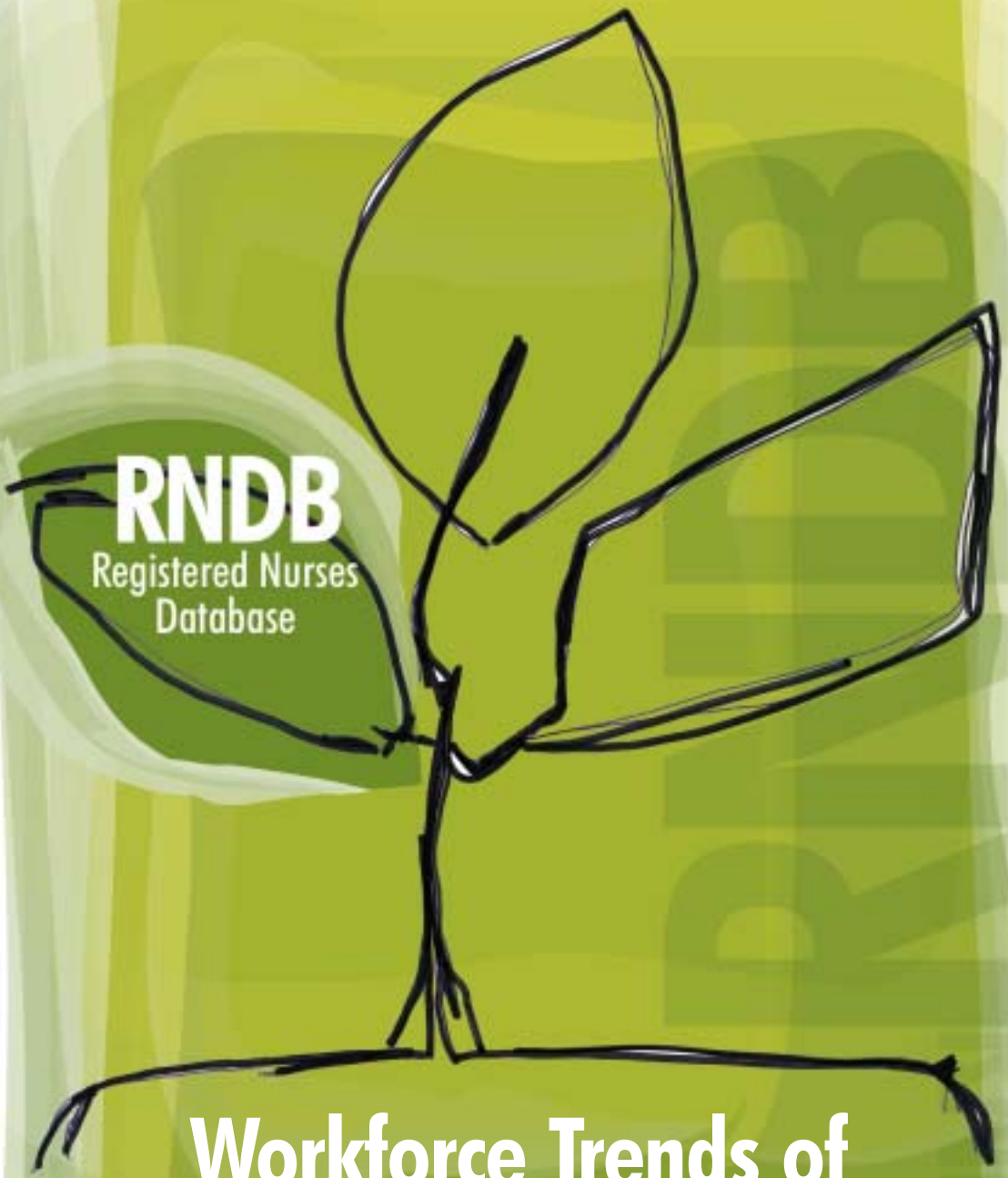
RNDB 2003

RNDB
Registered Nurses Database



Workforce Trends of Registered Nurses in Canada, 2003

Canadian Institute for Health Information
Institut canadien d'information sur la santé

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Workforce Trends of Registered Nurses in Canada, 2003

List of Data Tables on CD-ROM

Series A—Total Registrations

Series B—Employment Status

Series C—Place of Work

Series D—Area of Responsibility

Series E—Position

Series F—Multiple Employment Status

Series G—Sex

Series H—Location of Graduation

Series I—Years Since Graduation

Please refer to Appendix D for a complete list of data tables available on the CD-ROM.

Comprehensive versions of Series A–M data tables and the Appendices in Microsoft® Excel© format are available for download with the electronic version of this report. All references to the CD-ROM throughout this report refer to these data tables.

Preface

The Canadian Institute for Health Information (CIHI) is an independent, pan-Canadian, not-for-profit organization working to improve the health of Canadians and the health care system by providing quality health information.

CIHI's mandate, as established by Canada's health ministers, is to coordinate the development and maintenance of a common approach to health information for Canada. To this end, CIHI is responsible for providing accurate and timely information that is needed to establish sound health policies, manage the Canadian health system effectively and create public awareness of factors affecting good health.

To meet this mandate, CIHI's core functions include the coordination and promotion of national health information standards and health indicators, the development and management of health databases and registries, the funding and facilitation of population health research and analysis, the coordination and development of education sessions and conferences, and the production and dissemination of health information research and analysis.

The Registered Nurses Database (RNDB) is one example of a health database maintained by CIHI. Any questions or requests regarding this publication or the Registered Nurses Database should be directed to:

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The Health Human Resources department at CIHI appreciates the contributions and the continuous support of the following associations and individuals, without whom this publication would not be possible.

The Registrars and their teams at the provincial/territorial RN associations/colleges:

- Association of Registered Nurses of Newfoundland and Labrador;
- Association of Nurses of Prince Edward Island;
- College of Registered Nurses of Nova Scotia;
- Nurses Association of New Brunswick / Association des infirmières et infirmiers du Nouveau Brunswick;
- Ordre des infirmières et infirmiers du Quebec;
- College of Nurses of Ontario / Ordre des infirmières et infirmiers de l'Ontario;
- College of Registered Nurses of Manitoba;
- Saskatchewan Registered Nurses' Association;
- Alberta Association of Registered Nurses;
- Registered Nurses Association of British Columbia;
- Yukon Registered Nurses Association;
- Registered Nurses Association of the Northwest Territories and Nunavut.

Without their effort, commitment and collaboration, a national registered nurses database could not exist.

- The Canadian Nurses Association for supporting the RNDB;
- Health Canada for supporting the RNDB.

We wish to extend our thanks and gratitude to all registered nurses caring for and improving the lives of Canadians.

Introduction

The Health Human Resources team of the Canadian Institute for Health Information (CIHI) is pleased to present *Workforce Trends of Registered Nurses in Canada, 2003*. This is the fifth annual publication produced by CIHI on the supply of the RN workforce.

The supply information contained in the Registered Nurses Database (RNDB) is one key component to health human resource planning. An investigation into the number of health professionals required for a jurisdiction must begin with an understanding of the current supply, and how that supply is changing.

Since the 1980s, the Registered Nurses Database (RNDB) has been used by all levels of government, researchers, stakeholders and advocacy groups, private and public organizations, media and registered nurses as a comprehensive data source on the supply of the registered nursing workforce in Canada. As a result of the longevity of the data series, the RNDB also provides a useful historical perspective of nursing supply and distribution, allowing for time-series analysis. The presentation of clear, objective data and data analysis enables informed decision-making and supports policy formulation.

For the first time, CIHI has simultaneously released the latest licensed practical nurse, registered nurse and registered psychiatric nurse statistics. The annual publications for each profession have been standardized as much as possible to allow for cross-profession analyses, including the presentation of all 2003 data tables on a single CD-ROM. With this new publication format CIHI has responded to the need to view regulated nursing professionals as both a single group with common challenges and as three distinct professions with separate histories and unique challenges.

This year's printed publication also includes:

- Highlights for both the entire regulated nursing workforce and for the RN workforce;
- A data analysis section with a comparison of 1999 and 2003 RN data;
- A comprehensive methodological notes section; and,
- A detailed examination of the discrepancy between CIHI statistics and year-end statistics published by each RN regulatory authority.

The accompanying CD-ROM also contains:

- Comprehensive data tables with 2003 RN data (in Microsoft® Excel© format);
- Definitions for the data elements and categories collected for the RNDB; and,
- Comprehensive data tables with 2003 licensed practical nurse (LPN) and registered psychiatric nurse (RPN) data.

We hope that this report provides a solid foundation for the work of those with an interest in nursing resources in Canada.

Highlights of the Regulated Nursing Workforce

The 2003 data year marks the first time in which CIHI has simultaneously released the latest licensed practical nurse, registered nurse and registered psychiatric nurse statistics. This first page highlights some findings from the regulated nursing workforce as a whole; additional highlights from each distinct nursing profession follow this section in each respective annual publication.

Supply Trends of the Regulated Nursing Workforce

- The number of registrations submitted for nursing practice in Canada (including both employed and unemployed regulated nurses) increased 1.4% from 2002 to 2003, from 329,411 to 334,006. These totals include registered nurse, licensed practical nurse and registered psychiatric nurse registrations.
- From 2002 to 2003, the number of regulated nurses employed in their discipline increased from 296,212 to 309,587, although much of this observed increase is the result of methodological changes in the submission of Ontario (RN and LPN) and Quebec (RN) data.
- The 2003 regulated nursing workforce is comprised of 241,342 registered nurses (78.0%), 63,138 licensed practical nurses (20.4%) and 5,107 (1.6%) registered psychiatric nurses.

Demographic Trends of the Regulated Nursing Workforce

- The proportion of males in the nursing workforce increased from 5.7% in 2002 to 5.9% in 2003. Among the nursing professions, 5.3% of the RN workforce, 6.8% of the LPN workforce and 22.4% of the RPN workforce is male.
- The average age of regulated nurses was 44.5 years in 2003, an increase from 44.2 years in 2002.
- The age group of 45–49 years was the largest in 2003, accounting for 17.7% of the entire nursing workforce.

Education Trends of the Regulated Nursing Workforce

- In 2003, 6.2% (19,061) of the nursing workforce graduated from a foreign training program, an increase from 5.8% in 2002. The most common countries of graduation were the Philippines (26.5% of all foreign-trainees), the United Kingdom (25.7%) and the United States (6.8%).
- Educational preparation varies among the three regulated nursing professions. In 2003, 30.9% of the RN workforce had obtained a baccalaureate, master's or doctorate as their highest education in registered nursing.
- For the 2003 nursing workforce, the average age at the time of initial graduation was 26.3 years. This compares to average ages at graduation of 25.6 years for the RN workforce, 28.4 years for the LPN workforce and 28.0 years for the RPN workforce.

Employment Trends of the Regulated Nursing Workforce

- Excluding "unknown" figures, the proportion of the nursing workforce employed full-time increased from 52.5% to 53.5% from 2002 to 2003. Over the same period, the proportion employed part-time remained at 34.6%, while the proportion employed on a casual basis decreased from 12.9% to 11.9%.
- The proportion of the nursing workforce with multiple employers decreased from 15.5% in 2002 to 13.9% in 2003.
- From 2002 to 2003 the proportion of the nursing workforce in the Hospital sector remained at 58.8%, but the proportion in the Nursing Home/Long-Term Care sector increased from 15.8% to 16.1%, while the proportion in the Community Health sector decreased from 11.8% to 11.7%. These trends were not consistent for all three regulated nursing professions.
- In 2003, 7.7% of the nursing workforce were employed as Managers. This includes 9.3% of the RN workforce, 1.2% of the LPN workforce and 9.1% of the RPN workforce.

Highlights of the RN Workforce

Supply Trends of the RN Workforce

- In 2003, the number of RNs submitting a registration for practice increased by 1.4% from the previous year, and by 0.7% from 1999. These registrations include both employed and unemployed RNs.
- Between 2002 and 2003, the number of registrations increased in 10 of 13 provinces/ territories of Canada.
- In 2003, 82.5% of the RN workforce (excluding Quebec, for which this information is not available) lived in urban areas of Canada. A closer analysis of Ontario data found that 70.8% of the Ontario RN workforce lived and worked in cities with populations greater than 100,000 persons.
- A total of 5,366 RNs lived and/or worked outside of Canada in 2003. Of these, 81.5% (4,371) were employed in the United States. This figure does not include all Canadian RNs currently outside of the country: only those RNs choosing to simultaneously maintain their Canadian registration while abroad are included.

Demographic Trends of the RN Workforce

- Males represented 5.3% (12,745) of the RN workforce in 2003, an increase of almost one percentage point since 1999. Almost half of all male RNs in Canada are employed in Quebec.
- The average age of an RN in 2003 was 44.5 years, an increase of 1.7 years from 1999. The average age increased in every jurisdiction between 1999 and 2003.
- There were more RNs aged 55–59 years in the workforce in 2003 than RNs aged 30–34 years.
- More than one-sixth (17.7%) of the RN workforce in Canada was aged 55 years or older in 2003. In addition, approximately half (49.6%) graduated from their initial registered nursing program more than 20 years ago. Only one-fifth (22.0%) of the 2003 workforce has graduated since 1993.

Education Trends of the RN Workforce

- Forty percent (40.0%) of new graduates (those graduating in the past five years) entered registered nursing practice with a baccalaureate in nursing. Overall, 13.9% of the 2003 RN workforce began their career with a baccalaureate, an increase from 10.5% of the 1999 workforce.
- The proportion of RNs with a degree (i.e. baccalaureate, master's or doctorate) as their highest education in registered nursing also increased, from 23.8% in 1999 to 30.9% in 2003.
- Foreign-trained RNs comprised 7.3% (17,633) of the RN workforce in 2003. Since 1999, the proportion of foreign graduates has fluctuated between six and eight percent. Of foreign graduates in the 2003 workforce, 27.9% graduated in the Philippines, 23.3% in the United Kingdom, 6.9% in the United States and 5.6% in Hong Kong.

- Among the provinces in 2003, the British Columbia workforce included the most out-of-province graduates: 15.0% foreign-trained graduates, 28.9% Canadian (non-B.C.) graduates, and 55.6% British Columbia graduates.

Employment Trends of the RN Workforce

- Excluding "unknown" data, the proportion of RNs employed full-time increased approximately half of a percentage point from 2002 to 2003, from 54.1% to 54.7%. The proportion employed part-time also increased marginally, from 33.8% to 34.1%; the proportion employed on a casual basis declined slightly, from 11.8% to 11.2%.
- Those employed full-time in 2003 had an average age of 44.8 years, compared to 44.2 years for those employed part-time, and 43.7 years for those on a casual basis.
- Rates of casual employment have declined for new graduates: 17.7% of those graduating less than six years earlier were employed on a casual basis in 2003; this compares to a casual employment rate of 51.6% for new graduates in the 1999 data.
- The proportion of RNs with multiple employers fluctuated between 13 and 16 percent between 1999 and 2003 in Canada. In 2003, 13.6% of RNs indicated having more than one employer in registered nursing.
- The proportion of RNs employed in the Hospital sector remained stable between 1999 and 2003, at approximately 63 percent annually.
- Registered nurses employed in the Hospital sector are, on average, younger than RNs working in Community Health or the Nursing Home/Long-Term Care sector. In 2003, the average age of RNs in the Hospital sector was 43.0 years, compared to ages of 45.4 years for those in Community Health and 47.9 years for RNs in the Nursing Homes/Long-Term Care sector.
- Among all areas of responsibility in registered nursing, the most commonly identified areas in 2003 were Medicine/Surgery (16.4%), Geriatrics/Long-Term Care (10.1%), Other Direct Care (7.0%), Critical Care (7.0%) and Several Clinical Areas (6.8%). These categories are typically among the most frequently identified each year.
- RNs in their first five years of registered nursing accounted for 21.8% of all RNs working Medicine/Surgery in 2003, but only 4.1% of all RNs in Geriatrics/ Long-Term Care.
- Those employed in Direct Care are typically the youngest RNs, on average. In 2003, the average age of Direct Care RNs was 44.2 years, compared to 48.7 years for those in Administration, 47.2 years for RNs in Education and 44.8 years for RNs working in Research.
- Approximately three-quarters (73.8%) of RNs were employed as Staff Nurses in 2003, a decrease from 78.5% in 1999.
- As expected, Managers are older, on average, than Staff Nurses (48.1 years to 43.5 years), less likely to be employed on a casual basis (0.3% to 9.0% of Staff Nurses), and more likely to have a degree in nursing (45.6% to 25.2% of Staff Nurses).

- A comparison of employment patterns in the territories to patterns in the provinces illustrates higher rates of Community Health employment in the North. In 2003, 37.7% of all RNs in the Yukon, Northwest Territories and Nunavut worked in Community Health compared to 12.8% in the provinces. Although the average age is similar between the territories and the provinces (44.1 years for the territories to 44.5 years in the provinces), males comprise a larger percentage of the workforce in the north (9.7% to 5.3% in the provinces).
- RNs in the northern territories in 2003 were also more likely to have a baccalaureate degree in nursing: 34.8% versus 28.6% of the provincial RN workforces.

Data Analysis

Note to Readers

1. The terms *regulated nursing workforce* and *nursing workforce* are used in this publication and accompanying CD-ROM to include members of the licensed practical nurse, registered nurse and registered psychiatric nurse workforces. The term *RN workforce* includes only registered nurses who were employed in registered nursing at the time of annual registration.

2. The statistics presented in this publication and CD-ROM have been reviewed and authorized by representatives at the provincial/territorial regulatory authorities responsible for the regulation and licensure of registered nurses.

3. CIHI figures will not be the same as figures published by provincial/territorial regulatory authorities for registered nursing for the following reasons:

   (1) Collection Period—The statistics released by provincial/territorial authorities are year-end statistics that include all registrations received during the 12-month registration period. In contrast, CIHI collects data after the first six months of the 12-month registration period, in an effort to ensure timely information. Although the resulting under-coverage is typically only 1–5%, the figures released by CIHI will be less than provincial/territorial figures.

   (2) CIHI Editing and Processing—The CIHI database is not an amalgamation of provincial/territorial data. When data files are submitted, CIHI removes from analysis records that do not reflect the primary jurisdiction of employment. This is done so that CIHI can accurately determine the size of the RN workforce in Canada. Provincial/territorial associations typically do not identify or remove these secondary registrations (also termed "interprovincial duplicates").

   (3) Differences in Definition—Regulatory authorities typically report the total number of "Active" registrations received during the registration year. An Active registration enables the RN to work in that jurisdiction, but does not distinguish between those employed in nursing and those not employed in nursing: the Active total represents the *maximum* number of RNs eligible to work in a particular jurisdiction in that year. In contrast, CIHI divides the Active total into four categories: Employed in Nursing, Employed in Other Than Nursing, Not Employed and Not Stated. CIHI only reports the number of RNs employed in nursing at the time of registration; RNs employed in other than nursing, not employed, and those failing to state their employment status are removed from most CIHI analyses.

   (4) Provincial/Territorial Data Cleaning—Many jurisdictions review the registration data at year-end and "clean" potential data quality issues. As CIHI receives the data at the six-month mark, this cleaning has not yet occurred. Therefore, if a jurisdiction reduces the number of "Not Stated" records in a particular field, that correction will not be reflected in the CIHI database.

4. CIHI and the provincial/territorial regulatory authorities are continually working to improve data quality, which may impair comparability with historical data.

5. Data for the northern territories include secondary registrations. To present a more accurate description of registered nursing in northern Canada, CIHI has included secondary registrations in the figures and calculations of Yukon, Northwest Territories and Nunavut data. This is identical to the process first implemented for the 2001 RN publication. This change was implemented to prevent losing valuable information on RNs providing short-term relief in the territories, as existing methodology identifies RNs from the southern provinces as duplicates. Please review the Northern Territories Data section of the methodological notes for more detailed information.

6. The data presented in this publication are self-reported, which may lead to higher than expected "Other" and "Not Stated" values if a substantial portion of RNs chose not to complete all fields on the annual registration form.

Data Quality Enhancements

In addition to shifts in employment that have occurred in Canada in recent years, some changes in the supply of registered nurses may be partially explained by changes in the processing of RNDB data.

While CIHI used a consistent methodology in data collection and data processing during this five-year period, CIHI has begun to implement more rigorous data quality measures. For example, a two-step authorization process was developed for data submissions in the 2001 data year. After CIHI's initial review of raw data, the data provider must also review and authorize the data before processing can begin. When the data are finalized, the data providers must again review and authorize the data prior to release. In the past, data were only authorized once, when file processing was complete.

CIHI has also increased the number of validity and logical checks performed upon the data. These new practices aim to improve data quality and minimize confusion for data providers. These checks also give CIHI the opportunity to learn of provincial/territorial changes in data collection or submission that could impact trending analysis. CIHI reports these jurisdictional changes in the *Comparability* section of the Methodological Notes.

Reporting Northern Territories Data

In an effort to portray information that is more representative of nursing in the north, territorial figures include interprovincial duplicates that are employed in nursing. This process was first implemented for the 2001 publication, and has been repeated for this publication.

This change was necessary because of the nature of RN staffing in the northern territories, and because of current CIHI processing methods.

An RN must complete a separate registration form for each jurisdiction in which she/he wishes to work. Some RNs maintain multiple registrations each year, even though they only work in one jurisdiction. To provide an accurate count of the number of RNs in Canada, CIHI must determine which registrations are "secondary" and remove them from the analysis. Including these secondary registrations in the final statistics would be double-counting.

Therefore, the methodology used by CIHI (and previously by Statistics Canada) identifies and retains "primary" registrations while removing "secondary" registrations. Secondary registrations are also termed "interprovincial duplicates". This methodology has a disproportionate effect upon territorial data.

Each year, short-term relief staff from different parts of the country supplement the RNs living and working in the northern territories. These relief staff play an integral role in nursing throughout the territories. Under the current CIHI methodology, many of these relief staff are identified as "secondary" registrations and are removed from the analysis. Though interprovincial duplicates are identified and removed from every province/territory each year, the percentage of records removed from territorial data is substantially greater.

Historically, 12–18 percent of Yukon records and 25–30 percent of Northwest Territories/ Nunavut records were removed from the analysis each year due to the duplicate methodology. These rates far exceed the yearly average of each province for the same period.

In collaboration with territorial representatives, CIHI decided to once again include interprovincial duplicates that are "employed in nursing" in this publication. The aim is to present more representative data for the Yukon, Northwest Territories and Nunavut.

Please note that interprovincial duplicates are still removed from provincial data.

Therefore, the "RN workforce" figures used throughout this publication include only non-duplicates for provincial data, and both non-duplicates and duplicates for territorial data. A more detailed review of the duplicate identification process and the impact and limitations of this methodological change is provided in the *Northern Territories Data* section of the methodological notes. A diagram of the duplicate methodology process is also included in Appendix A.

Defining "Registered Nurse" in CIHI Data

The methods by which data are defined and collected greatly affect the types of analysis and the final statistics produced. In fact, discrepancies between two different data holdings are often the result of differing definitions. That something as seemingly black-and-white as the number of registered nurses can vary by definition can be difficult for those not used to working with data and statistics.

CIHI, in consultation with registered nursing stakeholders, developed a definition of registered nurse (RN) that best serves health human resource (HHR) planning and research needs. The definition does not focus on the duties and responsibilities of a practising RN, but instead narrowly defines the limits of who are included in the final statistics.

The CIHI definition is consistent with existing CIHI definitions of *licensed practical nurse* and *registered psychiatric nurse*, and satisfies the analytical needs of the organization and its clients. The CIHI definition is narrower than the definition used by provincial/territorial regulatory authorities, and this is acceptable because the primary function of regulatory authorities (RN registration/licensure) differs from the primary function of CIHI's Registered Nurses Database (health human resources planning and research). For registration/ licensure, it is critical to know how many registrants are currently eligible to practice; for research, it is critical to understand how many eligible registrants are currently practising, and how many are currently without employment in nursing.

These differences in definition can unfortunately lead to confusion, particularly when one set of statistics is consistently less than another set. This can result in different (and in rare cases, conflicting) trends in the data, leading to questions of accuracy (i.e. which is "right"?), as different trends can greatly impact planning and projections.

To minimize this confusion, CIHI has developed a chart to illustrate the differences in definitions between the provincial/territorial regulatory authorities and CIHI. The chart traces the effects of CIHI's collection and processing on regulatory statistics, illustrating how regulatory statistics "become" CIHI statistics. In Appendix B, these charts are completed for each province/territory using 2003 data.

How the Definition Narrows

Provincial/territorial regulatory authorities typically report the number of active-practising registrations/licenses as their "total", as this number represents the number of registrants eligible to practice in nursing during the given year.

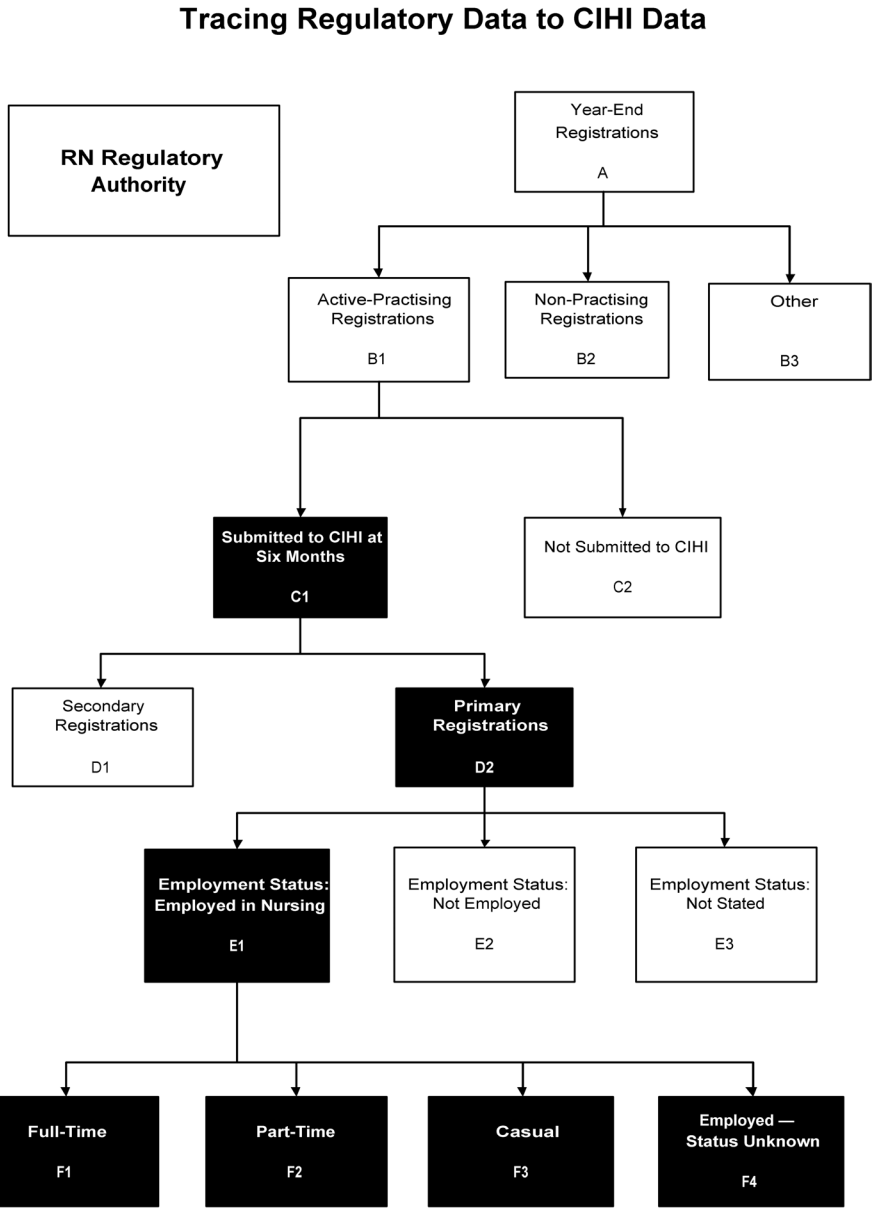

Figure 1. Tracing Regulatory Statistics to CIHI Statistics

Note
Appendix B presents this analysis for each province/territory.

A: ALL REGISTRATIONS
Box A is the total number of registrations submitted to a provincial/territorial regulatory authority for nursing. The total is comprised of both active-practising (B1) and non-practising (B2) registrations.

B: TYPES OF REGISTRATIONS
Box B1 is the number of active-practising registrations received by the provincial/territorial regulatory authority. With an active-practising registration, registrants are eligible to practice as a registered nurse in that jurisdiction.

Box B2 is the number of non-practising registrations received by the provincial/territorial regulatory authority. Those registering with a non-practising registration are not eligible to practice as a registered nurse in that jurisdiction. Some types of non-practising registrations are: long-term disability; associate status; and, retired status. Non-practising registrations are not submitted to CIHI.

C: RECORDS SUBMITTED TO CIHI
To analyze and release timely data, CIHI receives only those active-practising registrations submitted during the first six months of the registration year (Box C1). Data for those registering in months 7 to 12 (Box C2) are not submitted to CIHI.

D: EXCLUDING SECONDARY REGISTRATIONS
As there are financial and administrative incentives for registered nurses to maintain registration in one jurisdiction when beginning registration in another, CIHI evaluates each record to determine whether the registration reflects the primary province/territory of employment (Box D2). It is necessary to identify and exclude from further analysis secondary records, as CIHI aims to report accurate head count (rather than full-time equivalent) data. Appendix A is a flow chart illustrating this process.

E: EMPLOYMENT STATUS
Whereas the statistics produced by provincial/territorial regulatory authorities include all active-practising registrations, regardless of employment status, CIHI statistics typically include only those registrants explicitly stating their employment in nursing (Box E1). Those employed in other than nursing (Box E2), those not employed (also Box E2), and those failing to state their employment status (Box E3) are excluded from the final statistics. CIHI defines the RN workforce as those currently employed in nursing (Box E1).

F: FULL-TIME/PART-TIME STATUS
Most analyses produced by CIHI, such as the full-time/part-time status of the RN workforce, include only those RNs employed in nursing.

To illustrate how this narrowing definition impacts the data, year 2003 data are compared in Table 1.

Table 1. Comparison of Regulatory Authority 12-Month Counts to CIHI 6-Month Counts, 2003

	N.L.	P.E.I.	N.S.	N.B.	Que.	Ont.	Man.	Sask.	Alta.	B.C.	Y.T.	N.W.T.	Nun.
Total Active Practising Registrations	5,629	1,449	9,308	8,112	n/s	110,085	11,353	8,872	26,656	29,982	305	1,126	
Submitted to CIHI	5,529	1,409	8,863	7,983	64,626	104,236	10,945	8,741	25,540	29,240	294	466	262
Primary Registrations	5,472	1,393	8,735	7,842	63,980	96,536	10,627	8,663	25,317	28,854	287	423	258
Employed in Practical Nursing	5,430	1,373	8,498	7,186	62,494	85,187	10,034	8,503	23,964	27,711	290	414	258

Source: RNDB/CIHI

Note
n/s Data not submitted to CIHI

Supply of Registered Nurses

Number of Registered Nurses

After more than a decade of strong growth in the 1980s, the number of RNs employed in nursing decreased in the mid-1990s, and has remained relatively stable since. Overall, the RN workforce has grown by approximately 50% since 1980.

This publication highlights RN workforce trends in the five-year period between 1999 and 2003, as indicated in Figure 2.

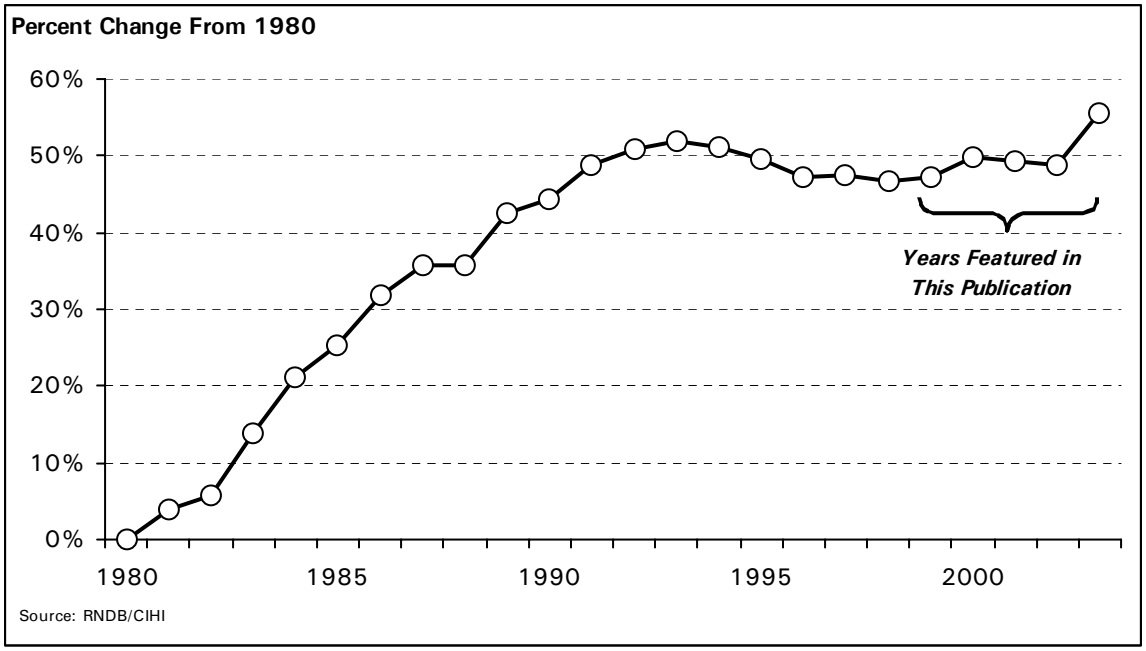

Figure 2. Percentage Growth in the Number of RNs Employed in Nursing Since 1980, Canada, 1980–2003

Notes
Figure 2 uses 1980 as the base year. Yearly figures are calculated as a percentage change from the 1980 total.
The apparent decrease in 1988 is largely attributed to a substantial increase in the number of "Not Stated" records in the Ontario data for that year.
The increase in 2000 is partially attributed to the identification of comparatively fewer duplicates in the Ontario and Quebec data that year.
The increase in 2003 is largely attributed to methodological changes in the submission of Ontario and Quebec data that year.

The substantial increase observed between 2002 and 2003 is the result of two factors in both the Ontario and Quebec data. First, the total number of registrations submitted by RNs increased in each province: by 1.4% in Ontario and by 1.2% in Quebec. These registrations include employed RNs, unemployed RNs and those who failed to state their employment status.

Second, due to improvements in how the data are prepared for CIHI, the proportion of RNs who failed to state their employment status decreased substantially: from 5.8% in 2002 to 0.02% in 2003 for Ontario, and from 5.0% to 2.2% for Quebec. Because CIHI has always excluded RNs who fail to state their employment status from the workforce statistics, this improved methodology resulted in fewer exclusions.

The combination of increased registrations and fewer exclusions resulted in a one-year increase of 9,751 RNs for Ontario and Quebec. This represents 93.9% of the total increase of 10,385 RNs in Canada between 2002 and 2003.

Because of these two factors, comparisons between pre-2003 and 2003 data should be made with caution. In this publication, comparisons focus more on the proportion and/or percentage distribution of the RN workforce than the actual numbers.

Table 2. Number of Registered Nurses by Employment Status, Canada, 1999–2003

	1999	2000	2001	2002	2003
Employed in Nursing	228,534	232,566	231,512	230,957	241,342
Employed in Other Than Nursing	5,381	4,506	5,921	5,392	4,880
Not Employed	8,796	4,486	7,237	7,803	8,497
Not Stated	13,859	13,193	8,227	10,600	3,674
Total	**256,570**	**254,751**	**252,897**	**254,752**	**258,393**
Percent Employed in Nursing	89.1	91.3	91.5	90.7	93.4

Source: RNDB/CIHI

Notes
Quebec did not submit "Employed in Other Than Nursing" or "Not Employed" data in 1999.
Manitoba did not submit "Employed in Other Than Nursing" or "Not Employed" data from 2000–2003.
Prince Edward Island was unable to submit "Employed in Other Than Nursing" or "Not Employed" data from 2002–2003.
The data submission method was modified for Ontario and Quebec data for 2003, resulting in a substantial increase in the "Employed in Nursing" total.
Data from the northern territories include interprovincial duplicates employed in nursing.
CIHI data will differ from provincial/territorial data due to the CIHI collection, processing and reporting methodology. Please review the Methodological Notes for more comprehensive information regarding the collection and comparability of RNDB data.

The number of RNs "Employed in Other Than Nursing", the number of RNs "Not Employed" and the number of RNs failing to state their employment status fluctuated more substantially during this five-year period. In part this is because some jurisdictions did not submit this information for some years.

Health Human Resources Research
Effective health human resources (HHR) research requires an understanding of both the current and the potential workforce. While the statistics in this publication focus on registered nurses currently employed in nursing, it is also important to collect information on licensed RNs currently outside of the workforce to try to understand why they are not working in nursing.

The number of RNs employed in nursing in Canada increased by 5.6% between 1999 and 2003, from 228,534 to 241,342, although much of this increase is due to methodological improvements in the Ontario and Quebec data.

The increase in the number of RNs employed in nursing was not uniform across the country. Prince Edward Island experienced the most substantial growth between 1999 and 2003, with an increase of 11.4% in the number of RNs employed in nursing. Ontario (8.9%), Alberta (8.7%), Quebec (7.8%) and Newfoundland and Labrador (3.2%) also experienced increases, while New Brunswick had 5.2% fewer RNs employed in nursing in 2003 than in 1999. Provincial/territorial figures are presented in Table 3.

Table 3. RN Workforce by Province/Territory of Registration, Canada, 1999–2003

	1999	2000	2001	2002	2003	Change '99–'03
N.L.	5,264	5,394	5,439	5,442	5,430	3.2%
P.E.I.	1,232	1,255	1,270	1,293	1,373	11.4%
N.S.	8,615	8,699	8,554	8,419	8,498	-1.4%
N.B.	7,580	7,256	7,385	7,364	7,186	-5.2%
Que.	57,980	58,750	58,482	59,193	62,494	7.8%
Ont.	78,197	81,679	80,590	78,737	85,187	8.9%
Man.	10,193	10,051	10,263	9,942	10,034	-1.6%
Sask.	8,553	8,543	8,198	8,257	8,503	-0.6%
Alta.	22,044	22,172	22,924	23,377	23,964	8.7%
B.C.	27,911	27,730	27,375	27,901	27,711	-0.7%
Y.T.	283	275	273	272	290	2.5%
N.W.T.	682	762	471	487	414	-1.5%
Nun.	–	–	288	273	258	
Canada	**228,534**	**232,566**	**231,512**	**230,957**	**241,342**	**5.6%**

Source: RNDB/CIHI

Notes
The data submission method was modified for Ontario and Quebec 2003 data.
Nunavut data not collected prior to 2001. Data from Northwest Territories and Nunavut are combined in 2003 to indicate a 1.5% decrease from 1999 figures.
Data from the northern territories (Yukon, Northwest Territories and Nunavut) include interprovincial duplicates employed in nursing.
CIHI data will differ from provincial/territorial data due to the CIHI collection, processing and reporting methodology. Please review the Methodological Notes for more comprehensive information regarding the collection and comparability of RNDB data.

Please refer to Data Tables A.RN.1-A.RN.3 for more RN Registration data available on the CD-ROM.

Urban/Rural Distribution

Figure 3 illustrates the urban/rural distribution of the RN workforce in Canada in 2003. The comparison is based on the location of residence, not the location of employment.

In 2003, 82.5% of the RN workforce (excluding Quebec) lived in urban areas of Canada, ranging from a high of 89.5% in British Columbia to a low of 39.3% in Nunavut. (Every Nunavut RN living in an urban area is located in a community outside of Nunavut. In part, this reflects the number of RNs from the southern provinces providing short-term relief in the northern territories.)

For this analysis, urban areas are defined (in part) as communities with populations greater than 10,000 persons; rural areas are near urban areas in relatively close proximity to the urban areas. Remote areas are those communities with relatively little social and economic interaction with urban areas. The "territories" denotes areas outside of Whitehorse and Yellowknife in the northern territories.

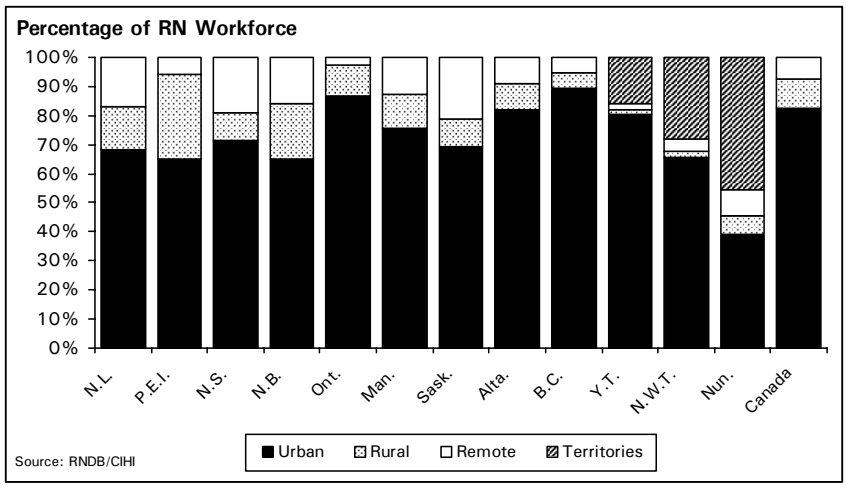

Figure 3. Percentage Distribution of RN Workforce by Urban/Rural Location of Residence and Province/Territory of Registration, Canada, 2003

Notes
The urban/rural categories are based on a classification scheme developed by Statistics Canada. Please review the Methodological Notes for more comprehensive information.
The data in Figure 3 are based on the location of residence, not the location of employment.
Quebec data are not available.

Commuting in Ontario

An analysis of 2003 Ontario data found that 70.8% of the provincial RN workforce lives and works in cities with populations greater than 100,000 persons.

Of the 10.9% living in rural areas, 3.7% commute to work in the largest cities, 3.3% work in mid-size cities, and 3.4% remain in rural areas to work.

Secondary Registrations

The CIHI editing process identifies secondary registrations that do not reflect the primary jurisdiction of RN employment. The data from these secondary registrations (also termed *interprovincial duplicates*) are then excluded from further analysis, as CIHI aims to report accurate head count trends for the RN workforce in Canada.

These secondary registrations identify RNs that are living outside of Canada or RNs employed (or living) in a Canadian jurisdiction different from the province/territory of registration. While these records are typically excluded from CIHI analyses, they provide useful information to better understand current employment (and migration) patterns.

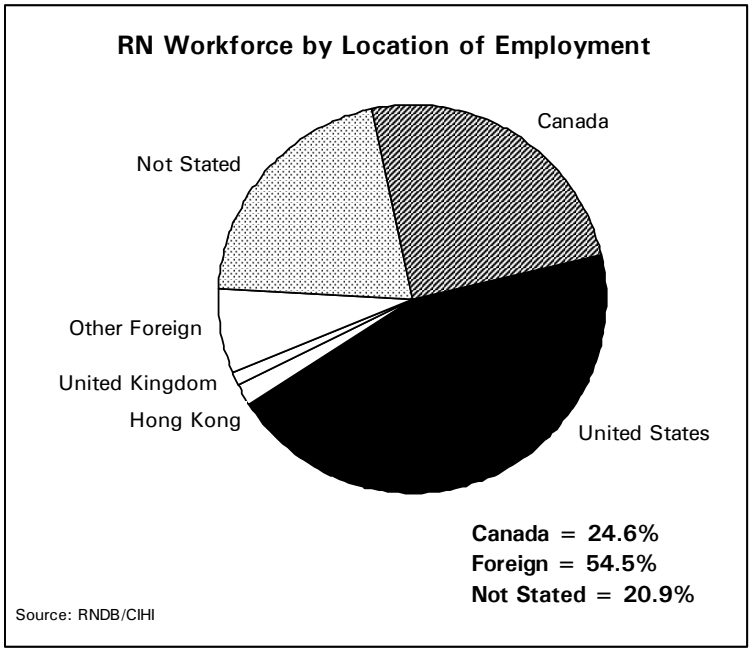

Figure 4. Percentage of RNs with Secondary Registrations by Identified Country of Employment, Canada, 2003

Typically, more than 75 percent of all duplicate registrations in Canada are found in the Ontario data.

Of the 9850 secondary registrations identified in the 2003 data, 4371 (44.4%) are employed in the United States, with an additional 10.1% employed in other foreign countries such as Australia, Hong Kong and the United Kingdom.

A total of 2428 (24.6%) are employed in other jurisdictions in Canada. More than one fifth (20.9%) failed to state the province of employment.

To date, no study has investigated whether RNs that maintain their registration in Canada while abroad are more likely to return to Canada than those ceasing registration.

Most RNs with secondary registrations are employed outside of Canada. However, the statistics presented in Figure 4 do not include all RNs currently outside of the country: only those RNs choosing to maintain their Canadian registration while abroad are included.

Demographic Trends of Registered Nurses

Sex

The number of male RNs employed in nursing continues to increase in Canada, both as an actual number and as a percentage of the RN workforce. In 2003, males represented 5.3% (12,745) of the RN workforce employed in nursing, an increase from 4.6% (10,598) in 1999. Table 4 presents the number and percentage of RNs by sex for 1999 and 2003.

Table 4. Number and Percentages of RN Workforce by Sex and Province/Territory of Registration, Canada, 1999 and 2003

	1999					2003				
	Males		Females		Total	Males		Females		Total
	Counts	%	Counts	%		Counts	%	Counts	%	
N.L.	189	3.6	5,075	96.4	5,264	225	4.1	5,205	95.9	5,430
P.E.I.	16	1.3	1,216	98.7	1,232	45	3.3	1,328	96.7	1,373
N.S.	212	2.5	8,403	97.5	8,615	259	3.0	8,239	97.0	8,498
N.B.	253	3.3	7,327	96.7	7,580	293	4.1	6,893	95.9	7,186
Que.	5,061	8.7	52,919	91.3	57,980	5,683	9.1	56,811	90.9	62,494
Ont.	2,488	3.2	75,709	96.8	78,197	3,276	3.8	81,911	96.2	85,187
Man.	436	4.3	9,757	95.7	10,193	497	5.0	9,537	95.0	10,034
Sask.	219	2.6	8,334	97.4	8,553	270	3.2	8,233	96.8	8,503
Alta.	550	2.5	21,494	97.5	22,044	820	3.4	23,144	96.6	23,964
B.C.	1,104	4.0	26,807	96.0	27,911	1,284	4.6	26,427	95.4	27,711
Y.T.	18	6.4	265	93.6	283	23	7.9	267	92.1	290
N.W.T.	52	7.6	630	92.4	682	40	9.7	374	90.3	414
Nun.	–		–		–	30	11.6	228	88.4	258
Canada	**10,598**	**4.6**	**217,936**	**95.4**	**228,534**	**12,745**	**5.3**	**228,597**	**94.7**	**241,342**

Source: RNDB/CIHI

Notes
– Data are not applicable or do not exist
The data submission method was modified for Ontario and Quebec 2003 data.
Data from the northern territories include interprovincial duplicates employed in nursing.
CIHI data will differ from provincial/territorial data due to the CIHI collection, processing and reporting methodology. Please review the Methodological Notes for more comprehensive information regarding the collection and comparability of RNDB data.

Almost half of all male RNs employed in nursing in Canada are employed in Quebec, where the 5,683 males account for 9.1% of the province's workforce. In contrast, only 3.0% of Nova Scotia's RNs are male, the lowest percentage in the country. Despite relatively small numbers, more than 7.0% of the RN workforce in each northern territory was male in 2003.

Please refer to Data Tables B.RN.5, C.RN.6, D.RN.6, E.RN.6, F.RN.4 and G.RN.1–G.RN.4 for more Sex data available on the CD-ROM.

Age Distribution

Canada is experiencing a dramatic shift in the age of its nursing workforce. This is best illustrated in Figure 5, where the percentage of RNs in the five youngest age groups declined between 1999 and 2003.

In contrast, the percentage of RNs in the three eldest age groups increased during this period.

In 2003, Canada had more RNs employed in nursing at ages 55–59 than at ages 30–34.

For every RN aged 35 or less in Canada, there are 1.8 RNs aged 50 or greater.

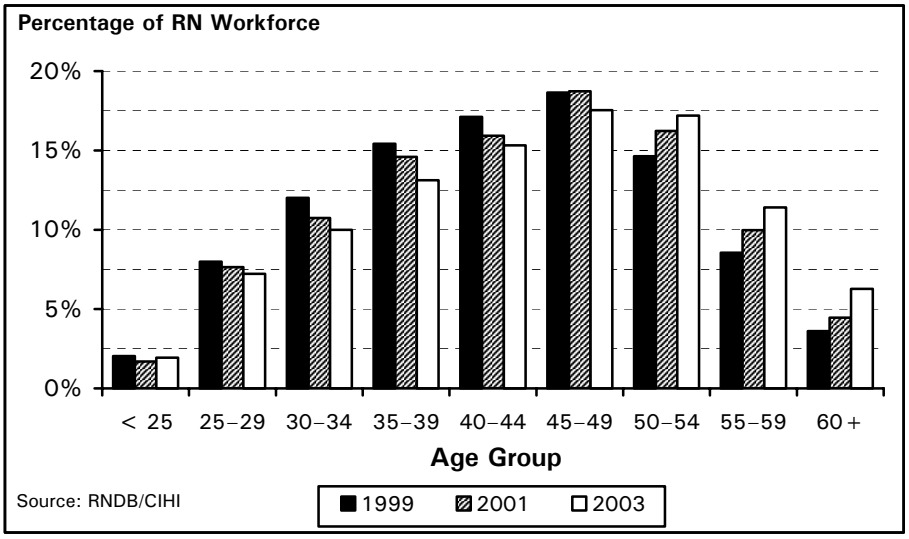

Figure 5. Percentage Distribution of RNs by Age Group, Canada, 1999, 2001 and 2003

A provincial/territorial comparison of RNs aged 35 or less with RNs aged 50 or greater finds that Newfoundland and Labrador is the only jurisdiction to currently have more RNs in the younger age group than the elder age group in its workforce.

Some jurisdictions, such as Quebec and the Northwest Territories, demonstrate a relatively even split between these two age groups in their current workforce.

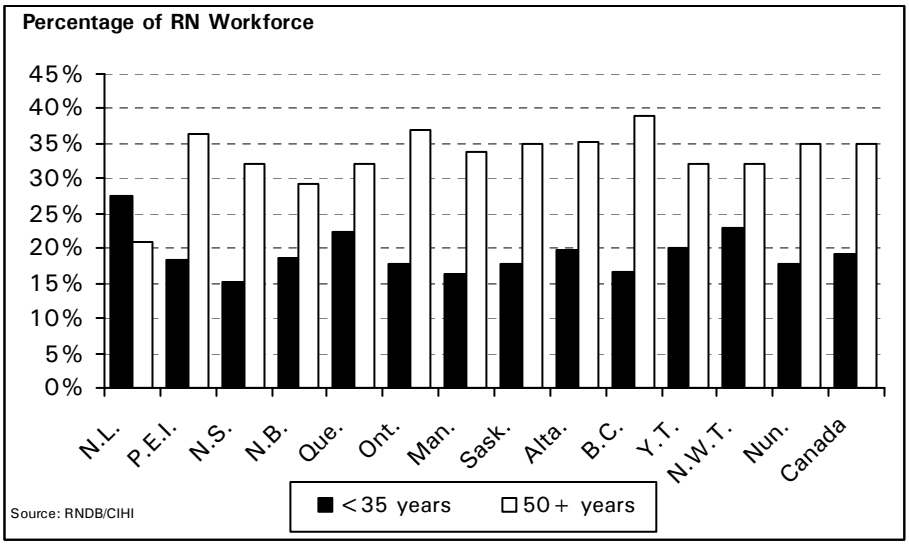

Figure 6. Percentage of RNs by Age Group and Province/Territory of Registration, Canada, 2003

Note
The data submission method was modified for Ontario and Quebec 2003 data.

Others, such as Prince Edward Island, Ontario and British Columbia, have a much larger percentage of elder RNs in their current workforces.

Please refer to Data Tables A.RN.2, B.RN.3, C.RN.4, D.RN.4, E.RN.4, F.RN.2, G.RN.2 and J.Summary for more Age Group data available on the CD-ROM.

Average Age

The average age of RNs employed in nursing increased by 1.7 years between 1999 and 2003, from 42.8 years to 44.5 years.

The RN workforce in Newfoundland and Labrador continues to be the youngest in Canada.

The average age was highest for the RN workforces of British Columbia and Ontario. In 1999, RNs in British Columbia were an average of 1.2 years older than the national rate; in 2003 RNs in British Columbia were 1.1 years older.

The age of RNs in Nova Scotia shifted most dramatically in the past five years, from 42.3 years to 44.7 years, an increase of 2.4 years. When combined, the average age of RNs in the Northwest Territories and Nunavut increased by 3.0 years between 1999 and 2003.

Table 5. Average Age of RN Workforce by Province/ Territory of Registration, Canada, 1999 and 2003

	1999		2003		
	Average Age (Years)	Difference from Canada	Average Age (Years)	Difference from Canada	Increase '99–'03
N.L.	39.4	-3.4	41.1	-3.4	1.7
P.E.I.	43.0	0.2	44.7	0.2	1.7
N.S.	42.3	-0.5	44.7	0.2	2.4
N.B.	41.6	-1.2	43.5	-1.0	1.9
Que.	41.6	-1.2	43.5	-1.0	1.9
Ont.	43.8	1.0	45.1	0.6	1.3
Man.	42.6	-0.2	44.8	0.3	2.2
Sask.	43.0	0.2	44.9	0.4	1.9
Alta.	43.0	0.2	44.7	0.2	1.7
B.C.	44.0	1.2	45.6	1.1	1.6
Y.T.	42.8	0.0	44.0	-0.5	1.2
N.W.T./Nun.	41.4	-1.4	44.4	-0.1	3.0
N.W.T.	–	–	43.8	-0.7	–
Nun.	–	–	45.4	0.9	–
Canada	**42.8**		**44.5**		**1.7**

Source: RNDB/CIHI

Notes
RNs not stating *Year of Birth* are not included in average age calculations. In 1999, 38 RNs employed in nursing did not state their year of birth; in 2003, 23 RNs employed in nursing did not state their year of birth. Please review the Methodological Notes for more comprehensive information regarding the collection and comparability of RNDB data.

The average age of both female and male RNs is increasing in Canada. In 1999, the average age of a female RN employed in nursing was 43.0 years; by 2003, the average age of female RNs was 44.7 years. For males, who comprise only 5.3% of the RN workforce, the average age increased from 39.9 years in 1999 to 41.5 years in 2003.

Please refer to Data Tables B.RN.4, C.RN.5, D.RN.5, E.RN.5, F.RN.3, G.RN.3, H.RN.2 and K.Summary for more Average Age data available on the CD-ROM.

Eligibility of Retirement

As the age demographics of the RN workforce shift, and as the average age of the workforce rises, an increasing proportion of the RN workforce will soon reach the typical age of retirement.

Very little research has investigated the age at which Canadian RNs retire, or whether the average retirement age has changed over time. One study of Ontario RNs estimated the current average age of retirement at 55–58 years.[1] This is up to 10 years before the typical age of retirement at 65 years.

Currently at Typical Age of Retirement

To illustrate the potential short-term effects of retirement on the RN supply, CIHI developed a scenario based on the age of the current workforce. Figure 6 highlights the proportion of the RN workforce in each province/territory currently at or above three typical ages of retirement—age 55, age 60 and age 65.

The data presented in Figure 7 are based solely on age, and do not factor in pension eligibility or years of experience. Nor do the calculations consider other factors such as early retirement, death, migration, or other federal/provincial/territorial policies that affect the Human Resources system. The results are intended to provide a contextual perspective to the aging of the RN workforce.

Calculating a National Retirement Age

Calculating an accurate national retirement age would be difficult, in part because the definition of "retirement" varies among jurisdictions and among individuals. For example, some RNs in Quebec notified the Ordre des infirmières et infirmiers du Québec (OIIQ) of their decision to retire. Regardless, some of these RNs still pay the full registration fee, maintaining an active license and the right to practice. While these RNs are officially "retired", some may continue to work. In addition, it would be difficult to capture accurate retirement data on the annual registration form as, presumably, some RNs no longer interested in practising will stop submitting their annual registration.

[1] Baumann, Andrea and O'Brien-Pallas, Linda. *The Status of the Nursing Workforce in Ontario: The Numbers and the Worklife Issues in November 2001*. Submitted to the Ontario Nurses' Association, December 2001.

In 2003, 17.7% of Canada's RN workforce were aged 55 years or greater, while 6.3% were aged 60 years or greater, and 1.3% aged 65 years or greater.

Current Picture

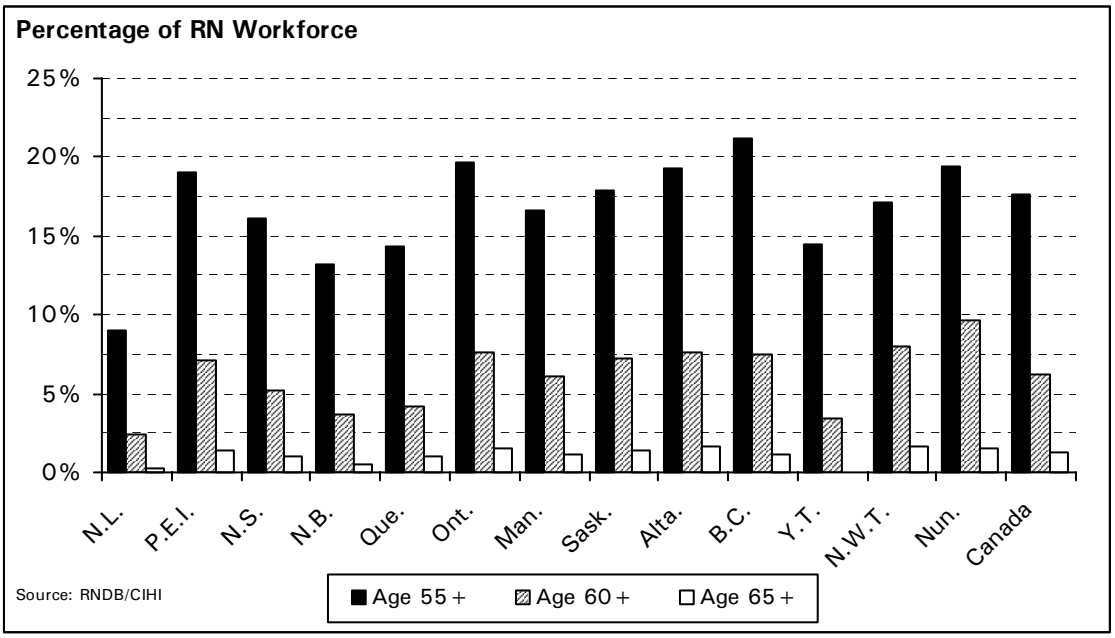

Figure 7. Percentage of RNs Currently at Eligibility Age for Potential Retirement by Retirement Age and Province/Territory of Registration, Canada, 2003

Among the provinces/territories, the jurisdiction with the highest average age—British Columbia at 45.6 years—also had the highest proportion of RNs currently aged 55 years or greater, at 21.1%. In contrast, the jurisdiction with the lowest average age—Newfoundland and Labrador at 41.1 years—had the lowest proportion of RNs aged 55 years or greater, at 9.0%.

The Nunavut workforce had the highest proportion of RNs aged 60 or greater in 2003, at 9.7%. This is in contrast to 2.4% in Newfoundland and Labrador.

Projected RN Retirement

A recent study released jointly by CIHI and the Nursing Effectiveness, Utilization and Outcomes Research Unit at the University of Toronto investigated potential RN losses due to retirement or death in Canada.

Titled *Bringing the Future into Focus: Projecting RN Retirement in Canada*, the study generates national and provincial estimates of the number of RNs aged 50 or greater that can be expected to leave the RN workforce due to retirement or death by 2006. RNDB data (2001) from CIHI and Vital Statistics data from Statistics Canada were used in the projections.[2]

[2] More information on the study, including complimentary electronic copies of the full report, may be obtained from the CIHI Web site at www.cihi.ca.

Assuming a retirement age of 65 years, a total of 29,746 RNs are projected to leave the RN workforce due to retirement or death by 2006.

Table 6. Expected Losses of RNs Employed in Nursing Aged 50 to 65 by Region, Canada, 2002–2006

	Year					Total	Index Ratio Losses : Nurses
	2001–2002	2002–2003	2003–2004	2004–2005	2005–2006		
Canada	**5,316**	**5,640**	**5,982**	**6,267**	**6,541**	**29,746**	**0.13**
Atlantic	385	423	457	482	513	2,261	0.10
Que.	1,750	1,823	1,917	1,969	2,013	9,471	0.16
Ont.	1,759	1,873	1,992	2,074	2,180	9,878	0.12
Man./Sask.	365	388	417	439	450	2,060	0.11
Alta.	352	392	408	477	520	2,149	0.09
B.C.	681	714	760	790	828	3,773	0.14

Source: Projections are based on data from RNDB/CIHI

Notes
Atlantic figures include data from Newfoundland and Labrador, Prince Edward Island, Nova Scotia and New Brunswick.
Canada total includes northern territories data.
Northern territories data too small for separate projections.
The Index Ratio enables interprovincial comparison by measuring the total as a proportion of the 2001 workforce.
Please refer to the Methodological Notes section of the report *Bringing the Future into Focus: Projecting RN Retirement in Canada* for projection methodology.

In relative terms, the province of Quebec could be most affected by retirement at age 65, as the 9,471 RNs projected to leave is an amount equivalent to 16% of the 2001 provincial workforce. In contrast, the 2,149 RNs projected to leave the Alberta workforce is equivalent to 9% of the province's 2001 RN workforce.

These potential losses are then analyzed by place of work (termed *employment sector* in the report), to better understand where losses due to retirement or death could have the greatest impact.

The report also investigates the potential losses due to retirement at age 55, and the potential effects of retention policies in keeping experienced RNs in the workforce. Retention policies that focus on RNs nearing retirement would not only lessen the number of losses, but would also retain the most experienced registered nurses—experience that could be transferred to RNs at an earlier stage in their career.

It should be noted, however, that a comprehensive interpretation of the impact of the projected losses requires an understanding of the roles of other health professionals, including licensed practical nurses and registered psychiatric nurses, and of the staffing mix within the service requirements and health environment. Factors such as the staffing mix, the service delivery model and the types of health services provided will each influence the potential effects of retirement.

Years Since RN Graduation

Data from the RNDB indicate that the average age of nursing graduates is rising in Canada, and that an increasing percentage of RNs are aged 30 years or older at graduation. Two RNs at age 32 may have, in fact, graduated from a nursing program 10 years apart. If the employment patterns of registered nurses change as their careers develop, assumptions and analyses based on age alone may be incomplete; it may be useful to also consider the number of years since the RN graduated.

For this reason, the CIHI-derived indicator *Years Since RN Graduation* was developed, to calculate the number of years between the year of graduation and the present year. This element indicates the *maximum* number of years an RN could have been in the workforce, not the actual number of years, because it cannot account for time spent out of the workforce (e.g. continuing education or maternity/paternity leave).

This element is not an indicator of experience. Recent studies have defined experience as the number of years working, or more specifically, the number of years working in a particular unit or area of responsibility; *Years Since RN Graduation* is only intended to indicate the stage at which RNs may be in their careers. It is designed to supplement information presented on the age and education of registered nurses.

Figure 8. Percentage of RNs Employed in Nursing by Years Since RN Graduation and Province/Territory of Registration, Canada, 2003

In general, the provincial/territorial workforces with more RNs towards the end of their careers are the same jurisdictions in which the average age is highest.

For example, the average age of the RN workforces in British Columbia and Ontario are the highest; not surprisingly, approximately 50% of each province's workforce graduated more than 20 years ago. Approximately 40% of Newfoundland and Labrador's RN workforce, which is the youngest on average, could have been working for more than 20 years.

Please refer to Data Tables B.RN.7, C.RN.8, D.RN.8, E.RN.8, F.RN.6, I.RN.1-I.RN.2 and I.Summary for more Years Since RN Graduation data available on the CD-ROM.

Education Trends of Registered Nurses

The education of registered nurses has changed dramatically in the past 40 years in Canada. In the 1960s and 1970s, many nursing students graduated from two- or three-year "hospital programs", earning a diploma in nursing. Few earned a baccalaureate degree, in part because it was generally not a requirement for practice. Most nursing students began their training program immediately after high school, graduating in their early 20s.

By the 1990s, most education programs in Canada were offered either at community colleges (a three-year nursing diploma), or at universities (a four-year baccalaureate degree). Changing technology, client complexity, increasing responsibility and accountability for registered nurses, and changing scopes of practice and health care delivery methods influenced the need for increased educational requirements and specialization.

By the late 1990s, upon the announcement that most Canadian provinces would require a four-year baccalaureate degree as initial nursing education within the next decade, some diploma programs closed while others merged with university programs, offering a unique blend of practical experience and nursing theory. As a result, the enrollment rates of baccalaureate nursing programs increased.

Changes in admission criteria, educational program and the composition of the labour market will all impact the age and educational level of nursing graduates and registered nurses. These structural changes must be considered when analyzing RN education data, particularly over time.

Initial Education in Nursing

As discussed, an increasing percentage of RNs have entered the workforce with a baccalaureate degree in nursing. Of the 241,342 RNs employed in nursing in Canada in 2003, 13.9% earned a baccalaureate degree before entering practice. This rate continues to increase each year; in 1999, 10.5% of the RN workforce had earned a baccalaureate degree before entering practice. In fact, of those graduating since 1999, more than 40% entered practice with a baccalaureate degree.

The percentage of RNs entering practice with a diploma decreased to 86.1% in 2003, while the percentage earning a master's degree before entering practice increased to 0.04%.

One quarter of the RN workforces in New Brunswick and the Yukon in 2003 obtained a baccalaureate degree in nursing before entering practice, the highest rates in the country. The lowest rates were found in the two largest provinces, where 7.2% of the Quebec workforce, and 12.4% of the Ontario workforce, began with a baccalaureate degree.

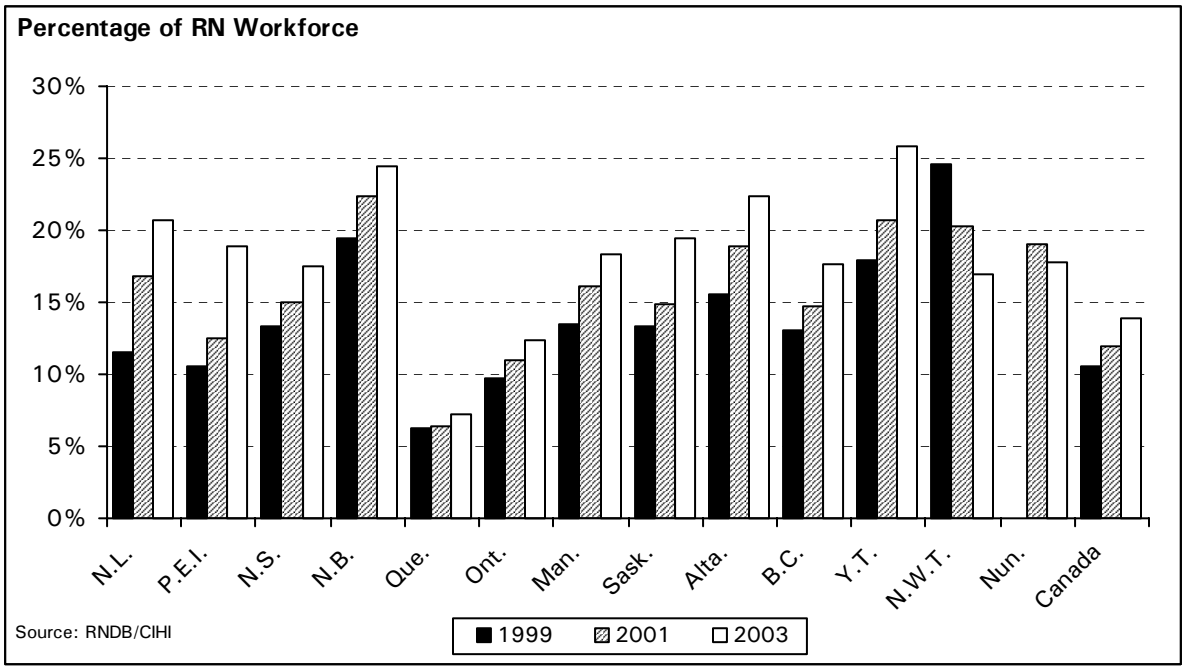

Figure 9. Percentage of RNs Employed in Nursing That Entered Practice With a Baccalaureate Degree in Nursing by Province/Territory of Registration, Canada, 1999, 2001, 2003

Note
The data submission method was modified for Ontario and Quebec 2003 data.

Please refer to Data Table L.Summary for more Initial Education in Nursing data available on the CD-ROM.

Continuing Education in Nursing

Nursing has always championed continuing education and life-long learning. The evolution and progression of nursing care and the nature of evidence-based practice and specialization necessitate enhanced knowledge skills for nursing practice.

Due in part to many of the structural changes outlined at the outset of the *Education Trends of Registered Nurses* section, the number of RNs participating in each of these programs has increased over time.

After completion of their initial nursing education program, RNs have several continuing education options, including (but not limited to): additional education leading to a degree or advanced degree in nursing, additional education leading to a non-degree certificate or diploma, or national certification through the Canadian Nurses Association (CNA).

In the 2003 RN workforce, a total of 69,093 RNs had obtained a baccalaureate degree as their highest education in nursing. Of these, 54.5% (37,625) initially earned a diploma in nursing, then returned to school for a baccalaureate degree; the remaining 45.5% (31,468) earned a baccalaureate degree before entering nursing practice.

CNA Certification

By 2004, the CNA will offer a national certification credentialing program in 14 specialties: Neuroscience, Occupational Health, Nephrology, Emergency, Critical Care, Perioperative, Psychiatric/Mental Health, Oncology, Perinatal, Gerontology, Cardiovascular, Critical Care Pediatrics, Gastroenterology and Hospice Palliative Care.

The certification program has grown significantly in recent years, both in the number of programs available, and in the number of RNs writing the qualifying examinations.

The corresponding national nursing specialty associations actively participate in and endorse each of these certifications, and several other specialty associations are currently seeking the establishment of additional CNA certification programs.

Highest Education in Nursing

The number of RNs with a degree as their highest education in nursing is increasing, from 23.8% (54,449) of the RN workforce in 1999 to 30.9% (74,518) in 2003. The category of Degree includes baccalaureate, master's and doctorate degrees in nursing.

Table 7. Number of RNs Employed in Nursing by Highest Education in Nursing and Province/Territory of Registration, Canada, 1999 and 2003

	Diploma		Degree		Total	
	1999	2003	1999	2003	1999	2003
N.L.	4,297	3,932	967	1,498	5,264	5,430
P.E.I.	973	954	259	419	1,232	1,373
N.S.	6,594	5,936	2,021	2,562	8,615	8,498
N.B.	5,296	4,522	2,284	2,664	7,580	7,186
Que.	43,829	39,559	14,151	22,935	57,980	62,494
Ont.	62,316	64,811	15,881	20,376	78,197	85,187
Man.	7,926	7,060	2,267	2,974	10,193	10,034
Sask.	6,796	6,174	1,757	2,329	8,553	8,503
Alta.	15,106	14,963	6,938	9,001	22,044	23,964
B.C.	20,319	18,304	7,592	9,407	27,911	27,711
Y.T.	173	159	110	131	283	290
N.W.T./Nun.	460	450	222	222	682	672
N.W.T.	–	283	–	131	–	414
Nun.	–	167	–	91	–	258
Canada	**174,085**	**166,824**	**54,449**	**74,518**	**228,534**	**241,342**

Source: RNDB/CIHI

Notes

– Data are not applicable or do not exist

The category "Degree" includes Baccalaureate, Master's and Doctorate degrees in nursing. In 1999, the stated total includes 50,664 RNs with a baccalaureate, 3,591 RNs with a master's, and 194 RNs with a doctorate. In 2003, the stated totals includes 69,093 RNs with a baccalaureate degree, 5,150 RNs with a master's, and 275 RNs with a doctorate in nursing.

The data submission method was modified for Ontario and Quebec 2003 data.

Northern Territories data include interprovincial duplicates employed in nursing.

CIHI data will differ from provincial/territorial data due to the CIHI collection, processing and reporting methodology. Please review the Methodological Notes for more comprehensive information regarding the collection and comparability of RNDB data.

As the number of RNs with degrees increases, the number of RNs with a diploma as their highest education in nursing decreases, from 76.2% in 1999 to 69.1% in 2003.

While this still represents more than two-thirds of all registered nurses, the percentage of RNs with a degree as their highest education in nursing is increasing in every province and territory.

In 2003, 43.8% of the RN workforce in the Yukon had obtained a baccalaureate in nursing, the highest rate in the country. In contrast, 21.8% of the Ontario RN workforce and 25.9% of the Newfoundland and Labrador RN workforce had obtained a baccalaureate in nursing, as illustrated in Figure 10.

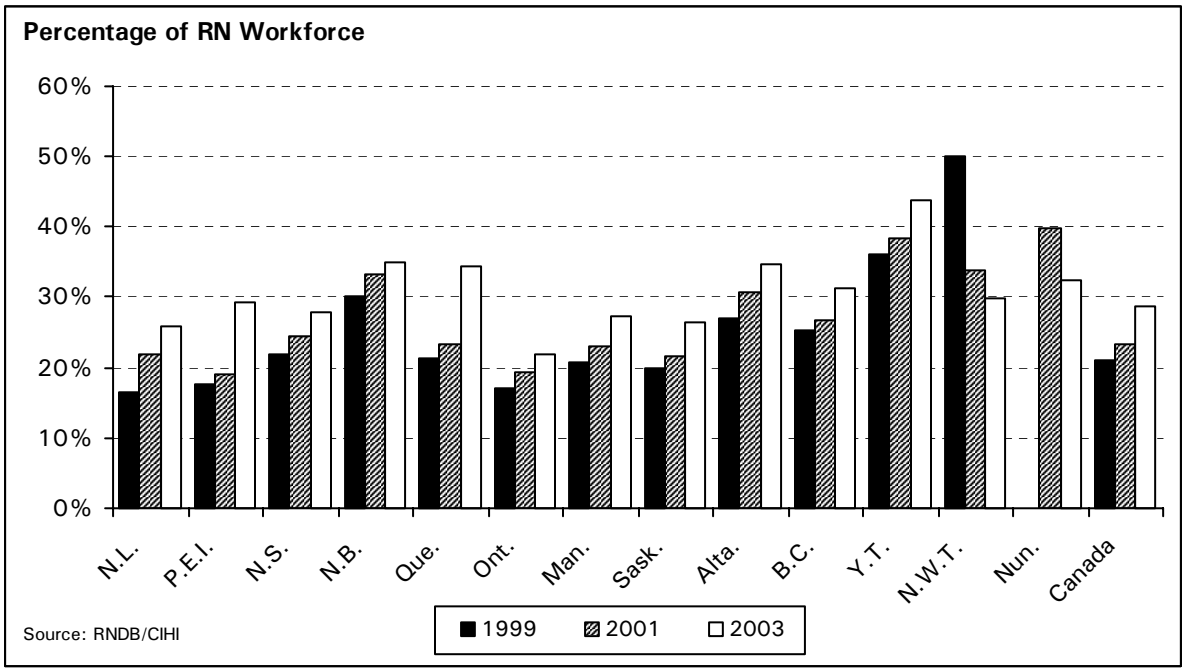

Figure 10. Percentage of RNs Employed in Nursing With a Baccalaureate as Their Highest Education in Nursing by Province/Territory of Registration, Canada, 1999, 2001, 2003

Note
The data submission method was modified for Ontario and Quebec 2003 data.

Please refer to Data Tables A.RN.3, B.RN.6, C.RN.7, D.RN.7, E.RN.7, F.RN.5, G.RN.4, M.RN.1–M.RN.4 and M.Summary for more Highest Education in Nursing data available on the CD-ROM.

Graduates of Foreign and Canadian Nursing Programs

Of the 241,342 RNs employed in Canada in 2003, 91.8% (221,606) graduated from a nursing program in Canada, 7.3% (17,633) graduated from a foreign nursing program, and 0.9% (2,103) did not state their place of graduation. Since 1999, the proportion of foreign graduates in the Canadian RN workforce has remained between 6 and 8%.

Table 8. Number and Percentage Distribution of RN Workforce by Place of Graduation and Province/Territory of Registration, Canada, 2003

	Canada		Foreign		Unknown		Total
	Counts	%	Counts	%	Counts	%	
N.L.	5,313	97.8	91	1.7	26	0.5	5,430
P.E.I.	1,344	97.9	25	1.8	4	0.3	1,373
N.S.	8,304	97.7	194	2.3	0	0.0	8,498
N.B.	7,100	98.8	85	1.2	1	<0.1	7,186
Que.	60,959	97.5	1,532	2.5	3	<0.1	62,494
Ont.	75,425	88.5	9,682	11.4	80	0.1	85,187
Man.	9,447	94.1	587	5.9	0	0.0	10,034
Sask.	8,124	95.5	266	3.1	113	1.3	8,503
Alta.	21,309	88.9	930	3.9	1,725	7.2	23,964
B.C.	23,421	84.5	4,143	15.0	147	0.5	27,711
Y.T.	270	93.1	20	6.9	0	0.0	290
N.W.T.	369	89.1	43	10.4	2	0.5	414
Nun.	221	85.7	35	13.6	2	0.8	258
Canada	**221,606**	**91.8**	**17,633**	**7.3**	**2,103**	**0.9**	**241,342**

Source: RNDB/CIHI

Notes

Northern Territories data include interprovincial duplicates employed in nursing.
CIHI data will differ from provincial/territorial data due to the CIHI collection, processing and reporting methodology. Please review the Methodological Notes for more comprehensive information regarding the collection and comparability of RNDB data.

For the 17,633 RNs in Canada who graduated from a foreign nursing program, the seven most frequently identified countries of graduation are identified in Figure 11.

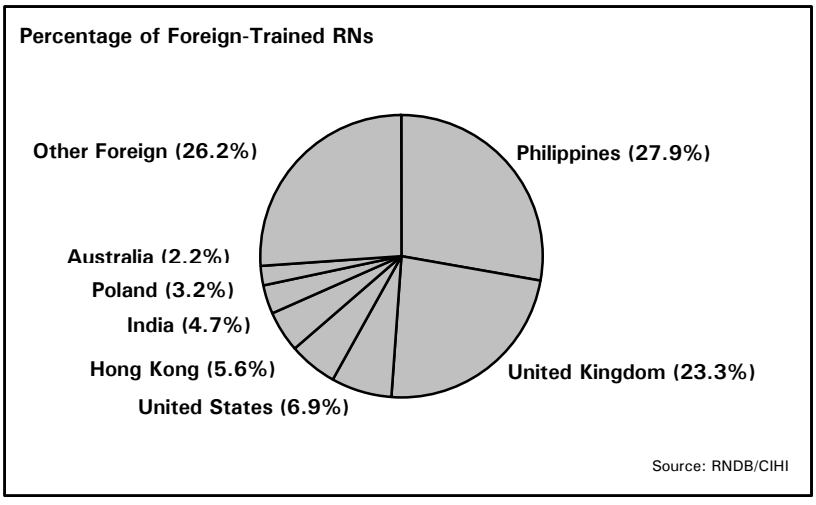

Figure 11. Percentage of Foreign Graduates by Country of Graduation, Canada, 2003

More than half of all foreign graduates attended nursing programs in the Philippines (27.9%) or the United Kingdom (23.3%). Graduates from the United States comprise only 6.9% of all foreign graduates in the RN workforce.

Foreign graduates from some countries tend to "cluster" in one province or region of the country. For example, virtually all graduates from France that are now in Canada are located in Quebec, while Hong Kong graduates locate primarily in Ontario or British Columbia, and virtually all graduates from Jamaica are located in Ontario.

Please refer to Data Tables H.RN.1–H.RN.2 and H.Summary for more Location of Graduation data available on the CD-ROM.

Workforce Composition

The composition of each provincial/territorial RN workforce is illustrated in Figure 12. Building on the information presented in Table 8, the *Place of Graduation* indicator was used to further divide each workforce into four categories: foreign graduates, graduates of nursing schools from other provinces/territories (termed "interprovincial migration"), graduates of nursing schools from within the province (termed "retained graduates"), and those for which the place of graduation is unknown.

In 2003, the RN workforces of British Columbia (15.0%), Nunavut (13.6%), Ontario (11.4%) and Northwest Territories (10.4%) have the highest concentration of foreign graduates. In contrast, only 1.2% of the New Brunswick RN workforce, and 1.7% of the Prince Edward Island RN workforce, graduated from a foreign nursing school.

As the northern territories historically have had only one nursing school, the majority of the territorial workforce comes from migration, either foreign or from within Canada. But more than one-quarter of the RN workforces of British Columbia (28.9%), Alberta (27.3%) and Prince Edward Island (28.8%) originate from other provinces/territories in Canada. In contrast, 95.7% of Quebec's RN workforce are graduates of Quebec nursing schools, the highest rate in the country.

Overall, almost half (43.9%) of British Columbia's RN workforce in 2003 were graduates from outside of the province/country.

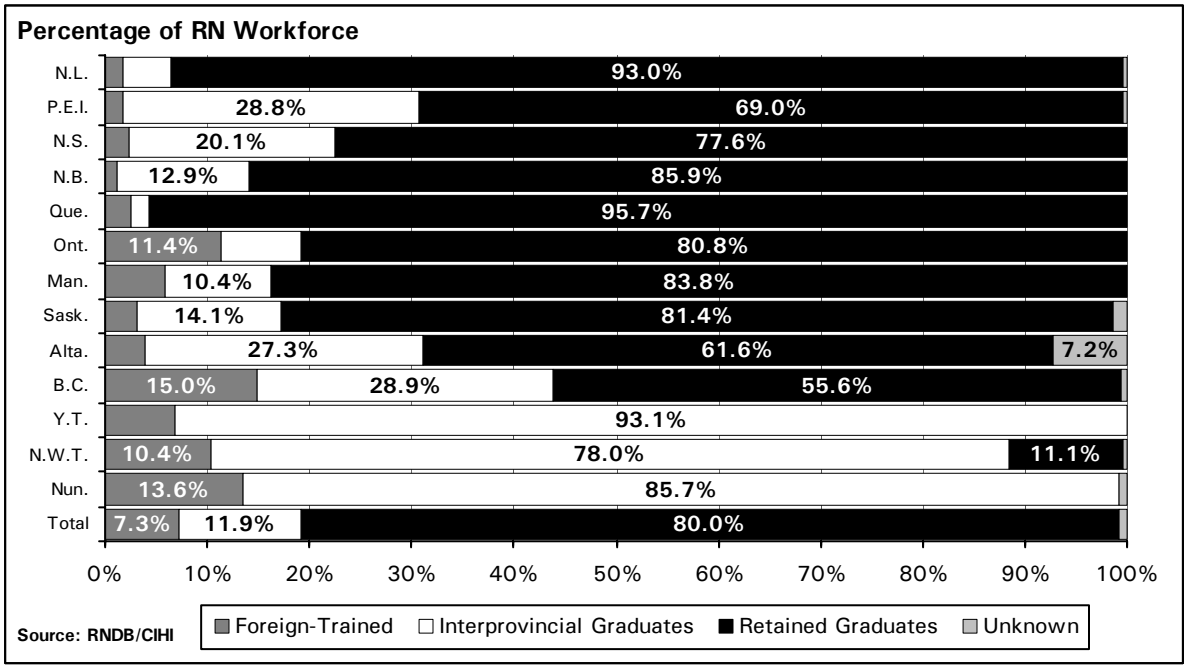

Figure 12. Percentage Distribution of RN Workforce by Place of Graduation and Province/Territory of Registration, Canada, 2003

Notes

Northern Territories data include interprovincial duplicates employed in nursing.
CIHI data will differ from provincial/territorial data due to the CIHI collection, processing and reporting methodology. Please review the Methodological Notes for more comprehensive information regarding the collection and comparability of RNDB data.

Out-of-Province Graduates

A high rate of out-of-province and/or out-of-country graduates may reflect: the number of nursing programs (and/or seats) available in the province/territory, the migration patterns of the general population, better job availability and/or career opportunities than in neighbouring jurisdictions, or that people in that particular jurisdiction are more likely to attend school in another province/country before returning home to work.

Employment Trends of Registered Nurses

Employment Status

Excluding "Unknown" data, the proportion of RNs employed on a casual basis has declined each of the past five years, from 18.2% in 1999 to 11.2% in 2003. (The statistics presented in Table 9 below include "Unknown" data in the calculations.)

The proportion of RNs employed on a full-time basis has increased each year since 1999. Excluding "Unknown" data, 49.3% of RNs were employed full-time in 1999, with 54.7% employed full-time in 2003.

Table 9. Number and Percent Distribution of RNs Employed in Nursing by Employment Status, Canada, 1999–2003

	1999		2000		2001		2002		2003	
	Counts	%	Counts	%	Counts	%	Counts	%	Counts	%
Full-Time	112,512	49.2	120,284	51.7	122,844	53.1	124,946	54.1	124,147	51.4
Part-Time	74,167	32.5	77,114	33.2	78,392	33.9	78,163	33.8	77,380	32.1
Casual	41,508	18.2	34,406	14.8	29,517	12.7	27,249	11.8	25,468	10.6
Unknown	347	0.2	762	0.3	759	0.3	599	0.3	14,347	5.9
Total	**228,534**	**100.0**	**232,566**	**100.0**	**231,512**	**100.0**	**230,957**	**100.0**	**241,342**	**100.0**

Source: RNDB/CIHI

Notes
Percentages presented in Table 9 include "Unknown" data in the calculations.
The data submission method was modified for Ontario and Quebec 2003 data, resulting in the substantial increase in the number of RNs with "Unknown" employment status.
Northern territories data includes interprovincial duplicates that are employed in nursing.
CIHI data will differ from provincial/territorial data due to the CIHI collection, processing and reporting methodology. Please review the Methodological Notes for more comprehensive information regarding the collection and comparability of RNDB data.

Casual rates varied widely among the provinces/territories in 2003, from a low rate of 4.6% in Prince Edward Island to a high rate of 29.5% in Nunavut.

Despite these differences, casual rates declined between 1999 and 2003 for every jurisdiction except the Yukon, where the rate of casual employment increased from 16.6% in 1999 to 19.0% in 2003.

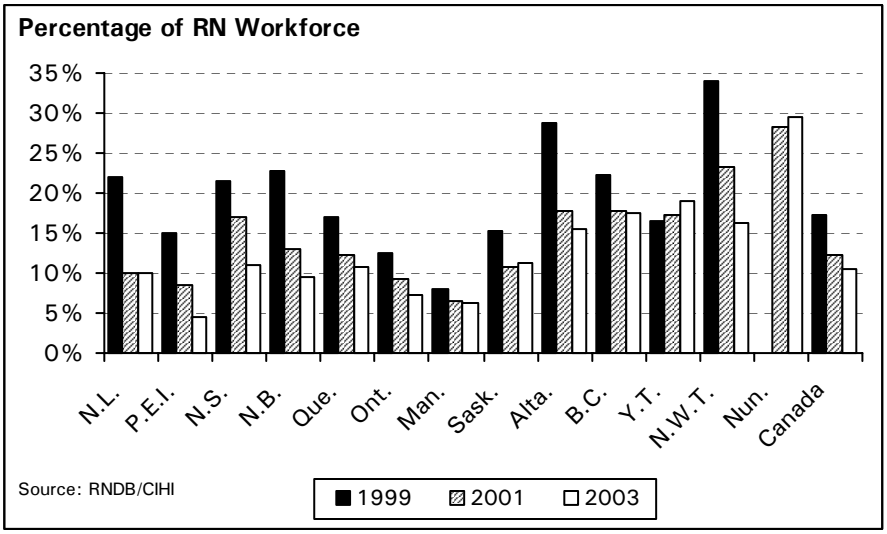

Figure 13. Percentage of RNs Employed in Nursing With Casual Employment by Province/Territory of Registration, Canada, 1999, 2001 and 2003

Note
Nunavut data not available for 1999.

The full-time/part-time breakdown for each province/territory is presented in Figure 14.

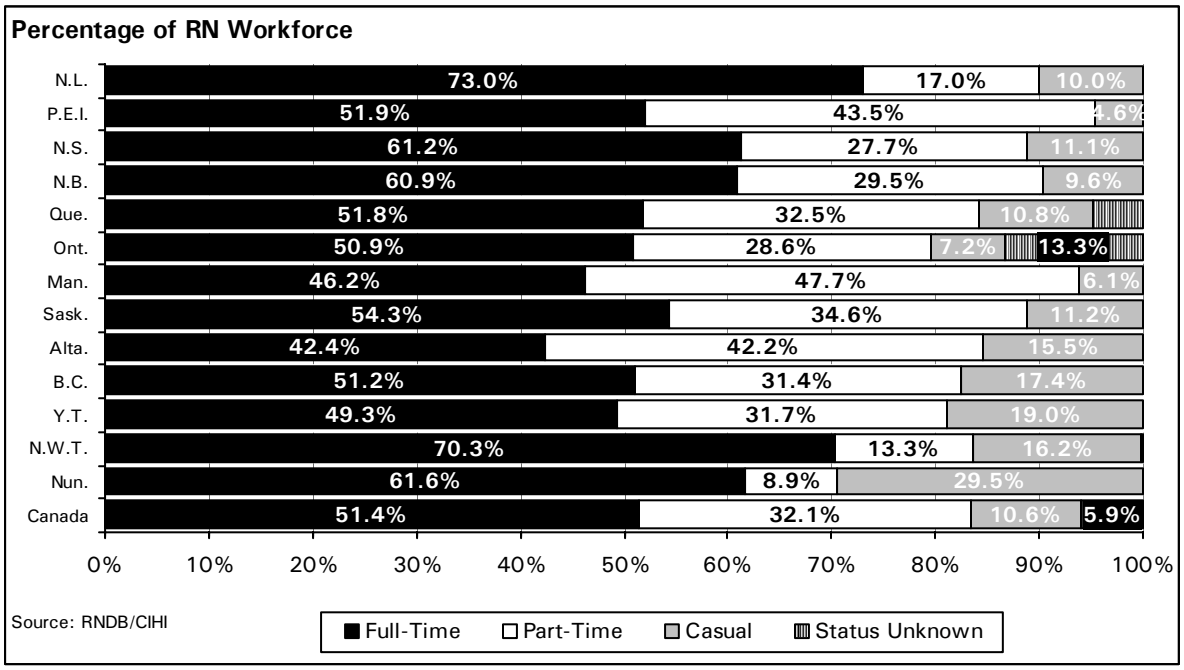

Figure 14. Percentage of RNs Employed in Nursing by Employment Status and Province/Territory of Registration, Canada, 2003

Full-time employment rates varied among the provinces/territories, from 73.0% in Newfoundland and Labrador to 42.4% in Alberta; part-time rates ranged from 47.7% in Manitoba to 8.9% in Nunavut.

The average age of those employed full-time varies little from those employed part-time or on a casual basis. In 2003, RNs employed full-time were, on average, 44.8 years old in Canada.

This compares to average ages of 44.2 years for those employed part-time, and 43.7 years for those employed on a casual basis.

A greater proportion of male RNs were employed full-time than female RNs. In 2003 (including "Unknown" data), 67.1% of male RNs were employed full-time, compared to 50.6% of female RNs. Only 17.3% of male RNs had part-time employment in 2003, compared to 32.9% of female RNs. Casual employment rates were similar, with 8.9% of male RNs and 10.6% of female RNs employed on a casual basis.

In 2003, 17.7% (4,365) of RNs that graduated since 1999 were employed on a casual basis, as illustrated in Figure 15. This compares to 51.6% (13,361) of RNs in 1999 who graduated between 1995 and 1999.

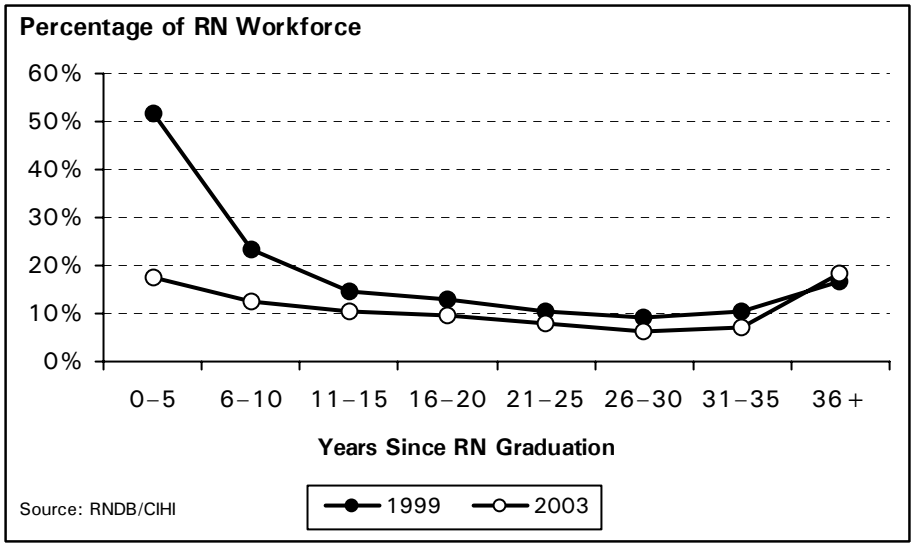

Figure 15. Percentage of RNs Employed in Nursing With Casual Employment by Years Since RN Graduation, Canada, 2003

Casual employment rates were also lower in 2003 for RNs in the latter stages of their career than for RNs who recently graduated.

The increased rates of casual employment for RNs who graduated more than 30 years ago may reflect a shift to voluntary casual employment, as some RNs may choose to work less towards the end of their career.

Recent research found that poor work environments and the physical demands of the nursing profession contributed to the decision by some RNs to switch to casual employment or to retire.[3]

Please refer to Data Tables A.RN.1, B.RN.1-B.RN.6, C.RN.2, D.RN.2, E.RN.2 and B.Summary for more Employment Status data available on the CD-ROM.

[3] O'Brien-Pallas, L.L., Birch, S., & Tomblin Murphy, G. (2001). Workforce planning and workplace management. International Nursing Perspectives, 1(2-3), 55–65.

Multiple Employers

The proportion of RNs with multiple employers has remained stable over the past five years, ranging from 13–16 percent nationally. In 2003, 13.6% of RNs reported having more than one employer in nursing.

Multiple employment rates varied from a low of 6.8% in Nova Scotia to a high of 24.2% in British Columbia.

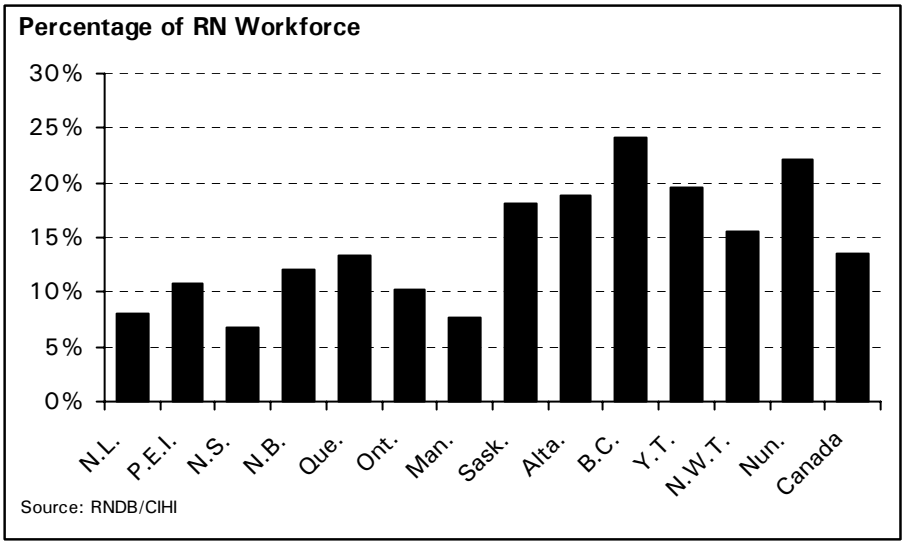

Figure 16. Percentage of RNs Employed in Nursing With Multiple Employers by Province/Territory of Registration, Canada, 2003

Data from Saskatchewan, Alberta, British Columbia, the Yukon and Nunavut also identified the secondary place of work for RNs with multiple employers in 2003.

Registered nurses with multiple employers in these jurisdictions identified the Hospital sector (44.8%), the Community Health sector (26.2%), the Nursing Home/Long-Term Care sector (6.3%) and Other Places of Work (22.8%) as their secondary place of work.

Please refer to Data Tables B.RN.2, C.RN.3, D.RN.3, E.RN.3, F.RN.1–F.RN.6 and F.Summary for more Multiple Employment Status data available on the CD-ROM.

Place of Work

The percentage of RNs employed in hospitals remained stable over the past five years, as hospitals annually employ approximately 63% of RNs. For the first time since 1999, the proportion of RNs employed in the Community Health sector declined, from 13.2% in 2002 to 12.9% in 2003. Employment in the Nursing Home/Long-Term Care sector declined each year since 1999, from 11.7% in 1999 to 10.5% in 2003.

In 2003, 73.1% of New Brunswick's RN workforce were employed in the Hospital sector, the highest rate in the country. In contrast, 58.2% of Saskatchewan's RN workforce were employed in the Hospital sector, the lowest rate amongst the provinces.

The high rate of hospital employment in New Brunswick is partly attributed to employment in "Extramural Hospitals". These places of work are more closely related to Community Health than Hospitals, but are included here under the category of "Hospital". According to the Nurses Association of New Brunswick, approximately 450 RNs are employed in Extramural Hospitals.

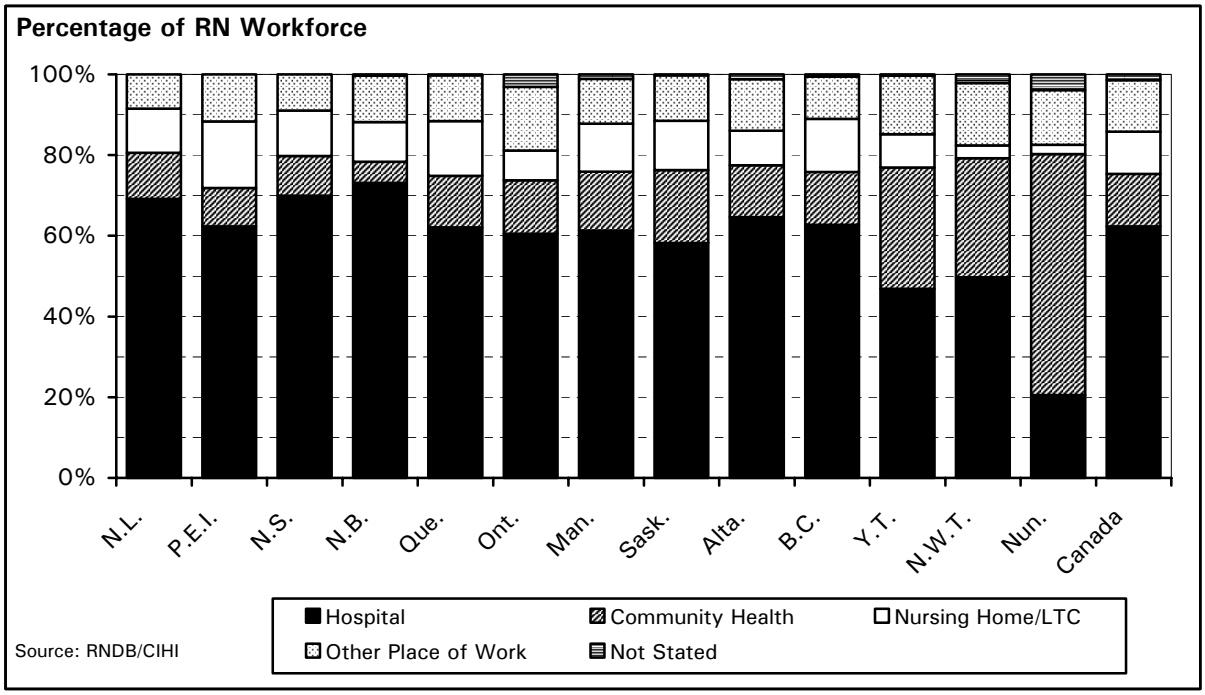

Figure 17. Percentage Distribution of RNs Employed in Nursing by Place of Work and Province/Territory of Registration, Canada, 2003

Notes
Hospital includes data from: Hospital (general, maternal, paediatric, psychiatric), Mental Health Centre and Rehabilitation/Convalescent Centre.
Community Health includes data from: Community Health Centre, Home Care Agency, Nursing Station (outpost or clinic).
Nursing Home/LTC includes data from: Nursing Home/Long-Term Care Facility.
Other Place of Work includes data from: Business/Industry/Occupational Health Office, Private Nursing Agency/ Private Duty, Self-employed, Physician's Office/Family Practice Unit, Educational Institution, Association/Government and Other.
Northern territories data include interprovincial duplicates employed in nursing.
CIHI data will differ from provincial/territorial data due to the CIHI collection, processing and reporting methodology. Please review the Methodological Notes for more comprehensive information regarding the collection and comparability of RNDB data.

Registered nurses that work in the Hospital sector are, on average, younger than RNs that work in the Community Health or Nursing Home/Long-Term Care sectors. In 2003, the average age of RNs employed in the Hospital sector was 43.0 years; this compares to average ages of 45.4 years for RNs employed in Community Health, and 47.9 years for RNs employed in the Nursing Homes/Long-Term Care sector.

Of those employed in the Hospital sector in 2003, 52.1% were employed full-time, 32.9% part-time, and 9.7% casual. For those in Community Health, 53.9% had full-time employment, 28.2% were part-time and 12.6% casual. For the Nursing Home/Long-Term Care sector, 45.7% were employed full-time, 38.5% part-time, and 11.5% casual.

Among the current workforce, RNs early in their career are more likely to work in the Hospital sector than RNs who graduated more than 20 years ago. Though Hospitals remain the most common employer for all registered nurses, RNs approaching the end of their career appear just as likely to work in other sectors.

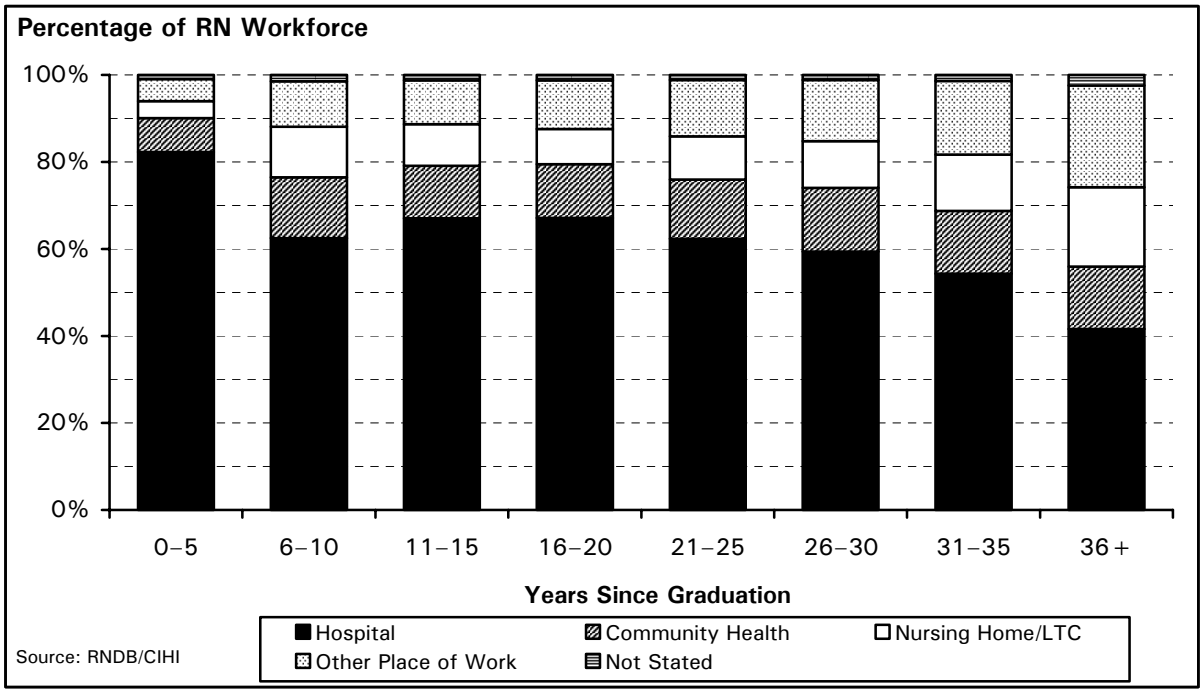

Figure 18. Percentage Distribution of RNs Employed in Nursing by Place of Work and Years Since RN Graduation, Canada, 2003

Notes
Please refer to Figure 17 for full description of categories.
CIHI data will differ from provincial/territorial data due to the CIHI collection, processing and reporting methodology. Please review the Methodological Notes for more comprehensive information regarding the collection and comparability of RNDB data.

Please refer to Data Tables C.RN.1–C.RN.8 and C.Summary for more Place of Work data available on the CD-ROM.

Area of Responsibility

Table 10 presents the percentage distribution of RNs by area of responsibility for each province/territory in 2003.

The percentage of RNs employed in Direct Care ranged between 90.5% in New Brunswick and 83.9% in Ontario. Please note the large proportion (10.4%) of "Not Stated" records in the Quebec data.

The proportion of RNs employed in Administration was highest in Manitoba (7.2%) and lowest in British Columbia (4.2%).

Typically, RNs that provide Direct Care to patients are younger than RNs in Administration, Education or Research. In 2003, the average ages of RNs were 44.2 years for Direct Care, 48.7 years for Administration, 47.2 years for Education and 44.8 years for Research.

Among all areas of responsibility in 2003, the average ages were highest in the Administrative area of "Nursing Education" at 49.3 years, "Other Administration" at 49.0 years and "Occupational Health" at 48.6 years. The average ages were lowest for RNs working in Paediatrics (41.0 years), Medicine/Surgery (41.1 years), and Emergency Care (41.3 years).

Table 10. Percentage Distribution of RNs Employed in Nursing by Area of Responsibility and Province/Territory of Registration, Canada, 2003

	Direct Care	Admin	Education	Research	Not Stated	Total
			Percentage Distribution			
N.L.	89.0	6.2	3.8	1.0	0.0	100.0
P.E.I.	89.4	6.9	3.4	0.4	0.0	100.0
N.S.	89.2	4.9	4.5	1.4	0.0	100.0
N.B.	90.5	5.7	3.1	0.3	0.4	100.0
Que.	80.6	4.3	3.4	1.3	10.4	100.0
Ont.	83.9	6.2	5.0	1.0	4.0	100.0
Man.	85.3	7.2	4.9	1.7	0.9	100.0
Sask.	89.1	6.0	4.0	0.6	0.3	100.0
Alta.	87.7	4.3	4.4	1.1	2.5	100.0
B.C.	89.7	4.2	5.0	0.8	0.4	100.0
Y.T.	87.2	6.9	**	0.0	**	100.0
N.W.T.	85.3	6.0	6.8	0.0	1.9	100.0
Nun.	88.4	6.6	*	0.0	**	100.0
Canada	**84.9**	**5.2**	**4.4**	**1.1**	**4.5**	**100.0**

Source: RNDB/CIHI

Notes

* Value suppressed in accordance with CIHI privacy policy

** Value suppressed to ensure confidentiality

For the 2002 and 2003 data years, "Direct Care" and "Administration" data were mapped differently for Quebec data, preventing comparison to previous years.

The data submission method was modified for Ontario and Quebec 2003 data.

Northern Territories data include interprovincial duplicates employed in nursing.

CIHI data will differ from provincial/territorial data due to the CIHI collection, processing and reporting methodology. Please review the Methodological Notes for more comprehensive information regarding the collection and comparability of RNDB data.

Not surprisingly, RNs employed in Direct Care were more likely to be employed on a casual basis than those employed in Administration, Education or Research in Canada in 2003. For those in Direct Care, 11.3% were employed on a casual basis. This compares to 8.6% in Research, 8.7% in Education and only 2.2% in Administration.

Table 11. Number and Percentage Distribution of RNs Employed in Nursing by Area of Responsibility, Canada, 2003

	Counts	%
Direct Care	**204,806**	**84.9**
Medicine/Surgery	39,525	16.4
Psychiatry/Mental Health	12,016	5.0
Paediatrics	5,307	2.2
Maternity/Newborn	12,472	5.2
Geriatrics/Long-term Care	24,274	10.1
Critical Care	16,937	7.0
Community Health	15,750	6.5
Ambulatory Care	6,775	2.8
Home Care	6,095	2.5
Occupational Health	3,005	1.2
Operating Room/Recovery Room	9,837	4.1
Emergency Room	12,267	5.1
Several Clinical Areas	16,303	6.8
Oncology	3,998	1.7
Rehabilitation	3,273	1.4
Other Direct Care	16,972	7.0
Administration	**12,663**	**5.2**
Nursing Service	8,551	3.5
Nursing Education	372	0.2
Other Administration	3,740	1.5
Education	**10,532**	**4.4**
Teaching—Students	4,609	1.9
Teaching—Employees	956	0.4
Teaching—Patients/Clients	1,713	0.7
Other Education	3,254	1.3
Research	**2,578**	**1.1**
Nursing Research Only	1,261	0.5
Other Research	1,317	0.5
Not Stated	**10,763**	**4.5**
Total	**241,342**	**100.0**

Source: RNDB/CIHI

Notes
For the 2002 and 2003 data years, "Direct Care" and "Administration" data were mapped differently for Quebec data, preventing comparison to previous years.
The data submission method was modified for Ontario and Quebec 2003 data.
Northern Territories data include interprovincial duplicates employed in nursing.
CIHI data will differ from provincial/territorial data due to the CIHI collection, processing and reporting methodology. Please review the Methodological Notes for more comprehensive information regarding the collection and comparability of RNDB data.

Among all areas of responsibility, the most commonly identified areas in 2003 were Medicine/Surgery (16.4%), Other Direct Care (7.0%), Geriatrics/ Long-Term Care (10.1%), Critical Care (7.0%) and Several Clinical Areas (6.8%). These categories are typically among the most frequently identified each year.

The area of responsibility with the most RNs, Medicine/Surgery, also attracts the most recent graduates. In 2003, RNs in their first five years of nursing accounted for 21.8% of all RNs working in Medicine/Surgery, the highest rate. In contrast, fewer RNs in the latter stages of their career are currently employed in Medicine/ Surgery: in 2003, RNs that graduated more than 30 years ago represented only 13.8% of Medical/Surgical RNs.

In stark contrast is the category of Geriatrics/Long-Term Care. In 2003, RNs in their first five years of nursing accounted for only 4.1% of the Geriatrics/Long-Term Care workforce, while RNs that graduated more than 30 years ago accounted for 30.8% of all Geriatrics/Long-Term Care workers.

Among male RNs the most frequently identified areas of responsibility in 2003 were Medicine/Surgery (16.8%), Psychiatry/Mental Health (13.7%), Critical Care (9.1%) and Emergency Room (8.4%). Despite the fact that males comprise only 5.3% of the RN workforce, males account for 14.5% of all RNs employed in Psychiatry/ Mental Health.

Please refer to Data Tables D.RN.1–D.RN.6 and D.Summary for more Area of Responsibility data available on the CD-ROM.

Position

In 2003, 73.6% of RNs were employed as staff nurses/community health nurses in Canada, a figure that declined from 78.5% in 1999. Changes in Quebec's mapping of Position data in 2003 resulted in a substantial increase in the number and proportion of Managers nationally, from 7.2% (16,681) in 2002 to 9.3% (22,470) in 2003. (Quebec changes account for 96.9% of the increase in the number of Managers nationally.)

The average age of managers was 48.1 years in 2003, compared to an average age of 43.5 years for staff nurses. Only 3.3% (1,737) of RNs who have graduated in the past 10 years are currently employed as managers.

Managers are also less likely than staff nurses to have casual employment. Only 0.3% of managers were employed on a casual basis in 2003; this compares to a rate of 9.0 % for staff nurses. Casual employment rates are less than 10% for most other positions.

Table 12. Percentage Distribution of RNs by Position and Province/Territory of Registration, Canada, 2003

	Managers	Staff Nurses	Other Positions	Not Stated	Total
		Percentage Distribution			
N.L.	9.8	80.3	9.5	0.4	100.0
P.E.I.	18.6	71.7	9.2	0.4	100.0
N.S.	12.5	79.7	7.2	0.6	100.0
N.B.	9.8	80.6	8.9	0.7	100.0
Que.	15.2	67.8	7.0	10.1	100.0
Ont.	6.1	71.9	17.5	4.5	100.0
Man.	8.1	74.0	16.2	1.7	100.0
Sask.	9.0	81.8	8.3	0.9	100.0
Alta.	6.4	79.0	12.5	2.1	100.0
B.C.	7.2	80.2	9.9	2.6	100.0
Y.T.	6.9	73.1	19.0	1.0	100.0
N.W.T.	10.1	71.3	16.2	2.4	100.0
Nun.	12.8	71.3	11.2	4.7	100.0
Canada	**9.3**	**73.6**	**12.2**	**4.9**	**100.0**

Source: RNDB/CIHI

Notes

Managers includes data from Chief Nursing Officer/Chief Executive Officer, Director/Assistant Director and Manager/Assistant Manager.
Staff Nurses includes data from Staff Nurses/Community Health Nurses.
Other Positions includes data from Instructor/Professor/Educator, Researcher, Consultant, Clinical Specialist, Nurse Midwife, Nurse Practitioner and Other.
Quebec "Manager" data was mapped differently for the 2003 data year, impairing comparison with previous years.
Northern Territories data include interprovincial duplicates employed in nursing.
CIHI data will differ from provincial/territorial data due to the CIHI collection, processing and reporting methodology. Please review the Methodological Notes for more comprehensive information regarding the collection and comparability of RNDB data.

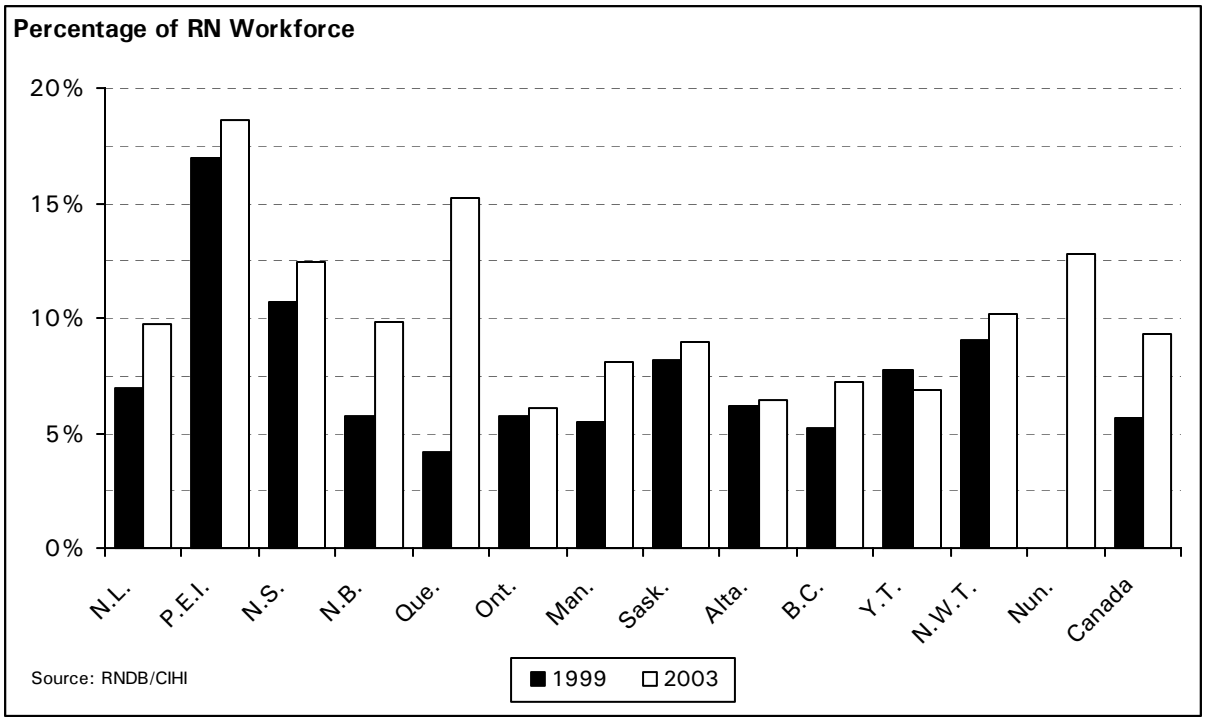

Figure 19. Percentage of RNs Employed as Managers by Province/Territory of Registration, Canada 1999 and 2003

Notes
Data not available for Nunavut in 1999.
Quebec "Manager" data was mapped differently for the 2003 data year, impairing comparison with previous years.

More managers have earned a baccalaureate or master's in nursing than staff nurses. In 2003, 40.7% of managers had obtained a baccalaureate in nursing, and 4.9% had obtained a master's or doctorate degree in nursing. This compares to 24.6% of staff nurses/community health nurses with a baccalaureate, and 0.6% with a master's or doctorate in nursing.

Please refer to Data Tables E.RN.1–E.RN.8 and E.Summary for more Position data available on the CD-ROM.

Nurse Practitioner Data

In response to changes in nursing practice and to increasing requests from the research community, collection of Nurse Practitioner data began for the RNDB in the 2001 data year. In the field *Position*, the sub-element "Clinical Nurse Specialist" was divided into three new categories: Nurse Practitioner, Nurse Midwife and Clinical Specialist. CIHI first reported Nurse Practitioner data from the jurisdictions of Newfoundland and Labrador, Ontario, Alberta and the Yukon in the publication *Supply and Distribution of Registered Nurses in Canada, 2001*.

Due to concerns for the current CIHI definition of Nurse Practitioner,[4] the current CIHI data only tell part of the story. When interpreting nurse practitioner data, please note that CIHI data does not represent all RNs on "extended practice rosters"; CIHI data represent RNs who self-identified their current position as "nurse practitioner". For this reason, CIHI nurse practitioner data will differ significantly from nurse practitioner figures released by provincial/territorial regulatory authorities. Nurse Practitioner data are presented in Data Table E.RN.1 on the CD-ROM.

Employment in the Northern Territories

The nature and delivery of nursing services in the northern territories differ from nursing services in the Canadian provinces. To present a more accurate description of the territorial RN workforce in this publication, CIHI changed its methodology to include "secondary" registrations in the territorial statistics. This section of the descriptive analysis highlights some of the differences in the structure and delivery of nursing services between the territories and the provinces.

Many of the challenges faced by governments in the northern territories are not unique to the north; nursing issues such as recruitment and retention, patient access to medical services, geographical isolation for care providers, and access to RN education programs are confronted by every jurisdiction in Canada. However, these issues are magnified in the north because of a very small population scattered across an incredibly large area.

Some of the employment patterns described here also exist in northern and/or rural areas of each Canadian province. Unfortunately, these intraprovincial differences are not revealed when reporting at the provincial (as opposed to regional) level.

There are more than 450 FTE positions in the Northwest Territories and Nunavut; in 2003, more than 750 different RNs filled these 450 positions. In the north, there is an increased reliance upon short-term relief staffing.

The unique means of health care delivery in northern and/or rural areas merit further analysis. In addition to the data presented here, information is available in the CIHI publication *Supply and Distribution of Registered Nurses in Rural and Small Town Canada, 2000*, developed in collaboration with the Nature of Nursing Practice in Rural and Remote Canada Study Group.[5]

Employment Patterns

According to the Canadian MIS Database (CMDB) at CIHI, there were a total of 8 hospitals in the northern territories in fiscal year 2001–2002. The 2 hospitals in the Yukon had a total of 61 approved beds, the 5 hospitals in the Northwest Territories had a total of 257 approved beds, and the 1 hospital in Nunavut had 34 approved beds.[6]

[4] For a comprehensive explanation, please review the Nurse Practitioner Data section of the Methodological Notes.
[5] More information may be obtained from the Study Group Web site at www.ruralnursing.unbc.ca.
[6] More information regarding the collection or methodology of the CMDB is available at www.cihi.ca.

Figure 20 illustrates the differences in place of work between RNs employed in the northern territories and RNs employed in the provinces. Most notable is the larger percentage of RNs working in Community Health in the north than in the provinces; in 2003, 37.7% of RNs in the territories were employed at Community Health Centres, Home Care Agencies or Nursing Stations (outposts or clinics). In contrast, 12.8% of RNs employed in the provinces worked in these types of facilities.

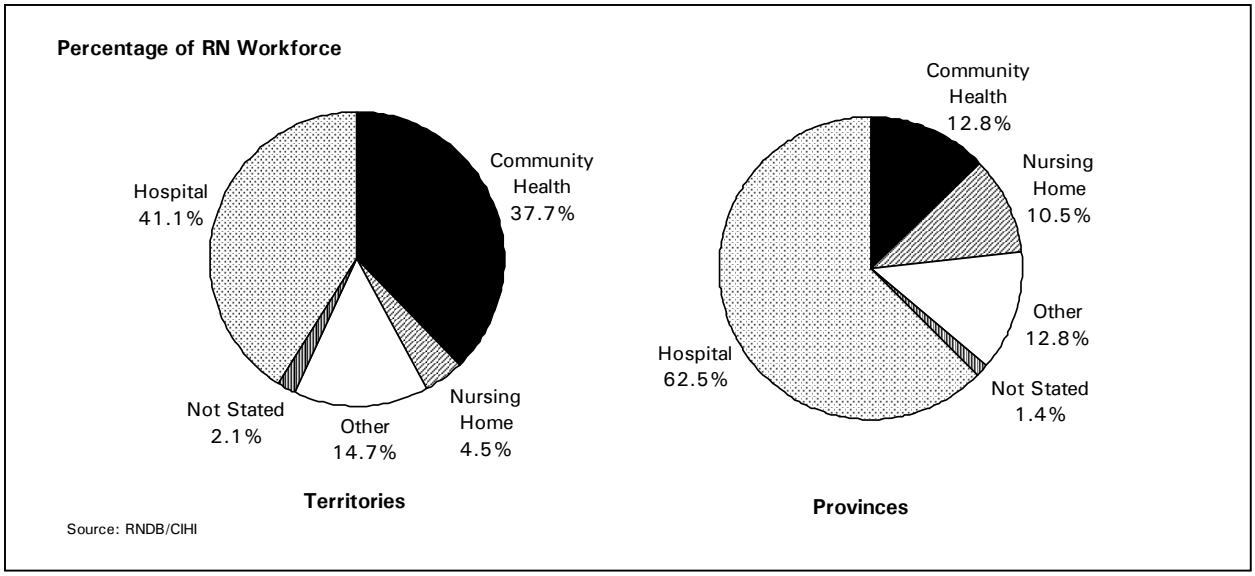

Figure 20. Percentage Distribution of RNs Employed in Nursing by Place of Work and Territorial/Provincial Location, Canada, 2003

Notes
Hospital includes data from Hospital (general, maternal, paediatric, psychiatric), Mental Health Centre and Rehabilitation/Convalescent Centre.
Community Health includes data from Community Health Centre, Home Care Agency, Nursing Station (outpost or clinic).
Nursing Home includes data from Nursing Home/Long-Term Care Facility.
Other includes data from Business/Industry/Occupational Health Office, Private Nursing Agency/Private Duty, Self-employed, Physician's Office/Family Practice Unit, Educational Institution, Association/Government and Other
Northern territories data include interprovincial duplicates employed in nursing.
Please review the Methodological Notes for more comprehensive information regarding the collection and comparability of RNDB data.

As Nunavut has only one hospital, only 20.5% of RNs in that territory were employed in the Hospital sector. Instead, 59.7% of the Nunavut workforce was employed in the Community Health sector in 2003. In the Yukon, 46.9% of RNs were employed in the Hospital sector, compared to 49.8% of the Northwest Territories workforce.

The percentage of RNs with multiple employers was slightly higher among RNs in the territories than RNs in the provinces: in 2003, 18.5% of those in the territories, and 13.6% of those in the provinces identified having more than one RN employer.

Differences between the provincial and territorial RN workforces also exist in their area of responsibility. For RNs employed in the territories, the three most frequently identified areas of responsibility were Community Health (22.9%), Several Clinical Areas (16.8%) and Emergency Care (8.7%). For RNs employed in the provinces, the most frequently identified areas were Medicine/Surgery (16.4%), Geriatric/Long-Term Care (10.1%) and Other Direct Care (7.0%).

Approximately three-quarters of RNs in both the territories (71.8%) and the provinces (73.6%) identify their position as staff nurse/community health nurse. Nurse practitioner positions represent 7.6% of the Yukon RN workforce.

The territorial workforce is, on average, approximately the same age as the provincial workforce. In 2003, the average age of RNs employed in the territories was 44.1 years, compared to an average age of 44.5 years for RNs employed in the provinces.

Males comprise a larger percentage of the territorial workforce (9.7%) than the provincial workforce (5.3%).

In addition, a greater percentage of RNs in the territories have obtained a baccalaureate degree as their highest education in nursing. In 2003, 34.8% of the territorial workforce had a baccalaureate, with an additional 1.9% with a master's degree in nursing. Among the provinces, 28.6% had a baccalaureate in nursing, while 2.1% had obtained a master's degree.

Foreign-trained RNs comprise a greater percentage of the territorial workforce (10.2%) than the provincial workforce (7.3%), with most graduating from RN programs in the United Kingdom (44.9%), Australia (17.3%) and the Philippines (13.3%).

Among the Canadian-trained RN workforce, Ontario graduates comprise more than one-quarter (29.0%), while Alberta graduates comprise 15.8%, while British Columbia graduates comprise 10.7%. With historically only one RN education program in the northern territories, graduates from the north only account for 5.8% of Canadian-trained RNs in the territorial workforce.

Methodological Notes

The following information should be used to ensure a clear understanding of the basic concepts that define the data provided in this publication, of the underlying methodology of the data collection, and of key aspects of the data quality.

This information will provide a better understanding of the strengths and limitations of the data, and of how they can be effectively used and analyzed. The information is of particular importance when making comparisons with other data sources, and especially when drawing conclusions regarding changes over time.

Background

The Registered Nurses Database (RNDB) contains supply and distribution information for the registered nursing workforce in Canada from 1980 to the present and is managed by the Canadian Institute for Health Information (CIHI).

Historically, Statistics Canada was responsible for the collection and dissemination of registered nursing data, producing the publication series *Revised Registered Nurses Data Series* from 1980 to 1988, and *Registered Nurses Management Data* from 1989 to 1998. CIHI assumed responsibility for data collection and management in the 1996 data year, and for dissemination in the 1999 data year. CIHI produced the publication series *Supply and Distribution of Registered Nurses in Canada* from 1999 to 2001, and the series *Workforce Trends of Registered Nurses in Canada* in 2002.

Data elements included in the RNDB are: Province of Registration, Registration Number, Gender, Birth Year, Level of Initial Nursing Education, Graduation Year, Province/Country of Graduation, Other Education in Nursing (Non-Degree), Other Education in Nursing (Degree), Education in Other than Nursing, Employment Status (including regular/casual employment in nursing), Full-Time/Part-Time Status, Multiple Employment, Province/Country of Employment, Place of Work, Primary Area of Responsibility, Position, Province/Country of Residence, Postal Code of Residence and Postal Code of Employer. Optional fields include Area of Responsibility (second employer), Position (second employer), Area of Responsibility (third employer) and Position (third employer).

From these elements, CIHI derives the following data elements: Actual Age, Age Group, Age at Graduation, Years Since RN Graduation, Highest Education in Nursing, Derived Employment Status, Eligibility Age for Retirement, Census Division of Residence, Census Sub-division of Residence, Census Division of Employment and Census Sub-division of Employment.

General Methodology

Target Population

The target population of the Registered Nurses Database is all registered nurses submitting active-practising registration in a Canadian province/territory in the first six months of the registration year. A standardized minimum data set is collected for each active-practising registered nurse registering in this period.

Data are not collected for registered nurses maintaining associate or non-practising registration (e.g. maternity/paternity leave, long-term disability, LOA or education leave). In addition, data are not collected for Canadian-born RNs currently working outside of Canada (unless the RN maintains a Canadian registration), or for those who have left the workforce.

In addition, the RNDB does not contain data on licensed practical nurses[7] (LPNs) or on registered psychiatric nurses[8] (RPNs). Data and information for these separate nursing professions are available from the CIHI publication series *Workforce Trends of Licensed Practical Nurses in Canada* and *Workforce Trends of Registered Psychiatric Nurses in Canada*.

Registration Periods

The 12-month registration period varies among provinces/territories, as each jurisdiction is responsible for setting the start and end dates of the registration period. Although most jurisdictions follow either a January–December or April–March registration year, it is not possible for CIHI to collect comparable data at one date in the calendar year. For example, collecting data on June 30 each year would represent nine months of registration in Alberta, but only three months of registration in Quebec. And although most registration renewals occur 1–2 months before the start of the registration year, it is still not possible to select one calendar date.

[7] Also termed *registered practical nurses, registered nursing assistants* and/or *licensed nursing assistants* in Canada.

[8] Registered psychiatric nurses are educated and regulated as a separate profession only in British Columbia, Alberta, Saskatchewan and Manitoba.

The registration periods for each provincial/territorial jurisdiction are presented in Figure 21. This illustration represents the 2003 registration year.

	2002					2003												2004			
	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr
N.L.									xxxxx	xxxxx	xxxxx	xxxxx	xxxxx	xxxxx	xxxxx	xxxxx	xxxxx	xxxxx	xxxxx	xxxxx	
P.E.I.				xxxxx	xxxxx	xxxxx	xxxxx	xxxxx	xxxxx	xxxxx	xxxxx	xxxxx	xxxxx	xxxxx	xxxxx						
N.S.				xxxxx	xxxxx	xxxxx	xxxxx	xxxxx	xxxxx	xxxxx	xxxxx	xxxxx	xxxxx	xxxxx	xxxxx						
N.B.						xxxxx	xxxxx	xxxxx	xxxxx	xxxxx	xxxxx	xxxxx	xxxxx	xxxxx	xxxxx	xxxxx	xxxxx				
Que.									xxxxx	xxxxx	xxxxx	xxxxx	xxxxx	xxxxx	xxxxx	xxxxx	xxxxx	xxxxx	xxxxx	xxxxx	
Ont.						xxxxx	xxxxx	xxxxx	xxxxx	xxxxx	xxxxx	xxxxx	xxxxx	xxxxx	xxxxx	xxxxx	xxxxx				
Man.						xxxxx	xxxxx	xxxxx	xxxxx	xxxxx	xxxxx	xxxxx	xxxxx	xxxxx	xxxxx	xxxxx	xxxxx				
Sask.					xxxxx	xxxxx	xxxxx	xxxxx	xxxxx	xxxxx	xxxxx	xxxxx	xxxxx	xxxxx	xxxxx	xxxxx					
Alta.			xxxxx	xxxxx	xxxxx	xxxxx	xxxxx	xxxxx	xxxxx	xxxxx	xxxxx	xxxxx	xxxxx	xxxxx							
B.C.								xxxxx	xxxxx	xxxxx	xxxxx	xxxxx	xxxxx	xxxxx	xxxxx	xxxxx	xxxxx	xxxxx	xxxxx		
Y.T.									xxxxx	xxxxx	xxxxx	xxxxx	xxxxx	xxxxx	xxxxx	xxxxx	xxxxx	xxxxx	xxxxx	xxxxx	
N.W.T./Nun.						xxxxx	xxxxx	xxxxx	xxxxx	xxxxx	xxxxx	xxxxx	xxxxx	xxxxx	xxxxx	xxxxx	xxxxx				

Figure 21. Twelve-Month Registration Periods by Province/Territory of Registration, Canada, 2003

Note
CIHI collects active-practising registrations submitted in the first six months of the registration period.

To produce timely information, CIHI cannot wait until the 12-month registration period has finished in each jurisdiction. Consequently, data are collected for the RNDB at the six-month mark of each jurisdiction's registration year. This staggered submission period ensures comparable data among the provinces, but at the expense of point-in-time comparisons. In the absence of point-in-time comparisons, it is difficult to determine the impact of national or world events, such as federal/provincial health accords, on the nursing workforce.

By collecting timely, comparable data at the 6-month mark, the RNDB systematically undercounts the number of registered nurses in Canada, as data for those registering in months 7–12 are not captured in the database. Therefore, CIHI figures will differ slightly from the year-end statistics released by provincial/territorial regulatory authorities. This can cause confusion and debate, although analyses by CIHI have found that CIHI receives approximately 95–99% of all registrations at the six-month mark. When comparing CIHI data to provincial/territorial year-end figures, please review the methodological differences in the *Comparability* section of the Methodological Notes.

Data Sources and Collection

A Data Agreement governs the collection of RN data. Each year, provincial/territorial regulatory authorities, CIHI and the CNA review the core set of elements each province/territory includes on the registration forms. Under the current agreement, each regulatory authority submits 20 data elements collected from each registered nurse.

Collecting data from individual RNs is the responsibility of the regulatory authority. The data are manually entered, and a provincial/territorial file is submitted to CIHI in a standardized format. Not all data elements collected from the registration forms are sent to CIHI; each regulatory authority collects additional information for its own administrative and/or research purposes, apart from the elements outlined in the Data Agreement.

Please refer to the CD-ROM for copies of the 2003 provincial/territorial registration forms. In addition, contact information for each jurisdiction is provided in Appendix C.

File Processing

Once provincial/territorial data files are received by CIHI, all records undergo two stages of processing before inclusion in the national database.

The first stage of processing ensures that data are in the proper format, and that all responses pass specific validity and logic tests. Should submitted codes not match the standardized CIHI codes, an exception report is produced that identifies the error. In addition, the data also undergo tests to check for a logical relationship between specific fields. For example, an error is identified in the exception report if *Graduation Year* is less than *Birth Year.*

Errors are reviewed jointly by CIHI and the respective regulatory authority representative, and corrected where possible. If a correction cannot be made, the code is changed to the appropriate default value.

Once the file has passed all validity and logic tests, the second stage of processing begins. As registered nurses are able to register simultaneously in more than one jurisdiction, a methodology was developed to identify (or "flag") RNs living outside of Canada or RNs registered in more than one province/territory.

Flagging and Removal of RNs Living Abroad and Interprovincial Duplicates

To accurately count the number of RNs registered and working in Canada, it is necessary to identify records that do not reflect the primary jurisdiction of employment.

For instance, there are administrative incentives for RNs to maintain their Canadian RN licence while living and/or working outside of the country. Therefore, an RN living abroad may continue to register with a Canadian RN regulatory authority each year, even though she/he may have no intention of returning to Canada in the next 12 months. CIHI must identify these RNs living abroad and remove their data from analysis, as CIHI only reports on the RN workforce in Canada.

For those living and working in Canada, CIHI must also identify registrations that do not reflect the primary jurisdiction of practice. For example, similar to the international situation identified above, there are administrative incentives for RNs to maintain their provincial/territorial RN licence while living and/or working in another Canadian jurisdiction. Therefore, an RN may continue to register in one province while living and/or working in another. To include both of these registrations in analyses would be double-counting. Therefore, CIHI evaluates each registration to ensure that it reflects the primary jurisdiction of practice. These secondary registrations are termed "Interprovincial Duplicates".

All data received from the provinces/territories are kept in the RNDB; however, interprovincial duplicates are excluded from the annual publication, media release, and ad hoc queries. Non-duplicates are defined as records meeting the following conditions:

Province/Country of Residence is either in Canada, or "Not Stated".

For RNs employed in nursing, the *Province of Employment* equals *Province of Registration*; if *Province of Employment* is "Not Stated", then *Province of Residence* equals *Province of Registration*; or,

for RNs not employed in nursing (or for RNs with *Employment Status* of "Not Stated"), *Province of Residence* equals *Province of Registration*; if *Province of Residence* is "Not Stated", then the *Province of Registration* is accepted.

A flow chart that visually illustrates the duplicate identification process is presented in Appendix C, or is available upon request to the Consultant, Nursing Databases.

Such a method for eliminating RNs living abroad and interprovincial duplicates does introduce certain errors. For example,

(1) An RN living in the United States but working in Canada will be erroneously removed as "Living Abroad".

(2) An RN registered and employed in a Canadian province decides to provide short-term relief staffing in a northern territory. When registering with the territorial nursing association, an RN will typically provide her/his "home" information rather than her/his temporary "territorial" information. Therefore, because the *Province of Registration* (northern territory) does not match the *Province of Employment* (home province), the RN is identified as an interprovincial duplicate and is removed from the territorial figures. Although this scenario occurs throughout Canada, the effect is more acute for territorial data. Consequently, CIHI and territorial representatives have devised a way of presenting northern territories data. More details are provided in the *Northern Territories Data* section of the Methodological Notes.

(3) An RN registered and living in one province/territory at the beginning of the year moves to and registers in another province/territory one to six months later. This obvious duplicate will not be detected.

(4) An RN not working in nursing registers in a province other than her/his province of residence. This registration will be identified erroneously as a duplicate.

(5) An RN working for the Department of National Defence or for Health Canada is employed in a province other than his/her province of registration; this registration will be flagged erroneously as a duplicate. These two federal departments only require their nursing employees to be currently registered in Canada, although not necessarily in their province of employment.

Theoretically, an RN who registers and works in more than one province/territory simultaneously would be double-counted in the RNDB, as the *Province of Employment* would match the *Province of Registration* in each jurisdiction.

The methodology for the removal of interprovincial duplicates has remained relatively consistent over time. However, methodological enhancements undertaken in 1996 aimed to obtain more information on RNs not working in nursing and RNs employed and residing outside of Canada. For this reason, it is only appropriate to compare pre- and post-1996 data in terms of RNs employed in nursing.

Northern Territories Data

The duplicate methodology detailed above has an acute impact upon territorial statistics because of the nature of nurse staffing in northern Canada.

Each year, the core group of RNs living and working in the Yukon, Northwest Territories and Nunavut are supplemented by short-term relief staff from other regions of Canada. According to the Registered Nurses Association of the Northwest Territories and Nunavut (RNANT/NU), the number of full-time equivalent (FTE) positions in the Northwest Territories/Nunavut is approximately 450; in 2003, more than 750 RNs filled these 450 positions.

Registered nurses wishing to work in a northern territory are required to complete a registration form for that particular jurisdiction. In doing so, many RNs provide their "home" address and/or "home" employment information. In part this is due to "predictive" registration—some RNs obtain registration before finding employment, and therefore do not yet have territorial employment information, while others may choose to keep their "home" address information as the employment is on a short-term or temporary basis.

When these data are received by CIHI, the duplicate methodology compares the Province of Registration (e.g. Northwest Territories) to the Province of Employment or Province of Residence (e.g. Manitoba). If these fields fail to match the RN is identified as a duplicate and removed from the final analysis.

If an RN was to provide short-term relief within the same province/territory (for example, an RN from Vancouver may accept a short-term contract to work in Prince George), a secondary registration form would not be required, as registration had already been obtained for employment in that province/territory.

In the northern territories, short-term relief staff comprise a substantial portion of the nursing supply; removing these RNs from the analysis significantly undercounts the actual number of RNs providing nursing services. Historically, 12–18 percent of Yukon records and 25–30 percent of Northwest Territories/Nunavut records were removed from the analysis each year due to the duplicate methodology. These rates far exceed the yearly average of each province in the same period—in fact, Ontario (at 7.5%) is the only province to lose, on average, more than 5 percent of records per year.

Therefore, it was necessary for CIHI to present territorial data in a different manner, one that more accurately portrays the nursing supply in the north.

To this end, CIHI and northern representatives developed a solution for the 2001 annual publication. For territorial data, interprovincial duplicates were included in the reported statistics. While this was a change in methodology and practice, CIHI believes the result produced a more representative description of the nursing supply in Canada's north. This methodological change was, according to northern representatives, well received for the 2001 publication, and has again been implemented for this publication.

Therefore, data tables and figures for the Yukon, Northwest Territories and Nunavut include all RNs employed in nursing, regardless of "duplicate" status. Please note that this also applies to historical data presented in this edition, to ensure comparability between historical and current territorial data.

Table 13 presents the modified territorial data that are used throughout this publication.

Table 13. Number of Records by Employment Status, Yukon, Northwest Territories and Nunavut, 1999–2003

	1999	2000	2001	2002	2003
Y.T.					
Employed in Nursing	**283**	**275**	**273**	**272**	**290**
Non-Duplicates	243	237	244	244	284
Duplicates	40	38	29	28	6
Not Employed in Nursing	12	8	8	4	0
Not Stated	0	0	1	0	4
Total Records	295	283	282	276	294
N.W.T.					
Employed in Nursing	**682**	**762**	**471**	**487**	**414**
Non-Duplicates	490	526	461	481	399
Duplicates	192	236	10	6	15
Not Employed in Nursing	35	25	5	17	6
Not Stated	58	6	14	37	46
Total Records	775	793	490	541	466
Nun.					
Employed in Nursing	–	–	**288**	**273**	**258**
Non-Duplicates	–	–	287	268	170
Duplicates	–	–	1	5	88
Not Employed in Nursing	–	–	12	9	4
Not Stated	–	–	2	9	0
Total Records	–	–	302	291	262

Source: RNDB/CIHI

Notes

— Nunavut data not collected until the 2001 data year

The Registered Nurses Association of the Northwest Territories and Nunavut began asking registrants in the 2001 data year to identify the territory in which they will spend more than 50% of their time working—Northwest Territories or Nunavut. This information is submitted to CIHI as the *Province of Employment* field. This method has significantly reduced the number of duplicates identified during file processing. However, to ensure comparability with Yukon and historical Northwest Territories data, it is necessary to continue including both duplicate and non-duplicate records for those employed in nursing.

This change in methodology for the northern territories does not impact provincial data—as in previous publications, the number of RNs reported for each province includes only non-duplicate RNs employed in nursing. It is only territorial data that includes both duplicate and non-duplicate RNs employed in nursing.

However, this change introduces new limitations. For example, it is only possible to compare provincial data to provincial data and territorial data to territorial data, as the interprovincial duplicates are still removed from provincial figures. In addition, previously published data will not match historical data presented in this publication. CIHI believes these limitations are outweighed by the enhanced value of accurate information.

For the long-term, CIHI is working with both the Yukon Registered Nurses Association (YRNA) and the Registered Nurses Association of the Northwest Territories and Nunavut (RNANT/NU) to determine appropriate solutions. The presentation of accurate and representative territorial data is a priority for all three organizations, and for those engaged in recruitment and retention strategies.

Nunavut Data

In addition to the limitations and methodological changes noted in the *Northern Territories Data* section above, there was an additional change to Nunavut data for the previous publication. In the 2001 data year the Registered Nurses Association of the Northwest Territories and Nunavut (RNANT/NU), which is responsible for RN licensure in both the Northwest Territories and Nunavut, explicitly asked registrants to identify the territory in which they will work more than 50% of the time. These data were submitted to CIHI for the previous publications, and again for the 2003 data year.

For the year 2000 version of this publication, Nunavut figures were estimated using the *Postal Code of Residence* field; this process allowed for "historical estimates". Now that accurate Nunavut data are available for data from 2001 to 2003, it is not possible to accurately estimate historical figures. Therefore, Nunavut data are presented for 2001 to 2003, but where comparisons are made between 1999 and 2003, Northwest Territories and Nunavut data are often combined. This information is footnoted in tables and figures where necessary.

Urban/Rural Statistics

For analytical purposes, urban areas are defined (in part) as communities with populations greater than 10,000 person and are labeled by Statistics Canada as either a Census Metropolitan Area (CMA) or a Census Agglomeration (CA); Rural/Remote is equated with those communities outside the CMA/CA boundaries and is referred to as Rural and Small Town (RST) by Statistics Canada.

Rural and Small Town (RST) communities are further subdivided by identifying the degree to which they are influenced (in terms of social and economic integration) by larger urban centers (i.e. the CMAs and CAs). Metropolitan Influenced Zone (MIZ) categories disaggregate the RST population into four subgroups: Strong MIZ, Moderate MIZ, Weak MIZ, No MIZ. These urban/rural/remote categories are applied to communities (cities, town, villages, etc.) that can be equated with the Statistics Canada designation Census Subdivision (CSD).

The CMA/CA and Metropolitan Influenced Zone (MIZ) categories were collapsed. These categories may be interpreted in the following simple manner: CMA/CA = large urban center (urban); Strong/Moderate MIZ = small towns and rural areas located relatively close to larger urban centers (rural); Weak/No MIZ = small towns, rural and remote communities distant from large urban centers (remote).

Details of the RST and MIZ classification schemes can be found in McNiven et al. (2000)[9], du Plessis et al. (2001)[10] and CIHI (2002).[11]

Summary of Records Received by CIHI

Table 14 provides a summary of the records received by CIHI from each provincial/ territorial regulatory authority since 1999. The data reflect the methodological changes made to territorial data for this publication.

Table 14. Number of Records Submitted to CIHI by Province/Territory of Registration, Canada, 1999–2003

	N.L.	P.E.I.	N.S.	N.B.	Que.	Ont.	Man.	Sask.	Alta.	B.C.	Y.T.	N.W.T.	Nun.	Canada
2003														
Total Records	5,529	1,409	8,863	7,983	64,626	104,236	10,945	8,741	25,540	29,240	294	466	262	268,134
Secondary Registrations	57	16	128	141	646	7,700	318	78	223	386	1	43	4	9,741
Primary Registrations	5,472	1,393	8,735	7,842	63,980	96,536	10,627	8,663	25,317	28,854	293	423	258	258,393
Employed in Nursing	5,430	1,373	8,498	7,186	62,494	85,187	10,034	8,503	23,964	27,711	290	414	258	241,342
Other	42	1	237	374	101	11,327	0	160	482	649	0	4	0	13,377
Not Stated	0	19	0	282	1,385	22	593	0	871	494	3	5	0	3,674
2002														
Total Records	5,561	1,336	8,756	7,773	63,821	102,759	10,433	8,458	24,898	29,115	276	541	291	264,018
Secondary Registrations	71	9	133	98	619	7,477	172	53	248	353	0	22	11	9,266
Primary Registrations	5,490	1,327	8,623	7,675	63,202	95,282	10,261	8,405	24,650	28,762	276	519	280	254,752
Employed in Nursing	5,442	1,293	8,419	7,364	59,193	78,737	9,942	8,257	23,377	27,901	272	487	273	230,957
Other	47	0	204	238	864	11,022	0	110	416	276	4	11	3	13,195
Not Stated	1	34	0	73	3,145	5,523	319	38	857	585	0	21	4	10,600
2001														
Total Records	5,531	1,325	8,926	7,830	63,725	102,251	10,435	8,614	24,051	28,576	282	490	302	262,338
Secondary Registrations	40	11	135	75	622	7,764	144	65	230	339	1	5	10	9,441
Primary Registrations	5,491	1,314	8,791	7,755	63,103	94,487	10,291	8,549	23,821	28,237	281	485	292	252,897
Employed in Nursing	5,439	1,270	8,554	7,385	58,482	80,590	10,263	8,198	22,924	27,375	273	471	288	231,512
Other	52	31	237	133	1,063	11,111	0	113	383	21	7	3	4	13,158
Not Stated	0	13	0	237	3,558	2,786	28	238	514	841	1	11	0	8,227
2000														
Total Records	5,503	1,302	9,050	7,941	63,985	101,986	10,454	8,746	23,522	28,822	283	793	–	262,387
Secondary Registrations	39	8	114	175	421	6,202	167	57	116	323	1	13	–	7,636
Primary Registrations	5,464	1,294	8,936	7,766	63,564	95,784	10,287	8,689	23,406	28,499	282	780	–	254,751
Employed in Nursing	5,394	1,255	8,699	7,256	58,750	81,679	10,051	8,543	22,172	27,730	275	762	–	232,566
Other	63	30	237	140	1,123	6,852	0	142	226	158	7	14	–	8,992
Not Stated	7	9	0	370	3,691	7,253	236	4	1,008	611	0	4	–	13,193
1999														
Total Records	5,350	1,273	9,009	8,210	65,790	102,955	10,424	8,869	23,332	29,335	295	775	–	265,617
Secondary Registrations	1	12	123	384	688	7,044	98	91	268	296	4	38	–	9,047
Primary Registrations	5,349	1,261	8,886	7,826	65,102	95,911	10,326	8,778	23,064	29,039	291	737	–	256,570
Employed in Nursing	5,264	1,232	8,615	7,580	57,980	78,197	10,193	8,553	22,044	27,911	283	682	–	228,534
Other	85	23	271	237	0	12,375	88	223	598	254	8	15	–	14,177
Not Stated	0	6	0	9	7,122	5,339	45	2	422	874	0	40	–	13,859

Source: RNDB/CIHI

Notes

"Other" includes the categories of Employed in Other Than Nursing and Not Employed.

The data submission method was modified for Ontario and Quebec 2003 data, resulting in a substantial increase in the number of RNs "Employed in Nursing".

Territorial "Employed in Nursing" data include interprovincial duplicates, to match figures presented elsewhere in this publication. Please review the *Northern Territories Data* section of the Methodological Notes for more information.

Data are combined for Northwest Territories and Nunavut prior to 2001.

Please refer to the Methodological Notes for more information regarding the collection, comparability and reporting of RNDB data.

[9] McNiven, C., Puderer, H. and Janes, D. (2000). *Census Metropolitan Area and Census Agglomeration Influenced Zones (MIZ): A Description of the Methodology.* Geography Working Paper Series No. 2000-2. Cat. No. 92F0138MIE. Ottawa: Statistics Canada.

[10] Du Plessis, V., Beshiri, R. and Bollman, R.D. (2001). Definitions of rural. *Rural and Small Town Canada Analysis Bulletin.* Vol. 3, No. 3. (November 2001).

[11] Canadian Institute for Health Information. (2002). *Supply and Distribution of Registered Nurses in Rural and Small Town Canada, 2000.* ISBN 1-894766-34-2. Ottawa: CIHI.

Computations

All counts, unless otherwise noted, are based on registered nurses employed in nursing. These figures exclude RNs not employed in nursing, RNs employed in other than nursing, and RNs that do not state their employment status. Reporting on the RNs employed in nursing most accurately reflects the actual registered nurse workforce in Canada.

Data Suppression

To safeguard the privacy and confidentiality of data received by CIHI, guidelines have been developed to govern the publication and release of health information.

To ensure the anonymity of individual registered nurses, data tables with cell counts from 1 to 4 are suppressed in the data tables presented in this publication. While this may seem unnecessary for more populous provinces, as it would be difficult to identify a single RN employed somewhere in Ontario or British Columbia, CIHI is committed to protecting the confidential information from each registered nurse.

Cell suppression does not apply, however, to "Not Stated" values in the data tables. The intent of cell suppression is to ensure anonymity: as it is impossible to "link" Not Stated data between tables, there is minimal risk of residual disclosure. Therefore, the suppression of "Not Stated" and "Unknown" values is not necessary.

In the tables presented in both the Descriptive Analysis and Data Tables sections, cells with a value from 1 to 4 have been replaced by a single asterisk (*). However, presenting accurate row and column totals necessitates the suppression of a second value as well, to prevent the reader from determining the suppressed value through subtraction. Therefore, in each row and column with a suppressed value, a second value is suppressed as well. Generally, the next smallest value is chosen for additional suppression. However, if the second value suppressed is greater than 4, it must be replaced by a different symbol. For this, the RN publication uses a double asterisk (**).

Therefore, a single asterisk (*) designates suppressed values from 1 to 4; double asterisks (**) designate suppressed values greater than 4. The following footnotes are included in tables where data suppression was necessary:

* Value suppressed in accordance with CIHI privacy policy; cell value is from 1 to 4
** Value suppressed to ensure confidentiality; cell value is 5 or greater

These policies also govern CIHI's release of data through ad hoc queries and special analytical studies.

Symbols

Standard symbols and numerical presentations are used wherever possible in this report. The standard symbols include:

*	Value suppressed in accordance with CIHI privacy policy; cell value is from 1 to 4
**	Value suppressed to ensure confidentiality; cell value is 5 or greater
–	Data are not applicable or do not exist
..	Data not currently collected by CIHI
n/s	Data not submitted to CIHI
<0.1	Value is less than 0.05%; value is replaced to prevent displaying cells of 0.0 that are not true zero values

Data Quality

To ensure a high level of accuracy and usefulness in data dissemination, the Data Quality department at CIHI has developed a framework for assessing and reporting the quality of data contained in CIHI's databases and registries. The framework focuses upon the five dimensions of data quality: Timeliness, Accuracy, Usability, Comparability and Relevance. Timeliness, Usability and Relevance are described briefly in the following paragraph. Accuracy and Comparability are then described in further detail as they relate more closely to the data processing routine.

Timeliness is achieved by collecting data at the six-month mark; on average, more than 95 percent of total records are achieved by the six-month mark, and this policy allows CIHI to analyze and release the data in a timely manner. Usability comprises the availability and documentation of the data, and the ease of interpretation. The Methodological Notes section contributes to Usability, as the limitations of data interpretation are clearly outlined. The Relevance of the dataset includes the adaptability and value of the data: for the RNDB, continued strong interest from decision-makers, researchers and the media affirm the value of RN workforce data. In addition, CIHI's decision to collaborate with licensed practical nurse and registered psychiatric nurse regulatory authorities to produce a more comprehensive snapshot of the entire regulated nursing workforce contributes to the adaptability and value of the data.

Accuracy

Accuracy is an assessment of how well the data reflect reality. For the RNDB, this is an assessment of how closely the data presented in this publication reflect the target population of all RNs registered for active-practising membership in Canada.

Provincial/territorial regulating authorities collect these data for administrative purposes. It is through an agreement that these data are submitted to CIHI for research and analysis. Consequently, it is important to note that the level of accuracy and completeness necessary to meet the financial and administrative requirements of a registry can be considerably less stringent than that for research. Nevertheless, improvements in data collection systems and a jurisdictional-wide acknowledgement of the importance of good quality data has led to data collection and capture improvements for the RNDB. This section outlines where caution must be applied when analyzing data presented in *Workforce Trends of Registered Nurses in Canada, 2003*.

Nurse Practitioner Data

In response to changes in nursing practice and to increasing requests from the research community, collection of Nurse Practitioner data began for the Registered Nurses Database in the 2001 data year. The decision to add the sub-element "Nurse Practitioner" to the field *Position* was endorsed by the provincial/territorial regulatory authorities.

The jurisdictions of Newfoundland and Labrador, Ontario, Alberta and the Yukon submitted this data to CIHI in the 2001 data year, and nurse practitioner statistics were first reported in the CIHI publication *Supply and Distribution of Registered Nurses in Canada, 2001*.

The data collected and reported by CIHI only tell part of the story, because of an important distinction between the regulated role of "nurse practitioner" and the position title of "Nurse Practitioner". The former is a registered nurse who meets additional licensure and regulatory requirements to practice as a nurse practitioner.[12] This includes roles and responsibilities in addition to those of RNs, and the right to use "Nurse Practitioner" (NP) title in jurisdiction where there is protection of title. The latter is a job/position title for an RN role within an organization.

An increasing number of jurisdictions are protecting the use of the Nurse Practitioner title by legislation. Many jurisdictions have created a separate register (or "Extended Practice Roster")[13] for NP licensing, as regulation and licensure requirements differ between Nurse Practitioners and registered nurses.

To remain on an Extended Practice Roster, RN members must meet provincial/territorial requirements and competencies, including practice in a collaborative relationship. RN members not meeting jurisdictional-specific criteria are removed from the Extended Practice Roster, losing the right to practice in the Nurse Practitioner role, but may still practice as registered nurses if the necessary RN requirements for licensure are met.

At present, the RNDB defines the nurse practitioner as a job position, not as the regulated role. The CIHI definition is therefore incomplete because members on Extended Practice Rosters may not self-identify their position as "nurse practitioner": although they are on the Roster, some NPs will identify their position title as, for example, Manager or Instructor. In the CIHI data, these individuals would be counted as Managers or Instructors and would not appear in the "nurse practitioner" statistics, despite their inclusion on the provincial Extended Practice Roster.

For example, CIHI obtained year 2002 Extended Practice information from the Alberta Association of Registered Nurses (AARN). According to AARN data, there were 58 RNs on the Extended Practice Roster in 2002; according to CIHI data, there were 42 RNs employed in "nurse practitioner" positions in Alberta in 2002.

[12] Licensure requirements vary by jurisdiction. In addition, the title "Nurse Practitioner" is not protected in all jurisdictions.

[13] The term "Extended Practice Roster" is not used in every jurisdiction, but is used here for illustrative purposes.

- Of the 58 records included on the AARN Extended Practice list, 57 existed in the CIHI database.
- Of these 57 records, 23 (40.4%) in the CIHI database identified their position as "nurse practitioner"; the remaining 34 (59.6%) were employed in other positions.
  - Positions for these 34 others included, among others, Manager/Assistant Manager, Staff Nurse/Community Health Nurse, Clinical Specialist and Not Stated.

To complicate matters further, only 23 of CIHI's 42 "nurse practitioner" records matched the AARN data, meaning that 19 RNs in Alberta self-identified their position as "nurse practitioner" even though they are not included on the AARN Extended Practice Roster.

In effect, three possibilities have emerged in the data:

(1) Extended Class RNs employed in positions other than "nurse practitioner";

(2) Extended Class RNs employed in positions titled "nurse practitioner"; and

(3) Non-extended Class RNs employed in positions titled "nurse practitioner".

Individuals or organizations requesting the number of "Nurse Practitioners" in a given jurisdiction will receive substantially different responses based on the source of the data: provincial/territorial regulatory authorities would report the total of figures (1) + (2), which represents the total number of RN members on the Extended Practice Roster. At this time, CIHI is only able to report the total of figures (2) + (3), representing everyone who self-identified their position as "nurse practitioner". CIHI cannot identify whether or not an RN is included on the provincial/territorial Extended Practice Roster.

By the current definition in the *Registered Nurses System Data Dictionary and Data Submission Specifications*, the totals reported by CIHI are accurate. However, the interpretation and analysis of CIHI figures must be made with caution, as CIHI's current definition does not represent all members on Extended Practice Rosters.

CIHI is working with provincial/territorial regulatory authorities to modify and improve the current Nurse Practitioner definition for future data years.

Under-Coverage

Under-coverage results when data that should be collected for the database are not included. The RNDB annually undercounts the actual number of active-practising RNs because data are submitted to CIHI after the first six months of each jurisdiction's 12-month registration period.[14]

A recent comparison of CIHI data from the first six months of registration to provincial/territorial year-end data found that CIHI receives approximately 95–99% of all records. This high percentage is due, in part, to the fact that almost all RNs renew 1–2 months before the registration period begins, as there are financial penalties and possible liability repercussions for those failing to renew by year-end. Therefore, although the impact of collecting data at the six-month mark is minor, the method results in CIHI's release of figures that do not correspond with year-end provincial/territorial figures, which can cause confusion and/or controversy.

[14] Please refer to Figure 21 for an illustration of the 2003 registration period for each province and territory.

Over-Coverage

Over-coverage is the inclusion of data beyond the target population. For the RNDB, over-coverage has been reported in past years due to the submission of data including both practising and non-practising registered nurses. When a registered nurse submits her/his annual registration form, there is a choice between active-practising and non-active status. Those wishing to work as an RN must choose active-practising. Those maintaining their registration without the required license to practice (e.g. RNs on maternity leave, RNs temporarily out of the country, retired RNs), select non-active status. As CIHI wishes to report only those RNs employed in nursing, non-active RNs are outside of the target population.

Six-Month Cut-Off

A new validation procedure was implemented for the 2001 data year, designed to check the registration date of records submitted to CIHI. As the target population for the RNDB is all RNs registering for active-practising status within the first six months of the jurisdiction's registration year, CIHI should not receive any data from RNs registering after the six month mark. The registration date of each record was checked to ensure it fell within the first six months of the registration year. Records beyond the six month mark were deleted. Therefore, a total of 168 records were removed from the 2003 data files prior to editing and analysis. Please note that it was not possible to check Ontario or Manitoba data.

Not all of these 168 RNs would have been reported by CIHI in the final statistics. Presumably, some of these RNs would have been identified as duplicates, while others may have been employed in other than nursing or not employed. A detailed analysis of these records has not been completed. However, using data presented in Table 14 it is possible to estimate the number of RNs "employed in nursing" that were removed from the final statistics: Table 14 breaks down each provincial submission, illustrating that approximately 90.0% of all records are eventually identified as non-duplicates who are employed in nursing. Assuming a similar ratio, approximately 151 of these RNs could have been reported in CIHI's final statistics. Please note, however, that this is only a rough estimate.

As this validation procedure was new for the 2001 data year, historical data have not yet been thoroughly reviewed or revised. A preliminary analysis of 1999 data found that approximately 1,614 records may need to be removed from the database, as these RNs registered after the mid-point of their jurisdiction's registration year.

The results of this new data quality measure must be considered when making comparisons over time. Footnotes are included in the tables and figures where necessary.

Non-Response

In the RNDB, item non-response is the percentage of "Not Stated" responses for each data element, as presented in Table 15.

Please note that in contrast to previous RNDB publications, Table 15 now reflects only RNs employed in nursing. This change was implemented to more accurately represent the level of non-response for each data element, as the previous format falsely exaggerated the level of non-response. This exaggeration resulted from current coding practices in the RNDB.

For RNs not currently employed in nursing, all employment data in the RNDB are coded as "Not Stated". More accurately, this information should be coded as "Not Applicable", as an RN without a job cannot state his/her place of work. The new format of Table 15 removes all RNs not currently employed in nursing, so that "Not Stated" values accurately represent non-response for the RN workforce.

Table 15. Percentage of Records with "Not Stated" Responses by Data Element and Province/Territory of Registration, Canada, 2003

	N.L.	P.E.I.	N.S.	N.B.	Que.	Ont.	Man.	Sask.	Alta.	B.C.	Y.T.	N.W.T.	Nun.	Canada
Sex	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Year of Birth	0.00	0.00	0.00	0.00	0.00	0.00	0.06	0.13	0.00	0.00	0.00	0.48	1.16	0.01
Initial Education in Nursing	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Year of Graduation	0.00	0.00	0.00	0.00	0.00	3.86	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1.36
Province/Country of Graduation	0.48	0.36	0.00	0.01	0.00	0.09	0.01	1.33	7.20	0.53	0.00	0.48	0.78	0.87
Other Education in Nursing (Non-Degree)	0.00	0.00	0.00	0.00	100.00	100.00	0.00	0.01	0.00	0.00	3.10	84.06	89.53	61.44
Other Education in Nursing (Degree)	0.00	0.00	0.00	73.42	69.90	0.00	0.00	0.18	0.00	3.70	0.69	0.48	0.00	20.72
Education in Other Than Nursing	0.00	7.43	0.00	93.14	79.24	0.00	0.00	0.05	0.00	4.12	0.69	0.48	0.00	23.81
Employment Status	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Full-Time/Part-Time Status	0.00	0.00	0.00	0.00	4.88	13.26	0.00	0.00	0.00	0.00	0.00	0.24	0.00	5.94
Multiple Employment	0.33	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.01	0.00	0.03	0.01	0.00	0.00
Province/Territory of Employment	0.00	0.00	0.00	0.33	0.23	3.06	1.11	0.25	1.19	0.54	0.34	2.17	3.88	1.39
Place of Work	0.00	0.00	0.00	0.33	0.23	3.06	1.11	0.25	1.19	0.54	0.34	2.17	3.88	1.39
Primary Area of Responsibility	0.00	0.00	0.00	0.38	10.44	3.97	0.95	0.27	2.46	0.36	1.72	1.93	3.88	4.46
Position	0.39	0.44	0.56	0.74	10.08	4.21	1.69	0.93	2.13	2.61	1.03	2.42	4.65	4.77
Province/Country of Residence	0.33	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.31	0.12	0.00	0.24	0.39	0.05
Postal Code of Residence	0.06	0.22	0.00	0.00	0.00	0.00	0.00	0.39	0.06	0.01	0.34	0.24	0.39	0.02
Postal Code of Employer	100.00	84.56	100.00	100.00	0.00	1.42	100.00	22.71	2.30	11.68	1.72	6.04	11.63	16.28
Date of Registration	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Source: RNDB/CIHI

Notes

Table 15 includes only RNs employed in nursing.
Values of 100.00 indicate a data element that was not submitted for the 2003 data year.
In contrast to previous RNDB publications, the fields Postal Code of Residence and Postal Code of Employer were not linked to Statistics Canada's Postal Code Conversion File (PCCF). The rates presented for these fields in Table 15 are actual "Not Stated" values.

Many of the elements with a large percentage of "Not Stated" values were not included in the Descriptive Analysis and Data Tables sections; in other cases, the number of "Not Stated" values were clearly identified in the analysis.

Collection and Capture

When information is self-reported, as is the case with registered nurses completing their own registration forms, reliability can be an issue. However, each regulatory authority supplies supporting documentation to their membership to assist in the completion of the registration form. Consequently, the data received by each jurisdiction is considered reliable.

Data entry also impacts the accuracy of the data, as information may not be classified or coded properly. At present, an audit of data entry accuracy has not been completed; consequently, data entry accuracy is unknown.

Further limitations of year 2003 data are listed in the next section.

Comparability

Comparability measures how well the current year data compare to data from previous years, and how data from the RNDB compare to registered nurse data found in other sources.

Six-Month Cut-Off

CIHI implemented a new validation procedure for the 2001 data year that could impact trending analyses. Please review the *Over-coverage* section of the Methodological Notes for more information.

Year 2003 Data

When reviewing the data presented in the Descriptive Analysis and Data Tables sections of this publication, please note the following comparability limitations in year 2003 data.

Newfoundland and Labrador data

- *Multiple Employment*—For the 2001 to 2003 data years, records with non-response were defaulted to "No"; in years before 2001 non-response was recorded as "Not Stated".

Prince Edward Island data

- *Employment Status*—Due to issues regarding the data entry and/or conversion of 2002 and 2003 data, the Association of Nurses of Prince Edward Island (ANPEI) could only identify RNs employed on a full-time, part-time or casual basis; RNs not currently employed could not be divided between "Employed in Other Than Nursing" or "Not Employed". Consequently, all codes for RNs not currently employed were defaulted to "Not Stated".

- *Position*—As of the 2001 data year, the sub-element "Chief Nursing Officer/Chief Executive Officer" is not collected by ANPEI.

Nova Scotia data

- *None*

New Brunswick data

- *Place of Work*—The decrease in the number of RNs reported as employed in a "Mental Health Centre" is due to a change in the file submission to CIHI. "Psychiatric hospital" data were included with the "Mental Health Centre" data in previous years, but as of 2003 these data are included with "Hospital (general, maternal, paediatric, psychiatric)".

- *Area of Responsibility*—The decrease in the number of RNs reported as employed in "Critical Care" is due to a change in the Nurses' Association of New Brunswick's annual renewal form to better match CIHI's specifications. This change resulted in increased counts in other areas of responsibility. In addition, "Oncology" was added to the annual renewal form for the 2003 year. The increase of RNs reported in "Nursing Service" is due, in part, to the introduction of a new category of "Informatics/ Teleheath" on the annual renewal form.

- *Position*—The increase in the category "Instructor/Professor/Educator" is due to a change in wording on the Nurses Association of New Brunswick's annual renewal form.

Quebec data

- *Number of RNs employed in registered nursing*—A new methodology to report Employment Status was developed for the preparation and submission of 2003 Quebec data. Historically, RNs who failed to state their employment status (i.e. full-time, part-time or casual) on their registration form had their employment status submitted to CIHI as "Not Stated". In CIHI's processing and reporting methodology, RNs failing to state their employment status are excluded from the final statistics because CIHI figures include only those employed on a full-time, part-time or casual basis. The result was that some RNs employed in registered nursing were erroneously excluded from analysis.

  A new method developed for the 2003 data year by CIHI and the Ordre des infirmières et infirmiers du Quebec—the data provider for Quebec RN data—improves the accuracy of CIHI statistics. Starting with the 2003 data year, RNs with an employer in registered nursing but who fail to state their full-time, part-time or casual status with that employer are submitted to CIHI as "Employed in registered nursing—status unknown". Because these RNs are now considered to be employed, their data are included in CIHI's final statistics. Readers will see that the number of "Not Stated" records in the field Employment Status has decreased substantially in 2003.

  This enhanced methodology results in more accurate statistics that are more closely aligned with those published by the Ordre des infirmières et infirmiers du Quebec, but will impair trending analyses. It is very important to note, however, that the observed increase between 2002 and 2003 Quebec statistics is primarily the result of a methodological enhancement, and not an actual increase in the RN workforce. Please contact the Consultant, Nursing Databases for more information regarding the collection, processing and reporting of RNDB data.

- *Education Data*—As of the 2003 data year, the Ordre des infirmières et infirmiers du Quebec (OIIQ) does not submit the category of "None" in the education fields "Other Education in Nursing—Degree" and "Education in Other Than Nursing". This has resulted in substantial increases for the remaining categories in each of these fields. As of the 2001 data year, the OIIQ no longer submits "Other Education in Nursing (Non-Degree)" data to CIHI.

- *Place of Work*—As of the 2003 data year, the OIIQ no longer submits the categories "Nursing Station" and "Home Care Agency".

- *Area of Responsibility*—Changes in the annual renewal form and in the mapping of 2003 OIIQ data to CIHI specifications have resulted in larger than expected changes for the categories of this field. In particular, the proportion of RNs reported employed in "Other Direct Care" decreased from 9.8% (5,801) in 2002 to 3.3% (2,085) in 2003.

- *Position*—Changes in the annual renewal form and in the mapping of 2003 OIIQ data to CIHI specifications have resulted in larger than expected changes for the categories of this field. In particular, the OIIQ no longer submits "Consultant" data to CIHI; these data are now mapped to "Manager/Assistant Manager". The result is a substantial one-year increase in the reported number of Managers in Quebec.

Ontario data

- *Number of RNs employed in registered nursing*—A new methodology to report Employment Status was developed for the preparation and submission of 2003 Ontario data. Historically, RNs who failed to state their employment status (i.e. full-time, part-time or casual) on their registration form had their employment status submitted to CIHI as "Not Stated". In CIHI's processing and reporting methodology, RNs failing to state their employment status are excluded from the final statistics because CIHI figures include only those employed on a full-time, part-time or casual basis. The result was that some RNs employed in registered nursing were erroneously excluded from analysis.

  A new method developed for the 2003 data year by CIHI and the College of Nurses of Ontario—the data provider for Ontario RN and LPN data—improves the accuracy of CIHI statistics. Starting with the 2003 data year, RNs with an employer in registered nursing but who fail to state their full-time, part-time or casual status with that employer are submitted to CIHI as "Employed in registered nursing—status unknown". Because these RNs are now considered to be employed, their data are included in CIHI's final statistics. Readers will see that the number of "Not Stated" records in the field Employment Status has decreased substantially in 2003.

  This enhanced methodology results in more accurate statistics that are more closely aligned with those published by the College of Nurses of Ontario, but will impair trending analyses. It is very important to note, however, that the observed increase between 2002 and 2003 Ontario statistics is primarily the result of a methodological enhancement, and not an actual increase in the RN workforce. Please contact the Consultant, Nursing Databases for more information regarding the collection, processing and reporting of RNDB data.

- *Place of Work*—Data for the category "Rehabilitation/Convalescent Centre" has been reviewed by the College of Nurses of Ontario (CNO) and are accurate. As of 2003, CNO combined Rehabilitation Hospitals and Chronic Care Hospitals on its annual renewal form, resulting in increased employment figures for this category in comparison to previous years.

- *Area of Responsibility*—The CNO made considerable changes to the structure of this field on its annual renewal form in the 2001 and 2003 data years. Due to these changes, comparisons should be made with caution. In addition, for the 2003 annual renewal form, CNO removed the category "Home Care", and is capturing this information in the new category "Community/Visiting Nursing". This new category also replaced the "Community/Public Health" category from previous years.

- *Other Education in Nursing (Non-Degree)*—As of the 2001 data year, the CNO no longer submits "Other Education in Nursing (Non-Degree)" data to CIHI.

Manitoba data

- *Other Education in Nursing—Degree*—Since the 2002 data year, the College of Registered Nurses of Manitoba (CRNM) included individuals who in the past indicated they were enrolled in a course, but for which there was no indication that the course was completed. The CRNM assumed that such courses were completed. This has resulted in an apparent increase in the number of RNs with other degree education in nursing in Manitoba since 2001.

- *Education in Other Than Nursing*—Since the 2002 data year, the CRNM included individuals who in the past indicated they were enrolled in a course, but for which there was no indication that the course was completed. The CRNM assumed that such courses were completed. This has resulted in an apparent increase in the number of RNs with education in other than nursing in Manitoba since 2001.

Saskatchewan data

- *None*

Alberta data

- *Birth Year*—CIHI used historical Alberta data to determine the *Birth Year* for 993 RNs in Alberta in 2003, and for 4,114 RNs in 2002.

British Columbia data

- *Province/Territory of Employment*—Since the 2001 data year, the Registered Nurses Association of British Columbia (RNABC) has been unable to provide detailed information for RNs employed outside of British Columbia. For 2001 to 2003, these records have been coded as either "British Columbia" or "Not Stated". Although this field is critical to CIHI's identification of interprovincial duplicates, the impact upon the number of duplicates is minimal. If the *Province of Employment* is not stated, the duplicate methodology analyzes the province of residence instead; fortunately, RNABC was able to provide full *Province of Residence* data. Consequently, a very small number of records that would otherwise be identified as duplicates were retained in the analysis.

Yukon data

- *General Comparability*—The RN workforces in the northern territories rely on short-term relief staff from across Canada each year. While some RNs will return to the northern territories each year, some will only register in the northern territories once. This lack of stability in the workforce will result in greater variability in the data. This should be noted while comparing territorial data over time.

- *Multiple Employment*—Since the 2001 data year, records with non-response were defaulted to "No"; in years prior to 2001, non-response was recorded as "Not Stated".

- *Location of Employment*—In 2003, registrants completing the Yukon annual renewal form were asked to identify their planned location of employment. Prior to 2003, registrants indicated their current location of employment. Because of this change, the proportion of RNs indicating the Yukon as their location of employment increased from 88.4% in 2002 to 96.9% in 2003. This also resulted in a decrease in the number of secondary registrations identified in the Yukon data, from 28 in 2002 to 7 in the 2003 data.

Northwest Territories/Nunavut data

- *General Comparability*—The RN workforces in the northern territories rely on short-term relief staff from across Canada each year. While some RNs will return to the northern territories each year, some will only register in the northern territories once. This lack of stability in the workforce will result in greater variability in the data. This should be noted while comparing territorial data over time.

- *Number of RNs Employed in Registered Nursing*—Coding changes in the Registered Nurses Association of the Northwest Territories and Nunavut (RNANT/NU) data resulted in a decrease of 11.6% in the CIHI statistics from 2002 to 2003.

  In 2002, most of the initial registrations received by RNANT/NU were coded as renewal registrations in their database. For example, RNANT/NU reports 34 initial registrations in its 2002 data, but 177 initial registrations in its 2003 data. According to RNANT/NU representatives, approximately 150–200 registrations are received each year.

Because the RNANT/NU submission to CIHI typically excludes initial registrations, comparatively more records were submitted to CIHI in the 2002 data year than the 2003 data year, resulting in an observed decrease in the size of the 2003 RN workforce in these territories.

CIHI is working with the RNANT/NU to further investigate this issue.

- *Birth Year*—CIHI used historical Northwest Territories/Nunavut data to determine the Birth Year for 4 RNs.

Historical Data

This publication presents RN data from 1999 to 2003. Data from 1999 to 2002 were previously published in the CIHI publication series *Supply and Distribution of Registered Nurses in Canada* and *Workforce Trends of Registered Nurses in Canada*.

Comparability With Other Sources

Provincial/Territorial Data

The RNDB data used in CIHI publications, media releases, ad hoc requests and special studies will vary from data released by provincial/territorial regulatory authorities for the following reasons:

- **Collection Period**—The statistics released by provincial/territorial authorities are year-end statistics that include all registrations received during the 12-month registration period. In contrast, CIHI collects data after the first six months of the 12-month registration period, in an effort to ensure timely information. Although the resulting under-coverage is typically only 1–5%, the figures released by CIHI will be less than provincial/territorial figures.

- **CIHI Editing and Processing**—The CIHI database is not an amalgamation of provincial/territorial data. When data files are submitted, CIHI removes from analysis records that do not reflect the primary jurisdiction of employment. This is done so that CIHI can accurately determine the size of the RN workforce in Canada. Provincial/territorial associations typically do not identify or remove these secondary registrations (also termed "interprovincial duplicates").

- **Differences in Definition**—Regulatory authorities typically report the total number of "Active" registrations received during the registration year. An Active registration enables the RN to work in that jurisdiction, but does not distinguish between those employed in nursing and those not employed in nursing: the Active total merely represents the maximum number of RNs eligible to work in a particular jurisdiction in that year. In contrast, CIHI divides the Active total into four categories: Employed in Nursing, Employed in Other Than Nursing, Not Employed and Not Stated. CIHI only reports the number of RNs *employed in nursing* at the time of registration; RNs employed in other than nursing, not employed, and those failing to state their employment status are removed from most CIHI analyses.

- **Provincial/Territorial Data Cleaning**—Many jurisdictions review the registration data at year-end and "clean" potential data quality issues. As CIHI receives the data at the six-month mark, this cleaning has not yet occurred. Therefore, if a jurisdiction reduces the number of "Not Stated" records in a particular field, that correction will not be reflected in the CIHI database.

Concepts and Variables

Key Concepts

The unique methodology and content of the RNDB make it useful for nursing resource planning and research. The RNDB is the only national database of registered nursing data in Canada.

Data collection for the RNDB is not done by survey. Registration is mandatory for RN licensure and each registered nurse is required to complete the appropriate provincial/territorial registration form to practice. As data from the RNDB are not extrapolated from a small sample of the population, the results are not prone to particular types of sampling error, and confidence intervals are not necessary to calculate the accuracy of the sample.

The flagging and removal of interprovincial duplicates enhances the utility of the RNDB, as it is not simply an amalgamation of provincial/territorial results. Removing RNs simultaneously registered in multiple jurisdictions greatly reduces double-counting, allowing for more accurate national and interprovincial comparisons.

In addition, the inclusion of an "employment status" variable allows for data analysis of only those RNs employed in nursing. Removing RNs not currently employed in nursing from the analysis more accurately reflects the actual number providing nursing care in Canada, and allows for a separate analysis of those registered, but not employed in nursing.

The comprehensive set of demographic, employment, and education data collected annually for the RNDB supports in-depth analysis of many supply and distribution variables not otherwise available. Since the database has remained relatively consistent in methodology and content since 1980, intraprovincial and interprovincial time-series analysis is possible. In addition, the collection of postal code information permits geographic comparisons and spatial analysis, even over time.

Data Definitions

Each of the data elements listed corresponds to a field on the registered nurse record. Only data elements used in tabulations for *Workforce Trends of Registered Nurses in Canada, 2003* are described below. A complete list of data elements present in the RNDB as well as the data dictionary are available upon request to the Consultant, Nursing Databases.

Data Year

Refers to data year. RNs register in the present year (reference year) to work in the following year (data year).

Province/Territory of Registration

The province/territory in which an RN is licensed to practice nursing. Statistics Canada province/country codes are used.

Registration Number

A serial number that is unique to a particular RN within a particular province/territory of registration.

Sex

Values of Male, Female, and Not Stated are submitted to CIHI. All *Not Stated* values are converted to *Female* in the editing process.

Birth Year

Four-digit year of birth.

Age

Generated from *Year of Birth*. If Year of Birth is valid then Actual Age = Data Year - Year of Birth.

Entry/Initial Education in Nursing

Basic education program used to prepare an RN for entry into practice, leading to initial registration/licensure as an RN. Accepted responses include:

- Diploma in nursing
- Baccalaureate in nursing
- Master's in nursing
- Not Stated

All not stated records are converted to *Diploma in nursing* status in the editing process.

Province/Country of Graduation

Province/territory/country in which initial/entry nursing education was completed. Statistics Canada province/country codes are used.

Other Education in Nursing—Non-Degree

Nursing education of at least 300 hours, other than entry/initial nursing education, which resulted in a non-degree certificate or diploma. Accepted responses include:

- No
- Yes
- Not Stated

Other Education in Nursing—Degree

Highest degree education achieved in nursing education beyond entry/initial nursing education. Accepted responses include:

- Bachelor's degree in nursing
- Master's degree in nursing
- Doctorate in nursing
- None
- Not Stated

Highest Education in Nursing

Generated from *Entry/Initial Nursing Education* and *Other Nursing Education—Degree*. Derived categories include:

- Diploma in nursing
- Bachelor's degree in nursing
- Master's degree in nursing
- Doctorate in nursing

Education in Other Than Nursing

Highest education achieved in a program/field other than nursing. Accepted responses include:

- Bachelor's degree
- Master's degree
- Doctorate
- None
- Not Stated

Multiple Employment Status

Currently employed as an RN by more than one employer. Accepted responses include:

- No
- Yes
- Not Stated

Employment Status (Formerly Derived Employment Status)

CIHI has developed a method to combine the data contained in the fields Employment Status and Full-Time/Part-Time Status. This method allows full-time, part-time and casual data to be accurately combined into a single table, greatly increasing analytical potential.

For RNs employed in nursing, the Employment Status categories of "Regular" and "Casual" are combined with the Full-Time/Part-Time Status categories of "Full-Time", "Part-Time" and "Not stated" to create the following categories: Full-time, Part-time, Casual and Employed in nursing—status unknown. This last category includes RNs who are employed in registered nursing, but whose full-time/part-time status is unknown.

Therefore, Employment Status is defined as: Current employment in a field(s) directly related to nursing practice: direct care, administration, education or research. Reflects employment status as of time registrant is completing form or at time registration comes into effect. Accepted responses include:

- Employed in nursing—Full-Time

  [*Employment Status* = Regular and *Full-Time/Part-Time Status* = Full-Time]

  Reflects employment schedule that guarantees a fixed number of hours of work per pay period. Defined by the employer as full-time, but reflects permanent employment even though it may be time limited.

- Employed in nursing—Part-Time

  [*Employment Status* = Regular and *Full-Time/Part-Time Status* = Part-Time]

  Reflects employment schedule that guarantees a fixed or flexible number of hours per pay period that usually do not equal or exceed full-time hours.

- Employed in nursing—Casual

  [*Employment Status* = Casual and *Full-Time/Part-Time Status* = Full-Time OR Part-Time OR Not Stated]

  Reflects employment that does not guarantee a fixed number of hours of work per pay period.

- Employed in nursing—Status unknown

  [*Employment Status* = Regular and *Full-Time/Part-Time Status* = Not Stated]

  Reflects employment in registered nursing, but full-time/part-time status is unknown.

- Employed in other than nursing and seeking employment in nursing;
- Employed in other than nursing but not seeking employment in nursing;
- Not employed and seeking employment in nursing;
- Not employed but not seeking employment in nursing;
- Not Stated

Place of Work

Primary place of employment, based on primary employer. Accepted responses include:

- Hospital (general, maternal, paediatric, psychiatric)
- Mental Health Centre
- Nursing Station (outpost or clinic)
- Rehabilitation/Convalescent Centre
- Nursing Home/Long-Term Care Facility
- Home Care Agency
- Community Health Centre
- Business/Industry/Occupational Health Office
- Private Nursing Agency/Private Duty
- Self-Employed
- Physician's Office/Family Practice Unit
- Educational Institution
- Association/Government
- Other
- Not Stated

Province/Country of Employment

Province/territory or country of primary employment. Statistics Canada province/country codes are used.

Area of Responsibility

Within agency/facility of primary employment, the major focus of activities. Four primary nursing practice areas (direct care, administration, education, and research). Accepted responses include:

- **Direct Care**
  - Medicine/Surgery
  - Psychiatry/Mental Health
  - Paediatrics
  - Maternity/Newborn
  - Geriatrics/Long-Term Care
  - Critical Care
  - Community Health
  - Ambulatory Care
  - Home Care
  - Occupational Health
  - Operating Room/Recovery Room
  - Emergency Room
  - Several Clinical Areas
  - Oncology
  - Rehabilitation
  - Other Direct Care
- **Administration**
  - Nursing Service
  - Nursing Education
  - Other Administration
- **Education**
  - Teaching—students
  - Teaching—employees
  - Teaching—patients/clients
  - Other Education
- **Research**
  - Nursing Research only
  - Other Research
- **Not Stated**

Position

Current assigned role at primary place of employment as per title/job description. Accepted responses include:

- Chief Nursing Officer/Chief Executive Officer
- Director/Assistant Director
- Manager/Assistant Manager
- Staff Nurse/Community Health Nurse
- Nurse Practitioner
- Clinical Specialist
- Nurse Midwife
- Instructor/Professor/Educator
- Researcher
- Consultant
- Other
- Not Stated

Province/Country of Residence

Province/territory or country of primary residence. Statistics Canada province/country codes are used.

Privacy and Confidentiality

The Privacy Secretariat at CIHI has developed a set of guidelines to safeguard the privacy and confidentiality of data received by CIHI. The document *Privacy and Confidentiality of Health Information at CIHI: Principles and policies for the protection of health information* may be obtained from the CIHI web site. These policies govern the release of data in publications, media releases, the CIHI Web site and through ad hoc requests and special studies.

In compliance with these guidelines, CIHI prevents residual disclosure by aggregating RNDB data for release in publications and ad hoc requests. Cells with counts from 1 to 4, for which further aggregation is either inappropriate or unfeasible, are suppressed before release. These policies ensure the confidentiality of all RNs regardless of province/territory size or place of work.

Special analytical studies often require the disclosure of person-level data. For RNDB data, this is the most detailed level of data provided by provincial/territorial regulating authorities, and contains sensitive data. Requests for person-level data must be submitted in writing and will be subject to a prescribed review process. Identifiers are typically stripped from data or encrypted by CIHI before disclosure. In addition, requests for person-level RNDB data must also receive approval from the respective provincial/territorial Registrar before CIHI can release the data. Each Registrar reserves the right to request further information from researchers before authorizing the release of her/his provincial/territorial data.

RNDB Publications and Products

The CIHI publications,

- *Supply and Distribution of Registered Nurses in Canada, 1999;*
- *Supply and Distribution of Registered Nurses in Canada, 2000;*
- *Supply and Distribution of Registered Nurses in Rural and Small Town Canada, 2000;*
- *Supply and Distribution of Registered Nurses in Canada, 2001;* and,
- *Workforce Trends of Registered Nurses in Canada, 2002,*

may be downloaded in electronic (PDF) format free of charge at www.cihi.ca, or may be purchased in paper form by contacting the CIHI Order Desk at (613) 241-7860.

The document *Registered Nurses System Data Dictionary and Data Submission Specifications* is available upon request to the Consultant, Nursing Databases. This document outlines the data elements (and definitions) collected for the RNDB, as well as the file specifications sent to the provincial/territorial regulatory authorities for data submission.

Many of the tables and figures presented in the Data Analysis section of this publication are available for viewing and can be downloaded from the CIHI Web site at www.cihi.ca.

Request Services

CIHI completes ad hoc requests and special analytical projects on a cost-recovery basis using data from the RNDB. Ad hoc requests are short queries that generally can be handled through standard reports, and do not require major programming resources. Special analytical projects require project planning and the commitment of extra resources.

For an estimate of the costs associated with these products and services, please contact:

Consultant, Nursing Databases
Canadian Institute for Health Information
200-377 Dalhousie Street
Ottawa, Ontario K1N 9N8
Tel: 613-241-7860
Fax: 613-241-8120
Email: nursing@cihi.ca
Web: www.cihi.ca

Summary Tables

A.Summary

Total Number of Nursing Registrations by Province/Territory of Registration, Canada, 2003

	N.L.	P.E.I.	N.S.	N.B.	Que.	Ont.	Man.	Sask.	Alta.	B.C.	Y.T.	N.W.T.	Nun.	Canada
							(Counts)							
RN Registrations	**5,472**	**1,393**	**8,735**	**7,842**	**63,980**	**96,536**	**10,627**	**8,663**	**25,317**	**28,854**	**293**	**423**	**258**	**258,393**
Employed in Registered Nursing	5,430	1,373	8,498	7,186	62,494	85,187	10,034	8,503	23,964	27,711	290	414	258	241,342
Not Employed in Reg'd Nursing	42	*	237	374	101	11,327	n/s	160	482	649	0	*	0	13,377
Not Stated	0	**	0	282	1,385	22	593	0	871	494	3	**	0	3,674
LPN Registrations	**2,779**	******	**3,317**	**2,574**	**16,326**	**30,138**	**2,473**	**2,131**	**5,135**	**4,736**	******	**98**	**..**	**70,404**
Employed in Practical Nursing	2,719	619	3,022	2,429	14,831	25,730	2,417	2,056	4,766	4,391	60	98	..	63,138
Not Employed in Pract. Nsg	58	**	221	n/s	241	4,405	12	72	369	308	*	0	..	5,698
Not Stated	2	6	74	145	1,254	3	44	3	0	37	0	0	..	1,568
RPN Registrations	–	–	–	–	–	–	**979**	**957**	**1,186**	**2,087**	–	–	–	**5,209**
Employed in Psychiatric Nursing	–	–	–	–	–	–	954	939	1,128	2,086	–	–	–	5,107
Not Employed in Psych. Nsg	–	–	–	–	–	–	0	0	7	0	–	–	–	7
Not Stated	–	–	–	–	–	–	25	18	51	1	–	–	–	95
Total Registrations	**8,251**	**1,393**	**12,052**	**10,416**	**80,306**	**126,674**	**14,079**	**11,751**	**31,638**	**35,677**	**293**	**521**	**258**	**334,006**

Notes

* Value suppressed in accordance with CIHI privacy policy; cell value is from 1 to 4

** Value suppressed to ensure confidentiality; cell value is 5 or greater

– Data are not applicable or do not exist

.. Data not currently collected by CIHI

n/s Data not submitted to CIHI

Statistics released by CIHI will differ from statistics released by provincial/territorial authorities due to CIHI's collection, processing and reporting methodologies

Please review the Methodological Notes for more comprehensive information regarding the collection and comparability of Nursing data

Source: NDB/CIHI

Total Number of Nursing Registrations by Province/Territory of Registration, Canada, 2003 (cont'd)

	N.L.	P.E.I.	N.S.	N.B.	Que.	Ont.	Man.	Sask.	Alta.	B.C.	Y.T.	N.W.T.	Nun.	Canada
							(Percentage Distribution)							
RN Registrations	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**
Employed in Registered Nursing	99.2	98.6	97.3	91.6	97.7	88.2	94.4	98.2	94.7	96.0	99.0	97.9	100.0	93.4
Not Employed in Reg'd Nursing	0.8	*	2.7	4.8	0.2	11.7	n/s	1.8	1.9	2.2	0.0	*	0.0	5.2
Not Stated	0.0	**	0.0	3.6	2.2	<0.1	5.6	0.0	3.4	1.7	1.0	**	0.0	1.4
LPN Registrations	**100.0**	****	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	****	**100.0**	**..**	**100.0**
Employed in Practical Nursing	97.8	**	91.1	94.4	90.8	85.4	97.7	96.5	92.8	92.7	**	100.0	..	89.7
Not Employed in Pract. Nsg	2.1	**	6.7	n/s	1.5	14.6	0.5	3.4	7.2	6.5	**	0.0	..	8.1
Not Stated	0.1	**	2.2	5.6	7.7	<0.1	1.8	0.1	0.0	0.8	**	0.0	..	2.2
RPN Registrations	–	–	–	–	–	–	**100.0**	**100.0**	**100.0**	**100.0**	–	–	–	**100.0**
Employed in Psychiatric Nursing	–	–	–	–	–	–	97.4	98.1	95.1	100.0	–	–	–	98.0
Not Employed in Psych. Nsg	–	–	–	–	–	–	0.0	0.0	0.6	0.0	–	–	–	0.1
Not Stated	–	–	–	–	–	–	2.6	1.9	4.3	<0.1	–	–	–	1.8
Total Registrations	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**

Notes

* Value suppressed in accordance with CIHI privacy policy; cell value is from 1 to 4

** Value suppressed to ensure confidentiality; cell value is 5 or greater

– Data are not applicable or do not exist

.. Data not currently collected by CIHI

n/s Data not submitted to CIHI

<0.1 Value is less than 0.05%; value is replaced to prevent displaying cells of 0.0 that are not true zero values

Totals may not sum to 100 percent due to rounding

Statistics released by CIHI will differ from statistics released by provincial/territorial authorities due to CIHI's collection, processing and reporting methodologies

Please review the Methodological Notes for more comprehensive information regarding the collection and comparability of Nursing data

Source: NDB/CIHI

B.Summary

Nursing Workforce by Employment Status and Province/Territory of Registration, Canada, 2003

	N.L.	P.E.I.	N.S.	N.B.	Que.	Ont.	Man.	Sask.	Alta.	B.C.	Y.T.	N.W.T.	Nun.	Canada
							(Counts)							
RN Workforce	**5,430**	**1,373**	**8,498**	**7,186**	**62,494**	**85,187**	**10,034**	**8,503**	**23,964**	**27,711**	**290**	**414**	**258**	**241,342**
Full-Time	3,966	713	5,203	4,377	32,370	43,351	4,637	4,613	10,149	14,175	143	291	159	124,147
Part-Time	922	597	2,353	2,120	20,308	24,383	4,782	2,940	10,103	8,702	92	55	23	77,380
Casual	542	63	942	689	**	6,154	615	950	3,712	4,834	55	**	76	25,468
Employed—Status Unknown	0	0	0	0	**	11,299	0	0	0	0	0	*	0	14,347
LPN Workforce	**2,719**	**619**	**3,022**	**2,429**	**14,831**	**25,730**	**2,417**	**2,056**	**4,766**	**4,391**	**60**	**98**	**..**	**63,138**
Full-Time	1,604	231	1,496	1,153	5,875	11,559	837	1,026	1,872	2,462	37	74	..	28,226
Part-Time	147	232	772	793	6,857	8,600	1,358	443	2,249	564	13	10	..	22,038
Casual	968	156	**	483	2,099	2,033	222	**	645	1,130	10	14	..	8,810
Employed—Status Unknown	0	0	*	0	0	3,538	0	**	0	235	0	0	..	4,064
RPN Workforce	–	–	–	–	–	–	**954**	**939**	**1,128**	**2,086**	–	–	–	**5,107**
Full-Time	–	–	–	–	–	–	609	696	713	1,464	–	–	–	3,482
Part-Time	–	–	–	–	–	–	**	**	342	369	–	–	–	1,256
Casual	–	–	–	–	–	–	**	*	73	211	–	–	–	327
Employed—Status Unknown	–	–	–	–	–	–	0	0	0	42	–	–	–	42
Total Nursing Workforce	**8,149**	**1,992**	**11,520**	**9,615**	**77,325**	**110,917**	**13,405**	**11,498**	**29,858**	**34,188**	**350**	**512**	**258**	**309,587**

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Please review the Methodological Notes for more comprehensive information regarding the collection and comparability of Nursing data

Source: NDB/CIHI

Nursing Workforce by Employment Status and Province/Territory of Registration, Canada, 2003 (cont'd)

	N.L.	P.E.I.	N.S.	N.B.	Que.	Ont.	Man.	Sask.	Alta.	B.C.	Y.T.	N.W.T.	Nun.	Canada
							(Percentage Distribution)							
RN Workforce	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**
Full-Time	73.0	51.9	61.2	60.9	51.8	50.9	46.2	54.3	42.4	51.2	49.3	70.3	61.6	51.4
Part-Time	17.0	43.5	27.7	29.5	32.5	28.6	47.7	34.6	42.2	31.4	31.7	13.3	8.9	32.1
Casual	10.0	4.6	11.1	9.6	**	7.2	6.1	11.2	15.5	17.4	19.0	**	29.5	10.6
Employed—Status Unknown	0.0	0.0	0.0	0.0	**	13.3	0.0	0.0	0.0	0.0	0.0	*	0.0	5.9
LPN Workforce	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**..**	**100.0**
Full-Time	59.0	37.3	49.5	47.5	39.6	44.9	34.6	49.9	39.3	56.1	61.7	75.5	..	44.7
Part-Time	5.4	37.5	25.5	32.6	46.2	33.4	56.2	21.5	47.2	12.8	21.7	10.2	..	34.9
Casual	35.6	25.2	**	19.9	14.2	7.9	9.2	**	13.5	25.7	16.7	14.3	..	14.0
Employed—Status Unknown	0.0	0.0	*	0.0	0.0	13.8	0.0	**	0.0	5.4	0.0	0.0	..	6.4
RPN Workforce	–	–	–	–	–	–	**100.0**	**100.0**	**100.0**	**100.0**	–	–	–	**100.0**
Full-Time	–	–	–	–	–	–	63.8	74.1	63.2	70.2	–	–	–	68.2
Part-Time	–	–	–	–	–	–	**	**	30.3	17.7	–	–	–	24.6
Casual	–	–	–	–	–	–	**	*	6.5	10.1	–	–	–	6.4
Employed—Status Unknown	–	–	–	–	–	–	0.0	0.0	0.0	2.0	–	–	–	0.8
Total Nursing Workforce	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**

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Source: NDB/CIHI

C.Summary

Nursing Workforce by Place of Work and Province/Territory of Registration, Canada, 2003

	N.L.	P.E.I.	N.S.	N.B.	Que.	Ont.	Man.	Sask.	Alta.	B.C.	Y.T.	N.W.T.	Nun.	Canada
							(Counts)							
RN Workforce	**5,430**	**1,373**	**8,498**	**7,186**	**62,494**	**85,187**	**10,034**	**8,503**	**23,964**	**27,711**	**290**	**414**	**258**	**241,342**
Hospital	3,754	856	5,945	5,252	38,828	51,518	6,147	4,948	15,490	17,380	136	206	53	150,513
Community Health Agency	620	131	833	381	7,932	11,277	1,470	1,536	3,083	3,625	87	122	154	31,251
Nursing Home/LTC Facility	596	226	961	706	8,496	6,319	1,190	1,043	2,054	3,658	24	13	6	25,292
Other Place of Work	460	160	759	823	7,095	13,467	1,116	955	3,053	2,898	42	64	35	30,927
Not Stated	0	0	0	24	143	2,606	111	21	284	150	1	9	10	3,359
LPN Workforce	**2,719**	**619**	**3,022**	**2,429**	**14,831**	**25,730**	**2,417**	**2,056**	**4,766**	**4,391**	**60**	**98**	**..**	**63,138**
Hospital	1,208	298	1,398	1,237	5,608	12,023	1,011	1,409	2,791	2,460	20	62	..	29,525
Community Health Agency	36	**	300	61	148	2,300	183	167	405	200	0	*	..	3,834
Nursing Home/LTC Facility	1,406	245	1,115	1,057	8,133	7,338	1,015	368	1,232	1,400	28	14	..	23,351
Other Place of Work	43	37	185	72	833	2,767	208	110	338	322	11	17	..	4,943
Not Stated	26	**	24	2	109	1,302	0	2	0	9	1	**	..	1,485
RPN Workforce	–	–	–	–	–	–	**954**	**939**	**1,128**	**2,086**	–	–	–	**5,107**
Hospital	–	–	–	–	–	–	210	351	647	927	–	–	–	2,135
Community Mental Health Agency	–	–	–	–	–	–	387	97	218	489	–	–	–	1,191
Nursing Home/LTC Facility	–	–	–	–	–	–	281	338	128	364	–	–	–	1,111
Other Place of Work	–	–	–	–	–	–	75	137	132	288	–	–	–	632
Not Stated	–	–	–	–	–	–	1	16	3	18	–	–	–	38
Total Nursing Workforce	**8,149**	**1,992**	**11,520**	**9,615**	**77,325**	**110,917**	**13,405**	**11,498**	**29,858**	**34,188**	**350**	**512**	**258**	**309,587**

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Source: NDB/CIHI

Nursing Workforce by Place of Work and Province/Territory of Registration, Canada, 2003 (cont'd)

	N.L.	P.E.I.	N.S.	N.B.	Que.	Ont.	Man.	Sask.	Alta.	B.C.	Y.T.	N.W.T.	Nun.	Canada
							(Percentage Distribution)							
RN Workforce	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**
Hospital	69.1	62.3	70.0	73.1	62.1	60.5	61.3	58.2	64.6	62.7	46.9	49.8	20.5	62.4
Community Health Agency	11.4	9.5	9.8	5.3	12.7	13.2	14.7	18.1	12.9	13.1	30.0	29.5	59.7	12.9
Nursing Home/LTC Facility	11.0	16.5	11.3	9.8	13.6	7.4	11.9	12.3	8.6	13.2	8.3	3.1	2.3	10.5
Other Place of Work	8.5	11.7	8.9	11.5	11.4	15.8	11.1	11.2	12.7	10.5	14.5	15.5	13.6	12.8
Not Stated	0.0	0.0	0.0	0.3	0.2	3.1	1.1	0.2	1.2	0.5	0.3	2.2	3.9	1.4
LPN Workforce	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**..**	**100.0**
Hospital	44.4	48.1	46.3	50.9	37.8	46.7	41.8	68.5	58.6	56.0	33.3	63.3	..	46.8
Community Health Agency	1.3	**	9.9	2.5	1.0	8.9	7.6	8.1	8.5	4.6	0.0	*	..	6.1
Nursing Home/LTC Facility	51.7	39.6	36.9	43.5	54.8	28.5	42.0	17.9	25.8	31.9	46.7	14.3	..	37.0
Other Place of Work	1.6	6.0	6.1	3.0	5.6	10.8	8.6	5.4	7.1	7.3	18.3	17.3	..	7.8
Not Stated	1.0	**	0.8	0.1	0.7	5.1	0.0	0.1	0.0	0.2	1.7	**	..	2.4
RPN Workforce	–	–	–	–	–	–	**100.0**	**100.0**	**100.0**	**100.0**	–	–	–	**100.0**
Hospital	–	–	–	–	–	–	22.0	37.4	57.4	44.4	–	–	–	41.8
Community Mental Health Agency	–	–	–	–	–	–	40.6	10.3	19.3	23.4	–	–	–	23.3
Nursing Home/LTC Facility	–	–	–	–	–	–	29.5	36.0	11.3	17.4	–	–	–	21.8
Other Place of Work	–	–	–	–	–	–	7.9	14.6	11.7	13.8	–	–	–	12.4
Not Stated	–	–	–	–	–	–	0.1	1.7	0.3	0.9	–	–	–	0.7
Total Nursing Workforce	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**

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Source: NDB/CIHI

D.Summary

Nursing Workforce by Area of Responsibility and Province/Territory of Registration, Canada, 2003

	N.L.	P.E.I.	N.S.	N.B.	Que.	Ont.	Man.	Sask.	Alta.	B.C.	Y.T.	N.W.T.	Nun.	Canada
							(counts)							
RN Workforce	**5,430**	**1,373**	**8,498**	**7,186**	**62,494**	**85,187**	**10,034**	**8,503**	**23,964**	**27,711**	**290**	**414**	**258**	**241,342**
Direct Care	4,832	1,227	7,580	6,501	50,388	71,448	8,554	7,577	21,015	24,850	253	353	228	204,806
Administration	336	**	417	410	2,657	5,251	723	514	1,038	1,160	20	25	**	12,663
Education	207	**	379	225	2,132	4,230	493	339	1,051	1,387	12	28	*	10,532
Research	55	5	122	23	793	876	169	50	270	215	0	0	0	2,578
Not Stated	0	0	0	27	6,524	3,382	95	23	590	99	5	8	10	10,763
LPN Workforce	**2,719**	**619**	**3,022**	**2,429**	**14,831**	**25,730**	**2,417**	**2,056**	**4,766**	**4,391**	**60**	**98**	**..**	**63,138**
Direct Care	2,621	607	2,965	2,319	14,512	23,138	2,373	2,024	4,693	4,324	58	76	..	59,710
Admin./Education/Research	*	6	35	91	48	768	44	29	73	59	*	0	..	1,158
Not Stated	**	6	22	19	271	1,824	0	3	0	8	**	22	..	2,270
RPN Workforce	–	–	–	–	–	–	**954**	**939**	**1,128**	**2,086**	–	–	–	**5,107**
Direct Care	–	–	–	–	–	–	781	855	1,026	1,921	–	–	–	4,583
Administration	–	–	–	–	–	–	107	38	52	59	–	–	–	256
Education/Research	–	–	–	–	–	–	26	25	22	70	–	–	–	143
Not Stated	–	–	–	–	–	–	40	21	28	36	–	–	–	125
Total Nursing Workforce	**8,149**	**1,992**	**11,520**	**9,615**	**77,325**	**110,917**	**13,405**	**11,498**	**29,858**	**34,188**	**350**	**512**	**258**	**309,587**

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Source: NDB/CIHI

Nursing Workforce by Area of Responsibility and Province/Territory of Registration, Canada, 2003 (cont'd)

	N.L.	P.E.I.	N.S.	N.B.	Que.	Ont.	Man.	Sask.	Alta.	B.C.	Y.T.	N.W.T.	Nun.	Canada
							(percentage distribution)							
RN Workforce	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**
Direct Care	89.0	89.4	89.2	90.5	80.6	83.9	85.3	89.1	87.7	89.7	87.2	85.3	88.4	84.9
Administration	6.2	**	4.9	5.7	4.3	6.2	7.2	6.0	4.3	4.2	6.9	6.0	**	5.2
Education	3.8	**	4.5	3.1	3.4	5.0	4.9	4.0	4.4	5.0	4.1	6.8	*	4.4
Research	1.0	0.4	1.4	0.3	1.3	1.0	1.7	0.6	1.1	0.8	0.0	0.0	0.0	1.1
Not Stated	0.0	0.0	0.0	0.4	10.4	4.0	0.9	0.3	2.5	0.4	1.7	1.9	3.9	4.5
LPN Workforce	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**..**	**100.0**
Direct Care	96.4	98.1	98.1	95.5	97.8	89.9	98.2	98.4	98.5	98.5	96.7	77.6	..	94.6
Admin./Education/Research	*	1.0	1.2	3.7	0.3	3.0	1.8	1.4	1.5	1.3	*	0.0	..	1.8
Not Stated	**	1.0	0.7	0.8	1.8	7.1	0.0	0.1	0.0	0.2	**	22.4	..	3.6
RPN Workforce	–	–	–	–	–	–	**100.0**	**100.0**	**100.0**	**100.0**	–	–	–	**100.0**
Direct Care	–	–	–	–	–	–	81.9	91.1	91.0	92.1	–	–	–	89.7
Administration	–	–	–	–	–	–	11.2	4.0	4.6	2.8	–	–	–	5.0
Education/Research	–	–	–	–	–	–	2.7	2.7	2.0	3.4	–	–	–	2.8
Not Stated	–	–	–	–	–	–	4.2	2.2	2.5	1.7	–	–	–	2.4
Total Nursing Workforce	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**

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Source: NDB/CIHI

E.Summary

Nursing Workforce by Position and Province/Territory of Registration, Canada, 2003

	N.L.	P.E.I.	N.S.	N.B.	Que.	Ont.	Man.	Sask.	Alta.	B.C.	Y.T.	N.W.T.	Nun.	Canada
							(Counts)							
RN Workforce	**5,430**	**1,373**	**8,498**	**7,186**	**62,494**	**85,187**	**10,034**	**8,503**	**23,964**	**27,711**	**290**	**414**	**258**	**241,342**
Managerial Positions	530	256	1,059	703	9,486	5,216	813	764	1,540	2,008	20	42	33	22,470
Staff/Comm. Health RN	4,363	984	6,775	5,793	42,347	61,228	7,425	6,952	18,927	22,225	212	295	184	177,710
Other Positions	516	127	616	637	4,361	14,889	1,626	708	2,986	2,754	55	67	29	29,371
Not Stated	21	6	48	53	6,300	3,854	170	79	511	724	3	10	12	11,791
LPN Workforce	**2,719**	**619**	**3,022**	**2,429**	**14,831**	**25,730**	**2,417**	**2,056**	**4,766**	**4,391**	**60**	**98**	**..**	**63,138**
Managerial Positions	0	10	52	39	39	489	19	15	47	65	n/s	n/s	..	775
Staff/Comm. Health LPN	2,596	529	2,810	2,071	13,937	22,212	2,349	1,817	4,477	3,547	n/s	n/s	..	56,345
Other Positions	106	70	126	318	703	1,954	49	214	211	701	n/s	n/s	..	4,452
Not Stated	17	10	34	1	152	1,075	0	10	31	78	60	98	..	1,566
RPN Workforce	–	–	–	–	–	–	**954**	**939**	**1,128**	**2,086**	–	–	–	**5,107**
Managerial Positions	–	–	–	–	–	–	100	88	92	184	–	–	–	464
Staff/Comm. Mental Health RPN	–	–	–	–	–	–	718	709	905	1,542	–	–	–	3,874
Other Positions	–	–	–	–	–	–	104	116	111	328	–	–	–	659
Not Stated	–	–	–	–	–	–	32	26	20	32	–	–	–	110
Total Nursing Workforce	**8,149**	**1,992**	**11,520**	**9,615**	**77,325**	**110,917**	**13,405**	**11,498**	**29,858**	**34,188**	**350**	**512**	**258**	**309,587**

Notes

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Source: NDB/CIHI

Nursing Workforce by Position and Province/Territory of Registration, Canada, 2003 (cont'd)

	N.L.	P.E.I.	N.S.	N.B.	Que.	Ont.	Man.	Sask.	Alta.	B.C.	Y.T.	N.W.T.	Nun.	Canada
							(Percentage Distribution)							
RN Workforce	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**
Managerial Positions	9.8	18.6	12.5	9.8	15.2	6.1	8.1	9.0	6.4	7.2	6.9	10.1	12.8	9.3
Staff/Comm. Health RN	80.3	71.7	79.7	80.6	67.8	71.9	74.0	81.8	79.0	80.2	73.1	71.3	71.3	73.6
Other Positions	9.5	9.2	7.2	8.9	7.0	17.5	16.2	8.3	12.5	9.9	19.0	16.2	11.2	12.2
Not Stated	0.4	0.4	0.6	0.7	10.1	4.5	1.7	0.9	2.1	2.6	1.0	2.4	4.7	4.9
LPN Workforce	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**..**	**100.0**
Managerial Positions	0.0	1.6	1.7	1.6	0.3	1.9	0.8	0.7	1.0	1.5	n/s	n/s	..	1.2
Staff/Comm. Health LPN	95.5	85.5	93.0	85.3	94.0	86.3	97.2	88.4	93.9	80.8	n/s	n/s	..	89.2
Other Positions	3.9	11.3	4.2	13.1	4.7	7.6	2.0	10.4	4.4	16.0	n/s	n/s	..	7.1
Not Stated	0.6	1.6	1.1	<0.1	1.0	4.2	0.0	0.5	0.7	1.8	100.0	100.0	..	2.5
RPN Workforce	–	–	–	–	–	–	**100.0**	**100.0**	**100.0**	**100.0**	–	–	–	**100.0**
Managerial Positions	–	–	–	–	–	–	10.5	9.4	8.2	8.8	–	–	–	9.1
Staff/Comm. Mental Health RPN	–	–	–	–	–	–	75.3	75.5	80.2	73.9	–	–	–	75.9
Other Positions	–	–	–	–	–	–	10.9	12.4	9.8	15.7	–	–	–	12.9
Not Stated	–	–	–	–	–	–	3.4	2.8	1.8	1.5	–	–	–	2.2
Total Nursing Workforce	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**

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Source: NDB/CIHI

F.Summary

Nursing Workforce by Multiple Employment Status and Province/Territory of Registration, Canada, 2003

	N.L.	P.E.I.	N.S.	N.B.	Que.	Ont.	Man.	Sask.	Alta.	B.C.	Y.T.	N.W.T.	Nun.	Canada
							(Counts)							
RN Workforce	**5,430**	**1,373**	**8,498**	**7,186**	**62,494**	**85,187**	**10,034**	**8,503**	**23,964**	**27,711**	**290**	**414**	**258**	**241,342**
Single Employer in Reg'd Nsg	4,972	1,225	7,924	6,309	54,138	76,471	9,269	6,939	19,197	20,995	224	346	201	208,210
Multiple Employers in Reg'd Nsg	440	147	574	871	8,356	8,716	765	1,544	4,520	6,716	57	64	57	32,827
Not Stated	18	1	0	6	0	0	0	20	247	0	9	4	0	305
LPN Workforce	**2,719**	**619**	**3,022**	**2,429**	**14,831**	**25,730**	**2,417**	**2,056**	**4,766**	**4,391**	**60**	**98**	**..**	**63,138**
Single Employer in Pract. Nsg	2,483	506	2,575	2,139	12,724	22,480	1,774	1,125	3,708	3,378	17	n/s	..	52,909
Multiple Employers in Pract. Nsg	236	113	447	290	2,107	3,250	643	322	1,058	942	8	n/s	..	9,416
Not Stated	0	0	0	0	0	0	0	609	0	71	35	98	..	813
RPN Workforce	–	–	–	–	–	–	**954**	**939**	**1,128**	**2,086**	–	–	–	**5,107**
Single Employer in Psych. Nsg	–	–	–	–	–	–	798	802	950	1,667	–	–	–	4,217
Multiple Employers in Psych. Nsg	–	–	–	–	–	–	156	137	178	419	–	–	–	890
Not Stated	–	–	–	–	–	–	0	0	0	0	–	–	–	0
Total Nursing Workforce	**8,149**	**1,992**	**11,520**	**9,615**	**77,325**	**110,917**	**13,405**	**11,498**	**29,858**	**34,188**	**350**	**512**	**258**	**309,587**

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Source: NDB/CIHI

Nursing Workforce by Multiple Employment Status and Province/Territory of Registration, Canada, 2003 (cont'd)

	N.L.	P.E.I.	N.S.	N.B.	Que.	Ont.	Man.	Sask.	Alta.	B.C.	Y.T.	N.W.T.	Nun.	Canada
							(Percentage Distribution)							
RN Workforce	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**
Single Employer in Reg'd Nsg	91.6	89.2	93.2	87.8	86.6	89.8	92.4	81.6	80.1	75.8	77.2	83.6	77.9	86.3
Multiple Employers in Reg'd Nsg	8.1	10.7	6.8	12.1	13.4	10.2	7.6	18.2	18.9	24.2	19.7	15.5	22.1	13.6
Not Stated	0.3	0.1	0.0	0.1	0.0	0.0	0.0	0.2	1.0	0.0	3.1	1.0	0.0	0.1
LPN Workforce	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**..**	**100.0**
Single Employer in Pract. Nsg	91.3	81.7	85.2	88.1	85.8	87.4	73.4	54.7	77.8	76.9	28.3	n/s	..	83.8
Multiple Employers in Pract. Nsg	8.7	18.3	14.8	11.9	14.2	12.6	26.6	15.7	22.2	21.5	13.3	n/s	..	14.9
Not Stated	0.0	0.0	0.0	0.0	0.0	0.0	0.0	29.6	0.0	1.6	58.3	100.0	..	1.3
RPN Workforce	–	–	–	–	–	–	**100.0**	**100.0**	**100.0**	**100.0**	–	–	–	**100.0**
Single Employer in Psych. Nsg	–	–	–	–	–	–	83.6	85.4	84.2	79.9	–	–	–	82.6
Multiple Employers in Psych. Nsg	–	–	–	–	–	–	16.4	14.6	15.8	20.1	–	–	–	17.4
Not Stated	–	–	–	–	–	–	0.0	0.0	0.0	0.0	–	–	–	0.0
Total Nursing Workforce	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**

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Source: NDB/CIHI

G.Summary

Nursing Workforce by Sex and Province/Territory of Registration, Canada, 2003

	N.L.	P.E.I.	N.S.	N.B.	Que.	Ont.	Man.	Sask.	Alta.	B.C.	Y.T.	N.W.T.	Nun.	Canada
							(Counts)							
RN Workforce	**5,430**	**1,373**	**8,498**	**7,186**	**62,494**	**85,187**	**10,034**	**8,503**	**23,964**	**27,711**	**290**	**414**	**258**	**241,342**
Male	225	45	259	293	5,683	3,276	497	270	820	1,284	23	40	30	12,745
Female	5,205	1,328	8,239	6,893	56,811	81,911	9,537	8,233	23,144	26,427	267	374	228	228,597
Not Stated	–	–	–	–	–	–	–	–	–	–	–	–	–	–
LPN Workforce	**2,719**	**619**	**3,022**	**2,429**	**14,831**	**25,730**	**2,417**	**2,056**	**4,766**	**4,391**	**60**	**98**	**..**	**63,138**
Male	378	46	149	235	1,189	1,549	89	53	229	378	*	**	..	4,306
Female	2,341	573	2,873	2,194	13,642	24,181	2,328	2,003	4,537	4,013	**	**	..	58,832
Not Stated	–	–	–	–	–	–	–	–	–	–	–	–	..	–
RPN Workforce	–	–	–	–	–	–	**954**	**939**	**1,128**	**2,086**	–	–	–	**5,107**
Male	–	–	–	–	–	–	229	144	294	476	–	–	–	1,143
Female	–	–	–	–	–	–	725	795	833	1,609	–	–	–	3,962
Not Stated	–	–	–	–	–	–	0	0	1	1	–	–	–	2
Total Nursing Workforce	**8,149**	**1,992**	**11,520**	**9,615**	**77,325**	**110,917**	**13,405**	**11,498**	**29,858**	**34,188**	**350**	**512**	**258**	**309,587**

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Source: NDB/CIHI

Nursing Workforce by Sex and Province/Territory of Registration, Canada, 2003 (cont'd)

	N.L.	P.E.I.	N.S.	N.B.	Que.	Ont.	Man.	Sask.	Alta.	B.C.	Y.T.	N.W.T.	Nun.	Canada
							(Percentage Distribution)							
RN Workforce	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**
Male	4.1	3.3	3.0	4.1	9.1	3.8	5.0	3.2	3.4	4.6	7.9	9.7	11.6	5.3
Female	95.9	96.7	97.0	95.9	90.9	96.2	95.0	96.8	96.6	95.4	92.1	90.3	88.4	94.7
Not Stated	–	–	–	–	–	–	–	–	–	–	–	–	–	–
LPN Workforce	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**..**	**100.0**
Male	13.9	7.4	4.9	9.7	8.0	6.0	3.7	2.6	4.8	8.6	*	**	..	6.8
Female	86.1	92.6	95.1	90.3	92.0	94.0	96.3	97.4	95.2	91.4	**	**	..	93.2
Not Stated	–	–	–	–	–	–	–	–	–	–	–	–	..	–
RPN Workforce	–	–	–	–	–	–	**100.0**	**100.0**	**100.0**	**100.0**	–	–	–	**100.0**
Male	–	–	–	–	–	–	24.0	15.3	26.1	22.8	–	–	–	22.4
Female	–	–	–	–	–	–	76.0	84.7	73.8	77.1	–	–	–	77.6
Not Stated	–	–	–	–	–	–	0.0	0.0	0.1	<0.1	–	–	–	<0.1
Total Nursing Workforce	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**

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Source: NDB/CIHI

H.Summary

Nursing Workforce by Location of Graduation and Province/Territory of Registration, Canada, 2003

	N.L.	P.E.I.	N.S.	N.B.	Que.	Ont.	Man.	Sask.	Alta.	B.C.	Y.T.	N.W.T.	Nun.	Canada
							(Counts)							
RN Workforce	**5,430**	**1,373**	**8,498**	**7,186**	**62,494**	**85,187**	**10,034**	**8,503**	**23,964**	**27,711**	**290**	**414**	**258**	**241,342**
Canadian-Trained	5,313	1,344	8,304	7,100	60,959	75,425	9,447	8,124	21,309	23,421	270	369	221	221,606
Foreign-Trained	91	25	194	85	1,532	9,682	587	266	930	4,143	20	43	35	17,633
Not Stated	26	4	0	1	3	80	0	113	1,725	147	0	2	2	2,103
LPN Workforce	**2,719**	**619**	**3,022**	**2,429**	**14,831**	**25,730**	**2,417**	**2,056**	**4,766**	**4,391**	**60**	**98**	**..**	**63,138**
Canadian-Trained	1,949	**	3,013	2,419	n/s	24,860	2,377	2,019	4,658	4,189	60	**	..	46,257
Foreign-Trained	n/s	*	9	10	n/s	854	40	37	101	0	0	*	..	1,055
Not Stated	770	0	0	0	14,831	16	0	0	7	202	0	0	..	15,826
RPN Workforce	–	–	–	–	–	–	**954**	**939**	**1,128**	**2,086**	–	–	–	**5,107**
Canadian-Trained	–	–	–	–	–	–	940	917	1,025	1,686	–	–	–	4,568
Foreign-Trained	–	–	–	–	–	–	14	*	103	**	–	–	–	373
Not Stated	–	–	–	–	–	–	0	**	0	**	–	–	–	166
Total Nursing Workforce	**8,149**	**1,992**	**11,520**	**9,615**	**77,325**	**110,917**	**13,405**	**11,498**	**29,858**	**34,188**	**350**	**512**	**258**	**309,587**

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Source: NDB/CIHI

Nursing Workforce by Location of Graduation and Province/Territory of Registration, Canada, 2003 (cont'd)

	N.L.	P.E.I.	N.S.	N.B.	Que.	Ont.	Man.	Sask.	Alta.	B.C.	Y.T.	N.W.T.	Nun.	Canada
							(Percentage Distribution)							
RN Workforce	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**
Canadian-Trained	97.8	97.9	97.7	98.8	97.5	88.5	94.1	95.5	88.9	84.5	93.1	89.1	85.7	91.8
Foreign-Trained	1.7	1.8	2.3	1.2	2.5	11.4	5.9	3.1	3.9	15.0	6.9	10.4	13.6	7.3
Not Stated	0.5	0.3	0.0	<0.1	<0.1	0.1	0.0	1.3	7.2	0.5	0.0	0.5	0.8	0.9
LPN Workforce	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**..**	**100.0**
Canadian-Trained	71.7	**	99.7	99.6	n/s	96.6	98.3	98.2	97.7	95.4	100.0	**	..	73.3
Foreign-Trained	n/s	*	0.3	0.4	n/s	3.3	1.7	1.8	2.1	0.0	0.0	*	..	1.7
Not Stated	28.3	0.0	0.0	0.0	100.0	0.1	0.0	0.0	0.1	4.6	0.0	0.0	..	25.1
RPN Workforce	–	–	–	–	–	–	**100.0**	**100.0**	**100.0**	**100.0**	–	–	–	**100.0**
Canadian-Trained	–	–	–	–	–	–	98.5	97.7	90.9	80.8	–	–	–	89.4
Foreign-Trained	–	–	–	–	–	–	1.5	*	9.1	**	–	–	–	7.3
Not Stated	–	–	–	–	–	–	0.0	**	0.0	**	–	–	–	3.3
Total Nursing Workforce	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**

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Source: NDB/CIHI

I.Summary

Nursing Workforce by Years Since Graduation and Province/Territory of Registration, Canada, 2003

	N.L.	P.E.I.	N.S.	N.B.	Que.	Ont.	Man.	Sask.	Alta.	B.C.	Y.T.	N.W.T.	Nun.	Canada
							(Counts)							
RN Workforce	**5,430**	**1,373**	**8,498**	**7,186**	**62,494**	**85,187**	**10,034**	**8,503**	**23,964**	**27,711**	**290**	**414**	**258**	**241,342**
0–10 years	1,639	249	1,352	1,408	14,975	17,692	2,236	1,731	5,545	6,047	73	141	65	52,977
11–20 years	1,759	398	2,551	2,408	16,847	21,596	3,233	2,259	6,522	7,625	77	118	74	65,467
21–30 years	1,466	390	2,673	2,055	19,764	21,892	2,667	2,481	6,296	7,395	83	84	67	67,313
31 + years	742	336	1,922	1,315	10,908	20,721	1,898	2,032	5,601	6,644	57	71	52	52,299
Not Stated	0	0	0	0	0	3,286	0	0	0	0	0	0	0	3,286
LPN Workforce	**2,719**	**619**	**3,022**	**2,429**	**14,831**	**25,730**	**2,417**	**2,056**	**4,766**	**4,391**	**60**	**98**	**..**	**63,138**
0–10 years	761	206	947	1,266	3,336	7,659	718	554	1,697	1,486	19	33	..	18,682
11–20 years	711	170	809	357	3,038	7,239	524	330	1,002	866	20	33	..	15,099
21–30 years	720	143	799	424	4,895	5,904	692	689	987	1,143	16	19	..	16,431
31 + years	527	100	467	382	3,562	4,426	483	483	1,080	896	5	12	..	12,423
Not Stated	0	0	0	0	0	502	0	0	0	0	0	1	..	503
RPN Workforce	–	–	–	–	–	–	**954**	**939**	**1,128**	**2,086**	–	–	–	**5,107**
0–10 years	–	–	–	–	–	–	120	179	186	563	–	–	–	1,048
11–20 years	–	–	–	–	–	–	315	289	387	513	–	–	–	1,504
21–30 years	–	–	–	–	–	–	338	269	337	392	–	–	–	1,336
31 + years	–	–	–	–	–	–	181	193	218	520	–	–	–	1,112
Not Stated	–	–	–	–	–	–	0	9	0	98	–	–	–	107
Total Nursing Workforce	**8,149**	**1,992**	**11,520**	**9,615**	**77,325**	**110,917**	**13,405**	**11,498**	**29,858**	**34,188**	**350**	**512**	**258**	**309,587**

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Source: NDB/CIHI

Nursing Workforce by Years Since Graduation and Province/Territory of Registration, Canada, 2003 (cont'd)

	N.L.	P.E.I.	N.S.	N.B.	Que.	Ont.	Man.	Sask.	Alta.	B.C.	Y.T.	N.W.T.	Nun.	Canada
							(Percentage Distribution)							
RN Workforce	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**
0–10 years	30.2	18.1	15.9	19.6	24.0	20.8	22.3	20.4	23.1	21.8	25.2	34.1	25.2	22.0
11–20 years	32.4	29.0	30.0	33.5	27.0	25.4	32.2	26.6	27.2	27.5	26.6	28.5	28.7	27.1
21–30 years	27.0	28.4	31.5	28.6	31.6	25.7	26.6	29.2	26.3	26.7	28.6	20.3	26.0	27.9
31 + years	13.7	24.5	22.6	18.3	17.5	24.3	18.9	23.9	23.4	24.0	19.7	17.1	20.2	21.7
Not Stated	0.0	0.0	0.0	0.0	0.0	3.9	0.0	0.0	0.0	0.0	0.0	0.0	0.0	1.4
LPN Workforce	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**..**	**100.0**
0–10 years	28.0	33.3	31.3	52.1	22.5	29.8	29.7	26.9	35.6	33.8	31.7	33.7	..	29.6
11–20 years	26.1	27.5	26.8	14.7	20.5	28.1	21.7	16.1	21.0	19.7	33.3	33.7	..	23.9
21–30 years	26.5	23.1	26.4	17.5	33.0	22.9	28.6	33.5	20.7	26.0	26.7	19.4	..	26.0
31 + years	19.4	16.2	15.5	15.7	24.0	17.2	20.0	23.5	22.7	20.4	8.3	12.2	..	19.7
Not Stated	0.0	0.0	0.0	0.0	0.0	2.0	0.0	0.0	0.0	0.0	0.0	1.0	..	0.8
RPN Workforce	–	–	–	–	–	–	**100.0**	**100.0**	**100.0**	**100.0**	–	–	–	**100.0**
0–10 years	–	–	–	–	–	–	12.6	19.1	16.5	27.0	–	–	–	20.5
11–20 years	–	–	–	–	–	–	33.0	30.8	34.3	24.6	–	–	–	29.4
21–30 years	–	–	–	–	–	–	35.4	28.6	29.9	18.8	–	–	–	26.2
31 + years	–	–	–	–	–	–	19.0	20.6	19.3	24.9	–	–	–	21.8
Not Stated	–	–	–	–	–	–	0.0	1.0	0.0	4.7	–	–	–	2.1
Total Nursing Workforce	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**

Notes

– Data are not applicable or do not exist

.. Data not currently collected by CIHI

Totals may not sum to 100 percent due to rounding

Statistics released by CIHI will differ from statistics released by provincial/territorial authorities due to CIHI's collection, processing and reporting methodologies

Please review the Methodological Notes for more comprehensive information regarding the collection and comparability of Nursing data

Source: NDB/CIHI

J.Summary

Nursing Workforce by Age Group and Province/Territory of Registration, Canada, 2003

	N.L.	P.E.I.	N.S.	N.B.	Que.	Ont.	Man.	Sask.	Alta.	B.C.	Y.T.	N.W.T.	Nun.	Canada
							(counts)							
RN Workforce	**5,430**	**1,373**	**8,498**	**7,186**	**62,494**	**85,187**	**10,034**	**8,503**	**23,964**	**27,711**	**290**	**414**	**258**	**241,342**
<25 years	187	34	108	116	2,161	962	83	173	399	451	*	*	*	4,681
25–29 years	515	81	421	471	5,562	5,645	579	506	1,865	1,684	27	38	19	17,413
30–34 years	788	135	757	757	6,180	8,602	991	844	2,492	2,461	28	55	25	24,115
35–39 years	993	190	1,211	1,203	8,006	11,320	1,388	1,030	3,087	3,125	33	63	23	31,672
40–44 years	925	228	1,606	1,270	9,353	12,760	1,685	1,370	3,514	4,107	49	63	43	36,973
45–49 years	884	206	1,666	1,258	11,134	14,295	1,907	1,616	4,129	5,076	57	58	53	42,339
50–54 years	650	237	1,357	1,167	11,130	14,811	1,730	1,438	3,855	4,948	51	62	40	41,476
55–59 years	356	164	926	679	6,388	10,357	1,051	910	2,790	3,794	32	38	25	27,510
60–64 years	118	78	364	226	1,953	5,096	497	493	1,440	1,736	**	26	**	12,058
65–69 years	**	**	70	34	404	1,147	99	112	320	286	0	6	*	2,507
70+ years	*	*	12	5	223	191	18	11	62	43	0	*	*	575
Not Stated	0	0	0	0	0	1	6	0	11	0	0	2	3	23
LPN Workforce	**2,719**	**619**	**3,022**	**2,429**	**14,831**	**25,730**	**2,417**	**2,056**	**4,766**	**4,391**	**60**	**98**	**..**	**63,138**
<25 years	**	18	53	107	522	533	76	108	274	113	0	*	..	1,871
25–29 years	154	**	259	210	989	1,684	159	172	386	287	*	7	..	4,339
30–34 years	265	60	363	273	1,164	2,571	204	138	398	385	5	10	..	5,836
35–39 years	410	88	441	310	1,693	3,196	267	174	456	435	5	15	..	7,490
40–44 years	496	110	545	374	2,341	3,966	346	313	669	631	14	16	..	9,821
45–49 years	494	115	544	435	2,848	4,685	437	434	812	872	9	20	..	11,705
50–54 years	445	98	428	366	3,002	4,640	453	367	768	825	16	11	..	11,419
55–59 years	342	63	282	264	1,796	3,090	337	232	634	593	5	13	..	7,651
60–64 years	48	34	94	83	367	1,145	120	107	322	208	*	*	..	2,533
65–69 years	*	*	**	7	65	192	**	**	**	33	0	0	..	380
70+ years	0	0	*	0	44	28	*	*	*	9	0	0	..	91
Not Stated	0	0	0	0	0	0	0	0	0	0	2	0	..	2
RPN Workforce	–	–	–	–	–	–	**954**	**939**	**1,128**	**2,086**	–	–	–	**5,107**
<25 years	–	–	–	–	–	–	**	*	**	10	–	–	–	36
25–29 years	–	–	–	–	–	–	26	35	39	116	–	–	–	216
30–34 years	–	–	–	–	–	–	62	109	78	174	–	–	–	423
35–39 years	–	–	–	–	–	–	105	133	171	237	–	–	–	646
40–44 years	–	–	–	–	–	–	201	158	182	280	–	–	–	821
45–49 years	–	–	–	–	–	–	220	149	198	301	–	–	–	868
50–54 years	–	–	–	–	–	–	189	131	184	378	–	–	–	882
55–59 years	–	–	–	–	–	–	94	91	183	404	–	–	–	772
60–64 years	–	–	–	–	–	–	34	54	58	152	–	–	–	298
65–69 years	–	–	–	–	–	–	13	10	10	26	–	–	–	59
70+ years	–	–	–	–	–	–	*	*	*	7	–	–	–	14
Not Stated	–	–	–	–	–	–	0	66	5	1	–	–	–	72
Total Nursing Workforce	**8,149**	**1,992**	**11,520**	**9,615**	**77,325**	**110,917**	**13,405**	**11,498**	**29,858**	**34,188**	**350**	**512**	**258**	**309,587**

Notes

* Value suppressed in accordance with CIHI privacy policy; cell value is from 1 to 4

** Value suppressed to ensure confidentiality; cell value is 5 or greater

– Data are not applicable or do not exist

.. Data not currently collected by CIHI

Statistics released by CIHI will differ from statistics released by provincial/territorial authorities due to CIHI's collection, processing and reporting methodologies. Please review the Methodological Notes for more comprehensive information regarding the collection and comparability of Nursing data.

Source: NDB/CIHI

Nursing Workforce by Age Group and Province/Territory of Registration, Canada, 2003 (cont'd)

	N.L.	P.E.I.	N.S.	N.B.	Que.	Ont.	Man.	Sask.	Alta.	B.C.	Y.T.	N.W.T.	Nun.	Canada
							(percentage distribution)							
RN Workforce	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**
<25 years	3.4	2.5	1.3	1.6	3.5	1.1	0.8	2.0	1.7	1.6	*	*	*	1.9
25–29 years	9.5	5.9	5.0	6.6	8.9	6.6	5.8	6.0	7.8	6.1	9.3	9.2	7.4	7.2
30–34 years	14.5	9.8	8.9	10.5	9.9	10.1	9.9	9.9	10.4	8.9	9.7	13.3	9.7	10.0
35–39 years	18.3	13.8	14.3	16.7	12.8	13.3	13.8	12.1	12.9	11.3	11.4	15.2	8.9	13.1
40–44 years	17.0	16.6	18.9	17.7	15.0	15.0	16.8	16.1	14.7	14.8	16.9	15.2	16.7	15.3
45–49 years	16.3	15.0	19.6	17.5	17.8	16.8	19.0	19.0	17.2	18.3	19.7	14.0	20.5	17.5
50–54 years	12.0	17.3	16.0	16.2	17.8	17.4	17.2	16.9	16.1	17.9	17.6	15.0	15.5	17.2
55–59 years	6.6	11.9	10.9	9.4	10.2	12.2	10.5	10.7	11.6	13.7	11.0	9.2	9.7	11.4
60–64 years	2.2	5.7	4.3	3.1	3.1	6.0	5.0	5.8	6.0	6.3	**	6.3	**	5.0
65–69 years	**	**	0.8	0.5	0.6	1.3	1.0	1.3	1.3	1.0	0.0	1.4	*	1.0
70+ years	*	*	0.1	0.1	0.4	0.2	0.2	0.1	0.3	0.2	0.0	*	*	0.2
Not Stated	0.0	0.0	0.0	0.0	0.0	<0.1	0.1	0.0	<0.1	0.0	0.0	0.5	1.2	<0.1
LPN Workforce	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**..**	**100.0**
<25 years	**	2.9	1.8	4.4	3.5	2.1	3.1	5.3	5.7	2.6	0.0	*	..	3.0
25–29 years	5.7	**	8.6	8.6	6.7	6.5	6.6	8.4	8.1	6.5	*	7.1	..	6.9
30–34 years	9.7	9.7	12.0	11.2	7.8	10.0	8.4	6.7	8.4	8.8	8.3	10.2	..	9.2
35–39 years	15.1	14.2	14.6	12.8	11.4	12.4	11.0	8.5	9.6	9.9	8.3	15.3	..	11.9
40–44 years	18.2	17.8	18.0	15.4	15.8	15.4	14.3	15.2	14.0	14.4	23.3	16.3	..	15.6
45–49 years	18.2	18.6	18.0	17.9	19.2	18.2	18.1	21.1	17.0	19.9	15.0	20.4	..	18.5
50–54 years	16.4	15.8	14.2	15.1	20.2	18.0	18.7	17.9	16.1	18.8	26.7	11.2	..	18.1
55–59 years	12.6	10.2	9.3	10.9	12.1	12.0	13.9	11.3	13.3	13.5	8.3	13.3	..	12.1
60–64 years	1.8	5.5	3.1	3.4	2.5	4.5	5.0	5.2	6.8	4.7	*	*	..	4.0
65–69 years	*	*	**	0.3	0.4	0.7	**	**	**	0.8	0.0	0.0	..	0.6
70+ years	0.0	0.0	*	0.0	0.3	0.1	*	*	*	0.2	0.0	0.0	..	0.1
Not Stated	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	3.3	0.0	..	<0.1
RPN Workforce	–	–	–	–	–	–	**100.0**	**100.0**	**100.0**	**100.0**	–	–	–	**100.0**
<25 years	–	–	–	–	–	–	**	*	**	0.5	–	–	–	0.7
25–29 years	–	–	–	–	–	–	2.7	3.7	3.5	5.6	–	–	–	4.2
30–34 years	–	–	–	–	–	–	6.5	11.6	6.9	8.3	–	–	–	8.3
35–39 years	–	–	–	–	–	–	11.0	14.2	15.2	11.4	–	–	–	12.6
40–44 years	–	–	–	–	–	–	21.1	16.8	16.1	13.4	–	–	–	16.1
45–49 years	–	–	–	–	–	–	23.1	15.9	17.6	14.4	–	–	–	17.0
50–54 years	–	–	–	–	–	–	19.8	14.0	16.3	18.1	–	–	–	17.3
55–59 years	–	–	–	–	–	–	9.9	9.7	16.2	19.4	–	–	–	15.1
60–64 years	–	–	–	–	–	–	3.6	5.8	5.1	7.3	–	–	–	5.8
65–69 years	–	–	–	–	–	–	1.4	1.1	0.9	1.2	–	–	–	1.2
70+ years	–	–	–	–	–	–	*	*	*	0.3	–	–	–	0.3
Not Stated	–	–	–	–	–	–	0.0	7.0	0.4	<0.1	–	–	–	1.4
Total Nursing Workforce	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**

* Value suppressed in accordance with CIHI privacy policy; cell value is from 1 to 4
** Value suppressed to ensure confidentiality; cell value is 5 or greater
– Data are not applicable or do not exist
.. Data not currently collected by CIHI
<0.1 Value is less than 0.05%; value is replaced to prevent displaying cells of 0.0 that are not true zero values
Totals may not sum to 100 percent due to rounding.
Statistics released by CIHI will differ from statistics released by provincial/territorial authorities due to CIHI's collection, processing and reporting methodologies.
Please review the Methodological Notes for more comprehensive information regarding the collection and comparability of Nursing data.

Source: NDB/CIHI

K.Summary

Nursing Workforce by Average Age and Province/Territory of Registration, Canada, 2003

	N.L.	P.E.I.	N.S.	N.B.	Que.	Ont.	Man.	Sask.	Alta.	B.C.	Y.T.	N.W.T.	Nun.	Canada
							(Years)							
RN Workforce	41.1	44.7	44.7	43.5	43.5	45.1	44.8	44.9	44.7	45.6	44.0	43.8	45.4	44.5
LPN Workforce	43.8	44.4	42.9	42.8	44.4	44.6	45.0	44.4	44.4	45.3	45.9	43.3	..	44.4
RPN Workforce	–	–	–	–	–	–	46.0	44.9	46.0	47.0	–	–	–	46.2
Total Nursing Workforce	**42.0**	**44.6**	**44.2**	**43.3**	**43.6**	**45.0**	**44.9**	**44.8**	**44.7**	**45.7**	**44.4**	**43.7**	**45.4**	**44.5**

Notes

– Data are not applicable or do not exist

.. Data not currently collected by CIHI

Statistics released by CIHI will differ from statistics released by provincial/territorial authorities due to CIHI's collection, processing and reporting methodologies

Please review the Methodological Notes for more comprehensive information regarding the collection and comparability of Nursing data

Source: NDB/CIHI

Difference from Average Age of Provincial/Territorial Nursing Workforce by Province/Territory of Registration, Canada, 2003

	N.L.	P.E.I.	N.S.	N.B.	Que.	Ont.	Man.	Sask.	Alta.	B.C.	Y.T.	N.W.T.	Nun.	Canada
							(Years)							
RN Workforce	-0.9	0.1	0.5	0.2	-0.1	0.1	-0.1	0.1	0.0	-0.1	-0.4	0.1	0.0	0.0
LPN Workforce	1.8	-0.2	-1.3	-0.5	0.8	-0.4	0.1	-0.4	-0.3	-0.4	1.5	-0.4	..	-0.1
RPN Workforce	–	–	–	–	–	–	1.1	0.1	1.3	1.3	–	–	–	1.7
Total Nursing Workforce	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**

Notes

– Data are not applicable or do not exist

.. Data not currently collected by CIHI

Negative values indicate a workforce that is younger than the total nursing workforce in that jurisdiction; positive values indicate a workforce that is older

Statistics released by CIHI will differ from statistics released by provincial/territorial authorities due to CIHI's collection, processing and reporting methodologies

Please review the Methodological Notes for more comprehensive information regarding the collection and comparability of Nursing data

Source: NDB/CIHI

L.Summary

Nursing Workforce by Initial Education in Nursing Discipline and Province/Territory of Registration, Canada, 2003

	N.L.	P.E.I.	N.S.	N.B.	Que.	Ont.	Man.	Sask.	Alta.	B.C.	Y.T.	N.W.T.	Nun.	Canada
							(Counts)							
RN Workforce	**5,430**	**1,373**	**8,498**	**7,186**	**62,494**	**85,187**	**10,034**	**8,503**	**23,964**	**27,711**	**290**	**414**	**258**	**241,342**
Diploma in Reg'd Nsg	4,303	1,114	7,015	5,426	57,979	74,602	8,195	6,854	18,618	22,816	215	344	212	207,693
Bacc./Master's in Reg'd Nsg	1,127	259	1,483	1,760	4,515	10,585	1,839	1,649	5,346	4,895	75	70	46	33,649
LPN Workforce	**2,719**	**619**	**3,022**	**2,429**	**14,831**	**25,730**	**2,417**	**2,056**	**4,766**	**4,391**	**60**	**98**	**..**	**63,138**
Equiv./Diploma in Pract. Nsg	2,719	619	3,022	2,429	14,831	25,730	2,417	2,056	4,766	4,391	60	98	..	63,138
RPN Workforce	–	–	–	–	–	–	**954**	**939**	**1,128**	**2,086**	–	–	–	**5,107**
Diploma in Psych. Nsg	–	–	–	–	–	–	906	939	1,120	2,018	–	–	–	4,983
Baccalaureate in Psych. Nsg	–	–	–	–	–	–	48	0	8	68	–	–	–	124
Total Nursing Workforce	**8,149**	**1,992**	**11,520**	**9,615**	**77,325**	**110,917**	**13,405**	**11,498**	**29,858**	**34,188**	**350**	**512**	**258**	**309,587**

Notes

– Data are not applicable or do not exist

.. Data not currently collected by CIHI

The Baccalaureate/Master's in Registered Nursing total includes 92 RNs with a Master's as their initial education in registered nursing

Statistics released by CIHI will differ from statistics released by provincial/territorial authorities due to CIHI's collection, processing and reporting methodologies

Please review the Methodological Notes for more comprehensive information regarding the collection and comparability of Nursing data

Source: NDB/CIHI

Nursing Workforce by Initial Education in Nursing Discipline and Province/Territory of Registration, Canada, 2003 (cont'd)

	N.L.	P.E.I.	N.S.	N.B.	Que.	Ont.	Man.	Sask.	Alta.	B.C.	Y.T.	N.W.T.	Nun.	Canada
							(Percentage Distribution)							
RN Workforce	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**
Diploma in Reg'd Nsg	79.2	81.1	82.5	75.5	92.8	87.6	81.7	80.6	77.7	82.3	74.1	83.1	82.2	86.1
Bacc./Master's in Reg'd Nsg	20.8	18.9	17.5	24.5	7.2	12.4	18.3	19.4	22.3	17.7	25.9	16.9	17.8	13.9
LPN Workforce	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**..**	**100.0**
Equiv./Diploma in Pract. Nsg	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	..	100.0
RPN Workforce	–	–	–	–	–	–	**100.0**	**100.0**	**100.0**	**100.0**	–	–	–	**100.0**
Diploma in Psych. Nsg	–	–	–	–	–	–	95.0	100.0	99.3	96.7	–	–	–	97.6
Baccalaureate in Psych. Nsg	–	–	–	–	–	–	5.0	0.0	0.7	3.3	–	–	–	2.4
Total Nursing Workforce	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**

Notes

– Data are not applicable or do not exist

.. Data not currently collected by CIHI

Totals may not sum to 100 percent due to rounding

Statistics released by CIHI will differ from statistics released by provincial/territorial authorities due to CIHI's collection, processing and reporting methodologies

Please review the Methodological Notes for more comprehensive information regarding the collection and comparability of Nursing data

Source: NDB/CIHI

M.Summary

Nursing Workforce by Highest Education in Nursing Discipline and Province/Territory of Registration, Canada, 2003

	N.L.	P.E.I.	N.S.	N.B.	Que.	Ont.	Man.	Sask.	Alta.	B.C.	Y.T.	N.W.T.	Nun.	Canada
							(counts)							
RN Workforce	**5,430**	**1,373**	**8,498**	**7,186**	**62,494**	**85,187**	**10,034**	**8,503**	**23,964**	**27,711**	**290**	**414**	**258**	**241,342**
Diploma in Reg'd Nsg	3,932	954	5,936	4,522	39,559	64,811	7,060	6,174	14,963	18,304	159	283	167	166,824
Baccalaureate in Reg'd Nsg	1,406	401	2,362	2,523	21,545	18,587	2,749	2,238	8,313	8,634	**	124	**	69,093
Master's/Doct. in Reg'd Nsg	92	18	200	141	1,390	1,789	225	91	688	773	*	7	**	5,425
LPN Workforce	**2,719**	**619**	**3,022**	**2,429**	**14,831**	**25,730**	**2,417**	**2,056**	**4,766**	**4,391**	**60**	**98**	**..**	**63,138**
Equiv./Diploma in Pract. Nsg	2,719	619	3,022	2,429	14,831	25,730	2,417	2,056	4,766	4,391	60	98	..	63,138
RPN Workforce	–	–	–	–	–	–	**954**	**939**	**1,128**	**2,086**	–	–	–	**5,107**
Diploma in Psych. Nsg	–	–	–	–	–	–	887	932	1,117	1,845	–	–	–	4,781
Baccalaureate in Psych. Nsg	–	–	–	–	–	–	67	7	**	**	–	–	–	273
Master's/Doct. in Psych. Nsg	–	–	–	–	–	–	0	0	*	**	–	–	–	53
Total Nursing Workforce	**8,149**	**1,992**	**11,520**	**9,615**	**77,325**	**110,917**	**13,405**	**11,498**	**29,858**	**34,188**	**350**	**512**	**258**	**309,587**

Notes

* Value suppressed in accordance with CIHI privacy policy; cell value is from 1 to 4

** Value suppressed to ensure confidentiality; cell value is 5 or greater

– Data are not applicable or do not exist

.. Data not currently collected by CIHI

The Master's/Doctorate in Registered Nursing total is comprised of 5,150 RNs who earned a master's and 275 RNs who earned a doctorate as their highest level of education in registered nursing

The Master's/Doctorate in Psychiatric Nursing total is comprised of 45 RNs who earned a master's degree and 8 RNs who earned a doctorate as their highest level of education in psychiatric nursing

Statistics released by CIHI will differ from statistics released by provincial/territorial authorities due to CIHI's collection, processing and reporting methodologies

Please review the Methodological Notes for more comprehensive information regarding the collection and comparability of Nursing data

Source: NDB/CIHI

Nursing Workforce by Highest Education in Nursing Discipline and Province/Territory of Registration, Canada, 2003 (cont'd)

	N.L.	P.E.I.	N.S.	N.B.	Que.	Ont.	Man.	Sask.	Alta.	B.C.	Y.T.	N.W.T.	Nun.	Canada
							(percentage distribution)							
RN Workforce	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**
Diploma in Reg'd Nsg	72.4	69.5	69.9	62.9	63.3	76.1	70.4	72.6	62.4	66.1	54.8	68.4	64.7	69.1
Baccalaureate in Reg'd Nsg	25.9	29.2	27.8	35.1	34.5	21.8	27.4	26.3	34.7	31.2	**	30.0	**	28.6
Master's/Doct. in Reg'd Nsg	1.7	1.3	2.4	2.0	2.2	2.1	2.2	1.1	2.9	2.8	*	1.7	**	2.2
LPN Workforce	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**..**	**100.0**
Equiv./Diploma in Pract. Nsg	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	..	100.0
RPN Workforce	–	–	–	–	–	–	**100.0**	**100.0**	**100.0**	**100.0**	–	–	–	**100.0**
Diploma in Psych. Nsg	–	–	–	–	–	–	93.0	99.3	99.0	88.4	–	–	–	93.6
Baccalaureate in Psych. Nsg	–	–	–	–	–	–	7.0	0.7	**	**	–	–	–	5.3
Master's/Doct. in Psych. Nsg	–	–	–	–	–	–	0.0	0.0	*	**	–	–	–	1.0
Total Nursing Workforce	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**

Notes

* Value suppressed in accordance with CIHI privacy policy; cell value is from 1 to 4

** Value suppressed to ensure confidentiality; cell value is 5 or greater

– Data are not applicable or do not exist

.. Data not currently collected by CIHI

Totals may not sum to 100 percent due to rounding

Statistics released by CIHI will differ from statistics released by provincial/territorial authorities due to CIHI's collection, processing and reporting methodologies

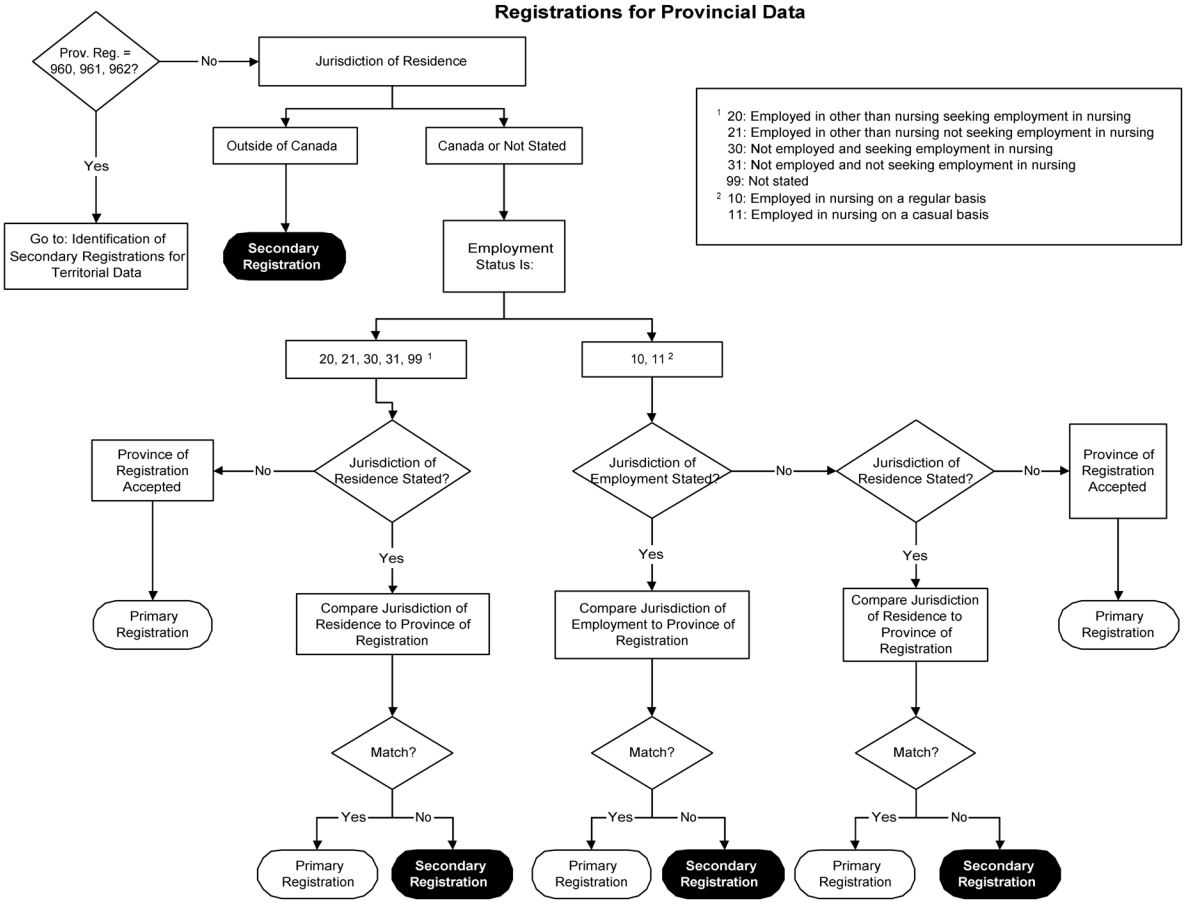
Please review the Methodological Notes for more comprehensive information regarding the collection and comparability of Nursing data

Source: NDB/CIHI

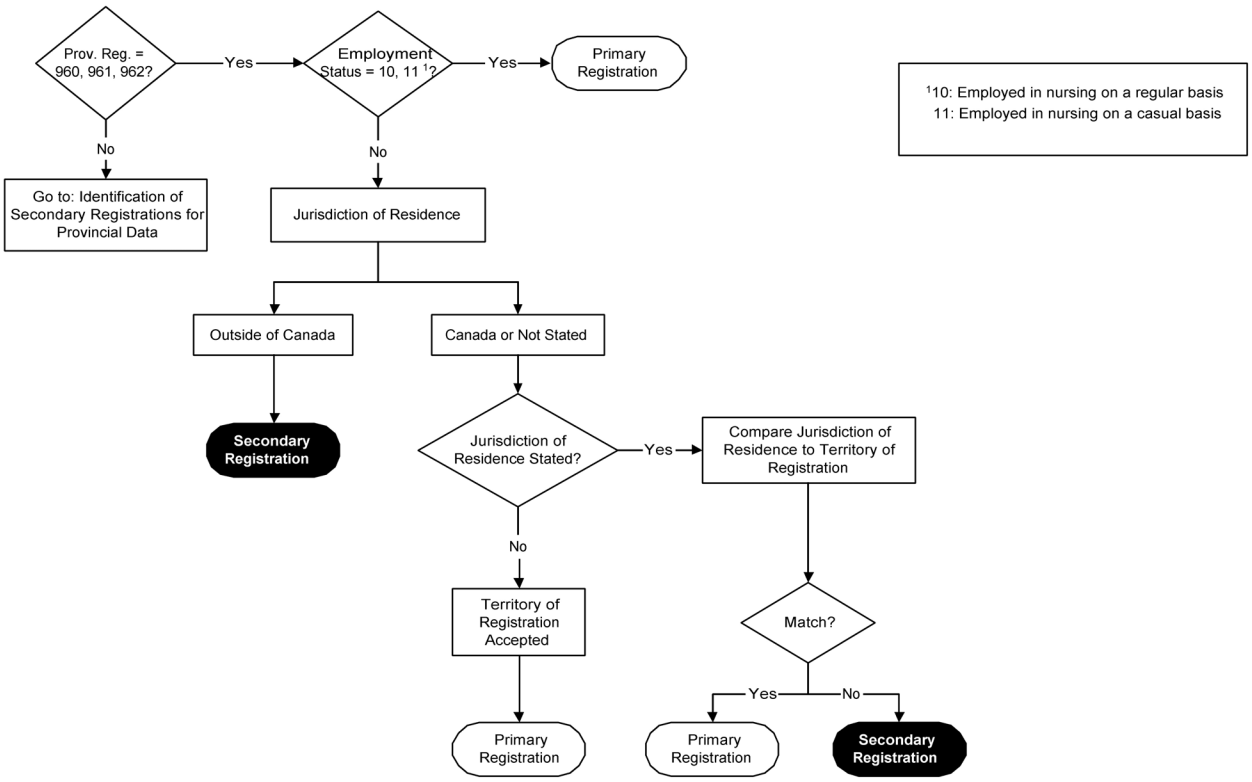
Appendix A

Identification of Secondary Registrations

Registered Nurses Database
Identification of Secondary
Registrations for Provincial Data



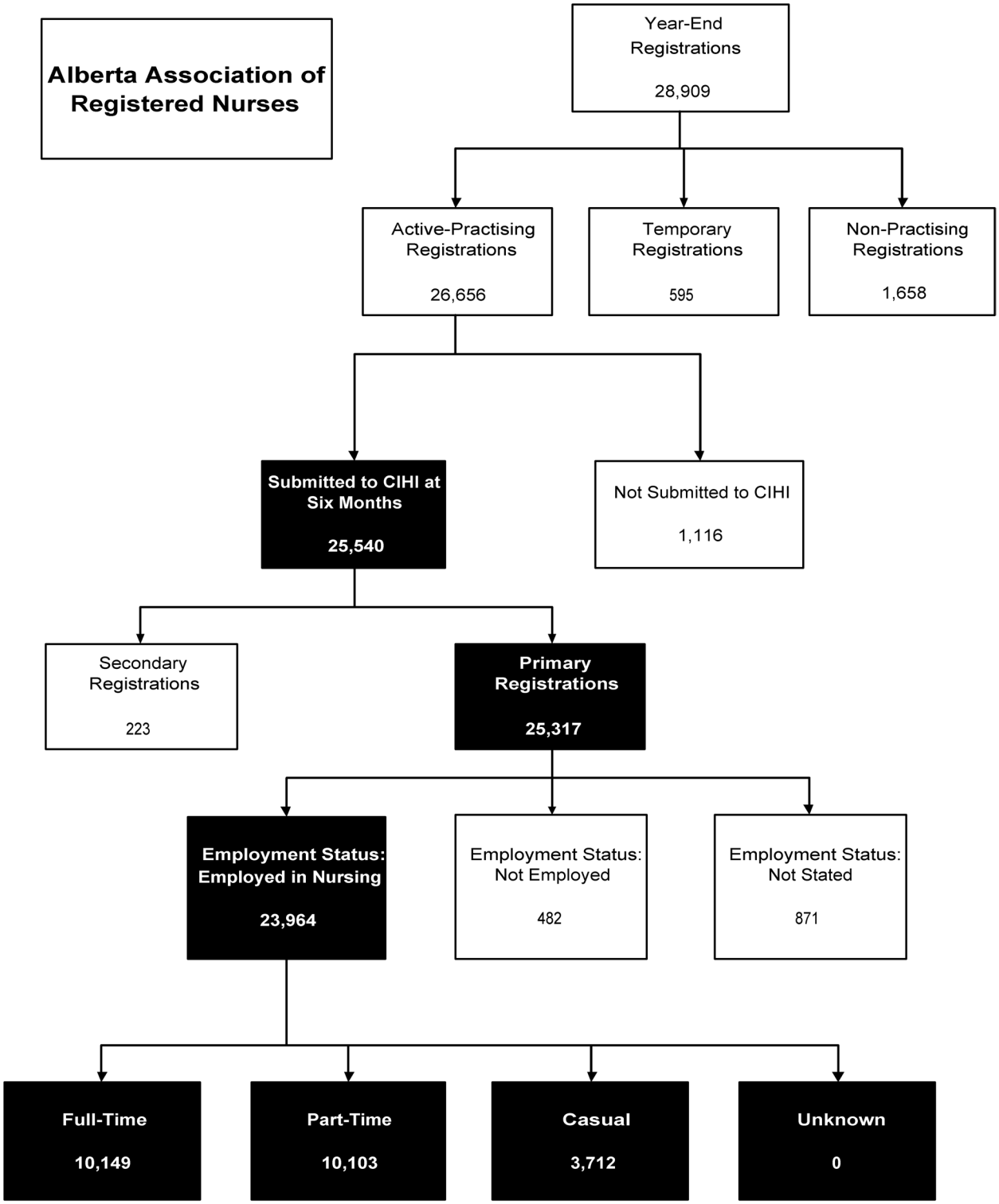
Registered Nurses Database
Identification of Secondary
Registrations for Territorial Data



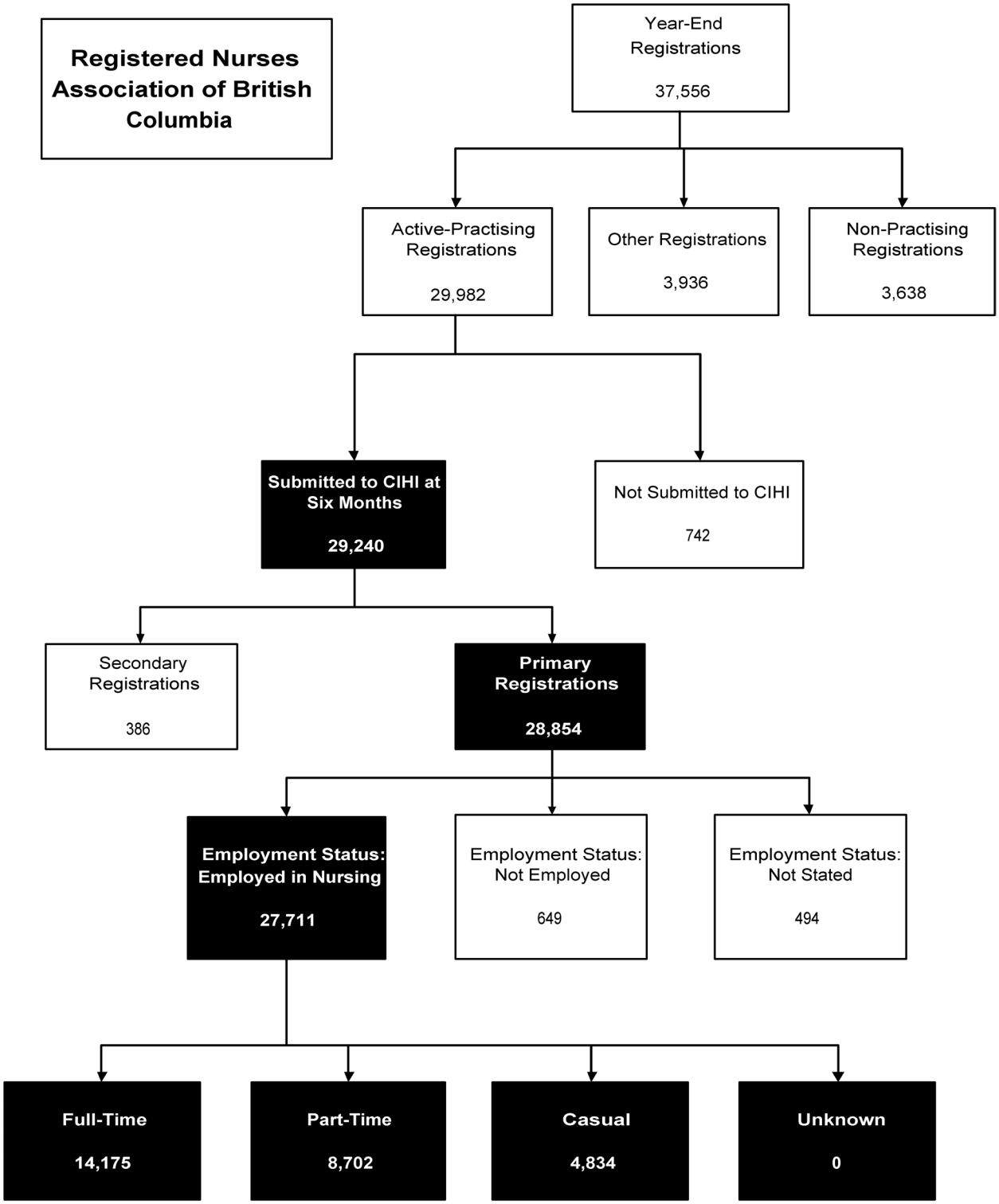
Appendix B

Comparison of CIHI Statistics to Regulatory Statistics

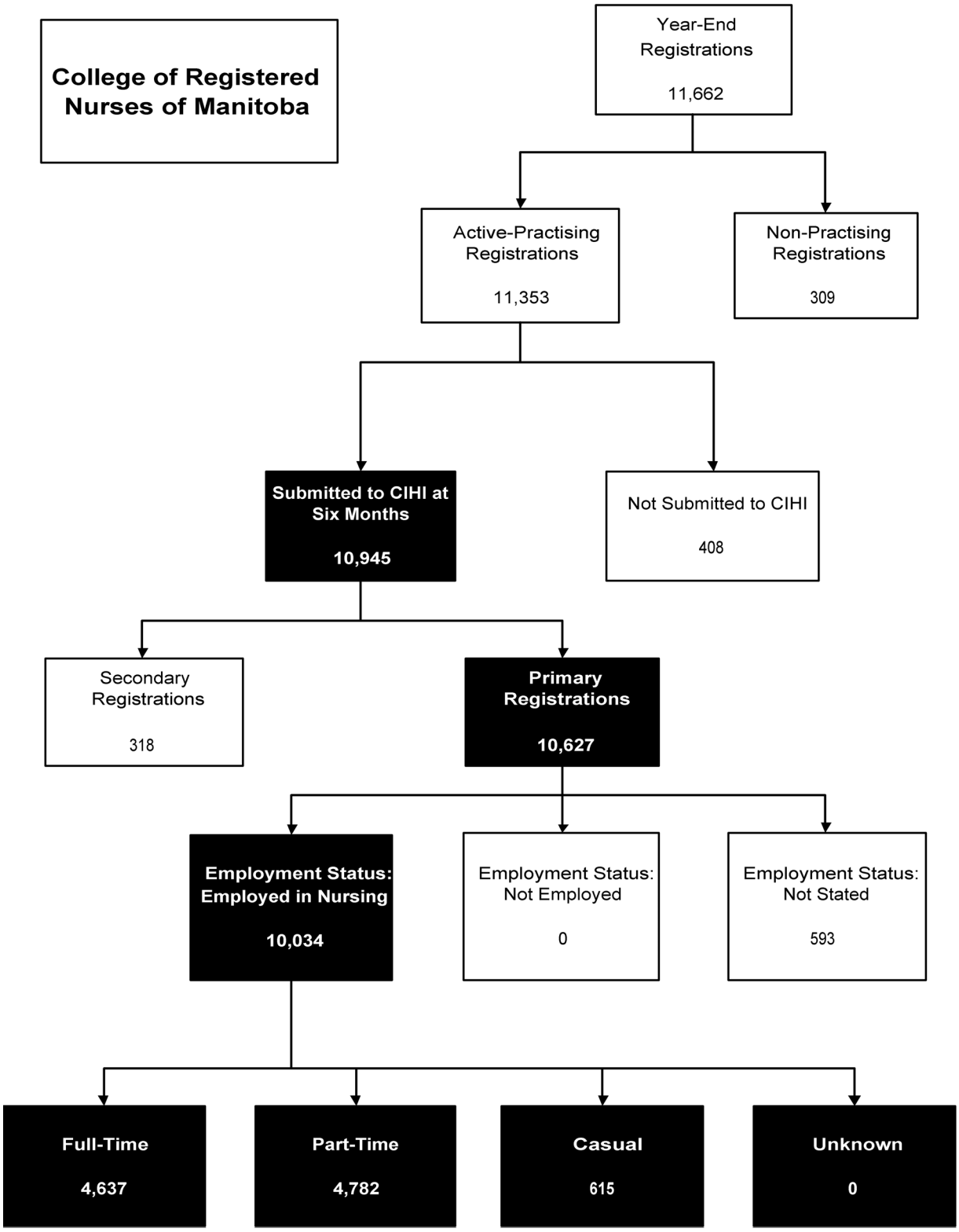
Tracing Regulatory Data to CIHI Data



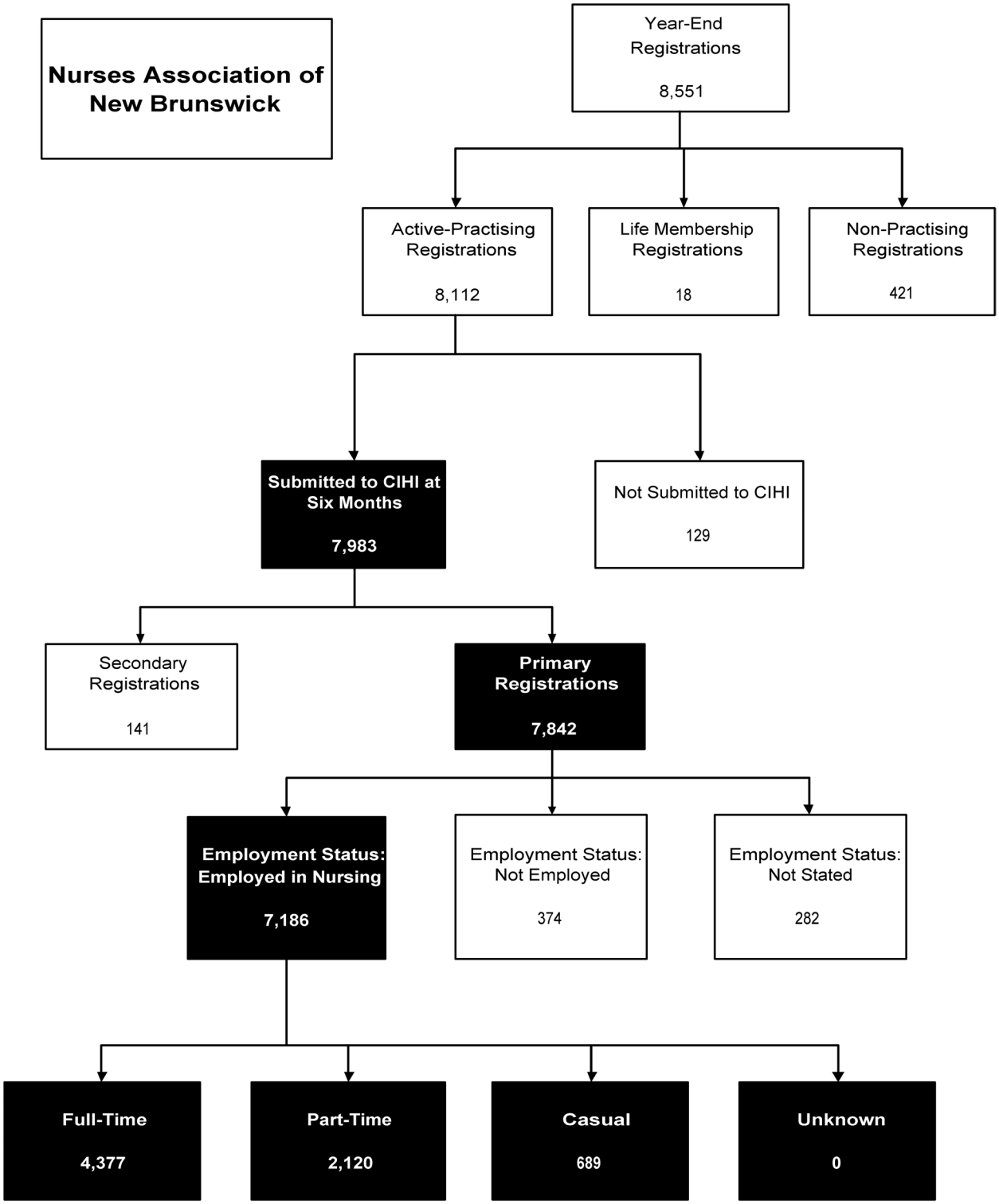
Tracing Regulatory Data to CIHI Data



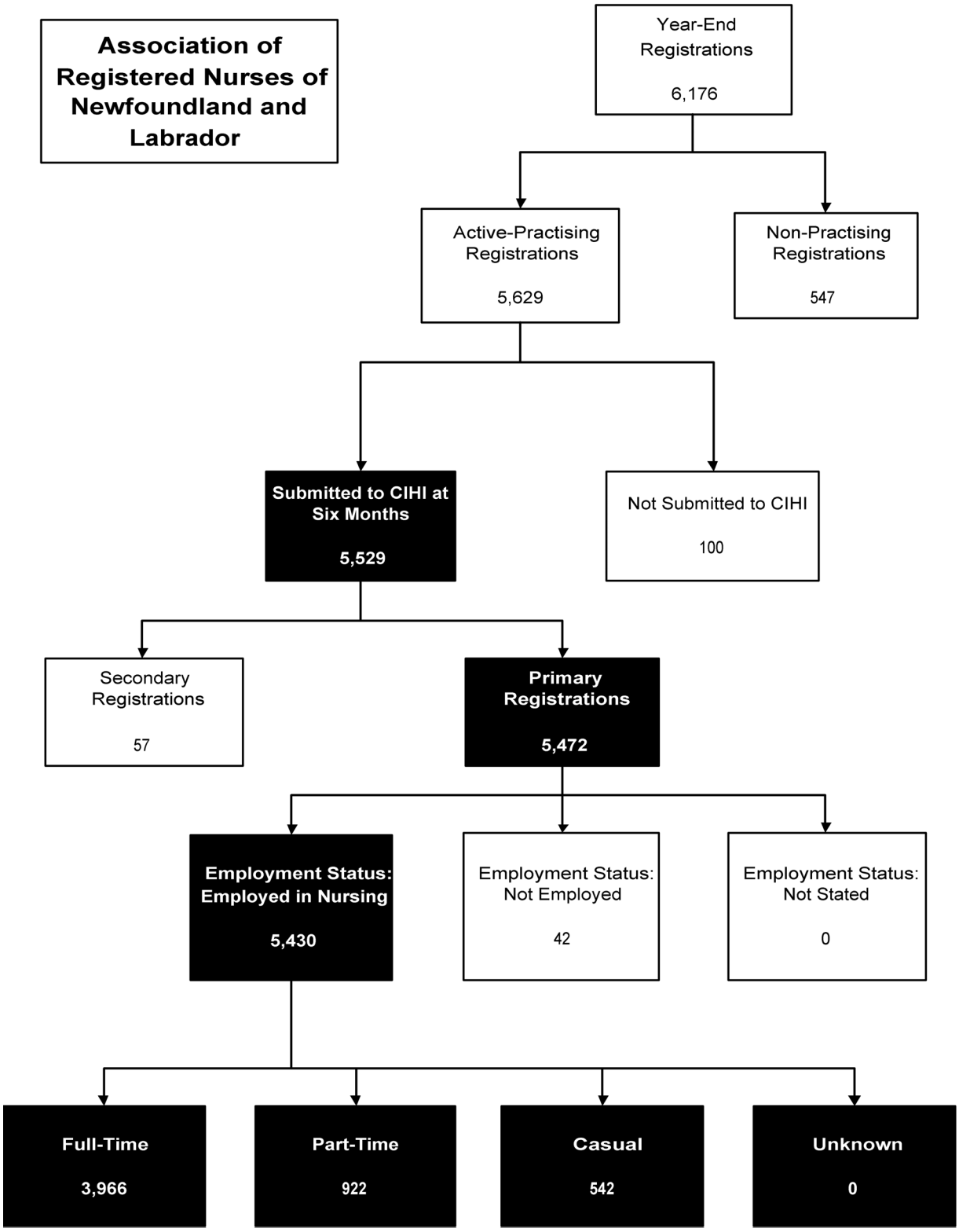
Tracing Regulatory Data to CIHI Data



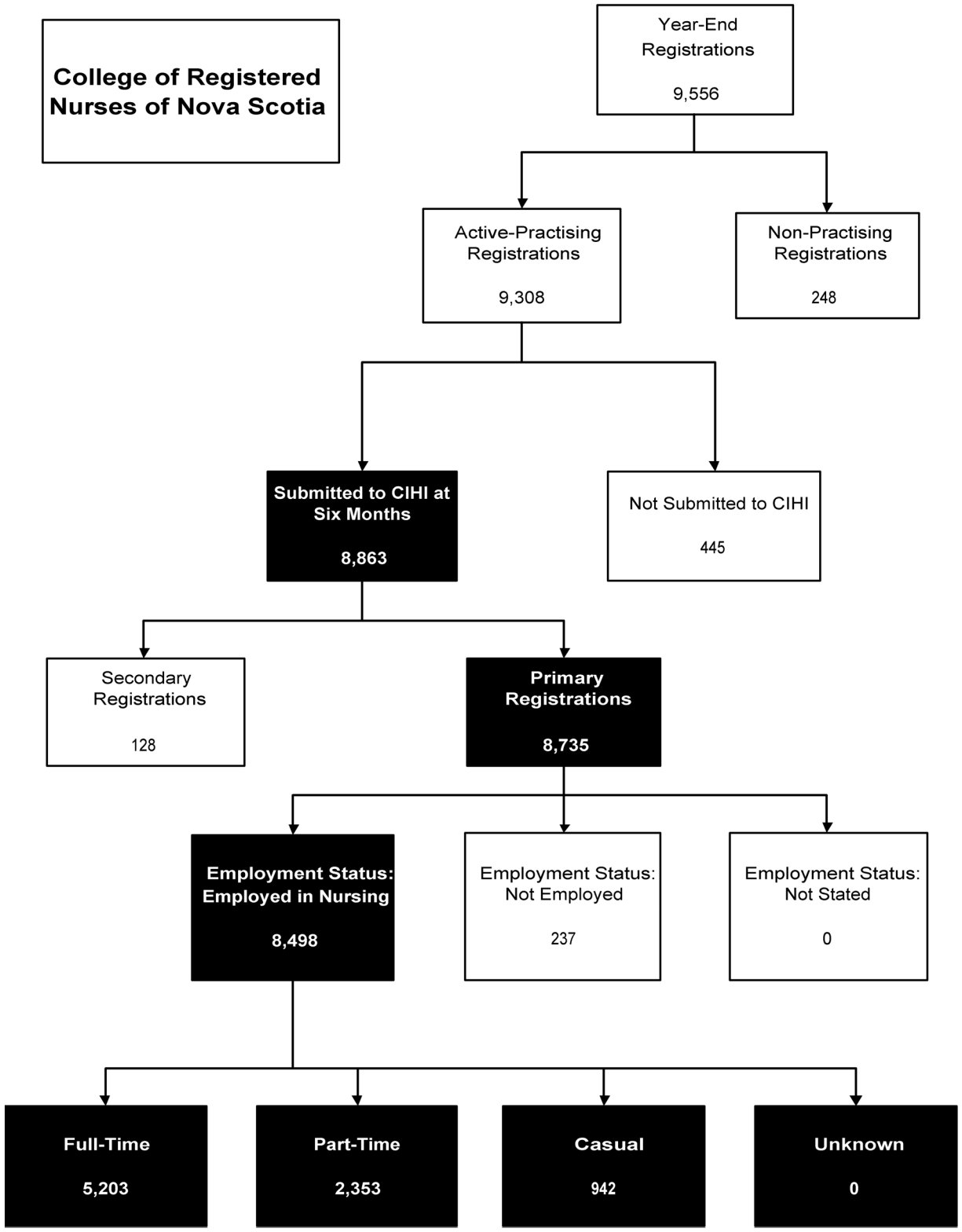
Tracing Regulatory Data to CIHI Data



Tracing Regulatory Data to CIHI Data



Tracing Regulatory Data to CIHI Data



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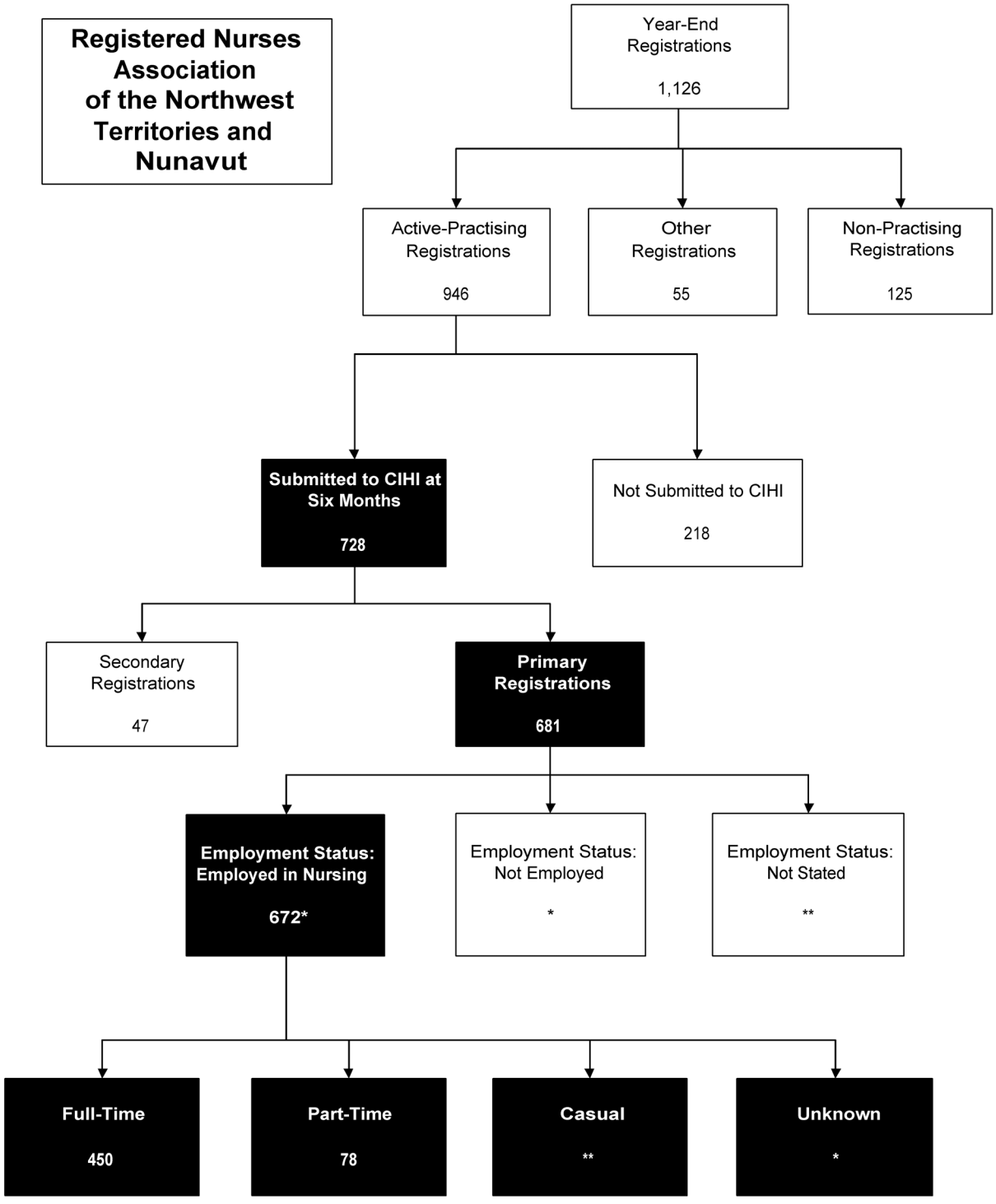
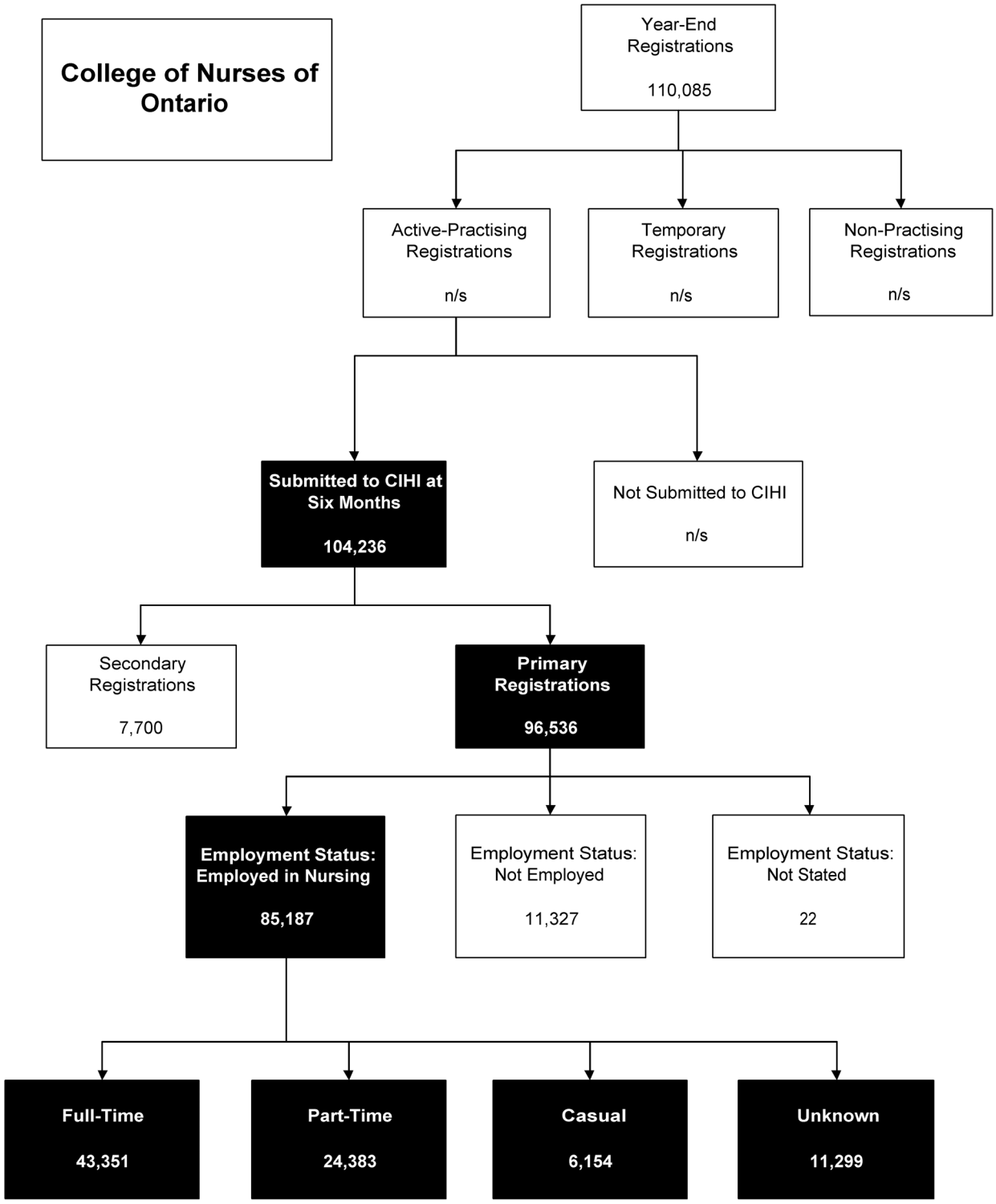


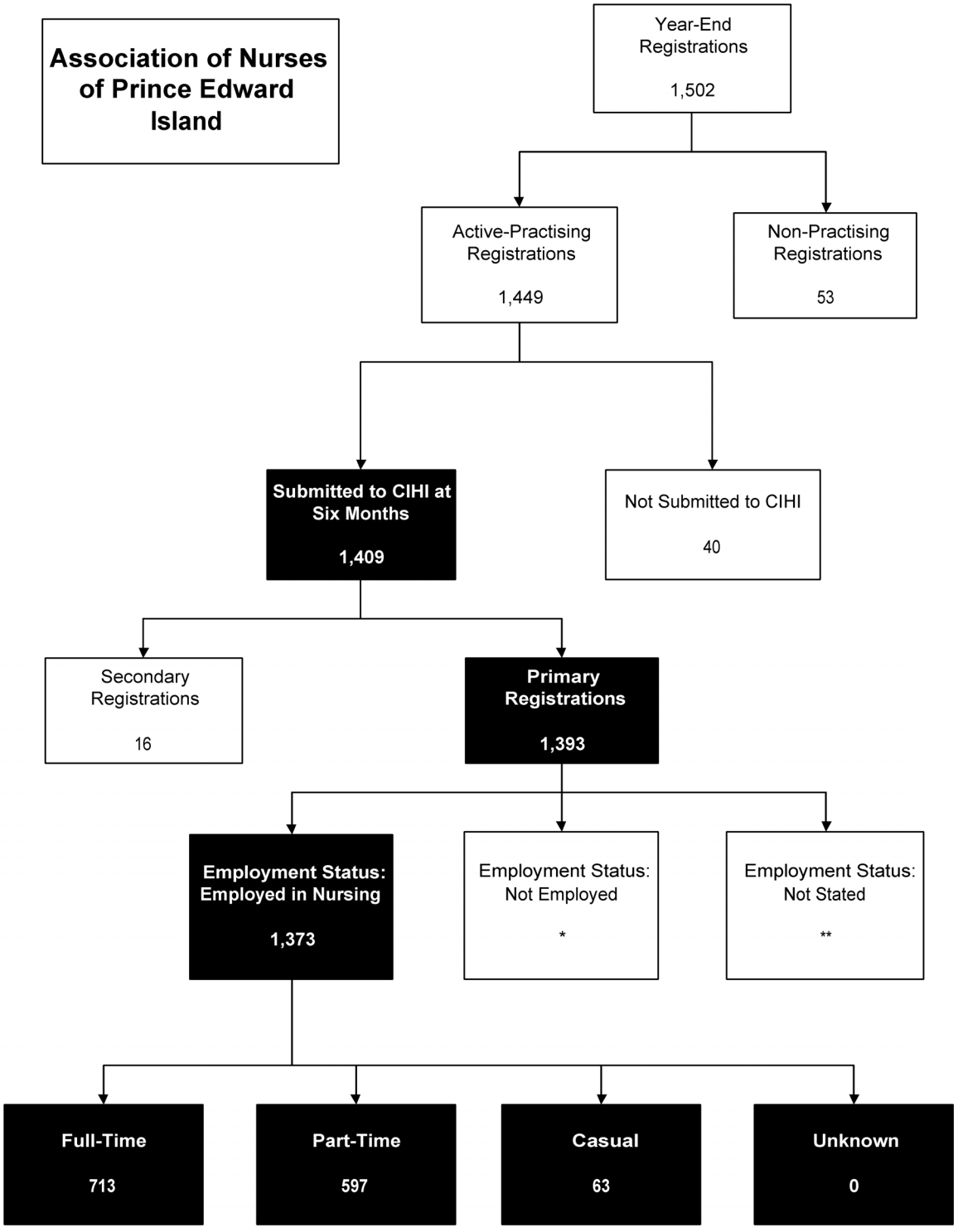
Notes
* Value suppressed in accordance with CIHI privacy policy; cell value is from 1 to 4
** Value suppressed to ensure confidentiality; cell value is 5 or greater

Tracing Regulatory Data to CIHI Data



Note
n/s Data not submitted

Tracing Regulatory Data to CIHI Data

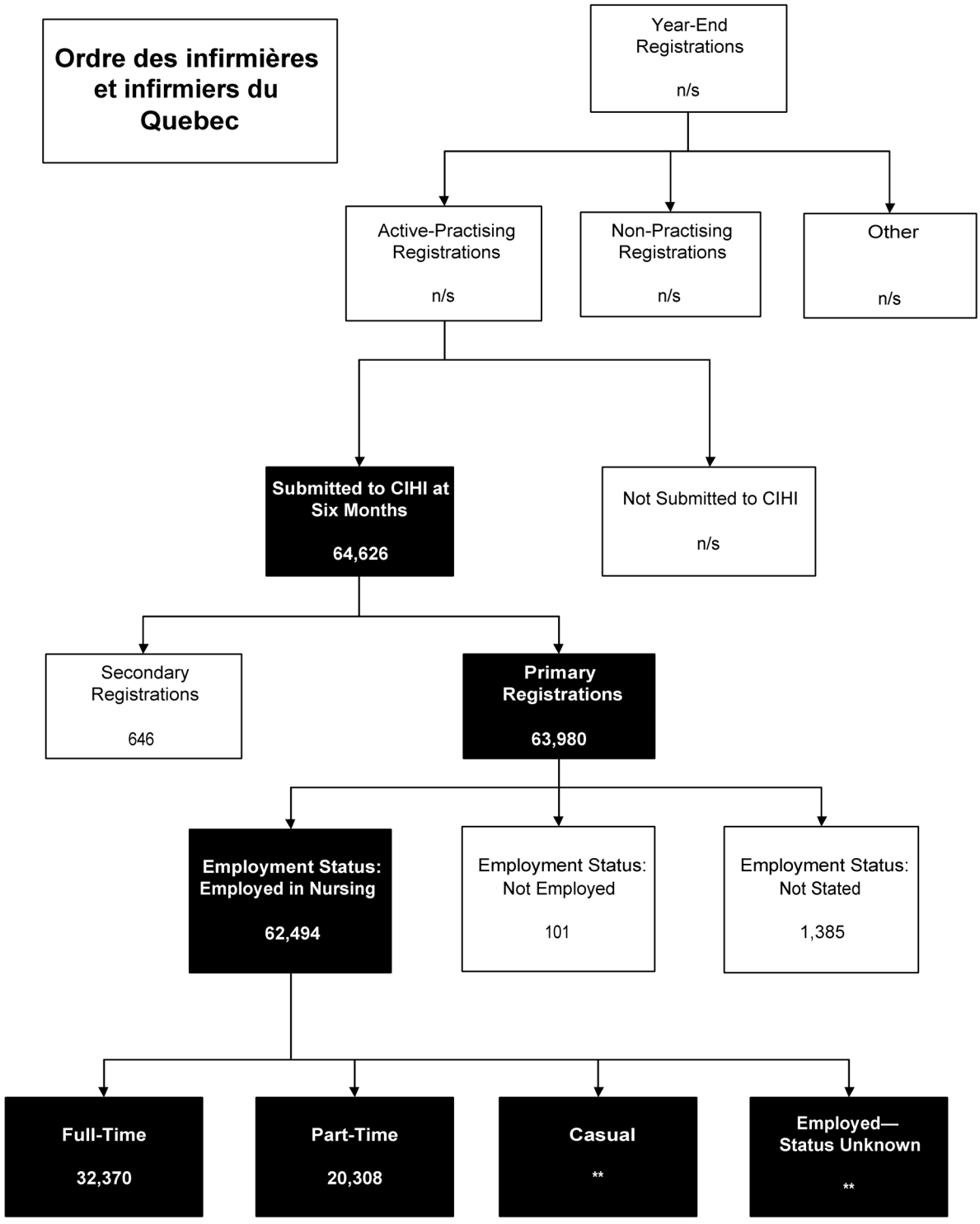


Notes

* Value suppressed in accordance with CIHI privacy policy; cell value is from 1 to 4

** Value suppressed to ensure confidentiality; cell value is 5 or greater

Tracing Regulatory Data to CIHI Data

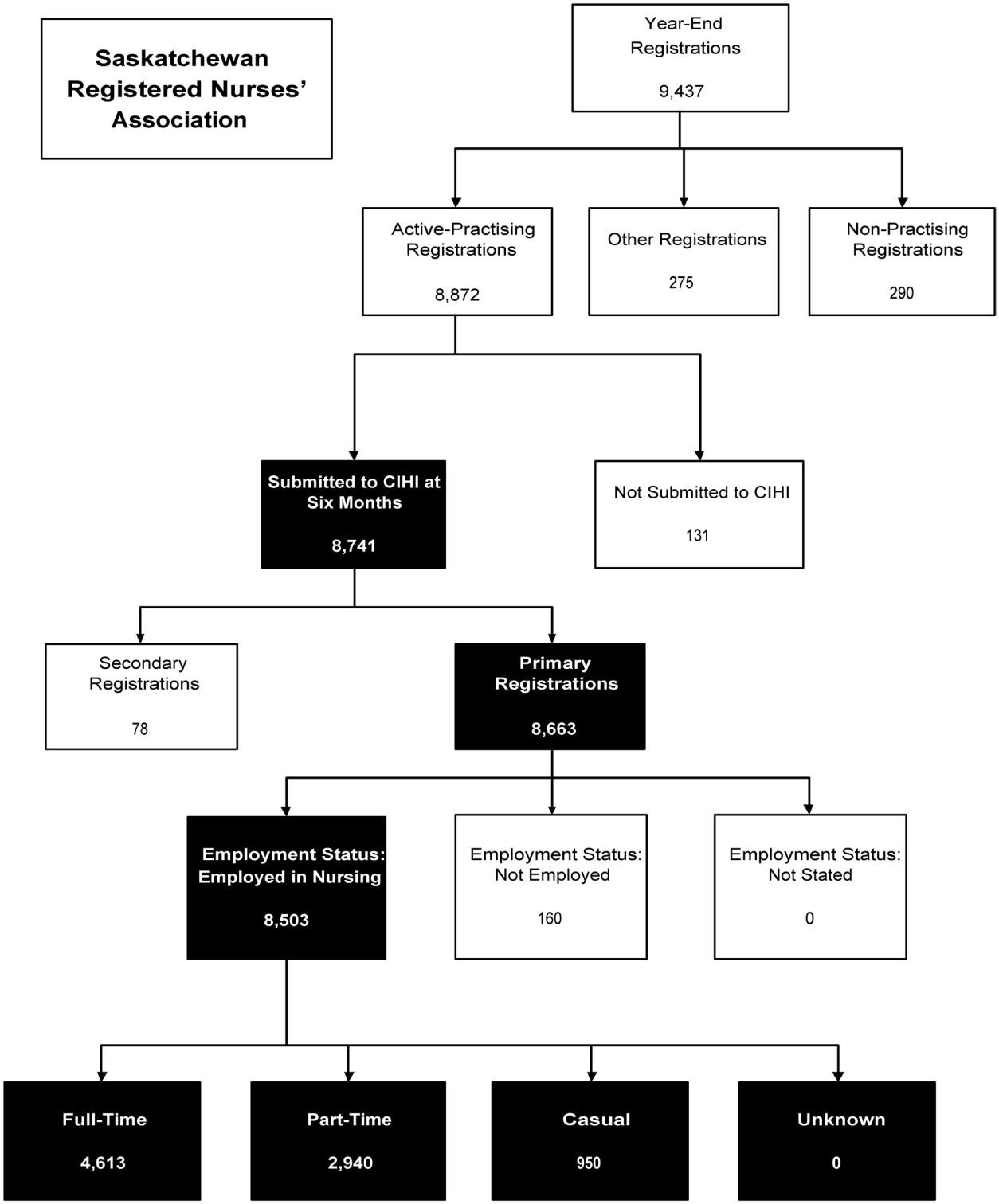


Notes

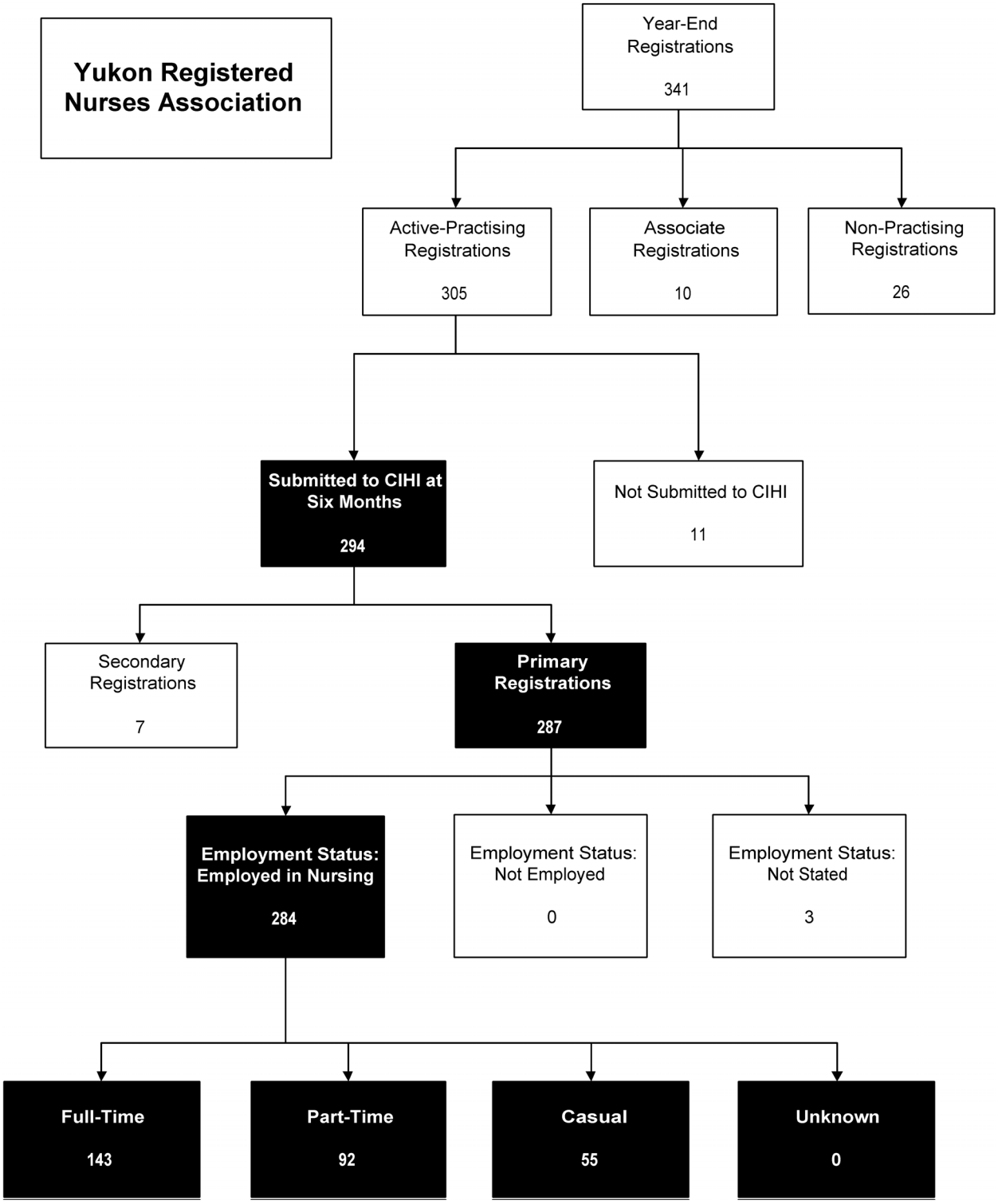
** Value suppressed to ensure confidentiality; cell value is 5 or greater

n/s Data not submitted

Tracing Regulatory Data to CIHI Data



Tracing Regulatory Data to CIHI Data



Appendix C

Registered Nursing Contact Information

Registered Nursing Contact Information

Provincial/Territorial Regulatory Authorities

Newfoundland and Labrador

Association of Registered Nurses of Newfoundland and Labrador

55 Military Road, PO Box 6116
St. John's, Newfoundland and Labrador A1C 5X8
Tel: (709) 753-6040
Fax: (709) 753-4940
Email: info@arnnl.nf.ca
Web site: www.arnnl.nf.ca/

Prince Edward Island

Association of Nurses of Prince Edward Island

137 Queen Street, Suite 303
Charlottetown, Prince Edward Island C1A 4B3
Tel: (902) 368-3764
Fax: (902) 628-1430
Email: anpei@pei.aibn.com
Web site: www.anpei.ca/

Nova Scotia

College of Registered Nurses of Nova Scotia

Suite 600, Barrington Tower
1894 Barrington Street
Halifax, Nova Scotia B3J 2A8
Tel: (902) 491-9744
Fax: (902) 491-9510
Email: info@crnns.ca
Web site: www.crnns.ca/

New Brunswick

Nurses Association of New Brunswick / Association des infirmières et infirmiers du Nouveau Brunswick

165 Regent Street
Fredericton, New Brunswick E3B 7B4
Tel: (506) 458-8731
Fax: (506) 459-2838
Email: nanb@nanb.nb.ca
Web site: www.nanb.nb.ca/

Quebec

Ordre des infirmières et infirmiers du Quebec

4200, boulevard Dorchester ouest
Montreal (Quebec) H3Z 1V4
Tel: (514) 935-2501
Fax: (514) 935-1799
Email: inf@oiiq.org
Web site: www.oiiq.org/

Ontario

College of Nurses of Ontario / Ordre des infirmières et infirmiers de l'Ontario

101 Davenport Road
Toronto, Ontario M5R 3P1
Tel: (416) 928-0900
Fax: (416) 928-6507
Email: cno@cnomail.org
Web site: www.cno.org/

Manitoba

College of Registered Nurses of Manitoba

647 Broadway
Winnipeg, Manitoba R3C 0X2
Tel: (204) 774-3477
Fax: (204) 775-6052
Email: crnm@crnm.mb.ca
Web site: www.crnm.mb.ca/

Saskatchewan

Saskatchewan Registered Nurses' Association

2066 Retallack Street
Regina, Saskatchewan S4T 7X5
Tel: (306) 359-4200
Fax: (306) 525-0849
Email: info@srna.org
Web site: www.srna.org/

Alberta

Alberta Association of Registered Nurses

11620–168 Street
Edmonton, Alberta T5M 4A6
Tel: (780) 451-0043
Fax: (780) 452-3276
Email: aarn@nurses.ab.ca
Web site: www.nurses.ab.ca/

British Columbia

Registered Nurses Association of British Columbia

2855 Arbutus Street
Vancouver, British Columbia V6J 3Y8
Tel: (604) 736-7331
Fax: (604) 738-2272
Email: info@rnabc.bc.ca
Web site: www.rnabc.bc.ca/

Yukon

Yukon Registered Nurses Association

204 – 4133 Fourth Avenue
Whitehorse, Yukon Y1A 1H8
Tel: (867) 667-4062
Fax: (867) 668-5123
Email: yrna@yknet.ca
Web site: www.yrna.ca/

Northwest Territories/Nunavut

Registered Nurses Association of the Northwest Territories and Nunavut

Box 2757
Yellowknife, Northwest Territories X1A 2R1
Tel: (867) 873-2745
Fax: (867) 873-2336
Email: admin@rnantnu.ca
Web site: www.rnantnu.ca/

Other Registered Nursing Associations

Canadian Nurses Association / Association des infirmières et infirmiers du Canada

50 Driveway
Ottawa, Ontario K2P 1E2
Tel: (613) 237-2133
Fax: (613) 237-3520
Email: info@cna-aiic.ca
Web site: www.cna-nurses.ca

Canadian Federation of Nurses Unions / Fédération canadienne des syndicats d'infirmières et d'infirmiers

2841 Riverside Drive
Ottawa, Ontario K1V 8X7
Tel: (613) 526-4661
Fax: (613) 526-1023
Email: cfnu@nursesunions.ca
Web site: www.nursesunions.ca

Canadian Association of Schools of Nursing /Association canadienne des écoles de sciences infirmières

Fifth Avenue Court
99 Fifth Avenue, Suite 15
Ottawa, Ontario K1S 5K4
Tel: (613) 235-3150
Fax: (613) 235-4476
Email: inquire@casn.ca
Web site: www.casn.ca/

Appendix D

List of Data Tables on CD-ROM

Comprehensive versions of Series A–M data tables and the Appendices in Microsoft® Excel© format are available for download with the electronic version of this report. All references to the CD-ROM throughout this report refer to these data tables.

List of Data Tables on CD-ROM

Series A—Total Registrations

A.RN.1 RN Registrations by Province/Territory of Registration, Canada, 2003

A.RN.2 RN Registrations by Age Group and Province/Territory of Registration, Canada, 2003

A.RN.3 RN Registrations by Highest Education in Nursing and Province/Territory of Registration, Canada, 2003

A.LPN.1 LPN Registrations by Province/Territory of Registration, Canada, 2003

A.LPN.2 LPN Registrations by Age Group and Province/Territory of Registration, Canada, 2003

A.LPN.3 LPN Registrations by Highest Education in Practical Nursing and Province/Territory of Registration, Canada, 2003

A.RPN.1 RPN Registrations by Province of Registration, Canada, 2003

A.RPN.2 RPN Registrations by Age Group and Province of Registration, Canada, 2003

A.RPN.3 RPN Registrations by Highest Education in Psychiatric Nursing and Province of Registration, Canada, 2003

Series B—Employment Status

B.RN.1 RN Workforce by Employment Status and Province/Territory of Registration, Canada, 2003

B.RN.2 RN Workforce by Employment Status, Multiple Employment Status and Province/Territory of Registration, Canada, 2003

B.RN.3 RN Workforce by Employment Status, Age Group and Province/Territory of Registration, Canada, 2003

B.RN.4 RN Workforce by Employment Status, Average Age and Province/Territory of Registration, Canada, 2003

B.RN.5 RN Workforce by Employment Status, Sex and Province/Territory of Registration, Canada, 2003

B.RN.6 RN Workforce by Employment Status, Highest Education in Nursing and Province/Territory of Registration, Canada, 2003

B.RN.7 RN Workforce by Employment Status, Years Since Graduation and Province/Territory of Registration, Canada, 2003

List of Data Tables on CD-ROM (cont'd)

Series B—Employment Status (cont'd)

B.LPN.1 LPN Workforce by Employment Status and Province/Territory of Registration, Canada, 2003

B.LPN.2 LPN Workforce by Employment Status, Multiple Employment Status and Province/Territory of Registration, Canada, 2003

B.LPN.3 LPN Workforce by Employment Status, Age Group and Province/Territory of Registration, Canada, 2003

B.LPN.4 LPN Workforce by Employment Status, Average Age and Province/Territory of Registration, Canada, 2003

B.LPN.5 LPN Workforce by Employment Status, Sex and Province/Territory of Registration, Canada, 2003

B.LPN.6 LPN Workforce by Employment Status, Highest Education in Practical Nursing and Province/Territory of Registration, Canada, 2003

B.LPN.7 LPN Workforce by Employment Status, Years Since Graduation and Province/Territory of Registration, Canada, 2003

B.RPN.1 RPN Workforce by Employment Status and Province of Registration, Canada, 2003

B.RPN.2 RPN Workforce by Employment Status, Multiple Employment Status and Province of Registration, Canada, 2003

B.RPN.3 RPN Workforce by Employment Status, Age Group and Province of Registration, Canada, 2003

B.RPN.4 RPN Workforce by Employment Status, Average Age and Province of Registration, Canada, 2003

B.RPN.5 RPN Workforce by Employment Status, Sex and Province of Registration, Canada, 2003

B.RPN.6 RPN Workforce by Employment Status, Highest Education in Psychiatric Nursing and Province of Registration, Canada, 2003

B.RPN.7 RPN Workforce by Employment Status, Years Since Graduation and Province of Registration, Canada, 2003

Series C—Place of Work

C.RN.1 RN Workforce by Place of Work and Province/Territory of Registration, Canada, 2003

C.RN.2 RN Workforce by Place of Work, Employment Status and Province/Territory of Registration, Canada, 2003

C.RN.3 RN Workforce by Place of Work, Multiple Employment Status and Province/Territory of Registration, Canada, 2003

C.RN.4 RN Workforce by Place of Work, Age Group and Province/Territory of Registration, Canada, 2003

List of Data Tables on CD-ROM (cont'd)

Series C—Place of Work (cont'd)

C.RN.5 RN Workforce by Place of Work, Average Age and Province/Territory of Registration, Canada, 2003

C.RN.6 RN Workforce by Place of Work, Sex and Province/Territory of Registration, Canada, 2003

C.RN.7 RN Workforce by Place of Work, Highest Education in Nursing and Province/Territory of Registration, Canada, 2003

C.RN.8 RN Workforce by Place of Work, Years Since Graduation and Province/Territory of Registration, Canada, 2003

C.LPN.1 LPN Workforce by Place of Work and Province/Territory of Registration, Canada, 2003

C.LPN.2 LPN Workforce by Place of Work, Employment Status and Province/Territory of Registration, Canada, 2003

C.LPN.3 LPN Workforce by Place of Work, Multiple Employment Status and Province/Territory of Registration, Canada, 2003

C.LPN.4 LPN Workforce by Place of Work, Age Group and Province/Territory of Registration, Canada, 2003

C.LPN.5 LPN Workforce by Place of Work, Average Age and Province/Territory of Registration, Canada, 2003

C.LPN.6 LPN Workforce by Place of Work, Sex and Province/Territory of Registration, Canada, 2003

C.LPN.7 LPN Workforce by Place of Work, Highest Education in Practical Nursing and Province/Territory of Registration, Canada, 2003

C.LPN.8 LPN Workforce by Place of Work, Years Since Graduation and Province/Territory of Registration, Canada, 2003

C.RPN.1 RPN Workforce by Place of Work and Province of Registration, Canada, 2003

C.RPN.2 RPN Workforce by Place of Work, Employment Status and Province of Registration, Canada, 2003

C.RPN.3 RPN Workforce by Place of Work, Multiple Employment Status and Province of Registration, Canada, 2003

C.RPN.4 RPN Workforce by Place of Work, Age Group and Province of Registration, Canada, 2003

C.RPN.5 RPN Workforce by Place of Work, Average Age and Province of Registration, Canada, 2003

List of Data Tables on CD-ROM (cont'd)

Series C—Place of Work (cont'd)

C.RPN.6 RPN Workforce by Place of Work, Sex and Province of Registration, Canada, 2003

C.RPN.7 RPN Workforce by Place of Work, Highest Education in Psychiatric Nursing and Province of Registration, Canada, 2003

C.RPN.8 RPN Workforce by Place of Work, Years Since Graduation and Province of Registration, Canada, 2003

Series D—Area of Responsibility

D.RN.1 RN Workforce by Area of Responsibility and Province/Territory of Registration, Canada, 2003

D.RN.2 RN Workforce by Area of Responsibility, Employment Status and Province/Territory of Registration, Canada, 2003

D.RN.3 RN Workforce by Area of Responsibility, Multiple Employment Status and Province/Territory of Registration, Canada, 2003

D.RN.4 RN Workforce by Area of Responsibility, Age Group and Province/Territory of Registration, Canada, 2003

D.RN.5 RN Workforce by Area of Responsibility, Average Age and Province/Territory of Registration, Canada, 2003

D.RN.6 RN Workforce by Area of Responsibility, Sex and Province/Territory of Registration, Canada, 2003

D.RN.7 RN Workforce by Area of Responsibility, Highest Education in Nursing and Province/Territory of Registration, Canada, 2003

D.RN.8 RN Workforce by Area of Responsibility, Years Since Graduation and Province/Territory of Registration, Canada, 2003

D.LPN.1 LPN Workforce by Area of Responsibility and Province/Territory of Registration, Canada, 2003

D.LPN.2 LPN Workforce by Area of Responsibility, Employment Status and Province/Territory of Registration, Canada, 2003

D.LPN.3 LPN Workforce by Area of Responsibility, Multiple Employment Status and Province/Territory of Registration, Canada, 2003

D.LPN.4 LPN Workforce by Area of Responsibility, Age Group and Province/Territory of Registration, Canada, 2003

D.LPN.5 LPN Workforce by Area of Responsibility, Average Age and Province/Territory of Registration, Canada, 2003

D.LPN.6 LPN Workforce by Area of Responsibility, Sex and Province/Territory of Registration, Canada, 2003

List of Data Tables on CD-ROM (cont'd)

Series D—Area of Responsibility (cont'd)

D.LPN.7 LPN Workforce by Area of Responsibility, Highest Education in Practical Nursing and Province/Territory of Registration, Canada, 2003

D.LPN.8 LPN Workforce by Area of Responsibility, Years Since Graduation and Province/Territory of Registration, Canada, 2003

D.RPN.1 RPN Workforce by Area of Responsibility and Province of Registration, Canada, 2003

D.RPN.2 RPN Workforce by Area of Responsibility, Employment Status and Province of Registration, Canada, 2003

D.RPN.3 RPN Workforce by Area of Responsibility, Multiple Employment Status and Province of Registration, Canada, 2003

D.RPN.4 RPN Workforce by Area of Responsibility, Age Group and Province of Registration, Canada, 2003

D.RPN.5 RPN Workforce by Area of Responsibility, Average Age and Province of Registration, Canada, 2003

D.RPN.6 RPN Workforce by Area of Responsibility, Sex and Province of Registration, Canada, 2003

D.RPN.7 RPN Workforce by Area of Responsibility, Highest Education in Psychiatric Nursing and Province of Registration, Canada, 2003

D.RPN.8 RPN Workforce by Area of Responsibility, Years Since Graduation and Province of Registration, Canada, 2003

Series E—Position

E.RN.1 RN Workforce by Position and Province/Territory of Registration, Canada, 2003

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