

# Bridging the Generational Divide

Nurses United in Providing  
Quality Patient Care

Sheri Price, RN, PhD



CANADIAN  
FEDERATION  
OF NURSES  
UNIONS

WHERE KNOWLEDGE  
MEETS KNOW-HOW



Published by:

The Canadian Federation of Nurses Unions

[www.nursesunions.ca](http://www.nursesunions.ca)

2841 Riverside Drive

Ottawa, Ontario K1V 8X7

613-526-4661

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First Edition, December 2015

ISBN: 978-0-9868382-8-6

Printed and bound in Canada by Imprimerie Plantagenet Printing

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# The Canadian Federation of Nurses Unions (CFNU)

The Canadian Federation of Nurses Union represents close to 200,000 nurses and student nurses. Our members work in hospitals, long-term care facilities, community health care, and our homes. The CFNU speaks to all levels of government, other health care stakeholders and the public about evidence-based policy options to improve patient care, working conditions and our public health care system.





# Message from the CFNU

## Linda Silas

Over the past two decades, we have seen a shift in health human resources across Canada. We have felt the effects of a 'boom to bust' model of nursing with the ever-changing political landscape. Today, the worklife issues for nurses in this country are the worst we have seen. In this paper, we seek to understand the expectations and needs of Canadian nurses of different generations and across all career stages.

We know that many of the issues we face today have plagued our profession for decades, yet they have remained intransigent and resistant to change.

The Canadian Federation of Nurses Unions (CFNU)'s recent overtime and absenteeism report found that excessive overtime and absenteeism are prevalent throughout the nursing profession. In 2014, nurses worked more than 19 million hours of overtime at a cost of almost 872 million, over 20% of which was borne by nurses in unpaid overtime. We know that overtime contributes to absenteeism and ultimately leads to a cycle of excessive workloads for existing nurses.

Experienced nurses, who have expectations of delivering a patient-centred workplace model, are now finding instead that unmanageable workloads leave them unable to provide this level of care. They are faced with the challenge of meeting and upholding their professional

obligations. They are frustrated by the growing disconnect between management and the frontline nurse, and a feeling of helplessness as their input and decision-making with regards to patient care issues is often disregarded and dismissed.

Early-career nurses and students experience a disconnect between education and training and the realities of nursing on the ground where they face overwhelmingly high nurse-patient ratios.

Regardless of the stage of nursing career, nurses, like other workers across the country, are more concerned about work-life balance than ever before. Reports increasingly show that nurses expect that their workplace will be supportive of their personal and professional goals.

One challenge that we face is that we are still a predominantly female profession. Since I graduated from l'Université de Moncton, and throughout my practice, I have watched the progress we have made with more men entering the nursing profession than ever before. However, the reality is that more than 90% of nurses in Canada are women, so we must demand improved work-life balance so that nurses can focus more on career ambitions, friends and family, and activities that bring us joy and keep us healthy.



I believe that if we can work to find better solutions for a work-life balance, we would not see growing rates of burnout, or the numbers of nurses transitioning from full-time positions to casual in an attempt to achieve a healthy balance between work and life.

Our health human resources (HHR) nursing policies must employ a gender lens and adapt the work environment to align with gender-based realities and responsibilities. Many of the nurses surveyed found it very hard to find a work-life balance that took into account their family obligations, whether to children or elderly parents. In other industries we often see work-related policies from extended parental leave to family responsibility days, yet the needs of the nursing profession and the health care sector as a whole are often forgotten about and ignored.

The CFNU seeks to address these challenges in this report with a comprehensive literature review and through focus groups with early-career and mid- to late-career nurses from across Canada. In this report, you will hear the voices of nurses expressing their frustrations, their concerns, and their recommendations for policy makers. Above all, what emerges in the pages of this report is a picture of a nursing workforce as a whole that has a profound commitment to its patients.

Canada's nurses, wherever they are in their careers, express a love for the work that they do, and a desire to have a direct impact by providing care for patients at the bedside. Through the words and testimony of our members from interviews and focus groups, this report reinforces the findings of the literature review.

This report provides a comprehensive snapshot of where we are now, and offers recommendations about where we need to go if we are to address the fundamental challenges of the nursing profession and our health care system.

I would like to thank the author of the report, Dr. Sheri Price, her special advisors Dr. Linda McGillis Hall and Carol Reichert, as well as CFNU's advisory committee Judith Grossman (UNA), Lawrence Walter (ONA) and Dr. Paul Curry (NSNU) for their dedication to this project.

I would also like to thank the many members who offered testimony of their own personal experiences and provided photos to make this report possible.

It is my hope that one day health care policies will focus on health care workers as individuals, and nurses as professionals with full lives, and not solely as angels of mercy.



*Linda biking while on holiday in Prince Edward Island.*

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**We need to find better solutions for a work-life balance, to give nurses the much needed energy to provide great care.**

**- Linda Silas**

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# Foreword

## Tonie Castro

Director of Communications,  
Canadian Nursing Students' Association (CNSA)

As a student, it was good to read Sheri Price's new report, *Bridging the Generational Divide: Nurses United in Providing Quality Patient Care*, because it represents so many of my own concerns about the current generation of nursing students and new graduates. I entered nursing school because I want to make a difference in people's lives and to take advantage of the wide diversity of opportunities within nursing. I want to care for patients, work with their families and community members, and be a part of an interdisciplinary team. When I receive my Bachelor of Science in Nursing, I will continue being a life-long learner. While I may lack the knowledge and wisdom of senior nurses, I will be a registered nurse, fresh from the classroom, with the most up-to-date evidence-based nursing knowledge, practices and competencies. I am comfortable with all the technology that exists in the modern health care workplace. I am also keenly aware of my ethical obligations, with a focus on patient care.

I know there is a steep learning curve, particularly during the first year following graduation. Some new graduates would benefit from more time for orientation, transition support tools, and post-graduate preparation. Most find themselves initially working on medical-surgical units in order to solidify their basic nursing clinical skills. Here they often encounter high nurse-to-patient ratios, usually higher than those encountered during nursing school.

Violence and bullying in the workplace are additional stressors for nurses, regardless of the level of experience. They add to the stressful transition for new graduates. Some new graduates, faced with the steep learning curve, may quit their jobs within the first year and move to another setting; others may even leave nursing altogether. More supports and resources would increase the chances of a smooth transition to the workplace. We educate nurses, graduate them, lose some of them, and replace them, all of which comes at a cost both to the system and the individuals who are forced to give up on their dreams.



Some students, I know, are also considering going to the United States to look for work. We hear there are more full-time nursing jobs there, and the U.S. offers more specializations. It can be frustrating when you want full-time work but can't get it for months, or even a number of years, depending upon where you live. All of us need to pay down our student debt as quickly as possible – and there are few scholarships available to student nurses so we have a lot of debt – so full-time work, or at least full-time hours, are essential. Some areas in nursing require extra credentials for specializations or work experience in that field. Ideally we'd like to start out in our chosen area right away, but sometimes we just take any job we can get. For us to map out our careers, it would help if we had some formal career planning after we enter the workplace. Even if entry-level positions were available within our specialties, we could take the opportunity to gain sufficient work experience in different fields. When we want to move forward in our careers, leadership training starting in school and continuing throughout nursing would allow us to take advantage of potential career opportunities.

On top of all the other challenges students have to contend with, the Canadian nursing licensing exam changed this year with NCLEX, a U.S. import, replacing the Canadian version. The passing rates for the new exam were quite low (when compared to the old exam) in some jurisdictions, especially for French schools. The exam poses a number of issues for Canadian nursing schools, including problems with the French translation, and inconsistent training/review of exam materials.

As *Bridging the Generational Divide* clearly describes, early-career nurses and mid- to late-career nurses share more in common than differences. First and foremost, both groups expressed a commitment to their patients and a passion for their work. We are united in our desire to provide quality patient care, and sometimes nurses provide this care at the expense of their social and physical well-being. It is also evident from reading this report that younger nurses and seasoned nurses have much to learn from one another. Seasoned nurses have the experience; it is this experience that I will need as an early-career nurse. So experienced nurses must be given the time to participate as formal mentors for new nurses to help them transition to the workplace.

Similarly, as a younger nurse familiar with all the new technology, I can mentor more senior nurses by helping them adjust to changes in the workplace. New graduates are also familiar with the latest evidence-based research and practices. Clinical educators should offer regular workshops on the latest practices to all nurses; early-career nurses could help more seasoned nurses adopt these techniques in practice. The important thing to remember, as we continue this conversation across the generations, is that nurses at all stages of our careers share the same dedication to the health and well-being of our patients. I look forward to joining my colleagues in the health care workplace in delivering quality patient care.

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The important thing to remember, as we continue this conversation across the generations, is that nurses at all stages of our careers share the same dedication to the health and well-being of our patients. I look forward to joining my colleagues in the health care workplace in delivering quality patient care.

- Tonie Castro

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Tonie hiking Black Tusk stratovolcano in British Columbia.



# Executive Summary

## Sheri Price

RN, PhD, Assistant Professor  
School of Nursing, Dalhousie University

Over the past two decades there has been a significant focus on intergenerational diversity in nursing and the unique needs of each nursing cohort. However, findings from the present study show that nurses<sup>1</sup> of all generational cohorts are far more similar than different in their career focus, expectations and needs. Study results reveal that despite decades of research highlighting the need for sustainable nursing human resources, nurses still report high rates of staff shortages, overtime, excessive workloads and exhaustion. There has been a wealth of research and pilot projects exploring the issues of overtime, workload and safe staffing, and their resulting impact on patient care. Yet, to date, the evidence has not resulted in sustainable solutions to address these issues and inform future health human resources (HHR) planning. In recognition of the fact that retention and recruitment of nurses within the system are key considerations in HHR planning, this research sought to understand the expectations and needs of Canadian nurses in all generations and across all career stages.

As this study demonstrates, students, early-career and mid- to late-career nurses remain united in providing quality patient care. Much of their career dissatisfaction centres around a lack of patient contact and a shift away from patient-centred care. All of the nurse participants in this study, regardless of career stage or generational group, described choosing to enter and remain in nursing because of the patient interaction and caring aspect of the profession. Moreover, nurses identified that workplace issues such as staff shortages, overtime and excessive workloads impacted their ability to provide quality, safe patient care. The patient, specifically patient safety, was at the centre of their concerns.

Nurses across all career stage cohorts also expressed concern about the impact of nursing on their personal well-being and work-life balance. They described the



‘life impact’ of choosing a career in nursing. Participants detailed the significant sacrifices that they had made, or were willing to make, to ensure quality patient care, and they acknowledged the ongoing struggle to balance their career with their personal and family lives. Staff shortages and constrained resources threaten patient care and often result in overtime, exhaustion and career dissatisfaction. Nurses described feeling compelled to work overtime and miss vacations to ensure units were adequately staffed and patients were taken care of. It was often out of concern for their patients and colleagues that nurses agreed to work overtime despite concerns for their own well-being.

Given the need to provide evidence-based care, and in recognition of the fact that professional development is an essential component of a career in nursing, nurses from all three career cohorts identified needs in relation to continuing education and training. Best practices and patient care standards were understood to be constantly evolving, and nurses wanted access to this information in order to provide the best care possible to patients. Nurses did not believe that employers viewed training and education as a priority, especially for mid- to late-career nurses. Funding support was often not available, and accessing time off to complete training or courses was also minimally supported, often due to a lack of staff coverage.

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**Nurses across all career stage cohorts also expressed concern about the impact of nursing on their personal well-being and work-life balance.**

**- Sheri Price**

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In addition to differing nurse-management priorities regarding education and training, all practicing nurses (early- and mid- to late-career) identified concerns regarding management relationships. Nurses, especially early-career nurses, placed a significant amount of emphasis on the importance of quality management relationships. Management relationships were believed to set the tone for the overall work environment so their importance was felt to be critical to the day-to-day work experience and culture. Both early- and mid- to late-career nurses identified a significant disconnect between nursing priorities and management priorities.

Similarly both early- and mid- to late-career nurses identified the importance of flexibility within their scheduling and type of job. Nursing is regarded as a profession that offers many opportunities in settings, scheduling and specialties, and these nurses appreciated this flexibility and identified this as a factor that often drew them towards a career in nursing. Nurses identified that scheduling flexibility has been minimized in recent years. This change was often met with frustration by nurses who saw this feature as a career incentive.



*Sheri playing with her son Ben in the park.*

Findings arising from the 18 focus groups reveal the need for contingency staffing models, new graduate supports, improved team nursing and scope of practice standardization, as well as improved manager-staff and interprofessional relations. Generations of nurses were united in this research around their commitment to ensuring quality patient care. In the words of the nurses we interviewed, “nursing practice is patient care.” Findings from this inquiry and the following recommendations focus on enhancing nursing practice and nurses’ ability to provide the best care to patients. Ensuring a healthy and sustainable nursing workforce and attending to the needs and concerns of nurses throughout the span of their careers will help to ensure the best possible care for patients and their families.

*1 For the purpose of this report the term nurses refers to Registered Nurses (RNs), Licensed Practical Nurses (LPNs, term used in all provinces except Ontario, who instead refer to this group of nurses as Registered Practical Nurses), Registered Psychiatric Nurses (RPNs, regulated in British Columbia, Alberta, Saskatchewan, Manitoba and Yukon Territory).*





*Karen hiking while pregnant with her first baby, Ben.*



*Marcia (L) and her sisters participating in the 2015 Labour Day Parade.*



*Nursing colleagues taking in a sunset on the beach.*

Canada's Nurses are proud to provide quality, safe patient care and to promote the health and well-being of all nurses through a positive work-life balance.



*Maggie sharing a special moment with her family.*



# Recommendations

The following recommendations are based on findings from both the literature review and focus groups and include strategies to support nursing practice and enhance care to patients and families. To align with study findings, the recommendations reflect six key themes and are targeted at key stakeholders in health and nursing human resource planning, including: federal and provincial/territorial governments, educators, employers, unions, professional associations and regulators.

## **1.0 Work-Life Balance/Health:** That federal, provincial/territorial governments, employers, unions and professional associations prioritize and address issues of work-life balance and the health and well-being of nurses by:

- 1.1 Implementing policies to address the ongoing issue of excessive overtime and unpaid work to safeguard nurses' vacation time and days off, thereby reducing illness/injury rates;
- 1.2 Enforcing occupational health and safety standards to minimize workplace injuries, workplace violence, bullying and harassment;
- 1.3 Requiring a certain amount of scheduling consistency for full-time/part-time employees and supportive scheduling developed by frontline nurses;
- 1.4 Providing workshops (healthy eating, body mechanics, conflict resolution) to assist nurses in attaining work-life balance to promote strategies for health and well-being throughout their careers;
- 1.5 Recognizing that nursing is a female-dominated profession that requires adaptation of the work environment to align with gender-based realities and responsibilities;
- 1.6 Providing stress management programs, regular health checks and subsidized gym memberships and/or, where feasible, fitness classes at times convenient for shift workers.

## **2.0 Evidence-Based Safe Staffing:** That the key stakeholders prioritize safe staffing to ensure safe, quality patient care by:

- 2.1 Improving overall nursing staff levels to ensure optimal, safe, quality patient care;
- 2.2 Exploring viable contingency staffing models to cover for sick time and vacations (such as nursing resource teams with the infrastructure to support nurses floating to units);
- 2.3 Conducting an analysis of the costs/benefits of different staffing models, based on an evaluation of patient outcomes and patient safety indicators;
- 2.4 Applying best available evidence to pilot projects across jurisdictions to test staffing models that can achieve better outcomes for patients, providers and the system;
- 2.5 Creating policies that protect staff from mandatory, excessive, and unpaid overtime;
- 2.6 Exploring scheduling options that allow for flexibility in all career phases, especially during critical phases (return-to-work from leave of absence; approaching retirement);
- 2.7 Providing opportunities for late-career, retiring, or retired nurses to work in less than full-time positions to facilitate phased in retirements.

**3.0 Workplace Relationships/Leadership Capacity:** That key stakeholders ensure the active involvement of frontline nurses in clinical decision-making, effective management-staff relations, enhanced leadership capacity, and respectful and productive workplace relationships by:

- 3.1 Implementing strategies to include direct care nurses in unit and organizational level decision-making (clinical, policy, financial, and staffing);
- 3.2 Exploring leadership and liaison roles for nurses at the unit level, that support both staff and management;
- 3.3 Creating institutional structures to support leadership training;
- 3.4 Recognizing leadership activities as a component of nursing education by counting meeting/conference hours towards clinical hours or competency requirements;
- 3.5 Creating institutional structures to support manager-staff contact and engagement;
- 3.6 Creating non-monetary staff recognition programs as agreed to with the union;
- 3.7 Providing intergenerational training to staff;
- 3.8 Providing education and ongoing communications regarding scopes of practice for all nursing designations to ensure consistency in practice expectations and guidelines.

**4.0 Teamwork:** That provincial/territorial governments provide appropriate funding for employers to optimize patient outcomes through prioritizing therapeutic nurse-patient interactions and coordinated intraprofessional teamwork, aligned with nurses' scopes of practice, educational qualifications and competencies by:

- 4.1 Ensuring that the optimal staffing level is available by aligning professional competencies with real-time patient needs, while respecting continuity of care;
- 4.2 Supporting intraprofessional teamwork through workshops related to scope of practice.



*Glennis finding rest and relaxation during a 'staycation' at her family home surrounded by the 1,000 Islands.*

**5.0 Student/New Nurse Graduates' Transition Programs:** That provincial/territorial governments provide policies, resources, and funding for educators and employers to implement evidence-based programs to ensure successful transitions to professional practice by:

- 5.1 Creating collaborative transition support structures in education and practice that commence in nursing school and continue throughout the first year of practice, with a permanent full-time position at the end of the transition period;
- 5.2 Providing preparatory training and supports for the successful completion of entry-to-practice exams;
- 5.3 Ensuring an extended orientation for new graduates with preceptored and supernumerary training;
- 5.4 Providing social network forums within organizations;
- 5.5 Creating formal mentor programs to link new graduates with experienced nurses as mentors;
- 5.6 Providing funding and allocating time for experienced nurses to serve as mentors to new graduates within formal mentorship programs;
- 5.7 Providing career mapping, professional development, and leadership development through continuing education;
- 5.8 Supporting career transitions between care units, specialty areas, organizations and provinces;
- 5.9 Providing workshops on work-life balance, strategies for adjusting to shift work, and stress management programs;
- 5.10 Providing interprofessional and intraprofessional orientation, including a review of the scopes of practice and role responsibilities of care team members;
- 5.11 Promoting a safe workplace environment for students transitioning into their first year in the workplace.

**6.0 Continuing Education/Professional Development Training:** That provincial/territorial governments, employers and unions address the need for continuing education and professional development by creating a culture of investment in nurses' knowledge and evidence-informed practice across the career continuum by:

- 6.1 Providing paid release time for coursework/credentialing and relief time;
- 6.2 Providing nurses with an annual continuing education funding allowance;
- 6.3 Providing nurses with an annual continuing education paid time-off allowance;
- 6.4 Providing leadership training and mentorship for mid- to late-career nurses wishing to transition to formal leadership roles;
- 6.5 Providing career mapping and leadership development opportunities at all career stages;
- 6.6 Providing workshops to enhance intraprofessional and interprofessional collaboration;
- 6.7 Integrating intraprofessional and interprofessional courses in nursing curriculums;
- 6.8 Providing ongoing communication and education regarding new models of care delivery, evolving roles and scopes of practice.



*Emilie (L), Marise (R) combine their love of cycling with their passion for nursing, participating in the Sears National Kids Cancer Ride from Vancouver to Halifax.*



# 1.0 Introduction and Background

Today's current nursing workforce is made up of three distinct generations working side by side. These generations, the Baby Boomers (born 1946-1964), Generation X (born 1965-1979) and the Millennials (born 1980-2000), have been researched extensively in the nursing literature to better understand the dynamics of the workforce and to tailor human resource strategies to improve retention and recruitment in the face of a potential national and global nursing shortage. Given the current nursing human resources challenges and subsequent focus on retention and recruitment, there has also been a recent focus on understanding the experiences of nurses at different career stages – in particular new (early-career) nurses and mid- to late-career nurses – who have been theorized within the literature to have distinct career needs, expectations, values, motives, and goals.

## 1.1 The Nursing Workforce – Health Human Resources Context and Current Challenges

The motivation for this research is derived from the need for a safe and sustainable nursing health human resources strategy in light of a potential nursing shortage, staffing shortfalls, as well as an ageing nursing workforce. More than a decade ago, the Canadian Nursing Advisory Committee (CNAC) identified concern of an impending nursing shortage caused by many complex factors: an ageing nursing workforce, with a large group nearing or at retirement age; fewer nurses in graduate education programs to replace the loss due to an ageing faculty; human resource issues such as absenteeism and overtime, as well as a high number of part-time positions that do not make the most of the available working nurses. In addition, CNAC concluded there was inadequate funding to hire enough nurses to meet the demands of a growing Canadian population (CNAC, 2002). The CNAC report made three overarching recommendations with specific, tangible recommendations within each category, which addressed the goals of increasing the number of nurses,

enhancing educational opportunities and professional development, and improving the work environment, staffing and nurses' workload. As well, the report identified provinces that were already implementing human resource strategies congruent with the goals of the Nursing Strategy for Canada.

There is a wealth of research, dating back more than two decades, citing the need for a multifaceted approach to health human resources planning. Some success with national initiatives to increase nursing education enrolments has occurred. However, attention to recruitment within the profession alone is insufficient to overcome the pending loss of nurses through retirement or to address patient care needs. Safe staffing remains an issue on wards throughout Canada as evidenced by heavy workloads, excessive overtime and concerns about patient safety. To maximize the potential strengths of nurses at all ages and stages of their career, a safe, sustainable health human resources strategy is needed. In addition to undertaking further research, research findings must be



**I think I've always wanted  
a career where I've felt  
fulfilled, and I can honestly  
say every day when I come  
home from work, I do feel  
like I've made a difference  
in someone's life...**





translated and mobilized into sustainable solutions that improve the quality of work environments and optimize patient outcomes.

In an effort to determine the most relevant and meaningful nursing health human resources strategy, consideration must be given to the current context of Canada's health care settings. In recent years, budget cuts, evolving scopes of practice and a transition to community-based care have led to a shift in nursing realities. An ageing nursing workforce, increases in the average age of retirement for nurses, higher rates of overtime and sick time, as well as a shift towards more LPNs and unregulated care providers in the workforce, are just some of the changes which need to be taken into consideration when developing a safe and sustainable health human resources strategy that is relevant to all regulated nurses in Canada. Additional demographic characteristics, such as gender, need to be taken into consideration as well. In Canada, nursing remains a female-dominated field with 92.6% of registered nurses (CIHI, 2015), 91.5% of licensed practical nurses (CIHI, 2015) and 79% of registered psychiatric nurses (CIHI, 2015) identifying as female.

In 2014, there were 406,817 regulated nurses (includes registered nurses (RNs), nurse practitioners (NPs), registered psychiatric nurses (RPNs), and licensed practical nurses (LPNs)) who were eligible to practice. For the first time in two decades, more regulated nurses left their profession than entered it in 2014 (CIHI, 2015b). While from 2003 to 2013, the number of LPNs increased by 51.2%; RNs by 14.5% and RPNs by 7.8% (CIHI, 2014), 2014 marked a downward shift in the nursing supply, with a decline of 0.3% over the previous year (CIHI, 2015b). Notably, there was a decline in the RN supply – the workforce that represents the majority of nurses – by a full 1.0% (CIHI, 2015b). The Canadian Nurses Association had projected a shortage of 60,000 full-time equivalent

RNs by the year 2022 (CNA, 2009) if further actions were not taken, with serious implications for Canada's health care system.

### 1.1.1 An Ageing Nursing Workforce

An ageing Canadian nursing workforce, in combination with other factors such as low job satisfaction, workplace restructuring, and changing work environments, have contributed to a situation in desperate need of a solution (Wortsman & Janowitz, 2006). Increasingly, we are experiencing changes in employment practices, such as the excessive use of overtime, a decline in the number of permanent positions, and variable career expectations. Currently, the average age of an RN in Canada is 44.9. With more than a quarter of the RN workforce 55 or over on the cusp of retirement and 13% aged 60 or over (CIHI, 2015), at or nearing retirement age, the Canadian health care system could be facing a mass departure of the most experienced, knowledgeable and productive nurses at a time when they are needed the most, making retention strategies for older nurses and the recruitment of new nurses critical (Janowitz, 2014). Early-career and mid- to late-career nurses have different priorities and expectations for employment. Nursing leaders need to understand and consider the unique needs of each group in order to optimize retention and recruitment strategies (O'Brien-Pallas et al., 2010).

### 1.1.2 Nursing Education in Canada

An initial response to address the loss of older nurses from the profession was to graduate more nurses from Entry-to-Practice (ETP) Programs. The influx of new recruits is a valuable recruitment strategy. However, these initiatives require time to graduate nurses, appropriate faculty to educate the students, and clinical placements with experienced nurses to facilitate learning (Wortsman

& Janowitz, 2006). This strategy replaces numbers of nurses but can never replace the experiential knowledge of a late-career nurse who leaves the profession.

Financial constraints in the 1990s resulted in a decreased number of seats in nursing education programs, which reduced the number of new graduate nurses by 46% (CNAC, 2002). Between 2000 and 2010, the number of RN nursing education admissions increased and reached a 10-year high in 2010, which is partly attributable to a large increase in the number of fast-track ETP programs (CNA & CASN, 2013). However, CIHI reports that since 2009-2010, the number of students admitted to ETP RN programs in Canada has been decreasing (CIHI, 2015b). In spite of this, the number of graduates continued to rise in 2013 (CASN, 2014).

An issue that is more problematic is the potential shortage of nursing faculty if masters and doctoral program admissions aren't sustained or increased (CNA & CASN, 2013). Currently, 40.4% of nursing faculty are 55 and over, and 18.8% are 60 years and over, which could lead to an imminent shortage of faculty that could not maintain current nursing enrolment rates (CNA & CASN, 2013). If this trend continues, it could be very difficult to graduate enough nurses to replace the number of retirees and reduce the Canadian nursing shortage.

One recent change in nursing education has been the decision of Canadian regulatory bodies to change the registered nurse licensure entry exam from the Canadian Registered Nurse Examination (CRNE) to the U.S. National Council of State Boards of Nursing's NCLEX-RN exam. This recently instituted change in licensure exams holds implications for the educational preparation and employment of graduating nurses; future study is required to understand the full impact of these changes.

## 1.2 The Impact of Workforce Restructuring

The restructuring of the Canadian health care system over the past several decades has resulted in work environments that can be described as chaotic, stressful, and overwhelming with excessive workloads (Baumann et al., 2001; Blythe et al., 2001; Berry & Curry, 2012;

Daiski, 2004; Wakim, 2014). In 2012, work environment, workload and work-life issues were identified as the primary concerns of Canadian nurses (Berry & Curry, 2012). When workplaces lack sufficient or appropriate staffing, nurses are inevitably faced with higher workloads (CNAC, 2002). Extant nursing literature reports increased levels of burnout, fatigue, absenteeism, injury, incivility, and decreased quality of patient care – all of which compounds the detrimental effects of a potential nursing shortage (Aiken et al., 2002 & 2008; O'Brien-Pallas et al., 2010; Shields & Wilkins, 2006; Tourangeau et al., 2010). As Berry & Curry's *Nursing Workload and Patient Care* details, “two decades of national and international research have consistently demonstrated a clear relationship between inadequate nurse staffing and poor patient outcomes” (Berry & Curry, 2012, p.8).

### 1.2.1 Job Satisfaction and Turnover

The work environment within nursing can have a profound impact on job satisfaction, physical and mental well-being and intentions to stay in the profession; addressing worklife issues is an essential component of any strategy to retain and recruit nurses (Maddalena & Crupi, 2008). Employment status plays an important role in job satisfaction. However, CIHI reports that full-time employment rates vary between RNs, LPNs and RPNs, and differ for early- and late-career nurses (CIHI, 2015). The full-time employment rates in 2014 were 62% for RPNs, 58.5% for RNs, and 48.5% for LPNs (CIHI, 2015). In 2014, CIHI reported that these rates were higher for nurses who graduated between 10 and 30 years ago (CIHI, 2014), which reflects similar findings by Shields & Wilkins (2006) who found that older nurse employees were more likely to have a permanent, full-time job than their younger counterparts. It is advantageous to maximize the employment of all potential workers. However, as was seen in the mid-1990s, when new graduate nurses are unable to find and secure full-time employment, they are more likely to leave the country for work or leave the profession altogether (CNAC, 2002).

Mid-career nurses also continue to migrate to the United States in search of full-time work in direct patient care settings (McGillis Hall et al., 2013). CNAC (2002)



recommended a shift from a 55:45 ratio to a 70:30 ratio of full-time to part-time employment to allow more early-career nurses, who would benefit from stable work for learning and socialization purposes, the opportunity for full-time employment, while offering part-time work to mid- to late-career nurses who may appreciate the flexibility without losing their benefits (Grinspun, 2003). A higher proportion of full-time employment is also associated with lower nursing turnover rates (O'Brien-Pallas et al., 2008).

Nursing job satisfaction and lower turnover rates have benefits that extend to the patient as well. Research has shown that when “nurses perceive that their work environment supports professional practice, they are more likely to be engaged in their work, thereby ensuring safe patient care” (Laschinger & Leiter, 2006, p.265). Aiken et al. (2012) completed surveys with both nurses and patients from 12 countries in the United States and Europe. A total of 61,078 nurses were surveyed about burnout, work environment and patient safety, and 131,318 patients were surveyed about patient satisfaction and hospital recommendations. A more positive work environment and lower patient-to-nurse ratios were found to be associated with patient satisfaction and quality care.

### 1.2.2 Absenteeism and Burnout

The 2006 report of the National Survey of the Work and Health of Nurses in Canada led by the CIHI, Health Canada and Statistics Canada examined the links between work environment and the health of 19,000 regulated nurses in Canada (Shields & Wilkins, 2006). When nurses in this study were asked about work overload, 45% said they did not have enough time to complete what was expected of them in a day's work, and 60% indicated that they did not have enough time to do their jobs well, which the authors suggest can lead to job dissatisfaction (Shields & Wilkins, 2006). Burnout levels have also been found to change nurses' perception of the quality of care they provide and their work environment (Poghosyan et al., 2010). In the study by Shields & Wilkins (2006), three out of 10 nurses reported working an average of 5.4 hours of overtime per week, and almost half of these nurses worked an

average of 4 hours per week of unpaid overtime. Given these statistics, it is not surprising that nurses are more likely than the general population workforce to be absent from work. According to CFNU's recent report, the rate of absenteeism for full-time nurses is 8% – substantially higher than the average for all other occupations (4.7%) (CFNU, 2015). Further, the CFNU reported an increase in the rate of absenteeism for full-time nurses between 2012 and 2014 from 7.5% to 7.9% (CFNU, 2015).



*Nancy scaling the CN Tower while visiting Toronto.*

Absentee rates can be related to the poorer physical and mental health of nurses compared to the overall Canadian population. Twenty-five percent of female nurses reported back problems, compared to 19% of the general population. As well, more nurses have experienced an episode of depression than in the general labour force – 9% of male and female nurses compared to 4% of employed men and 7% of employed women (Shields & Wilkins, 2006). Recent data from Ontario for 2013 offers a vivid comparison of workplace injuries in health care compared to mining, construction, and manufacturing: health care had the highest number of lost-time injuries due to musculoskeletal issues, exposures, and workplace violence (ONA, 2014). Notably, workplace violence claims were significantly higher in health care than in these industries, pointing to a widespread unaddressed issue. These results may explain the recent research that indicates that up to 30-40% of nurses experience one or more PTSD symptoms, which may go unrecognized or misidentified (MNU, 2015). The occupational health and safety needs of mid- to late-career nurses must be considered when addressing retention strategies for this cohort in order to prevent illness and injuries and reduce the number of nurses who seek employment in a different area or leave the profession altogether in search of a better work environment (Buerhaus et al., 2000b).



*Tania from Dzawada'enuxw First Nations of Kingcome Inlet performing a traditional dance.*

### 1.3 Nurses' Career Stage Considerations

Examining generational theories is a common strategy used to differentiate nurses into groups and to explain patterns based on historical or environmental contexts. However, generational theory has been criticized for making generalizations of cohort characteristics based predominantly on age/birthdate (Price, 2011). Generational typologies also tend to oversimplify the characteristics of each cohort, and often fail to account for variation and overlap. Some individuals may not identify with the characterization of their generational era identified within the theories; individuals born close to the beginning or end of a generational era have been shown to display attributes of more than one cohort (Zemke et al., 2000). Moreover, in a recent review of research literature from 1980 to 2009 on the effects of diversity on the nursing workforce, Wolffe et al. (2010) found that research on age diversity within the workforce produced limited evidence of its workplace impact. In addition to generational similarities, the research literature concludes that nurses often share experiences and expectations of the workplace and work environment based on their career stage. For example, there has been a wealth of recent research and literature on the needs of nurses entering the profession – new graduates and novice nurses. In addition, but to a lesser extent, given the ageing workforce, there has been a growing focus on nurses in mid/late-career, especially as they approach retirement.

A literature review conducted as part of this research (Annex A), and used to guide the focus groups discussions, revealed several key themes in relation to the needs and recruitment strategies for early- and mid- to late-career nurses. Specifically, the literature identifies that early-career nurses seek employment in supportive nursing work environments with a focus on quality patient care. They seek employers that will support their transition to practice and assist them to adjust to increased workloads and job demands as novice nurses. Retention strategies for this cohort must centre on addressing issues of burnout, exhaustion and job dissatisfaction.

The literature on mid- to late-career nurses identifies that they are willing to remain employed if their work environments are viewed as positive and supportive. Modified work schedules, flexible hours, opportunities for professional development and retirement planning have been cited as aspects of their job that could be improved to enhance retention of this cohort. Mid- to late-career nurses expect a work culture that gives them respect and recognition for their wealth of experience and dedication to patients and employers.

Although there was no clear consensus on the parameters for defining early- or mid- to late-career stages, for the purpose of this study, 'early-career' was defined as within the first 5 years of practice and 'mid- to late-career' was anything beyond 5 years of experience.

## 1.4 CFNU Context

The Canadian Federation of Nurses Unions (CFNU) represents close to 200,000 nurses and nursing students in Canada to promote the nursing front line at a national level. Research by the CFNU in 2009, *From Textbooks to Texting: Addressing Issues of Intergenerational Diversity in the Nursing Workplace*, explored the generational diversity of the nursing workforce, including workplace behaviour, career expectations and interpersonal relations (Wortsman & Crupi, 2009). The results of this work, collected from focus groups and a web-based survey, suggested issues for consideration in future collective bargaining. The issues identified included improving professional development opportunities, providing opportunities for self-scheduling, individualizing benefits plans, instituting mentorship programs to support new nurses, and ideas for innovative practices and modified work structures (Wortsman & Crupi, 2009). This research builds on the 2009 work to realign retention, recruitment and collective bargaining strategies with the expectations and desires of early- and mid- to late-career nurses, as well as serves as follow-up research for two CFNU research projects that focused on nurses' workload and its impact on patient safety and quality patient care (Berry & Curry, 2012; MacPhee, 2014).



*Susanne exploring Frank Slide Alberta.*

For the purpose of the current study, a literature review (Annex A) was undertaken to glean information about early- and mid- to late-career nurses from both academic and grey literature sources. This review highlighted an ageing workforce and a need for continued focus on retention and recruitment. Job satisfaction, which is negatively associated with excessive overtime, burnout and poor physical and mental health, emerged as an essential factor in the retention of nurses. Focus group questions were informed by the literature review and synthesis of current evidence. Eighteen focus groups were conducted in total with students and early-career nurses as well as mid- to late-career nurses. Within these focus groups, we were specifically interested in exploring and understanding the key differences between nursing groups with respect to their values, motives and goals as they relate to their work environment.

Findings from this inquiry will be used to inform retention and recruitment strategies within the profession by improving the work experience and addressing the needs of nurses at different career stages. Nurses unions, nurse managers, and health human resources planners all have an essential role to play in ensuring a safe, sustainable health care system. A nursing health human resources plan that maximizes the potential of all its members, and considers their unique characteristics and expectations, will ultimately lead to the best possible care for patients and their families.





*The NICU at Trillium Health Partners M site team participating in Treetop Trekking together.*



*Brooks taking a bike ride around the block.*

## 2.0 Study Methodology

### 2.1 Data Collection

Prior to participating in study focus groups all participants signed a consent form which ensured that their name and identifying information would be removed from any study findings and publications. Focus groups were held with CFNU members coinciding with scheduled provincial member organization meetings from January to May 2015. Participants at the member meetings were invited by their member organization to participate in one of two targeted focus groups: one for early-career nurses (employed 0-5 years) and another for mid- to late-career nurses (employed 6+ years). Participants were asked to self-select which focus group aligned best with their career stage. On average, two focus groups were conducted over the course of each meeting – one with early-career nurses and one with mid- to late-career nurses. Student nurses attending the Canadian Nursing Students' Association Annual General Meeting were also invited to participate in focus groups, targeted at student nurse participants. In total, 18 focus groups were completed, with nurses from eight different provinces – two student nurse focus groups, seven early-career nurse focus groups and nine mid- to late-career focus groups.

Focus groups were facilitated by one lead investigator and consisted of eight to 15 participants per career cohort. Each focus group lasted 60-90 minutes and followed a semi-structured interview guide aimed at understanding the key differences between early-career and mid- to late-career nurses with respect to their values, motives and goals as they relate to their work environment. Each focus group was audiotaped, and a CFNU affiliate staff person typed detailed notes during each session to record participant responses.

In addition to focus groups, each participant completed a brief demographic questionnaire which asked questions related to their age, gender, years in the workplace, career setting, current employment status and whether or not nursing was a second career choice for them.

### 2.2 Data Analysis

Data was analyzed using thematic analysis. Detailed notes from each focus group were initially coded into basic concepts. Each cohort group (student, early-career, mid- to late-career nurses) was then looked at as a whole to determine common themes that were evident across cohort transcripts. Several themes were identified for each cohort group as a result of this process, and common and unique cohort themes were identified and are described in section 3.0 of this report.

### 2.3 Limitations

- All early-career and mid- to late-career nurse participants were nurses attending the CFNU provincial member organization meetings. By only targeting nurses who are actively engaged in the same organization, it is possible that only certain concerns, career expectations, etc. will be highlighted, and others may be overlooked depending on the organizational focus.
- Some Canadian provinces and territories were not represented in this report. Report findings represent the views of nurses from eight provinces.

## 3.0 Themes

### 3.1 Student Nurse Themes

Four main themes emerged from the student nurse focus groups, which included: 1) Patient Interaction & Care; 2) Supportive Environment; 3) Training & Education; 4) Life Impact.

#### 3.1.1 Patient Interaction & Care

Student nurses described their central reason for becoming a nurse as their desire to work with and care for patients and their families. They believed that a career in nursing would allow them to play a meaningful role in the lives of others, and this was what drew them to a career in nursing. Within the focus groups, student nurses repeatedly cited 'caring' as their primary reason for wanting to be a nurse.

*What really pushed me and influenced me was the idea of making an impact on people's lives... It amazes me how much trust you gain with your patients, with people... As nurses we're in such a special spot where we're invited into the lives of people at some of their most special times.*

Pay and job availability were also mentioned as reasons for choosing nursing as a career. However, patient interaction was always placed ahead of these other incentives and remained the most common and frequent response.

*Nursing has all the benefits of social work in that you get to help people, but there are jobs and there is pay... that's one of the reasons I came into nursing because it has that helping people as well as the pay...*

Student nurses expressed the desire to not only provide patients with sound medical care but also to interact with and care for their patients on an emotional level. Through their practicum experiences many student participants were already aware of the career aspects that took

them away from their patients, with several describing dissatisfaction when they could only provide minimal patient care due to understaffing or time constraints.

*I think they're really spreading nursing too thin, and in doing so, you know, then people are calling in sick; it's become this big ripple effect, right? Short-staffed, working overtime hours, and it just becomes an unhappy place. I think that's my biggest fear. I need to be in a happy place to provide happy care.*

*From a care perspective, I knew these patients weren't receiving the care that they were entitled to. Especially in a long-term care facility where dignity and preservation [of dignity] is so big. I also felt like people on the floor were just in and out of rooms so quickly that they really didn't have time to build any kind of rapport with the patients. That was something that was lacking immensely.*

Overall, student participants wanted the time and ability to interact with, and care for their patients in the way they were trained to through their schooling. Patient interaction was the reason they chose to go into nursing, and it therefore played a key role in dictating their overall career satisfaction. As they were thinking ahead to future employment opportunities, students described their desire to work in care areas that would allow them the opportunity to work closely with patients and families and provide the patient-centred care that drew them into nursing.

#### 3.1.2 Supportive Environment

Student participants also described the need for supportive work environments in which to begin their nursing career. Transition to practice and the associated 'reality shock' of becoming an independent practitioner were common concerns for many new graduates. Several students described their lack of confidence in their skills as a novice and their desire for a supportive workplace in which they could grow and develop as a nurse.



*I feel so self-conscious all the time. There's so much I don't know; there's so much I don't know how to do, and I have to say that. When you feel just accepted and wanted despite that, it's really nice.*

*I find it so satisfying being trusted as a student to learn and not to be blamed when I don't know how to do something despite being in such an acute unit.*

They were keenly aware that as a new nurse, coming out of school, their nursing skills still required sculpting and polishing, and they felt this was best accomplished

through an environment of supportive co-workers and managers, adequate orientation and an ability to ask questions whenever necessary.

*It's a lot about the workplace culture, and as new grads you need to be in a culture that will support your learning and support your journey to still figuring out what kind of RN you want to be, because if you're transitioning into your career somewhere where the culture is not positive or not encouraging, it can put up a lot of barriers, and that's not something that you need as a new grad.*

*Marydelle takes pride in celebrating her culture, traditional values, and community coming together during the Manitoba Filipino Street Festival.*





Teamwork and support from experienced nurses were central to this supportive environment. Student nurses identified and described more experienced nurses as mentors and wanted to be privy to their knowledge and expertise. They viewed experienced nurses as one of the greatest resources for them as novice practitioners.

*Part of it too is the team – I'm talking the team nursing versus the non-team nursing. I think that changes the culture in the workplace too, and when they work together as a team and are constantly, you know, 'what do you think of this, this is happening to my patients, X, Y & Z'... I think they're more inclusive of students too, because they already come from a place where 'I share with my co-worker all the time'...*

Student nurses also described how they believed that a supportive relationship with managers would be central to their successful transition and a positive workplace culture. One student nurse described how putting positive management in place would help to support and nourish the supportive and collaborative environment that student nurses strongly desire when beginning their career.



**I find it so satisfying being trusted as a student to learn and not to be blamed when I don't know how to do something despite being in such an acute unit.**



*I think the best support you can have is that team environment, and that team environment has to start with the floor manager. So I think if hospitals work at putting... the person who's always there to be asked questions, always willing to be helpful, walks around and checks on their staff. I think when that person's put in a management position it really helps to foster a collaborative type of environment...*

Additional factors which helped to provide a supportive environment when starting their career included new graduate transition programs – often including a support person or point of contact such as a nurse educator or transition support leader that they had access to initially. This support was described as invaluable by several students; participants who did not have access to transition supports believed they would be helpful to them as new graduates.

*We have an RN who is a new grad transition leader, and you have her for an entire year of your first job... She lets you know when you apply as a new grad, and helps you through that process, and helps you with your orientation, and she's there for feedback... I think that is super important, and I know that a lot of schools don't offer that.*

Transition supports for new graduates have been a growing focus within workplace environments, and the students recognized this as an asset when considering employment options. Organizations and units with a track record for supporting new graduates through strong orientation programs and transition support structures were preferred areas of employment.

### 3.1.3 Training & Education

Adequate training and orientation when starting their career, and continuing education throughout their career, were of significant importance to student nurses. Continuing education was seen as a career-long component of a nursing career. Student nurses believed that their formal education only provided them with a starting point, with an understanding that additional training, learning and education would take place throughout their career.

*I think continuing education is huge, because when you graduate they encourage you to graduate as a generalist, and a lot of nursing is becoming very specific. So in order for you to say work in the ER, or the ICU, or palliative, or pediatrics, you need to have speciality courses...*

Student nurses wanted sufficient time to orientate to their new positions, and orientation programs were viewed as crucial learning to support their successful transition. Orientation was seen as a time for them to increase their confidence and knowledge of unit-specific needs and protocols, and student nurses felt this was essential to their ability to confidently work on any unit.

*A proper orientation with time to adjust to where you're going to be, regardless of if it's your first job or your fifth job. I think because nursing is so broad you actually need a proper orientation that can't be skipped out on.*

Student nurses often identified that the workplace environment directly impacted orientation experiences – for example, even as students, they recognized that units which were understaffed would negatively impact their orientation experiences. Experienced nurses on understaffed units were often identified as being too busy to properly orient and mentor student nurses, which made learning difficult.

*When your nurse is not swamped by having five patients and can actually take the time to show you how to do things and oversee what you're doing, you learn so much faster...*

Included with this theme was also the concern of several student nurses that the formal education they were receiving in school was not always adequately preparing them for real-world nursing environments. One nurse described only being trained to care for two-three patients but then ultimately being responsible to care for upwards of 10 patients when starting her career.

*We're coming onto these units where our patient ratios are off the chart, and we're expected to function without having that much time to figure out how to organize ourselves properly. We've only ever had two or three patients, no more than that, then all of a sudden you have 10, and we just don't spend enough time on the floor; that on the job training I think is really lacking for lots of us.*

Collectively, student nurses described a lack of confidence in their skills upon graduation, which fuelled their desire to receive more training and mentorship to increase their unit-specific skills.

### 3.1.4 Life Impact

Student nurses were already expressing concern about the impact that a career in nursing would have on their overall well-being and personal life. Even though they had not yet worked as a nurse, they were aware of the challenges many nurses face given the nature of the work environment. Many students anticipated struggling with things like shift work and work-life balance.

*What's going to be difficult for me is shift work. I'm looking forward to it in some ways because then I think you get a feel for your unit or where you're working, but I know that we're all graduating quite young, and all our friends are going to be starting to get jobs that are more 9 to 5, and it's going to be difficult to keep up with the rest of your life.... I'm scared about my health and my social health, like I'm scared that I won't be able to maintain my relationships.*

Students could already anticipate that there would be times in their lives that a career in nursing would pose particular challenges. For example, shift work and scheduling were described as significant concerns in relation to having children and raising a family.

*Right out of school I'll probably be willing to do full-time work and shift work and whatnot but it would be nice to have the ability to go to more of a 9 to 5 job, like when you have kids, without having to completely change your sector of nursing. Just being able to keep doing what you love but being able to balance that with the life that you want outside of your career.*

Maintaining meaningful relationships in their lives, whether it be with family or friends, was of significant importance to student nurses. However, they described knowing that they would likely have to give up certain things in their lives as a result of becoming a nurse, such as time with family and friends, and as one nurse described it 'little pieces of myself.'

*Missing out on family things that mean a lot to me, and having to give up little pieces of myself.*

The impact of nursing on their individual well-being was also described with student nurses expressing concern about exhaustion and overall happiness and life satisfaction. Student nurses believed that given the interpersonal nature of nursing, their overall personal well-being directly impacted their ability to provide adequate patient care, so the benefits of maintaining positive well-being extended beyond their own benefits to patient benefits as well.

*If we're short-staffed or our nurse-patient ratio is too high, then people that I work with are not going to be happy, right? And how can I project happiness if we're really not happy... I need to be in a happy place to provide happy care.*

Nursing was narrated as a 'giving' career which was something that inspired them to choose the profession. However, they still expressed a desire for flexible work scheduling, adequate staffing and supportive care settings to allow them to maintain as much work-life balance and positive day-to-day living as possible – which ultimately would enhance their career satisfaction.

### 3.1.5 Summary

Student nurses described their choice of nursing as a career centred on the caring aspect of the profession and their desire to make a difference in the lives of others. They described how patient interaction is central to their day-to-day and long-term career satisfaction, which has implications for where they will choose to work. Students described a lack of confidence in their skills upon graduation and identified the need for a supportive workplace environment in which they felt safe to ask questions and make mistakes. Students wanted more practical experience that is reflective of the realities of the care environment and the workload of a 'real' nurse to improve their confidence as they transition to practice. Continued training, education and mentorship from more experienced nurses were seen as essential. Student nurses already had an understanding of the challenges they may face in their careers (workload; shift work) and the

impact a career in nursing may have on their personal lives and ability to manage work-life balance. They expressed concern about maintaining work-life balance and wanted job and scheduling opportunities that better facilitated this. Strategies and supports to assist new graduates both in orientation/transition and in addressing worklife challenges are essential towards enhancing career satisfaction for this emerging cohort of nursing professionals.



*Jill (L) and Janelle (R) after running a marathon.*

## 3.2 Early-Career Nurse Themes

Six main themes emerged from the early-career nurse focus groups which included: 1) Patient Interaction & Care; 2) Job & Scheduling Flexibility; 3) Management Relationships; 4) Training & Education; 5) Life Impact; 6) Scope of Practice.

### 3.2.1 Patient Interaction & Care

Interaction with patients was expressly important to early-career nurses who repeatedly described this factor as the main reason they chose to become a nurse. They enjoyed establishing relationships with their patients and believed this was an important and essential part of their everyday work.

*I became a nurse because I wanted to make a difference in the lives of the people that I come across through my profession...*

*For me the driving force was the fact that this profession is based on compassion and connecting with individuals on a personal level...*

Early-career nurses expressed dissatisfaction when they lacked time with their patients. Their ability to feel satisfaction in their practice centred on interaction with patients. Many of these nurses described having minimal time due to administrative tasks or low staffing numbers.

*I thought there'd be more time to spend with the patient, like good quality time. Because of all the tasks and the high acuity of the patients, you really don't get as much time as you would like to make those special connections, which was one of the things that drove me into nursing – those therapeutic connections with people.*

They believed patient interaction and the establishment of nurse-patient relationships were central to both their career satisfaction and quality patient care. When other factors interfered with their ability to interact with patients and establish those essential relationships, early-career nurses experienced this as a personal failure or as an indication that they were unable to do their jobs well.

*To me it's about the patient and seeing them do well and being able to do that care properly. What's most frustrating is having my patients and not being able to give them the care that I would like to give them... because I want to do well, I want to do good by my patients.*

*Nurses care – we're there because we want to do our best and make sure our patients are safe and know that they get the best care, and when you consistently can't do that and you're just trying to do the minimum so that your patients are safe, 'cause that's literally all there's time for, it just like wears on the spirit...*

*Going home and knowing that you didn't do your best because your best would have been spending more time with them, but it was held back because of what management tells you is acceptable.*

In describing what was most satisfying about their careers, early-career nurses focused almost exclusively on the ability to spend quality time with their patients and asserted that this was the reason they entered the profession. Early-career nurses identified that spending quality time with patients improved the quality of care they were able to provide and improved patient outcomes; yet time at the bedside was often what was compromised in times of short-staffing. Lack of time with patients was described as a significant source of stress and dissatisfaction in their jobs/careers. Early-career nurses described a desire to continue in the nursing profession as long as they were able to care for patients in the best way, which centred on providing holistic and interpersonal care.

### 3.2.2 Job & Scheduling Flexibility

An additional factor for choosing nursing as a career for many early-career nurses was the flexibility that a nursing career could offer them. Nursing was seen as a career that could last a lifetime and one that could offer a variety of options in terms of the patient population, setting, scheduling and employment status to accommodate a range of life events and family situations.



*I think the flexibility is the biggest thing because at different points in your life you can hold a different career. RN doesn't mean you're always in the hospital on your feet 12 hours a day. You can also get a job at a doctor's office or you can get a desk job... Having an RN degree is just a huge base for doing anything that you desire...*

Flexibility was described in several different ways, the most common one being scheduling flexibility. Early-career nurses appreciated having a range of scheduling options as a nurse. They described being able to work full-time or part-time hours, choose their own schedule if they were casual, and work in areas that were either 12 or eight hour shifts.

*For me what I like – well, love about my job – is the hours, for sure. My family's what's important to me right now... and I am home every night with my kids so that's what's important to me right now.*

It is important to note that not all early-career nurses expected or desired full-time employment upon graduation. In fact, several early-career nurses identified that part-time or casual employment provided them flexibility for choosing hours and shifts.

*I wanted full-time when I graduated, and then after about a year I decided I did not want full-time because I saw that with part-time positions you could still work full-time – but you could work full-time when you wanted to work full-time.*



*Rose (L) and her best friend taking a helicopter ride over the Grand Canyon.*

Flexibility in job type and location was also a dominant factor discussed by many early-career nurses who described nursing as being portable with endless options for career changes. The opportunity to travel, relocate and change practice settings was an attractive feature of a career in nursing, not afforded by other professions.

*Portability. You can take it anywhere... say your spouse got transferred, you could get a job anywhere... so it's a skill that goes to any place.*

*The variety of options available. You can always switch up your career, within your career, and you're not doing the same things all the time.*

Both job and scheduling flexibility were very appealing to early-career nurses who often self-identified as still figuring out what exactly they wanted to do with their life. Nursing allowed them to make these life decisions and changes while still working and moving forward in their careers.

*With nursing there is such a great opportunity to move around and to change your profession, and to change pretty much your whole career while staying within the same profession, which I really liked. Even now, like so young and so early in my career, I still don't know exactly where in nursing I want to work forever, and I still don't know exactly what my specific passion is.*

The exceptions to this finding were the experiences of early-career nurses who worked in more rural settings. Nursing jobs and scheduling opportunities were far less available in this environment, which often made it difficult for these nurses to make nursing fit within their lifestyle needs.

*After I had children I had to look for a job that would fit into the lifestyle where I couldn't do shift work – I can't work 12-hour shifts – I had to find a job that would accommodate the hours and daycare hours. So that completely changes things because – unless you can find a clinic job or a doctor's office, or anything like that that has regular business hours – you cannot get a job. Unless it's like VON where I am now that is going to accommodate child care hours or things like that.*

Overall, early-career nurses believed that nursing was a career that offered job security with career options

that could accommodate a range of lifestyle needs and situations. Early-career nurses were able to begin their careers while still deciding their overall professional and life goals with confidence that nursing could support them in whatever direction they chose. There was also an expectation that portability of roles across settings and geographic locations would be supported and facilitated by employment and regulatory bodies.

### 3.2.3 Management Relationships

Early-career nurses expressed a desire and expectation to have effective leadership at the unit level. Effective communication and positive working relationships with managers were strongly desired and believed to enable a positive work environment.

*We had a manager that wasn't an effective manager, and it was not a good place to be, but now we have one who worked on that ward for 20 years... what a world of difference. It just feels amazing, like it feels so good for everyone to be there. You know she's going to advocate for us as her nurses on the ward....*

Management struggles and concerns were prevalent in the early-career focus groups. Many participants described expecting more support from their managers

and being surprised when starting their career at how little support they received.

*The thing that surprised me was the lack of help from managers. That was my biggest thing. I thought they would be more helpful but they really aren't; it's basically 'yeah, there ya go, sink or swim.'*

Early-career nurses had an expectation of having positive relationships and regular contact with their managers upon starting their careers. The participants described an expectation that managers would provide them with guidance and feedback, which would assist them in their continued learning and career development. This often did not transpire, and participants found this disappointing.

*More performance reviews, like to check in with your manager to say 'am I doing okay?,' like 'what can I change?,' 'cause that hasn't happened... It would confirm for me like 'yes I'm doing fine,' 'cause as a new grad you question yourself a lot.*

Within the focus groups, early-career nurses described a significant disconnect between managers and staff. Early-career nurses often described management as having a minimal visual presence and not being aware of unit or area needs, desires or concerns.

*It's all of the new things that management keeps putting on top of us. One more thing we have to do in the day, one more flow sheet we have to fill out, one more checklist... there seems to be a new thing every week, and the management doesn't come in to see how it actually works.*

Management was often seen as responsible for issues that plagued the nursing unit or workplace, and the participants identified that their biggest concern was patient safety and care. Early-career nurses felt that the unit policies or practice decisions imposed by management often negatively impacted patient care, and they described being frustrated and disheartened when management did not engage them in decision-making and did not address concerns about the impacts on patient care.



**We have a great general education that gives us a great head start, but now I'm looking for more specialized training... and I'm finding it's really hard to find.**





Marie-Therese (L) and Karen (R) serving up a good time at the Edmonton & District Labour Council BBQ on Labour Day.

*Management will push things down the pipe, and we are required to do those things, and patient safety and patient-centred care aren't a priority in the places that we work. And it's especially hard coming out of school, because you have all these ideas of how things should go, and you have the textbook in your head... But actually that's not what we're hired for. We're hired for speeding up patient flow and for LEAN initiatives and things like that, and so that's been pretty hard to push through and stay positive... because we're just starting; we have decades to go yet...*

There was a significant emphasis by early-career nurses on the importance of effective management to ensure positive work environments and quality patient care. Many of the participants identified several factors that hindered effective management, including the fact the

managers had little contact and interaction with staff, often due to limited and competing demands on their time. Furthermore, early-career nurses were under the assumption, and trained with the expectation, that they would have input into decision-making regarding patient care, which did not occur in the practice setting. This created a sense of a lack of control and a source of dissatisfaction for the nurses.

### 3.2.4 Training & Education

Early-career nurses believed that nursing was a career which required lifelong learning. The opportunity for continued professional development and growth was regarded as an attractive feature of the nursing profession. They were educated to recognize the



importance of evidence-based practice and expressed a strong desire to constantly learn new things.

*It's the learning. I love that you can learn so many new things every day and just so much opportunity.*

*[Nursing] has lots of different opportunities, ways to learn, and I've already found in the couple of years that I've been working – I've been learning every day. There's an opportunity to learn forever...*

When starting their career, early-career nurses felt support, guidance and training was essential to transition them from students to nurses. They wanted to feel supported during this initial career phase and looked to other nurses, mentors and preceptors for this support.

*I think that's such a crucial period of time, right? You go from being a new student and learning all of this stuff in the classroom and out of a book, but going and actually practicing nursing and being out there... You just grow so much more, but to have that support during that period of time, it's crucial. If you do have mentors and preceptors and co-workers who are supportive, it can be the most amazing experience, but if you don't have that, it can be frightening.*

Unfortunately, many early-career nurses described receiving inadequate orientation when starting their careers, which was often associated with a lack of staffing or time to train new hires.

*More often than not when I was orienting to the unit we'd be short staffed so I'd have a patient with me.*

This left early-career nurses feeling unsupported, as if they had to figure things out on their own.

*A lack of orientation, in general, and then especially to charge duties. It's just you kind of figure it out on your own.*

Adding to an initial feeling of minimal support was the feeling that the schooling they received did not always provide a realistic view of what their nursing career would look like.

*You have this idea of what it means to be a nurse when you're in school, and you do your practicum and you think you're going to start nursing, and you're going to work in*

*this really supportive environment, and patient-centred care is your priority, and then you go into the workforce, and your colleagues want to be supportive but they're busy with their own assignments. So I kinda felt like you just get thrown in there and you have to figure things out as best you can... you feel like you're out there alone...*

Nurses who did describe feeling supported in their student-to-career nurse transition often associated it with a graduate transition program which seemed to provide these nurses with a feeling of confidence and preparedness.

*I transitioned through a grad nurse program – that is awesome. If they could do that for every grad nurse that would be just awesome... I feel way more confident after having that grad nurse position.*

*What helped me the most with my career – I graduated about a year ago now – was the new grad initiative, and I found that to be something very valuable in terms of transitioning from being a student nurse into a working nurse...*

Overall, many early-career nurses felt unprepared when starting their careers, and often they felt they were given too much responsibility too soon.

*I had expected a lot more support as a new grad... I was trained for charge within two months of graduating, and I don't feel that I was qualified to do that, but they said 'oh you can do it, you'll be fine,' and you're a new grad so you say 'okay' and thankfully nothing happened, but the expectation of new grads is very, very high.*

Once through the initial career transition from student nurse to working nurse, early-career nurses had a strong desire to continue their training and education. They wanted to take part in educational opportunities and training sessions but often felt unsupported in their efforts. A lack of time off and minimal funding support often left early-career nurses unable to continue the education and training that they desired.

*We have a great general education that gives us a great head start, but now I'm looking for education, I'm looking for more specialized training... and I'm finding it's really hard to find.*

*If you're expected to come in on your only two days off to do education, it just gets to the point where you don't even want to come in.*

Significant weight was given to the training and support that early-career nurses were able to receive from other, more senior nurses that they worked with. Informal mentorship and support from more experienced nurses was especially important in the absence of formal structured orientation, education and training opportunities. Intraprofessional support was acknowledged as a valuable resource, especially for new graduates.

*I'm very pleased with the support that certain nurses have for other nurses...I find our support for each other is very strong.*

*It's so, so important to just advocate for yourself if you can't handle something. I'm very lucky at my hospital where our teamwork is so good, and like the staff that I work with. I'm thankful for every day because when things like that happen, especially as a newer nurse, you need those seasoned nurses just to come and assess the patient and to sometimes even calm you down when you're in a situation you're not used to.*

“

**I'm very pleased with the support that certain nurses have for other nurses... I find our support for each other is very strong.**

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Positive co-worker relationships and teamwork were often able to fill the training void that many early-career nurses described. However, it was noted by some that when the unit was busy or understaffed, very little assistance was possible from other nurses.

*...your colleagues want to be supportive but they're busy with their own assignments.*

*I think there's an expectation too when you go into nursing, that you're going to have more support from your co-workers. You don't realize that they're going to be, like they have a huge assignment too, so they don't really have time to mentor you as much as you might have imagined when you first came on.*

Early-career nurses described a commitment to continuing education and training in order to increase their preparedness and confidence in providing quality patient care. The provision of best care to patients was the primary impetus for their desire for ongoing learning and skill development. Although transition supports were identified as helpful for new graduates, early-career nurses recognized that educational opportunities were needed beyond their first few months as a novice. While other more experienced or 'seasoned' nurses were a resource for new nurses, in the absence of a formal support structure many participants described feeling as if they were 'out there alone.'



*Edwina, Debbie, Sandi, and Glenda getting creative during a Art After Dark Fun Night.*

### 3.2.5 Life Impact

Early-career nurses, even though they were within five years of practice, expressed grave concern about the impact of a nursing career on their overall life, family and personal well-being.

*I'm thinking of leaving nursing altogether, and that has a lot to do with home life and life because nursing is not friendly. It's not friendly for home life...*

The most common concern mentioned was around the impact of shift work on family life and personal well-being. Early-career nurses often found it difficult to maintain friendships and relationships due to the uncertainty and inflexibility of their work scheduling.

*When I first started, I thought I would really love the variety of my shift schedule... It's really hard to plan your life around that. Like you can't join groups, you can't join classes. It's just, it's really hard to do anything like that. I'm finding the work-life balance is much more difficult working full-time and not having the flexibility to have a day off on Wednesday if my kids need a volunteer at school or something.*

Early-career nurses were also concerned about their emotional well-being. Nursing careers are often associated with stressful work settings which involve exposure to traumatic and emotional situations, and participants often expressed concern about being able to cope with these situations.

*Sometimes I just worry about like, overtime – the trauma to yourself and your own stress level. Like we run into so many situations that linger with you, and you just worry that what if I lose my ability to provide for my own self-care and protect myself in those situations... If I can't figure out how to do that, and at the same time find time to make sure to take care of myself and family, like I will break... I haven't figured that out yet.*

*It came to a point where I didn't even want to work as a nurse. My job was so stressful and frustrating that I would go home from shifts, from night shifts, and I wouldn't be able to sleep at all in days because I was so stressed out to go back to work whenever they called me...*

Exhaustion associated with their nursing career was of significant concern as well. They often felt overworked and that the care they were tasked to provide during their shift was too much.

*You workload is so heavy, you don't even have time for a break or anything like that. It's just being overworked.*

*I didn't expect it to be so heavy like it was... I did not expect it to be that heavy and always like that.*

This exhaustion seemed increasingly problematic for early-career nurses who were just starting out, because they often felt an obligation to take on more to either 'prove' themselves as new nurses or pay off debts accumulated as a student.

*...we're so short-staffed so even on my days off they're like calling or texting, asking if you could work, and then you feel bad because you're the new person and you want to have that impression of 'hey, I'm ready to work,' but at the same time you're like 'I'm exhausted,' like mentally, physically...*

*You get burnt out really quickly, I find. Like when I first graduated, I was off-and-running because I wanted to pay my debt right away, and so my motivation was work, work, work, and then your employer sees that and they take, and they take, and they take, and then you can't take vacation, take the time off to recoup and recover, so you get burnt out because you're just, you're going.*

The overall impact of a nursing career on a nurse's life and well-being was of significant concern to early-career nurses who knew they were just starting their career journey and had many working years ahead. They often described a need to take care of themselves in order to be able to take care of patients, recognizing the impact of their exhaustion and burnout on the quality of patient care provided. Pressure to go to work on their days off also took a toll. Nurses described the pressure to go into work on overtime, knowing that the unit was short-staffed and patient care would be affected. The desire to help their co-workers and ensure safe patient care often took precedence over ensuring their own well-being.



### 3.2.6 Scope of Practice

Scope of practice was generally discussed by early-career nurses as a challenge within the work environment as it related to evolving roles among different designations of nurses, specifically Registered Nurses (RNs) and Licensed Practical Nurses (LPNs). LPN scope of practice varied greatly across and within provinces, and LPN responsibilities seemed to depend on individual units or care settings. This created a sense of confusion and uncertainty in providing patient care.

*I think something I would change would be to make the scope of the LPN practice province-wide... If I were to go to the south shore I would be doing medications, maybe nothing really else. Where I am working in the community, I'm doing medications and some harder dressings, and like wound-care management, but there's still some stuff that people in the hospital are doing that I'm not doing, so I feel like LPNs should be utilized more than what they are still to this day.*

Similarly, there was an understanding that the training provided to LPNs seemed to vary greatly as well. Early-career nurses expressed concern about this training variance because they were often uncertain as to whether LPNs were adequately prepared to meet the scope of practice that was expected of them.

*I know that I preceptored an LPN that took her course at [school], they did blood draws, they did IVs perfectly, knew all about it, and then the new [school] program that they just started in [location] did not teach them anything.*

Early-career RNs also identified a change in their own scope of practice which seemed to shift their daily tasks away from direct patient care. This was viewed negatively by RNs, given that direct patient care was the reason many of these nurses chose to enter and remain in nursing.

*I think for me I've always wanted a career where I've felt fulfilled, and I can honestly say every day when I come home from work, I do feel like I've made a difference in someone's life. And I think that's what's going to keep me*

*in nursing for my whole career – it's just that fulfillment that you get when you're able to help clients in ways that you know can really make your day by going above and beyond.*

Instead of patient care, RNs felt they were often tasked with more administrative duties such as paperwork and overseeing other staff.

*I don't think I was prepared for how much management-type stuff we have to do. Like arranging breaks for other staff. Like coming in as the new person and then having to offer correction in some situations to people who are LPNs or Personal Support Workers (PSWs), and they have worked there for 30 years, but all of a sudden as the brand new RN you're the team leader, and it's up to you to offer what almost feels like discipline sometimes.*

One RN described how her director justified these types of practice changes by suggesting that RNs should be using their skills for more than direct patient care.

*Our director came to talk to us about it 'cause our unit was upset about it, and it almost seemed the way he presented it was that bedside nursing, direct patient care shouldn't be the RN, that we should be used in a different capacity for our skills, and I know there was a lot of us at that meeting who were like 'wait a minute, that's why I became a nurse. Who are you to tell me that this is beneath me or, you know, that I shouldn't be doing it anymore...'*

Overall, there seemed to be confusion about the scopes of practice for RNs and LPNs due in part to the national variation in training and practice. However, some of the confusion continued due to a lack of orientation within the organizations as to role scope. Tensions that existed between the two groups often centred on wanting to ensure quality and safe patient care by the right provider based on patient needs. Some early-career nurses felt that too much responsibility was being given to LPNs who may, or may not, be adequately trained, while others felt as much responsibility as possible should be given to LPNs to help ease the workload on RNs. While little tension between these nursing groups was evident during these focus groups, one nurse participant did articulate that she felt the current model of care created a dynamic of 'RN versus LPN.'

*I feel the model of care sets us up for that. It's really unfortunate. It's kind of set us up to be RN versus LPN, which is really too bad.*

### 3.2.7 Summary

Similar to student nurses, early-career nurses chose a career in nursing for the patient interaction and care and the satisfaction they get from helping others. Early-career nurses believed that patient care was the most important element of their career, and factors that took away from this focus, such as a shift towards administrative duties or a lack of time due to understaffing, caused these nurses discomfort and discontent. Flexibility in roles and settings and scheduling options were also of significant importance to early-career nurses who believed that a nursing career afforded many opportunities for professional growth during changing personal priorities and lifestyles.

Improved training and orientation were identified as valuable resources to prepare them for the realities of practice such as patient load and increased clinical responsibilities. Continuing education and professional development opportunities were valued among this early-career cohort, and they viewed management support as essential to this process. Involvement and engagement in management decision-making was also an expressed need. Although just starting in their career, early-career nurses were already concerned about the impact that a nursing career would have on their overall health and well-being. Shift work, exhaustion and emotional distress were all factors of concern to early-career nurses who were trying to maintain relationships and care for families. Strategies to assist them in addressing the physical demands of patient care, and the pressure to work overtime, were identified as needs to be addressed.

*Emma says playing music is her passion and creative outlet.*







*Emily surfing, where she finds balance from the stresses of work on her board.*

### 3.3 Mid- to late-Career Nurse Themes

Six themes emerged from the mid- to late-career nurse focus groups, which included: 1) Patient Interaction & Care; 2) Job & Scheduling Flexibility; 3) Management Disconnect; 4) Life Impact; 5) Training & Education; 6) Teamwork & Team Dynamics.

#### 3.3.1 Patient Interaction & Care

As with student and early-career nurses, mid- to late-career nurses also identified patient and family interaction and care as their main reason for becoming a nurse. Moreover, nurses nearing the end of their careers also indicated that patients were the reason they stayed in nursing.

*The moments that you have with the most vulnerable people at their most vulnerable times. That I actually got to hold their hands when they were dying. That I got to be with their children when they were ill. That I heard things they had never told anybody else, and that they had the confidence in me or expected me to have skills and abilities to take care of them... It's such an honor to get to be the person that delivers it [care] to the patient and the families. It just makes you feel good inside.*

*To have people come back and say 'you made a difference,' 'you kept me going.'*

Mid- to late-career nurses believed that patients were their main priority, so when other work factors took them away from patients they described dissatisfaction and feeling as though they were not able to be a 'good nurse.' Inadequate staffing and increases in administrative tasks were just some of the items identified by mid- to late-career nurses that took nurses away from their patients.

*I think the worst for me is the fact that we don't have the time to spend with our patients and residents that we did years ago. Now it's back to the computer – it's doing all these different tasks – whereas what our patients need is to have a hand held and time spent with them, and we can't do it.*

Beyond having the ability to establish relationships with their patients and patients' families, mid- to late-career nurses also believed that patients were often at an increased risk, and that the quality of care had significantly decreased due to a lack of patient interaction time and a devaluing of individualized, holistic and relational care.

*When I trained, I mean, I think we did really good care. We provided the services, and now you just feel like you're moving from one task to the next. You don't feel like you're providing the care, the good quality nursing care that we were trained to do.*

*...the patients are suffering. They're not even getting proper baths anymore. Their basic care is no longer even there.*



Many mid- to late-career nurses spoke of the shift away from patient interaction as a significant change compared to when they first began their nursing career. They identified feeling as though they used to provide better patient care than they do presently, which made them increasingly dissatisfied with nursing.

*When I started as a nurse I had time to talk to my patients, to care about them, to provide some emotional support, to be what I always thought a nurse should be, and in about 20 years of my career I kind of lost all that because I had to get people in and out fast, and there was no time to sit and talk and educate and comfort and stuff...*

Nurse participants experienced these changes as a shift away from the patient being seen as the priority. Several nurses described changing nursing positions, or wanting to leave nursing altogether, due to their dissatisfaction with this change in health care prioritizing.

*I never thought of retirement as being an option. I thought, you know, I'll work until a certain age, 55, and then I will work part-time until God says 'no more.' And when I hit about 45 things changed and it was like I wanted to go. I didn't like health care anymore; I didn't like the cuts. I didn't like the way we were changing how we dealt with patients, all those things. And now it's like the reason that I smile every day when I go to work is that I have the three-year plan now. There's a welcoming sign at the end of my tunnel that says 'you can get out of health care...'*

Similar to student and early-career nurses, mid- to late-career nurses made choices about where they wanted to work, which often centred on their ability to provide quality patient care. Some participants described a move towards other care areas in the latter stages of their career, because there was an emphasis on interpersonal/relational care within those settings, and the workload was sometimes more manageable in terms of having time to interact with patients.

*...I left emergency to do palliative care – and doing palliative care, I get to be a part of washing my patients. I can talk to my patients. I can put lotion on their feet. I can put lotion on their back. You know, I have time. Even when it's busy, I still have time to do some of the little things that you don't get to do at the main hospitals and you sure as hell don't do in emergency. I actually go into*

*work with a smile on my face. I leave work feeling fulfilled, feeling gratified, but I didn't have that when I was working in emergency.*

Mid- to late-career nurses chose to become nurses in order to interact and care for their patients. This was, and is, their main priority and is the element of nursing that keeps them satisfied in their career. When institutional prioritizing seemed to counter their own standards for 'good care,' mid- to late-career nurses expressed dissatisfaction and an intent to either change care areas or leave nursing.

### 3.3.2 Job & Scheduling Flexibility

Similar to early-career nurses, job and scheduling flexibility was of significant importance to mid- to late-career nurses. A nursing career was seen as a lifelong option given the flexibility to change employment status, care areas and shifts to accommodate lifestyle changes and shifting personal priorities.

*I think what's been rewarding is the ability to work full-time when I wanted to work full-time, and then part-time when I had my children, and then I imagine working full time again at the end of my career.*

*Forty plus years ago when I went into nursing, I went in with the expectation that regardless of what my change in family status or in life was going to be, there would always be somewhere that I would be able to work...*

Unique to the mid- to late-career nursing group was more of a focus on scheduling flexibility rather than job flexibility. Unlike early-career nurses, mid- to late-career nurses seemed less interested in changing jobs to travel or relocate. However, flexibility in scheduling was just as important to this cohort.

*Flexibility in my schedules has always been attractive to me. My husband also works shift work – so we always worked it out, so we very seldom needed a babysitter. There was always one of us to go on the school trip or 'the this or the that,' and I worked part-time when I needed to. I worked full-time when I wanted to... very attractive since day one for me.*

In fact, many nurses described that scheduling flexibility was more important to them as they moved towards retirement.

*I love my nursing and I'd love to carry it on, but I'd also like to have some quality time nearing retirement age.*

Mid- to late-career nurses who were nearing retirement often described a desire for a reduced schedule or identified their plan to retire and then come back in a casual position which would allow them the flexibility that they desired at this point in their career.

*I retired three years ago from full-time but I only kind of stayed out for a couple of months and then came back to work casual because I always enjoyed – even though it was hectic and there were days... that I would drive home from work with tears rolling down my face because it had been such a horrendous day, but I still enjoyed it and I still go back...*

*My plan is that in two years I will retire. I have 1,000 hours of vacation sitting in my bank so I will be just riding that vacation out at the end...then coming back casual.*

Other nurses in this cohort described retirement transition programs that were intended to allow some additional flexibility for nurses nearing the end of their career. Mixed perceptions seemed to exist regarding these, with some nurses seeing them positively while others felt they weren't significant enough.

*We do have a couple initiatives where people can still work their FTE (full-time equivalent), but maybe their clinic work is decreased... because we do have a lot of years of nursing experience behind us so we can do more teaching things...*

*Transitioning, in terms of the late-career initiatives. The initiatives that I've seen have not been meaty. I find that they're fluffy.*

While scheduling flexibility was greatly desired, the opportunity for this flexibility was described as decreasing in recent years due to understaffing and a lack of resources.

*After not working let's say night shifts for 22 years, with a shift in the way things are at the hospital, I'm at right now in [city], you know I'm forced to do nights again. I'm forced to go from self-scheduling back to a manager shoving a schedule back at me. You know, it's not where I wanted to end my career but it's where I will end it because at this point it makes more sense that I move on.*

*I'm third in seniority, and with the lack of nursing resources, and with them not hiring more resources, my vacation won't even be granted. The management has said this summer they're only going to allow their top two off this summer because of nursing resources, so that too is very frustrating when it comes to time off.*

Mid- to late-career nurses found this lack of scheduling flexibility increasingly hard for them because they often felt the physicality of the job was very hard on their bodies.

*I look in our department and the thing is some of the nurses that have chosen to retire – they didn't choose to retire. They might've had to because they couldn't do it physically. If we could have that vacation that we have earned 100% and be able to actually use it in a timely basis to give ourselves a break from the workplace throughout the year, that would make us healthier.*

In addition, mid- to late-career nurses often felt that having flexibility with their schedules was something they had earned after contributing many years of service to their nursing career. They believed they had 'paid their dues' both physically and mentally, and that flexibility with their scheduling was a meaningful way to recognize their contributions.

*What I would like to see done for people of our age group is recognition for years of service and be grandfathered in to 'okay, you no longer need to do 12-hour shifts, you no longer need to work nights.' That type of thing is what I would like to see done. Just, it doesn't have to be contractually. It's just because of where you are mentally and physically now after 30 years.*

One significant barrier to flexible scheduling was issues with staffing, especially relief staffing, for vacation and sick time. Mid- to late-career nurses spoke of feeling very

obligated to work overtime knowing that their units would run short and patient care would suffer if they did not. Overtime, and the pressure to work on days off, further contributed to exhaustion and feelings of burnout. Mid- to late-career nurses often described situations where they were unable to take days off or get the vacation they wanted due to staffing issues. As one participant shared, after 30 years of nursing, she was not able to book her daughter's wedding off unless she had a colleague cover her shift. In addition to impacting the nurses' well-being and their work-life balance, participants also emphasized that ultimately staffing issues negatively impacted the provision of quality patient care.

### 3.3.3 Management Disconnect

Mid- to late-career nurses were generally very dissatisfied with management interactions and relationships. They often described a significant disconnect between the nursing staff and management level staff and often felt that the union was an essential third party that helped to navigate these poor relationships.

*I have hated the last 15 years of nursing in terms of management because if it wasn't for the union I would have been fired many years ago.*

*I think dealing with management and the politics is the least rewarding.*

Positive management relationships were associated with better work environments and overall job satisfaction, so nurses often expressed a desire to have better relationships with management and recognized that positive nurse-manager relationships could improve job satisfaction and retention.

*I've worked in many places and I find the places I enjoyed my work the most is where there was a good employer/union relationship, where they worked together... and those are also the places that have the most senior staff, the most longevity of their staff, they stayed...*

Overall mid- to late-career nurses described feeling very little support from all levels of management and government. They believed that they were on their own



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patients, to care about them,  
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career I kind of lost all that  
because I had to get people  
in and out fast, and there was  
no time to sit and talk and  
educate and comfort.**



when it came to addressing patient or workplace issues or concerns, and that management had different health care priorities.

*We used to work together. We used to have problems and we'd sit down with our management and we'd solve them. Now it's we'll make it look good, but the problem's still really there.*

*What I find frustrating with my job that makes me rethink what I'm doing is the lack of support – I see some really lousy care – I mean just pathetic, and then you go and you try to be that patient advocate... and you don't get that support; in fact, if anything – you get punished for it.*



Mid- to late-career nurses believed that their commitment to nursing and their patients was significant, yet this was rarely acknowledged or appreciated by management level staff. Nurses made the point that financial recognition was not what they were looking for, but rather a verbal 'thank you' or acknowledgment from their manager would make them feel appreciated.

*I think respect and retention are almost the same thing, and we're not getting it, and it doesn't have to be bonuses financially but bonuses like 'here we'll give you lunch today 'cause you guys have been great...' Just the thoughtfulness is not being put in, and I think that's respect to your nurses. They're not putting the thought into the lifestyle... just the little things. It doesn't have to be financial...*

*When I first started my nursing career I worked for a very good employer. She would do things like she would be short for a night shift, and I would be working an evening shift, and she would say '[name], I don't have anyone.*

*Would you go home and sleep and come back?' and I would do it, and the next day when I would come back for an evening shift she would phone up and say '[name], did you get enough sleep, did that work out, was that okay, thank you very much for doing that.' That meant the world to me. I would have worked anything for that woman and I did actually...*

Additional management issues stemmed from management not being visible or accessible to nursing staff, which further perpetuated a feeling of minimal nursing support.

*They're not on the floor; they're in an office. That doesn't work. For me, when I found things started changing with management is when they took them off the floor and put them in an office. They need to be there; they need to see, feel, hear, first-hand.*

Participants expressed concern in situations in which their managers were non-nurses who may have had little understanding of the unit or health care setting.

*The managers number one are not nurses, so I'm not, I don't think they realize how to manage a nursing unit or issues related to patient care when their background has nothing to do with health care...*

*We've got managers who aren't nurses; they actually don't even have any training or anything in the medical field and they're giving people reports and stuff on things. They have no clue what they're talking about...*

Mid- to late-career nurses were unable to relate to managers for this reason and felt resentment when policies and changes were made by managers who they believed did not have the qualifications to make these patient care decisions, and whose priorities differed greatly from that of the nursing staff.

*I find in the last few years there's a 'make it look good' - I like to call it that. It's like the system isn't good, but if you look at our stats, if you look at our policies, if you look at our procedures, everything is lined, all the ducks line up... But if you come on the unit, we don't have the staff to look after people. People are getting hurt.*



*Holly says spending quality time with her kids is her balance. Here they are heading to the Calgary Stampede.*

*Decisions being made based on finances and not on what's in the best interest of the patient or the community, or you know services, or you know frankly, the staff.*

Mid- to late-career nurses stated their desire to be part of the decision-making process and believed they had earned this right through their years of experience and patient interaction and expertise. Moreover, they believed they could advocate for patient care at the decision-making table, which they believed was not often adequately considered by management. Management was seen as being financially driven rather than patient driven, and this was often where nurses felt they should be fit into the decision-making process, as a patient advocate and unit expert.

*...they're making it look good; they're trying to be a centre of excellence. They want all this stuff but they're not focussing on – you know – the patients, and that's why we're here and what we're all about and I think... we need frontline nurses sitting and speaking to the board on a regular basis.*

*...they don't even consult with the frontline nurses when they make decisions. They're making it based on information that they receive on a piece of paper. They sit around a table with a group of other people who have never worked the front lines and they don't consult with them...*

By not involving nurses in decision-making which directly affects their everyday work setting, manager-nurse relationships were increasingly strained. Mid- to late-career nurses felt well positioned to make a meaningful contribution to the decision-making process as it relates to patient care provision. Participants described feeling marginalized, devalued and disrespected as a result of not being included or considered within decisions affecting patient care.

### 3.3.4 Life Impact

Similar to previous participant groups, mid- to late-career nurses expressed concern about the impact of their nursing career on their overall lives. Many nurses identified struggling with work-life balance and wanting to improve this aspect of their career but having little success.

*It's [work-life balance] non-existent. If you're a full-time worker, it's non-existent.*

For mid- to late-career nurses, as with early-career nurses, their issues often centred around missing out on family events and struggling with finding suitable child care options that worked with a nursing schedule.

*I love the people that I work with, I love the clients as well, I love my job in every way, shape, or form, but as a community health nurse I'm off evenings and weekends and can actually do things with my kids. I found when I was working shift work I was missing out on all their milestones, their birthday parties, their recitals, their hockey, and now I get to do that.*

Nurses also identified concern about the emotional impact of their work and believed that continued exposure to trauma and painful events could have a negative impact on their personal life.

*My career has provided me with the most trauma that I've ever experienced to a certain extent as well. Some of the things I saw as a nurse, what patients went through, I know had a huge impact on how I dealt with things outside of nursing... I know we nursed our patients through the most horrific things, and potentially dying, and when it came to my own family I could not cope; I couldn't be there.*

*We owe the job so much that a lot of the time we take it home, and there isn't that work-life balance...*

Within this theme a unique finding that only emerged within the mid- to late-career nursing group was the concern about the impact of nursing on their bodies and the physicality of the job.

*What would keep me working longer is... if the job wasn't so hard on my body. If I could sleep at night because I'm not worried about my clients, and the next day not having the staff to cover them.*

Nursing is a very physical, hands-on career, and many mid- to late-career nurses described their bodies struggling with this aspect after so many years in this career.

*The RNs on nights there don't do the hands-on care. I don't mind doing it, but after almost 30 years my body's getting worn out with all the lifting and the lugging...*

*Getting time off is incredible, and for me my body is giving out. My mind and heart is in my work, but my body is just wearing out.*

Shift work was also often identified as being physically hard on nurses, with many again linking this back to a direct impact not only on their physical bodies but also on their family and home lives.

*The negative aspect was the physical toll on the body... not just the actual, like physically lifting patients and things like that, but working the night shifts and going from shift-to-shift, but the impact it had on my family. If you look around it seems a lot... there's a lot of nurses that are divorced. It's hard on marriages...*

Equally as worrisome to this group of nurses was the concern about getting injured in the workplace. Mid- to late-career nurses often felt this aspect of nursing was not dealt with appropriately, and that more should be done to prevent injuries.



**Lack of opportunity for education, and if it is there you foot the bill yourself, and they certainly don't give you time off work to do it. They don't foster an environment that allows growth and opportunity.**



*It's so easy to get hurt at work; that drives me crazy...We have a really physical job and we get hurt.*

*My dissatisfaction is around – lump it all into occupational health and safety. There isn't any.*

A small number of mid- to late-career nurses also identified concerns regarding workplace violence which they believe has increased in recent years.

*Violence – violence to the nurse from the patient, from patients' families. I find that over the years, from when I started nursing, from when I was a child, and I was being cared for by nurses, the relationship and the perception of the nurses has changed. People don't seem to respect you as a nurse and they don't treat you as well. I find they, you know, you're yelled at, you're sworn at, people are chucking stuff at you. Where I don't think anybody would have dreamed of doing that about 20 years ago.*

Mid- to late-career nurses often described their nursing career as having a significant impact on their lives. They often expressed a sense of pride about being a nurse and articulated a strong commitment to providing quality patient care. However, despite this commitment, these nurses often did not feel valued in the system, especially by managers and health care decision makers. Mid- to late-career nurses in particular described spending many years in a job that often had a negative impact on their bodies, their personal lives and their home lives, yet they expressed a desire to continue working as long as they believed they were making a positive contribution.

### 3.3.5 Training & Education

Training and education also emerged as a theme for mid- to late-career nurses, similar to students and early-career nurses. Mid- to late-career nurses identified nursing as requiring lifelong learning, but they believed that continuing education and training were not a priority from a management perspective.

*Education is just the lowest on the totem pole in terms of priorities.*



*Educationally, I had to jump through hoops to get it done while I'm working full-time... they'd like you to have all these things behind your name so it looks good for the organization, but for them to facilitate you accomplishing half, or some of it, it doesn't even exist right now.*

Mid- to late-career nurses recognized that there was an expectation for them to keep up with various training requirements and certifications. However, little support was provided to them at this later stage in their career in terms of getting time off or funding support for these educational initiatives.

*Lack of opportunity for education, and if it is there you foot the bill yourself, and they certainly don't give you time off work to do it. They don't foster an environment that allows growth and opportunity.*

Nurses described continuing education as an investment in their expertise. They believed continued training and education would improve the care they were able to provide to their patients, and it was disappointing to them that management did not see this as essential.

*I'd like for my employer to look at me like an investment. If you're paying me a salary then give me the opportunity for education with time off so that I will provide a higher level of care. I feel valued if I think my employer is going to invest time and money in me... If I'm happy I'm going to provide a higher level of care, so the patient is going to be happy.*

Mid- to late-career nurses described that education was prioritized by employers and managers in the earlier stages of their careers. However, they described being frustrated by the shift away from continuing education in the later stages of their careers where increased knowledge could enhance the quality of patient care.

*We need the time in order to take those courses. The other is financially. Back years ago in my career the employer used to pay for my registration in courses. Now they cry if they even have to pay for your wage for that day.*

For mid- to late-career nurses, the lack of support for continuing education seemed to further reflect management's differing priorities and a lack of respect for their contribution to patient care.

### 3.3.6 Teamwork and Team Dynamics

A final theme that emerged from the mid- to late-career nurse group was the continued reflection on teamwork and nurse-to-nurse support. This theme was unique to this group of nurses, with many mid- to late-career nurses identifying the successes, for both themselves and their patients, that are experienced when nurses work well together and with other members of the team.

*Where I'm working now, there is a lot of teamwork. It's a very small complement of staff. I think we have a total of eight nurses in various point positions and a couple of casuals. We have five health care aides that rotate between their shifts, and the teamwork is absolutely phenomenal, and I have yet to meet a family that has not enjoyed the care they received...*

*I really appreciate my co-workers because even though I might be more senior than some of them, I don't think there's a day goes by that we don't learn something from somebody else, and I gotta say, I really appreciate the knowledge and the guidance I get from a lot of the nurses.*

Mid- to late-career nurses described feeling a bond with other nurses, with one nurse describing them as 'your surrogate family.'

*We spend more time with our peers than we spend with most of our families for the most part... so they become your surrogate family...*

Working effectively as a team was often felt to be challenged by the realities of the care settings in today's health care environments. Nurses described being too busy to help others and being unable to properly support other care staff like they wanted to.

*There's just so much work, and it's hard and heavy for everybody, and I feel we're pitted against one another, and it's really sad...*

*What I didn't expect that as a team we'd be so overworked in that you can't properly support the team, or you can't necessarily work together because everybody's individually so busy that, you know, sometimes it's hard to pull that team together.*

Participants also described being critical of nurses who did not contribute to the greater team, and at times described it as being a generational divide. Some mid- to late-career nurses felt that early-career nurses were less committed to patient care and less interested in supporting other members of the team.

*When I come to work I like the shifts better that I work with, and I hate to say older gals, but the older more seasoned staff because a lot of these new girls coming in, it's, I hate to say it, but quick and dirty. Get in, get it done, get out...*

At times it was clear that an 'us versus them' mentality seemed to emerge as a result of managerial focus on one group over another.

*Management will tend to empower the young ones, and you know what, I agree they're our future, and we need them to have the knowledge and skill set that you gain over time, but I find that when they empower the younger ones, they disempower the people that they taught at the beginning. We're the ones that taught them when they come into the system, and then once they get the knowledge and skills, management, sort of, supports backing them, and getting them into preceptorship and preceptorship roles instead of giving it to the senior nurses.*

In the focus groups, participants described a lack of understanding for how new nurses were educated and trained. Mid- to late-career nurses often identified differences between the standards of nursing care among the more experienced nurses and those who have recently graduated. At times this was expressed as criticism, but at other times mid- to late-career nurses described being inspired by some of the recent graduates, especially in terms of evidence-based care. One mid- to late-career nurse admitted to feeling intimidated by younger nurses who, she felt, had more current knowledge regarding health trends and information.

*I am sometimes very intimidated by new grads because they learned all the new [information] and... that's 20 years ago that I did my nursing... and then the new ones come in with all this new information, and sometimes that's overwhelming for me.*

Opposite to this perception were the mid- to late-career nurses who felt that there was a lot of learning that could take place from working with the younger generation of nurses. Many nurses felt that early-career nurses who had recently completed schooling were a great opportunity for them to gather new knowledge and grow in their own understanding.

*I learn something every day from my junior co-workers – a different way of doing things, a different way of looking at things. They learn from me too, and it makes me really happy when they excel. I feel like I've helped...*

These nurses often discussed wanting to help new nurses succeed and do well by supporting them in their career growth.

*If they were my kid, how would I want someone to treat them? You know, I'd want them to take them under their wing, to respect them and to help them grow in their profession.*

Team nursing was of great importance to mid- to late-career nurses. They believed nurse-to-nurse support helped to foster a positive work environment and improved patient care, so when this type of teamwork wasn't present it was felt deep within the unit or care setting. Generational divides were evident in some focus groups. However, many nurses saw early-career nurses as nurses whom they could support and assist in their career development and from whom they could learn as well. One thing that was clear from all focus groups, across all career stages, was that nurses were united in their care, commitment and concern for patient care.

“

**We spend more time with  
our peers than we spend with  
most of our families for the  
most part... so they become  
your surrogate family...**

”

### 3.3.7 Summary

As with both student and early-career nurses, mid- to late-career nurses' main priority and reason for becoming a nurse was the ability to care for patients. Mid- to late-career nurses felt a strong obligation to advocate for their patients in a health care setting that they believed was focusing less and less on the patients' needs. This concern was most evident in focus group discussions regarding management. Participants identified a significant disconnect with all levels of management.

Managers were often perceived as being detached from the realities of frontline nursing, and as a result were believed to have a minimal understanding of health care settings and patient care needs. Mid- to late-career nurses believed that decisions were often made by managers and passed down to the nursing staff, with no involvement from frontline nurses and minimal consideration for the impact on patient care. These nurses wanted to be part of the decision-making process and believed that their involvement would enhance patient care overall.

Mid- to late-career nurses struggled to obtain work-life balance and described how their chosen career has had a significant impact on their body due to injuries at work and job physicality. In order to remain in nursing, they described needing scheduling flexibility that was able to accommodate their changing lifestyle needs, especially for nurses nearing retirement. In addition, staff shortages affected their ability to take days off and book vacation time.

Little support was provided to mid- to late-career nurses to pursue continuing education, and nurses described having to pay for courses on their own and complete them on their days off. Overall, mid- to late-career nurses felt devalued and unappreciated by management and the system. The importance of teamwork and positive team dynamics was a unique theme emerging from the mid- to late-career nurses who believed that nurse-to-nurse support was essential for unit cohesiveness and quality patient care. Generational differences were described by some mid- to late-career nurses. However, many participants described a strong desire and commitment to supporting early-career nurses and felt that both generational groups could learn a lot from each other.



*Rebecca apple picking with daughter Isla.*



*Paula, a cancer survivor, fingerpainting with grandson Philip, the 'apple of nanny's eye.'*





## 4.0 Conclusion and Recommendations

Generational differences in the workplace have been studied for more than forty years with a growing interest in the last decade in exploring intergenerational differences within the nursing workforce. This study is the third in a series of projects led by the CFNU to explore the intergenerational nursing workforce. This project focused on career stage (early- and mid- to late-career) rather than age (generational cohort) to explore and understand nurses' experiences, expectations and needs. Focus group interviews with nurses across Canada provided great insight into how to best support their practice and the provision of quality patient care. There were more similarities than differences in the career experiences, expectations and needs across the three cohorts (students, early-career and mid- to late-career nurses).

We heard from all groups that nursing practice is patient care. Challenges and concerns identified by nurses, such as staff shortages, overtime, exhaustion and perceived lack of managerial support, were described as significant because they impacted the provision of safe care to patients. It is important to note that research has identified issues such as overtime and staffing for more than a decade. McGillis Hall et al. (2006) identified that "Nurse staffing is one of the few areas in health care in Canada where evidence is ignored in decision making" (p.32). As evidenced in this current study, despite an additional decade of research, safe staffing remains a serious concern for nurses across Canada and holds implications for job satisfaction, retention and patient care.

The results of this research further validate the findings from our literature review that issues such as overtime, scheduling, continuing education, managerial support and work-life balance remain significant concerns to nurses regardless of age or career stage. There is more than sufficient evidence for key stakeholders to address the needs of nurses, improve working conditions and ultimately enhance the provision of quality patient care. The time for action is now.

The following recommendations are based on findings from both the literature review and focus groups and include strategies to support nursing practice and enhance care to patients and families. To align with study findings, the recommendations reflect six key themes and are targeted at key stakeholders in health and nursing human resource planning, including: federal and provincial/territorial governments, educators, employers, unions, professional associations and regulators.



**Where I'm working now,  
there is a lot of teamwork...  
I really appreciate my  
co-workers because even  
though I might be more  
senior than some of them,  
I don't think there's a day  
goes by that we don't learn  
something from somebody  
else, and I gotta say, I really  
appreciate the knowledge  
and the guidance I get from  
a lot of the nurses.**



**1.0 Work-Life Balance/Health:** That federal, provincial/territorial governments, employers, unions and professional associations prioritize and address issues of work-life balance and the health and well-being of nurses by:

- 1.1 Implementing policies to address the ongoing issue of excessive overtime and unpaid work to safeguard nurses' vacation time and days off, thereby reducing illness/injury rates;
- 1.2 Enforcing occupational health and safety standards to minimize workplace injuries, workplace violence, bullying and harassment;
- 1.3 Requiring a certain amount of scheduling consistency for full-time/part-time employees and supportive scheduling developed by frontline nurses;
- 1.4 Providing workshops (healthy eating, body mechanics, conflict resolution) to assist nurses in attaining work-life balance to promote strategies for health and well-being throughout their careers;
- 1.5 Recognizing that nursing is a female-dominated profession that requires adaptation of the work environment to align with gender-based realities and responsibilities;
- 1.6 Providing stress management programs, regular health checks and subsidized gym memberships and/or, where feasible, fitness classes at times convenient for shift workers.

**2.0 Evidence-Based Safe Staffing:** That the key stakeholders prioritize safe staffing to ensure safe, quality patient care by:

- 2.1 Improving overall nursing staff levels to ensure optimal, safe, quality patient care;
- 2.2 Exploring viable contingency staffing models to cover for sick time and vacations (such as nursing resource teams with the infrastructure to support nurses floating to units);
- 2.3 Conducting an analysis of the costs/benefits of different staffing models, based on an evaluation of patient outcomes and patient safety indicators;
- 2.4 Applying best available evidence to pilot projects across jurisdictions to test staffing models that can achieve better outcomes for patients, providers and the system;
- 2.5 Creating policies that protect staff from mandatory, excessive, and unpaid overtime;
- 2.6 Exploring scheduling options that allow for flexibility in all career phases, especially during critical phases (return-to-work from leave of absence; approaching retirement);
- 2.7 Providing opportunities for late-career, retiring, or retired nurses to work in less than full-time positions to facilitate phased in retirements.

**3.0 Workplace Relationships/Leadership Capacity:** That key stakeholders ensure the active involvement of frontline nurses in clinical decision-making, effective management-staff relations, enhanced leadership capacity, and respectful and productive workplace relationships by:

- 3.1 Implementing strategies to include direct care nurses in unit and organizational level decision-making (clinical, policy, financial, and staffing);
- 3.2 Exploring leadership and liaison roles for nurses at the unit level, that support both staff and management;
- 3.3 Creating institutional structures to support leadership training;



- 3.4 Recognizing leadership activities as a component of nursing education by counting meeting/conference hours towards clinical hours or competency requirements;
- 3.5 Creating institutional structures to support manager-staff contact and engagement;
- 3.6 Creating non-monetary staff recognition programs as agreed to with the union;
- 3.7 Providing intergenerational training to staff;
- 3.8 Providing education and ongoing communications regarding scopes of practice for all nursing designations to ensure consistency in practice expectations and guidelines.

**4.0 Teamwork:** That provincial/territorial governments provide appropriate funding for employers to optimize patient outcomes through prioritizing therapeutic nurse-patient interactions and coordinated intraprofessional teamwork, aligned with nurses' scopes of practice, educational qualifications and competencies by:

- 4.1 Ensuring that the optimal staffing level is available by aligning professional competencies with real-time patient needs, while respecting continuity of care;
- 4.2 Supporting intraprofessional teamwork through workshops related to scope of practice.



*Elly and her dog Marshall enjoying time in the park playing fetch.*

**5.0 Student/New Nurse Graduates' Transition Programs:** That provincial/territorial governments provide policies, resources, and funding for educators and employers to implement evidence-based programs to ensure successful transitions to professional practice by:

- 5.1 Creating collaborative transition support structures in education and practice that commence in nursing school and continue throughout the first year of practice, with a permanent full-time position at the end of the transition period;
- 5.2 Providing preparatory training and supports for the successful completion of entry-to-practice exams;
- 5.3 Ensuring an extended orientation for new graduates with preceptored and supernumerary training;
- 5.4 Providing social network forums within organizations;
- 5.5 Creating formal mentor programs to link new graduates with experienced nurses as mentors;
- 5.6 Providing funding and allocating time for experienced nurses to serve as mentors to new graduates within formal mentorship programs;
- 5.7 Providing career mapping, professional development, and leadership development through continuing education;
- 5.8 Supporting career transitions between care units, specialty areas, organizations and provinces;
- 5.9 Providing workshops on work-life balance, strategies for adjusting to shift work, and stress management programs;
- 5.10 Providing interprofessional and intraprofessional orientation, including a review of the scopes of practice and role responsibilities of care team members;
- 5.11 Promoting a safe workplace environment for students transitioning into their first year in the workplace.

**6.0 Continuing Education/Professional Development Training:** That provincial/territorial governments, employers and unions address the need for continuing education and professional development by creating a culture of investment in nurses' knowledge and evidence-informed practice across the career continuum by:

- 6.1 Providing paid release time for coursework/credentialing and relief time;
- 6.2 Providing nurses with an annual continuing education funding allowance;
- 6.3 Providing nurses with an annual continuing education paid time-off allowance;
- 6.4 Providing leadership training and mentorship for mid- to late-career nurses wishing to transition to formal leadership roles;
- 6.5 Providing career mapping and leadership development opportunities at all career stages;
- 6.6 Providing workshops to enhance intraprofessional and interprofessional collaboration;
- 6.7 Integrating intraprofessional and interprofessional courses in nursing curriculums;
- 6.8 Providing ongoing communication and education regarding new models of care delivery, evolving roles and scopes of practice.

# Afterword

## Rosalee Longmore

RN, Past President of Saskatchewan Union of Nurses (retired)

Through *Bridging the Generational Divide: Nurses United in Providing Quality Patient Care*, we hear the voices of nurses of all ages, all of whom share a passionate commitment to their patients. First and foremost, all of the nurses surveyed in this publication speak of their desire to provide quality patient care. Much of their dissatisfaction emerges when they are unable to provide the kind of care they have been trained to provide, because they are overworked and do not have sufficient time with their patients. It is clear management plays an important role in nurses' lives – sometimes positively, often negatively. When nurses feel they are being respected as valued members of the health care team, with leadership and decision-making capacity, they are happier and healthier professionals, able to deliver the best quality patient care.

Unfortunately, both early-career and mid- to late-career nurses are feeling the blunt of changes to our health care system over the past two decades – changes which have resulted in increased workloads, excessive overtime, high stress levels, increased absenteeism, and unsustainable nurse-to-patient ratios.

As a former President of the Saskatchewan Union of Nurses (SUN), and a practicing nurse currently working on a casual basis in a long-term care facility, I am what the report describes as a 'seasoned' nurse. Returning to practice nursing after 15 years, I too have noted the changes in nurses' work environments. Over the past two decades, the percentage of residents with insulin dependence, severe cognitive impairments, mental illnesses and addictions, resulting in behavioral issues, has increased, but staffing levels have not been increased in turn to meet the needs of these residents.

I recognize that we have made gains in some areas and lost ground in others. A positive change – enforcement of occupational health and safety standards – remains



a challenge, but there have been improvements. For example, the zero-lift policy and the use of mechanical lifts have made the workplace much safer. In addition, staffing now allows more hours dedicated to resident activities, and more RNs to cover supper and the associated medication distribution. But on evenings, nights and weekends, the charge nurse is responsible for replacing staff for all departments (not just nursing) who are off work – this can take two hours or longer. For me this means that with 50 residents, and the associated charting every day, each day entails at least two hours of unpaid overtime.

What many politicians and even some managers don't realize is that, as nurses, we can't just leave our jobs at the end of day. We are always thinking about the patient – what information needs to be transmitted to the incoming staff in order to ensure that the patient is cared for properly. The patient's safety – their well-being – is our paramount concern. Continuity of care means that we are always looking beyond our eight hours of work, towards the next shift. I have found that experienced nurses – with their professional judgement honed over many years – are more likely to identify challenges for future shifts and begin to address them. This is to be expected – it's called experience. Therefore, it's critically important to have enough seasoned nurses on hand throughout the workday in order to safeguard patient safety.



I am leaving nursing practice completely in a few months. Although I love nursing, it angers me to know that so much time and money has been invested in studying the nursing profession, with so few results. Nurses have worked to provide concrete solutions to meet the challenge of growing costs, resulting in excellent recommendations to meet the needs of our patients and to improve the work-life balance for those in the profession. And yet, the political will to implement these recommendations remains absent. Health regions and governments continue to make decisions to stem the escalating costs of acute care, ignoring the evidence of the impacts of these decisions on the bedside.

Working as a nurse in a long-term care home, I have seen first-hand the challenges faced by our health care system. When we speak of a health system, I sometimes think we forget that people make up that system: the nurses who care about their patients and grow frustrated because excessive workloads mean they can't give them the health

care they deserve; the families who have to help their aged parents to pay for necessary medications and care; the seniors with dementia, who need more care but instead are medicated because of insufficient staffing. For the sake of our children and grandchildren, I would ask that political leaders and health authorities step up to invest in all of the areas that will improve the health of the population: a national health human resources plan to ensure safe staffing to safeguard patient care regardless of the sector; a national prescription drug plan to ensure access to medications (and reduce the cost of drugs); and a national safe seniors strategy because as it stands now we are ill-equipped to meet the needs of our aging population. These measures would substantially reduce the need for costly interventions. As a health care leader, a soon-to-be retired nurse, and a grandmother, it would be nice to know that future generations would have the benefit of a health care system that provides the best quality care for all patients, one that is truly patient-centred.



*Rosalee spending time with her grandchildren.* © Ali Lauren Creative Services



# Annex A

## Literature Review

### A.1 Literature Review Strategy

A literature review was undertaken to glean information about early- and mid- to late-career nurses from both academic and grey literature sources. A search of relevant electronic databases, including PubMed, CINAHL and Scopus, along with professional websites, was conducted. The search was narrowed to publications from 2000 to present. Keyword searches included the terms: “new graduate,” “early-career nurse,” “mid-career nurse,” “late-career nurse,” “novice nurses,” “retirement,” “recruitment,” “retention,” “nursing shortage,” “career/job expectations,” “career/job preferences,” “career planning,” “professional development” and “health human resources.” Bibliographies of relevant and included papers were also hand-searched. The following presentation and discussion of the literature will be classified under the headings: The Multi-Generational Nursing Workforce, Early-Career Nurses, and Mid- to Late-Career Nurses.

### A.2 The Multi-Generational Nursing Workforce

Each generation, Baby Boomers (born 1946-1964), Generation X (born 1965-1979) and Millennials or Generation Y (born 1980-2000), in both the nursing and general Canadian workforce, have unique traits and values that influence career experiences and job satisfaction (Apostolidis & Polifroni, 2006). The characteristics of generational cohorts have been categorized and described within several well-cited texts (Hendricks & Cope, 2013; Lancaster & Stillman, 2002; Strauss & Howe, 1991; Tourangeau et al., 2013; Zemke et al., 2000). Despite early exploration of intergenerational issues, there has been a growing interest over the last decade in exploring generational differences within the workplace, especially within the fields of management and human resources (Hill, 2002; Payne & Holmes, 1998; Rodriguez et al., 2003).

Generational theory is based largely on demographic data, which plays a pivotal role in chronicling, predicting and explaining economic and sociopolitical life (Boychuk Duchscher & Cowin, 2004). Generational eras are characterized by historical, political, and social events that, in turn, influence the core values, attitudes, work ethic and professional aspirations of the cohort members (Strauss & Howe, 1991). Generational cohorts are defined as a group of people who may experience particular historical or environmental events within the same timeframe and share a set of values, beliefs and expectations (Strauss & Howe, 1991). Generational theories typically assign individuals to cohorts, based on birth date. The most cited generational typologies are based on the work of Strauss and Howe (1991) and identify four generational cohorts: Veterans (born 1925-1945); Baby Boomers (born 1946-1964); Generation X (born 1965-1979); and Generation Y or Millennials (born 1980-2000). In this report, we focused on three generational cohorts: Baby Boomers, Generation X and Generation Y or Millennials. Members of the Veteran cohort are now 70 years of age or older and, as such, make up a very small percentage of the nursing workforce.

Although most generational theorizing has been based on anecdotal evidence and demographic data, it does provide a reference point to explore life experiences, including personal and professional behaviours and attitudes (Boychuk Duchscher & Cowin, 2004). Cultivating an understanding of the differences between generational cohorts has been one strategy to ensure a more unified workplace and can promote the retention and recruitment of nurses (Boychuk Duchscher & Cowin, 2004).

Baby Boomers (born 1946-1964) currently comprise the largest group of nurses. They value loyalty, have strong organizational commitment and want respect for their hard work and long-standing dedication (Hu et al., 2004). Baby Boomers are described as self-centred, optimistic

workaholics who value teamwork, hard work and sacrifice on behalf of the group (Wieck et al., 2009). These nurses expect to work with managers who act with integrity, seek contributions from others and who can motivate their staff (Hu et al., 2004; Wieck et al., 2009). This generation appears to be staying in the workforce longer than those preceding it, delaying retirement (Carrière & Galarneau, 2011).

Generation X (born 1965-1980), also known as the “latchkey” generation, is comprised of children who gained their independence from an early age because both of their parents worked (Apostolidis & Polifroni, 2006). These nurses enjoy autonomy and are highly self-reliant (Wieck et al., 2009). Unlike their predecessors, Generation Xers are loyal to themselves and not necessarily to their workplace (Wieck et al., 2009); they will leave an organization in pursuit of employment options that best suit their needs (Carver & Candela, 2008). They value a work environment that promotes intellectual stimulation and professional growth (Takase et al., 2009), strong relationships with colleagues and managers (Shacklock & Brunetto, 2012) and work-life balance (Takase et al., 2009; Hart, 2006; Carver & Candela, 2008; Wieck et al., 2009). Many may prefer part-time work because they prioritize their home lives and families (Widger et al., 2007).

Like Generation X, Millennials (born 1981-2000) covet flexibility in terms of their work schedules, enjoy working in groups but also desire autonomy and independence in their work (Hu et al., 2004). They need frequent encouragement and constructive feedback from their managers; they want their efforts and performance to be recognized (Hu et al., 2004; Dols et al., 2010; Carver & Candela, 2008). Millennial nurses demonstrate little organizational commitment (Shacklock & Brunetto, 2012) and place high value on economic returns (McNeese-Smith & Crook, 2003); they seek employment where they can find the greatest meaning in their work (Shacklock & Brunetto, 2012). Compared to Generation X, they work more frequently full-time because they are beginning their careers without the responsibilities of family life (Widger et al., 2007; Shacklock & Brunetto, 2012).

Nurses in all generations rated their work environments poorly. The lowest rating was for staffing and resource

adequacy; nurses were also not very satisfied with their schedules, with Millennials the least satisfied (Widger et al., 2007). Also, Wakim (2014) found that perceived stress did not differ according to age/generational classification, with the most reported stressors among all nurses being workload and patient death/dying. Concerns about overwork and its impacts on patient safety are felt acutely by all generations of nurses (MacPhee, 2014). However, the various generational cohorts do differ in terms of coping skills (Stewart, 2006).

### A.3 Nurses' Career Stage Considerations

Examining generational theories is a common strategy used to differentiate nurses into groups and to explain patterns based on historical or environmental contexts. However, because of limitations of generational theory, as described in the body of the report, this paper chose to focus on nurses' career stage considerations – specifically, early-career and mid- to late-career, rather than employing generational theories.

#### A.3.1 Early-Career Nurses

The retention and recruitment of new nurses is an important component of a sustainable nursing human resources strategy. Thus, understanding the career needs and desires of this cohort is essential. In 2006, the Nursing Sector Study Corporation reported on a two-phased study of the nursing workforce and nursing human resources in Canada (Med-Emerg Inc., 2006). A strong sense of preparedness was recognized among nurses to address the problems their professions faced, both immediately and in the long term (Med-Emerg Inc., 2006). The authors noted the need to devote funding and resources to supplying the Canadian nursing workforce with more nursing graduates and made recommendations for financial assistance to students, developing innovative student placement opportunities and compensating experienced nurses for their roles as mentors and preceptors (Med-Emerg Inc., 2006).

Since 2007, Ontario's Ministry of Health and Long-Term Care (MOHLTC) has been budgeting \$100 million annually to a program aimed specifically at new nurses, called the Nursing Graduate Guarantee (NGG), with



more than 14,300 graduates participating (MOHLTC, 2013). Funding is provided to employers who create a temporary, full-time, supernumerary position for a nurse within six months of graduation for up to 26 weeks (MOHLTC, 2011). The positions give new graduates a paid employment opportunity and help ease their transition into the workforce (MOHLTC, 2013). It is expected that the employer will endeavour to hire the nurse after the orientation period into full-time employment, unless the employee is assessed unsuitable for employment (MOHLTC, 2011).

Recent data indicate that the NGG program in 2012-2013 saw 2,246 graduate nurses and 214 employers participate, the majority being in the hospital sector, followed by long-term care and community settings (Baumann et al., 2013b). The 6-month mentorship period was rated very highly by 66.5% of the new graduates who found it advantageous, and employers indicated that it allowed new graduates to acquire the competencies required to practice independently (Baumann et al., 2013b). The NGG was viewed positively for the experience, however, 58.8% of 2012 employers were not able to bridge the new graduate into full-time permanent employment due to a lack of positions, budget constraints and positions being awarded to nurses with more seniority, indicating that there is still a need for improved new graduate access to full-time employment (Baumann et al., 2013; Baumann et al., 2013b).

Evidence from the literature suggests that the two younger generations of nurses describe lower levels of organizational commitment than nurses in the Baby Boomer generation. In addition, research has found that recent new graduate cohorts were more likely to consider leaving a position if they were dissatisfied with their work environment, schedule or work, to pursue a position more aligned with their expectations (Beecroft et al., 2008; Meyer Bratt & Felzer, 2012). The younger cohorts of nurses, Generation X and Millennials, have been shown to be significantly less satisfied than Baby Boomers in relation to pay, benefits, scheduling and overall satisfaction (Wilson et al., 2008). Job satisfaction among new nurses results in more commitment to the organization which, in turn, decreases the likelihood of turnover (Beecroft et al., 2008; O'Brien-Pallas et al., 2008). With the average cost of \$25,000 associated with

nurse turnover, turnover is a costly consequence of low satisfaction levels among new graduate nurses (O'Brien-Pallas et al., 2008).

Widger et al. (2007) reported that Millennials suffer the most burnout in the areas of emotional exhaustion and depersonalization, compared to their older cohorts, while Baby Boomers had the largest proportion of nurses with low levels of burnout (Widger et al., 2007). Lower levels of satisfaction have been linked to the intention to leave the nursing profession altogether (Flinkman et al., 2008). Research suggests that the turnover rate for new nurses is 30-60% in the first two years (Beecroft et al., 2008; Bowles & Candela, 2005; Boychuk Duchscher & Cowin, 2004). Although the link between work satisfaction and organizational commitment is firmly established within the literature, there remains a gap in our understanding of the expectations, experiences and job satisfaction of early-career nurses.

Lavoie-Tremblay et al. (2008b), in a Quebec study that examined the psychological well-being of early-career nurses aged 24 years or younger, found that new graduate nurses perceived an imbalance between the amount of effort they exerted at work and the resultant rewards (salary, career opportunities, recognition). The effort-reward imbalance influenced their decision to quit their nursing position or to explore opportunities that provided a better work-life balance (Lavoie-Tremblay et al., 2008b).



*Debbie enjoying snowshoeing in her downtime.*



*Mona says walking or running daily helps her clear her mind and feel good.*

Elevated psychological distress and job strain were key factors in the effort-reward balance: 43.4% of new nurses had experienced psychological distress that influenced their intention to quit (Lavoie-Tremblay et al., 2008). The youngest nurses were the most stressed and most likely to leave, according to research examining job satisfaction and incentives to decrease turnover of nurses (Wieck et al., 2009). High reports of stress arise from inadequate staffing levels, unsafe working conditions that put patients at risk, and having to spend time beyond a shift to finish work (Bowles & Candela, 2005). Given Manitoba Nurses Union (MNU)'s recent research finding that nurses can experience cumulative trauma resulting from events that are not routinely viewed as traumatic, but are nevertheless emotionally and physically taxing (MNU, 2015), tackling the causes of stress in the workplace is an important part of any retention and recruitment strategy.

A recent study of 161 medical-surgical nurses by Wakim (2014), exploring generational differences in relation to occupational stress, found that Millennials reported the highest perception of stress levels, employing escape and avoidance in order to cope with stress. This finding highlights the need for tailored coping strategies such as

stress management programs and emotional supports, especially for younger cohorts of nurses. Moreover, given that the Millennial generation is known for needing social supports, praise, constructive feedback and recognition (Hu et al., 2004; Dols et al., 2010; Carver & Candela, 2008), it is important to understand their expectations in regards to career stresses and rewards in order to enhance organizational commitment and retention (Lavoie-Tremblay et al., 2008b).

The workload and demands of a job influence a new graduate nurse's intent to stay or leave a position. In a study of RNs under 30 working in hospitals in Finland, which sought to uncover the reasons new nurses intend to leave the profession, the workload was described as exceedingly demanding, such that RNs were not given the opportunity to provide the level of care they expect to give (Flinkman et al., 2008).

Price et al. (2013) explored the career choice experiences of Millennial nursing students and found that proximity to patients and desire to deliver quality patient care was central to their choice of nursing as a career. Since care quality is also emphasized in educational institutions as being paramount to nursing work, nursing graduates seek organizations that foster a level of care that is congruent with their values and beliefs (Frechette et al., 2013).

The career choices and values of new nurses have been shown to influence the long-term satisfaction of early-career nurses. Laschinger (2012) conducted a survey of 420 newly graduated nurses working in Ontario and looked at work life, job demands, job resources and personal resources to examine how these factors influenced engagement and burnout. The authors suggest that without the ability to provide care that aligns with their expectations of professional nursing practice, job dissatisfaction, burnout and turnover intent can result (Laschinger, 2012). The incongruence between the environment from which a nurse is indoctrinated and the professional environment in which they enter upon licensure can cause discord and dissatisfaction. This disconnect between preconceived notions and real-world practice is often referred to in the nursing literature as transition or reality shock (Boychuk Duchscher & Cowin, 2004; Day et al., 2005; Kelly & Ahern, 2009; Kramer, 1974; McKenna et al., 2010).

Although the professional environment may not live up to the expectations of all early-career nurses, knowing that these nurses anticipate a workplace that will support them in their endeavours to provide high-quality care that is congruent with the fundamental values of nursing is an important consideration when creating early-career retention and recruitment strategies. To incorporate our learning into health human resources planning, better understanding of their career expectations will improve the health system's overall bottom line by reducing the costs associated with staff turnover and patient safety incidents.

With the understanding that new nurses find the work environment challenging, many organizations offer programs to assist with the transition from student to practising nurses. Parker et al. (2014) explored the experiences of new graduate nurses' transitions and job satisfaction through focus groups and online surveys of 282 new graduates in Australia: the biggest challenge facing new graduates was a disconnect between the level of support new nurses believed they needed and the actual amount they received.

Feng and Tsai (2012), in a descriptive study of the socialization process of new graduates in Taiwan, described how, when new nurses enter their first job, they often have low self-esteem due to a lack of knowledge and clinical skills. When this is combined with inadequate staffing and heavy work demands, the new graduate nurse can feel very frustrated and unable to cope (Feng & Tsai, 2012).

In 2007, 3,863 newly licensed RNs in the United States responded to a mail-in survey by Kovner et al. (2007), designed to gain insight into attitudes towards work and the job characteristics of new graduates. The survey found that less than a third of new graduate nurse participants reported any form of official learning opportunities. Participants reported working with a preceptor (87.1%) and having their work with patients supervised (74.5%) most often, but only 21.4% reported participating in a residency or internship program (Kovner et al., 2007).

A review of 70 articles related to internship, preceptorship, externship, post-orientation and residency programs by McDonald and Ward-Smith (2012) examined the evidence supporting these programs for improving new graduate nurse retention. The review found aspects of each of these new graduate initiatives were successful

in facilitating the transition of new graduates into their roles as nurses (McDonald & Ward-Smith, 2012) and in improving their confidence and competence for providing patient care (Park & Jones, 2010). Park and Jones (2010) examined 46 articles on U.S. new graduate orientation programs and found that extended orientation programs encourage new graduates to remain employed in the profession and should be a critical component in future retention strategies. Similarly, Romyn et al. (2009) held discussion groups with staff nurses, managers and educators to explore new graduate nurse transition and to address the gap between being a student nurse and a working RN in Alberta. Participants "strongly agreed" that opportunities such as internships, apprenticeships, laddering and supernumerary positions would be beneficial to them in order to refine their clinical post-graduation skills (Romyn et al., 2009).

The most commonly reported length of time for transition programs is between three and six months (Dyess & Sherman, 2009; Salt et al., 2008), but current research shows that programs need to be longer, sometimes up to a year, to generate new nurses who feel supported and satisfied (Casey et al., 2004; Dyess & Sherman, 2009; McDonald & Ward-Smith, 2012). Laschinger (2012) described the work experiences of 342 nurses in Ontario in the first two years of practice and found that when the initial orientation programs met their learning needs, new nurses were more satisfied and less likely to intend to leave their position.

After the transition period of early-career nurses is complete, maintaining job satisfaction is a longer-term focus for employers. Younger nurses have been described as having a sense of self-worth; they are educated, intelligent employees who work hard to prove their competence as a nurse, and as such they believe they should be fairly compensated (Kovner et al., 2014).

A study investigating the components of job satisfaction of 3,962 newly qualified nurses in the United Kingdom by Murrells et al. (2008) found that young nurses perceived a disconnect between the high responsibility they are given and the salary they receive. This disconnect was identified as a component of career dissatisfaction for new graduates, a finding that has been reported elsewhere within the literature (Cho et al., 2012; Flinkman et al., 2008; Murrells et al., 2008). U.S. research surveyed



1,559 RNs working in hospitals to understand the most important work benefits for nurses to determine generational differences in how professional benefits are valued. In terms of compensation, Millennials and Generation X nurses valued overtime pay and premium pay as one of the most significant incentives, while Boomers ranked pensions and retirement benefits as the important incentives (Wieck et al., 2009).

In order to retain new nurses in the profession and ensure career satisfaction, it is imperative to understand their expectations in regards to salary, benefits, vacation, work preferences and recognition (Dols et al., 2010). Even with the large body of knowledge specific to the challenges experienced by early-career nurses, a gap remains in our understanding of their distinct career expectations, desires and motivations to remain employed. As the literature demonstrates, early-career nurses seek employment in supportive work nursing environments with a focus on quality patient care. They want to be appropriately rewarded for their efforts and they seek employers that will support their transition to practice and assist them to adjust to increased workloads and job demands. Understanding the needs of early-career nurses is also significant, given the growing rates of burnout, exhaustion and attrition among new nursing graduates that recent research suggests.

The retention of early-career nurses is essential in order to develop a sustainable nursing human resources strategy. Although the literature has focused predominantly on transition experiences of new graduates, there is a need to also understand their expectations in terms of salary, benefits, employment status, hours and work environment in order to best recruit and retain this cohort within the nursing profession.

### A.3.2 Mid- to Late-Career Nurses

Nurses in the latter part of their careers make up a very large proportion of the nursing workforce and as such, require their own set of retention and recruitment strategies. In a 2013 news release, the Canadian Nurses Association expressed great concern over the number of Registered Nurses over the age of 60 (CNA, 2013). Currently, 61% of

regulated nurses working in Canada are 40 or over (CIHI, 2015), so many nurses are close to or past retirement age. The proportion of late-career RNs/NPs and RPNs in the workforce begins to decline after age 58; the shift occurs a year later among LPNs, at age 59 (CIHI, 2015b).

Recently, a study in the United States found that the retirement age for nurses was steadily increasing in keeping with the trend for the general population (Auerbach et al., 2014). This retirement trend requires more exploration to determine whether Canadian nurses are staying in the workforce longer as well, and if so, why that might be.

Mid- to late-career nurses have indicated that they want to remain employed, but that it is contingent on employers creating environments that are positive and responsive to their needs (Armstrong-Stassen et al., 2014; Palumbo et al., 2009).

A literature review exploring the turnover and retention of older nurses in Australia explored the role of high levels of work demands on a nurses' decision to stay or leave (Moseley et al., 2008). The physical changes and limitations of the older nurse must be taken into consideration when addressing functional roles, workloads and structural designs of the workplace for nurses (Bell, 2013; Blakeley & Ribeiro, 2008; Stichler, 2013).

The federal government recently renewed the Targeted Initiative for Older Workers (TIOW) as part of the Economic Action Plan 2014 (Canada's Economic Action Plan, 2014). The TIOW is a federal-provincial/territorial cost-shared employment program which offers skill enhancing programs and work experience to unemployed individuals 55-64 who work in communities of 250,000 or less. Programs such as these support the retention and recruitment of late-career nurses by assisting in their reintegration into the workforce. Similar provincial programs have been initiated as well. In 2004, Ontario's Ministry of Health and Long-Term Care (MOHLTC) created the Late-Career Nurse Initiative (LCNI) to provide the opportunity for late-career nurses to take on alternative roles and projects to improve patient care and the quality of work environments while utilizing their knowledge, experience and expertise in a less physically demanding position (MOHLTC, 2014). Organizations can

apply to receive funding to allow applicants to work a designated number of hours, depending on their current employment status, on a project that meets LCNI priorities for up to 16 weeks.

Jeffs and Nincic (2014) evaluated the impact of the LCNI through a survey of nurses aged 55 and older, and interviewed and surveyed nurse leaders to obtain data about the program. Higher rates of job satisfaction among late-career nurses were found, compared to nurses who did not participate in the program. The projects improved the work environment for late-career nurses, which was attributable to retaining more nurses in the organization. The authors speculated that nurses in the program felt a greater sense of accomplishment and pride in their work, leading to greater satisfaction (Jeffs & Nincic, 2014). The evaluation report has recommendations to improve program access and implementation.

CFNU's Research to Action project,<sup>2</sup> the 80/20 Late-Career Nurse Strategy Mentorship Program, was developed in Nova Scotia as the second part of an initiative to improve new graduate nurse recruitment (CFNU, 2011). Bellefontaine and Eden (2012) evaluated this program and made recommendations based on

lessons learned from the project. The funding from the 80/20 Late-Career Nurse Strategy allowed experienced nurses to develop evidence-informed guidelines, scheduling and expectations for mentors to meet the needs of new nurses (Bellefontaine & Eden, 2012).

In Alberta, United Nurses of Alberta's seven retention and recruitment (R&R) programs were put in place in 2007 to address concerns over workforce supply (Weidner et al., 2012). Similar to programs in Ontario, these programs were aimed at improving the environment for late-career nurses in order to increase their satisfaction and retain them within their organizations. Weidner et al. (2012) performed an evaluation of the programs as part of the Research to Action initiative to obtain feedback on nurses' satisfaction with the program. The programs included the Benefit-Eligible Casual Employee Program, Weekend Workers, Pre-Retirement FTE Reduction, Retirement Preparation, Flexible Part-Time, and Seasonal Part-Time programs. Of the 162 nurses surveyed, 78% agreed that their level of satisfaction with their job was influenced by one of the programs, and the majority of respondents rated the programs as either good or excellent. Key study informants believed these programs could, and should, be translated to other health care facilities or health professions that require retention strategies (Weidner et al., 2012).

Modified work arrangements for mid- to late-career nurses such as the ones in Ontario, Alberta and Nova Scotia are common strategies used to retain mid- to late-career nurses to manage the nursing shortage. In a survey of 1,553 hospital nurses in New England, the Less Work for Less Pay program was seen as good to very good by 63% of respondents (Cyr, 2005). This type of program addresses the issue of workload intensity, a commonly cited reason for retiring early, by having a decreased patient assignment for a decreased hourly wage (Cyr, 2005). Similar to the Seasonal Part-Time program in Alberta, Cyr (2005) found that approximately half of the nurses surveyed would consider delaying retirement to work in the winter and have summers off. Bell (2013) recommends creating jobs specifically designed to address heavy workloads and stress, such as admission, discharge and clinic roles, or mentorship and preceptorship roles to train new nurses.



*Linda loves spending time at the cottage with her grandchildren. Granddaughters Octavia (L) and Kensington (R).*

Flexible working hours for late-career nurses is another frequently cited retention strategy (Andrews et al., 2005; Bell, 2013; Blakeley & Ribeiro, 2008; Clendon & Walker, 2013; Moseley et al., 2008; Myer & Amendolair, 2014; Watson et al., 2003). In an online survey of nurses over age 50 in New Zealand, Clendon and Walker (2013) explored the experiences of nurses working shift work. Many respondents identified positive aspects of shift work; a similar proportion reported negative effects on physical and mental health as well as their nursing practice and family functioning (Clendon & Walker, 2013). Respondents noted that their tolerance to shift work decreased with age, and that the scheduling practices of the employer had the greatest impact on their ability to cope with shifts (Clendon & Walker, 2013). Flexible working options include choice of work days and hours, self-scheduling, fewer night shifts and the opportunity to work part time (Armstrong-Stassen, 2005; Myer & Amendolair, 2014). Andrews (2005) identified flexible working hours as a key strategy to encourage older nurses to remain employed or return to work. Semi-structured interviews with 84 nurses over the age of 50 in the United Kingdom also revealed that late-career nurses may favour part-time or casual employment and that they want to be able to accommodate professional development and non-work responsibilities in their schedules (Andrews et al., 2005). Offering options to late-career nurses gives them greater sense of control over their schedules, which can have a positive impact on job satisfaction and the intent to stay (Moseley et al., 2008). In a survey of 993 nurses (RNs and LPNs) in Ontario, McGillis Hall et al. (2011) also noted that flexible scheduling was an important retention factor for 53.4% of mid-career nurses.

Armstrong-Stassen et al. (2014), who sought to identify the perceptions of late-career nurses on how their needs were being met, highlighted the need to properly communicate flexible work options to staff. In a 2005 survey of 500 RNs over age 50 in Ontario by Armstrong-Stassen, only 10% reported that their hospital was actively involved in creating flexible work options, indicating there is perhaps a disconnect between what practices were perceived to be available and what were actually available.

In the same way that scheduling options were not perceived as available to late-career nurses, professional development opportunities need to also be established and communicated to all staff. Armstrong-Stassen (2005) identified educational support as a highly important retention strategy for nurses over age 50. Educational support can include release time with pay for continuing education, educational leaves and tuition reimbursement. Even with education ranked as being highly important by late-career nurses, there was a lack of perceived effort by the hospitals to engage in and support educational opportunities; only 12% of RNs reported that their hospitals were engaged and supportive of educational opportunities (Armstrong-Stassen, 2005). As well as late-career nurses, 54.7% of mid-career nurses in the McGillis Hall et al. (2011) study also noted continuing education as an important retention factor.

The call for recognition and respect by late-career nurses has been a dominant theme among many studies examining important work environment and managerial characteristics as well as retention strategies for this cohort. A study of U.S. nurses over the age of 50 by Myer and Amendolair (2014) found that close to 40% of respondents did not feel valued in their jobs, and that receiving recognition for their seniority would attract them to stay in their senior position. The lack of respect felt by late-career nurses has been identified as a significant factor driving nurses into retirement or out of the profession (Voit & Carson, 2012).

When surveyed, American pediatric late-career RNs described themselves as “reservoirs of wisdom” (Klug, 2009) who want to be valued as such. Greater autonomy, appreciation for their hard work and recognition of their wealth of experience and expertise have been ranked very highly as retention factors for nurses in the latter end of their careers (Armstrong-Stassen, 2005; Blakeley & Ribeiro, 2008; Hill, 2002; Kirgan & Golembeski, 2010; Moseley et al., 2008; Myer & Amendolair, 2014; Palumbo et al., 2009; Spiva et al., 2011). Some late-career nurses also have described feeling like a liability when they want to be seen as invaluable assets to the team (Kirgan & Golembeski, 2010).



Armstrong-Stassen et al. (2014) studied the perceptions of nursing human resource practices in Ontario hospitals and found significant discrepancies between nurse managers' and seasoned nurses' perceptions of how well the needs of late-career nurses were being met. Seasoned nurses perceived that very little was being done to target the needs of their group.

One of the greatest discrepancies between nurse managers' and seasoned nurses' perceptions was between recognition and respect practices: 70% of 500 seasoned Ontario nurses aged 50 and over rated respect as highly important in their decision to remain in the workforce, and yet most of those surveyed did not feel that they were being acknowledged for a job well done. Forty percent of nurses in the same study reported that their hospital did not formally recognize nurses (Armstrong-Stassen, 2005).

Bell (2013) recommends several managerial and structural strategies that are not costly to implement and have the potential to enhance the empowerment, satisfaction and retention of late-career nurses, including providing nurses with more decision-making power, training managers to recognize and respect older workers, and developing salary structures to reward expertise.

Finally, late-career nurses are preparing for eventual retirement and need to know their options. A study exploring the retirement options and decisions of nurses over age 50 in the National Health Service (NHS), United Kingdom, found that information regarding their retirement and work options was either inadequate or non-existent (Watson et al., 2003). In a review of the nurse retention literature, Storey et al. (2009) noted that in a group of UK nurses approaching retirement, only one third knew their work options, despite employers' assurances that information had been provided. Bell (2013) also recommends retirement planning as a retention strategy for late-career nurses.

With a large number of nurses approaching, or at, retirement age, tailoring human resources to the needs and expectations of mid- to late-career nurses is essential to retaining the more experienced cohort within the workforce. The literature demonstrates that mid- to

late-career nurses are willing to remain employed if their work environments are viewed as positive and supportive of older workers. Modified work arrangements, flexible working hours, opportunities for professional development and retirement planning have been cited as aspects of their jobs that could be improved to enhance satisfaction. More importantly, mid- to late-career nurses expect a work culture that gives them respect and recognition for their wealth of experience and dedication to their employers. Recognition can take the form of feeling like they are autonomous practitioners who have decision-making authority within their organizations.

## A.4 Conclusion

This synthesis of the current literature highlights the distinct needs and employment considerations for early- and mid- to late-career nurses. In recognition that health human resource planning requires a multi-faceted approach, this review provides insight into how future retention and recruitment strategies must be tailored to meet the specific needs of nurses at various stages in their career. Regardless of age, nurses entering the profession have distinct career needs from their mid- and late-career counterparts. There is a need to not only focus on recruitment and retention of our newest cohort of nursing professionals, but to also consider how to retain our most experienced nurses who are best situated to serve as preceptors, mentors and leaders within the system. There is a need to understand how to best meet the needs and preferences of nurses throughout their career spans in relation to salary, employment status, work hours, mobility, role type, practice setting and professional development. While this review does not focus directly on patient care, it does make the link previously established in numerous research papers (Aiken et al., 2008; Berry & Curry, 2012; MacPhee, 2014) between nurses' work life and job satisfaction in relation to the quality and safety of patient care.

*2 The Research to Action project implemented 10 pilot projects across Canada, which aimed to improve retention and recruitment, improve workplace environments, facilitate knowledge translation and develop collaborative partnerships.*

# Annex B

## Demographics

### B.1 Student Nurse Demographics

Two focus groups of students from the Canadian Nursing Students' Association (CNSA) were completed with a total number of 27 student participants. Student participants ranged in age from 19 to 40, and the majority of participants (85%) were female. Most student participants were interested in full-time work when starting their career (85%) and preferred to work in an acute care setting (63%). See Figure B.1 for a full demographic breakdown.

### B.2 Early-Career Nurse Demographics

For the purpose of this report an early-career nurse was defined as a nurse who has been working for five or fewer years in the field of nursing. Seven focus groups were completed with a total of 58 early-career nurses. Each focus group represented nurses from a different province, for a total of seven provinces. These provinces were Alberta, Prince Edward Island, New Brunswick, Saskatchewan, Manitoba, Nova Scotia and Ontario.

Early-career participants ranged in age from 20 to 54, and the majority of early-career participants were female (90%). The majority of participants worked in acute care settings (71%) and were employed full-time at the time of these focus groups (60%). See Figure B.2 for a full breakdown of the early-career nurse demographics.

### B.3 Mid- to Late-Career Nurse Demographics

For the purpose of this report a mid- to late-career nurse was defined as any nurse who has been working in their nursing career for more than five years. A total of nine mid- to late-career focus groups were completed with a total of 100 nurses. Focus groups were done across Canada with each focus group representing a different province (with the exception of Ontario which had two mid- to late-career focus groups). Additional provinces represented in this report included Prince Edward Island, New Brunswick, Saskatchewan, Alberta, Manitoba, Nova Scotia and Newfoundland & Labrador.

Mid- to late-career nurses ranged in age from 25 to 70+ with more than half of participants (62%) being above 50 years of age. The majority of participants were female (96%), and half (52%) of the mid- to late-career nurses were working in acute care. Most of the participants (73%) had full-time employment at the time of these focus groups. For a detailed breakdown of the mid- to late-career nurse demographics see Figure B.3.

Figure B.1

| Student Nurses                     |           |
|------------------------------------|-----------|
| <b>TOTAL</b>                       | <b>27</b> |
| <b>Gender</b>                      |           |
| Male                               | 4         |
| Female                             | 23        |
| <b>Age</b>                         |           |
| 19-29                              | 23        |
| 30-40                              | 4         |
| <b>Preferred Work Setting</b>      |           |
| Acute care                         | 17        |
| Long-term care                     | 2         |
| Combination of settings            | 4         |
| Other                              | 4         |
| <b>Preferred Employment Status</b> |           |
| Full-time (FT)                     | 23        |
| Part-time (PT)                     | 1         |
| Casual                             | 2         |
| FT/PT/casual                       | 1         |
| <b>Second Career</b>               |           |
| Yes                                | 6         |
| No                                 | 21        |

Figure B.2

| Early-Career Nurses      |           |
|--------------------------|-----------|
| <b>TOTAL</b>             | <b>58</b> |
| <b>Gender</b>            |           |
| Male                     | 6         |
| Female                   | 52        |
| <b>Age</b>               |           |
| 20-39                    | 47        |
| 40-54                    | 10        |
| Not stated               | 1         |
| <b>Work Setting</b>      |           |
| Acute care               | 41        |
| Community / home care    | 6         |
| Long-term care           | 8         |
| Other                    | 3         |
| <b>Employment Status</b> |           |
| Full-time (FT)           | 35        |
| Part-time (PT)           | 19        |
| FT/PT                    | 1         |
| Casual                   | 2         |
| Not stated               | 1         |
| <b>Second Career</b>     |           |
| Yes                      | 12        |
| No                       | 45        |
| Not stated               | 1         |

Figure B.3

| Mid- to Late-Career Nurses |            |
|----------------------------|------------|
| <b>TOTAL</b>               | <b>100</b> |
| <b>Gender</b>              |            |
| Male                       | 4          |
| Female                     | 96         |
| <b>Age</b>                 |            |
| 25-49                      | 34         |
| 50+                        | 62         |
| Not stated                 | 4          |
| <b>Work Setting</b>        |            |
| Acute care                 | 52         |
| Community / home care      | 14         |
| Long-term care             | 23         |
| Other                      | 7          |
| Not stated                 | 4          |
| <b>Employment Status</b>   |            |
| Full-time (FT)             | 73         |
| Part-time (PT)             | 18         |
| FT/PT                      | 3          |
| Casual                     | 4          |
| Not stated                 | 2          |
| <b>Second Career</b>       |            |
| Yes                        | 16         |
| No                         | 78         |
| Not stated                 | 6          |



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I became a nurse because I wanted to make a difference in the lives of the people that I come across through my profession.

”



*Rachel relaxing with a good book.*



LA FÉDÉRATION  
CANADIENNE  
DES SYNDICATS  
D'INFIRMIÈRES  
ET INFIRMIERS

LE SAVOIR AU SERVICE  
DU SAVOIR-FAIRE



# Message de la FCSII

## Linda Silas

Au cours des deux dernières décennies, nous avons observé un déclin des ressources humaines en santé au Canada. Et, en raison du paysage politique qui change constamment, nous avons ressenti les effets du modèle « prospérer ou crever » dans le secteur des soins infirmiers. Aujourd'hui, les problèmes liés à la vie au travail du personnel infirmier n'ont jamais été aussi importants. Dans ce document, nous cherchons à comprendre les attentes et les besoins des infirmières et des infirmiers du Canada, selon les différentes générations et à toutes les étapes de la carrière.

Nous savons que plusieurs des problèmes auxquels nous sommes confrontés aujourd'hui hantent notre profession depuis des décennies. Or, ils persistent et résistent au changement.

Selon le récent rapport de la Fédération canadienne des syndicats d'infirmières et infirmiers (FCSII), portant sur l'absentéisme et les heures supplémentaires, les heures supplémentaires excessives et l'absentéisme sont répandus au sein de toute la profession infirmière. En 2014, les infirmières ont fait plus de 19 millions d'heures supplémentaires à un coût de près de 872 millions de

dollars, dont plus de 20 % a été assumé par le personnel infirmier en heures supplémentaires non rémunérées. Nous savons que les heures supplémentaires contribuent à l'absentéisme et se traduisent en charges de travail excessives pour le personnel infirmier sur le terrain.

Les infirmières et les infirmiers d'expérience, qui s'attendent à pouvoir offrir des soins selon un modèle axé sur le patient, se rendent compte qu'en raison des charges de travail ingérables, ils ne peuvent plus dispenser ce niveau de soins. Ils doivent surmonter le défi de respecter et d'assumer leurs obligations professionnelles. Ils sont frustrés par l'absence de communication entre les cadres supérieurs et le personnel infirmier de première ligne, et se sentent impuissants car leurs opinions et leurs décisions sont souvent ignorées et laissées de côté.

Les infirmières et les infirmiers en début de carrière, ainsi que les étudiants en sciences infirmières, ressentent le manque de correspondance entre les programmes d'éducation et de formation et les réalités de la profession infirmière lorsqu'ils se retrouvent sur le terrain et doivent composer avec des ratios infirmière-patients irréalistes.



Qu'importe l'étape de la carrière, le personnel infirmier, comme les autres travailleurs du pays, se soucie plus que jamais auparavant de l'équilibre vie-travail. De plus en plus de rapports démontrent que les infirmières et les infirmiers s'attendent à un milieu de travail qui les aide à atteindre leurs buts personnels et professionnels.

Actuellement, un de nos défis vient du fait que nous sommes une profession composée majoritairement de femmes. Depuis la fin de mes études à l'Université de Moncton, et pendant toute ma pratique, j'ai observé les progrès réalisés, et de plus en plus d'hommes choisissent la profession infirmière. Toutefois, la réalité demeure : plus de 90 % du personnel infirmier au Canada sont des femmes. Nous devons donc exiger un meilleur équilibre vie-travail pour que les infirmières puissent mettre l'accent sur leurs ambitions professionnelles, les amis, la famille, et les activités qui génèrent de la joie et permettent de demeurer en santé.

Je crois que si nous n'arrivons pas à trouver de bonnes solutions pour atteindre un meilleur équilibre vie-travail, nous allons observer des taux croissants d'épuisement et une augmentation du nombre d'infirmières qui laisseront un poste à temps plein pour choisir un poste occasionnel afin d'arriver à un équilibre sain entre leur vie personnelle et professionnelle.

Nos politiques des soins infirmiers ciblant les ressources humaines en santé doivent examiner les enjeux à la lumière des sexes, et adapter les milieux de travail afin de les harmoniser aux réalités et aux responsabilités de chaque sexe. Plusieurs des infirmières qui ont participé au sondage ont trouvé très difficile d'arriver à un équilibre vie-travail qui tient compte de leurs obligations familiales envers leurs enfants ou leurs parents âgés. Dans d'autres industries, il y a souvent des politiques liées au travail, que ce soit des congés parentaux prolongés ou des congés pour obligations familiales. Or, les besoins de la profession infirmière et du secteur des soins de santé en général sont souvent oubliés et ignorés.

Dans ce rapport, la FCSII cherche à surmonter ces défis en présentant une revue complète de la littérature et en présentant les résultats de groupes de discussion

rassemblant des infirmières du pays à toutes les étapes de la carrière. Il s'agit des voix des infirmières exprimant leurs frustrations, leurs inquiétudes et leurs recommandations aux décideurs. Ce qui ressort, plus que tout, dans les pages du rapport est une image de la main-d'œuvre infirmière dans son ensemble, une main-d'œuvre profondément soucieuse des patients.

Les infirmières et les infirmiers du Canada, qu'importe l'étape de leur carrière, expriment leur amour pour leur travail et le désir d'avoir un impact direct en dispensant des soins au chevet de leurs patients. En se basant sur les mots et les témoignages de nos membres recueillis dans le cadre d'entrevues et de groupes de discussion, ce rapport confirme les conclusions de nombreuses études antérieures.

Ce rapport dresse un portrait éloquent de la situation actuelle, et offre des recommandations au sujet de la direction qu'il faut prendre pour surmonter les défis fondamentaux de la profession infirmière et de notre système de soins de santé.

J'aimerais remercier Sheri Price, Ph. D., auteure du rapport, et ses principales conseillères Linda McGillis Hall, Ph. D., et Carol Reichert, ainsi que les membres du comité consultatif de la FCSII : Judith Grossman (IIUA), Lawrence Walter (AIIO) et Paul Curry, Ph. D. (SIINÉ), pour avoir manifesté autant d'enthousiasme pour ce projet. J'aimerais aussi remercier les nombreux membres qui ont offert leurs témoignages et partagé leurs expériences personnelles et, ainsi, ont permis d'élaborer ce rapport.

J'ose espérer qu'un jour les politiques de santé mettront l'accent sur la santé des travailleurs de la santé en tant qu'individus, et sur la santé des infirmières et des infirmiers en tant que professionnels ayant des vies bien remplies. Leur vie ne se limite pas à être des anges de compassion.

# Résumé

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Au cours des deux dernières décennies, une attention particulière a été accordée à la diversité intergénérationnelle au sein de la profession infirmière et aux besoins de chaque cohorte d'infirmières. Toutefois, selon les résultats de cette étude, les infirmières de toutes les cohortes générationnelles sont beaucoup plus similaires que différentes par rapport à leurs objectifs de carrière, leurs attentes et leurs besoins. Malgré des décennies d'études mettant en relief le besoin de ressources humaines viables dans le secteur infirmier, le personnel infirmier ayant participé à cette étude mentionne encore les pénuries de personnel, les taux élevés d'heures supplémentaires, les charges de travail excessives et l'épuisement. Une myriade d'études et de projets pilotes ont ciblé les heures supplémentaires, la charge de travail, la dotation axée sur la sécurité, et les répercussions sur les soins aux patients. Or, jusqu'à maintenant, les données ne se sont pas traduites en solutions viables pour régler les problèmes et éclairer la planification future des ressources humaines en santé (RHS). Reconnaissant le fait que le maintien en poste et le recrutement du personnel infirmier sont des éléments clés de la planification des RHS au sein du système, cette étude cherche à comprendre les attentes et les besoins du personnel infirmier du Canada selon les générations et à toute étape de la carrière.

Tel que démontré dans cette étude, les étudiantes en sciences infirmières, les infirmières en début, à mi ou en fin de carrière ont un objectif commun, soit celui de dispenser des soins de qualité. Une grande partie de leur mécontentement vient du manque de contact avec le patient et du fait que les soins sont de moins en moins axés sur le patient. Tous les participants à l'étude, qu'importe l'étape de la carrière ou le groupe générationnel, mentionnent avoir choisi la profession infirmière et avoir choisi d'y rester en raison des interactions avec les patient et de la dimension compassionnelle de la profession. De



plus, selon les participants, les problèmes du milieu de travail, notamment pénuries de personnel, heures supplémentaires, et charges de travail excessives, nuisent à leur capacité de dispenser des soins sécuritaires et de qualité. Le patient, et plus particulièrement la sécurité du patient, est au cœur de leurs inquiétudes.

Les infirmières, qu'importe l'étape de leur carrière, mentionnent aussi se soucier de l'impact de leur travail sur leur bien-être personnel et sur l'équilibre vie-travail. Elles parlent d'un « impact sur la vie » quand on choisit une carrière en soins infirmiers. Les participants décrivent en détails les sacrifices qu'ils ont dû faire, ou qu'ils étaient prêts à faire, pour assurer la qualité des soins aux patients. Et ils admettent la lutte constante pour faire l'équilibre entre leur carrière, leur vie personnelle et leur vie familiale. Les pénuries de personnel et le manque de ressources sont une menace aux soins aux patients et se traduisent souvent en heures supplémentaires, épuisement et manque de satisfaction par rapport à la carrière. Les infirmières mentionnent se sentir obligées de faire des heures supplémentaires et gruger sur leur congé annuel afin d'assurer une dotation pertinente dans les unités et assurer qu'il y ait quelqu'un pour prendre soin des patients. C'est souvent par souci pour leurs patients et leurs collègues que les infirmières consentent à faire des heures supplémentaires malgré les inquiétudes par rapport à leur propre bien-être.

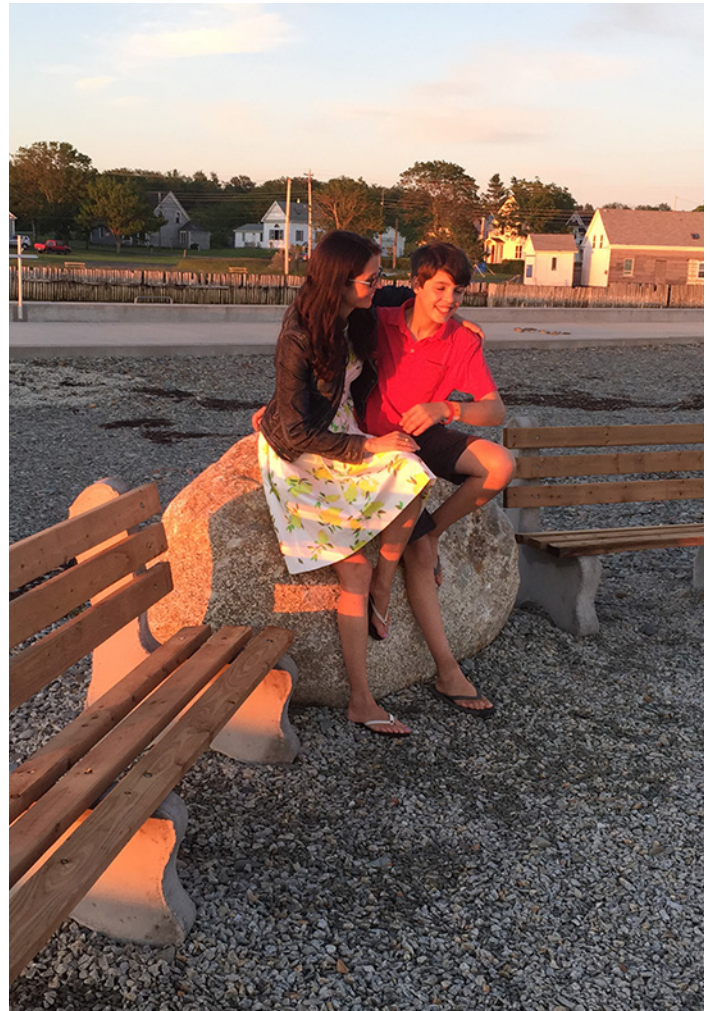


Or, il faut dispenser des soins basés sur les données probantes et reconnaître que le développement professionnel est une composante essentielle de la carrière infirmière. Ainsi, les infirmières, à toute étape de la carrière, mentionnent l'importance de la formation continue. Les pratiques exemplaires et les normes de soins évoluent constamment, et les infirmières veulent avoir accès à cette information afin de dispenser les meilleurs soins possibles. Selon les infirmières, les employeurs ne considèrent pas l'éducation et la formation comme prioritaires, particulièrement pour les infirmières à mi ou en fin de carrière. Le soutien financier est souvent absent et, en raison du manque de personnel de remplacement, il est très difficile d'obtenir des jours de congé pour compléter une formation ou des cours.

En plus des priorités en matière d'éducation et de formation, toutes les infirmières (début, mi et fin de carrière) mentionnent des inquiétudes par rapport aux relations avec les cadres supérieurs. Les infirmières, particulièrement celles au début de leur carrière, accordent beaucoup d'importance aux relations de qualité avec la direction. Elles croient que les relations avec les cadres supérieurs donnent le ton à l'ensemble du milieu de travail et déterminent, de façon importante, la culture et l'expérience quotidienne. Les infirmières, à toute étape de la carrière, mentionnent l'écart important entre les priorités du personnel infirmier et les priorités des cadres supérieurs.

De façon similaire, les infirmières en début, à mi ou en fin de carrière soulignent l'importance de la souplesse par rapport aux horaires et au type de travail. Elles considèrent la profession infirmière comme une profession offrant de nombreuses options en matière de lieu de travail, horaires et spécialités. Elles apprécient cette souplesse, et c'est souvent ce facteur qui les a motivées à choisir la carrière infirmière. Selon elles, la flexibilité des horaires a été minimisée ces dernières années. Ce changement a généré de la frustration chez celles pour qui cela représentait un élément motivant.

Les commentaires de 18 groupes de discussion nous révèlent un besoin par rapport à plusieurs éléments : modèles de dotation tenant compte du remplacement du personnel, nouveaux soutiens pour les nouvelles diplômées; meilleures équipes de soins infirmiers;



*Sheri playing with her son Ben in the park.*

normalisation des champs d'activité; et meilleures relations gestionnaires-infirmières et meilleures relations interprofessionnelles. Toutes les générations d'infirmières ont ceci en commun : elles sont déterminées à dispenser des soins de qualité. Pour utiliser leurs mots : « la pratique infirmière, c'est les soins aux patients ». Les résultats de cette étude et les recommandations mettent l'accent sur l'élargissement de la pratique infirmière et la capacité du personnel infirmier à dispenser les meilleurs soins possibles. Une main-d'œuvre saine et viable, qui tient compte des besoins et des inquiétudes du personnel infirmier pendant toute la durée de la carrière, permettra d'assurer les meilleurs soins possibles aux patients et leur famille.





*Jamie destressing in the barn after a busy shift in the ER.  
Just being around horses is important to his well-being.*

# Recommandations finales

Les recommandations qui suivent s'appuient sur les données recueillies à partir de groupes de discussion et d'une revue de la littérature. Elles s'accompagnent de stratégies pour consolider la pratique infirmière et améliorer les soins aux patients et aux familles. Afin de s'harmoniser aux résultats des études, les recommandations couvrent six secteurs clé. Elles s'adressent aux principaux intervenants du secteur de la santé et aux responsables de la planification des ressources humaines en santé, y compris les gouvernements fédéral, provinciaux et territoriaux, les éducateurs, les employeurs, les syndicats, les associations professionnelles et les organismes de réglementation.

## 1.0 Équilibre travail-vie personnelle/santé : Que les gouvernements fédéral, provinciaux et territoriaux, les employeurs, les syndicats et les associations professionnelles accordent priorité à la santé et au mieux-être du personnel infirmier, ainsi qu'aux problèmes liés à l'équilibre travail-vie personnelle :

- 1.1 Adopter des politiques permettant de régler le problème persistant des heures supplémentaires excessives et du travail non rémunéré afin de protéger les congés annuels et les jours de congé du personnel infirmier et, par conséquent réduire les taux de maladies et de blessures;
- 1.2 Mettre en application les normes en matière de santé et de sécurité au travail afin de réduire les blessures au travail, ainsi que la violence, l'intimidation et le harcèlement au travail;
- 1.3 Exiger une certaine régularité par rapport aux horaires des employés à temps plein et à temps partiel, grâce à des horaires tenant compte des besoins et élaborés par les infirmières de première ligne;
- 1.4 Offrir des ateliers (alimentation saine, biomécanique, résolution de conflit) pour aider les infirmières à atteindre l'équilibre travail-vie personnelle, et promouvoir des stratégies de santé et de mieux-être pendant toute la carrière;
- 1.5 Reconnaître que les femmes constituent la majorité de la profession infirmière et la nécessité d'adapter le milieu de travail pour qu'il respecte les réalités et les responsabilités de chaque sexe;
- 1.6 Offrir des programmes de gestion du stress, des examens médicaux réguliers, et des abonnements dans des centres de conditionnement physique ou, lorsque c'est possible, offrir des classes de conditionnement physique à des heures qui conviennent aux travailleurs par quarts.

## 2.0 Dotation en personnel fondée sur les données probantes : Que les principaux intervenants accordent priorité à la dotation axée sur la sécurité afin d'assurer la sécurité et la qualité des soins aux patients :

- 2.1 Améliorer les niveaux de dotation en personnel infirmier pour assurer des soins optimaux ainsi que la qualité et la sécurité des soins;
- 2.2 Explorer les modèles viables en matière de dotation provisoire afin de couvrir les congés de maladie et les congés annuels (par exemple équipes de ressources infirmières avec soutiens nécessaires pour les infirmières mobiles d'une unité à l'autre (floating));
- 2.3 Faire une analyse des différents modèles de dotation efficaces et économiques, en se basant sur l'évaluation des résultats et de la sécurité des patients;



- 2.4 Se référer aux meilleures données disponibles pour mener des projets pilotes dans tous les établissements afin de mettre à l'essai des modèles de dotation pouvant donner de meilleurs résultats pour les patients, les fournisseurs et le système;
- 2.5 Élaborer des politiques qui protègent le personnel des heures supplémentaires obligatoires, excessives et non rémunérées;
- 2.6 Explorer les options afin d'élaborer des horaires permettant une flexibilité à toute étape de la carrière, surtout pendant les étapes cruciales (retour au travail après congé prolongé, approche de la retraite);
- 2.7 Offrir des occasions de travailler aux infirmières en fin de carrière, à celles qui prennent leur retraite et aux retraitées, afin de leur permettre d'occuper des postes autres qu'à temps plein et, ainsi, faciliter la retraite progressive.

**3.0 Relations de travail et possibilité d'exercer un leadership :** Que les principaux intervenants assurent une participation active des infirmières de première ligne aux prises de décisions cliniques, une gestion efficace des relations entre la direction et le personnel, qu'ils augmentent les possibilités d'exercer un leadership et créent des relations de travail respectueuses et productrices :

- 3.1 Adopter des stratégies favorisant la participation des infirmières en soins directs aux décisions touchant l'unité ou l'organisation (décisions cliniques, politiques, financières, relatives à la dotation);
- 3.2 Explorer les rôles en matière de liaison et de leadership des infirmières des unités, soient les rôles qui facilitent à la fois le travail du personnel et des cadres dirigeants;
- 3.3 Créer des structures au sein de l'organisation qui encouragent la formation en leadership;
- 3.4 Reconnaître que les activités de leadership sont une composante de la formation infirmière en tenant compte des heures consacrées aux réunions ou aux conférences dans le calcul des heures cliniques ou la liste des compétences requises;
- 3.5 Créer des structures au sein de l'organisation qui encouragent les relations entre les cadres dirigeants et le personnel, ainsi que leur participation;
- 3.6 Créer des programmes, en consultation avec le syndicat, permettant de reconnaître, de façon non monétaire, la contribution du personnel;
- 3.7 Offrir, au personnel, une formation sur les différences intergénérationnelles;
- 3.8 Offrir une formation et assurer une communication continue par rapport au champ d'activité de tout le personnel afin d'assurer une homogénéité par rapport aux attentes et aux lignes directrices.

**4.0 Travail d'équipe:** Que les gouvernements provinciaux et territoriaux offrent un financement adéquat aux employeurs pour qu'ils maximisent les résultats des patients en accordant priorité aux interactions infirmières-patients et par un travail d'équipe intra-professionnel et coordonné qui respecte les champs d'activité des infirmières, leur niveau de scolarité et leurs compétences :

- 4.1 Assurer un niveau de dotation optimal en harmonisant les compétences professionnelles aux besoins des patients en temps réel, tout en respectant la continuité des soins;
- 4.2 Encourager le travail d'équipe intra-professionnelle grâce à des ateliers portant sur le champ d'activité.

**5.0 Programmes de transition pour les étudiantes et nouvelles diplômées en sciences infirmières :** Que les gouvernements provinciaux et territoriaux fournissent des politiques, des ressources et un financement pour les enseignants et les employeurs afin qu'ils puissent mettre en place des programmes fondés sur les données probantes et assurant le succès de la transition école-travail :

- 5.1 Créer des structures de soutien axé sur la collaboration afin de faciliter la transition école infirmière-travail. Ces soutiens commencent à l'école infirmière, se poursuivent pendant la première année de pratique, et se terminent par un emploi à temps plein à la fin de la période de transition;
- 5.2 Offrir une formation préparatoire aux examens d'entrée à la pratique, par exemple NCLEX, ainsi que des soutiens afin de faciliter la réussite;
- 5.3 Assurer une période prolongée d'orientation aux nouveaux diplômés avec des précepteurs et le statut de surnuméraire pendant la formation;
- 5.4 Offrir, au sein des organisations, des forums sur les réseaux sociaux;
- 5.5 Élaborer des programmes structurés de mentorat afin de jumeler les nouvelles diplômées aux infirmières d'expérience servant de mentors;
- 5.6 Assurer le financement et allouer du temps aux infirmières d'expérience afin qu'elles puissent servir de mentors aux nouvelles diplômées dans le cadre de programmes de mentorat bien structurés;
- 5.7 Offrir une formation continue sur la planification de carrière, le développement professionnel et le développement du leadership;
- 5.8 Faciliter la réorientation professionnelle entre les unités de soins, les secteurs spécialisés, les organisations et les provinces;
- 5.9 Offrir des ateliers sur l'équilibre vie-travail, ainsi que des stratégies pour s'adapter au travail par quart, et des programmes de gestion du stress;
- 5.10 Offrir une orientation inter- et intra-professionnelle, y compris un examen des champs d'activité, des rôles et des responsabilités des membres de l'équipe de soins.
- 5.11 Promouvoir la sécurité du milieu de travail afin de faciliter la transition des étudiants qui entament leur première année de travail.

**6.0 Formation continue et développement professionnel :** Que les gouvernements provinciaux et territoriaux, les employeurs et les syndicats répondent au besoin d'assurer la formation continue et le développement professionnel en créant une culture encourageant l'augmentation des connaissances ainsi que les pratiques fondées sur les données probantes dans tout le continuum de soins :

- 6.1 Prévoir des heures payées pour faire les travaux de cours, se préparer à l'examen d'accréditation, et les périodes de repos;
- 6.2 Prévoir une indemnité annuelle pour la formation continue pour toutes les infirmières;
- 6.3 Prévoir une indemnité annuelle pour congé d'études pour toutes les infirmières;
- 6.4 Offrir une formation en leadership et mentorat aux infirmières à mi ou en fin de carrière désirant faire la transition vers des rôles de leadership;
- 6.5 Offrir des ateliers sur la planification de carrière et le développement du leadership à toutes les étapes de la carrière;
- 6.6 Offrir des ateliers pour encourager la collaboration intra- et interprofessionnelle;
- 6.7 Intégrer des cours intra- et interprofessionnels dans les curriculums des programmes de sciences infirmières;
- 6.8 Assurer communication et éducation continues par rapport aux nouveaux modèles de prestation des soins, de l'évolution des rôles et des champs d'activité.



*Meaghan finding balance through her love of teaching yoga in her spare time.*





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MEETS KNOW-HOW