistic about the future of the LPN profession.

Optimistic, n=4259 (%)

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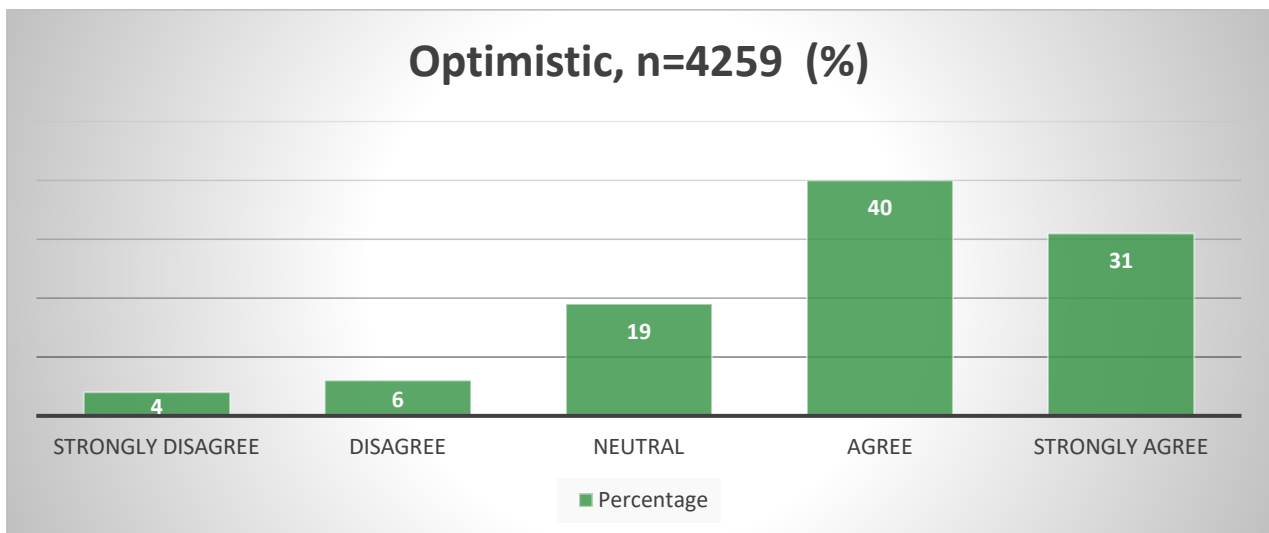
- 84% stated that being an LPN provides them with a sense of personal accomplishment
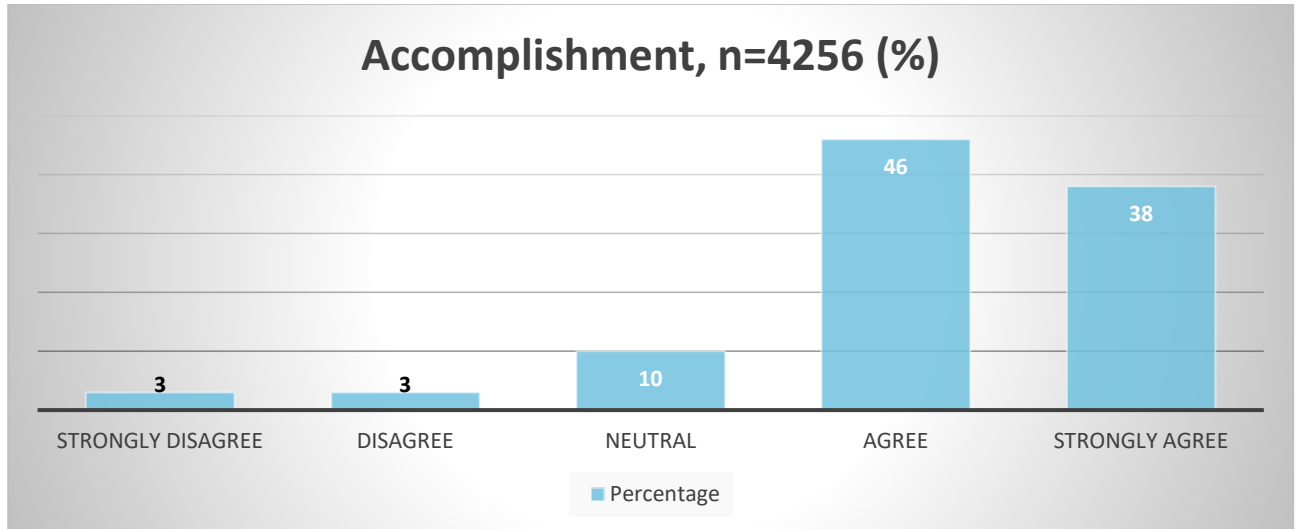
- Out of all the choices provided, when asked if the value and utilization of LPNs were to increase, LPNs chose 'recommend the profession as a career choice' most often.

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Practice Environment Scale - Nursing Work Index (PES-NWI)

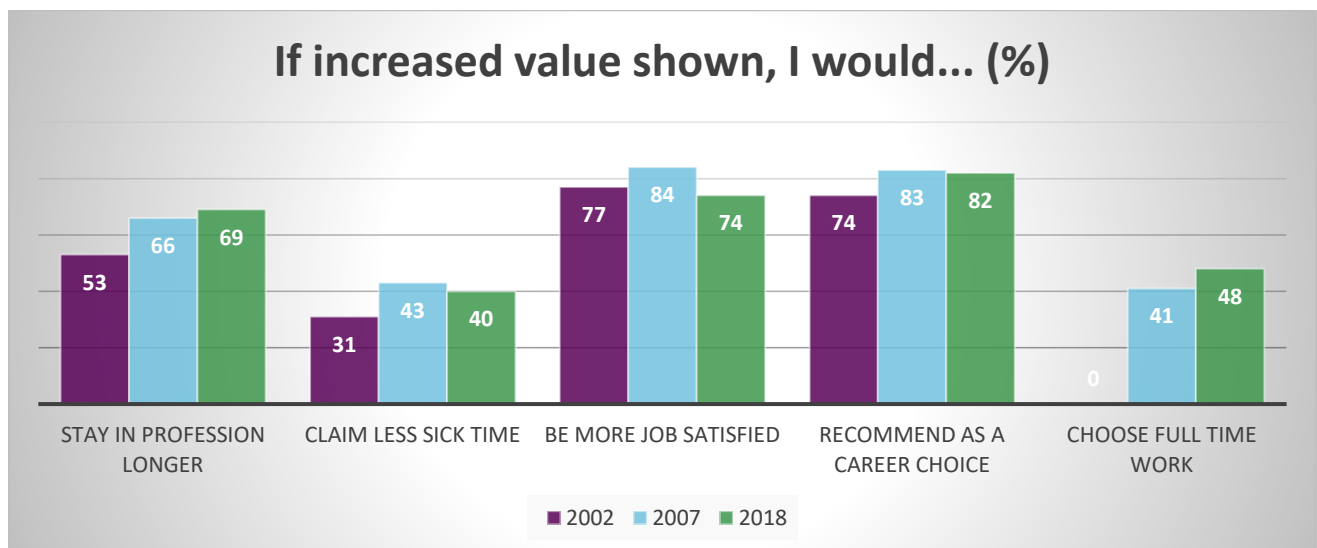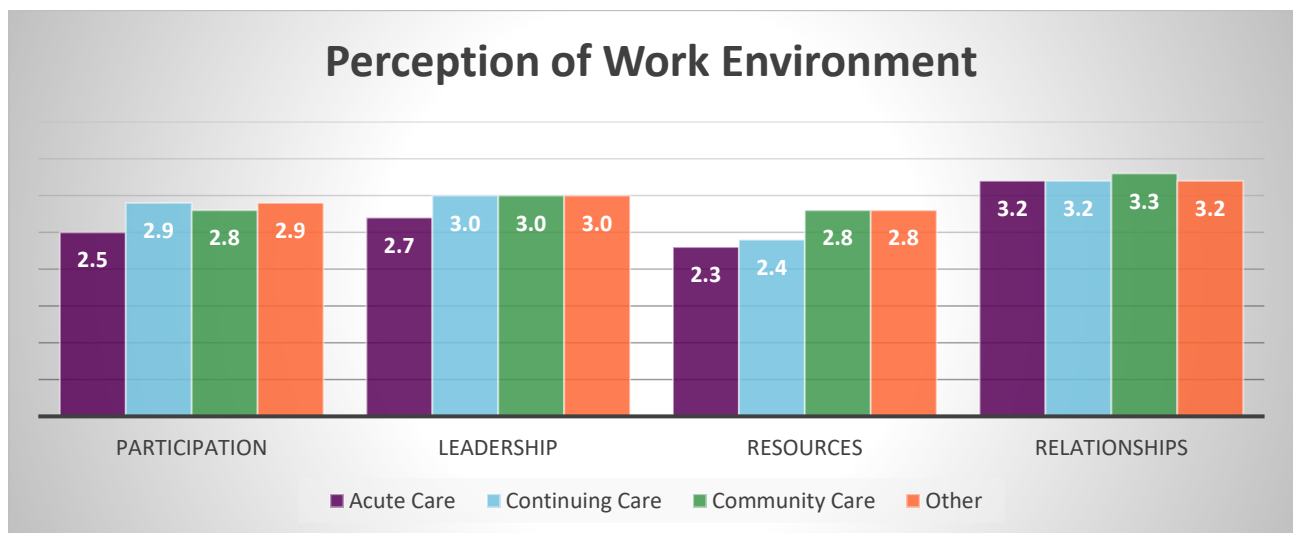Nursing practice environment is defined as the "organizational characteristics of a work setting that facilitate or constrain professional nursing practice" (Lake, 2002). The PES-NWI examines nurses' perceptions of the practice environment at their current job in these areas:

- **Nurse participation:** In the LPN's current workplace, there are opportunities for nurses to meaningfully participate in workplace activities, including at the broader organizational context (e.g. participate in policy decisions, serve on organizational committees, etc.).
- **Leadership:** In the LPN's current workplace, there are nurse leaders who effectively manage, lead, and support nursing staff.
- **Resources:** In the LPN's current workplace, there are adequate staff and support resources to provide quality patient care.
- **Relationships:** In the LPN's current workplace, nurses and other health care professionals have positive working relationships.

On the Practice Environment Scale of the Nursing Work Index (PES-NWI, Lake, 2002), LPNs in community care and 'other' work settings perceived their work environments favourably. On the other hand, in acute care and continuing care, LPNs indicated mixed feelings with regard to the measured aspects of their work environment.

Perception of Work Environment

	PARTICIPATION	LEADERSHIP	RESOURCES	RELATIONSHIPS
Acute Care	2.5	2.7	2.3	3.2
Continuing Care	2.9	3.0	2.4	3.2
Community Care	2.8	3.0	2.8	3.3
Other	2.9	3.0	2.8	3.2

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Intent to Stay

Intention to stay was measured by 12 items adapted to the critical care nursing context from the Kim, Price, Mueller and Watson (Kim, Price, Mueller, & Watson, 1996) intent to stay measure. The questions measure the nurse's intent to stay in his or her current job, in the organization and in the nursing profession. Responses were measured along a four-point scale with a response range of 1 (highly unlikely) to 4 (highly likely). The higher the score, the more likely the individual intends to stay. The CLPNA sample consistently showed a high level of intention to stay, on their unit (mean= 11.5, sd= 3.2), with their organization (mean= 12.0, sd= 3.1) and in the profession (mean= 13.3, sd= 2.6).

Intention to Stay

>8 high likelihood to stay
≤8 low likelihood to stay

	Unit	Org	Prof
ACUTE CARE	11.45	12.15	13.26
CONTINUING CARE	11.24	11.45	13.49
COMMUNITY CARE	11.83	12.11	13.28
OTHER	12.06	12.49	13.26

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Health Information

Maslach Burnout Inventory (MBI)

The MBI examines the risk of burnout by asking about the LPN's thoughts on her/his job and the people with whom she/he works closely. Burnout is seen as having 3 core dimensions:

1. **Emotional Exhaustion**: Feeling emotionally overextended and exhausted by one's work.
2. **Depersonalization**: An unfeeling and impersonal response towards others.
3. **Personal Accomplishment**: Feelings of competence and achievement in one's work.

These dimensions represent feelings individuals have about their work and the people with whom they work closely. The degree to which individuals experience these feelings can indicate a tendency towards experiencing burnout. A score is calculated for each dimension. The highest possible score differs across the three dimensions:

• The range for Emotional Exhaustion is 0-54.

• The range for Depersonalization is 0-30.

• The range for Personal Accomplishment is 0-48.

NOTE: Higher scores on the dimensions of Emotional Exhaustion and Depersonalization indicate a greater degree of experiencing *negative* feelings. Higher scores on the dimension of Personal Accomplishment indicate a greater degree of experiencing *positive* feelings. In other words, someone who is at a higher risk of experiencing burnout would score higher on emotional exhaustion and depersonalization, and lower on personal accomplishment.

LPN Burnout

- Emotional Exhaustion
- Depersonalization
- Personal Accomplishment

32%
8%
60%

LPN Burnout by setting (%)

	ACUTE CARE	CONTINUING CARE	COMMUNITY CARE	OTHER
Emotional Exhaustion	23.1	20.6	18.3	18.3
Depersonalization	6.1	4.4	4.3	4.3
Personal Accomplishment	38.6	39.6	40.0	38.6

- Emotional Exhaustion
- Depersonalization
- Personal Accomplishment
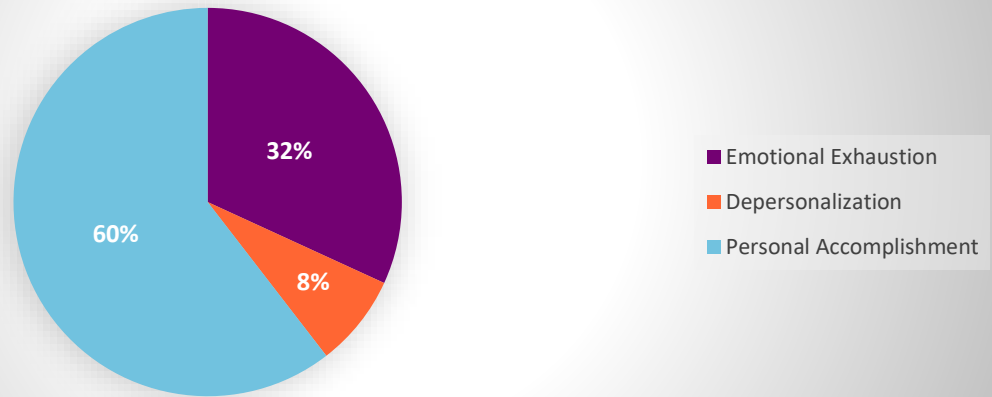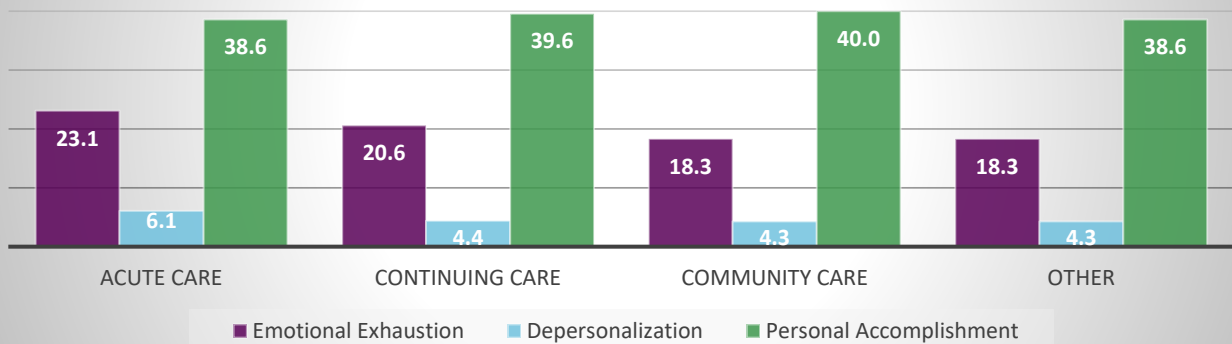
Connor-Davidson Resilience Scale (CD-RISC 10)

Resilience is viewed as a combination of personal attributes that enable an individual to cope in the face of adversity. An overall resilience score is calculated ranging from 0-40, with higher scores indicating a greater capacity to cope with demanding work and life stressors. LPNs' mean score on resiliency was 31.1 out of a possible 40.

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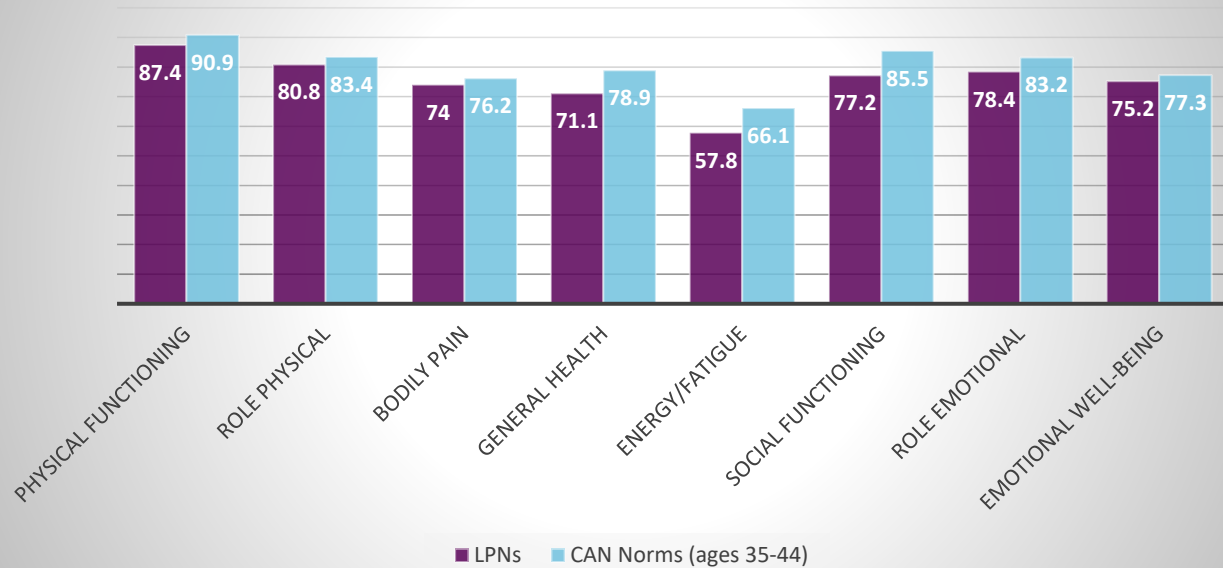www.clpna.com

Health Quality of Life (SF-36)

The SF-36 examines general health, including both physical and emotional well-being. The SF-36 examines 8 dimensions of health (combination of physical and mental):

- **Physical Functioning (PF):** One's ability and/or limitations in performing everyday physical activities.

- **Role-Physical (RP):** Difficulties with work or other daily activities due to physical health.

- **Bodily Pain (BP):** Degree of bodily pain and any resulting limitations in daily activities.

- **General Health (GH):** An overall sense and personal evaluation of one's health.

- **Energy/Fatigue (EF):** Energy level and the experience of feeling tired.

- **Social Functioning (SF):** Frequency and quality of social activities with others in relation to one's physical and emotional health.

- **Role-Emotional (RE):** Difficulties with work or other daily activities due to emotional problems.

- **Emotional Well-being (EW):** Psychological well-being and/or distress.

A score is calculated for each dimension ranging from 0-100. In general, higher scores indicate better health and functioning. LPNs consistently rated their health quality of life as lower across all dimensions compared to the Canadian normative scores for people aged 35-44. The differences in scores between LPNs and the Canadian normative group of 35-44 year olds were statistically significant across all dimensions except role-physical.

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SF-36 Areas of Health (%)

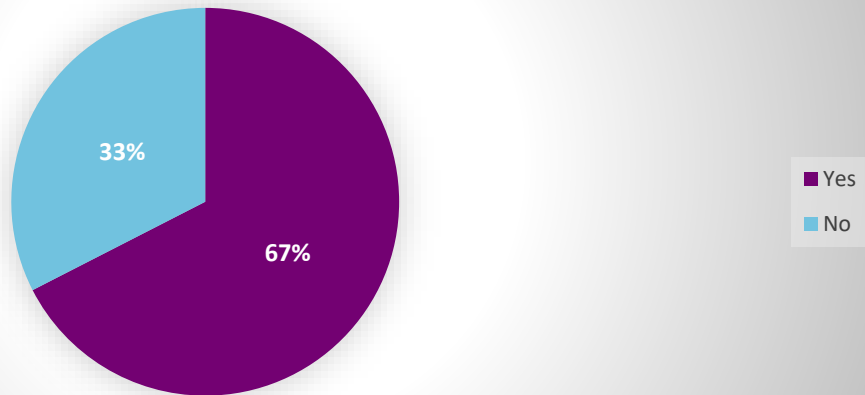|	LPNs	CAN Norms (ages 35-44)
PHYSICAL FUNCTIONING	87.4	90.9
ROLE PHYSICAL	80.8	83.4
BODILY PAIN	74	76.2
GENERAL HEALTH	71.1	78.9
ENERGY/FATIGUE	57.8	66.1
SOCIAL FUNCTIONING	77.2	85.5
ROLE EMOTIONAL	78.4	83.2
EMOTIONAL WELL-BEING	75.2	77.3

Other Health Indicators

10% of the LPN respondents reported currently smoking cigarettes; of those who do, 54% said they smoke up to 14 per day. The majority stated they sleep fairly well and reported at least 6-9 hours of sleep per night. When asked if they had ever experienced a work related injury, 67% of the sample indicated that they had. Of these, 56% musculoskeletal injures were the most often sighted.
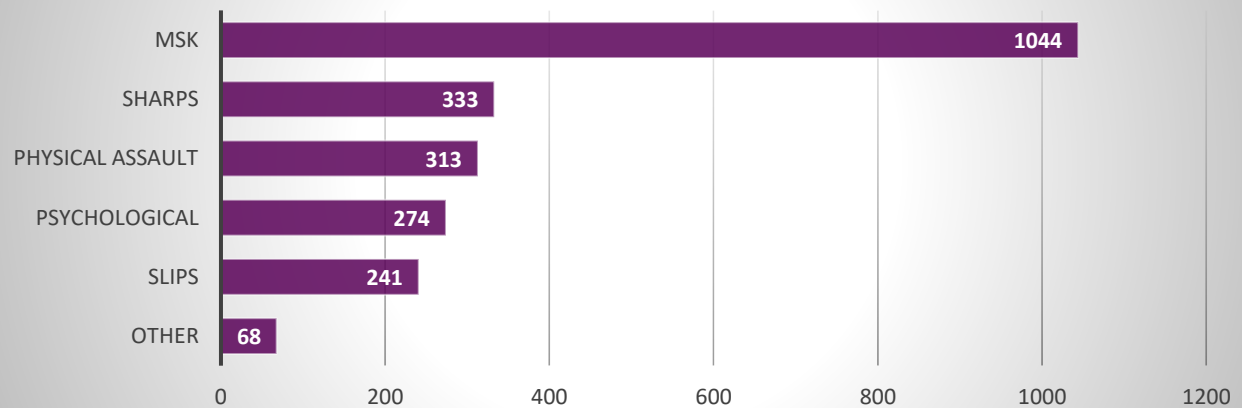
COLLEGE OF
LICENSED PRACTICAL NURSES
OF ALBERTA

St. Albert Trail Place
13163 -146 Street
Edmonton, AB T5L 4S8

Phone 780.484.8886
Toll Free 1.800.661.5877
Fax 780.484.9069
www.clpna.com

Experienced a work injury (%)

- **Yes** 67%
- **No** 33%

If yes, what type of injury?

Injury Type	Count
MSK	1044
SHARPS	333
PHYSICAL ASSAULT	313
PSYCHOLOGICAL	274
SLIPS	241
OTHER	68

For more information, contact the CLPNA's Research Department at Ask CLPNA, info@clpna.com or phone 780-484-8886 or 1-800-661-5877 (toll free in Alberta).