



Nursing Education Program of Saskatchewan (NEPS) Employment
Survey:

***Graduates of the NEPS Program in the
2007-2008 Academic Year
2 Year Follow-up***

Prepared for
The College of Nursing of the University of
Saskatchewan, the Nursing Division of the
Saskatchewan Institute of Applied Science and
Technology, and the Health Sciences Department of
the First Nations University of Canada

Final Report

Class of 2007-08

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Acknowledgments

We wish to acknowledge the support and direction from the Deans of the Nursing Education Program of Saskatchewan:

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and the members of the Ad Hoc Advisory Team:

Lorna Butler, College of Nursing

Karen Wright, College of Nursing

Marlene Smadu, College of Nursing

June Anonson, College of Nursing

Margaret Olfert, Nursing Division, SIAST

Netha Dyck, Nursing Division, SIAST

Chris Barlow, Nursing Division, SIAST

Carrie Lavallie, First Nations University of Canada

We also wish to acknowledge the Financial Support from the following:

Saskatchewan Health and Saskatchewan Learning

Saskatchewan Registered Nurses' Association

Saskatchewan Union of Nurses

The final report prepared by Inshtrix, *Nursing Education Program of Saskatchewan (NEPS) Exit Survey: Graduates of the 2008-2009 Academic Year Final Report* is available from the College of Nursing, University of Saskatchewan, the Nursing Division, Saskatchewan Institute of Applied Science and Technology, or the Dept. of Health Sciences, First Nations University of Canada. These reports are available on the College of Nursing website at <http://www.usask.ca/nursing/NEPS/reports.htm>

Project Coordination Team

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Executive Summary

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Executive Summary

Introduction

In this report, we summarize the results of the 2010 2-Year Graduate Follow-Up Study for The Nursing Education Program of Saskatchewan (NEPS). These respondents were a part of the 2007-2008 graduating class. The survey has two major foci. Firstly, the survey includes an in-depth section on graduates' employment and is broken into two main sections: employment in the first year after graduation, and current employment. Responses to this section of the survey provide feedback on the graduates' experience in the workforce. This report includes graphical comparisons to the 2-year follow-up surveys from the past five years. Surveying the 2008 graduating class and comparing their responses to 2003, 2004, 2005, 2006 and 2007 graduates provides valuable information on the recent employment patterns and decisions after program completion.

Secondly, the survey obtains the reactions and advice of graduates to the program from which they graduated. Graduates have the opportunity to reflect on the outcomes of their University education and are in a position to provide valuable feedback to the nursing program, as well as to potential employers and policy makers.

Of the 297 graduates of the NEPS program in 2007-08, 171 completed the survey for a response rate of 57.6%. This gives a margin of error of ± 4.9 percentage points at 95% confidence, finite population factor applied.

Experiences in the First Year after Graduation

The first section of the report details graduates' experiences within the first year after graduation, specifically focusing on employment outcomes. Within the first year after graduation, all respondents were employed as a nurse at some time. Saskatchewan is the most common (95.3%) location of respondents' first job, followed by Alberta or British Columbia (4.1%). Most (83.8%) also worked in an urban area, while 14.9% worked in a rural area and 1.4% in both.

Respondents were asked to rank the top three factors that influenced their choice of work location for their first job as a nurse. Family or community commitments were chosen by a majority (52.0%) in their top three and many also picked desired clinical or client group (41.1%) in their top three.

In all, a larger proportion (39.2%) of respondents found the experience finding their first job following graduation to be less difficult than expected than found the experience to be more difficult than expected (17.6%). The remaining 43.2% found that it was about the same as expected. Most respondents (55.4%) were invited to a job before they started looking and

another four in ten (39.9%) were looking for a job for less than one month before they found a job.

Although most (59.7%) received a job offer from a unit where they were employed as a senior assistant, only fifty percent (50.0%) accepted this offer. Similarly, 66.9% received a job offer from a unit where they did their 4th year senior practicum and seven in ten (71.7%) accepted this offer.

In their first job as a graduate nurse, most (76.4%) respondents worked regular full-time hours and one in ten (11.5%) worked casual full-time hours. Nine in ten (89.9%) were employed in their preferred hours, the highest proportion since 82.3% in the 2008 study and up from 80.9% in the 2009 study. Respondents also tended to give higher ratings for each of five different areas with regards to the extent to which their first job met their ideal preferences, including location (4.4 out of 5), client group (4.0), responsibilities (3.8), shifts (3.6) and work environment (3.6) compared to the past four years, but in line with the levels seen in 2005.

In terms of orientation, 47.3% respondents indicated that the length of their orientation, including buddy shifts, ranged between 16 and 30 days, while 31.1% indicated that their orientation lasted between 6 and 15 days and 20.3% indicated that their orientation was between 2 and 5 days. Although most (65.5%) felt that their orientation was about right, thirty percent (30.4%) felt that their orientation was too short. The proportion who felt that the length of the orientation was about right has increased from a low of 50.0% in 2008 and 54.8% last year back to the levels seen in 2005 (68.8%) and 2006 (62.3%). In addition, satisfaction with the orientation program has also increased to the levels seen in 2005 from a low in last year's results. A total of 43.9% feel that their orientation program quite well or very well prepared them for their first position compared to 23.8% in 2009. Additionally, 16.2% felt not very well or poorly prepared, which is a decrease from 32.1% in the 2009 study. When those who felt not very well or poorly prepared for their first position were asked what was lacking from their orientation, many mentioned that it was too short (70.8%) or that it lacked a mentor (62.5%).

A large majority (89.2%) of respondents worked at a single site in their first position after graduation, nearly all (98.6%) worked as a staff nurse in their first position and direct care (99.3%) was by far the most common area of responsibility. On average, respondents indicated that they worked between 20 and 96 hours per week, with an average work week of 39 hours. Few (5.4%) worked in a forensic setting.

Current Situation

Currently, most (87.8%) respondents are employed as a nurse and one in ten (10.8%) are on leave from nursing. Most (54.1%) are working for the same employer in the same position as a graduate nurse, one quarter (25.3%) have changed their primary job since graduation and two in ten (20.5%) are working for the same primary employer but in a different position. Graduates who have left their former primary employer were asked to identify the reasons for leaving. Dissatisfaction (48.6%) is the most common reason given by respondents, followed by personal reasons (27.0%) and family responsibilities (16.2%). Few (2.7%) left for better pay.

2-Year Follow-up Survey of the 2007-08 Graduates of the NEPS Program

Currently, most (92.5%) respondents are currently employed in Saskatchewan. This represents a slightly higher proportion compared to 2009 (83.0%). Among those who do not currently work in Saskatchewan, three in ten (28.6%) expect to return to the province.

Eight in ten (79.5%) respondents currently work in an urban location, while 18.5% work in a rural location and 2.1% work in both locations. Regular full-time hours are most common (76.7%), followed by regular part-time hours (13.0%). Nearly all (95.2%) are employed in their preferred hours.

Most commonly (80.8%), respondents work at a single site as a graduate nurse. One in six (15.1%) work at two sites, while one in twenty (4.1%) work at three or more sites. Working at a general hospital with 100 beds and over is most common among respondents, followed by working at a general hospital with less than 100 beds. Additionally, 8.2% work at a community health or health centre in at least one of their sites. Nearly all (97.3%) respondents work as a staff nurse or as a community health nurse and a large majority (97.9%) work in direct care. Graduates work an average of 39 hours per week at all of their sites combined. Five (3.4%) respondents work in a forensic setting.

As with their first job, respondents were also asked to rank the top three factors that influenced their current choice of work location as a nurse. In this case, clinical group (56.7%) was most commonly ranked in respondents' top three, followed by family or community commitments (43.2%) and desired position (40.5%).

Job satisfaction in general is fairly positive. One quarter (24.7%) are very satisfied and six in ten are satisfied (61.6%). Additionally, 6.8% are dissatisfied and 2.1% are very dissatisfied. In terms of their annual salary, one quarter are very satisfied and seven in ten (68.5%) are satisfied. In total, 40.5% indicated that their annual earnings are above \$70,000, 35.6% indicated that their income is between \$60,000 and \$70,000 per year and two in five (19.2%) earn less than \$60,000 per year.

Demographic Profile and Satisfaction

In total, 93.2% of survey respondents are female and the remaining 6.8% are male. Respondents most commonly grew up in rural Saskatchewan (27.7%) or in a town in Saskatchewan (20.9%). A total of 8.8% of respondents (13 respondents) indicated that they hold Aboriginal status. Among those respondents, seven (53.8%) are Status or Treaty Indian and six (46.2%) are Métis.

About one half (50.7%) of respondents were married at the time of the survey and three in ten (29.7%) were single at that time. One in six (16.9%) are common-law or living with their partner. Three in ten (31.1%) currently have dependent children or adult dependents.

A total of 6.1% have completed or are currently enrolled in a graduate program.

In terms of satisfaction, 6.1% are very satisfied with their educational experience in the NEPS program and 72.3% are satisfied. A total of 15.5% are dissatisfied and 4.7% are very dissatisfied. In addition, 5.4% felt that their program prepared them very well for nursing practice and a further 59.5% felt that the program prepared them well. One third (33.8%) felt that they were not

well prepared and 1.4% felt that they were poorly prepared for practice. Despite this lukewarm satisfaction, satisfaction with nursing as a career is fairly high. One third (32.4%) are very satisfied and 58.8% are satisfied for a total of 91.2%.

Before Starting and Experiences During the NEPS program

Before starting the NEPS program, 14.2% of respondents had previous education in the health care field. Four in ten (39.9%) had a high school diploma and one third (33.1%) had some university classes. In the year before starting the NEPS program, most (61.5%) respondents were going to school and one third (33.1%) were working. Of those who were working, three in ten (30.6%) were working in the health care field.

Most commonly (61.5%), respondents started their NEPS program in 2004, while two in ten (20.9%) started it in 2005. A total of 43.9% started the NEPS program when they were 20 years old or younger and 39.9% did so then they were between the ages of 21 and 25. A total of 50.7% of respondents entered the program in Saskatoon, 43.2% entered the program in Regina and 6.1% entered the program in Prince Albert. Similarly, 54.1% graduated from the Saskatoon location, 40.5% graduated from Regina and 5.4% graduated from Prince Albert.

In terms of major changes experienced by respondents during their program, home relocation (47.3%), illness or death of a family member or friend (29.7%) and uncertainty of nursing as a career (29.1%) were commonly experienced by respondents. Most (75.7%) respondents experienced at least one major life change during the NEPS program.

One half (52.0%) of respondents worked as a senior assistant during their program and two thirds (68.2%) had a job during the program. Six in ten (62.8%) received scholarships or bursaries during the program. Of those who received scholarships or bursaries, 35.5% received over \$2,000 to \$5,000 and the same percentage received over \$5,000 to \$10,000. Educational or student loans are also common among respondents. Two thirds (64.9%) received loans during the program. This proportion, however, represents a decline from prior years, specifically from a high of 78.3% in among respondents of the 2006 survey. The median loan amount among those who received loans is between \$30,000 and \$35,000.

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2-Year Follow-up Survey of the 2007-08 Graduates of the NEPS Program

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*Please rank the top 3 factors that influenced your **current** choice of work location as a nurse, with 1 being most important and 3 being the least important?55*

Are you registered with any of the following associations?55

Where did you grow up?.....56

Do you have any general comments regarding the education you received in the NEPS program?.....56

Introduction and Methodology

Goals and Objectives

The purpose of this survey is to track the progress of students through the NEPS program and identify the career paths of Saskatchewan basic nursing education graduates. The goals include the following:

- Establish employment profiles of graduates and to identify trends over time
- Identify graduates' perceptions of preparation and support for entry into the workforce
- Obtain basic demographic information about the graduates

Dr. Linda Ferguson obtained ethical approval for the individual phases of this project from the University of Saskatchewan Advisory Committee on Ethics in Behavioural Science Research. This report includes the results of the 2-Year Graduate Follow-Up Survey for the graduates who completed the program in 2007. This research (titled as the 2010 cohort throughout this report) compares them to the results of the previous NEPS 2-Year Follow-Up Surveys completed in 2005, 2006, 2007, 2008 and 2009.

Scope of Work

The College of Nursing of the University of Saskatchewan, the Nursing Division of the Saskatchewan Institute of Applied Science and Technology (SIAST), and Division of Health Sciences at the First Nations University of Canada contracted Insightrix Research, Inc. to conduct data collection and analysis of the 2010 2-Year Follow-Up Survey of the Nursing Education Program of Saskatchewan (NEPS) graduates. The survey was conducted by phone as well as online.

Survey Design

The questions were similar to the four NEPS 2-Year Follow-Up Surveys of previous years. Survey questions were developed by the NEPS database Advisory Committee and were adapted for the survey instrument by Insightrix. Insightrix programmed the survey online and conducted the survey using a multimode approach, allowing respondents to complete the survey either by phone or by email.

Survey Distribution

Insightrix received contact information for 297 graduates of NEPS from the 2007-2008 academic year. Insightrix telephone researchers attempted to contact each individual at least four times.

If the respondent preferred to complete the survey online, they were sent an email invitation with a link to the survey that allowed them to fill it out at their convenience.

Insightrix utilized a technology specifically designed for graduate follow up surveys. This module called "My Classmates" is driven by data provided in the University of Saskatchewan Alumni database and used to locate hard-to-find graduates. Upon completing the survey, graduates were asked to provide contact information for those they graduated with that Insightrix still needed to complete the survey. Alternatively, they were asked to have the graduate call Insightrix's toll free number and complete the survey at that time.

Response Rates and Confidence Intervals

Data were collected from July 9th to August 24th, 2009. Of the 297 graduates who completed the NEPS program in the 2007-2008 academic year, 297 agreed to be contacted by the University and their contact information was provided to Insightrix. Of these potential respondents, 171 completed the survey, representing a 57.6% response rate. Given this response rate, we can be 95% sure that the results reported are within ± 4.9 percentage points of the actual population figures, finite population correction factor applied.

Study Results

Experiences in the First Year after Graduation

21. At any time during the first year after graduation, were you?

All respondents were employed as a nurse within the first year after graduation. Additionally, six respondents (4.1%) were employed in a job other than as a nurse and two (1.4%) were not employed at some time during their first year following graduation.

	Count	Percent
Employed as a nurse	148	100.0%
Employed at a job other than nurse	6	4.1%
Not employed	2	1.4%
Total	148	100.0%

Multiple responses possible.

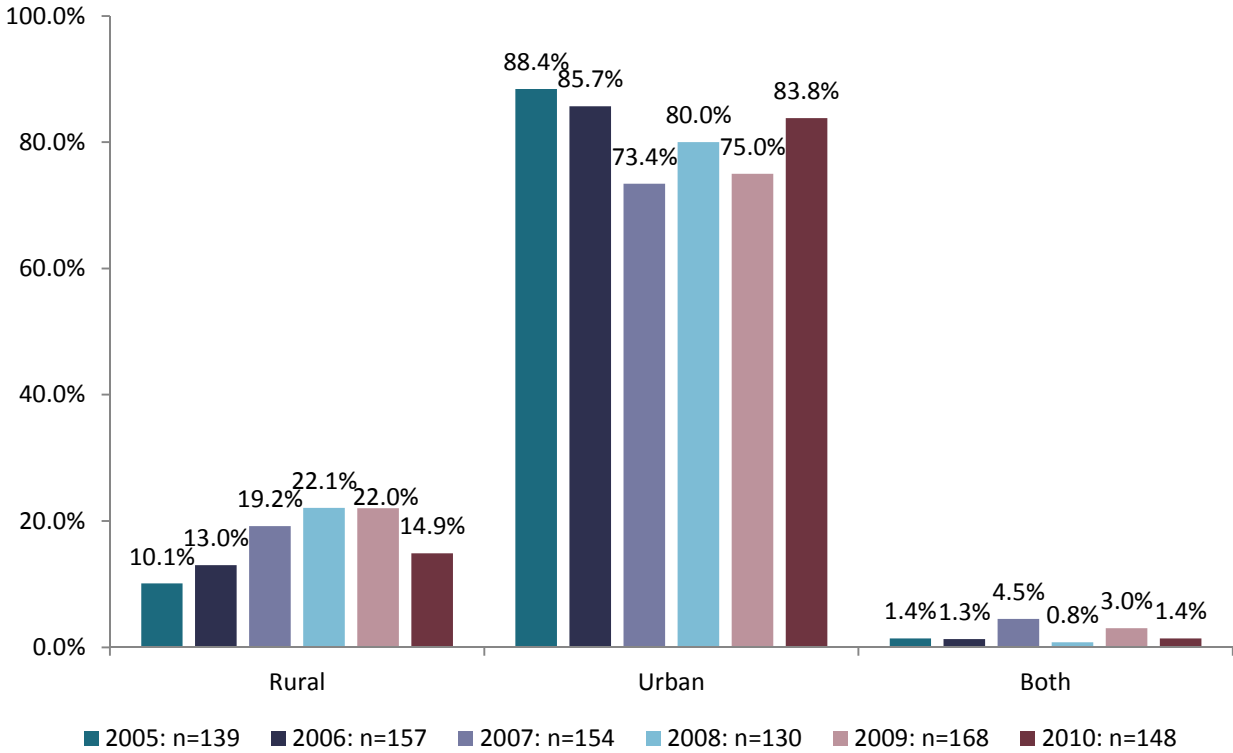
22. What was the geographical location of your first job as a graduate nurse?

Nearly all (95.3%) respondents remained in Saskatchewan for their first job as a graduate nurse. Several (4.1%) worked in Alberta or BC and one respondent (0.7%) worked elsewhere.

	2005	2006	2007	2008	2009	2010
Saskatchewan	91.3%	92.2%	95.5%	90.0%	95.8%	95.3%
Manitoba or Eastern Canada	1.4%	0.6%	1.3%	1.5%	0.6%	0.0%
Alberta or BC	5.1%	4.5%	1.9%	8.5%	3.0%	4.1%
USA	1.4%	1.9%	1.3%	0.0%	0.6%	0.0%
Other	0.7%	0.6%	0.0%	0.0%	0.0%	0.7%

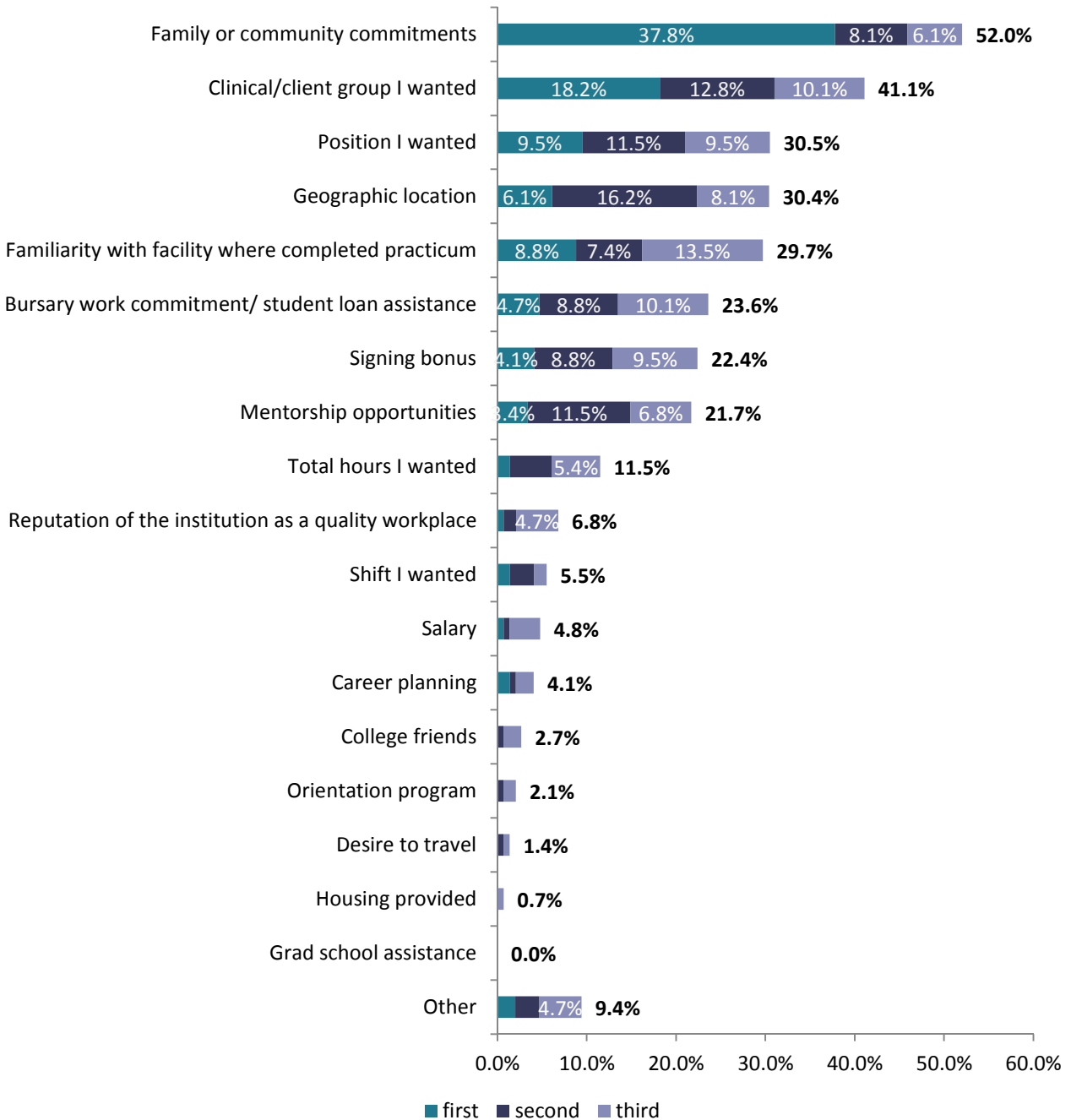
23. Please specify whether the location of your first job as a graduate nurse was:

In total, more than eight in ten (83.8%) worked in an urban area in their first job as a graduate nurse, which is an increase from three quarters (75.0%) in 2009 but in line with several of the previous cohorts. A total of 14.9% work in a rural area and 1.4% work in both areas.



24. Please rank the top 3 factors that influenced your choice of work location for your first job as a nurse, with "1" being most important, 2" being the second most important and "3" being the third most important:

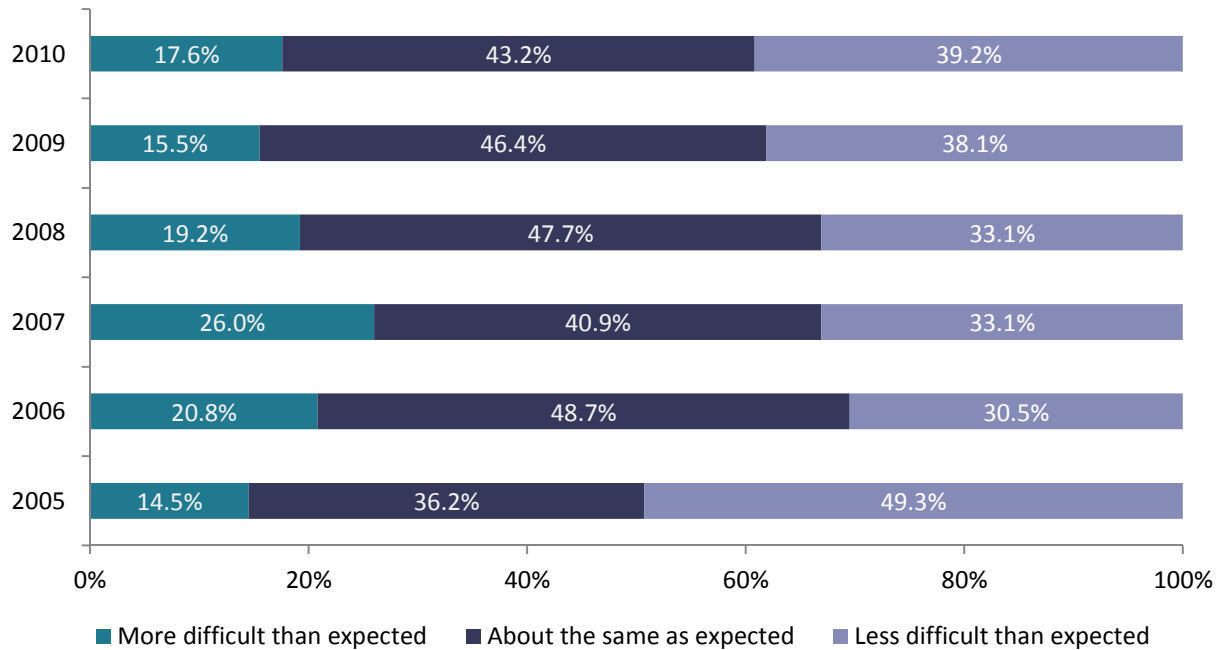
Family or community commitments (52.0%) remains the most commonly chose factor that influenced respondents' choice of work location as a graduate nurse. Desired clinical or client group (41.1%), desired position (30.5%) and geographic location (30.4%) also were common factors chosen by respondents.



***Totals bolded**

25. How did your experience in finding your first job following graduation compare with your expectations?

Overall, about twice as many respondents found the experience finding their first job to be less difficult than expected (39.2%) as found it more difficult than expected (17.6%). The remainder (43.2%) found this difficulty to be in line with their expectations.



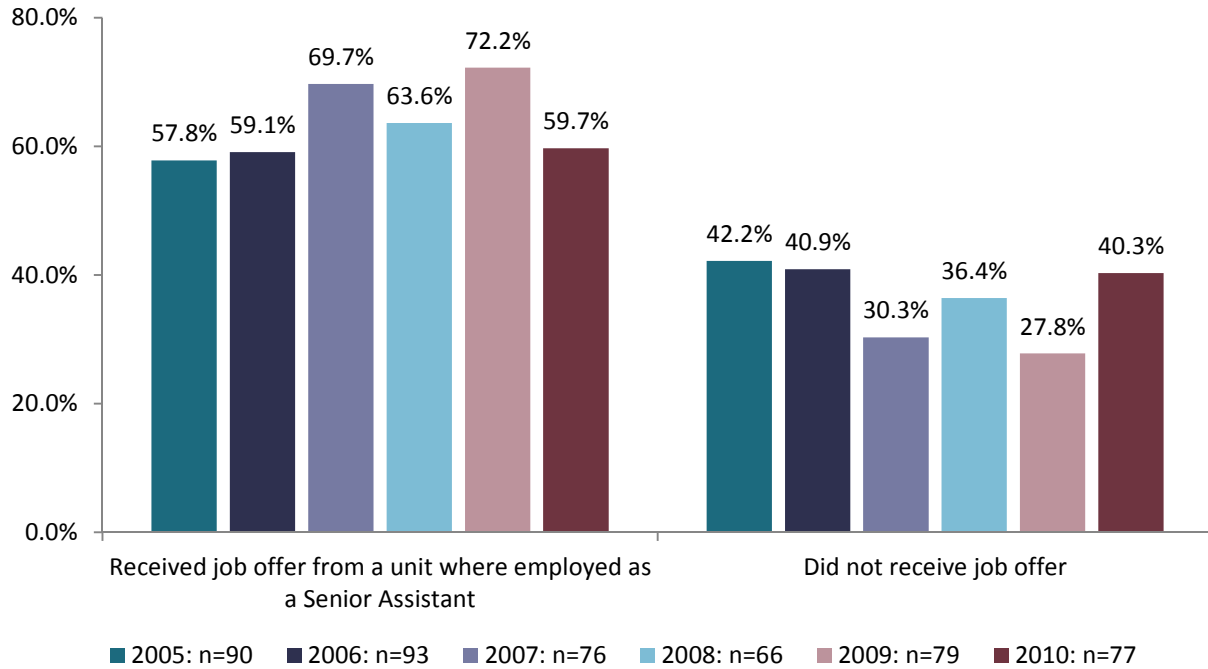
26. How long did it take you to obtain your first job after you started actively seeking employment following graduation?

Most (55.4%) respondents were invited to a job before they started looking for employment. In addition, four in ten (39.9%) were looking for less than one month before they found a job.

	2005: n=139	2006: n=157	2007: n=154	2008: n=130	2009: n=168	2010: n=148
Invited to a job before I started looking	56.5%	59.1%	51.3%	61.5%	62.5%	55.4%
Less than 1 month	34.1%	33.1%	41.6%	35.4%	34.5%	39.9%
1-2 months	8.0%	5.8%	6.5%	1.5%	2.4%	3.4%
3-5 months	1.4%	1.3%	0.5%	1.5%	0.6%	1.4%
More than 6 months	0.0%	0.6%	0.0%	0.0%	0.0%	0.0%

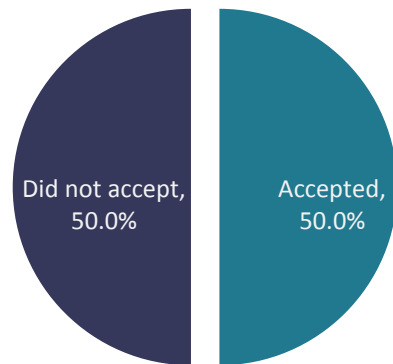
27. Did you get a job offer from a unit where you were employed as a Senior Assistant?

Sixty percent (59.7%) of those who worked as a senior assistant received a job offer from a unit where they were employed in this capacity.



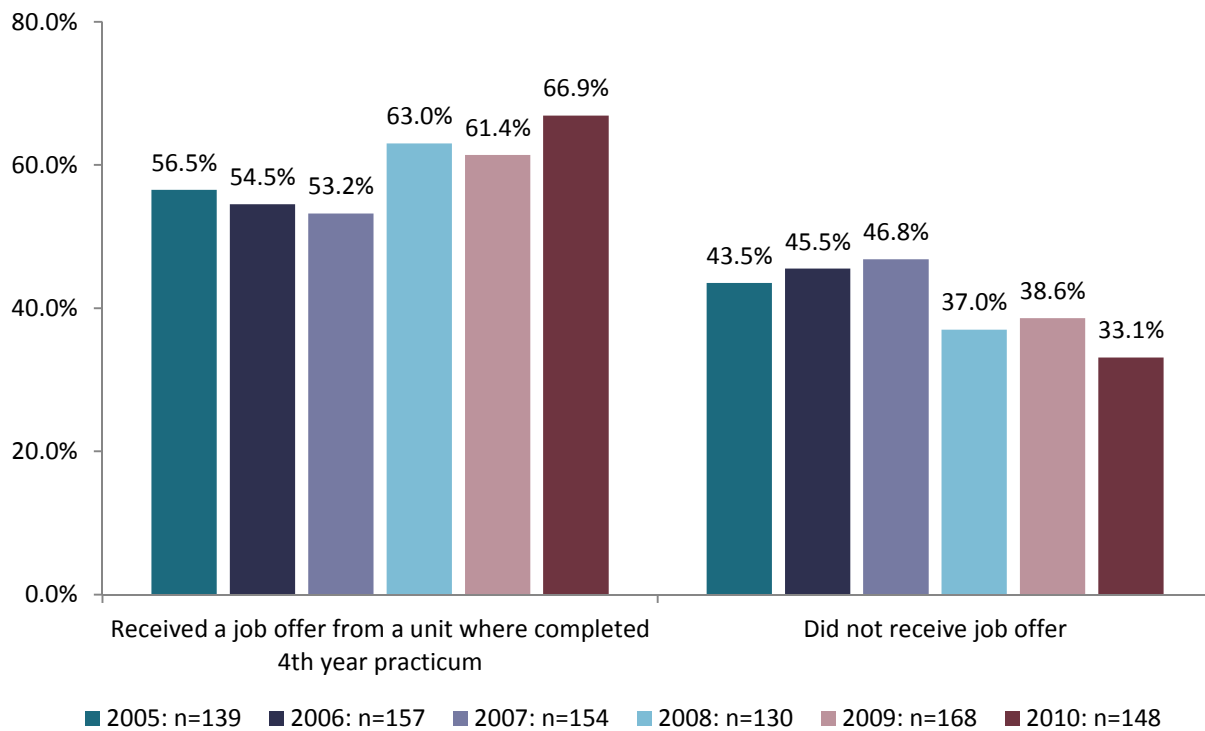
27b. Did you accept the job offered from this unit?

On half (50.0%) of those who were offered a job from this unit accepted the offer.



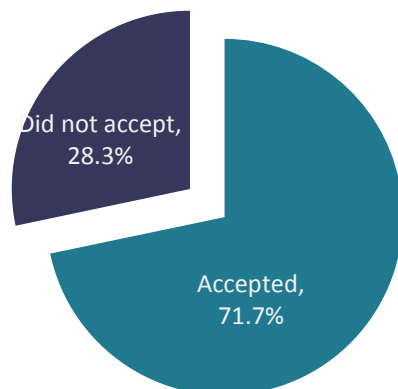
28. Did you get a job offer from a unit where you did your 4th year senior practicum?

Many also (66.9%) received a job offer from a unit where they did their 4th year senior practicum.



28b. Did you accept the job offered from this unit?

Most (71.7%) of those who were offered a job accepted.



29. What were the work hours of your first job as a graduate nurse?

Three quarters (76.4%) of respondents worked regular full time hours in their first job as a graduate nurse.

	2005: n=138	2006: n=154	2007: n=154	2008: n=130	2009: n=168	2010: n=148
Regular full-time	72.5%	66.2%	50.0%	66.2%	74.4%	76.4%
Casual full-time	15.2%	20.8%	35.1%	16.9%	9.5%	11.5%
Regular part-time	5.8%	6.5%	7.1%	12.3%	9.5%	7.4%
Casual part-time	6.5%	6.5%	7.8%	4.6%	6.5%	4.7%

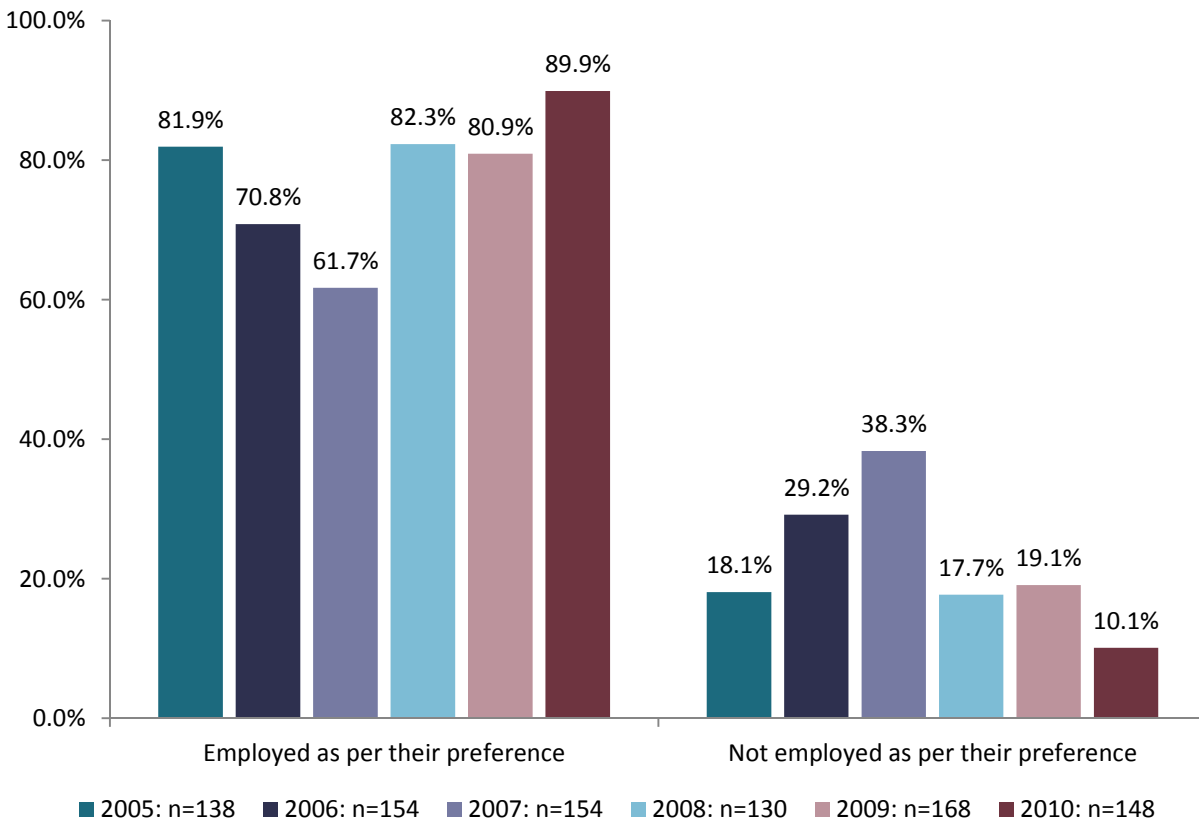
Note:

"Regular" reflects permanent employment, even though it may be time limited;

"Casual" reflects the fact that the employment does not guarantee a fixed number of hours of work per pay period. (It also would include occasional, on call, on demand, or seasonal work.)

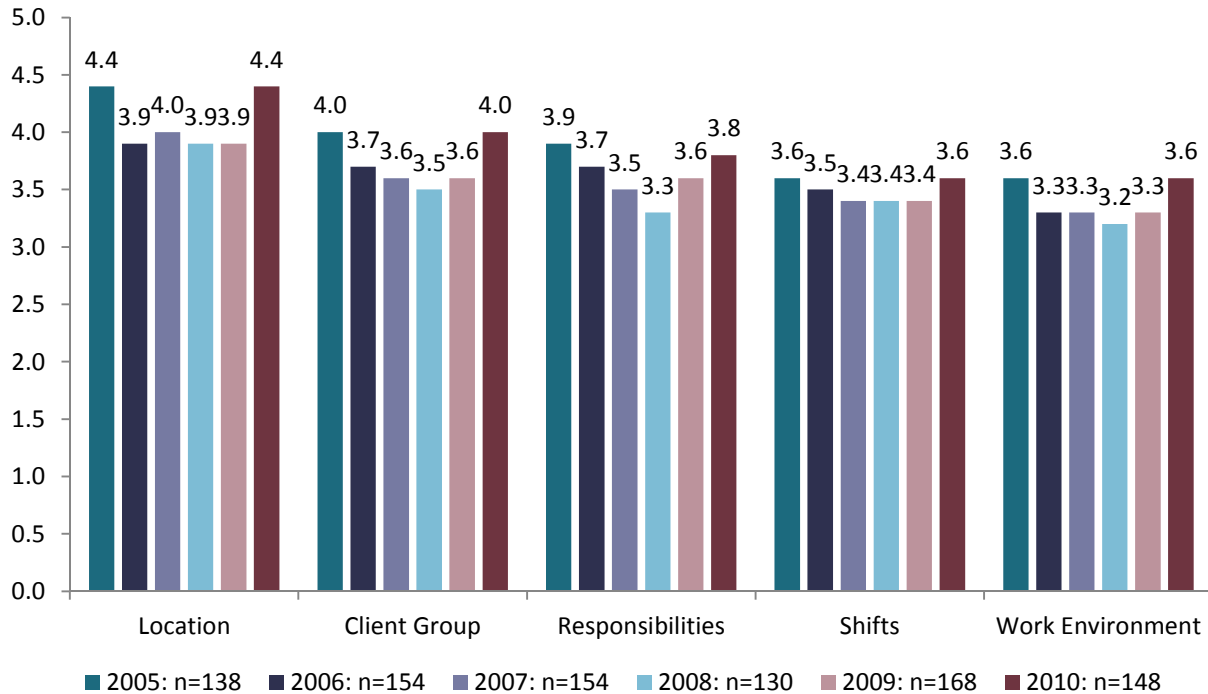
30. Was being employed on this basis your preference?

Ninety percent (89.9%) were employed as per their preference in their first job after graduation.



31. To what extent did your first job meet your ideal preferences, where '1' is not at all to '5' being highly ideal?

Respondents were asked the extent to which their first job met their ideal preferences on a five-point scale where 1 is defined as “not at all ideal” and 5 is defined as “highly ideal”. Overall, ratings of each of the different areas received higher ratings, on average, compared to previous years, returning to the levels seen in 2005. Location (4.4 out of 5) and client group (4.0) received the highest average ratings.



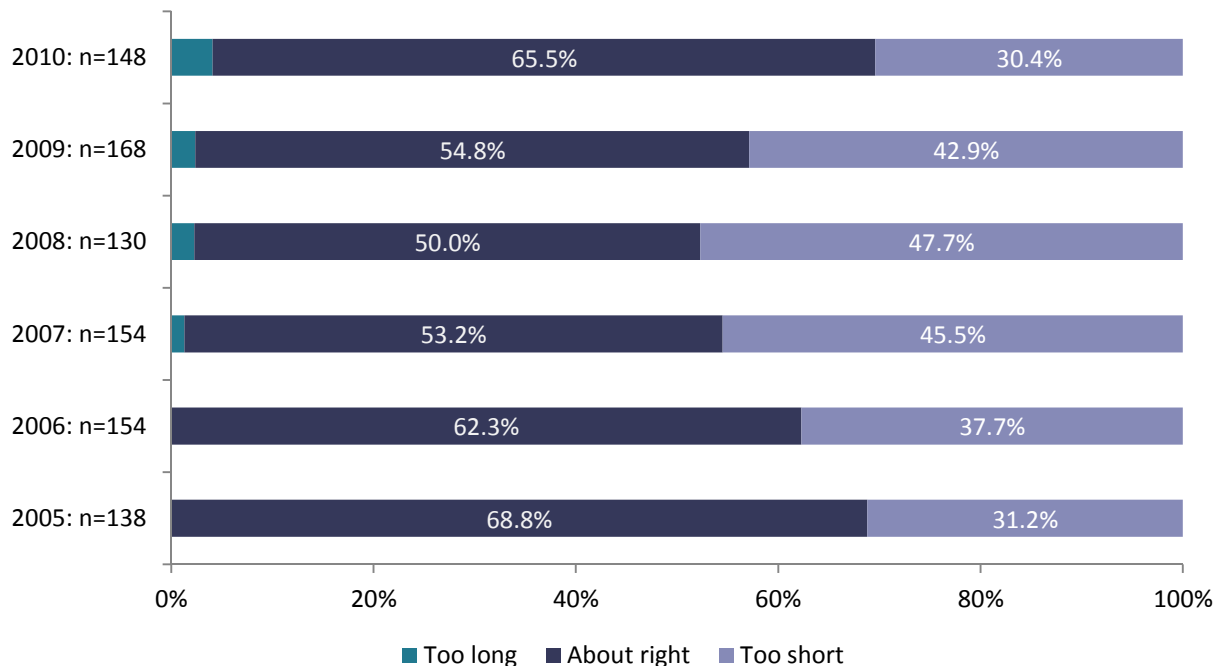
32. When you started your first nursing job, what was the length of your orientation (including "buddy" shifts)?

Nearly one half (47.3%) of respondents indicated that their orientation was between 16 and 30 days. A further thirty percent (31.1%) spent between 6 and 15 days in orientation when they started their first nursing job.

	2006: n=154	2007: n=154	2008: n=130	2009: n=168	2010: n=148
< 1 day	0.0%	1.3%	0.0%	0.0%	0.0%
1 day	1.3%	0.6%	2.3%	1.2%	0.7%
2-5 days	28.6%	32.5%	33.1%	26.8%	20.3%
6-15 days	42.9%	40.9%	43.8%	42.3%	31.1%
16-30 days	26.0%	22.7%	19.2%	29.2%	47.3%
Did not receive any	1.3%	1.9%	1.5%	0.6%	0.7%

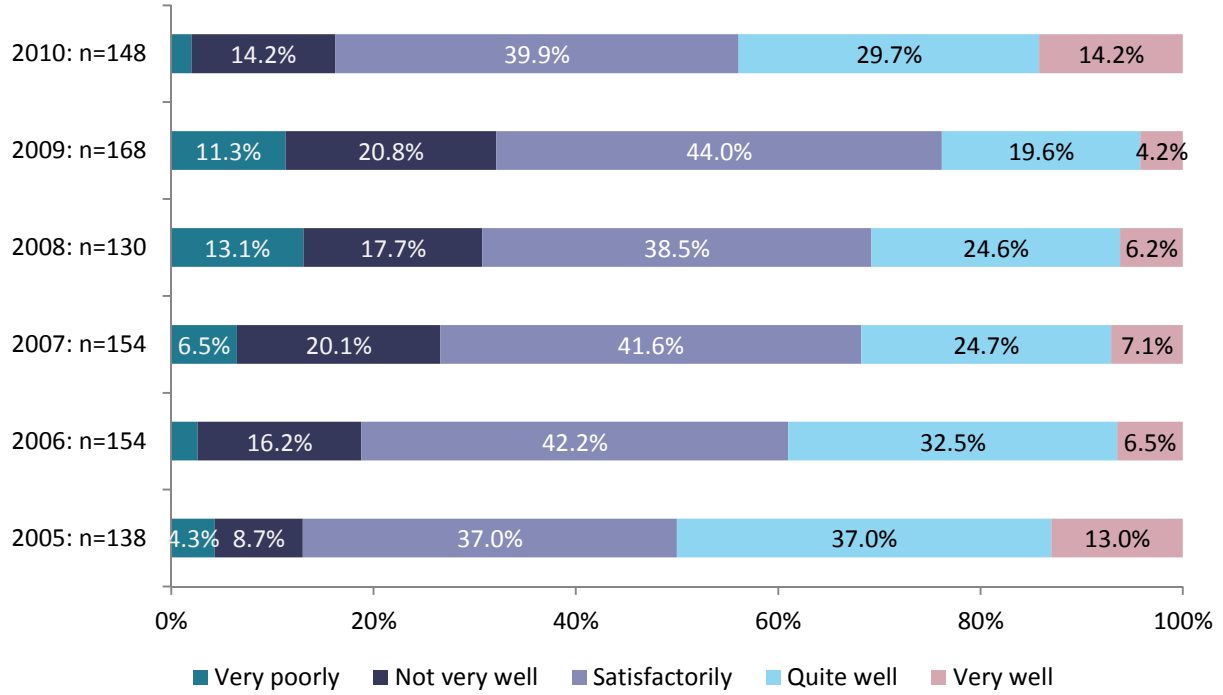
33. How did you feel about the length of your orientation for your first position?

Most (65.5%) respondents felt that the length of their orientation was about right, while about three in ten (30.4%) felt that it was too short.



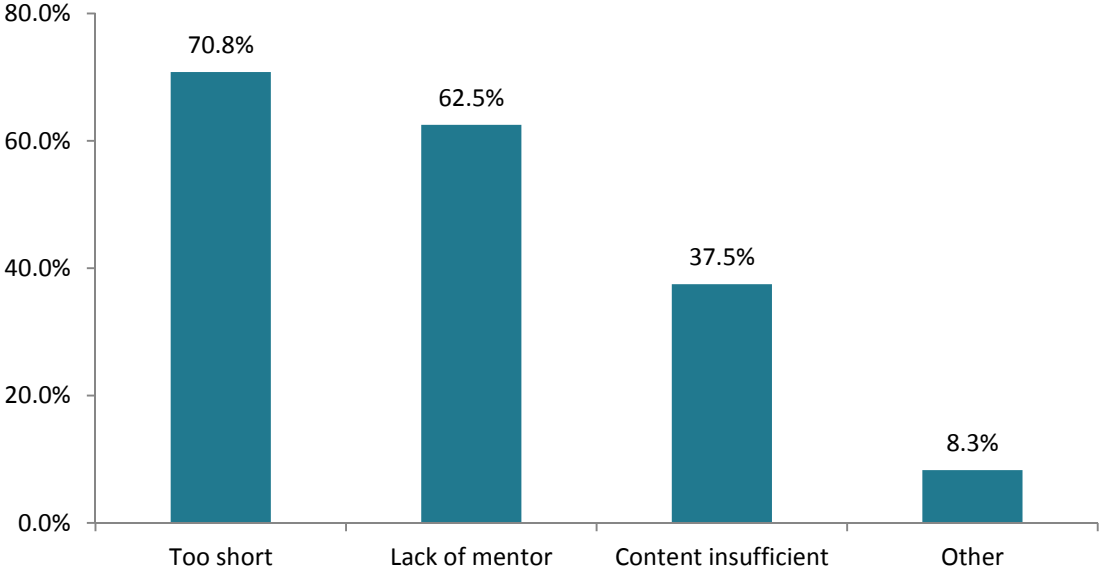
34. How well did your orientation program prepare you for your first position?

Four in ten (43.9%) felt that their orientation program prepared their quite well or very well for their first position. By contrast, one in six (16.2%) felt very poorly or not very well prepared.



35. What was lacking from your orientation?

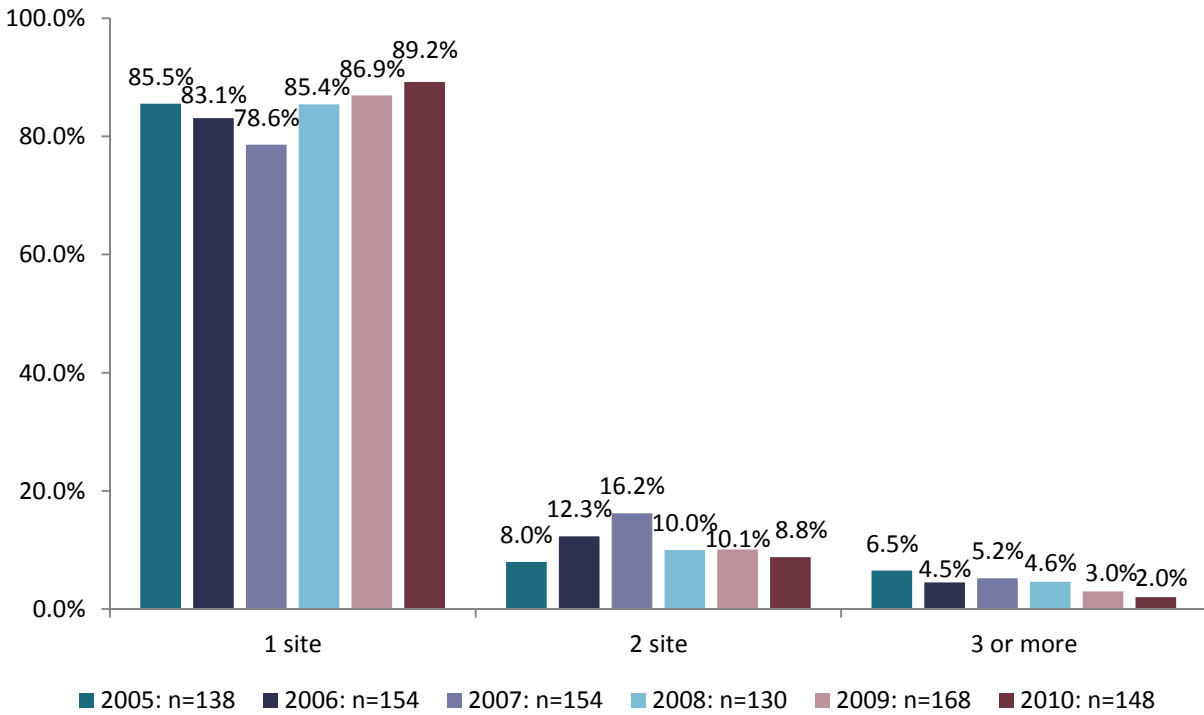
Those who felt very poorly or not very well prepared were asked what was lacking from their orientation. Seven in ten (70.8%) felt that it was too short and six in ten (62.5%) indicated that they lacked a mentor.



Base: n=24

36. How many sites did you work at for your first job as a graduate nurse?

Nine in ten (89.2%) worked at a single site for their first job as a graduate nurse. Additionally, 8.8% worked at two sites and 2.0% worked at three or more sites.



**37. What type of organization was/were the site(s) at which you worked?
(Note: The primary site is the site where you had the most hours per week)**

Seven in ten (70.9%) worked in a general hospital with 100 bed or over for at least one of their sites.

All sites	Count	Percent
General hospital, 100 beds and over	105	70.9%
General hospital, less than 100 beds	29	19.6%
Mental Health Centre / Hospital	5	3.4%
Other	5	3.4%
Nursing Home/Long Term Care Facility	4	2.7%
Community Health/Health Centre	4	2.7%
Primary Health Care Centre	4	2.7%
Home Care Agency	3	2.0%
Educational Institution	1	0.7%
Nursing Stations (Outpost or clinics)	1	0.7%
Association/Government	1	0.7%
Total	148	100.0%

Multiple responses possible.

38. What was your position?

Nearly all (98.6%) were a staff nurse or a community health nurse in their first position.

	Count	Percent
Staff Nurse/Community Health Nurse	146	98.6%
Researcher	1	0.7%
Clinical Nurse Specialist	1	0.7%
Outpost or Primary Care Nurse	1	0.7%
Other, (please specify)	1	0.7%
Total	148	100.0%

Multiple responses possible.

39. What was your main area of responsibility?

Nearly all (99.3%) worked in direct care as their main area of responsibility.

	Count	Percent
Direct Care	147	99.3%
Education	1	0.7%
Administration	1	0.7%
Total	148	100.0%

Multiple responses possible.

40. In what area did you provide:

Although respondents are most likely to work in the medical or surgical area (32.6%), the proportion of respondents who work in multiple areas has decreased from previous years.

Description	2008		2009		2010*	
	Count	Percent	Count	Percent	Count	Percent
Direct Care						
Medical/Surgical	96	73.8%	99	58.9%	28	32.6%
Critical Care	2	1.5%	11	6.5%	10	11.6%
Emergency care	6	4.6%	16	9.5%	10	11.6%
Paediatrics	19	14.6%	22	13.1%	10	11.6%
Maternal/Newborn	11	8.5%	21	12.5%	7	8.1%
Psychiatric/Mental Health	3	2.3%	10	6.0%	5	5.8%
Community Health	7	5.4%	3	1.8%	4	4.7%
Oncology	3	2.3%	8	4.8%	4	4.7%
Several clinical areas	3	2.3%	6	3.6%	2	2.3%
Geriatric/Long term care	11	8.5%	8	4.8%	1	1.2%
Home care	2	1.5%	6	3.6%	1	1.2%
Palliative Care	4	3.1%	1	0.6%	1	1.2%
Several clinical care	0	0.0%	0	0.0%	1	1.2%
Operating Room/RR	1	0.8%	0	0.0%	0	0.0%
Other, (please specify)	6	4.6%	13	7.7%	12	14.0%
Education						
Teaching - Clients	1	0.8%	0	0.0%	0	0.0%
Teaching - Employees	1	0.8%	1	0.6%	0	0.0%
Total	130	100%	168	100.0%	86	100%

*Please note that this question had to be re-fielded due to database anomaly.

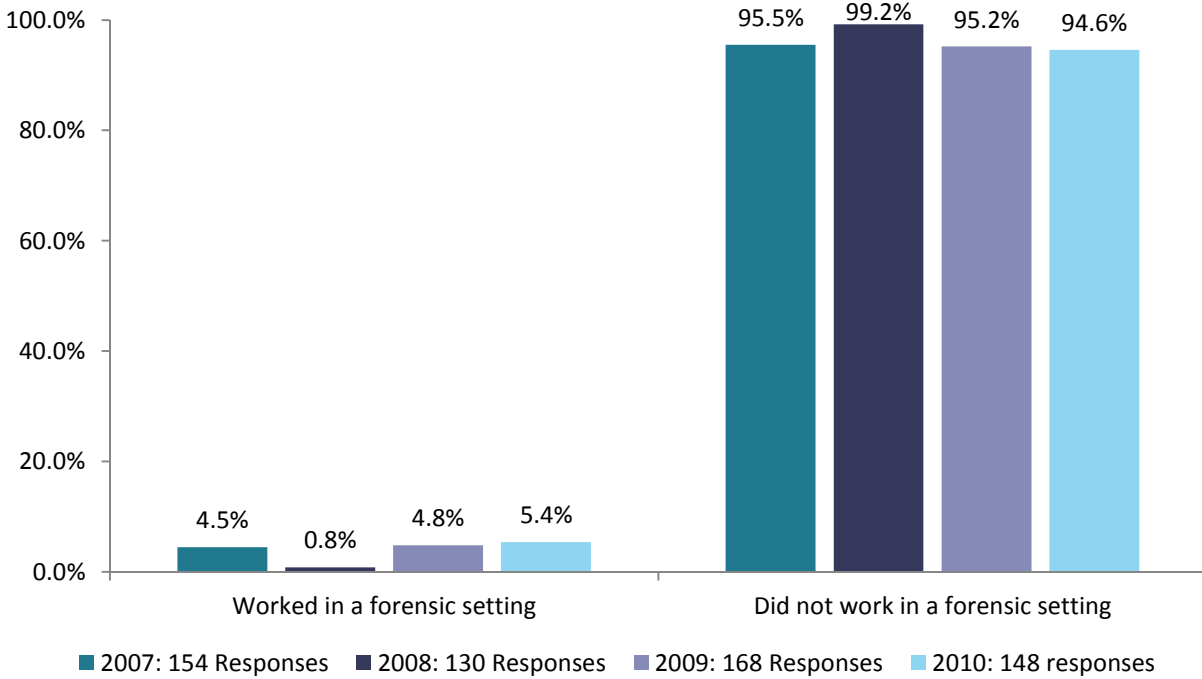
41. On average, how many hours per week did you work?

On average, respondents work about 39 hours in all of their sites combined.

	Primary Site	Second Site	Third Site	Total
Minimum hours	12	4	4	20
Maximum hours	60	48	10	96
Average hours	37.0	15.8	6.3	38.9

41a. Did you work in a forensic setting?

About one in twenty (5.4%) worked in a forensic setting.



42. Please indicate your field of work during this time:

Respondents who were employed in a field other than nursing during their first year were asked their field of work during this time. All respondents indicated a health care related field, including surgery, care aide, maternal or newborn care and surgical or oncology. A full list of responses can be found in Appendix A.

43. You indicated that at some time during the first year you were either unemployed or employed in something other than nursing. Please indicate why.

Many of the respondents who worked in something other than nursing or were unemployed at some time during their first year were continuing to work at a job that they had while they were a student, were working in another job in addition to working as a nurse or were taking care of family responsibilities.

	Count	Percent
Family responsibilities	2	25.0%
Travelling	1	12.5%
Other	5	62.5%

- (1) Continued job I had as student.
- (1) Enjoyed part time job/employer/staff.
- (1) Had been working at another job for eight years and wanted to continue there in addition to working as an RN at the hospital.
- (1) I also had another job as a case manager in disabilities.
- (1) Maternity leave.
- (1) Trying to supplement my nursing income.

Current Situation

44. What is your current employment status?

Most (87.8%) respondents are currently employed as a nurse and about one in ten (10.8%) are employed as a nurse but are on leave. One respondent is employed in an area other than nursing (0.7%) and one is not currently employed (0.7%).

	2005	2006	2007	2008	2009	2010
Nurse	92.8%	91.7%	92.9%	88.5%	83.6%	87.8%
Nurse - On leave	6.5%	7.6%	5.8%	11.5%	15.8%	10.8%
Other than nurse	0.0%	0.0%	0.6%	0.0%	0.6%	0.7%
Not employed	0.7%	0.6%	0.6%	0.0%	0.0%	0.7%

45. Please indicate your current field of work:

The respondent who indicated that they are not currently working in the nursing field indicated that they

- (1) Public Service - Provincial Government Worker

46. What is the MAIN reason why you are not currently employed as a nurse?

One respondent indicated that they are not currently employed as a nurse because they did not like it, while the other respondent is not employed in nursing due to family responsibility.

47. Do you intend to seek employment in nursing in the future?

One respondent intends to seek employment in nursing in the future and the other does not.

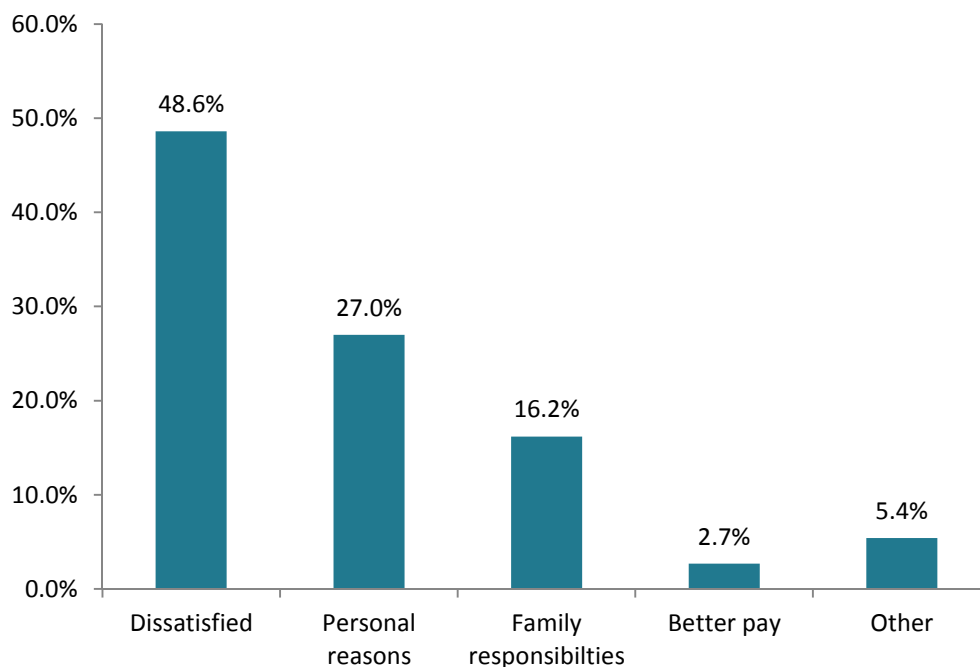
48. Has your primary employment changed since your first job?

Overall, one quarter (25.3%) have changed their primary job since graduation. Additionally, one in five (20.5%) are working for the same primary employer but in a different position. The majority (54.1%) are working for the same primary employer in the same position.

	2005	2006	2007	2008	2009	2010
Yes, I changed my primary job.	21.0%	36.4%	40.1%	36.4%	36.5%	25.3%
Yes, I am working for the same primary employer, but in a different position.	21.0%	27.9%	19.7%	26.4%	18.8%	20.5%
No, I am working for the same primary employer in the same position.	58.0%	35.7%	40.1%	37.2%	44.7%	54.1%
Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

49. Please indicate the MAIN reason you left your former primary employer?

The most common reason that respondents gave for leaving their former primary employer is that they were dissatisfied. About one quarter (27.0%) left for personal reasons and one sixth (16.2%) left due to family responsibilities.



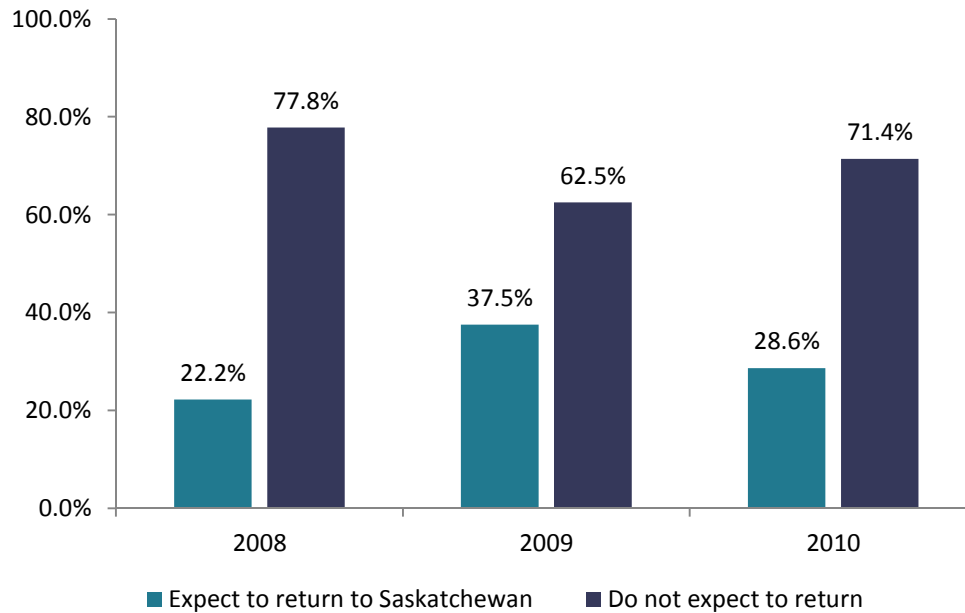
50. Where is the geographical location of your current job?

Nine in ten (92.5%) indicated that they are currently employed in Saskatchewan, a higher proportion compared to previous years.

	2005	2006	2007	2008	2009	2010
Saskatchewan	83.3%	87.5%	90.1%	85.2%	83.0%	92.5%
Manitoba or Eastern Canada	2.2%	0.7%	1.1%	0.0%	4.3%	1.5%
Alberta or BC	8.0%	7.2%	5.5%	13.6%	7.4%	6.0%
USA	4.3%	2.6%	2.2%	0.0%	3.2%	0.0%
Other	2.2%	2.0%	1.1%	1.2%	2.1%	0.0%
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

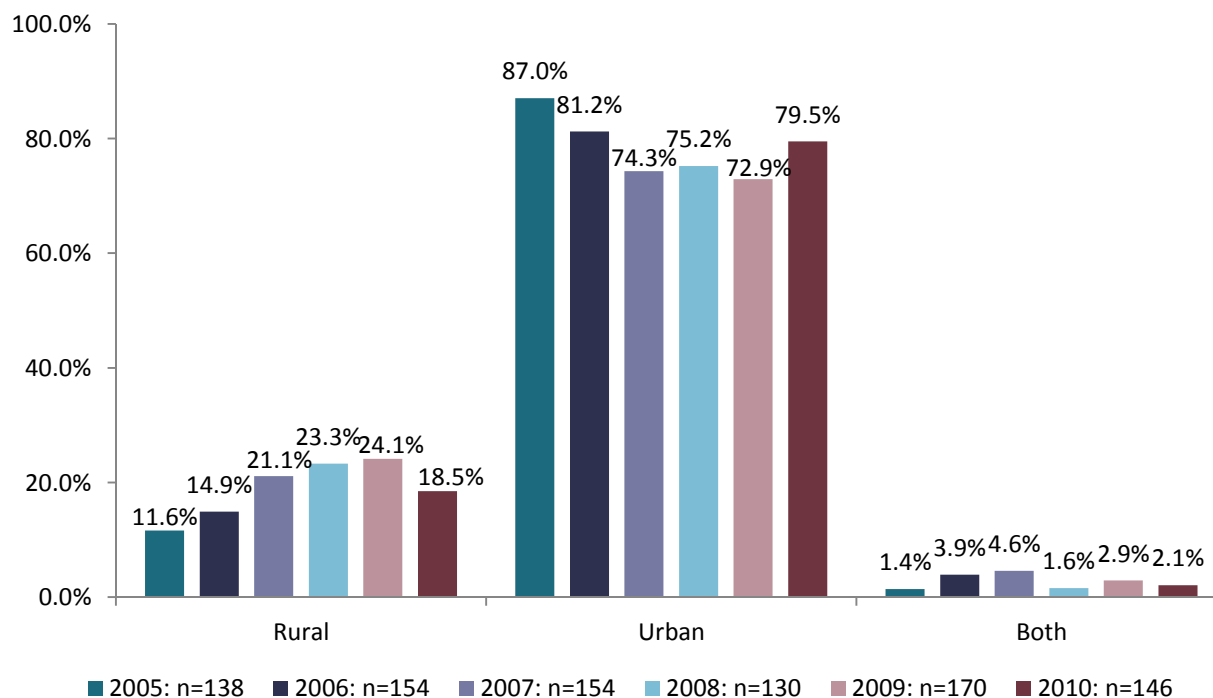
51. Do you expect to return to Saskatchewan?

About three in ten (28.6%) of those who are employed out-of-province expect to return to Saskatchewan.



52. Please specify whether the location of your current job is:

Currently, most (79.5%) respondents work in an urban location.



53. What are your current work hours?

Three quarters (76.7%) work regular full-time hours and 13.0% work regular part-time hours.

	2005: n=138	2006: n=154	2007: n=154	2008: n=130	2009: n=170	2010: n=146
Regular full-time	78.3%	75.3%	74.3%	72.1%	76.5%	76.7%
Regular part-time	7.2%	9.7%	13.2%	15.5%	14.7%	13.0%
Casual part-time	5.8%	4.5%	3.9%	7.0%	5.9%	2.1%
Casual full-time	8.7%	10.4%	8.6%	5.4%	2.9%	8.2%

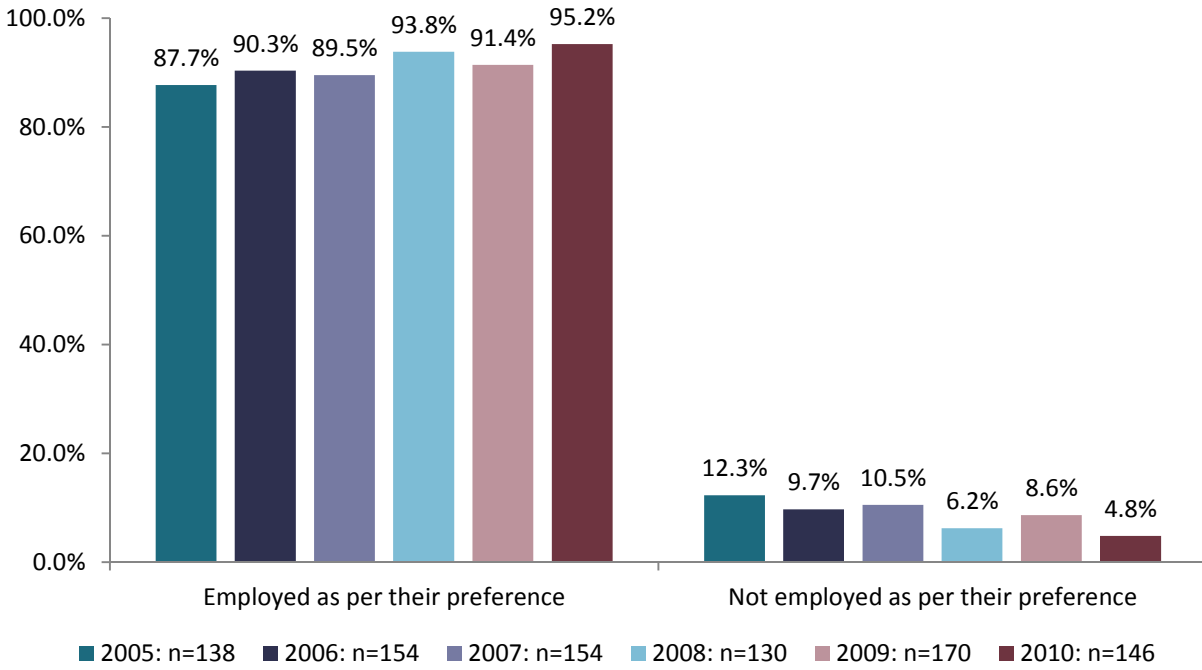
Definitions

"Regular" reflects permanent employment, even though it may be time limited;

"Casual" reflects the fact that the employment does not guarantee a fixed number of hours of work per pay period. (It also would include occasional, on call, on demand, or seasonal work.)

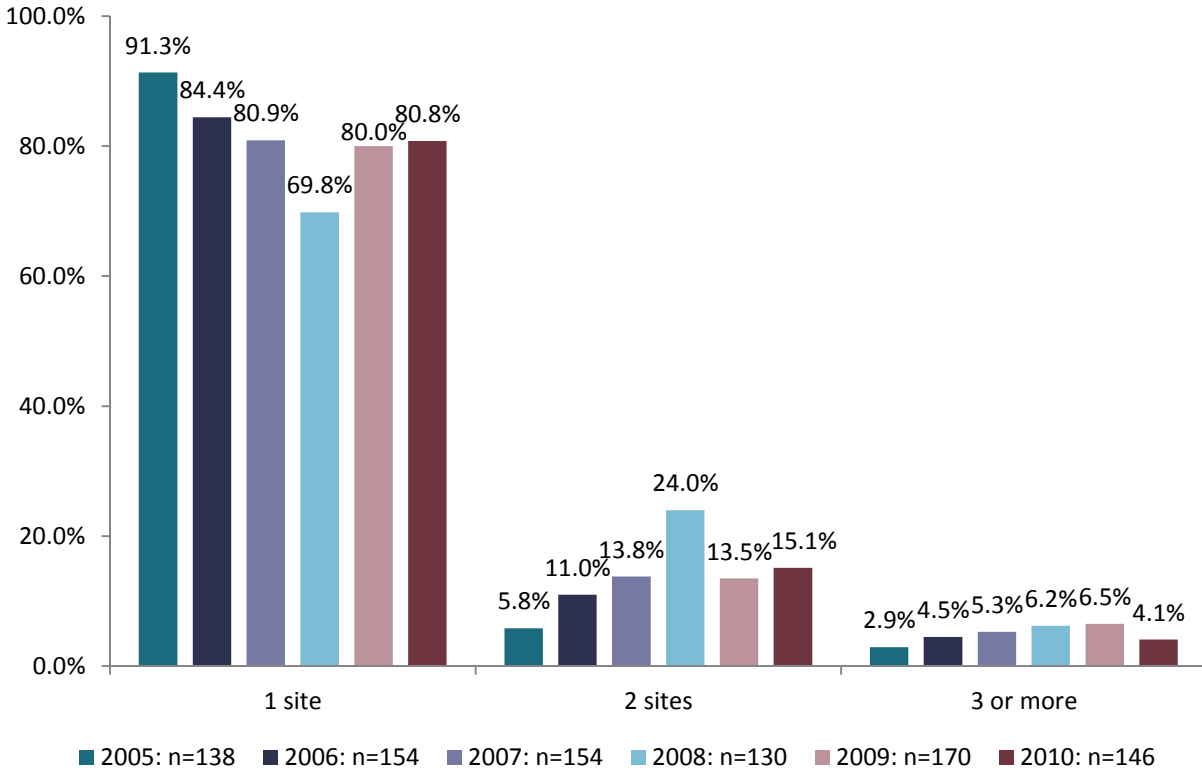
54. Was being employed on this basis your preference?

Nineteen in twenty are employed as per their preference (95.2%).



55. How many sites do you currently work at?

Eight in ten (80.8%) currently work at a single site, one in six (15.1%) work at two sites and one in twenty (4.1%) work at 3 or more sites.



Sites include:

- Different work sites but same employer
- Different units but same employer
- Different employers with same or different units
- For public health nurses, many schools would be one unit

56. What type of organization is the site(s) at which you work?

Two thirds (65.1%) work at a general hospital with 100 beds or over in at least one of their sites and one in five (19.9%) for at a general hospital with less than 100 beds.

	2008 Count	2008 Percent	2009 Count	2009 Percent	2010 Count	2010 Percent
General hospital, 100 beds and over	83	64.3%	116	68.2%	95	65.1%
General hospital, less than 100 beds	34	26.4%	30	17.6%	29	19.9%
Community Health/Health Centre	13	10.1%	16	9.4%	12	8.2%
Home Care Agency	3	2.3%	6	3.5%	5	3.4%
Educational Institution	2	1.6%	5	2.9%	3	2.1%
Other	1	0.8%	5	2.9%	9	6.2%
Primary Health Care Centre	1	0.8%	4	2.4%	4	2.7%
Nursing Home/Long Term Care Facility	7	5.4%	4	2.4%	3	2.1%
Nursing Stations (Outpost or clinics)	1	0.8%	3	1.8%	3	2.1%
Association/Government	3	2.3%	3	1.8%		0.0%
Mental Health Centre / Hospital	0	0.0%	2	1.2%	3	2.1%
Business/Industry/Occupational Health	0	0.0%	2	1.2%	0	0.0%
Physician's Office/Family Practice Unit	0	0.0%	1	0.6%	0	0.0%
Private Nursing Agency/Private Duty	3	2.3%	0	0.0%	1	0.7%
Self-employed	1	0.8%	0	0.0%	0	0.0%
Total	129	100.0%	170	100.0%	146	100.0%

Multiple responses possible.

57. What is your position?

Most (97.3%) respondents are a staff nurse or community health nurse in at least one of their sites.

	2008 Count	2008 Percent	2009 Count	2009 Percent	2010 Count	2010 Percent
Staff Nurse/Community Health Nurse	126	97.7%	160	94.1%	142	97.3%
Instructor/Professor/Educator	1	0.8%	5	2.9%	1	0.7%
Outpost or Primary Care Nurse	1	0.8%	4	2.4%	2	1.4%
Clinical Nurse Specialist	1	0.8%	3	1.8%	0	0.0%
Manager/Assistant Manager	1	0.8%	0	0.0%	2	1.4%
Researcher	0	0.0%	0	0.0%	2	1.4%
Other	6	4.7%	9	5.3%	4	2.7%
Total	129	100.0%	170	100.0%	146	100.0%

Multiple responses possible.

58. What is your main area of responsibility?

Nearly all (97.9%) respondents work in direct care.

	2008 Count	2008 Percent	2009 Count	2009 Percent	2010 Count	2010 Percent
Direct Care	124	96.1%	166	97.6%	143	97.9%
Education	5	3.9%	9	5.3%	3	2.1%
Research	2	1.6%	1	0.6%	1	0.7%
Administration	0	0.0%	1	0.6%	3	2.1%
Total	129	100.0%	170	100.0%	146	100.0%

Multiple responses possible.

59. In what area did you provide care:

Most commonly, respondents provide care in the medical or surgical area (20.1%).

		2008		2009		2010		
		Count	Percent	Count	Percent	Count	Percent	
Direct Care	Medical/Surgical	68	52.7%	78	45.9%	18	20.7%	
	Critical Care	7	5.4%	15	8.8%	14	16.1%	
	Emergency care	14	10.9%	20	11.8%	11	12.6%	
	Paediatric	20	15.5%	14	8.2%	9	10.3%	
	Community Health	9	7.0%	12	7.1%	7	8.0%	
	Maternal/Newborn	13	10.1%	20	11.8%	6	6.9%	
	Oncology	3	2.3%	4	2.4%	4	4.6%	
	Psychiatric/Mental Health	4	3.1%	5	2.9%	4	4.6%	
	Palliative Care	6	4.7%	3	1.8%	3	3.4%	
	Ambulatory Care	3	2.3%	0	0.0%	1	1.1%	
	Geriatric/Long term care	15	11.6%	10	5.9%	1	1.1%	
	Home care	2	1.6%	9	5.3%	1	1.1%	
	Several clinical areas	8	6.2%	7	4.1%	1	1.1%	
	Several clinical care	0	0.0%	0	0.0%	1	1.1%	
	Education	1	0.8%	1	0.6%	0	0.0%	
	Education	Nursing Research only	2	1.6%	0	0.0%	0	0.0%
		Operating Room/RR	2	1.6%	2	1.2%	0	0.0%
Other		10	7.8%	13	7.6%	14	16.1%	
Teaching - Clients		1	0.8%	4	2.4%	1	1.1%	
Teaching - Employees		3	2.3%	2	1.2%	1	1.1%	
Teaching - Students		4	3.1%	4	2.4%	1	1.1%	
Total		129	100.0%	170	100.0%	87	100.0%	

60. On average, how many hours per week do you work?

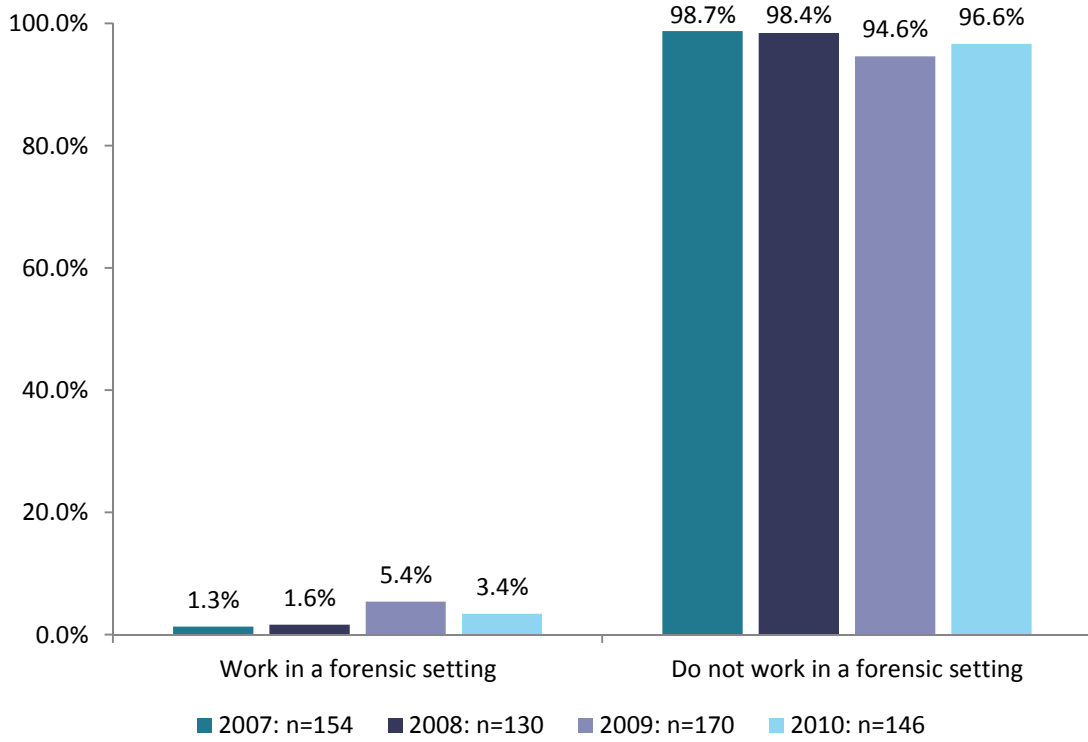
On average, respondents work 39 hours per week in all their sites combined.

	Primary Site	Second Site	Third Site	Total
Minimum	16	1	2	16
Maximum	60	38	12	73
Average	36.9	12.6	6.6	39.2

60a. Do you work in a forensic setting?

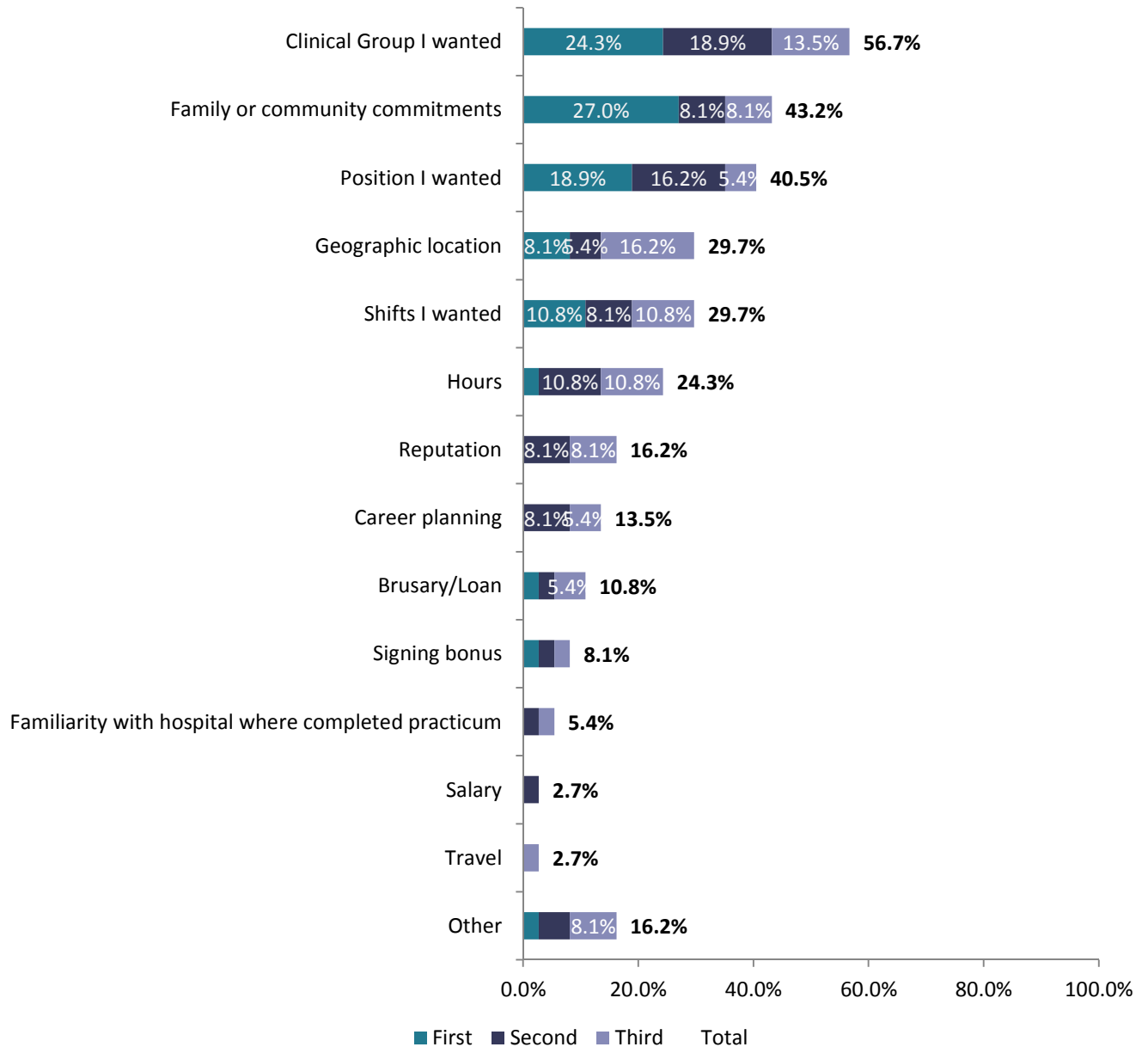
Few respondents (3.4%) work in a forensic setting.

2-Year Follow-up Survey of the 2007-08 Graduates of the NEPS Program



61. Please rank the top 3 factors that influenced your current choice of work location as a nurse?

Respondents were asked to rank the top three factors that influenced their current choice of work location. Desired clinical group (56.7%) was ranked as one of the top three factors by a majority of respondents. Family or community commitments (43.2%) and desired position (40.5%) were also commonly chosen.

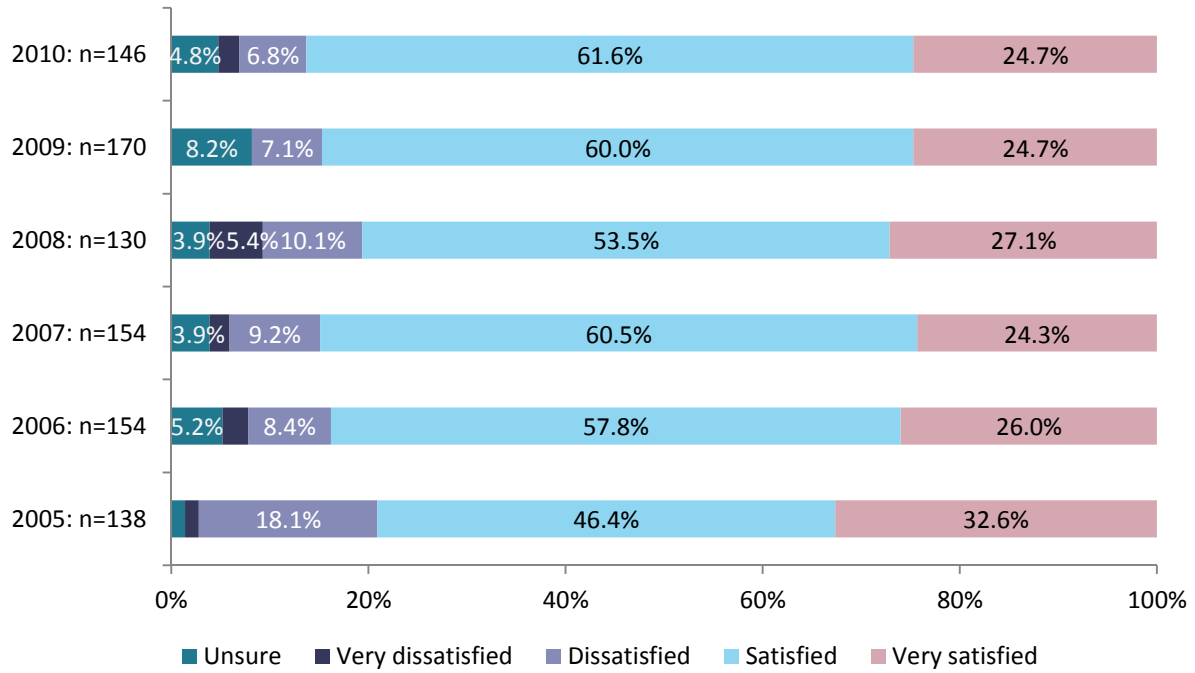


***Totals bolded**

Base: n=37

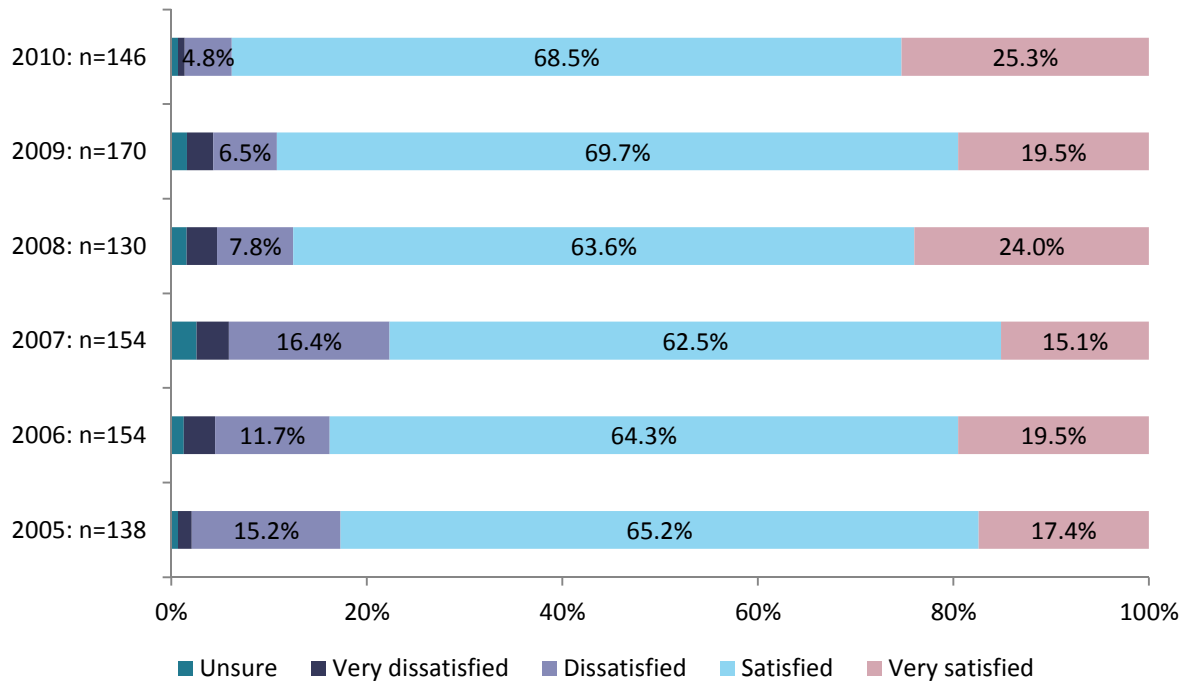
64. How satisfied are you with your current primary job?

Overall, one quarter (24.7%) of respondents are very satisfied with their current primary job and a further six in ten (61.6%) are satisfied with their primary job. Additionally, 6.8% are dissatisfied and 2.1% are very dissatisfied.



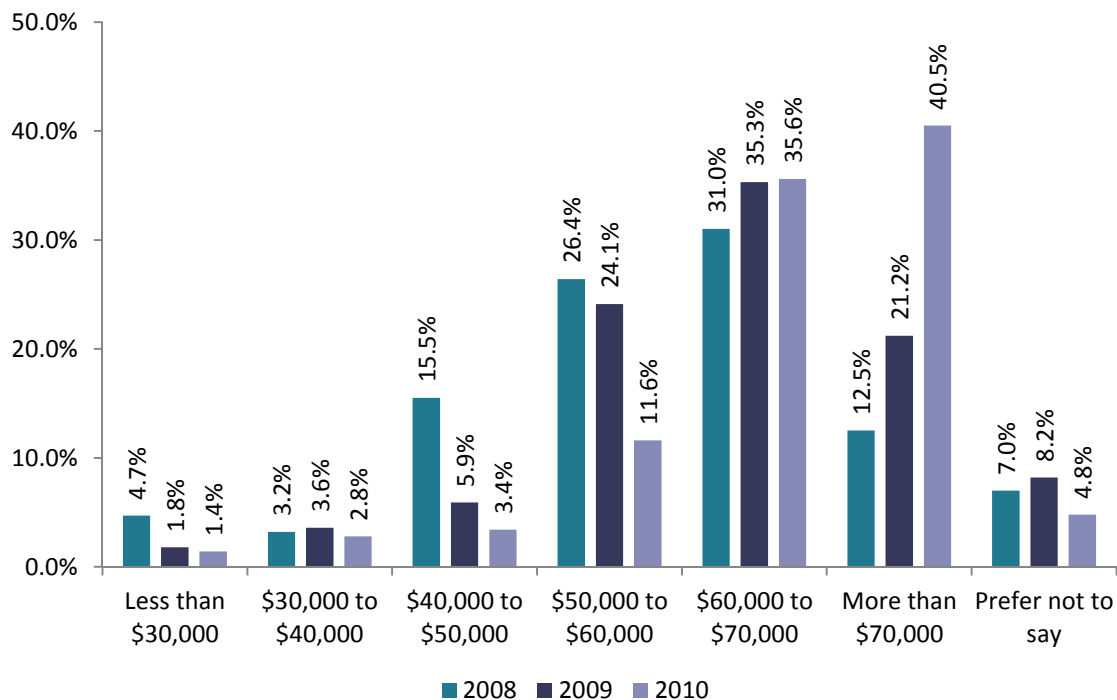
65. How satisfied are you with your current gross annual salary for your primary job?

Similarly, one quarter (25.3%) are very satisfied with their current gross annual salary. Two thirds (68.5%) are satisfied with their annual income for a total of more than nine in ten (93.8%) expressing satisfaction with this aspect of their career.



66. What is the total annual earnings before taxes and deductions?

In total, 40.5% indicated that their annual earnings are above \$70,000 and 35.6% indicated that their income is between \$60,000 and \$70,000 per year.



67. Are you registered with any of the following associations?

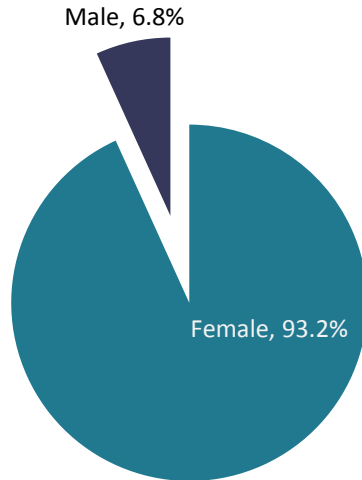
Nine in ten (92.6%) are registered with the Saskatchewan Registered Nurses Association (SRNA).

	2008		2009		2010	
	Count	Percent	Count	Percent	Count	Percent
SRNA	113	86.9%	152	88.9%	137	92.6%
Other licensure	12	9.2%	17	9.9%	5	3.4%
None	5	3.8%	2	1.2%	5	3.4%
Both	0	0.0%	0	0.0%	1	0.7%
Total	130	100.0%	171	100.0%	148	100.0%

General Questions

68. What is your gender?

A total of 93.2% of survey respondents are female and 6.8% are male.



Base: all respondents (n=148)

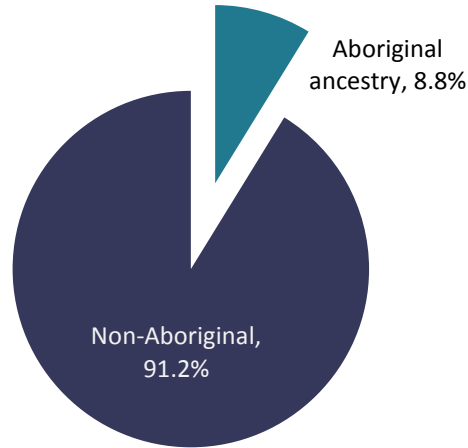
69. Where did you grow up?

Most commonly, respondents grew up in Rural Saskatchewan (27.7%) or in a town in Saskatchewan (20.9%).

	Count	Percent
Regina	28	18.9%
Saskatoon	22	14.9%
Town in Saskatchewan	31	20.9%
Rural Saskatchewan	41	27.7%
Outside Saskatchewan	13	8.8%
Other city in Saskatchewan	13	8.8%
Total	148	100.0%

70. Do you hold aboriginal status?

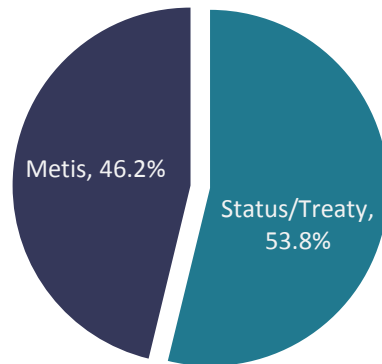
Just less than one in ten (8.8%) hold aboriginal status.



Base: all respondents (n=148)

71. You indicated that you are Aboriginal; please indicate if you are:

Of those who indicated that they are Aboriginal, seven (53.8%) are Status or Treaty Indian and six (46.2%) are Métis.



Base: n=13

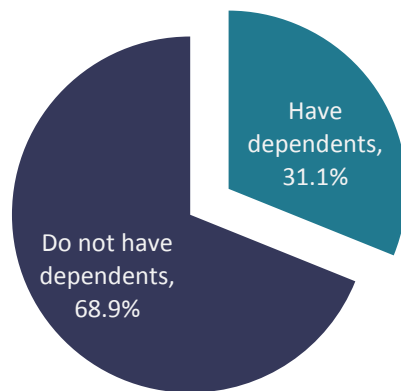
72. What is your current marital status?

About one half (50.7%) of respondents were married at the time of the survey and three in ten (29.7%) were single at that time.

	Count	Percent
Single	44	29.7%
Married	75	50.7%
Divorced	3	2.0%
Separated	1	0.7%
Common-law	25	16.9%
Total	148	100.0%

73. Do you currently have any dependent children/adults?

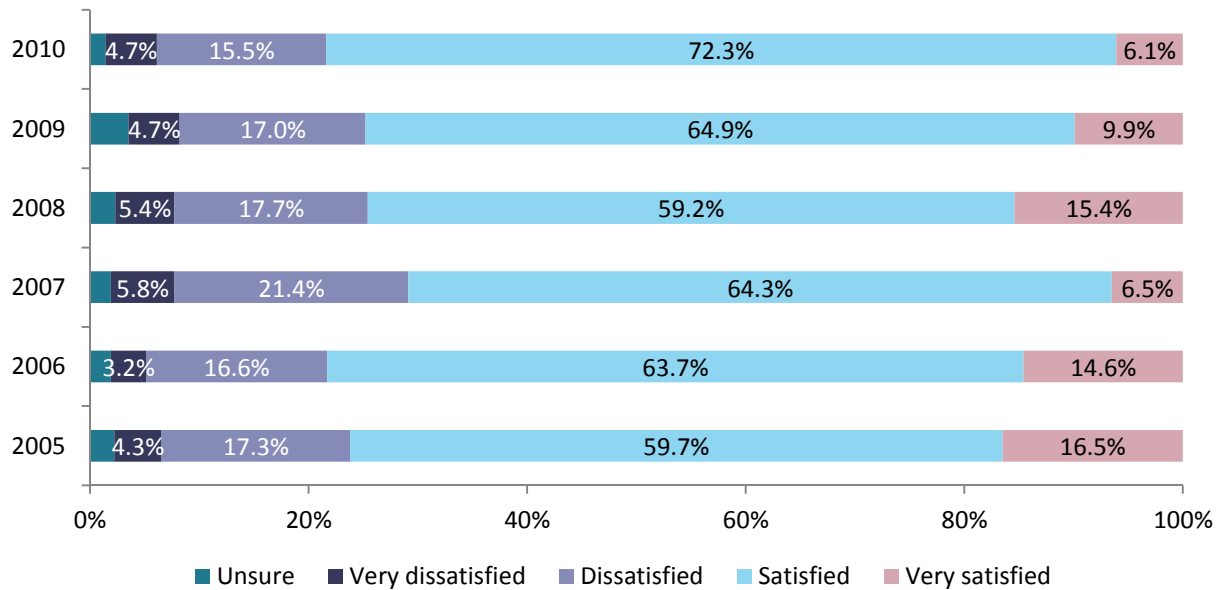
Three in ten (31.1%) currently have dependent children or adult dependents.



Base: all respondents (n=148)

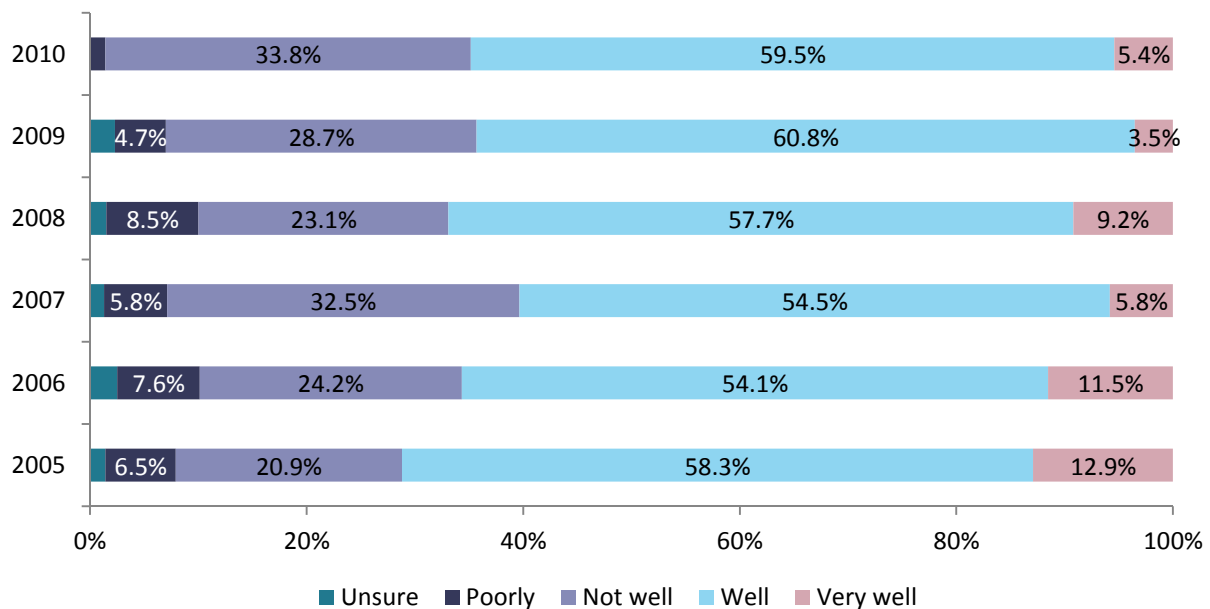
74. How satisfied were you with your educational experience in the NEPS program?

Although the majority (72.3%) are satisfied with their educational experience in the NEPS program, few (6.1%) are very satisfied. A total of 15.5% are dissatisfied and 4.7% are very dissatisfied.



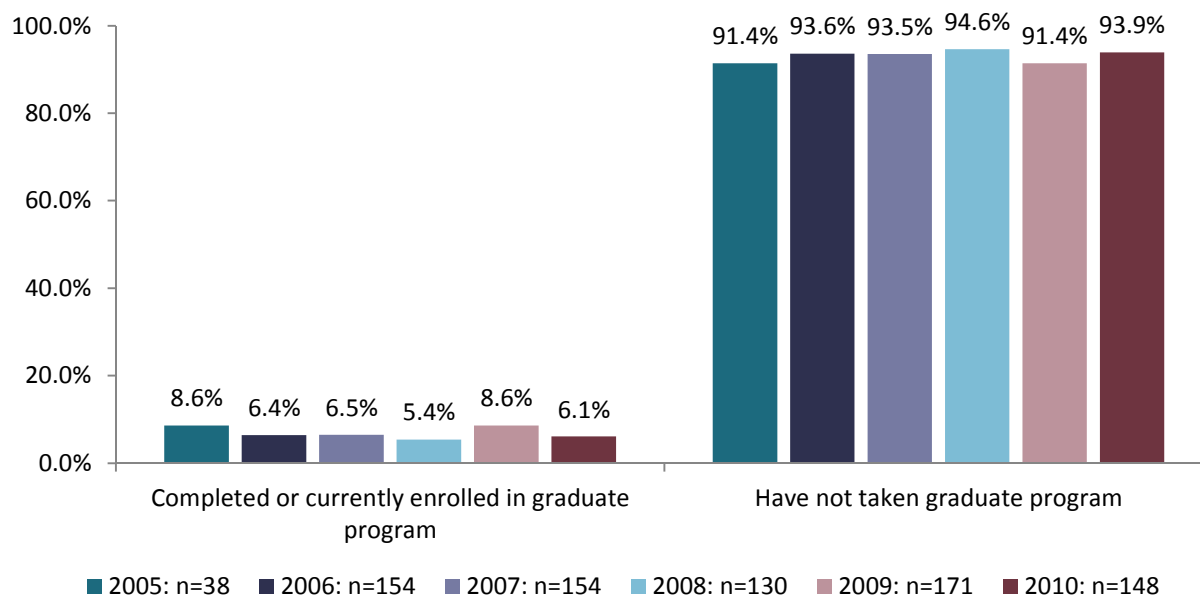
75. How well did your educational program prepare you for nursing practice?

In addition, most (59.5%) felt that their educational program prepared them well for nursing practice, although, a fairly larger percentage (33.8%) felt that they were not well prepared for practice.



76. Have you completed or are you currently enrolled in a graduate program?

About one in twenty (6.1%) have completed or are currently enrolled in a graduate program.



77. How satisfied are you with nursing as a career?

One third (32.4%) are very satisfied with nursing as a career and a further six in ten (58.8%) are very satisfied. Just one in twenty are dissatisfied or very dissatisfied (5.4%).

	2005: n=138	2006: n=154	2007: n=154	2008: n=130	2009: n=171	2010: n=148
Very satisfied	37.4%	33.8%	29.9%	30.8%	39.8%	32.4%
Satisfied	53.2%	50.3%	57.1%	51.5%	53.2%	58.8%
Total Satisfied or Very Satisfied	90.6%	84.1%	87.0%	82.3%	93.0%	91.2%
Dissatisfied	7.2%	10.2%	7.8%	10.0%	4.1%	5.4%
Very dissatisfied	0.0%	0.6%	1.3%	2.3%	0.6%	0.0%
Total Dissatisfied or Very Dissatisfied	7.2%	10.8%	9.1%	12.3%	4.7%	5.4%
Unsure	2.2%	5.1%	3.9%	5.4%	2.3%	3.4%
Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

78. Do you have any general comments regarding the education you received in the NEPS program?

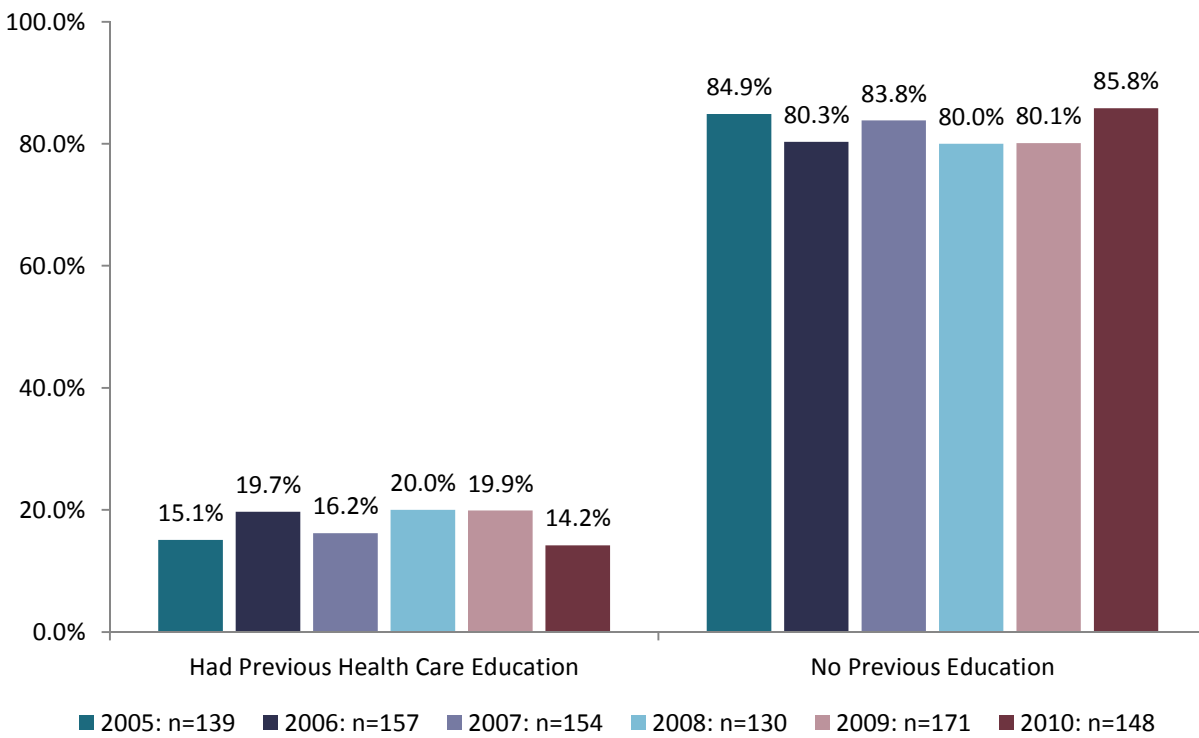
Many respondents left comments with regards to the education that they received in the NEPS program. Most commonly, respondents desired more clinical experience (34 responses) or suggested improvements or made comments about the classes that they took (33 responses).

Description	Count
More Clinical Experience	34
Curriculum/Class Suggestions/Issues	33
More Practical Experience	18
Issues with the Instructors/Teachers	15
Not Prepared/Not Satisfied	13
Other	8
Overall Satisfaction/Well Prepared	6
Less Theory	4

Before Starting the NEPS Program

2. Did you have any previous education in the health care field prior to starting the NEPS program?

A minority (14.2%) of respondents had previous education in Health Care prior to starting the NEPS program.



3. Please identify your previous education in the health care field (check as many as apply):

The following table contains the experience mentioned by respondents in terms of their previous education in the health care field. Education as a lab tech or EMT is the most common (5 responses).

(5) Lab Tech/ EMT	(1) Medic First Aid
(4) Licensed Practical Nurse	(1) Medical
(3) Health/Home Care	(1) Medical Office Assistant
(2) Psychology	(1) Registered Massage Therapist
(1) Army Reserve Medic courses.	(1) Rehabilitation Worker Certificate
(1) Health care records.	(1) Respiratory Therapy
(1) I had a 4 year B.A.	(1) RPN
(1) Kinesiology	(1) Special Care Aide

4. What was your highest educational achievement prior to starting the program?

Prior to program entry, four in ten (39.9%) had a high school diploma and one third (33.1%) had some university classes.

	2005: n=139	2006: n=157	2007: n=154	2008: n=130	2009: n=171	2010: n=148
High school diploma	36.7%	38.9%	40.9%	33.8%	35.7%	39.9%
SIAST (or other Technical Institute) courses	0.7%	3.2%	1.3%	0.8%	1.2%	1.4%
SIAST (or other Technical Institute) diploma/certificate	18.7%	8.9%	15.6%	14.6%	17.5%	12.2%
Some university classes	35.3%	37.6%	37.0%	42.3%	36.3%	33.1%
University baccalaureate (Under-Graduate) degree	8.6%	11.5%	5.2%	7.7%	9.4%	12.2%

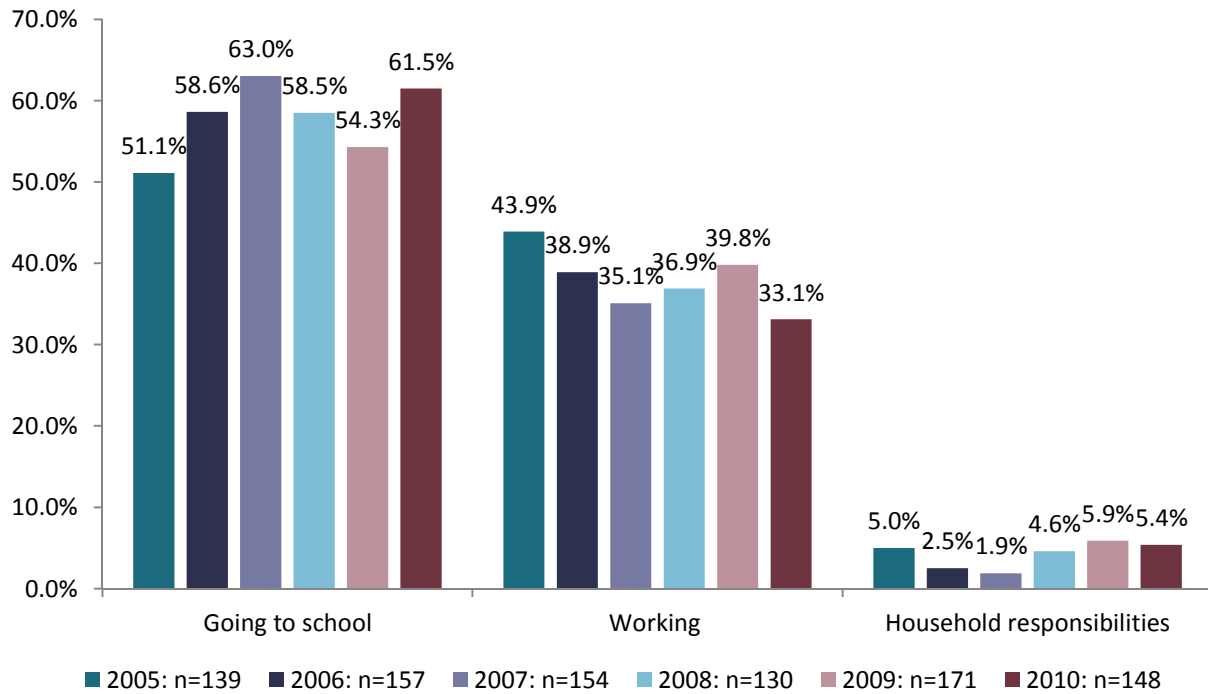
5. Please specify the degree(s)/diploma(s)/certificates (including field of study) you held prior to starting the program:

A wide variety of degrees, diplomas or certificates were mentioned by respondents. Most commonly, respondents mentioned that they had a Bachelor of Arts (10) or Bachelor of Science (6). A complete list of responses can be found in Appendix A.

6. What was your major activity in the year before starting NEPS?

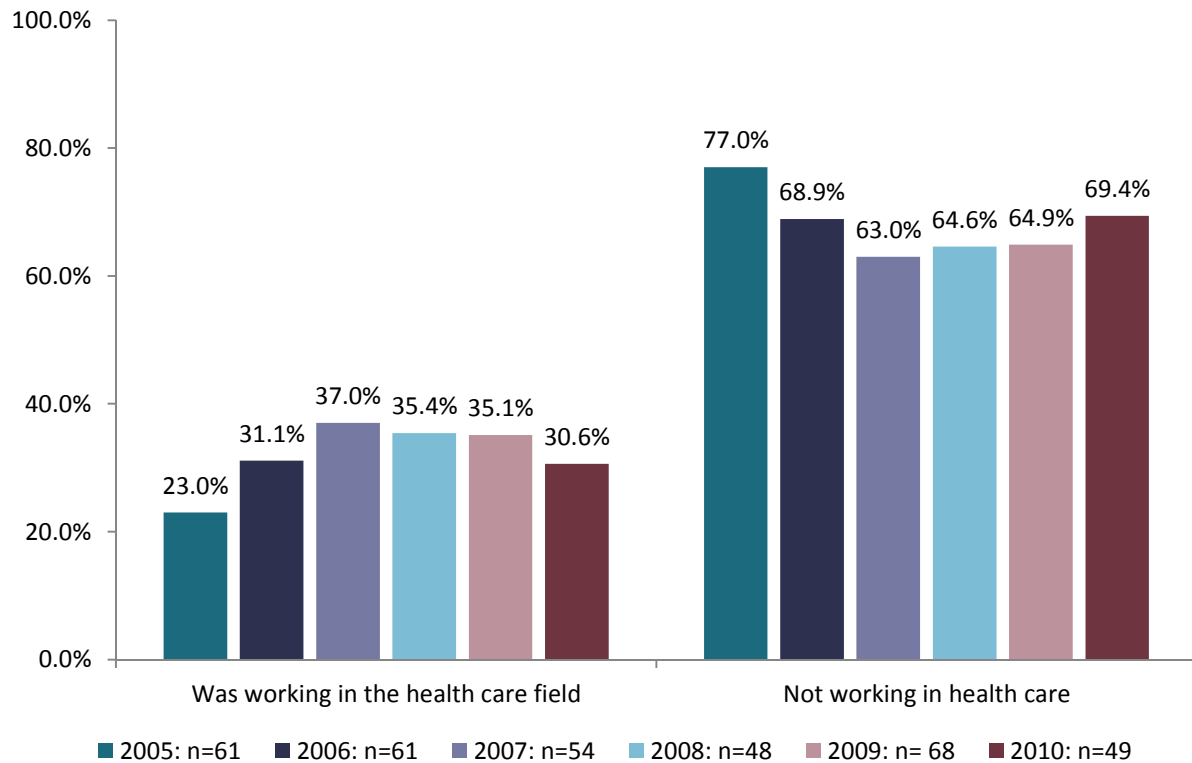
Most (61.5%) respondents were going to school in the year before starting their NEPS program. One third (33.1%) were working.

2-Year Follow-up Survey of the 2007-08 Graduates of the NEPS Program



7. Was this work in the health care field?

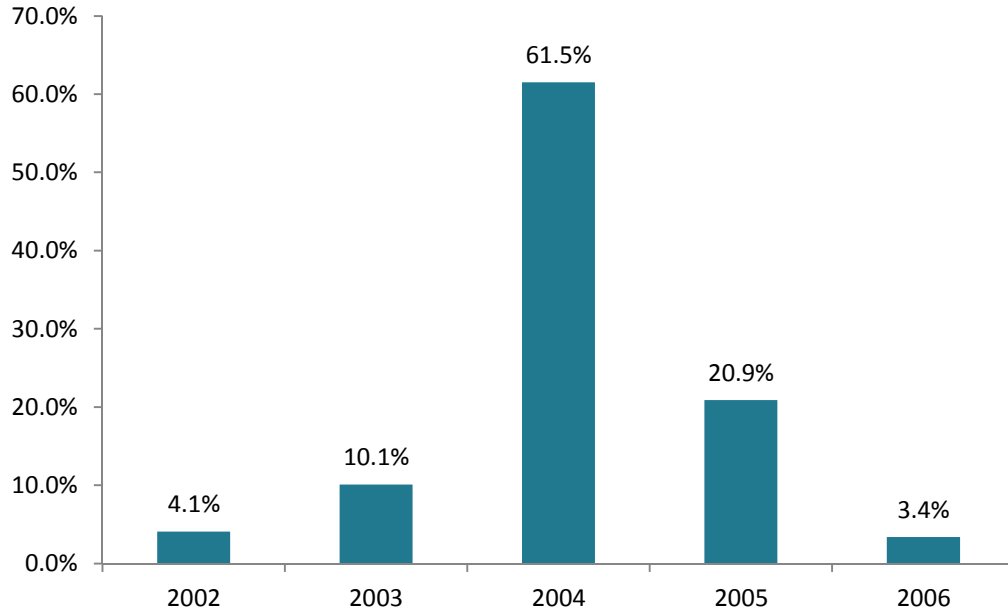
Of those who were working in the year prior to starting their NEPS program, three in ten (30.6%) indicated that they were working in the health care field.



Experiences During the NEPS Program

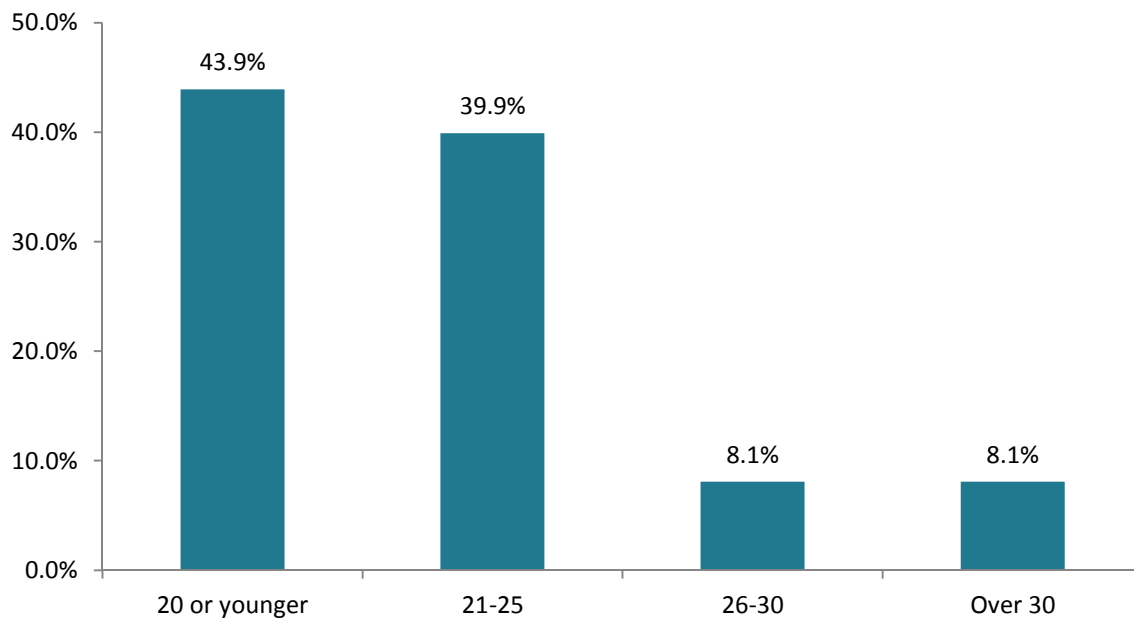
8. What year did you start your NEPS program:

Six in ten (61.5%) started the NEPS program in 2004 and two in ten (20.9%) did so in 2005.



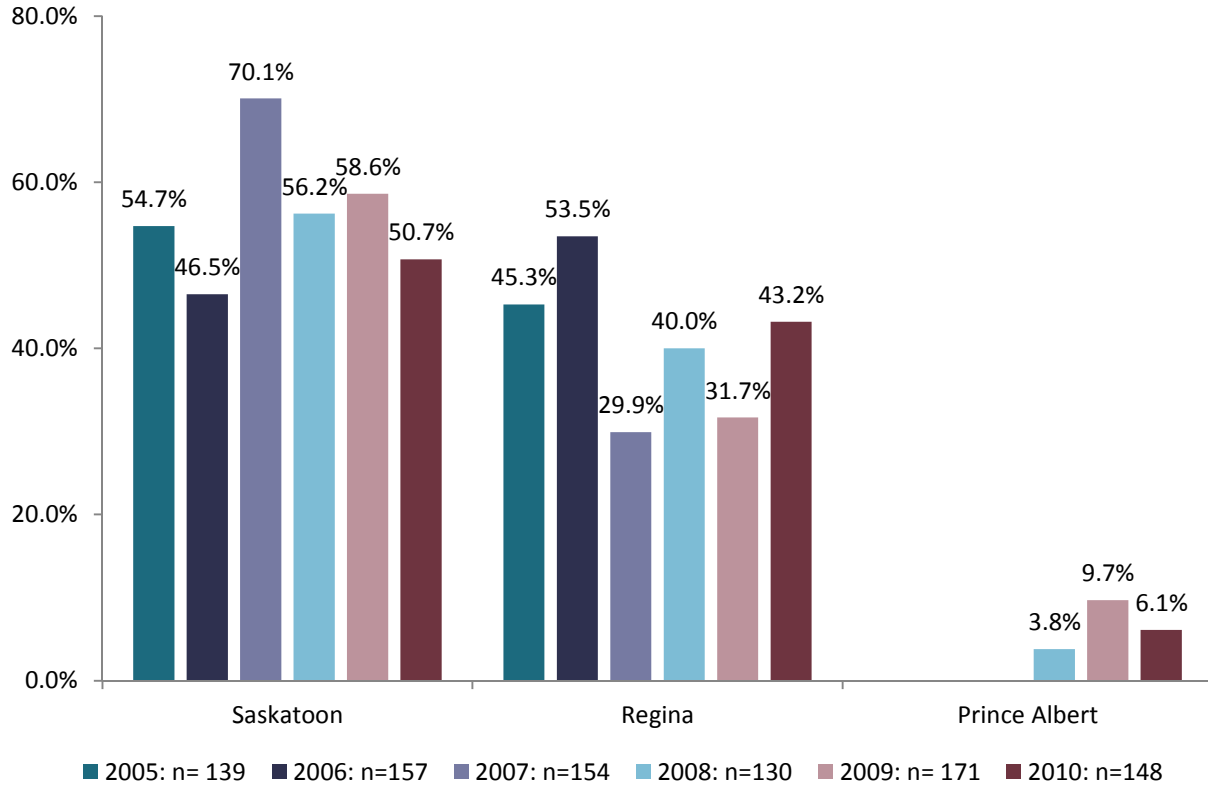
9. What was your age when you entered the NEPS program?

Four in ten (43.9%) were 20 years old or younger when they entered the NEPS program and about the same proportion (39.9%) were between 21 and 25 years of age.



10. What was the program site at entry to the NEPS program?

In total, 50.7% of respondents entered the program in Saskatoon and 43.2% did so in Regina. Nine (6.1%) entered the program in Prince Albert.



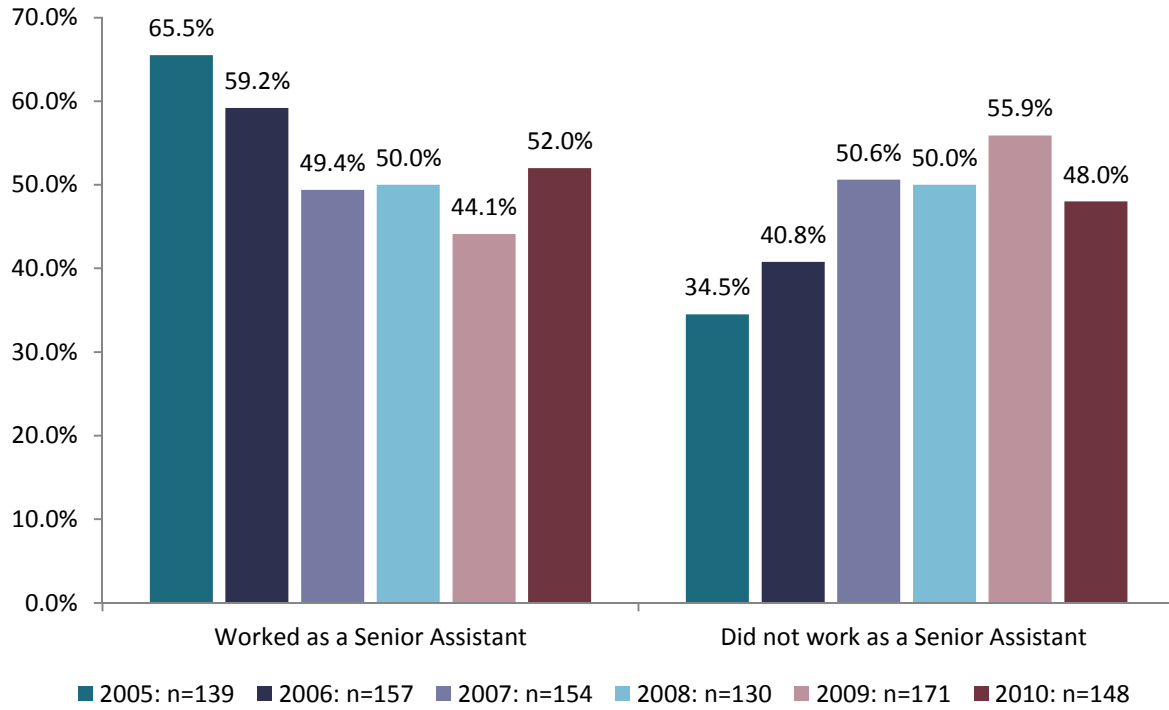
11. Please indicate if you experienced any of the following significant life changes during the NEPS program? (check all that apply)

Respondents were asked to indicate whether they had experienced any of a list of significant life changes during the NEPS program and three quarters (75.7%) indicated that they have done so. The most common changes that respondents had experienced were home relocation (47.3%), illness or death of a family member or friend (29.7%) and uncertainty of nursing as a career.

	2005: n= 139	2006: n=157	2007: n=154	2008: n=130	2009: n= 171	2010: n=148
Home relocation	49.6%	42.7%	59.2%	42.9%	50.3%	47.3%
Illness or death of family member or friend	46.0%	38.9%	33.1%	37.0%	36.8%	29.7%
Uncertainty of nursing as a career	41.0%	38.9%	36.2%	32.5%	34.5%	29.1%
Change in marital status	18.0%	24.8%	21.5%	18.2%	21.6%	18.2%
Care giving for a dependent adult	17.3%	15.3%	19.2%	14.3%	22.2%	13.5%
Personal illness	20.1%	13.4%	20.8%	15.6%	13.5%	7.4%
Birth of child	7.9%	7.6%	6.9%	6.5%	9.4%	6.8%
Other	1.4%	3.8%	6.9%	0.6%	8.2%	2.0%
None	16.5%	12.7%	13.1%	21.4%	15.2%	24.3%
Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

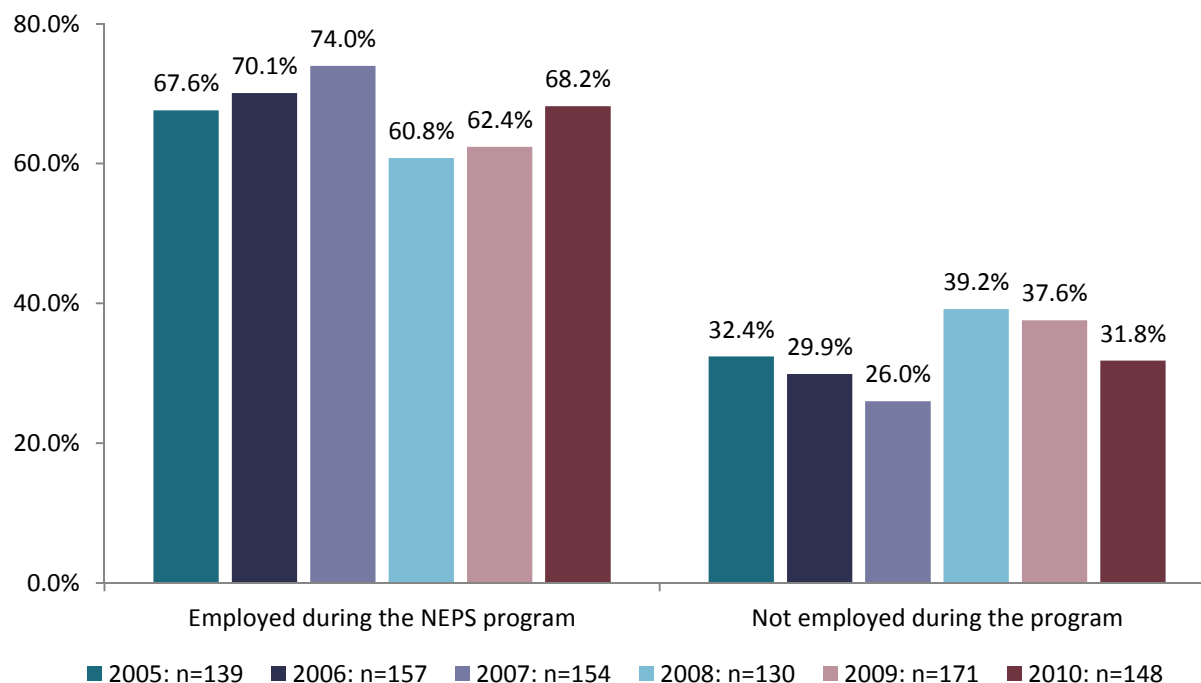
12. Did you work as a 'senior assistant' during your NEPS program?

About one half (52.0%) of respondents worked as a senior assistant during their program.



13. Did you have a job while in the NEPS program?

Most (68.2%) respondents had a job while in the NEPS program.



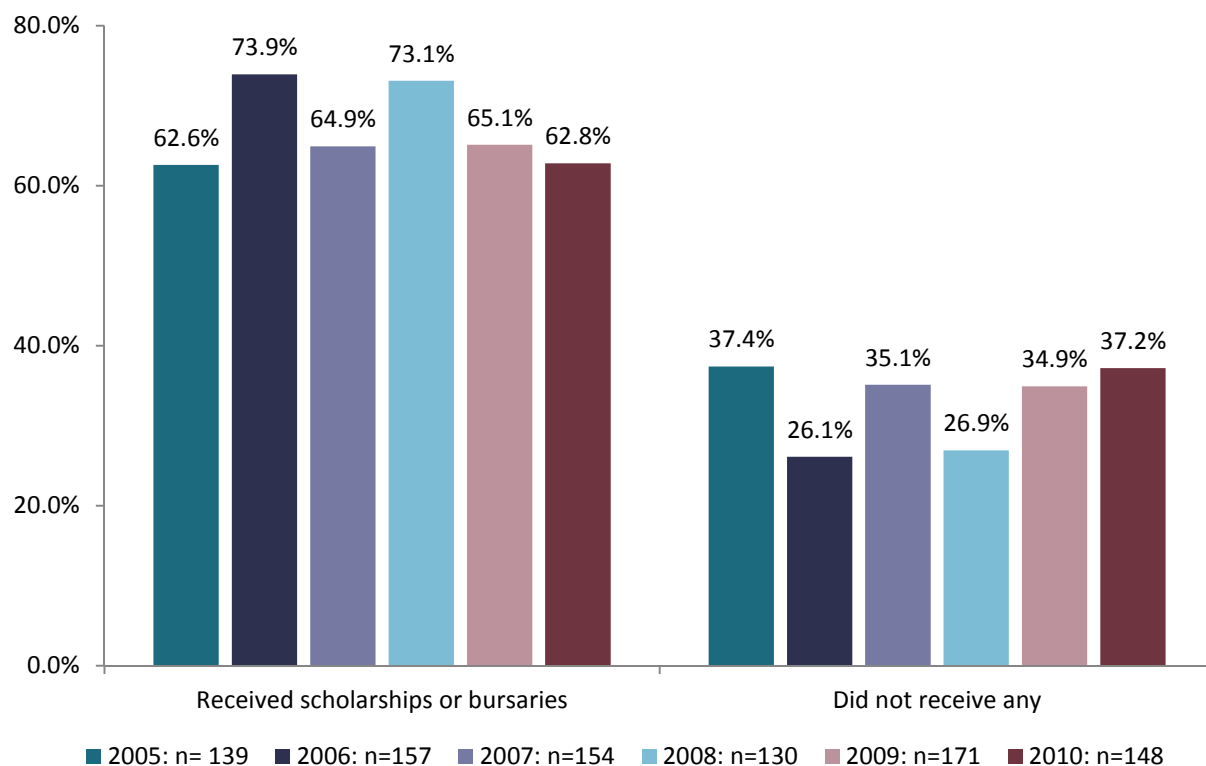
14. On average, how many hours a week did you work at your job?

Most commonly (45.1%), respondents worked between 11 and 20 hours per week at their job.

	2005: n=94	2006: n=110	2007: n=114	2008: n=79	2009: n=111	2010: n=113
1-10 hours	24.5%	30.0%	24.6%	24.1%	21.6%	33.6%
11-20 hours	52.1%	48.2%	57.0%	63.3%	58.6%	45.1%
21-30 hours	18.1%	13.6%	17.5%	7.6%	18.0%	16.8%
31-40 hours	5.3%	8.2%	0.9%	5.1%	0.9%	4.4%
More than 40 hours	0.0%	0.0%	0.0%	0.0%	0.9%	0.0%

15. Did you receive any scholarships or bursaries during the program?

Six in ten (62.8%) received scholarships or bursaries during the program.



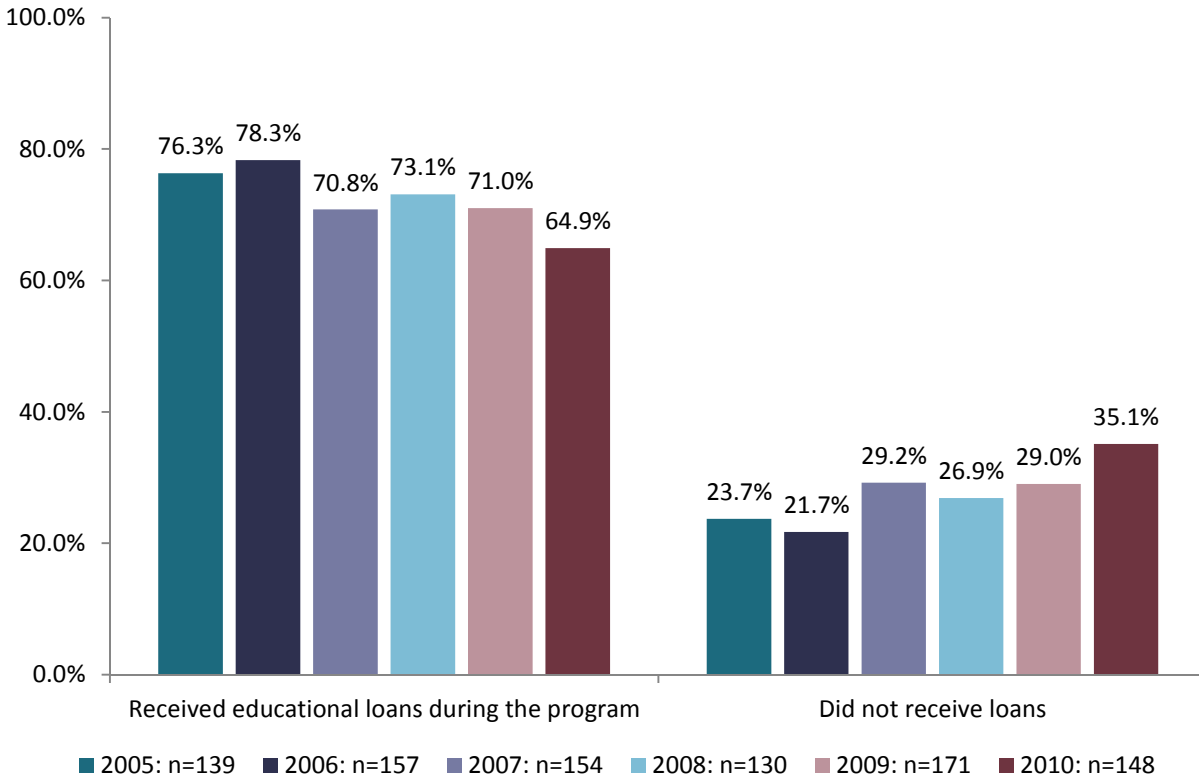
16. What was the total dollar value of scholarships or bursaries you received during the NEPS program?

Of those who received a scholarship or bursary, 35.5% received more than \$2,000 to \$5,000 and the same percentage (35.5%) received more than \$5,000 to \$10,000.

	2005 n=87	2006 n=116	2007 n=100	2008 n=95	2009 n=111	2010 n=93
\$1,000 & under	15.7%	8.6%	8.0%	13.5%	9.6%	7.5%
\$1,001-\$2,000	20.2%	13.8%	13.0%	11.5%	12.3%	9.7%
\$2,001-\$5,000	31.5%	33.6%	22.0%	25.0%	31.6%	35.5%
\$5,001-\$10,000	18.0%	27.6%	41.0%	36.5%	32.5%	35.5%
Over \$10,000	6.7%	13.8%	13.0%	18.8%	12.3%	8.6%

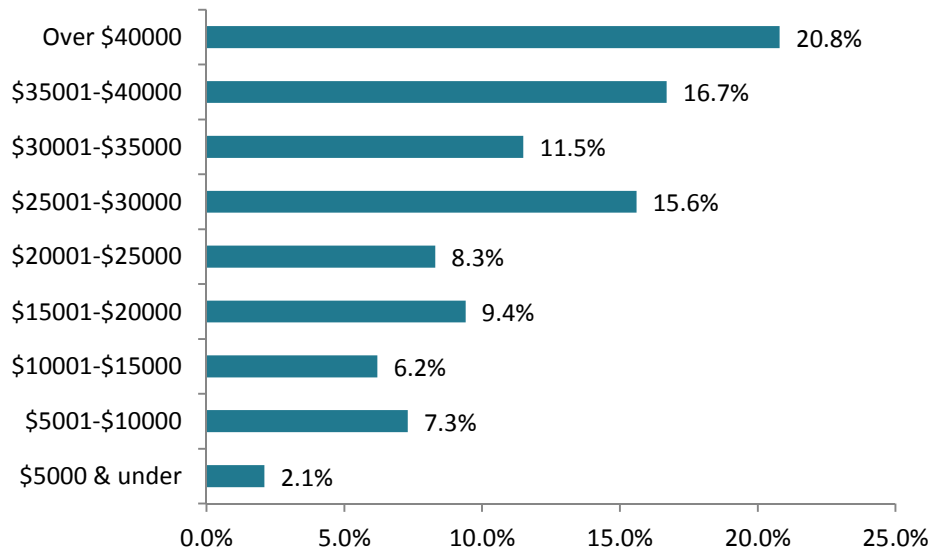
17. Did you obtain any student or educational loans during the program?

About two thirds (64.9%) obtained student or educational loans during the program. The proportion who have obtained loans has directionally decreased.



18. What was the total dollar value of your student or educational loans at completion of the NEPS program?

The median loan amount, among those who have received loans, is between \$30,000 and \$35,000.



Base: Those who have received a loan and specified the amount, n=96

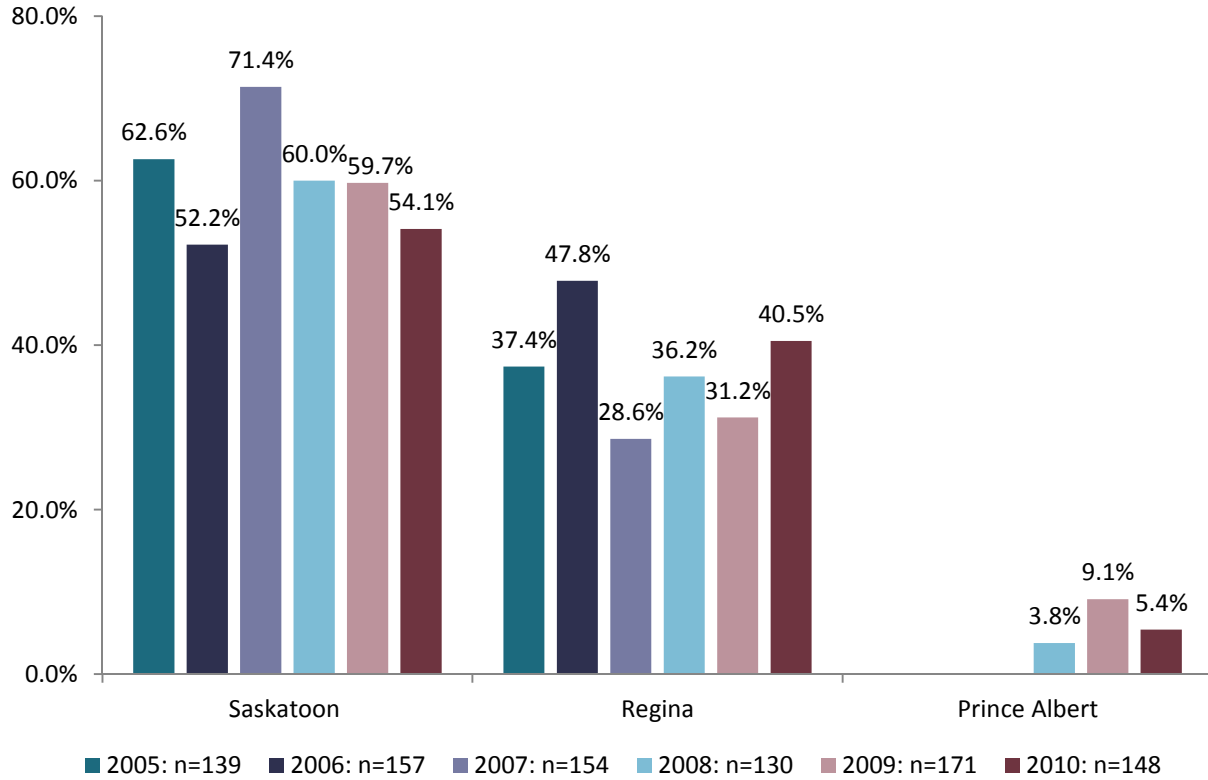
19. What date did you complete your NEPS program?

Most (66.9%) completed their program in 2008.

	Count	Percent
2008	99	66.9%
2007	47	31.8%
2006	2	1.4%

20. What was your program site at graduation from the NEPS program?

Just over one half (54.1%) of respondents graduated from the NEPS program in Saskatoon and four in ten (40.5%) graduated from Regina. One in twenty (5.4%) graduated from Prince Albert.



Appendix A

Please identify your previous education in the health care field (check as many as apply):

Entries under "Other":

- (2) Psychology
- (1) Army Reserve Medic courses.
- (1) Emergency Medical Technician Advanced
- (1) Health care records.
- (1) I had a 4 year B.A.
- (1) Kinesiology
- (1) Medic First Aid
- (1) Medical
- (1) Medical Office Assistant
- (1) Registered Massage Therapist
- (1) Rehabilitation Worker Certificate
- (1) Respiratory Therapy
- (1) RPN
- (1) Special Care Aide

Please specify the degree(s)/diploma(s)/certificates (including field of study) you held prior to starting the program:

- (3) B.A.
- (1) 2200 Hour Massage Therapy Diploma
- (1) 4 year Microbiology Degree
- (1) Arts and Science Degree
- (1) B.A. Honours Psychology
- (1) B.A. Psychology
- (1) B.A. Sociology
- (1) B.Sc. (Hons.) Physical Geography
- (1) Bachelor of Arts Four Year (Psychology)
- (1) Bachelor of Commerce - Marketing
- (1) Bachelor of Education
- (1) Bachelor of Fine Arts - Studio Art
- (1) Bachelor of Science
- (1) Bachelor of Science in Biogeography
- (1) Bachelor of Science in Physiology
- (1) Biotechnology Diploma
- (1) BSc. Kinesiology
- (1) Certificate of Christian Studies
- (1) Cosmetology

- (1) Diploma of Associate in Administration
- (1) Diploma of Law
- (1) Early Childhood Educator diploma
- (1) Family Development Worker Certificate
- (1) Health Information Services
- (1) Home Care Aide
- (1) It was diploma in Animal Health Technology.
- (1) LPN
- (1) M.D.
- (1) Masters in Psychology
- (1) Office Administration
- (1) Psychiatric Nursing Diploma
- (1) Rehabilitation Worker Certificate
- (1) Religious Studies Diploma
- (1) Respiratory Therapy Diploma
- (1) Social Work
- (1) Veterinary Technology
- (1) B.A. in Psychology
- (1) Bachelor of Arts
- (1) Certificate of Religious Studies
- (1) Radio and Television Arts Diploma
- (1) One term of architecture classes.

Please indicate if you experienced any of the following significant life changes during the NEPS program? (check all that apply)

Entries under "Other":

- (1) Break-up with partner
- (1) Change of employment
- (1) Engaged
- (1) Parent's separated

Please rank the top 3 factors that influenced your choice of work location for your **first job** as a nurse, with "1" being most important, 2" being the second most important and "3" being the third most important:

- (1) Advancement opportunities.
- (1) Cost of living.
- (1) Did not want to commute.
- (1) Education opportunities offered in region.
- (1) Experience.
- (1) Familiarity of the unit where completed practicum.

- (1) Interest in work.
- (1) None.
- (1) Offered job because of area of interest: Orthopaedics.
- (1) Only nursing job available in my community.
- (1) Permanent Full-Time position.
- (1) Senior assistant position done on that unit.
- (1) Unit where I senior assisted.
- (1) Worked as a senior assistant summer before graduation.

What was lacking from your orientation?

Entries under "Content":

- (1) Institutional policy and procedure.
- (1) It just doesn't fully prepare you.
- (1) It's a broad base of knowledge, and I felt not confident.
- (1) Just blood sugar, the things they did, they talked about doing the same things as the educator did these things. They did some sort of a class of something. It was a class they were talking about something that wasn't very useful.
- (1) Lack of counselling techniques and skills; lack of procedure training.
- (1) No time with a nurse educator.
- (1) Protocol for various administration of skills and drugs.
- (1) They just gave us a bunch of books and told us to read them; I didn't start learning until I began my mentorship program.

Entries under "Other":

- (1) Forced to take a unit before all buddy shifts completed due to staff shortages.
- (1) Lack of resources for answers.
- (1) Nursing manager was not as available to new staff.
- (1) Organization of the unit.
- (1) Very, very critical mentor.

What type of organization was/were the site(s) at which you worked?

(Note: The primary site is the site where you had the most hours per week)

Primary Site:

Other:

- (1) Corrections.
- (1) Forensic mental hospital - Program Unit.
- (1) General hospital outpatient.
- (1) Medical/peds

Secondary Site:

Other:

- (1) Correctional Center.
- (1) Forensic Mental Hospital - Acute / Active Unit.

(1) Surgery/OBS

Third Site:

Other:

(1) Forensic mental hospital - Women's Unit.

What was your position?

Primary Site:

Other:

(1) RN

In what area did you provide:

Note: Some responses may have been recoded into applicable categories

(1) Cardiology

Please indicate your field of work during this time:

(2) Surgery

(1) Care Aid

(1) Maternal/Newborn

(1) Surgical/Oncology

You indicated that at some time during the first year you were either unemployed or employed in something other than nursing. Please indicate why.

Entries under "Other":

(1) Continued job I had as student.

(1) Had been working at another job for eight years and wanted to continue there in addition to working as an RN at the hospital.

(1) I also had another job as a case manager in disabilities.

(1) Maternity leave.

(1) Trying to supplement my nursing income.

Please indicate your **current** field of work:

(1) Public Service - Provincial Government Worker

What is the MAIN reason why you are not **currently** employed as a nurse?

Entries under "Other":

(1) Unhappy with work arrangements and work hours.

Please indicate the MAIN reason you left your former primary employer?

Entries under "Other":

- (2) Location.
- (1) Clinical interests.
- (1) Dissatisfied with former work environment.
- (1) Guaranteed hours.
- (1) I didn't want to work shift work.
- (1) It's assigned by the Health Region.
- (1) More interested in this field of work.
- (1) Moved away.
- (1) New job in my area of interest.
- (1) No job for partner in community.
- (1) Wanted a more challenging job.
- (1) Wanted to specialize in a different area

Where is the geographical location of your **current** job?

Entries under "Other":

0 responses

What type of organization is the site(s) at which you work?

(Note: The primary site is the site where you had the most hours per week)

Primary Site:

Other:

- (1) Correctional Center
- (1) Corrections
- (1) Corrections Facility
- (1) Forensic Mental Health - Program Unit
- (1) Hospital
- (1) Hospital and less than 10 bed. It's a Hospice.
- (1) Outpatient Facility

Secondary Site:

Other:

- (1) Canadian Blood Services
- (1) Private company

Third Site:

Other:

0 responses

What is your position?

Primary Site:

Other:

(1) DNE

(1) RN

Secondary Site:

Other:

(1) DNE

(1) Private company.

Third Site:

Other:

(1) DNE

(1) Forensic on call.

In what area did you provide:

Note: If picking multiple areas, hold down your control key as you click the appropriate areas.

(1) Canadian Blood Services

(1) cognitive testing

(1) General medicine

(1) outpatient

(1) Forensic.

(1) Outpatient.

(1) Work as a float RN.

Please rank the top 3 factors that influenced your **current** choice of work location as a nurse, with 1 being most important and 3 being the least important?

(1) better management

(1) I am also self employed as a photographer.

(1) Learning Opportunity

(1) partner had more employment opportunities

(1) Pay better.

Are you registered with any of the following associations?

Entries under "Other":

(1) CARNA

(1) CRNBC

(1) CRNM

(1) Nursing Council of New Zealand

(1) Sun and SRNA

Where did you grow up?

Entries under "Other":

- (2) Alberta
- (2) China
- (2) Manitoba
- (1) Afghanistan
- (1) Mississauga, ON
- (1) Moved frequently; SK, BC and overseas
- (1) Ontario
- (1) South Korea
- (1) USA
- (1) Vancouver Island
- (1) Winnipeg and Regina

Do you have any general comments regarding the education you received in the NEPS program?

More Clinical - 34 responses (More Clinical Experience)

(2) More clinical time.

(1) An increase in clinical time is needed to prepare students for bedside nursing - maybe a list of things/experiences we have to get, like a checklist like the paramedic students have of skills and experiences they have to get done. Some people went through the program and never put in a catheter - need more time carrying a patient load to practise prioritizing, organisation and skills.

(1) I didn't like that the clinical portion was not enough. There could have been more starting early like in the first year and more hours.

(1) I found academic advocacy and respect toward students neglected. Lacking scientific content. Imbalances in terms of what was taught, like there wasn't as much Anatomy and clinical courses as I wanted. There weren't classes that taught students about the health system or the way decisions were made. There was a huge gap between SIAST and university in terms of content and teaching style. SIAST was very hands-on, and university was more theory. About half of the lectures weren't delivered very well. There wasn't a lot of content and the content they did have was just out of the textbook. They weren't very enthusiastic. Huge variance in clinical instructors. Some were excellent and some were intimidating and not very good. Huge gap between when skills were taught and used in practice. Some care plans were way too excessive and stressful. That sounds really negative. I actually did enjoy parts of it, but there's room for improvements. One of the worst things is the move between SIAST and university. If that could be addressed, it would help a lot of things.

(1) I found as a whole that the program was too focused on theory (and way too much of it) instead of practical application. We were spoon fed too much and I see it more and more with the new nursing students that are emerging. Also, not my personal experience but many friends of mine and current students felt far too much pressure and had to work far harder than I believe is necessary to be a good nurse while they were in school. Many of the instructors we had, had not spent enough time in a clinical setting and thus i felt they were ill equipped to teach us what we needed to know. (my opinion) I have heard they have changed the amount of clinical experience for students and increased it which is a positive as I found that in first year there was very little opportunity to decide if nursing in a clinical setting

was something I did in fact want to do as we only had 4 hours of clinical every two weeks in the 2nd semester! I also found that the care plans and preparation for clinical was very unnecessary and only caused students to be up all night working on them the night before clinical instead of getting a good rest and being safe for practice the next day. The care plans we were expected to do are not even used on any nursing unit i have ever been on and thus it was somewhat irrelevant. The opportunity to do clinical skills was very lacking for some people and I even had a friend who hadn't even started an IV at any point during her 4 years in the program...Something is definitely wrong with that situation. I know I should not complain so much about the education I am so lucky to have received but I've now been working for almost 2 years and still have years of debt to work off all for a whack load of classes that I found very unnecessary to take and that have not influenced my career as a nurse at all. It's hard not to be slightly bitter.

(1) I guess I would've liked to see more clinical settings instead of too much classroom orientation stuff. What we learned in the classroom, we didn't really get a chance to experience it on the floor.

(1) I think that more clinical hours would be of benefit.

(1) I think that we would benefit from more clinical and more hands-on time.

(1) I think they should do more clinical. They should learn more about medical stuff rather than counselling. They need to focus on medical rather than self-reflection. Some stuff are not required to do direct care. I think they need to think differently with students who are going to do public health and medical health. Medical should focus on medical and public health should be focused on community.

(1) I understand that a lot of theory has to be crammed into a short period of time, however, would have liked to spend more time on health challenges and learn about different conditions, as well as have more time to do clinical and work in a nursing setting opposed to so much classroom time.

(1) It needs to be more clinical. People should have more choice in 3rd and 4th year. And they have too much theory, they should have more choice and clinical.

(1) it would be nice to be able to spend more time in a clinical setting in the area that you believe you might like to work in

(1) More clinical and practical experience would have been good.

(1) More clinical hours and less class time.

(1) More clinical hours were needed within the program.

(1) more clinical time is needed throughout the whole program. Students need to gain confidence in their skills and have the opportunity to increase patient workload on a safe level with appropriate assistance

(1) Need more clinical experiences and less self-awareness classes. Less community clinical experiences if interest is in hospital setting.

(1) Not enough clinical experience. Too many similar courses i.e. development of self, families, groups, counselling... Not enough focus on actual nursing courses that apply in clinical settings and are medically based.

(1) Not enough clinical hours, and I also think the teachers. There were some excellent teachers and some were learning it with us. It was inappropriate for university level education that they did not have a teaching background. I was not impressed with SIAST and the quality of education there.

(1) Not enough focus on clinical experiences

(1) Not enough time spent in the clinical areas. Too much time spent on papers, and classes not related to nursing.

(1) Program is very demanding. More time for clinical prep and clinicals would be ideal. More hands on learning experience and less papers.

(1) The top issue I have with the NEPS program is the lack of clinical experience. I with many others started out in nursing not having been exposed to some very basic but essential experiences.

- (1) There is not enough clinical time. I learned more in the first month on the job than in my 4 years of schooling. I think the LPN program has more clinical time than we do. Most of the instructors made you feel like you were going to kill someone.
- (1) There should be more clinical time.
- (1) There should be more clinical.
- (1) They need more clinical experiences.
- (1) Too little clinical time, no required pre requisites, in experienced instructors, Miss directed focus on book work. good student camaraderie.
- (1) Too much paper writing, not enough clinical. Courses like ACLS, cardiac monitoring, pals, etc. should be available to take in the program.
- (1) Too much theory and not enough clinical hours required, especially in first year. It just needs more clinical than class.
- (1) We need more focus on medications. I don't even know if the program has the Development of Self and Working in Groups, but I didn't find that helpful at all. Even just more clinical time starting in first year. More emphasis on team management and primary nursing.
- (1) We need way more clinical time as well as appropriate settings to place students in. I had mixed feelings about the program. More clinical time for the students is needed. Consistency amongst the grading scale is needed. There are some teachers that are known to give out good grades and some that were known to make you put in blood sweat and tears to get a 60, so that is not very fair to the students.
- (1) Would have liked more time in the clinical setting. Instructors that teach need to be familiar with the material and not teaching someone else's material. Instructors should have more than two years nursing experience and should still have to practice as a nurse.

Curriculum/Class - 33 responses (Curriculum/Class Suggestions/Issues)

- (1) First of all, I graduated from high school in 2007 but the computer would not let me chose that option so I chose 2006 instead. I did the NEPS program in Saskatoon so my first two years were at SIAST and then my last two years were at the U of S. I was very unhappy with my training provided at SIAST. I found most of the instructors difficult to approach, too busy to help students one on one, and not educated well enough in how to teach. Also, I found that many classes in the first year to be a waste of time. These classes would include development of self, therapeutic use of self, etc. I would think that the students(and I know I would have) would more from more anatomy/drug/clinical classes. My reasoning for this is that when you get out in the field, most of what you are doing, especially if you are direct care nurse, is that you are providing physical care, and if there hasn't been enough education in this area (which again I don't think there is) then it is ultimately the patient that suffers. In regards the faculty at the U of S, I found them to be a lot more approachable, reasonable in their expectations of you and your work, and more down to earth. One thing I would like to point out is that while I was in the program, there was one instructor at the U of S who was teaching while under an investigation into her nursing practise. I found this to be unethical, and very ill-reflective of the program. I think the program should be in all one center so that there is consistency between the programs and teachers.
- (1) I cannot express enough, the value of smaller class/lab sizes, as experienced in PA. The access to one-on-one instruction/discussion is invaluable to create and receive quality instruction. This is in direct relation to critical thinking and career direction/goals.
- (1) I found academic advocacy and respect toward students neglected. Lacking scientific content. Imbalances in terms of what was taught, like there wasn't as much Anatomy and clinical courses as I wanted. There weren't classes that taught students about the health system or the way decisions were made. There was a huge gap between SIAST and university in terms of content and teaching style. SIAST was very hands-on, and university was more theory. About half of the lectures weren't delivered

very well. There wasn't a lot of content and the content they did have was just out of the textbook. They weren't very enthusiastic. Huge variance in clinical instructors. Some were excellent and some were intimidating and not very good. Huge gap between when skills were taught and used in practice. Some care plans were way too excessive and stressful. That sounds really negative. I actually did enjoy parts of it, but there's room for improvements. One of the worst things is the move between SIAST and university. If that could be addressed, it would help a lot of things.

(1) I found as a whole that the program was too focused on theory (and way too much of it) instead of practical application. We were spoon fed too much and I see it more and more with the new nursing students that are emerging. Also, not my personal experience but many friends of mine and current students felt far too much pressure and had to work far harder than I believe is necessary to be a good nurse while they were in school. Many of the instructors we had, had not spent enough time in a clinical setting and thus i felt they were ill equipped to teach us what we needed to know. (my opinion) I have heard they have changed the amount of clinical experience for students and increased it which is a positive as I found that in first year there was very little opportunity to decide if nursing in a clinical setting was something I did in fact want to do as we only had 4 hours of clinical every two weeks in the 2nd semester! I also found that the care plans and preparation for clinical was very unnecessary and only caused students to be up all night working on them the night before clinical instead of getting a good rest and being safe for practice the next day. The care plans we were expected to do are not even used on any nursing unit i have ever been on and thus it was somewhat irrelevant. The opportunity to do clinical skills was very lacking for some people and I even had a friend who hadn't even started an IV at any point during her 4 years in the program...Something is definitely wrong with that situation. I know I should not complain so much about the education I am so lucky to have received but I've now been working for almost 2 years and still have years of debt to work off all for a whack load of classes that I found very unnecessary to take and that have not influenced my career as a nurse at all. It's hard not to be slightly bitter.

(1) I found that there was too much focus on community nursing, and not enough on acute care. Maybe there could be different streams? I found there to be not enough clinical practice hours, and did not feel as prepared for the work force as I would have liked. I found the entire class on management to be an inappropriate use of time, as new graduates we are not considered for these positions, and by the time we come into them, we would need to be re-educated.

(1) I guess I would've liked to see more clinical settings instead of too much classroom orientation stuff. What we learned in the classroom, we didn't really get a chance to experience it on the floor.

(1) I guess more real world applications. Teaching more, not memorization. More hands on.

(1) I had issues when I wanted to move to Saskatoon.

(1) I think that individuals should be able to specialize in specific areas of nursing if their grades are adequate so those courses can be provided if those individuals show they have the knowledge and drive to do so. If someone thinks they should be in the ICU or CCU, they can specialize in those areas before graduating and be prepared for the same.

(1) I think that the instructors in the program need to have more nursing experience before becoming instructors. Some of my instructors were teaching and hadn't been nursing for like a year. It's important that their instructors have a lot of nursing experience behind them before teaching. Also, I think that, because I went to school in two places, there needs to be more consistency in all three sites as to what's taught and how the students are treated. I found, going to an Aboriginal site, that they were given a lot more leeway than the rest of the students were, and I don't agree with that. I think there was a lack of professionalism at the Prince Albert site.

(1) I think they should bring back the diploma program. To corner this shorter, they should have this option.

- (1) I think they should do more clinical. They should learn more about medical stuff rather than counselling. They need to focus on medical rather than self-reflection. Some stuff are not required to do direct care. I think they need to think differently with students who are going to do public health and medical health. Medical should focus on medical and public health should be focused on community.
- (1) I understand that a lot of theory has to be crammed into a short period of time, however, would have liked to spend more time on health challenges and learn about different conditions, as well as have more time to do clinical and work in a nursing setting opposed to so much classroom time.
- (1) I would like to seek further education in the future. There should be more hands-on practical knowledge.
- (1) It needs to be more clinical. People should have more choice in 3rd and 4th year. And they have too much theory, they should have more choice and clinical.
- (1) It was too expensive and a lot of unnecessary material.
- (1) It would have been great to have certificates for skills we received and receive the little extra skills to certify us as ACLS educated and PALS educated so that when you got out there, you were "prepared" and you didn't have to retake everything you already took or feel inadequately trained. This little extra education and certification would have smoothed out the transition of student to staff member.
- (1) Lots of us were not happy with the four-year program. We could have done this in three years. Instructors were not knowledgeable, not confident, and students had to give support to instructors.
- (1) Need more clinical experiences and less self-awareness classes. Less community clinical experiences if interest is in hospital setting.
- (1) Not enough clinical experience. Too many similar courses i.e. development of self, families, groups, counselling... Not enough focus on actual nursing courses that apply in clinical settings and are medically based.
- (1) Not enough ER type education.
- (1) Overall, the education was poorly tailored for the realities of working in the field. I do not feel my education prepared me to work in the field at all.
- (1) Overall, they are sort of a different way of running the program. The switch between SIAST and University was confusing.
- (1) Some people didn't like the more fluffy kind of classes, and I think everything prepared us well for the holistic kind of nursing. The educational program did prepare us very well for the nursing exam.
- (1) The education program covers a broad number of topics but I think I would have been better prepared for my career with more pathophysiology and pharmacology education.
- (1) The program provided a rounded knowledge required to practice at a new graduate level. I greater knowledge set in areas of physiology and advanced practice in specialized areas would have been beneficial.
- (1) There needs to be more hands-on learning in the hospital or labs versus fluff classes. They feel like filler classes to get a degree. I would have rather had taken the diploma without all the fluff classes and more training towards my career. It would be very nice that it would have been all in one site. It made it a very difficult transition.
- (1) There's a bunch of classes that are completely unnecessary that did absolutely nothing to prepare you as a nurse.
- (1) Too little clinical time, no required pre requisites, in experienced instructors, Miss directed focus on book work. good student camaraderie.
- (1) Too much paper writing, not enough clinical. Courses like ACLS, cardiac monitoring, pals, etc. should be available to take in the program.
- (1) Too much theory and not enough clinical hours required, especially in first year. It just needs more clinical than class.

(1) Very biased program at times-feminist centered educational program with more emphasis on social work ideals than actual physical nursing duties. You learn more about feelings than you do about physiology or pharmacology. By the end of the program I could have been a social work graduate rather than a nurse graduate.

(1) We need more focus on medications. I don't even know if the program has the Development of Self and Working in Groups, but I didn't find that helpful at all. Even just more clinical time starting in first year. More emphasis on team management and primary nursing.

More Practical - 18 responses (More Practical Experience)

(1) I found as a whole that the program was too focused on theory (and way too much of it) instead of practical application. We were spoon fed too much and I see it more and more with the new nursing students that are emerging. Also, not my personal experience but many friends of mine and current students felt far too much pressure and had to work far harder than I believe is necessary to be a good nurse while they were in school. Many of the instructors we had, had not spent enough time in a clinical setting and thus I felt they were ill equipped to teach us what we needed to know. (my opinion) I have heard they have changed the amount of clinical experience for students and increased it which is a positive as I found that in first year there was very little opportunity to decide if nursing in a clinical setting was something I did in fact want to do as we only had 4 hours of clinical every two weeks in the 2nd semester! I also found that the care plans and preparation for clinical was very unnecessary and only caused students to be up all night working on them the night before clinical instead of getting a good rest and being safe for practice the next day. The care plans we were expected to do are not even used on any nursing unit I have ever been on and thus it was somewhat irrelevant. The opportunity to do clinical skills was very lacking for some people and I even had a friend who hadn't even started an IV at any point during her 4 years in the program...Something is definitely wrong with that situation. I know I should not complain so much about the education I am so lucky to have received but I've now been working for almost 2 years and still have years of debt to work off all for a whack load of classes that I found very unnecessary to take and that have not influenced my career as a nurse at all. It's hard not to be slightly bitter.

(1) I found that it was very focused on theories and less focused on practical application. I found a lot of the professors were very bitter and cynical and the main goal of the program was to teach you critical thinking, but when you actually questioned the program or how things were run, it wasn't appreciated or you got in trouble.

(1) I guess more real world applications. Teaching more, not memorization. More hands on.

(1) I think it could have more hands on.

(1) I think that we would benefit from more clinical and more hands-on time.

(1) I think there needed to be more practical experience and more courses focused on hospital nursing; or possibly two streams, one for community and one for hospital nursing.

(1) I took classes at both the Regina and Saskatoon SIAST campuses and at the U of S. I found the quality of education at the Regina SIAST campus to be excellent. Overall, I am pleased with the nursing knowledge and practical experiences I gained through NEPS. From my current Public Health perspective, I do think there were some gaps in the NEPS program. Information on many of the traditional public health subjects i.e. TB, sexual health, and immunization were all addressed though self study modules. Looking back, I think I would have benefited by the inclusion of more practical community health information, along with the theory.

(1) I understand that a lot of theory has to be crammed into a short period of time, however, would have liked to spend more time on health challenges and learn about different conditions, as well as have more time to do clinical and work in a nursing setting opposed to so much classroom time.

(1) I would like to seek further education in the future. There should be more hands-on practical knowledge.

(1) In general very poor. Many educators, especially at SIAST did not know the material. It may have been better to attend a university class with respects to such subjects as Anatomy and Physiology and Pharmacology and leave the labs to nurses. My final grade, for example, in A and P was 89 with an average of around 83 percent and I just stopped attending class as the instruction was so hit and miss with rotating teachers. I bring this up to illustrate the fact that I am not criticising the class because I did poorly and hence am just being defensive. I found many of the front line instructors to be disempowered women who were not really that supportive, and, honestly, though I consider myself to be a very caring person, if I had to hear one more caring theory or any more theories in general I was ready to walk away from the program. We so often heard, a monkey can learn a skill so it isn't that important but I can say that without any skills going into the profession ones confidence is rather low and hence one's ability to make a sound call or assess a patient properly diminishes. There should also be more theory regarding front line nursing, more case studies because that is what the majority of nurses do. I felt that if the union or body of nursing in general valued themselves they might stop trying to prove to other professions that they are a profession. As a result there might be a better and more realistic focus. Overall the program was just so shockingly unprofessional and substandard that I am surprised to find that I actually like being a nurse.

(1) It was a good program would of liked more practicum time.

(1) It would have been more helpful to have a lot more hands-on experience. More practice at organization and interacting with patients would have prepared me better for the workforce.

(1) More hands on.

(1) My only concern with the NEPS program is they don't prepare you for practical nursing. It was a lot of papers and work and stuff but not a lot of practical stuff.

(1) Program is very demanding. More time for clinical prep and clinicals would be ideal. More hands on learning experience and less papers.

(1) The program provided a rounded knowledge required to practice at a new graduate level. I greater knowledge set in areas of physiology and advanced practice in specialized areas would have been beneficial.

(1) There needs to be more hands-on learning in the hospital or labs versus fluff classes. They feel like filler classes to get a degree. I would have rather had taken the diploma without all the fluff classes and more training towards my career. It would be very nice that it would have been all in one site. It made it a very difficult transition.

(1) Wish there was more time designated to practical experience, which I found most valuable. Putting the classroom theory into practice.

Instructors - 15 responses (Issues with the Instructors/Teachers)

(2) For the most part, great education. Although, NEPS needs its own college building and just one at that. Often we were having to take classes in the med building, or education or Thorvaldson, etc. Nursing needs its own college building. Also, struggled with several of the teachers and their 'professional image'. Jane Heyslip was one that I am surprised the college keeps around after what she has done. Also did not do a great job of teaching us what we really needed to know. All I remember is she taught almost every class on the heart, skipping essential acute illnesses.

(1) First of all, I graduated from high school in 2007 but the computer would not let me chose that option so I chose 2006 instead. I did the NEPS program in Saskatoon so my first two years were at SIAST and then my last two years were at the U of S. I was very unhappy with my training provided at SIAST. I found most of the instructors difficult to approach, too busy to help students one on one, and not educated well

enough in how to teach. Also, I found that many classes in the first year to be a waste of time. These classes would include development of self, therapeutic use of self, etc. I would think that the students (and I know I would have) would more from more anatomy/drug/clinical classes. My reasoning for this is that when you get out in the field, most of what you are doing, especially if you are direct care nurse, is that you are providing physical care, and if there hasn't been enough education in this area (which again I don't think there is) then it is ultimately the patient that suffers. In regards the faculty at the U of S, I found them to be a lot more approachable, reasonable in their expectations of you and your work, and more down to earth. One thing I would like to point out is that while I was in the program, there was one instructor at the U of S who was teaching while under an investigation into her nursing practice. I found this to be unethical, and very ill-reflective of the program. I think the program should be in all one center so that there is consistency between the programs and teachers.

(1) I found academic advocacy and respect toward students neglected. Lacking scientific content. Imbalances in terms of what was taught, like there wasn't as much Anatomy and clinical courses as I wanted. There weren't classes that taught students about the health system or the way decisions were made. There was a huge gap between SIAST and university in terms of content and teaching style. SIAST was very hands-on, and university was more theory. About half of the lectures weren't delivered very well. There wasn't a lot of content and the content they did have was just out of the textbook. They weren't very enthusiastic. Huge variance in clinical instructors. Some were excellent and some were intimidating and not very good. Huge gap between when skills were taught and used in practice. Some care plans were way too excessive and stressful. That sounds really negative. I actually did enjoy parts of it, but there's room for improvements. One of the worst things is the move between SIAST and university. If that could be addressed, it would help a lot of things.

(1) I found as a whole that the program was too focused on theory (and way too much of it) instead of practical application. We were spoon fed too much and I see it more and more with the new nursing students that are emerging. Also, not my personal experience but many friends of mine and current students felt far too much pressure and had to work far harder than I believe is necessary to be a good nurse while they were in school. Many of the instructors we had, had not spent enough time in a clinical setting and thus I felt they were ill equipped to teach us what we needed to know. (my opinion) I have heard they have changed the amount of clinical experience for students and increased it which is a positive as I found that in first year there was very little opportunity to decide if nursing in a clinical setting was something I did in fact want to do as we only had 4 hours of clinical every two weeks in the 2nd semester! I also found that the care plans and preparation for clinical was very unnecessary and only caused students to be up all night working on them the night before clinical instead of getting a good rest and being safe for practice the next day. The care plans we were expected to do are not even used on any nursing unit I have ever been on and thus it was somewhat irrelevant. The opportunity to do clinical skills was very lacking for some people and I even had a friend who hadn't even started an IV at any point during her 4 years in the program...Something is definitely wrong with that situation. I know I should not complain so much about the education I am so lucky to have received but I've now been working for almost 2 years and still have years of debt to work off all for a whack load of classes that I found very unnecessary to take and that have not influenced my career as a nurse at all. It's hard not to be slightly bitter.

(1) I found that it was very focused on theories and less focused on practical application. I found a lot of the professors were very bitter and cynical and the main goal of the program was to teach you critical thinking, but when you actually questioned the program or how things were run, it wasn't appreciated or you got in trouble.

(1) I think that the instructors in the program need to have more nursing experience before becoming instructors. Some of my instructors were teaching and hadn't been nursing for like a year. It's important that their instructors have a lot of nursing experience behind them before teaching. Also, I think that,

because I went to school in two places, there needs to be more consistency in all three sites as to what's taught and how the students are treated. I found, going to an Aboriginal site, that they were given a lot more leeway than the rest of the students were, and I don't agree with that. I think there was a lack of professionalism at the Prince Albert site.

(1) I truly felt that the professionalism of the instructors was grossly lacking the majority of the time and that many times their teaching skills were extremely poor. I believe that many of them are too textbook orientated and have lost their ability to teach their student the real organizational and 'on the floor' techniques necessary to work well. I believe that the program is way too generalized and does not prepare students well in terms of practical skills they require to perform their duties as an acute care nurse.

(1) In general very poor. Many educators, especially at SIAST did not know the material. It may have been better to attend a university class with respects to such subjects as Anatomy and Physiology and Pharmacology and leave the labs to nurses. My final grade, for example, in A and P was 89 with an average of around 83 percent and I just stopped attending class as the instruction was so hit and miss with rotating teachers. I bring this up to illustrate the fact that I am not criticising the class because I did poorly and hence am just being defensive. I found many of the front line instructors to be disempowered women who were not really that supportive, and, honestly, though I consider myself to be a very caring person, if I had to hear one more caring theory or any more theories in general I was ready to walk away from the program. We so often heard, a monkey can learn a skill so it isn't that important but I can say that without any skills going into the profession ones confidence is rather low and hence one's ability to make a sound call or assess a patient properly diminishes. There should also be more theory regarding front line nursing, more case studies because that is what the majority of nurses do. I felt that if the union or body of nursing in general valued themselves they might stop trying to prove to other professions that they are a profession. As a result there might be a better and more realistic focus. Overall the program was just so shockingly unprofessional and substandard that I am surprised to find that I actually like being a nurse.

(1) Lots of us were not happy with the four-year program. We could have done this in three years. Instructors were not knowledgeable, not confident, and students had to give support to instructors.

(1) Not enough clinical hours, and I also think the teachers. There were some excellent teachers and some were learning it with us. It was inappropriate for university level education that they did not have a teaching background. I was not impressed with SIAST and the quality of education there.

(1) There is not enough clinical time. I learned more in the first month on the job than in my 4 years of schooling. I think the LPN program has more clinical time than we do. Most of the instructors made you feel like you were going to kill someone.

(1) Too little clinical time, no required pre requisites, in experienced instructors, Miss directed focus on book work. good student camaraderie.

(1) We need way more clinical time as well as appropriate settings to place students in. I had mixed feelings about the program. More clinical time for the students is needed. Consistency amongst the grading scale is needed. There are some teachers that are known to give out good grades and some that were known to make you put in blood sweat and tears to get a 60, so that is not very fair to the students.

(1) Would have liked more time in the clinical setting. Instructors that teach need to be familiar with the material and not teaching someone else's material. Instructors should have more than two years nursing experience and should still have to practice as a nurse.

Not Prepared - 13 responses (Not Prepared/Not Satisfied)

(1) First of all, I graduated from high school in 2007 but the computer would not let me chose that option so I chose 2006 instead. I did the NEPS program in Saskatoon so my first two years were at SIAST and

then my last two years were at the U of S. I was very unhappy with my training provided at SIAST. I found most of the instructors difficult to approach, too busy to help students one on one, and not educated well enough in how to teach. Also, I found that many classes in the first year to be a waste of time. These classes would include development of self, therapeutic use of self, etc. I would think that the students (and I know I would have) would more from more anatomy/drug/clinical classes. My reasoning for this is that when you get out in the field, most of what you are doing, especially if you are direct care nurse, is that you are providing physical care, and if there hasn't been enough education in this area (which again I don't think there is) then it is ultimately the patient that suffers. In regards the faculty at the U of S, I found them to be a lot more approachable, reasonable in their expectations of you and your work, and more down to earth. One thing I would like to point out is that while I was in the program, there was one instructor at the U of S who was teaching while under an investigation into her nursing practise. I found this to be unethical, and very ill-reflective of the program. I think the program should be in all one center so that there is consistency between the programs and teachers.

(1) I found academic advocacy and respect toward students neglected. Lacking scientific content. Imbalances in terms of what was taught, like there wasn't as much Anatomy and clinical courses as I wanted. There weren't classes that taught students about the health system or the way decisions were made. There was a huge gap between SIAST and university in terms of content and teaching style. SIAST was very hands-on, and university was more theory. About half of the lectures weren't delivered very well. There wasn't a lot of content and the content they did have was just out of the textbook. They weren't very enthusiastic. Huge variance in clinical instructors. Some were excellent and some were intimidating and not very good. Huge gap between when skills were taught and used in practice. Some care plans were way too excessive and stressful. That sounds really negative. I actually did enjoy parts of it, but there's room for improvements. One of the worst things is the move between SIAST and university. If that could be addressed, it would help a lot of things.

(1) I found as a whole that the program was too focused on theory (and way too much of it) instead of practical application. We were spoon fed too much and I see it more and more with the new nursing students that are emerging. Also, not my personal experience but many friends of mine and current students felt far too much pressure and had to work far harder than I believe is necessary to be a good nurse while they were in school. Many of the instructors we had, had not spent enough time in a clinical setting and thus I felt they were ill equipped to teach us what we needed to know. (my opinion) I have heard they have changed the amount of clinical experience for students and increased it which is a positive as I found that in first year there was very little opportunity to decide if nursing in a clinical setting was something I did in fact want to do as we only had 4 hours of clinical every two weeks in the 2nd semester! I also found that the care plans and preparation for clinical was very unnecessary and only caused students to be up all night working on them the night before clinical instead of getting a good rest and being safe for practice the next day. The care plans we were expected to do are not even used on any nursing unit I have ever been on and thus it was somewhat irrelevant. The opportunity to do clinical skills was very lacking for some people and I even had a friend who hadn't even started an IV at any point during her 4 years in the program...Something is definitely wrong with that situation. I know I should not complain so much about the education I am so lucky to have received but I've now been working for almost 2 years and still have years of debt to work off all for a whack load of classes that I found very unnecessary to take and that have not influenced my career as a nurse at all. It's hard not to be slightly bitter.

(1) I found it was a lot of lack of consistency between instructions at SIAST and expectations.

(1) I think that individuals should be able to specialize in specific areas of nursing if their grades are adequate so those courses can be provided if those individuals show they have the knowledge and drive to do so. If someone thinks they should be in the ICU or CCU, they can specialize in those areas before graduating and be prepared for the same.

(1) In general very poor. Many educators, especially at SIAST did not know the material. It may have been better to attend a university class with respects to such subjects as Anatomy and Physiology and Pharmacology and leave the labs to nurses. My final grade, for example, in A and P was 89 with an average of around 83 percent and I just stopped attending class as the instruction was so hit and miss with rotating teachers. I bring this up to illustrate the fact that I am not criticising the class because I did poorly and hence am just being defensive. I found many of the front line instructors to be disempowered women who were not really that supportive, and, honestly, though I consider myself to be a very caring person, if I had to hear one more caring theory or any more theories in general I was ready to walk away from the program. We so often heard, a monkey can learn a skill so it isn't that important but I can say that without any skills going into the profession ones confidence is rather low and hence one's ability to make a sound call or assess a patient properly diminishes. There should also be more theory regarding front line nursing, more case studies because that is what the majority of nurses do. I felt that if the union or body of nursing in general valued themselves they might stop trying to prove to other professions that they are a profession. As a result there might be a better and more realistic focus. Overall the program was just so shockingly unprofessional and substandard that I am surprised to find that I actually like being a nurse.

(1) It would have been great to have certificates for skills we received and receive the little extra skills to certify us as ACLS educated and PALS educated so that when you got out there, you were "prepared" and you didn't have to retake everything you already took or feel inadequately trained. This little extra education and certification would have smoothed out the transition of student to staff member.

(1) It would have been more helpful to have a lot more hands-on experience. More practice at organization and interacting with patients would have prepared me better for the workforce.

(1) Lots of us were not happy with the four-year program. We could have done this in three years. Instructors were not knowledgeable, not confident, and students had to give support to instructors.

(1) My only concern with the NEPS program is they don't prepare you for practical nursing. It was a lot of papers and work and stuff but not a lot of practical stuff.

(1) Not enough clinical hours, and I also think the teachers. There were some excellent teachers and some were learning it with us. It was inappropriate for university level education that they did not have a teaching background. I was not impressed with SIAST and the quality of education there.

(1) Overall, the education was poorly tailored for the realities of working in the field. I do not feel my education prepared me to work in the field at all.

(1) Very biased program at times-feminist centered educational program with more emphasis on social work ideals than actual physical nursing duties. You learn more about feelings than you do about physiology or pharmacology. By the end of the program I could have been a social work graduate rather than a nurse graduate.

Other - 8 responses (Other)

(2) For the most part, great education. Although, NEPS needs its own college building and just one at that. Often we were having to take classes in the med building, or education or Thorvaldson, etc. Nursing needs its own college building. Also, struggled with several of the teachers and their 'professional image'. Jane Heyslip was one that I am surprised the college keeps around after what she has done. Also did not do a great job of teaching us what we really needed to know. All I remember is she taught almost every class on the heart, skipping essential acute illnesses.

(1) I think we missed the program, and they have combined the programs.

(1) It was too expensive and a lot of unnecessary material.

(1) Much change is needed to make NEPS a "healthy" program. It is unfortunate that a program dedicated to teaching others to provide health care is riddled with a vast amount of structural, political, staffing, clinical placement..... issues.

(1) Need more clinical experiences and less self-awareness classes. Less community clinical experiences if interest is in hospital setting.

(1) There needs to be more hands-on learning in the hospital or labs versus fluff classes. They feel like filler classes to get a degree. I would have rather had taken the diploma without all the fluff classes and more training towards my career. It would be very nice that it would have been all in one site. It made it a very difficult transition.

(1) Too little clinical time, no required pre requisites, in experienced instructors, Miss directed focus on book work. good student camaraderie

No Comment - 7 responses (No Comment)

(4) No.

(2) I have no comments right now.

(1) I have no comments.

Satisfied - 6 responses (Overall Satisfaction/Well Prepared)

(1) I have since worked in New Zealand in a similar position. I feel I was able to transition into this new setting quite well based on my previous experience and learning.

(1) I really enjoyed NEPS and thought it was a good program. Sad that is it ending.

(1) I think it was okay.

(1) I took classes at both the Regina and Saskatoon SIAST campuses and at the U of S. I found the quality of education at the Regina SIAST campus to be excellent. Overall, I am pleased with the nursing knowledge and practical experiences I gained through NEPS. From my current Public Health perspective, I do think there were some gaps in the NEPS program. Information on many of the traditional public health subjects i.e. TB, sexual health, and immunization were all addressed though self study modules. Looking back, I think I would have benefited by the inclusion of more practical community health information, along with the theory.

(1) It was challenging, the program was thorough, and that helped prepare me for the real stresses of the job.

(1) Some people didn't like the more fluffy kind of classes, and I think everything prepared us well for the holistic kind of nursing. The educational program did prepare us very well for the nursing exam.

Less Theory - 4 responses (Less Theory)

(1) I found as a whole that the program was too focused on theory (and way too much of it) instead of practical application. We were spoon fed too much and I see it more and more with the new nursing students that are emerging. Also, not my personal experience but many friends of mine and current students felt far too much pressure and had to work far harder than I believe is necessary to be a good nurse while they were in school. Many of the instructors we had, had not spent enough time in a clinical setting and thus i felt they were ill equipped to teach us what we needed to know. (my opinion) I have heard they have changed the amount of clinical experience for students and increased it which is a positive as I found that in first year there was very little opportunity to decide if nursing in a clinical setting

was something I did in fact want to do as we only had 4 hours of clinical every two weeks in the 2nd semester! I also found that the care plans and preparation for clinical was very unnecessary and only caused students to be up all night working on them the night before clinical instead of getting a good rest and being safe for practice the next day. The care plans we were expected to do are not even used on any nursing unit i have ever been on and thus it was somewhat irrelevant. The opportunity to do clinical skills was very lacking for some people and I even had a friend who hadn't even started an IV at any point during her 4 years in the program...Something is definitely wrong with that situation. I know I should not complain so much about the education I am so lucky to have received but I've now been working for almost 2 years and still have years of debt to work off all for a whack load of classes that I found very unnecessary to take and that have not influenced my career as a nurse at all. It's hard not to be slightly bitter.

(1) I found that it was very focused on theories and less focused on practical application. I found a lot of the professors were very bitter and cynical and the main goal of the program was to teach you critical thinking, but when you actually questioned the program or how things were run, it wasn't appreciated or you got in trouble.

(1) I took classes at both the Regina and Saskatoon SIAST campuses and at the U of S. I found the quality of education at the Regina SIAST campus to be excellent. Overall, I am pleased with the nursing knowledge and practical experiences I gained through NEPS. From my current Public Health perspective, I do think there were some gaps in the NEPS program. Information on many of the traditional public health subjects i.e. TB, sexual health, and immunization were all addressed though self study modules. Looking back, I think I would have benefited by the inclusion of more practical community health information, along with the theory.

(1) It needs to be more clinical. People should have more choice in 3rd and 4th year. And they have too much theory, they should have more choice and clinical.