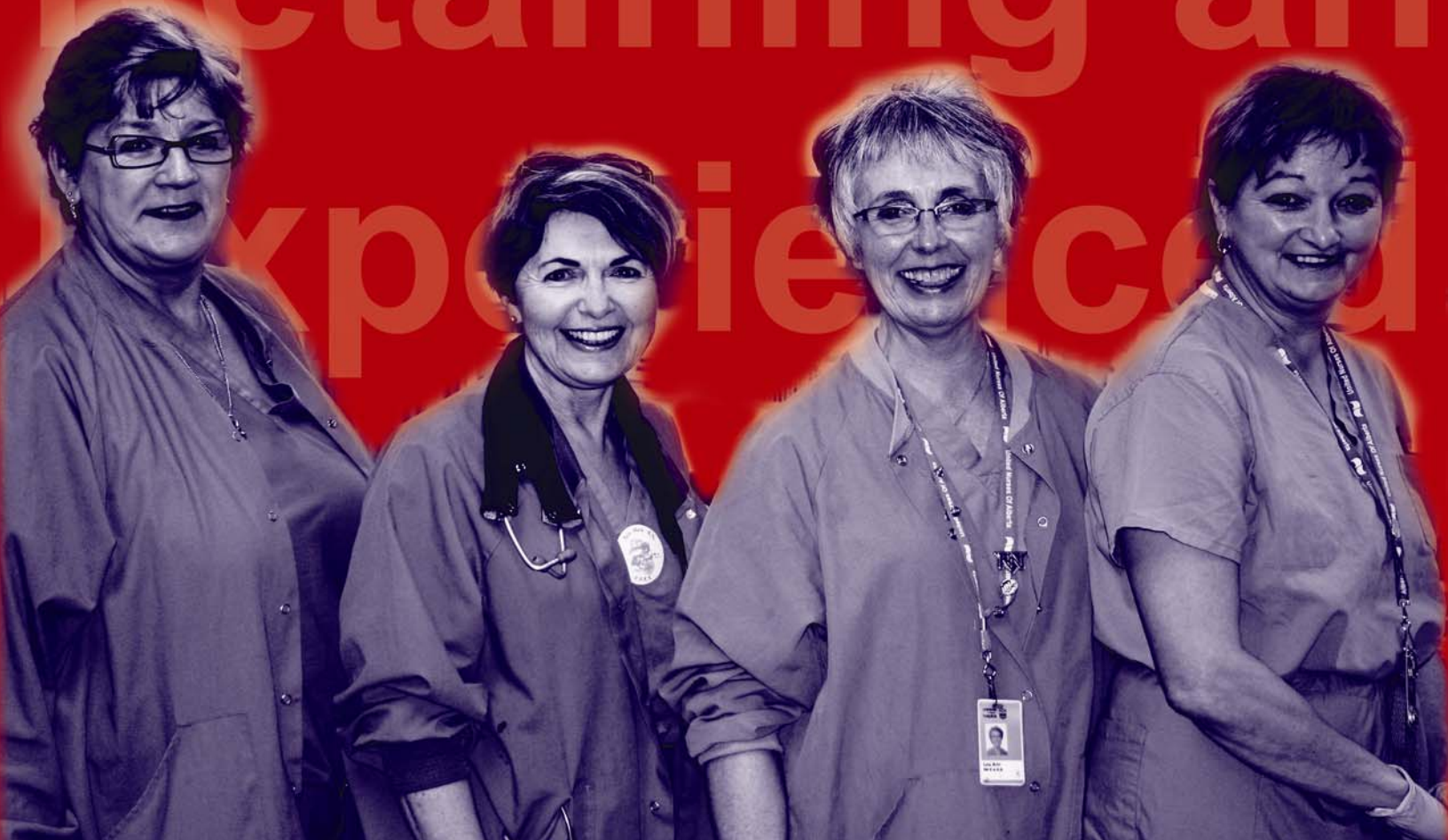




**Canadian Federation  
of Nurses Unions**

THE NATIONAL VOICE FOR NURSES

# Taking steps forward: Retaining and Valuing Experienced Nurses





# Retaining and Valuing Experienced Nurses

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# Retaining and Valuing Experienced Nurses

## Message from CFNU President Linda Silas

January 26, 2006

Dear Colleagues:

On behalf of the 130,000 members of the Canadian Federation of Nurses Unions, I wish to thank and recognize Arlene Wortsman and her team (Susanna Janowitz, Margaret Duffy, PEINU, Rosalee Longmoore, SUN, Tony Olmstead, UNA, and Kathie Paddock, Office of Nursing Policy, Health Canada) for their hard work and dedication to this project.



Many of the prospective strategies identified in this paper can enhance retention and promote creativity in nursing workplaces. While proactive workplace attributes would improve retention of senior nurses, positive spin-offs would also boost recruitment and retention of younger nurses.

The paper highlights that unions, employers, and government can (and should) work together to promote supportive environments for nurses. This can be achieved through several strategies. Unions, on behalf of their members should work towards ensuring local involvement to accommodate the local's needs and interests through memorandum of agreement and/or letters of intent. Employers should encourage open discussion within provincial nurses unions and more local union level involvement in the development of positive workplace practices. And finally, governments should develop multi-year strategic plans that encompass ongoing funding that provides for sustained and meaningful changes in nursing workplaces as recommended in this report. This is not "rocket science", but will need collaboration and trust from all parties.

CFNU believes that the recommendations in this report are a new and creative beginning to solving Canada's nursing shortage within our workplaces, by first retaining experienced nurses, and also establishing meaningful mentor relationships with novice nurses. Let's remember this will not only benefit nurses, but all Canadians.

Sincerely,

Linda Silas, RN, BScN

President  
Canadian Federation of Nurses Unions



**"Initiatives and strategies to provide full-time employment for new graduates should be enhanced. Collectively, we have to ensure the needs of all nurses."**

**Ria, a Canadian nurse with 37 years experience**, has worked in a variety of specialty areas including midwifery, emergency room, northern and outback nursing, pre natal and post partum nursing.



**"Imagine: Strategies that promote different options such as job sharing, deferred salary leaves, leaves of absences and alternate compensation practices should be make available to nurses and the rest of the health care team."**

**Rosemarie, a Canadian nurse with 40 years experience**, has been actively nursing in general surgery, and on the intensive care unit and post anesthetic care units.

# Retaining and Valuing Experienced Nurses



**“Education programs that develop skills of experienced nurses to support mentoring and precepting roles should be expanded; That’s what will keep us more interested and excited about our jobs.”**

**LouAnn, a Canadian nurse with 38 years of experience** in the intensive care and the post anesthetic care units.



**“Let’s be creative: Employers and unions should explore solutions through negotiations that allow for innovative scheduling approaches.”**

**Lynn, a Canadian nurse with 33 years experience** in the Neuro surgery and post anesthetic units.

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We wish to thank all those who graciously gave of their time and insights.

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# Retaining and Valuing Experienced Nurses

## Executive Summary

There are important implications for the health care system as the majority of Canada's current nursing workforce moves toward retirement. In 2004, Canada had more Registered Nurses (RNs) employed in nursing, ages 50-54 than any other group. Given that nurses on average retire in their late 50's, it would seem that a shortage of nurses is looming on the horizon. This impending shortage may be further exacerbated by the fact that these prospective retirees are not being replaced by nearly adequate recruitment.

The 2003 and 2004 First Ministers' Accords on Health Renewal recognized that the long-term sustainability of Canada's health care system is dependent on ensuring an appropriate supply and mix of health care providers. The First Ministers identified the development of recruitment and retention strategies as a major national priority. Although many provincial/territorial jurisdictions in Canada have developed strategies and accompanying programs to address nursing recruitment and retention, little research and few strategies have specifically targeted the retention of those experienced nurses over the age of forty-five. Improving the retention of these senior nurses may well be a critical factor in gaining the necessary time for the recruitment rate to increase sufficiently to address this shortfall.

The Canadian Federation of Nurses Unions (CFNU) received funding from Health Canada's Office of Nursing Policy to conduct a study on the retention of experienced nurses forty-five and over from the perspective of unions, employers and governments. The study also examined strategies to aid in the transfer of knowledge from experienced senior nurses to recently graduated nurses.

A literature review was undertaken of recent published literature on the retention of nurses, forty-five years and older, with particular attention to the relationship between retention and healthy workplace environments. A survey questionnaire was distributed to nurses attending the 12th Biennium Convention of the Canadian Federation of Nurses Union in June 2005. These responses were supplemented by two focus groups. Interviews were conducted with 30 key informants representing unions, employers and governments. Current collective agreements for all jurisdictions were reviewed for innovative approaches to retention of experienced nurses. Three employer organizations and selected initiatives within the collective bargaining framework were highlighted as examples of innovative approaches.

## Findings

Stakeholder perceptions from both the survey and focus groups echoed themes found in the literature review.

These include:

- **Flexible Work Practices**  
Nurses were very interested in solutions that address workload, hours of work, mentoring, pilot projects and participation in decision-making. The majority of nurses surveyed, 46 years and older, stated that changes in workweek, hours and flexible scheduling/arrangements would greatly influence their decision to continue working rather than retiring.
- **Retirement Options/Reduction of Hours of Work**  
Strategies impacting retirement though phased-in retirement options and/or reduction of hours of work without affecting retirement benefits ranked first in overall desirability by nurses surveyed.
- **Listening to Nurses and Participation in Decision Making**  
There was general agreement and acknowledgement that to adequately value experienced nurses there must be mechanisms in place for employers to obtain timely feedback from nurses. Nurses want meaningful forums that will encourage greater participation in decision making.
- **Professional Development & Transference of Knowledge**  
Employers, unions and governments agree that nurses must have appropriate access to continuing education so that they continue to have the knowledge and skills required to ensure that nursing keeps pace with the constant change and complexity in the delivery of health care. Nurses surveyed were interested in several educational approaches but there were varying degrees to which they felt those solutions would greatly influence their decision to continue working rather than retire.

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- **Nursing and Patient Safety**

Patient safety has emerged as a priority area across all jurisdictions. Health care organizations are striving to demonstrate the highest levels of patient safety. Yet nurses in both the survey and in focus groups conveyed concerns that their working conditions hinder their ability to deliver quality care.

- **New Nursing Graduates**

Many new nurses feel they are unprepared and that experienced nurses expect too much from them. Nurses feel that better orientation and mentoring is needed to assist new graduates in their transition. Frustration was expressed regarding the difficulty that new graduates face obtaining full-time positions.

Three employer organizations and selected initiatives within the collective bargaining framework provide examples of progressive approaches to organizational change. They provide persuasive evidence that change initiatives require thoughtful design and implementation, patience and time to take hold. Employees may be reluctant to participate until they believe they have received adequate information and have had ample opportunity to digest and consider the implications for their careers and lives. They are more likely to participate and support initiatives if they have been engaged in their development and assessment from the initial needs assessment and program development. The most successful programs also demonstrate commitment from senior management who are personally involved and champion the initiatives. Those initiatives that consider workplace dynamics and especially the relationship between senior and new employees are most productive and sustainable.

As provincial collective agreements evolve from their traditional focus on standard wages and benefits they can provide a more flexible framework for workplace environments, a key factor in addressing the local needs and interests of senior nurses. There is growing recognition that the collective bargaining framework must be able to accommodate and adapt to the needs of different local settings. Nurses' unions and employers have recognized that decisions made at the local level are more effective in meeting the needs of the employer and employees as long as they respect the overall framework of the collective agreement. It is anticipated that the near-term will see more rapid evolution of collective agreements as the bargaining process incorporates these perspectives. They also can help establish processes that add impetus and weight to implementation and monitoring initiatives.

## **Recommended Suggestions to Improve Retention of Experienced Nurses:**

### ***Flexible Scheduling***

1. Increase access to scheduling options that allow nurses to choose 4, 8, 10 or 12-hour shifts and increase the availability of weekend or evening only shifts.
2. Initiatives and strategies to provide full-time employment for new graduates should be continued and enhanced.
3. Implement the use of supernumerary positions for mentoring and clinical leadership nursing positions.
4. Employers and unions should expand utilization of letters of intent and memoranda of understanding to explore creative solutions that allow for innovative scheduling approaches.

### ***Flexible Work Arrangements***

5. Strategies that promote different options such as job sharing, deferred salary leaves, leaves of absences and alternative compensation practices should be developed and made available to nurses.
6. Opportunities for temporary placements in different parts of the country, different settings and in various parts of the health care system should be expanded.

### ***Flexible Workplace Practices***

7. Physical adjustments should be made to the nursing work environment that meet the occupational health and safety needs of experienced nurses.
8. Explore appropriate Nurse-Patient Ratios as a strategy to make the workplace more attractive for the retention of experienced nurses.

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## ***Respect and Recognition for Nursing***

9. Ensure there is a common practice of nurse participation in workplace design.
10. Clinical support roles for older nurses should be developed which support the ability to assume temporary positions within other organizations such as universities, without loss of benefits or seniority within the collective agreement.

## ***Professional Development, Skills Development and Training***

11. Education programs that develop skills to enhance mentoring or precepting by experienced nurses should be expanded.
12. Training programs based on principles of adult education should be developed that accommodate the learning needs of experienced nurses. Sufficient time for on-site training activities must be allocated.
13. Staffing budgets should incorporate the development of career paths for nurses.
14. Unions will need to develop appropriate language and mechanisms to support career paths for nurses.
15. Stronger links should be developed between nursing schools, regulatory bodies, employers and unions to help facilitate the transfer of knowledge.

## ***Organization and Management Structure Adjustments***

16. Opportunities for nurses to be heard and actively participate in decisions affecting their workplaces need to be expanded.
17. The ratio of staff to nurse managers should be examined to ensure that adequate time is available for nurse managers to provide leadership and support to front line nurses.

## ***Pre-Retirement and Post-Retirement Strategies***

18. Efforts should increase to ensure that nurses are aware and have access to information on work arrangement options available during the different stages of their nursing careers.
19. Nurses should be provided with timely and comprehensive information on pre-retirement and retirement options.

## ***Employers***

20. Employers should encourage more local union level involvement in the development of change strategies and workplace practices.
21. Employers should encourage management (including front line supervisors) to view collective agreements as a potential support for improvement rather than as a barrier.

## ***Unions***

22. Unions on behalf of their members should work towards ensuring local flexibility to accommodate their needs and interests through memorandum of agreement and/or letters of intent.

## ***Governments***

23. Governments should develop multi-year strategic plans that encompass ongoing funding that provides for sustained and meaningful changes in nursing workplaces as recommended in this report.
24. Government should establish a funded national task force on workplace issues and the aging nursing workforce that includes representation from employers, unions representing health care providers and other healthcare stakeholders.

Many of the prospective strategies identified for enhanced retention would promote creativity and flexibility within the nursing workplace. Overall, the workplaces that are successful in optimizing nurse retention are likely to be those that prioritize these factors. While these workplace practices would improve retention of senior nurses, it is also expected that these same characteristics would generate overall positive spin-offs that would boost the recruitment and retention of younger nurses.



# Retaining and Valuing Experienced Nurses

## 1.0 Introduction

The present demographics of the nursing workforce suggest the health system could face an exodus of knowledgeable, experienced nurses at a critical time. A growing proportion of the RN workforce will be eligible to retire within the next few years. In 2004, there were more employed nurses in Canada aged 50-54 than in any other group (CIHI, 2005). For every RN aged 35 or less in Canada, there are 1.6 RNs aged 50 or greater. An aging nursing workforce combined with low levels of job satisfaction reported by nurses, past decisions to reduce the size of the nursing workforce, health system restructuring, the changing work environments, technological changes, and other career opportunities have come together to worsen an already difficult situation.

The 2003 and 2004 First Ministers' Accords on health renewal recognized that the long-term sustainability of Canada's health care system is dependent on ensuring an appropriate supply and mix of health human resources, and identified the development of recruitment and retention strategies as a major national priority. Many jurisdictions are currently facing a shortage of nurses in certain geographic area or specialties. But it is anticipated the shortage of nurses will worsen over time. Although the numbers of nursing students have increased; there is some concern that the supply will not be sufficient to meet increased demand. The aging workforce a baby boom bubble will put greater pressure on the system as they demand a greater array of services.

Nursing retention and recruitment strategies are recognized as an essential activity to address current and future issues in the nursing workforce and to ensure the ongoing supply of the nursing workforce and viability of health care delivery in Canada. Although many provincial/territorial jurisdictions in Canada have developed nursing strategies and programs to address recruitment and retention, few have focused specifically on the retention of experienced nurses 45 years and older. How the nursing workforce is employed has an effect on current supply and whether nurses in the workforce will choose to continue working. Nurses have expressed concerns on staffing ratios, workload and pressures in the workplace for many years. Frustration with slowness of response is reflected in the greater numbers of nurses leaving the workforce.

Growing demand coupled with ongoing shortages would suggest efforts must be increased to retain nurses currently working. In addition there are issues that have arisen around the transference of knowledge from the experienced nurse to the new nurse. Many feel those just entering the nursing workforce do not have the necessary preparation to adjust to high stress and heavy workload environments. The presence of older experienced nurses in the workforce helps in the orderly transference of knowledge to younger inexperienced nurses. If greater numbers of senior nurses contemplate retirement, health organizations will lose a tremendous source of knowledge and expertise.

There is now general agreement that the development of healthy work environments is an important component in any recruitment and retention strategy. Unions, employers and professional associations believe there is a strong correlation between a healthy workplace and higher retention rates among experienced (>45 years) nurses. To help further work in this area, Health Canada's Office of Nursing Policy provided funding to the Canadian Federation of Nurses Unions to conduct a study on the retention and valuing of experienced nurses in Canada, specifically examining the views and activities from the perspective of unions, employers and governments. This report is intended to identify ways to improve the work environment for more experienced nurses to ensure the presence of this valuable source of expertise to new nurses, colleagues and employers. The findings from this study are intended to help frame the discussion among the key stakeholders in implementing healthy workplace practices. The result will be greater retention of our most experienced nurses and a more orderly transfer of knowledge to the next generation of nurses.

## 2.0 Project Objectives and Methodology

### 2.1 Project Scope

Many nursing studies are focused on the development of long-term solutions to nursing issues. This study is intended to increase stakeholder understanding of the key issues; and encourage dialogue between nurses and their unions, employers and government on current activities and proposed solutions directed towards valuing and retaining experienced nurses (45 years +) and other related key issues. Retention strategies must also be accompanied by recruitment measures and these measures must support the work of the experienced nurse, not be a new impediment.

# Retaining and Valuing Experienced Nurses

The goal of this study is to:

- Complement research presently funded by the Office of Nursing Policy on the healthy workplace.
- Assist in framing discussions between nursing unions and employers on identifying workable and realistic approaches to retaining experienced nurses (45+years) and facilitating knowledge transfer.
- Support the development of healthier work environments in health care settings.

This study is intended to set the stage for an expanded study intended to address ways to increase the retention rates of experienced nurses. Phase Two will in consultation with the stakeholders, include the development of a number of workplace pilots to address the needs of employers, unions and nurses.

Specific objectives include the identification of:

- Major challenges and issues in the nursing profession.
- Views and source of discontent of nurses (including specific concerns of experienced nurses and new nursing graduates).
- Views of employers, unions and government.
- Current employer, union and government activities/initiatives and proposed solutions to valuing and retaining experienced nurses and transfer of knowledge.
- Barriers and opportunities for permanent full time employment for new nursing graduates.
- Lessons learned and innovative approaches to creating healthier work environments and increased retention of experienced nurses.
- Measures that unions, employers and government can undertake to promote the retention of experienced nurses in the workforce.

## 2.2 Methodology

A review was undertaken of recent published literature on the retention of experienced nurses (45+years) and the relationship to a healthy environment. Selected academic journals, as well as major reports generated by professional organizations and governments from Canada, the United States, the United Kingdom and Australian were reviewed for the period 1998-2005. Peer-reviewed journals were searched through Medline using Ovid<sup>1</sup>. A limited review of grey literature was hampered by the fact that the Cabot database was not available during the review (and remains unavailable indefinitely); however, a manual web-based search was undertaken. This complemented a literature review undertaken by the College of Registered Nurses of Nova Scotia on the retirement and retention of late career nurses.

Input and insight into nurses' perception of their workplace environment and work life issues was obtained through a survey questionnaire that was distributed to nurses attending the 12th Biennial Convention of the Canadian Federation of Nurses Unions in June 2005. There was approximately a 50% return rate (285 completed questionnaires) in which 31% of the respondents were 45 years age and under; 43% were 46-55 years and 26% were 56 and older. In addition, two focus groups with participants were conducted at the convention.

Structured telephone interviews were conducted with 30 key informants, representing unions, employers and government, to gain input on their views, current activities and proposed solutions. The interviews did not include all Canadian jurisdictions; but rather was intended to provide an overview of current trends of key nursing issues, strategies and solutions related to valuing and retaining experienced nurses and supporting healthy work environments.

Three employer organizations were examined as to strategies and programs for addressing the needs of nurses 45 and older and measures to accommodate the transfer of knowledge from experienced to new graduates. The current collective agreements of all affiliates of the Canadian Federation of Nurses Unions were reviewed. Initiatives contained within the collective agreements that support experienced nurse were highlighted as examples of innovative approaches and lessons learned in valuing and retaining experienced nurses and supporting healthy work environments.

1. Results of Medline Search: Search words (# of citations, # of citations reviewed, # of citations used) 1. retention and nurses and strategies (87, 15, 5) experienced or older and retention and nurses (23, 7, 3) 3. best and practices and retention (12, 4, 3) 4. mentoring and new and nurses (26, 10, 1) 5. retention and employees and strategies (20, 11, 2).

# Retaining and Valuing Experienced Nurses

As part of the validation process, presentations on the highlights of this study were made to provincial negotiators of the Canadian Federation of Nurses Unions, the Federal, Provincial and Territorial Committee of Nursing Advisors and the CEO Forum of the Canadian Healthcare Association.

## 2.3 Study Limitations

This study provides an overview of current retention strategies and identifies elements of successful measures from the perspective of employer, union and government. It is not meant to be comprehensive but rather is a snapshot of existing practices. It is designed to set the stage for further discussion between employer groups and unions around achieving healthy workplace practices that will improve retention of nurses.

Participants of the nurse survey and focus group cohort consisted of “engaged or activist” nurses who attended 12th Biennium Convention of the Canadian Federation of Nurses Unions. The nurse survey cohort primarily consisted of hospital-based nurses (66%) and does not fully capture the views of Home Care (3%), Long-Term Care (11%), and Community (13%) sector nurses.

In some provinces, Licensed Practical Nurses (LPNs) are members of the provincial nurses union, but it should be noted it is the views of RN’s that are the primary focus of the study.

## 3.0 Challenges and Issues

The major challenges confronting the nursing profession have been well documented. This section addresses many of the major challenges as identified through the literature review and interviews with nurses’ unions, employers and governments as well as those individual nurses who participated in the survey and focus groups.

### 3.1 Nursing Workforce Supply and Demand Projections

Aging baby boomers, which comprise nearly one-third of Canada’s population, affect all sectors of employment, including nurses. Rapidly moving towards retirement, this large demographic component will create a mass exodus of workers from the labour force over the next decade that this will create not only labour shortages, but also the loss of knowledge and skill. The greying of the nursing workforce may be more marked than the population at large. The following provides an overview of the challenge based on the literature review and the observations of key informants.

#### 3.1.1 Findings from the Literature

Nurses comprise one-third of the health-care workforce in Canada. Canada currently has 315,139 regulated nurses<sup>2</sup>. It is estimated that about 100,000 of these nurses will be eligible for retirement during the next five years. In 2004, Canada had more RN’s between the ages of 50-54 employed in nursing than any other group (CIHI, 2005). The Canadian Institute Health for Information reported that the average age of nurses increased by 1.3 years between 2000 and 2004, increasing from 43.3 to 44.6. CIHI documents a shift in the age of the nursing workforce noting that the percentage of RNs in the five youngest age groups (<25, 25-29, 30-34, 35-39, 40-44) declined between 2000 and 2004. At the same time, the percentage for the three eldest age groups (50-54; 55-59, 60+) increased. In 2004, nearly 19% of Canada’s RN workforce was 55 years or older. The 45-49 years age group was the largest, accounting for 17.7% of the entire nursing workforce.

A 2004 provincial/territorial comparison of RNs aged 35 or less and nurses age 50 or greater found that Newfoundland and Labrador was the only jurisdiction to have more RNs in the younger age group (CIHI, 2005). The average age (45.8 years) was highest in British Columbia. The following table provides a summary of average age, increase from 1999-2003 and difference from Canadian average by jurisdiction.

2. Includes registered nurses, licensed practical nurse and registered psychiatric nurses.

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**Table 1: Average Age of RN Workforce by Jurisdiction**

	Average Age (years)	Difference From Canada	Increase 2000-2004
NFD & LAB	41.6	-3.0	1.9
PEI	45.6	1.0	2.0
NS	45.2	0.6	2.3
NB	43.7	-0.9	1.7
QUE	43.5	-1.1	1.3
ONT	45.1	0.5	0.9
MAN	45.0	0.4	1.8
SASK	45.4	0.8	1.8
ALTA	44.6	0.0	1.2
BC	45.8	1.2	1.4
YT	45.1	1.0	1.8
NWT/NUN	43.7	-0.9	1.4
NWT	43.8	-0.7	-
CANADA	44.6		1.3

Source: CIHI (2005), Table 5, p. 31  
*Workforce Trends Of Registered Nurses in Canada, 2004*

An increasing proportion of the nursing workforce will soon reach the “typical” age of retirement although determining a national retirement age for RNs is very difficult. To date relatively little research has been undertaken examining RNs retirement age or whether the average age of retirement has changed over time. A 2001 study of Ontario RNs estimated that the current average retirement age was 55-58 years, noting that this is earlier than the age of retirement of the Canadian workforce (Baumann & O’Brien-Pallas, 2001).

A 2003 study jointly conducted by CIHI and the Nursing Effectiveness Utilization and Outcomes Research Unit at the University of Toronto investigated potential nursing retirement trends. This study, *Bringing the Future into Focus: Projecting the RN Retirement*, provided national and provincial/territorial estimates of RNs aged 50 and over who could be expected to leave the RN workforce due to retirement or death, by 2006<sup>3</sup>. This study assumed a very conservative retirement age of 65 years noting that the typical retirement age for RNs is in fact younger. Based on the 65 years retirement age, by 2006 Canada is projected to lose 13% of the 2001 RN workforce, aged 50 or older, or 29,766 RN’s. However if a retirement age of 55 years was assumed, Canada would see 28% of the 2001 RN workforce leave by 2006 (O’Brien-Pallas, Alksnis, & Wang, 2003).

<sup>3</sup> These projections were based on data obtained from the 2001 Registered Nurses Database (CIHI) and Vital Statistics - Health Canada.

# Retaining and Valuing Experienced Nurses

The following table highlights the regional impact of the projected retirements.

**Table 2: Total Expected Losses by 2006 Due to Retirement or Death by Retirement Age and Region, Canada**

	Retirement at Age 55			Retirement at Age 65		
	Total	Loss % Index	Rank	Total	Loss % Index	Rank
Canada <sup>4</sup>	64,248	28%	-	29,746	13%	-
Atlantic Canada	5,021	22%	6	2,261	10%	5
Quebec	15,408	26%	5	9,471	16%	1
Ontario	23,610	29%	4	9,878	12%	3
Man/Sask.	4,881	27%	3	2,060	11%	4
Alberta	6,365	28%	2	2,149	9%	6
BC	8,718	32%	1	3,773	14%	2

Source: O'Brien-Pallas, Alksnis, & Wang, 2003

A 2002 study conducted for the Canadian Nurses Association provided estimates of the RN supply for the years 2011 and 2016. The study identified that output from Canadian nursing schools is projected to grow from 4,599 graduates in 2000 to approximately 9000 per annum by 2007. Additional recruits from outside of Canada are estimated at 1,200 per year from 2002 onwards. The study anticipated that there will be 253,000 RNs working in 2011 which will decrease to 248,000 in 2016. However given that the population <sup>5</sup> is projected to grow 15.8% between 1993 and 2011; demand for services is estimated to increase by over 40%. The comparable figure for projections to 2016 is a 19.5% increase in population which will generate a 53 % growth in demand for services. In order to meet the anticipated demand in service Canada will require 331,000 RNs in 2011 and 361,000 in 2016. These findings suggest the demand for service will far outstrip supply. There will be a shortfall of 78,000 nurses in 2011 and 113,000 RNs by 2016 (Ryten, 2002).

The study highlights the importance of retaining experienced nurses in the workforce. Although, it should be noted that a comprehensive interpretation of the impact of projected losses requires an understanding of the role of other health professionals, staffing mixes within the services required and the overall health environment.

### 3.1.2 Nursing Shortage & Retention of Nurses: Stakeholder Perceptions

It was generally agreed by all stakeholders that a shortage of nurses can be expected as the majority of the current workforce moves towards retirement. Almost all stakeholders interviewed expressed concern about potential nursing shortages in the future, however perceptions and concerns regarding the current supply of nurses varied greatly by jurisdiction and stakeholder group.

Nurses **unions** strongly support the view that the shortage of nurses is real and present. Some like the British Columbia Nurses' Union expressed the view that there is currently a shortage of nurses in that province and that there is not an adequate supply of graduating nurses to fill retirement vacancies. They note shortages have been occurring for approximately three years requiring nurses to work overtime and be on call.

4. Projections for Territories included in Canada projections.

5. Estimates were developed using Statistics Canada's population projections and utilization rates of the number of hospital days per 100,000 in 1993.

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In contrast, **employers** for the most part reported that they do not have a nursing shortage, per se, but rather a problem in filling replacements for illness or sick leave. They believe this increases the perception of a general shortage. Many are able to replace retiring nurses with new graduates. Employers noted they do experience shortages in many of the smaller hospitals and in rural areas and in some of the specialty areas. Employers for the most part believe that the provinces have done a good job at increasing the number of nursing seats. They note however that their nursing resource plans are based on replacement and not expansion. If there is a shift in need, the current and planned future supply would potentially not meet the demand.

However many employers did recognize staffing will be a challenge in the coming years. A large percentage of nurses 40 years of age and older now hold the majority of full-time positions and this group will soon be eligible for retirement. Many employers expressed concern as to their ability to replace retiring nurses now and in the future. The shift to baccalaureate requirement has made the availability of nurse manpower somewhat more difficult.

**Government** representatives for the most part described the issue as more one of how nurses are deployed rather than simply a shortage of nurses. One government informant noted the shortage is not simply the result of an aging workforce. There continues to be a high percentage of part-time and casual nurses. In some cases this is the choice of the nurses to work part-time and casual, feeling that the work is so intense that this is all they can handle. Many nurses have young children and they choose not to work full-time although many would like to move into full time positions, there are not enough full-time positions available. In some provinces like British Columbia there are not enough nurses working full-time. With approximately only 44% of their nurses working full-time, British Columbia has the lowest percentage in the country. Representatives of the B.C. Government believe this occurs because working casual or part-time provides more flexibility for the nurses on an individual basis.

Other jurisdictions do not feel there is a general shortage of nurses but rather shortages in some rural and remote areas and in some specialty areas. Rural areas don't have a big applicant pool and there is very little to entice nurses to rural areas for long-term care nursing jobs. Recruiting and retaining nurses in the smaller communities and the more rural parts of the country continues to be an issue. The Yukon government stated that their greatest challenge is filling positions in smaller communities. Due to the high demands on nurses to deal with a range of activities they require experienced nurses and place an emphasis on nurse practitioners and they have limited capacity to develop new graduates.

The Ontario government noted that retention of new graduates is also an issue. They estimate that twenty per cent of new nursing graduates are leaving the profession, moving out of province or the country within the first three years of practice. In addition, there are more nurses retiring than new nurses are being educated. Governments agree on the need to prepare more nurses and develop a better structure for credentialing foreign-trained nurses and developing re-entry programs.

When **nurses** were surveyed about the anticipated age they plan to leave the nursing profession 35% of respondents 45 years and under reported that they expect to leave nursing before age 55. Of those respondents in the 46-55 year group, 41% reported that they plan to leave nursing between the ages of 56-60. Nurses planning to leave nursing between the ages of 61-65 shift dramatically with 51% of the 56 years and over group to 25% in the 46-55 years group and down to 15% in the under 45 year group.

When nurses were asked about their plans after retiring approximately 22% did not know what they planned to do and 39% indicated that they planned to retire from all work. 26% of nurses 56 years and over responded that they plan to leave full-time nursing but will continue to work in a part-time or casual nursing role. Only 17% of nurses under 45 responded that they would continue to work in a part-time or casual nursing role.

## 3.2 Workplace Practices

The health care environment is both physically and emotionally demanding. It requires services to be delivered 24 hours a day, seven days a week. The past few years have seen major restructuring of the health system, increased workloads, cut backs in staffing and shortages of nursing personnel, budgetary constraints and increased demand for health services all of which have contributed to a more stressful work environment.

# Retaining and Valuing Experienced Nurses

## 3.2.1 Findings from the Literature

The changing demands of the health system have exacerbated nurses' discontent. New modes of health care delivery, new technologies, and budgetary restraints all have made the workplace an unattractive place for nurses. Health care workers are one and a half times likely to miss work because of illness or disability than the average Canadian employee (B.C. Auditor General, 2004). The rate of absence due to illness and injury is highest among RNs age 55 and over. RNs working full-time have a rate of absence due to illness and injury that is 80 percent higher than the rate found among the overall full-time labour force (Wortsman & Lochhead, 2002). Recent research found that poor work environment and physical demands of the nursing profession contribute to the decision to retire.

In 2002, the final report of the Canadian Nursing Advisory Committee recommended that all jurisdictions begin to develop a nursing strategy to address the impending nursing shortage. Since the release of that seminal report the federal government and many provincial/territorial jurisdictions in Canada have developed nursing strategies and dedicated substantial funding to address the key nursing issues. Although retention of experienced nurses is generally recognized as a key issue for the nursing profession, there are limited concrete examples of activities directed specifically to retaining experienced nurses. Noteworthy in 2005, the College of Registered Nurses of Nova Scotia funded a project of their Retirement and Retention Advisory Committee mandated to develop policies and retention strategies for experienced nurses in Nova Scotia.

Some literature suggests that if employers make nursing work less physically demanding, they will significantly improve retention rates of experienced nurses. The final report of the Canadian Nursing Advisory Committee states that creating less physically, emotionally and psychologically demanding work environment and workload for nurses is a key factor in their retention (CNAC, 2002, O'Brien Pallas et al.).

The final report of the Manitoba Worklife Task force, *Renewing Our Commitment to Nurses*, echoed the argument above, citing modification of workload as one of the key incentives to retention of older nurses. Similar to many provincial studies involving consultations with nurses, stress, workload and safety concerns were identified as key issues in relation to the work environment. The Manitoba Task Force concluded, "to retain nurses, employers must ensure that nurses have the opportunity to provide satisfying and quality care, and gain control over their workload". Experienced nurses anecdotally reported "an increased susceptibility to both work and non-work related illness and injury, indicating further that modifications of workload, changes in shift rotation and/or choice of optimal shifts would provide additional incentives to remain in the work setting".

An Ontario study, conducted in 2005, examined staffing models that are responsive to both employee and employer needs (Blythe et al., 2005). The study notes that, in general, it is difficult for young nurses to obtain full-time employment and nurses who obtain full-time status find it difficult to switch to temporary or permanent part-time positions, suggesting strategies are required that facilitate nurses to work to their maximum capacity by implementing flexible options for work. As a nurse progresses in her or his career, that it would be of benefit to both the employer and the individual to lessen the barriers to transition in job status from full-time to part-time and vice versa. These barriers may inhibit a nurse to move from full-time nursing during a period when there may be heavy domestic responsibilities (e.g. young children, caring for elderly parents). Older nurses may choose to leave the workforce altogether rather than jeopardizing their benefits by changing to part-time status. The barriers to change job status may have a negative impact on the workforce including: encouraging turnover of part-time workers who may be looking for full-time employment, acting as a disincentive for older nurses to stay in the nursing workforce; and creating stress for nurses who have increased domestic responsibility and feel they have no choice but to work as a full-time employee. The study concludes that there is a need for staffing practices based on an understanding of economic and other trends that influence nurses work decisions.

# Retaining and Valuing Experienced Nurses

## 3.2.2 Stakeholder Views

The healthcare restructuring initiatives that took place in the 1990s focused on system-wide fiscal restraints, doing more with less, utilizing technology to shorten inpatient admissions and transferring care to outpatient and community based care settings. The primary driver was cost containment. In response to many initiatives, nurse-patient ratios were reduced and, in many cases, there were decreases in nurse managers, support staff and in other ancillary services. The escalation of acuity of patients' complexities of care, and earlier discharge without concurrent growth in staffing levels and adjustment to nurse-patient ratios was identified by one union, as a key factor in creating an unhealthy work environment and impacting the provision of quality of care. Most informants agree that this has had a detrimental impact on the workforce.

In general, employers and provincial governments acknowledged that continually evolving models of care and nursing shortages impact the work environment contributing to nurses feeling overworked, under resourced and stressed. Employers were in agreement that nurses are working a lot of overtime and are called upon frequently to work on their days off. Both groups generally agree that the patient load has increased; shorter stays, outpatient procedures, day surgery and increased patient acuity has resulted in increased challenges and intensity within the workplace environment and increased workload of nurses. An employer noted that as a result of mergers, the span of control of nurse managers has become quite large. They believe that this has resulted in the breaking down of relationships and has had an impact on how nursing practice is delivered in the organization, how nurses receive feedback, how they are able to give feedback and how they are recognized. A government representative noted that attempts to maximize resources and reduce staffing costs have created leadership problems due to such large span of control for nurse managers. These factors have affected the ability to create a safe, healthy work environment.

Employers generally agreed on what they believe are the major issues and concerns of experienced nurses. They believe that experienced nurses:

- Want to be valued and respected.
- Want their input sought.
- Want to be fully functioning members of a team and feel that they are respected for what they do.
- Are extremely conscious of creating a safe environment
- Are concerned about the heavy workload and physical requirements of delivering care.
- Are concerned about current staffing levels.
- Want a better balance in their work and home life.
- Do not want to be called in on their days off and during vacation time.
- Feel guilty if they don't come in when they are asked to because they are concerned about the provision of high quality care for patients.
- Are very willing to take on projects.

One employer observed when nurses stay in the same area for too long, the quality of care can be affected. They note there is some stagnation in the system and not a lot of opportunities for upward mobility for nurses. There is not a great difference in the profession so keeping experienced nurses challenged is important for both the satisfaction of the experienced nurse and ensuring quality care.

Government representatives generally agree that there is a need to develop initiatives and strategies to help retain experienced nurses in the workplace through changes to workplace practices, retirement strategies, new challenges and educational opportunities. Only recently have many nurses continued to work for 30 or 40 years in the profession, and informants acknowledge the need to pay specific attention to nurses' requirements as they age. There are a number of barriers that are created by the employer, the nurse and the union and that while many of these may be valid, closer examination might reveal how they can be removed.

Union representatives felt the two major challenges facing the nursing workforce are workload and workplace environment issues. They note that since the 1990s increased patient load and patient acuity together with concurrent cutbacks in nursing staff ratios and decreased supports such as orderlies and RPN's or LPN's have created a difficult workplace environment. Increased workloads, mandatory overtime and the inability to take time off (e.g. vacation, personal) have contributed to a demoralized



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workforce. The continued emphasis on short-term measures in the name of cost savings, such as using alternates in instead of RNs has increased concern.

Workplace safety issues including increased incidences of violence in the workplace and injury rates have led to unhealthy workplaces. Nurse Managers have a lot of responsibility but no authority (e.g. lack of right to refuse admissions to a unit and control over the staff mix or workload). Nurses feel there is a lack of training, professional development and mentorship. Although teamwork is emphasized everyone is overworked and stressed.

Union representatives also expressed concern over the transformation of the health care system that has resulted in privatization of services and increased layoffs of nurses. Shift work, working on weekends and holidays; and hard physical work particularly in nurses older than 50 years have all contributed to increasing discontentment among members of the nursing workforce.

That discontentment can be summarized in the following manner:

- Nurses have less trust and decreased loyalty to the employer.
- Nurses feel undervalued.
- Nurses face increased challenges to deliver quality patient care due to inadequate staffing levels.
- Nurses feel they are in survival mode; many are angry, sad and depressed.
- Nurses have lost their voice in the work environment and their role at decision making tables has decreased.

Union representatives identified the following work-related issues as important to their general membership:

- Retirement benefits.
- Working too much overtime.
- Salary.
- Job security.
- A fear of substitution with alternates (e.g. LPNs).
- Retention of new graduates.
- Education, professional development, mentorship.

## ***View of Nurses***

Nurses identified workplace environment and work-life issues as one of, if not, the key issue and source of discontentment facing the nursing profession. Nurses consistently identify work practices as key issues to addressing current and future nursing shortages and as a key factor in retention of experienced nurses. When asked to respond by describing their current workplace environment, the results very clearly present a picture where nurses experience their workplace as stressful (86%), pressured (85%), understaffed (86%) and under resourced (88%). In addition, 91% describe their workload as heavy. 77% feel they are frequently expected to work overtime and 73% are frequently asked to work on their scheduled days off due to staff shortages. There was very little difference in responses regardless of age.

# Retaining and Valuing Experienced Nurses

**Table 3: Issues of Concern to Nurses**

	Strongly Agree with Statement	Agree with Statement	Total Strongly Agree and Agree with Statement
The workload is heavy	52%	39%	91%
It is under staffed	46%	40%	86%
It is under resourced	48%	40%	88%
Nurses are frequently expected to work overtime	45%	32%	77%
Nurses are frequently requested to come in on their days off due to staff shortages	40%	33%	73%
It is a stressful environment	50%	36%	86%
There are too many pressures	36%	49%	85%

In general, nurses' view of how their organizations demonstrate respect, involvement in decision making and work scheduling flexibility is very poor. A little less than half (48%) of nurses responded that they felt that nursing expertise is respected in their organization. Seventy-five per cent feel they have no say in decisions. Only 35% feel there is adequate flexibility in scheduling work shifts. Fifteen per cent feel work related concerns of older nurses are respected. Once again, there was very little difference in responses regardless of their age.

**Table 4: Respect and Decision making**

	Strongly Agree with Statement	Agree with Statement	Total Strongly Agree and Agree with Statement
Nurses expertise is respected in the organization	10%	38%	48%
Nurses have no say in decisions	28%	46%	74%
There is adequate flexibility in scheduling work shifts	7%	28%	35%
Management/employer respects the work related concerns of older nurses	3%	12%	15%

### 3.3 Summary

Nurses represent the largest group of health professionals within the health care system and they are getting older in all jurisdictions. There are differences in views as to the extent of the current shortage of nurses. Employers and governments believe shortages are confined to specific geographic locations or specific specialties. Nurses and their unions on the other hand expressed frustration at the shortage of staff that they feel inhibit their ability to provide quality care. However unions, employers and governments all agree that nursing shortages will become a much greater problem as greater numbers of nurses move towards retirement.

# Retaining and Valuing Experienced Nurses

To maintain and increase the nursing workforce, all stakeholders will have to address the following challenges:

- The knowledge required for the changes and complexity in health care are difficult for nurses to keep up with as their workload is so heavy that it does not allow them to access the required continuing education.
- The physical aspect of nursing (lifting patients, etc) and shift work (including evenings and weekends) is difficult and is felt most by older nurses.
- The emotional challenges are experienced the most by the new graduate. Twenty years ago when new nurses entered the workforce the patient load was lower with longer inpatient stays. In addition, there is very little mentoring for the new grads so it is hard for them to deal with some of the emotional aspects.

## 4.0 Strategies and Solutions

The previous section described the challenging environment facing nurses. This section identifies potential strategies and solutions that will support greater retention of experienced nurses. It provides examples of current activities/trends as identified by the provincial/territorial governments, employers and CFNU member organizations on key nursing issues.

### 4.1 Overview: Findings from the Literature

Little empirical research has been done on the retention of older RN's as a means of addressing the projected nursing shortage. There is very little available information through literature reviews and that evidence-based research and empirically-supported interventions are extremely limited (Tang, 2003). In general, authors report that although there is great concern and interest in the retention of older workers; few strategies had been employed to address this challenge.

The human resource literature emphasizes managerial human resource approaches to retention of employees that support fairness, challenge, responsibility, opportunity, recognition, and reliability as being crucial to the retention of experienced workers (Dao, 2004). A Canadian Council on Social Development paper advocates promotion and professional development of workers at all stages in their careers as a retention strategy specifically aimed at experienced workers. In addition, the author recommends the importance of improving the work environment by making it less physically and psychologically demanding (Schetagne, 2001).

Increasing retention will ultimately save costs related to recruitment, hiring and training and help institutions guard against the nursing shortage (Cameron et al 2004, Ribelin 2003). One of the few studies surveyed nurses in Ontario 50 years and older on their views as to which strategies would likely affect retention. The human resource practices cited as most important involved flexible work schedules, improving benefits, offering incentives for continued employment, recognition and respect, and pre and post retirement arrangements (Armstrong-Stassen, 2005).

While other challenges do exist, including illness, injury, etc, the literature reviewed implied that job satisfaction and a healthy work environment were directly related to nurse retention. Authors generally agreed that by increasing job satisfaction, employers will have the greatest likelihood of retaining nurses by decreasing turnover (McGuire, 2003, Cameron et al., 2004, Bauman et al., 2004).

While increasing job satisfaction among nurses may be considered a key retention strategy, nurses feel employers sometimes see personnel as a financial liability, not as a human resource. This trait that is amplified in times of fiscal constraint (Stephenson, 2005). Simply asking nurses what they want and need in order to remain at the workplace may be the best strategy. The best source is nurses themselves, a sentiment employers would likely do well to consider. While health care executives view staff as an expense and feel personnel budget lines must be watched closely, seeing staff as an asset would drive different decisions about the work environment (Nevedjon & Erickson, 2001).

# Retaining and Valuing Experienced Nurses

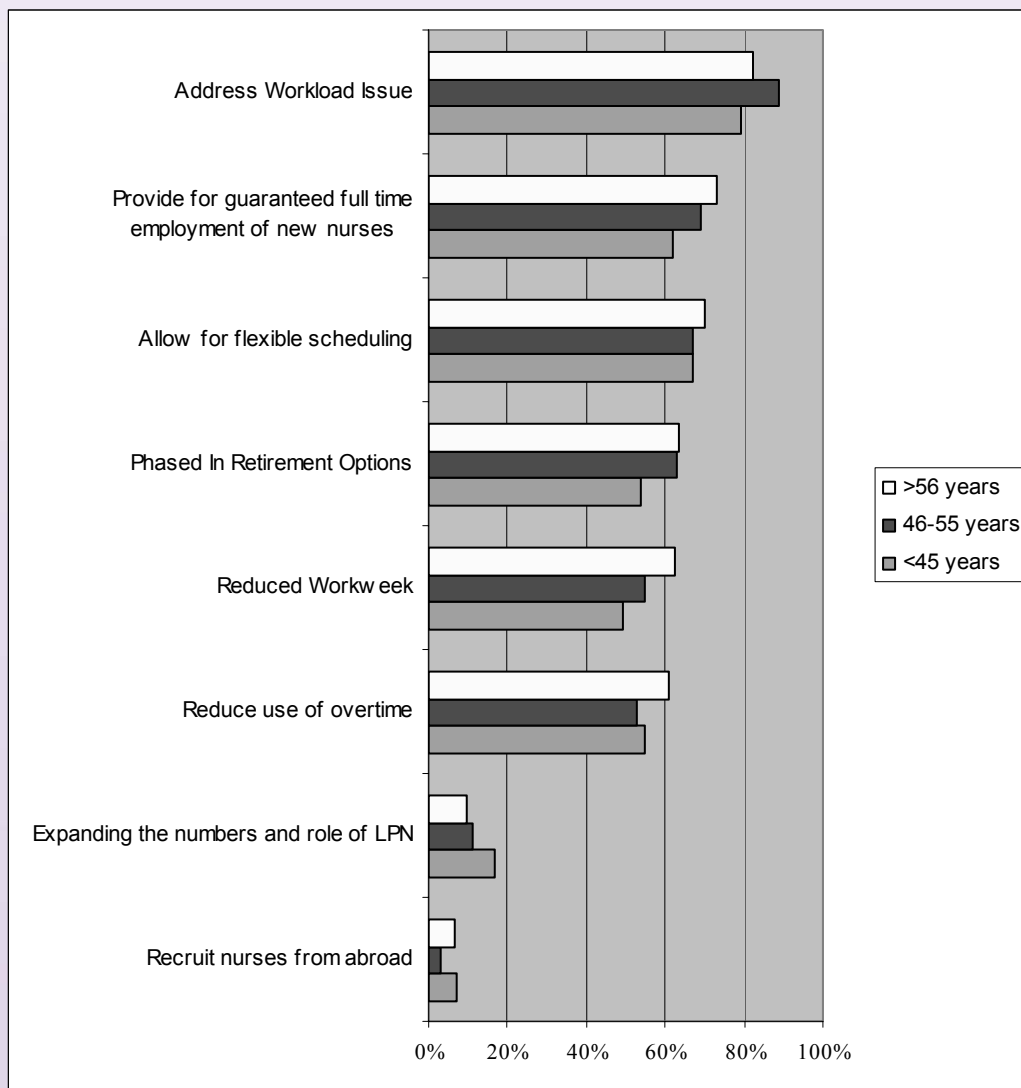
Employers must learn what the “satisfiers” are for their staff. It is important to note that not all “satisfiers” are difficult or costly to implement and maintain. For their part, employers may be concerned that retaining workers past retirement age is an economic and human resource liability; however, research shows that this concern is unfounded in many cases (Immen, 2005).

## 4.2 Nurse’s Perceptions of Strategies to Address Nursing Shortage

Nurses surveyed were asked to rate how useful they believed initiatives/strategies would be in helping to address current nursing shortage problems. The results are shown in Figure 1. Eighty-four per cent of respondents identified addressing workload issues as the most useful strategy. Providing for guaranteed full-time employment of new nurses and allowing for flexible scheduling was believed to be very useful by approximately 68% of respondents. A reduction in the use of overtime was considered a useful strategy by 56% of nurses. Reducing the workweek was identified as a very useful strategy to address the current nursing shortage by 62% of the over 56 years group and decreasing to 49% of the respondents under 45 years.

Expanding the role and increasing the numbers of LPNs was considered very useful in addressing the current nursing shortage by only 12% of respondents. A slightly larger percentage (17%) of nurses under 45 years indicated that an increase and expansion of LPNs would be very useful. Of the strategies identified, recruiting nurses from abroad ranked the lowest with only 5% of nurses considering it a very useful strategy to address the current nursing shortage.

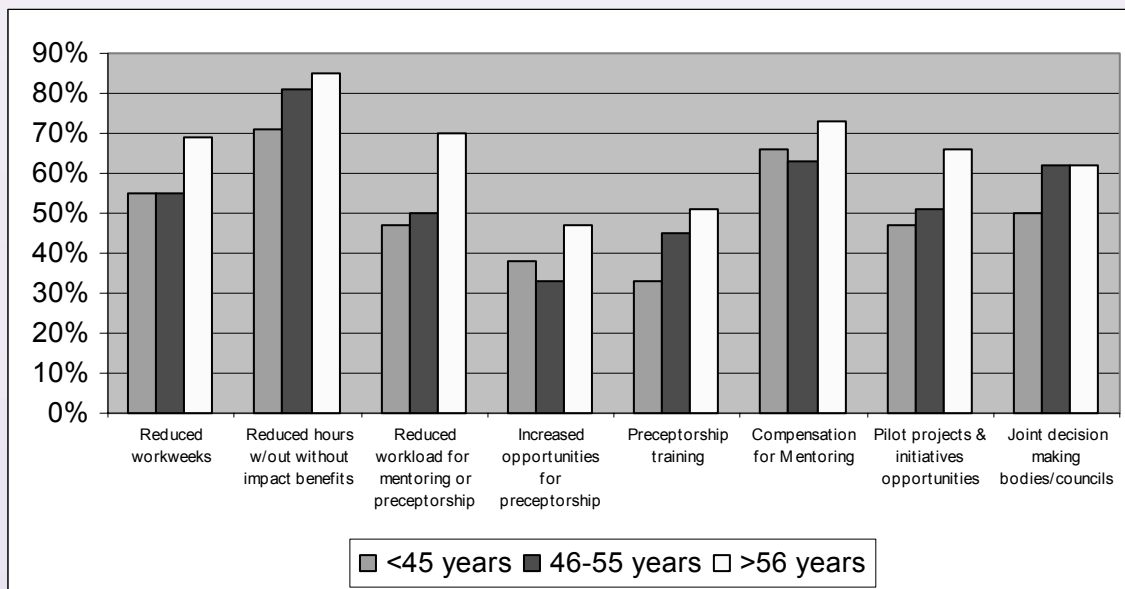
**Figure 1: Usefulness of Implementation of Strategies to Address Current Nursing Shortage**



# Retaining and Valuing Experienced Nurses

Although nurses of all ages have similar concerns; differences in approach became more apparent when nurses were asked to indicate interest in proposed solutions to the commonly cited work place issues. Nurses responded that they were very interested in solutions that would address workload, and hours of work. Nurses expressed interest in mentoring, pilot projects and participation in decision-making which generally increased with age. It is interesting to note is that only 42% of nurses over 56 years and 36% of the 46-55 years group responded that increases to benefits and salaries would greatly influence their decision to continue working rather than retire.

**Figure 2: Interest in Proposed Solutions by Age Grouping**



## 4.3 Work Environment: Staffing, Scheduling and Work Practices

### 4.3.1 Findings from the literature

There have been a number of studies that have examined the impact of nurse staffing levels on patient outcomes, quality of care, patient safety and the health of nurses (Tomblin Murphy, 2005, Curtin, 2003). Several research studies have documented the relationship between nurse staffing levels and nursing outcomes including job satisfaction, job stress, job pressure, burnout and workplace injuries (Tomblin Murphy, 2005, McGillis Hall, 2004, Aiken et al., 2002). A recent study undertaken for the Canadian Federation of Nurses Unions noted that a number of jurisdictions in Canada are contemplating the merits or have promoted the implementation of formalized Nurse-Patient Ratios as a means to address patient safety and quality of care issues (Tomblin Murphy, 2005).

Although there is no evidence as to what is the optimum staffing ratio of full-time to part-time staff should be, there does appear to be a growing general consensus that a 70:30 ratio would be the proportion to endeavour to achieve (Blythe et al., 2005; CNAC, 2002). A study of the economic impact of nurse staffing decisions concluded that health care administrators need to support initiatives that employ sufficient staff to meet patient needs without overtime or excessive workloads, use an effective full time/part time staffing mix staffing mix to cover unexpected demands and develop knowledgeable care teams (O'Brien-Pallas et al., 2001). A recent study examined the use of nursing resource teams in Hamilton Health Sciences, one of the largest care institutions in Canada. Like other employers in the health care sector, staffing has been a challenge. The hospital implemented a nursing resource team to cover vacancies and absences to respond to increases in patient acuity or numbers. It created full-time jobs that attracted nurses who would otherwise have remained in involuntary part-time positions as well as offering individuals flexibility of scheduling and professional development opportunities (Baumann et al., 2005).

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As part of a larger nursing work-life study, a survey was conducted in Ontario on the staffing needs from the nurse's perspective. The numbers of minutes per shift appear inadequate for good care and it was felt that an additional thirty minutes per nursing shift was required. As part of the study, pilot projects at three sites in Ontario added thirty minutes per nurse per shift. Nurses who participated were supportive of the pilot and the perception was it improved the work-life of nurses.

## ***Job redesign and work modification***

The human resource management literature speaks to the importance of redesigning jobs and modifying the work environment to accommodate changing capacities and needs of aging workers (Armstrong-Stassen, 2005, CNAC, 2002). Suggestions included providing rubber mats for supports, employing non-regulated workers twenty-four hours a day ("lift teams" or "patient-care aids") (Cooper, 2003), installing one-time cost equipment such as lifts (AARP, 2004), printing important documents in larger font size or on non-glossy paper (Gerber Zimmerman, 2000), providing healthy snacks and/or a sleep room on night-shifts (Cooper, 2004), or encouraging frequent or longer breaks (O'Brien-Pallas et al., 2004). One author suggests that for experienced workers, it is extremely important for basic needs of nurses – sleep, food, comfort, safety, and socialization – to be met, especially on night shifts (Cooper, 2004).

One study conducted in Ontario found that reduction of up to 20% in caseload would work towards decreasing senior nurses' workloads; additionally, the authors recommended job sharing, casual, part-time work and shorter shifts as possible retention strategies for experienced nurses (O'Brien-Pallas et al., 2004). Experienced nurses face similar burdens associated with overwork as new nurses. But experienced nurses are expected also to mentor and or provide additional administrative support on top of maintaining a regular patient load (Bauman et al., 2001, O'Brien-Pallas et al., 2004).

Retention strategies such as creating positions of descending responsibility for more pay and/or decreasing workloads or allowing nurses to maintain flexible work schedules, or providing experienced nurses the opportunities to work in low-volume clinical areas (O'Brien-Pallas, 2004) are more complicated to develop and maintain. Yet, studies show that, a combination of complex and relatively simple (or "superficial") strategies is essential to retention of experienced nurses (Cooper, 2003). One study showed that a number of factors—work environment, nurse characteristics or mobility factors, organizational factors, and nurse manager factors—comprise job satisfaction for nurses (Tang, 2003).

## **4.3.2 Stakeholders Views**

Patient safety has emerged as a priority area across all jurisdictions. Health care organizations are striving to demonstrate the highest levels of patient safety. It has been shown that nurses have a crucial impact on the outcomes of patients and families who access health services (CNAC, 2002). Yet nurses in both the survey and in focus groups conveyed their concerns that their working conditions hinder their ability to deliver quality care. Nurses have described the difficulty of working in environments in which they believe patient safety is compromised due to inadequate staffing of regulated professionals (and/or support personnel) and lack of appropriate functioning equipment. Providing a safe work environment is central to the retention of experienced nurses and to guaranteeing patient safety.

Nurses describe working at a level of intensity that also has a harmful impact on their own health. The use of aides to help reduce the heavy physical aspect of nursing is important for experienced nurses. Ontario provides a noteworthy example with their patient lifting equipment initiative. In 2003/04, there was a one-time investment of \$14 million for patient lifting equipment. They first targeted facilities that provide rehabilitative complex care and continuing care. In the case of the facilities where they did not feel they needed more of this type of equipment, it was used for stretchers and beds in areas to assist nurses in order to decrease back injuries. The data from the 2003/04 patient safety group, which purchased lifting equipment, reported that back injuries have decreased in the facilities where this has been implemented. In 2004/05, an additional \$60 million dollar one-time funding was given to hospitals and long-term care facilities to purchase patient lifting equipment. The intent once again, was to decrease injury to nurses and patients. Part of this funding was used for the teaching of proper use of the equipment. However, although 60% of nurses over 46 years surveyed responded that they were very interested in mechanical aids (e.g. lifts), only 24% indicated that it would greatly influence their decision to continue working.

# Retaining and Valuing Experienced Nurses

## 4.4 Flexible Scheduling and Work Arrangements

### 4.4.1 Findings from the literature

The human resource literature has identified the importance in providing older employees with flexible working options such as reduced working hours, job sharing and elder/parental care provisions. Findings in a study of General Practitioners (GPs) in Great Britain suggest that reduction in hours is the number one factor in their retention (Luce et al, 2002). Shortening hours of work, decreasing the number of holidays and/or weekend shifts is another flexible, alternative work schedule that have been identified by experienced nurses as attractive and therefore may be helpful in retaining them in the workforce longer (O'Brien-Pallas et al., 2004, Peterson, 2001, Cooper, 2003, Schetagne, 2001). Practices that include self-scheduling, accommodating shift preference or days worked is important to a decision to remain in the workforce.

Another study found job-sharing, a strategy employed jointly by nurse managers and employers, increases job satisfaction especially among nurses who have preschool aged children or have aging parents. Nurses in this so "sandwich" generation and who job-shared were found to be significantly more satisfied with their jobs than were nurses in similar life situations who worked full-time. For their part, however, administrators were concerned that job-sharing would increase administrative costs and "that once made available, everyone will want it" (Kane, 1999).

### 4.4.2 Stakeholders Views

Informants noted job share arrangements have successfully been in place for several years in many jurisdictions and are addressed through collective agreements. Experienced nurses do not find current shift arrangements very accommodating. One of the more significant challenges to implementing solutions that address the concerns of experienced nurses is centred on the ability to balance the interests of both older nurses and new graduates. The majority of nurses 45 and older would prefer to have less physical work along with the option of daytime work shifts or more creative scheduling. It is a real test for employers, managers and unions to balance the needs of the more experienced nurse without creating a burden on the younger nurses.

The Ontario Ministry of Health and Long-Term Care developed the *Responsive Shift Scheduling Initiative* that is based on allowing nurses to schedule work in a way that best fits their individual needs and also helps to achieve quality patient care. This initiative is part of the collective bargaining agreement and is funded through the Nursing Directorate of the Ministry of Health and Long-Term Care. They are currently identifying units that are willing to pilot responsive shift scheduling. This could include opting for permanent night shift, permanent days off, option for 8 hour or 12 shifts. This involves also looking at computer technology and software to implement.

Noteworthy is another innovative work-scheduling project that was implemented in Ontario under the *Late Career Initiative* in 2004/05. The three-month pilot program provided funds that enabled older nurses to spend eighty per cent of their time on clinical duties and the remaining 20% on other activities. These could include mentoring activities, special projects such as developing nursing manuals, updating policies and procedures, research projects or educational/professional development activities. The pilot project was based on a survey of late career nurses who said they didn't want to be removed from the workplace, but wanted to be physically less challenged at work. A formal evaluation of this program is planned but initial feedback has demonstrated increased patient and staff satisfaction and decreased use of overtime and sick time. The Saskatchewan Union of Nurses and the Regina Qu'Appelle Health Authority have recently received funding from the Saskatchewan government to implement a similar program.

### 4.4.3 Potential Influence on Experienced Nurses Decisions

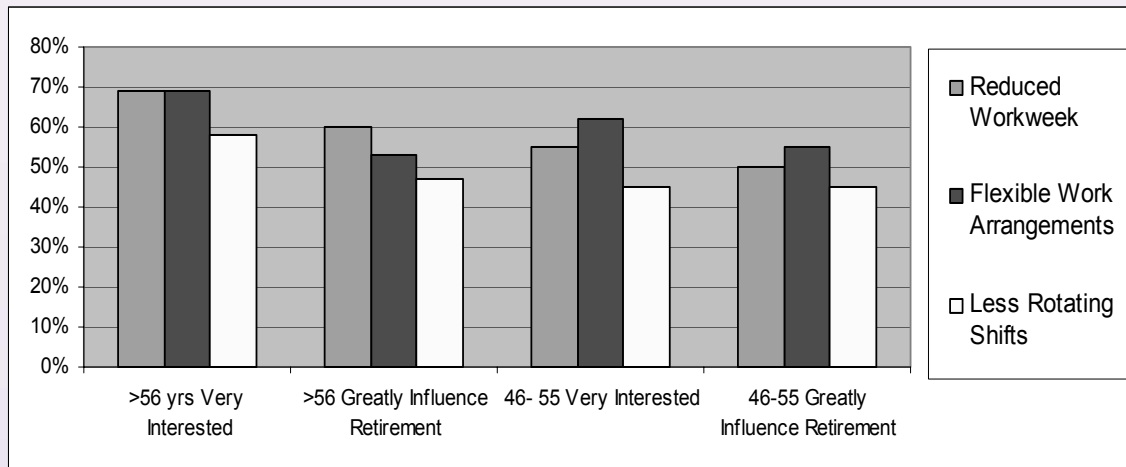
The majority of nurses 46 years and older participating in the project survey responded that changes in workweek, hours and flexible scheduling/arrangements would greatly influence their decision to continue working rather than retiring. Specifically, 69% of nurses >56 years indicated that they were very interested in reduced workweeks and flexible work scheduling/arrangements. Sixty per cent indicated that a reduced workweek would influence their decision to remain working. The possibility for flexible work scheduling/arrangements would influence the decision of 53% to continue working.

# Retaining and Valuing Experienced Nurses

Fifty-five per cent of nurses in the 46-55 years indicated that they were very interested in a reduced workweek. Half of respondents in this group indicated the availability of a reduced work week would greatly influence their decision to continue to work. Over sixty per cent of this group indicated they were very interested in flexible work scheduling/arrangements; 55% indicated that it would greatly influence their decision to continue working.

Less than 50% of nurses >46 responded that a reduction in rotating shift work would greatly influence their decision to continue working.

**Figure 3: Changes in Workweek, Hours and Flexible Scheduling/Arrangements**



## 4.5 Retirement Options/Reduction of Hours of Work

### 4.5.1 Findings from the Literature

A recent study of Ontario nurses found that little is being done to ease the transition of older RN's into retirement by offering phased retirement or to encourage older RNs to return to the workforce after retirement through call back arrangements. Although two-thirds of the nurses surveyed for the study indicated these options were highly important to their decision to remain in the workforce; few employers had these measures in place (Armstrong-Stassen 2005). A recent report which examined phased-in retirement programs as a strategy for retention of older workers found that if retention programs for older workers are to be optimal, there is a need to closely examine the underlying philosophies and approaches in both pension legislation and collective agreements (Ferguson, 2004). The author does suggest that the health care sector because of its use of shift work as well as the use of full-time and part-time employment, would be a good candidate for the implementation of phased-in retirement.

Interviews with nurses in Ontario 50 years and older revealed that a four day workweek with full benefits was one of the top three incentives who wanted flexibility to reduce their workload as they age ( Stephenson, 2004).

### 4.5.2 Stakeholders views

There is increasing interest and activity occurring in the development of retirement options that allow flexibility for nurses to phase in their retirement through different work arrangements without negatively impacting their benefits. Focus group participants expressed an interest in the option.

New Brunswick, British Columbia and Quebec have implemented varying forms of phased in retirement options. The phased-in retirement program for nurses over 55 years offered in New Brunswick has attracted considerable interest. It allows those nurses who meet the eligibility criteria to reduce their work schedule but still maintain a level of income greater than what would be received if they had retired fully<sup>6</sup>. The British Columbia Nurses' Union negotiated a phased-in retirement program for nurses 60 years of age as part of their last agreement. The pilot program allows nurses to work a .5 part-time position without a negative impact on their pension. In Quebec there is a provincial plan

6. Details of Phased-in retirement are more fully described in Chapter 5.



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that offers pre-retirement that is not specific to nursing. At age 60, individuals may develop a contract with their employer organization to develop a pathway to retirement such as reducing converting to a part-time position without any financial penalty to their pension.

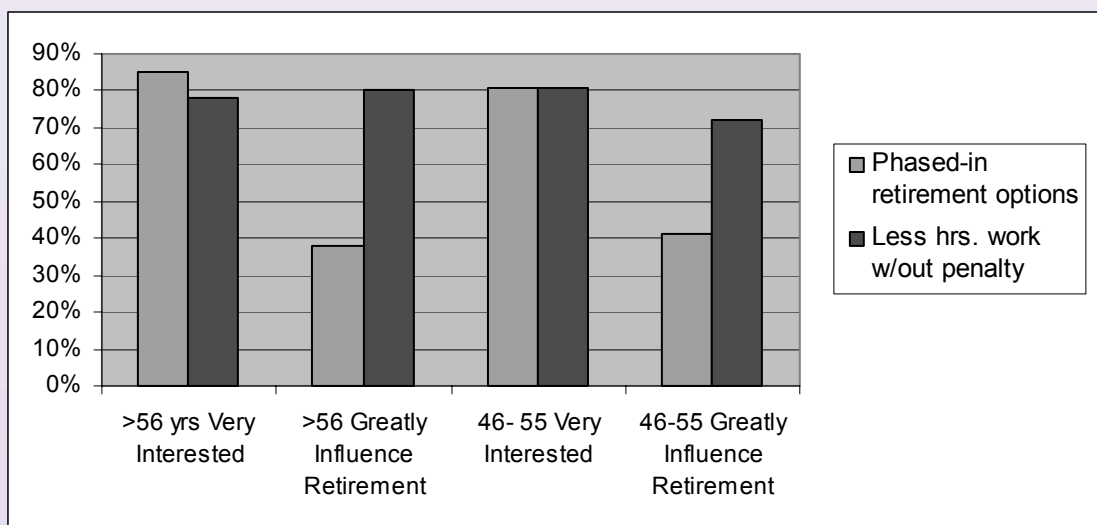
Overall, the applicability and usefulness of phased-in retirement options is dependent on the existing retirement eligibility age in jurisdictions. For example, in Newfoundland and Labrador and in Nova Scotia, full pension retirement eligibility is 55 years while in New Brunswick and British Columbia it is 60 years and in Quebec, it is 65 years. To date, there has been limited take up of the option of phased-in retirement.

## 4.5.3 Potential Influence on Experienced Nurses Decisions

Strategies impacting retirement through phased in retirement options and/or reduction of hours of work without loss of retirement benefits, ranked first overall by nurses surveyed. 85% of nurses over 56 years and older and 81% of the 46-55 group responded that they were very interested in phased in retirement. Substantially less, 38% of the over 56 age group and 41% of the 46-55 indicated it would greatly influence their decision to continue working.

Options that address reductions in hours of work without impacting benefits (e.g. pension penalty) were of great interest to 78% of nurses over 56 years and 80% of the 46-55 group. In addition, 80% of nurses over 56 years and 72% of the 46-55 year group indicated it would greatly influence their decision to continue working.

**Figure 4: Phased-In Retirement Options & Reduction in Hours of Work w/out Benefit Penalty**



## 4.6 Listening to Nurses and Participation in

### Decision Making

#### 4.6.1 Findings from the Literature

Nurses want to be shown appreciation for doing a good job, to be given recognition for their experience, knowledge, skills and expertise and to be treated with respect (Armstrong-Stassen, 2005). A number of key points brought forward in the literature are observations that recognition of experienced nurses' contributions, personal and professional respect, and clear communication by nurse managers should contribute to increased retention of experienced nurses. Other researchers believe that managers with positive interpersonal relationship skills and who respect and appreciate employees contribute to retention of staff; and that creating true choice about their work for healthcare workers and facilitating communication leads to increased commitment of healthcare workers to their employers and jobs (Tang, 2003; McGuire et al., 2003, Manion and Bartholomew, 2004).

# Retaining and Valuing Experienced Nurses

The Nursing Sector Study's report, *Survey of Employers*, suggests that employers need to support strong leadership and management of nurses, which will, in turn, support retention of nurses (O'Brien et al., 2004). The final report of the Canadian Nursing Advisory Committee recommends, "employers ensure there are possibilities...for nurses to be involved in decision-making [at all levels]" (CNAC, 2002).

## 4.6.2 Stakeholder Views

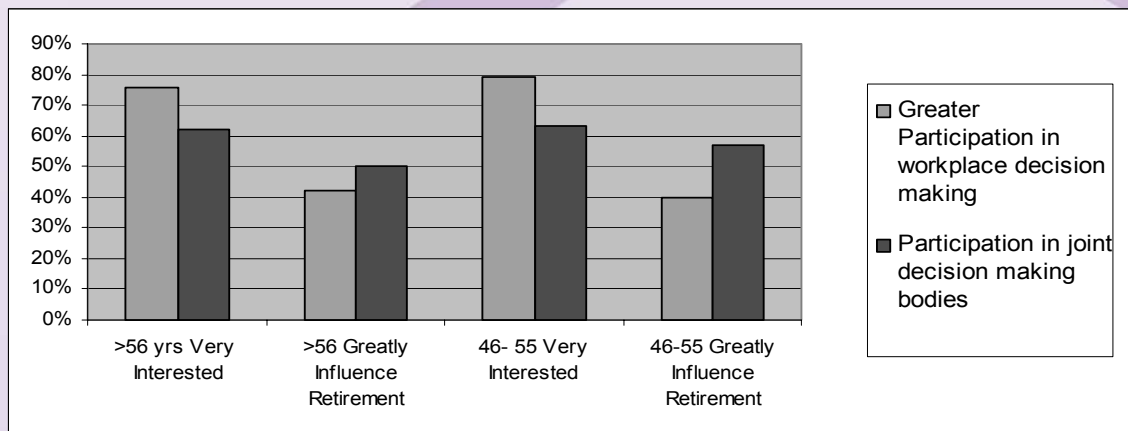
Focus groups and interviews with key informants echoed themes found in the literature. Nurses feel undervalued and ignored, they have "lost their voice" and there is a belief no one who advocates for them on a daily basis in their work place.

Despite the perception by nurses that they are powerless, there has been increased activity by employers, unions and government to involve nurses in a variety of settings. Several employers noted that although nursing councils or forums have been created, it is a challenge to make it a central feature of any organization. There is general acknowledgement that there needs to be mechanisms in place where employers can get timely feedback to ensure pilot projects reflect needs in a realistic manner and there should be meaningful forums in place for participation in decision making. Many of those interviewed stressed that nursing involvement will be an important element to establishing a culture that promotes a healthy workplace.

## 4.6.3 Potential Influence on Experienced Nurses Decisions

Greater participation in workplace decision-making was of great interest to approximately 79% of nurses surveyed who were over 46 years. However, only 40% of that group responded that it would greatly influence their retirement decision. Sixty-two per cent of nurses over 46 years were very interested in participating in joint decision making bodies or council with 50% of nurses over 56 years and 57% of nurses 45-55 years responding that it would greatly influence their decision to continue working.

**Figure 5: Participation in Decision Making**



## 4.7 Professional Development and Transference of Knowledge

### 4.7.1 Findings from the Literature

In nursing, continuous education and professional development is of critical importance. New advancements in technology and medical knowledge require all health care providers to remain familiar with new developments. The productivity of health workers is not just a question of how motivated individuals are but also ensuring they receive appropriate training and professional development (Zurn et al., 2004). Evidence suggests that career development opportunities encourage the retention of nurses (Rambur et al., 2001).

# Retaining and Valuing Experienced Nurses

The human resource literature highlights the use of experienced workers as mentors to facilitate learning for new or other experienced workers in some capacity. Of all the available strategies and practices for retention of experienced workers, the most important should be those that favour the transfer of knowledge and skills between generations of workers (Schetagne, 2001). More generally, in AARP's *50 Best Employers* report, mentoring performed a dual role: "as a form of special assignment" (or role redefinition) and "knowledge transfer" (AARP, 2004).

The Canadian Nurses Association's *Code of Ethics* states: "Nurses should share their knowledge and provide mentorship for the professional development of nursing students and other colleagues/health care team members" (AARN, 2002). Further, the code states the nurse educators, managers, and administrators must ensure that nursing students and staff nurses have the knowledge, skills, and competencies to both graduate from nursing school and to work in their practice areas (AARN, 2002).

Manitoba's Worklife Taskforce's survey of preceptorship programs identified the characteristics of ideal preceptorship programs including: a lengthy period of time, exclusion of the new staff from staffing levels, reduced and slowly graduated caseload for the mentor and new practitioner, early one-on-one buddying with one consistent staff member, and educational preparation for the preceptor. They recommended that the workplace should demonstrate tangible support for preceptors, such as extra time back" (Manitoba Ministry of Health, 2001).

One study of a preceptorship program found that new nurses participating in preceptorship programs felt more comfortable and acquired more knowledge. Further, the study found that coaching was positively associated with mentorship or with increasing the *confidence* of new nurses, while precepting was positively linked with increasing the *competence* of new nurses (Hom, 2003).

Another study explored a hospital internship program, the components of which included preceptorship and ongoing evaluation, for newly graduated nurses. The authors found that knowledge transfer was significantly greater among experienced and new nurses who participated in the program. Further, new nurses in the hospital internship program reported feeling welcomed, and managers were fully supportive of the program, seeing it both as a way to facilitate knowledge transfer and as a valuable retention and recruitment strategy. The authors state, "The benefit for the intern is an opportunity for professional development and career enhancement through learning" (Murphy, 2004).

## 4.7.2 Stakeholders Views

Most collective agreements have incorporated clauses regarding professional development and educational leave. Employers, unions and governments agree that the knowledge and skills required to ensure nursing keeps pace with the constant change and complexity in the delivery of health care requires that nurses have appropriate access to continuing education. However given that many institutions are short staffed nurses may be unable to take advantage of opportunities. Although there is agreement on the need for professional development, only 28% of nurses surveyed felt that their workplace provided adequate access to continuing education. A few of the employers and governments interviewed recognize that it is difficult for nurses to keep up with changes in health care. Their workload is so heavy that it does not allow them to access the required continuing education.

Experienced nurses believe they are often bypassed for educational or professional opportunities in favour of their younger colleagues. In addition, rapid introduction of new technologies into the workplace requires specific training; something that is often overlooked. There is an assumption those skills will be acquired through one's own initiative. Those nurses who did not grow up with computers frequently find it difficult to adapt to the new technologies.

It is generally recognized that the role of experienced nurses in both the transference of knowledge to new graduates and in the participation in nursing practice improvement projects is extremely important. Several employers felt that mentoring and preceptorship programs assist in addressing the needs of both experienced and new nurses. It provides an opportunity for experienced nurses to be motivated, challenged and acknowledged by sharing their knowledge. For the new and recently graduated nurses, working with the experienced nursing staff helps increase their nursing competency and aids in the transition to work environment. However, there needs to be dedicated time built into timetables to enable experienced and new nurses to learn from each other in structured ways.

# Retaining and Valuing Experienced Nurses

Employers generally agreed that there is a need for large scale preceptorship and mentorship programs for new graduates although it must be acknowledged that not all nurses will be a good preceptor or mentor. They added that it is better to work with the nurse who has an interest in preceptorship rather than one who is chosen solely on their age or years of experience. One problem with preceptor programs is identifying individuals with expertise who can communicate effectively and work in a preceptor role. In general employers and governments agree that experienced nurses have a tremendous amount of knowledge to share, but many nurses do not have the natural ability to teach and require facilitation and education to help them in this role. There is a need to develop formal instruction including learning modules to become clinical instructors and educators. One suggestion presented was to look beyond the nursing organization to other health professional organizations such as the College of Physicians and Surgeons of Canada for examples and suggestions on mentoring and preceptorship training.

A suggested approach made by employers to provide greater opportunities for professional development for experienced nurses and enhance transference of knowledge to nursing students is to develop a stronger clinical relationship and more on site programs for credit with education institutions noting that the best teachers are the experienced nurses in practice. One of the barriers to accessing the clinical expertise of experienced nurses is sometimes created by educators and employers through the requirement of specific degrees in order to teach nursing students in the classroom or clinical setting.

Assigning new nurses to experienced nurses for a period of time is fairly common in health care facilities. Several employers and governments commented that not enough has been done to formally support the training and education of experienced nurses to be preceptors. It was noted that it is also important to recognize that when a nurse takes on a preceptor role, there is additional time required to provide instruction or to undertake an evaluation of the new grad. It takes time for the preceptor to perform an evaluation on the students and to provide special teaching time for them. Informants stressed the importance of decreasing the workload of nurses that act as mentors and preceptors to allow sufficient time to teach new nurses.

One employer described a mentoring pilot program that is run in partnership with nursing schools that consists of a volunteer service in which interested nurses are matched with new nurses. This mentoring occurs by providing advice, demonstrations, encouragement or just a friendly face for the new nurses. Although an evaluation of the impact is planned, there appears to be some success with this approach in that it is generally believed that mentoring is very satisfying for the nurse professionals. However, representatives of nurses unions stated that it is important that teaching activities of experienced nurses be recognized and acknowledged as part of their work responsibility and that workload allocation should be adjusted. Remuneration and/or forms of recognition and acknowledgement of nurses' participation were also highlighted as an area that needs substantial development.

One employer implemented a preceptorship program for their four-to-six week new-practitioner orientations. Experienced nurses are encouraged to enrol in the preceptorship-training program that entails two days of formal education. The first day focuses on the principles of adult education and the second day is dedicated to their model of nursing. The collective agreement includes a paid premium for diploma-trained nurses (to find ways to acknowledge and reward diploma trained nurses) who participate in the preceptorship program. BN-educated nurses who act as preceptors do not receive a premium and they have observed that this has created a lot of divisiveness between the nurses. Another example exists in New Brunswick, where, as part of a summer employment program, nurses are recommended by their unit manager to serve as preceptors for the 3<sup>rd</sup> and 4<sup>th</sup> year nursing students who are offered 12-week employment. In New Brunswick there have been approximately four or five training sessions of groups of fifteen to twenty to train nurses to become preceptors.

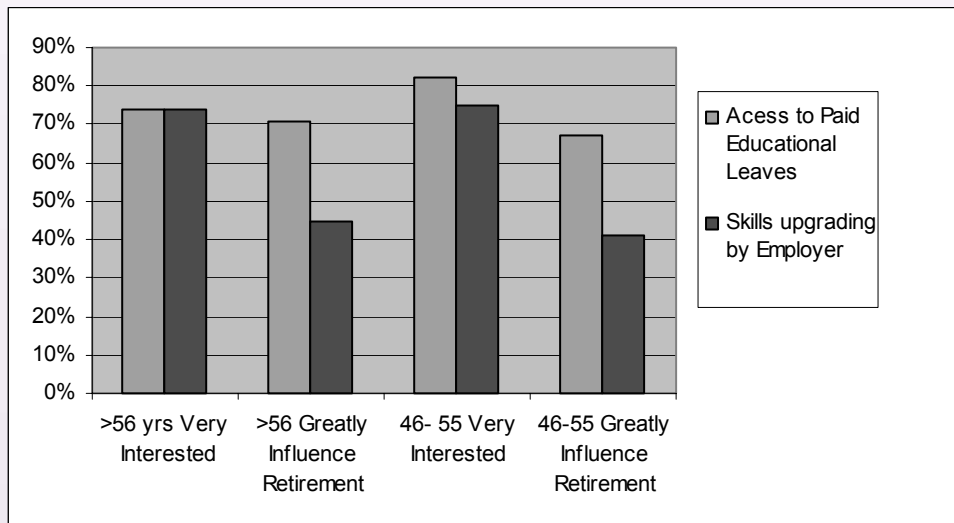
## **4.7.3 Potential Influence on Experienced Nurses Decisions**

In general, nurses responded that they were very interested in several educational solutions. But there were varying degrees to which they felt those solutions would greatly influence their decision to continue working rather than retire. Seventy-four per cent of nurses over 56 and 82% of those between 46 and 55 years were very interested in access to paid education leaves. Seventy-two per cent of nurses over 56 years indicated that it would greatly influence their decision to continue working. This decreases to 63% for those in the 46-55 year group .

Approximately 74% of nurses over 46 years indicated that they were very interested in skills upgrading provided by employers. This decreased to 45% of the over 56 age group. Forty-two per cent of the 46-55 years group indicated that it would greatly influence their decision to continue working.

# Retaining and Valuing Experienced Nurses

**Figure 6: Education Leaves and Skills Upgrading**



Approximately 47% of respondents over 56 years and 33% of nurses 46-55 years indicated they were very interested in opportunities to act as a preceptor/mentor. In addition, 34% of over 56 years respondents and 19% of those in the 46-55 years group felt that preceptor/mentoring opportunities would greatly influence their decision to continue working. When asked to indicate their level of interest in having access to training to become a preceptor/mentor for new nurses; 51% of the nurses over 56 years indicated that they were very interested, with 32% responding that it would greatly influence their retirement decision. Fewer nurses in the 46-55 year group (45%) indicated a strong interest in access to training with only 26% indicating that it would greatly influence their decision to continue working rather than retire.

70% of nurses over 56 years responded that they were very interested in solutions to reduce the workload of older nurses who provide mentoring and preceptorship; although only 42% indicated that this would greatly influence their decision to continue working.

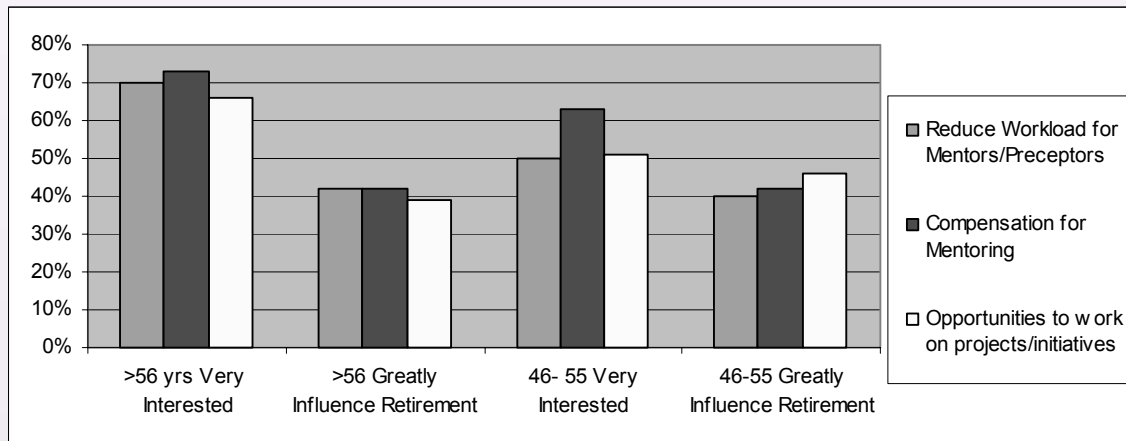
73% of the over 56 years group were very interested in compensation for mentoring although only 42% indicated it would influence their decision to continue working.

Approximately half of the 46-55 year group were very interested in the reduction of the workload of older nurses who provide mentoring and preceptorship and forty per cent indicated it would influence their decision to remain working. In addition, sixty-three per cent of the 46-55 year group were very interested in compensation for mentoring and similar to the over 56 years group, 42% felt it would greatly influence their decision to continue working rather than retire.

Opportunities to work on pilot projects and initiatives to improve nursing practices were of strong interest to 66% of nurses over 56 years and 51% of those nurses between 46-55. Almost forty per cent of the over 56 group and 46% of nurses between 46-55 years responded that these opportunities would greatly influence their decision to continue working.

# Retaining and Valuing Experienced Nurses

**Figure 7: Mentoring, Preceptorship and Nursing Project Initiatives**



Although considered key to transference of knowledge to new graduates, approximately 50% of nurses surveyed feel they have adequate opportunities to act as a preceptor or mentor to new nurses. In addition, only 29% felt that adequate training is provided to learn how to become a preceptor.

## **4.8 New Nursing Graduates**

The introduction of new nursing graduates in the work environment presents a range of challenges for experienced nurses. Interviews with key informants and results of the focus groups highlighted a number of issues that include:

- The work environment is intimidating for new graduates.
- Nurses enter into the workplace feeling unprepared.
- Experienced nurses sometimes expect too much from new graduates.
- Better orientation and mentoring is needed for new graduates to help the transition.
- It takes 6 months to 12 months to get up to speed and there is no accommodation for that in the workplace.
- Current staffing ratios prevent mentoring of new graduates.
- New graduates do not have an opportunity to find the best fit for them.
- Younger nurses don't have enough access to full-time work.

An employer commented on the resistance by some senior nurses to accept the new BN graduates. One of the key dynamics is that in some cases diploma-trained nurses feel they are viewed as 'not as good' as the BN nurse. Many experienced nurses also believe that the BN nurse is not adequately prepared for today's practice environment. This creates friction within the team. In some cases the new nurse may have a different expectation of the work place, resulting in difficulties carrying the workload. Many key informants stated new graduates take a longer period of time 'getting up to speed'. There is a need for better communication and a willingness to help new graduates to get the type of clinical skills they need to function effectively in the nursing work environment. Several employers, government and union representatives commented that the nursing workforce today is frustrated and negative and this creates a serious barrier to helping new graduates transition into the workplace.

### **4.8.1 Orientation and Mentoring/Preceptor Programs**

Key informants acknowledged that new graduates are having difficulty in making transitions into the health work world, with a majority saying that orientation and preceptor programs are not as complete as they should be, as new nurses need a lot of supports. It could take a full year before new nurses are fully able to operate independently.

# Retaining and Valuing Experienced Nurses

In some cases employers have a formal practice period for new nurses that include a four-to-six week orientation allowing them to function in dependent positions during that period. They are assigned to a preceptor, whom has a maximum of 1 to 2 new nurses assigned to them in which they foster a mentoring relationship. If the manager or new nurse feels they are not ready to move from the preceptorship period to independent practice with their own caseload, a letter is sent to the union and the nurse is able to stay on with a preceptor for a longer period of time.

There are more opportunities for new nurses to have proper orientation at this point in facilities in New Brunswick. The standard is that new graduates have three weeks on the floor with a preceptor and four to five weeks in specialty areas. There is also a nurse mentor, funded by the Department of Health, who travels to each region to make contact with new nurses and to ensure that their orientation has addressed any specific concerns and issues they may experience.

A number of employers also referred to the implementation of a program in which a new nurse will receive a designated period of formal orientation and then is "buddied" with an experienced nurse.

Employers and governments have increasingly acknowledged the importance and need for the development of mentoring programs. As a result there is a general increase in planning initiatives and funded projects to develop mentoring programs occurring. For example, the British Columbia 2004/05 Nursing Strategy allocated \$130,000 for the development of mentoring programs for new nurses, including \$20,000 specifically earmarked for a feasibility study of hiring retired nurses to act as mentors to new graduate nurses.

Several employers and government pointed out although new graduates are in need of mentoring it can be very difficult for smaller and rural organizations when they have fewer resources to draw upon. Ontario recently provided \$1.4 million in infrastructure funding for mentoring programs in long-term care and home health settings, as these are areas where there normally is not the expertise for mentoring infrastructure and supports. There was a very large response to this initiative. This included individual facilities and agencies but also in some cases, parent long-term care facilities that had a number of facilities under it. In one case, a group of public health nurses from numerous districts put in one proposal together and shared the funds.

In many organizations, Nurse Educators or Clinical Nurse Educators are responsible for organizing the formal aspect of on-the-job learning of new nurses. In addition, some smaller clinics and organizations, such as the South Peace Health Council in BC, are partnering with larger institutions to provide additional training and expertise to new nurse graduates, a kind of partnership that is also being forged to create mentoring relationships in certain departments and specialties.

When the nursing profession changed to a BN requirement including a move from a hospital/college based system to that of a university; the student nurse roles changed. There appears to be decreased coordination and collaboration of the students' education process and integration into the work environment. New graduates coming into the work environment now take a longer period of time to fit in with the senior nurses. The students have not been taught within the system and there is a greater period of acculturation required.

Many new graduates are forced or choose to take on part-time, casual and float team/pool positions. Consequently there is an increasing need to find appropriate ways to transfer knowledge to ensure quality care. Employers generally expressed concern that there are fewer full-time vacancies available for the new graduates. A number of jurisdictions have developed initiatives designed to find innovative ways to employ new graduates in order to increase the probability of long-term retention.

## **4.9 Summary**

While very little published material is available specifically on retention and transference of knowledge of experienced nurses, there is broad agreement in the existing literature that retaining older, experienced nurses will be, if not already; key to successful delivery of good nursing care.

In a report written in 2000, the Registered Nurses Association of Ontario commented, "The strongest recruitment strategy is staff retention" (RNAO, 2000). This comment was made in the context of strategies to retain new nurses, but it also applies to experienced nurses as well. Given that effective strategies are needed to attract and keep new nurses, the available literature also agrees that it is vital (to both the continued provision of good nursing care and the transfer of knowledge and skills to the next generation of nurses) to retain experienced nurses, whose expertise has been gained over time and through experience.

# Retaining and Valuing Experienced Nurses

It is important to note that, to date, nearly all research and interventions on the subject of nurse “retention” has been done in the context of both recruitment and retention. In general, there was agreement by all stakeholders that strategies and initiatives intended to address the retention of experienced nurses should include:

- Enhancing the quality of nurses’ work life and the work environment.
- Increasing involvement in professional development, continuing education and nursing quality improvement and leadership projects.
- Maximizing the experiences of nurses and increasing their role in teaching new graduates and continuing education with particular emphasis on mentoring.
- Lessening their clinical load with other types of administrative, project and teaching activities.
- Motivating experienced nurses by offering them more opportunities to work in other or new areas where they may have an interest.
- Providing more full time positions for new graduates.
- Increasing planning and partnerships between employers, unions and governments.
- Implementing concrete changes at the employer/community levels that are supported by the government and unions.

## **5.0 Workplace Initiatives: Profiles**

The findings of the interviews with key informants, the survey of nurses and focus groups undertaken for this study all highlight the importance of workplace practice issues in retaining experienced nurses. Although governments across Canada have begun to address many of the issues raised in earlier chapters, it would appear there are few initiatives in place specifically designed to encourage the retention of older, experienced nurses. There are however, a growing number of programs in place to improve workplace practices initiated by governments, employers and unions.

The following provides a brief description of a number of initiatives designed to improve workplace practices that may eventually slow the exit of nurses from the workplace. Activities in three employer organizations and one province-wide initiative were examined. Current collective agreements were also reviewed for retention initiatives. Together these selected examples of innovative approaches provide lessons learned in supporting healthy work environments ultimately valuing and retaining experienced nurses.

### **5.1 Capital Health — Edmonton, Alberta**

#### **Background**

Capital Health provides health services to 1 million residents in the City of Edmonton and surrounding areas and is the largest integrated academic health region in Canada. Capital Health delivers a full continuum of care including primary care, home care, telehealth and continuing care in 13 hospitals, 23 public health centres, 4 clinics and 2 primary care centers. In addition, it is a referral centre for specialized services such as trauma and burn treatment, organ transplants, pediatric cardiology and high risk obstetrics for people in Western Canada, the Yukon, Northwest Territories and the northern part of Alberta.

Capital Health has a workforce of 29,000 staff including 9,000 nurses. Seven out of fourteen executive team members, including the Chief Operating Officer are nurses.



# Retaining and Valuing Experienced Nurses

## ***History of Innovative Approaches***

In 2000, the average regional nursing vacancy rate was 8.15%, although some workplaces had a vacancy rate of 16% to 17%. Capital Health was experiencing high rates of overtime and absenteeism. The average age of the nursing workforce was 44 years old and the retirement rate was anticipated to accelerate over the next decade. Senior management was aware that an international nursing shortage already existed which would be exacerbated with the United States beginning to ramp up its own recruitment efforts. They recognized that they soon could be facing a serious nursing shortage unless action was taken rapidly. If Capital Health was to attract new nurses and keep their current staff, new approaches needed to be found. Capital Health recognized that they would be competing with other regions and jurisdictions for new nurses all of which were facing looming shortages. It was important to ensure that a robust recruitment pipeline was established.

The Chief Executive Officer requested that the Executive Nursing Officer and the Vice President of Human Resources to creatively explore and find innovative ways to address these serious issues and the resources required for resolution. Not surprisingly, in trying to anticipate its current and future nursing requirements, Capital Health realized they faced three primary nursing issues:

- Recruitment;
- Retention;
- Retirement.

Capital Health believed that to have an effective retention strategy an employer needs to have as a baseline, enough people on staff to reasonably accomplish the ongoing workload. Recruitment is a critical factor in addressing retention and workload concerns of current nurses. Therefore the starting point was to target recruitment initiatives towards ensuring an ongoing and sufficient supply of nurses entering the workforce.

## ***Recruitment Initiatives***

The objective of Capital Health recruitment initiatives was to increase the supply of nurses in the system thereby reducing the pressures in the workplace and relieving some of the stress on the current workforce.

### ***A) New Graduate Initiative (NGI)***

Capital Health developed the *New Graduate Initiative* targeted to new graduates based on a previous program with the Canadian Armed Forces where military doctors and nurses worked in supernumerary positions alongside civilian staff. It had been a positive experience for Capital Health and they believed something similar could be done targeted to new nursing graduates. Management brought the idea forward and in consultation with the union began to develop a program that would provide full time jobs for new graduates. Both parties recognized a challenge with the timing of available positions since full time jobs were not always when nursing students first enter the job market after graduation. Where there were positions, it sometimes took an individual unit a long time to complete the recruitment and hiring process. They also recognized that it was difficult for new graduates to function at the level required of a proficient nursing staff member when they first entered the work environment. This initiative provides new graduates an opportunity for extended orientation and integration into the workplace.

The proposal was agreed to as a local letter of understanding by the United Nurses of Alberta and was approved in 2001. It is now covered by the current collective agreement through a provincial letter of understanding. Capital Health was able to hire up to 100 new nursing graduates into one-year supernumerary positions which are considered an “extra pair of hands” outside of the approved baseline staffing complement. These supernumerary NGI positions are offered in full time areas where there are vacancies or that have traditionally experienced challenges with recruitment. Graduates have up to a year to apply for an ongoing position in their area.

Most of the new graduates participating in the program are placed in full-time permanent positions within the year. It has allowed these new graduates to consolidate their knowledge, as well as enhance and develop their clinical skills. They are able to continue to learn in a supportive and less stressful manner. For existing staff, the new graduate provided needed extra assistance without being included in the staffing complement. Managers have an opportunity to observe and mentor new nurses; the new nurses benefit from the experience and find it a better way to integrate into the workplace. It is perceived as positive situation for both parties.

# Retaining and Valuing Experienced Nurses

Capital Health has recruited more than 1,500 new graduates since 2001 with over 400 in the new Graduate Initiative and the remainder into regular line positions. On average, new graduates are able to move into new positions within 4.5 months. The funding for the program comes from the existing regional budget, at a cost of approximately \$3 million per year.

## **B) Undergraduate Nursing Employees (UNE)**

In the summer of 2003, Capital Health implemented the *Undergraduate Nursing Employee Initiative* designed to help the employer alleviate pressures arising from short-staffed workplaces during the summer months while at the same time providing third year baccalaureate students with work experience. Similar to the NGI program, this program provides nursing students with valuable orientation to a unit and an opportunity to work under the supervision of an experienced Registered Nurse. This initiative complements Capital Health's strategy to increase and secure recruitment of new nurse graduates.

The UNE program has proven to be an effective recruitment and retention tool, along with the New Grad Initiative. Student nurses benefit from an opportunity to practice and learn new skills while gaining confidence in their practice. There is less transition time to the RN position and they appear to be better prepared for their jobs than other graduates. This program allows the student to evaluate Capital Health as an employer as well as permit CH to know the future RN. It has been a benefit for the employer in that it helps to smooth oscillations in the supply chain.

## **Retention Initiatives**

In 2005, Capital Health began to address the second major issue- retention of nurses in the current workforce. A strategy was developed that focuses on professional development for nurses in the workforce, particularly helping those nurses who have diplomas to upgrade their credentials. It was also recognized that because of changes in patient/client acuity, needs and care settings, existing staff required ongoing professional development. Capital Health has been supportive of ongoing training through release time and underwriting the costs of training programs.

The following provides a brief description of some of the Professional Development/ Training programs that have been put in place:

- Postgraduate certificate in medical-surgical was developed to provide recognition and professional development to medical-surgical nurses who are often undervalued<sup>7</sup>. The program is credit-based and can be applied towards the baccalaureate nursing degree. It is targeted to accommodate 20 experienced nurses a year.
- The *Partners in Care Program* was established in collaboration with the Grant MacEwan College to provide staff with cost-effective and readily accessible learning opportunities. It allows flexible programming to help meet learning goals by offering a diverse mix of courses at multiple locations within the region. The Leader in Care program offered to front line managers complements the program. It assists these managers to develop leadership skills to meet workplace challenges.
- *Senior Leadership Mentoring Program*  
It is acknowledged that experienced nurses cannot continue indefinitely at the same high pace. However Capital Health does not want to lose the skills and experience of these senior nurses. A program has been developed which will allow those nurses within five years of retirement to move into clinical support roles. This recent initiative allows experienced nurses to continue in the workforce. They have an opportunity to mentor new graduates and in return, their patient load and work requirements are reduced. The intent is to utilize the expertise of senior nurses in a more effective way to encourage them to remain within the workforce by reducing their patient loads and to act as resources to novice nurses.
- *Capital Health/Caritas<sup>8</sup> ARNET Education Funding Partnership*  
By leveraging the use of matched funds from an Alberta government/Alberta Association of Registered Nurses (AARN) endowment established to support RN continuing education and professional development, more than 1000 CH and Caritas RN's have accessed over \$488,000 in educational funding since 2001.

In addition to the programs listed above the regional health authority is committed to providing standardized on going on-site education as well as supporting enhanced professional development.

7. Interview with Wendy Hill, Chief Operating Officer and Executive Nursing officer, Capital Health 08-05.

8. Caritas is another health employer based in Edmonton.

# Retaining and Valuing Experienced Nurses

## **Workforce Planning**

Capital Health has developed a workforce projection tool that allows planners to project service planning needs to 2010 taking into account retirement, vacancy rates and maternity leaves of absence rates. It offers the ability to develop strategic action plans to meet future health human resource needs. It allows the administration to project their future nursing service requirements overall as well as at the program and unit level. The use of this tool also creates opportunities for the employer and educational institutions to approach government in a tri-partite fashion to secure funding for seats in nursing education programs. Greater accuracy in information should help in better planning which should have a positive impact on work conditions at the unit level.

## **Impact of Initiatives**

Since implementation of the programs described above, the average age of the nursing workforce has decreased from 45 to 40 years. The vacancy rates for RN, RPN and LPN have all declined. The regional vacancy rate for 2004-2005 was 3.7%, the lowest number of vacancies since regionalization in 1995. Many experts believe the ideal vacancy rate is between 2.5 and 3%, a rate that still allows for some staff movement and parallel introduction of fresh perspectives and new ideas.

Capital Health reports that the staff skill sets have improved dramatically and satisfaction rates have gone up as well. This year, Capital Care Group, a wholly owned subsidiary of Capital Health, has been identified as one of Canada's 1,000 best employers.

## **Observations**

Capital Health has recognized that recruitment and retention are different sides of the same issue. The strategies adopted by Capital Health to address both recruitment and retention objectives continue to evolve. Capital Health has made the commitment at the most senior levels of the organization to address these challenges facing the nursing workforce. It has dedicated sufficient financial resources and numbers of people to develop these innovative programs. The New Graduate Initiative is now incorporated into the master agreement between the United Nurses of Alberta and Alberta Health Employers. All health regions in Alberta, plus a number of other employers have signed on to the letter of understanding governing this program. But it should be noted that although a number of employers did commit to this initiative, it is only in Capital Health where the program is flourishing.

Capital Health staff has noted that they will not be able to sustain increasing expenditures for the ongoing programs and new programs out of operating budgets and will continue to dialogue with government require for support for funding of innovative health human resource practices.

## **5.2 The Ottawa Hospital — Ottawa, Ontario**

### **Background**

The Ottawa Hospital (TOH) is a multi-site provider of tertiary and specialty acute care serving 1.5 million residents of Ottawa, eastern Ontario and western Quebec both in English and French. TOH came into existence April 1, 1998; a result of the Province of Ontario's Health Restructuring Commission which directed the merger and integration of services across 3 hospitals and several health facilities including the University of Ottawa's Heart Institute. Total staff is approximately 10,500; 3900 are nurses, making the TOH the largest professional nursing staff in Ontario.

### **Background of Initiatives**

TOH has had the challenge of merging a number of previous institutional cultures into one that reflects the new integrated organization. The merger caused dislocation, layoffs and unasked for change at the staff level. The adjustment process has been difficult for many staff. As part of the strategic planning exercise for the new Ottawa Hospital, an environmental scan was conducted which highlighted the forecast there would be significant growing shortages across all health care professions. The average age of the nursing workforce at the TOH is 41. The TOH anticipates they will lose 40% of their nurses in next 10 years. They estimated they will need to recruit over 2500 nurses to replace retiring nurses and to meet new staffing needs.

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Like Capital Health, they also have identified the components of a plan to meet their current and future requirements. They targeted a need to focus on recruitment, retention and utilization. The hospital has focused on retention issues for the past 4 years. One of the primary objectives has been to allow nurses to function at their full scope.

## **Structures**

TOH has established a number of committees. The *Clinical Nursing Practice Committee* is composed of approximately 100 clinical nurses from all units across TOH. It is viewed as the primary forum for nurses. The *Nursing Professional Practice Department* (NPPD) has established approximately 15 working groups. Each working group is co-chaired by nurses elected from the group and clinical nurses are involved as members and/or co-chairs. Each has terms of reference including detailed roles and responsibilities, and membership. The Nursing Professional Practice Department supports a number of nursing committees, working groups addressing a range of ongoing topics and reflective groups.

The *Nursing Recruitment, Retention and Recognition Work Group* was established in 1999. It is co-chaired by the Corporate Coordinator of Nursing Recruitment, Retention and Recognition and a clinical nurse. Other members include the local President of the Ontario Nurses' Association, an ex officio member from the University of Ottawa Faculty of Nursing, a representative from the community, a representative from the Occupational Health Unit and a number of clinical nurses.

The *Corporate Nursing Clinical Practice Committee* (CNCPC) is the primary forum for improving the clinical practice of nurses. It is a decision making body of nurses, for nurses. It has responded to requests from nurses often resulting in changes to workplace practices.

## **Initiatives**

TOH has engaged in an ambitious program to enhance the professional practice environment within the organization. Research has shown that practice environments that promote the nurse's autonomy, accountability and strong interdisciplinary teamwork leads to better patient outcomes and ultimately greater job satisfaction. Because of concerns regarding recruitment and retention, and the need for standardization, a Model of Nursing Clinical Practice Work Group was formed in the fall of 2000 to study models of nursing care delivery. As one of its priorities, the group has identified the need to standardize supports to nursing care delivery. Previously there were 5 different models in place and no standardization across units or sites. The work group met weekly for an 8-month period. They reviewed the existing models in the TOH sites. A literature review of different care models was completed. The work group concluded that no single care model contained all the desired elements.

### **A) Model of Nursing Clinical Practice**

The TOH Model of Nursing Clinical Practice was developed. Implementation is currently underway, and has been rolled out in 95 units across 3 campuses. It is an innovative way of organizing all nursing resources, including Registered Nurses (RNs), Registered Practical Nurses (RPNs), and Unregulated Care Providers (UCPs) to improve continuity of care. The model provides a set of guiding principles for each individual unit and intends to provide nurses with a number of consistent supports that <sup>9</sup>:

- Ensure professional autonomy and accountability.
- Ensure efficient and effective nursing care within a multidisciplinary approach and program management model.
- Promote continuity by limiting the number of nurses assigned to an individual patient.
- Give nurses the freedom to make decisions about care within his/her scope of practice with or on behalf of the patient and family.
- Provide a framework for delivery of care that supports his/her practice as self-regulating professionals.

9. Ottawa Hospital, *Nursing News*, March 2003.

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The implementation process is carried out in three phases over a period of three months and is supported by three facilitators hired for the implementation. The model has garnered interest in many parts of the country. It is the subject of a larger study currently underway with investigators from Western University, The University of Toronto, Tel Aviv University, University of Quebec in Outaouais and The Ottawa Hospital. The research will help identify key factors affecting the work life of nurses and the impact of the new model on nurses and patients. Results, including the identification of effective strategies, will be available in 2006.

## **B) Late Career Initiative**

The *Late Career Initiative* is a program funded by the Government of Ontario. It is targeted at nurses 55 years or older. It allows a nurse to spend 20% of her or his time in less physically demanding nursing roles, such as patient teaching or staff mentoring. The patient load is reduced too. These important roles allow nurses a break from the physical demands of front line nursing care, while still allowing organizations, patients and nursing staff to benefit from their knowledge and experience<sup>10</sup>. The Government of Ontario announced the program in early 2005 for what was initially to be a three-month project, but it continued for six months. TOH received funding for 50 nurses. The program was successful and they are waiting for approval for a second group of 100 nurses.

## **C) Individual Special Circumstances Arrangements**

The current collective agreement between the Ontario Nurses' Association and the employer allows any nurse 55 or older to apply for reduced hours. It allows nurses who find the current workload too strenuous or stressful to reduce their hours without any penalty to their pension benefits or seniority. Other benefits such as holidays, vacation time etc. are pro rated. Although there has been limited take-up across Ontario, the arrangement has proven to be very successful among older nurses in the Ottawa Hospital. As a result, the hospital and local union have agreed to lower the age eligibility from 55 to 50.

## **D) Additional Programs**

The TOH conducts a workplace survey of nurses every two years. The results of the survey have included information highlighting the extent to which nurses are dealing with workplace conflict. As of September 2005, TOH will pilot a peer-to-peer advisory program, which will provide a consultative service to all nursing staff. Nurses who have strong interpersonal skills and have taken a conflict management course will assist other nurses in resolving workplace conflicts.

Other programs include:

- A multi-disciplinary approach to professional practice and patient care.
- A Nursing Internship Program to facilitate the acquisition of knowledge by novice nurses.
- A workshop for experienced nurses who have been assigned on their units as clinical experts.

### **Impact of Initiatives**

TOH has been very proactive in its approach. The turnover rate within TOH has been reduced to 6%. The vacancy rate is at 4%. The average age of retirement is at 60, a relatively high age, that may indicate that TOH workplace reasonably supports older nurses.

The organization has been supportive of ongoing training and professional development. There is both in house training and support for programs elsewhere. A number of changes are underway designed to improve the workplace for clinical nurses. For example, the *Model of Clinical Nursing Practice* is designed to improve an individual nurse's autonomy and provide for better work life balance.

The hospital has taken advantage of many of the new programs announced by the Government of Ontario which bear on workplace retention improvement, including the *Late Career Initiative*, purchase of equipment such as lifts, and mentoring.

10. Ontario Ministry of Health and Long Term Care; Ontario Nursing Strategy, [http://www.health.gov.on.ca/english/providers/program/nursing\\_sec/strategy\\_app\\_mn.html](http://www.health.gov.on.ca/english/providers/program/nursing_sec/strategy_app_mn.html)

# Retaining and Valuing Experienced Nurses

## **Observations**

The merger of three hospitals in 1998 provided an opportunity to create a new culture for a new organization, one that would provide the nursing staff with enhanced supports in the workplace. There are a high number of projects occurring simultaneously all designed to transform and improve the organization. The workforce projections add some urgency. TOH will need to attract new staff and retain existing staff. They will be competing against larger salaries from American institutions as well as recruitment efforts from other parts of the country. In designing the new approach, attention has been given to means of providing nurses with a strengthened voice and feeling that they are valued.

The current institutional structure is quite complex, which leads to difficulties in clearly understanding relationships and patterns within. Organizational change takes time, resources and people if it is to be implemented successfully and sustained. Senior administrators are committed to the change and to incorporating measures targeting retention.

## **5.3 St. Boniface Hospital — Winnipeg, Manitoba**

### **Background**

Located in Winnipeg, St. Boniface Hospital is the second largest healthcare facility in Manitoba, providing primary and specialized care in Manitoba, North-western Ontario, Nunavut and the Northwest Territories. It is part of the Winnipeg Regional Health Authority and is the primary centre for the French speaking population of Manitoba. It has a workforce of approximately 4000 staff of which 1200 are registered nurses.

### **History of Initiatives**

St. Boniface, as result of government policies and budgetary constraints during the 1990's faced a shortage of nurses that resulted from heavy use of mandatory retirement. The hospital faced serious problems in morale, high vacancy rates and a stressful work environment. The average age of nurses is 43. Up to one-third of the nursing staff will be eligible for retirement over the next five years. St Boniface does not expect that all eligible nurses will opt to leave the workforce, but 15% of the workforce may exit over the next few years.

### **Initiatives**

#### **A) Joint Decision Making Structures**

There have been a number of joint decision making structures established within the organization designed to provide employees with greater opportunities for input.

- The *Joint Union-Management Council* is the senior deliberative body. The CEO of St. Boniface meets with representatives of the hospital's unions on a regular basis. All unions are free to bring issues to the Council. The agenda is jointly developed.
- The *Joint Nursing Advisory Council* is jointly chaired by the President of the Nurses Union and a senior nurse manager. The establishment of the *Joint Nursing Advisory Council* is prescribed by the terms of the current collective agreement. The Council consists of five members of the Manitoba Nurses' Union and five members of management. The primary concerns of this group are workload and staffing.
- The *Nursing Practice Council* was initiated in 2000. It is a forum for nurses to address practice issues and provide advice and support. It represents seven major program streams, all areas of practice, and all nurses at all levels. The Council is composed of 30 nurses who report to the Chief Nursing Officer. They develop nursing policy and procedures and address nursing issues as they arise within the hospital. The Nursing Practice Council provides a voice for nurses within the institution. The challenge is how to energize it for the 1200 nurses of St. Boniface.

#### **B) Mentorship program**

In June of 2005, St. Boniface implemented a hospital wide mentoring program that gave formal recognition to the value of mentoring. It reflects the belief that everyone working in the hospital can benefit from a mentor. It focuses on people, stressing the value of relationships. Both a mentor and a mentee package have been developed. Although it is recognized as an important element within the hospital, individuals who participate are not compensated in either time or money.

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## **C) Education and Professional Development**

It is important to ensure that clinical nurses have the skills and competencies so that they can function to the highest level of their abilities. St. Boniface Hospital provides time and, in some cases, financial support for professional development. There is a formal relationship with both the University of Manitoba and Red River College to develop programs to meet the needs of staff. An example is the *Collaborative Adult Intensive Care Nursing Program*, a program designed to meet the need for highly skilled registered nurses working in adult intensive care.

There is on-site support for nurses, including educators, clinical resource nurses, clinical nurse specialists and intensive care instructors. The hospital is also working to bolster supports for the nurses on the units. A new hospital information systems project has begun which will see on-line access to best practice guidelines accessible at the unit level. They believe that the best teachers are often practicing experienced nurses. Many experienced nurses have assumed a sessional role as clinical facilitators for students coming for clinical studies from the University of Manitoba program.

The hospital has developed a number of programs to upgrade the skill sets of their existing nurses as well as to address shortages in certain units. Examples of programs include offerings in advanced assessment, advanced cardiac life support, advanced rhythm and 12 lead EKG.

## **D) Work Practices**

There had been a push at the provincial level to increase the number of full-time positions and St. Boniface has increased the number of full-time positions for new graduates. In addition, they have also kept the .7 FTE designation that continues to be quite popular among staff, particularly older nurses. It has been incorporated as part of the hospital's retention strategy. Job sharing is also seen as a desirable feature for many experienced nurses.

St. Boniface Hospital has recognized that demands of the job have been very high on its employees. High rates of absenteeism and worker compensation claims needed to be reduced. Greater emphasis has been devoted to workplace health. Two new positions have been created, those of a Safety Coordinator and Disability Coordinator. St. Boniface has made significant gains in reducing muscular skeletal injuries. Furthermore, increased prevention has meant a savings of approximately one million dollars for the hospital over the past three years. The hospital has an ongoing commitment to purchase equipment such as lifts and new electric beds to assist the older workforce in performing their duties.

## **Responding to New Needs**

Opportunities exist for Clinical Practice Nurses to receive appropriate training to implement new approaches- i.e. the St. Boniface catchment area serves a proportionally large number of geriatric patients and therefore the hospital has provided specialized training for staff. An example is the *Elder Friendly Hospital Initiative*. Nurses were aware that a large percentage of patients served by the hospital are **65 75** and older. They became familiar with a nursing led initiative of the John A. Hartford Foundation Institute for Geriatric Nursing at New York University (NYU). This NYU program, *Nurses Improving Care for Health Systems Elders (NICHE)*, is a hospital-wide approach to integrating geriatric and acute care evidence-based practice. Interest in implementing a similar program at St. Boniface was generated from was generated from the ground up by front line nurses. They identified a need or specialized geriatric care training and the NYU program approach. The hospital supported their vision and sent nurses for training at NYU. They then developed a program to share the knowledge and develop the skills of other nursing staff.

St. Boniface was the first hospital in Canada to be granted the NICHE designation. The status indicates that the facility has developed and implemented a series of programs and protocols aimed at improving the quality of care provided to older people. It is a multi-disciplinary approach to problem solving adopted throughout the hospital. The Elder Friendly Hospital Initiative has provided education and workshops important in developing a critical mass of trained staff

## **Impact of Initiatives**

The organization is perceived as very relationship centered. People feel that have more opportunities, portability and flexibility within the St. Boniface organization. Figures from 2004 show St. Boniface had the second lowest nursing vacancy ratio of the hospitals in the region. As of June 2005, the nursing vacancy rate was 1.5%. Other improvements have been noted as well such as workers compensation rates that have been declining steadily.

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The hospital has been moving to implement more full-time positions but has discovered that overall; their staff is content with the degree of flexibility currently available within the current nursing complement.

## **Observations**

The overall approach and recent track record of the hospital has garnered it a reputation as an employer of choice. Therefore, hospital has not been having difficulty filling current vacancies. With the current demographics, particularly regarding the substantial component of older nursing staff, senior staff are concerned about balancing the needs of younger novice nurses with those of more experienced nurses. Front line staff have been given more autonomy to exercise judgment and in some cases initiate new programs such as the NICHE program. The empowerment to develop a program from the ground up has provided greater staff buy-in, and the impetus for front line staff to recognize needs and then develop skills and programs in response to them. For example, this trend towards recognizing and creatively responding to the needs and interests of patients is reflected in a new patient safety orientation and the development of a Patient Council.

## **5.4 Collective Bargaining Retention Initiatives**

Traditionally, collective bargaining for nurses has centered on prescribing rates of pay, hours of work and other conditions of work for a specified period. Collective agreements also establish the framework for settling differences between the health care employer and nurses. In the Canadian health care context, typically a master agreement is negotiated between the provincial nurses unions and provincial health employer associations, but individual health employers may then negotiate separate subsidiary agreements with their local unions in accordance with provincial guidelines.

A review of the existing agreements across Canada revealed a number of interesting initiatives designed to enhance the retention rates of older nurses. These are grouped by initiative type.

### **Phased-In Retirement**

A study undertaken for the CFNU noted that a number of governments have introduced legislation to their Pension Benefits Act to facilitate phased retirement<sup>11</sup>. As discussed in Section 4 of the Report, to date the number of nurses participating in the program has been limited. Nevertheless, a number of features incorporated into these collective agreements are worth noting.

#### **A) British Columbia**

The Health Employers Association of British Columbia (HEABC) represents the interests of more than 300 publicly-funded health care employers in the province in negotiations with the British Columbia Nurses Union (BCNU). During the last round of collective bargaining, the parties undertook to establish a framework for collaborative and interest-based discussions that seek to improve the system for patients, operations for employers and work lives for nurses.

One of the outcomes of those discussions was a Letter of Understanding that established the Phased-in Retiree/New Graduate Partnership Program.

The program has two goals:

- To get new graduates more connected to the workplace and retain them within British Columbia.
- To provide enhanced opportunities for older nurses and new graduates.

As proposed, the program allows nurses who are 60 years of age or older and working full-time, to work half-time for up to three years and still contribute to employer and employee pension plans as if they were still full time employees. The nurses are considered to be on leave for the balance of their position time. The other half of their position is given to a new graduate as a part time regular employee. The new graduate would assume the full-time regular position when the senior nurse retired. Participation in the program is voluntary. Employers retain the right to determine the unit(s) and the number(s) of potential partnerships.

11. Ferguson, Conrad ;*Workforce Management: Phased retirement( Enablers and Barriers) and Other Programs for the Retention of Older Health Care Workers*, March 2004, p 16.



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The union, employers and government agree that this initiative offers a positive, creative approach allowing senior nurses an attractive pre-retirement option without impacting their pension benefits, while simultaneously encouraging the transition and offer of positions to new graduates.

There have been challenges introducing the program particularly with regard to participation rates. The union believes that many in the 60-65 year age group are still working full-time because of need and therefore there has been low uptake in the program. Although a few health regions have lowered the eligibility age to 57, there still remains limited interest at this time. Despite the disappointing participation, there is general support to continue the initiative, with the intent to lower the age to 56 in the next round of bargaining.

## **B) New Brunswick**

There has been great interest nationally in New Brunswick's phased-in retirement program for nurses over 55 years. There have been many challenges in working out the details of the implementation and to date there has not been a large participation in the program.

The phased-in retirement program was negotiated in 2000 and implemented in 2003. It provides the choice for nurses (who meet the eligibility criteria) to reduce their work schedule as they approach retirement. They maintain a level of income greater than what would be received if they had retired fully but less than what they would receive if they continued to work full-time. The phased-in retirement program offer allows nurses to reduce their work schedule to either 50% or 60% of a full-time work schedule (100%) for a period of one to five years. During the phase-in retirement period the total income of the nurse is 85% of the pre-phase in gross monthly salary. The employee receives the 50% or 60% as salary for the time worked plus a pension pre-payment amount of either the 35% or 25%. The pension payable on retirement is reduced to account for the pension pre-payments made during the phase-in retirement period. Other key benefits (LTD, Insurance, Sick Leave) have been addressed to ensure minimal impact.

In addition, the phased-in retirement program allows for the available 40% or 50% of the position to be filled by new graduates, such positions may be converted to full-time positions following full retirement. This addressed concerns that the program might create problems in providing full time positions for new graduates.

New Brunswick also offers nurses the ability to work part-time and continue to pay full-time pension contributions and therefore receive full-time pensionable service accumulation.

### ***Reduction of hours of work/flexible scheduling***

A number of the agreements address job sharing and reduced hours of work. One of the more innovative approaches specifically targeted to older nurses is the Individual Special Circumstances Arrangements outlined in the agreement between the Ontario Health Employers and the Ontario Nurses' Association <sup>12</sup>.

A number of provincial agreements acknowledge that local employers and union locals require the ability to respond to the needs of their individual workplace. Agreements provide for the parties to develop and implement innovative schedules or pilots.

### ***Professional Development and Skills Upgrading***

A number of agreements address professional development and training needs by prescribing the establishment of committees and a process for determining needs. Education leaves are frequently mentioned. Many prescribe the establishment of mentorship programs.

### ***A Voice for Nurses***

Many of the agreements reviewed require the establishment of joint labour-management committees or councils similar to those described at St Boniface and The Ottawa Hospital. They are intended to facilitate greater participation by nurses in workplace decision-making.

12. See Section 5.2 regarding description of The Ottawa Hospital.

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## 5.5 Summary

A review of case studies and collective agreements provided both useful information and perspectives. The case studies have highlighted some of the approaches that show success and promise with regard to senior nurse retention. They also provide persuasive evidence that new initiatives require patience, thoughtful design and implementation and time to take hold. Employees may be reluctant to participate until they believe they have received adequate information and have had ample opportunity to digest and consider the implications for their careers and lives. They are more likely to participate and support initiatives if they have been engaged in their development and assessment from the initial needs assessment and program consideration stages. The most successful programs also demonstrate commitment from senior management who are personally involved and champion the initiatives. Those initiatives that consider workplace dynamics and especially the relationship between senior and new employees are most productive and sustainable.

Governments have conceptually recognized the importance of encouraging the retention of older workers. They have supported, both in policy and financially, a number of new experimental or pilot programs but, unfortunately, to date these programs have mostly been of a short-term nature. Employers and employees require stable, assured funding to design and implement the changes that will aid in sustainable recruitment and retention initiatives and institutional changes.

As the provincial collective agreements evolve from their traditional focus they can provide a better framework and help to establish viable structures for solutions. They also can assist to establish processes for implementation and monitoring by putting content, action, and accountability into solutions. Currently, collective agreements are just beginning to shift their focus and therefore provide few innovative examples. Those alternative frameworks that have been developed are at this point typically described in letters of agreement appended to the overall core agreement.

There is a growing recognition that the collective bargaining framework must be able to accommodate and adapt to the needs of different local settings. Nurses' unions and employers have recognized that decisions made at the local level are more effective in meeting the needs of the employer and employees as long as they respect the overall framework of the collective agreement. It is anticipated that the near-term will see more rapid evolution of collective agreements as the bargaining process incorporates these perspectives.

## 6.0 Lessons Learned

The key issues facing the nursing profession are well known; an aging population that is more demanding and requires more care, reduced staff complements in health care organizations following restructuring in the 1990's, and an aging nursing workforce who continue to work in stressful environments.

Canada's nursing shortage must also be put in a global context. Our aging workforce is part of a worldwide phenomenon that is escalating demands on health care systems overall. This in turn is generating substantial international competition for health care workers including nurses. Perhaps the most significant threat lies to the south of us where the United States faces an equally severe shortage. The traditional American response to addressing their health human resource requirements has been to recruit from its northern neighbour. Many of those interviewed for this study, expressed concern that as pressure from the United States grows, the effect will be to increase further the strain on Canada's already limited nursing resources.

To date, recruitment into the nursing field has been the primary response to nursing shortages, but it is now apparent that greater attention must be paid to nursing retention, particularly by meeting the needs of more experienced nurses. Research indicates that experienced nurses are willing to continue working if work environment and compensation issues are addressed adequately (Stephenson, 2004). The core issues cited as key to retention include providing an atmosphere of respect and value within organizations and the presence of caring, visible nursing leadership. Nurses expect positive work environments that are adequately staffed, flexible scheduling, support for non-nursing roles, and adaptations for older workers (O'Brien et al., 2003).

# Retaining and Valuing Experienced Nurses

Mitchell (2003) identified several issues that have been repeatedly highlighted citing more than twenty years of recommendations to address the impending nursing shortage but which have been largely minimized or ignored<sup>13</sup>. In this study, many of these themes and issues that present challenges to the retention of more experienced nurses are echoed. These include:

- The perception that cost rather than quality of patient care drives a majority of decisions. It is however recognized that employers often have little choice due to the balanced budget legislation that exists in certain jurisdictions and that provincial budgetary cycles and constraints impact the options available to local health authorities.
- Workplace wellness, nurse satisfaction and quality of life are not yet a funded priority of politicians or administrators.
- Nurses do not have control of their workloads. This is closely linked to the view that there must be more respect for the requirements of the nursing profession and of the knowledge and time required to practice nursing properly.
- Nurses feel they have lost their “voice”. While many of the nursing profession’s articulated ideas for improving the quality of patient care may have been accepted in theory, they have largely not been acted upon.

## 6.1 Retention Strategies

Although there has been work done on retention issues, it is only recently that the focus has been on experienced nurses. Governments, employers and unions in all jurisdictions are now looking for ways to retain nurses by postponing retirement as well as attract nurses back post-retirement.

While there is no doubt that compensation issues are important, there is evidence that this factor alone may not have the significance some may think. A review undertaken for the College of Registered Nurses in Nova Scotia noted that those strategies that feature financial incentives such as sign-on bonuses, relocation coverage and new premium packages, often detract from the overall retention objective. Instead, such strategies often result merely in redistribution of current staff. The incentives are insufficient to attract new staff and produce the unfortunate by-product of hurt feelings among loyal long-time staff that are ineligible and do not receive a comparable benefit.

Therefore, a key challenge in retention strategies must be to find a way to balance the core needs of more senior nurses with those of other members of the nursing workforce.

The following provides an overview of strategies and recommended suggestions for implementation that have been identified in this study’s literature review, interviews, and case studies that in our view offer promise in efforts to improve nurse retention.

### **Flexible Scheduling**

It is clear that experienced nurses want more control and flexibility in scheduling, including options allowing nurses to choose 4, 8, 10 or 12-hour shifts with an increase in availability of weekend or evening-only shifts. As noted earlier, the majority of nurses 46 years and older that participated in the survey conducted responded that changes in workweek, hours and flexible scheduling arrangements would greatly influence their decision to continue working rather than retiring. Unions have raised concerns that employers might implement shorter shifts to reduce costs rather than trying to address the needs of older nurses. Both employers and unions must find a way to strike a balance that promotes the needs of experienced nurses

Scheduling and related work practices must directly address the needs of experienced nurses with such options as enhanced weekend packages and flex staff positions. The common use of 12-hour shifts is particularly difficult for many older nurses. These nurses desire opportunities to select an 8 or 10-hour shift option in work environments that currently only offer 12-hours shifts. Other options could include straight day shifts designed for senior staff on units with high turnover or the ability to work 4-hour shifts in especially busy or stressful periods. Increasing the availability of shorter shifts could positively impact the decisions of experienced nurses to remain full-time in the work force.

A recent pilot project, the *Late Career Initiative*, funded by the Government of Ontario allows nurses over age 55 to reduce their patient loads by 20% and to use the available time for activities of special interest including research studies, mentoring, or skills upgrading. Participating employers reported initial positive results and have applied for renewed funding to continue the program. The Saskatchewan Union of Nurses and one of its employers have recently received funding from their provincial government to develop a similar program. The success of these projects suggests that this “80/20” concept should be employed more widely and on a permanent basis.

13. Cited in Retirement and Retention of Late Career Nurses: A Literature Review; prepared for the College of Registered Nurses of Nova Scotia by D. Vandewater, April 2005.

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A number of jurisdictions cited examples of programs to ensure full-time employment of new graduates, which in some cases include the creation of supernumerary full-time positions. In addition to ensuring full-time employment for new graduates, these supernumerary positions are considered a way to help ease the nurses' workload as the positions are outside of the approved baseline staffing complement. In some cases, the use of supernumerary positions has been offered in areas where there are current vacancies.

## ***Therefore it is suggested that:***

1. Increase access to scheduling options that allow nurses to choose 4, 8, 10 or 12-hour shifts and increase the availability of weekend or evening only shifts.
2. Initiatives and strategies to provide full-time employment for new graduates should be continued and enhanced.
3. Implement the use of supernumerary positions for mentoring and clinical leadership nursing positions.
4. Employers and unions should expand utilization of letters of intent and memoranda of understanding to explore creative solutions that allow for innovative scheduling approaches.

## ***Flexible Work Arrangements***

Job-sharing currently exists as an option in many jurisdictions and has proven to be popular with many nurses. Over the course of this study, other options were suggested by interviewees such as permitting nurses to work full time for nine months followed by three consecutive months off.

Some experienced nurses have indicated they may be more mobile than younger nurses and interested in periodic opportunities to work in interesting settings. They would be interested in gaining access to new challenges such as working in northern remote areas for short periods of time (e.g. six months) without jeopardizing their ongoing employment status in their base institution. Many experienced nurses have the maturity and skills to go into rural, remote or disaster areas and would enjoy the opportunity to apply their skills in such a context. The utilization of locums by physicians provides a good model that can be applied to the nursing profession. In addition, it provides the opportunity for nurse to expand their work experience. However, to accommodate such short postings, employers and unions must allow greater flexibility.

## ***Therefore, it is suggested that:***

5. Strategies that promote different options such as job sharing, deferred salary leave, leaves of absences and alternative compensation practices should be developed and made available to nurses.
6. Opportunities for temporary placements in different parts of the country, in different settings and in various parts of the health care system should be expanded.

## ***Flexible Workplace Practices***

It can be beneficial to redesign jobs and even workplaces to retain older professionals with valuable skills. The demands and pace common in the current workplace do not always take into account the physical resources of older workers. For instance, it has been suggested work can in some instances be in concentrated areas that reduce overall physical distances such as by creating work stations close to patients and regular ancillary services.

Night shift work is often difficult for older nurses and it is not always possible to guarantee only day shifts. Therefore, closer attention needs to be given to environments that will support and assist older nurses. This might mean adding brighter or focused lighting to certain areas in order to help the body adjust to being awake, supportive and comfortable chair and table heights, and supportive flooring. Many of these adjustments would benefit the overall work environment.

Nurses believe that reduced Nurse-Patient Ratios would have a positive impact on the retention of nurses (Tomblin Murphy, 2005) as well as lead to better outcomes for patients. Workload pressures would also be benefited by ensuring an adequate level of other staff supports are in place such as clerical and orderlies.

In addition, policies and programs that reduce violence and illness in the workplace received positive mention. While there are numerous examples of such initiatives, they need to continue to be supported and expanded. Programs that allow for emergency or family leave need to be adopted that will allow nurses to deal with elder care or child care.

# Retaining and Valuing Experienced Nurses

## ***Therefore, it is suggested that:***

7. Physical adjustments be made to the nursing work environment that support and assist experienced nurses. Policies and programs that promote occupational health and safety through the use of appropriate lifting devices and lifting teams must be supported.
8. Explore appropriate Nurse-Patient Ratios as a strategy to make the workplace more attractive for the retention of experienced nurses.

## ***Respect and Recognition for Nursing***

As a group, nurses feel undervalued and perceive they have little or no voice in their organizations. Many of these concerns are now being addressed through new professional practice models where staff is encouraged to more broadly participate in nursing committees, assume leadership roles and have greater autonomy in practice and decision-making. The visible interest, responsiveness and commitment of senior staff encourage innovative thinking from staff at all levels.

It is acknowledged that many accomplishments exist in form and structure within institutions that enhance nursing respect and recognition. For example, many organizations set aside a week to internally and publicly highlight and acknowledge the accomplishments of the nursing staff. Peer-reviewed clinical advancement awards that recognize excellence in nursing now occur in many workplaces. They give public recognition to those who have made the investment in their ongoing professional development and who merit performance distinction. Such acknowledgement needs to be built into ongoing institutional practice and sustained through the entire year.

Nurses value appreciation, but they also expect to have genuine input into decisions on matters on which they are experienced and prepared. They should be recognized as clinical experts where appropriate. An example is the current arrangement negotiated between one of the hospitals and the University of New Brunswick allows a nurse to assume a clinical position within the university without any loss of seniority or benefits.

## ***Therefore, it is suggested that:***

9. Ensure there is a common practice of nurse participation in workplace design.
10. Clinical support roles for older nurses should be developed which include the ability to assume temporary positions within other organizations/universities without loss of benefits or seniority within the collective agreement.

## ***Professional Development, Skills Development and Training***

Nurses feel that current programs and policies substantially ignore the professional development needs of experienced nurses. It is important to recognize that older adults learn and retain information differently than younger students. Educational offerings need to be tailored to meet the needs of mature adults and that would include the use of appropriate adult teaching techniques and modes of delivery. While younger nurses have grown up with computer training and have computer and multi-media literacy; this is not the case for many 40 or 50-year-old nurses. Nurses in this age group may respond more effectively and easily to other modes of delivery or they may require more training and time.

It is also pointed out that there are a range of interests and attitudes within the nursing profession that need to be included in career progression. Career ladders built on an options and/or merit system are attractive for those who desire further education or challenges and options based on personal goals and interests. Ready pursuit of career development should be accessible with the support of management. Clinical ladders that encourage persons to move from health aides or orderlies, to Personal Care Worker, Licensed Practical Nurse, Registered Nurse and Nurse Practitioner are appealing to career motivated nurses. However, with changes in delivery and the greater use of teams, new classifications such as team leaders, assistant nurse managers, resource nurse may need to be added.

Nurses value programs that assist in the transference of knowledge from experienced, to more novice nurses. While mentoring programs have been established in many workplaces, they may not optimize benefits without necessary supports to develop effective mentoring skills.

Younger nurses have benefited from programs such as the New Graduate Initiative or internship programs that provide opportunities to develop their skills in a workplace setting, under the watchful eye of more experienced colleagues.

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## ***Therefore it is suggested that:***

11. Education programs that develop skills to enhance mentoring or precepting by experienced nurses be expanded.
12. Training programs based on principles of adult education should be developed that accommodate the learning needs of experienced nurse. Sufficient time for on-site training activities must be allocated.
13. Staffing budgets should incorporate the development of career paths for nurses.
14. Unions will need to develop appropriate language and mechanisms to support career paths for nurses.
15. Stronger links should be developed between nursing schools, regulatory bodies, employers and unions to help facilitate the transfer of knowledge.

## ***Organization and Management Structure Adjustments***

Senior nursing positions and structure should be linked to senior corporate decision-making. There also needs to be better integration and co-ordination between the financial and human resource requirements of institutions and organizations. At a time where human resource policies and actions have such critical impact on nurse retention, it is imperative that there is direct linkage between short-term bottom line financial factors and their longer-term impact on the mission and service capacity within the institution. Both The Ottawa Hospital and Alberta's Capital Health demonstrate that it takes time to implement change strategies within organizations, suggesting that a change cycle cannot be driven purely in tandem with a short budgetary cycle.

It is also noted that any process of institutional change should pay close attention to implementation of structured communication strategies that provide transparency along with opportunities for input and dialogue. Morale during a change process can have substantial impact on nursing retention during and following the process.

As a corollary of various restructuring initiatives of the 1990's many nurse manager positions were eliminated. For those who were left the increased scope and intensity of demand and responsibility became unworkable. Today there is evidence that many otherwise highly motivated front line managers are 'burning out'. It will be essential that their untenable circumstances be relieved. If not their accelerated departure from their workplaces will continue, further exacerbating retention problems in those organizations.

## ***Therefore, it is suggested that:***

16. Opportunities for nurses to be heard and actively participate in decisions affecting their workplaces should be expanded.
17. The ratio of staff to nurse managers should be examined to ensure adequate time is available for nurse managers to provide leadership and support to front line nurses.

## ***Pre-Retirement and Post-Retirement Strategies***

Adequate and applicable information, counselling and support about work and retirement options should be provided at appropriate (and generally earlier) stages in nursing careers. Many nurses often retire and return to work because they had not considered all the implications. Phased-in-retirement is an option that enables senior nurses to reduce their work hours. This option has shown to be attractive to some employees who desire to slow down while maintaining a reasonable income and connection to their long-time workplace without penalty to seniority or pension benefits. However, the experience of phased in retirement in New Brunswick, British Columbia and elsewhere suggests that it takes time for people to feel comfortable with new programs. Individuals require time to make plans for retirement. Strategies need to be introduced to that segment of the nursing population that may be 10 -15 years away from retirement, giving sufficient time to consider options and put plans in place. Such pre-planning is likely to assist in employee retention in that well considered and practical horizons reinforce career fulfillment.

The promotion and support for opportunities for older nurses who wish to diversify their work and develop new skills should be encouraged.

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## ***Therefore, it is suggested that:***

18. Efforts should increase to ensure that nurses are aware and have access to information on work arrangement options available during the different stages of their nursing career.
19. Nurses should be provided timely and comprehensive information on pre-retirement and retirement options.

## **6.2 Issues for Stakeholders**

This study sought to identify concerns and responses from the perspective of employers, unions and governments. It has become clear that the interests of these stakeholders cannot be considered in isolation and that solutions to the retention challenge will require mutual consideration and action from all stakeholders including professional associations, educational organizations and other health care professionals. The growing complexity of health care systems suggests we will have to find ways to enhance collaboration between unions, governments and employers, including engaging local unions and employers in innovations that will enhance the acceptability and sustainability of initiatives.

### ***Employers***

Strategic and effective recruitment and retention initiatives are of primary concern to employers trying to ensure the stability of their healthcare institutions (Cameron et al., 2004, Baumann et al., 2001, Curran, 2003). Many employers have tried to address staffing complement issues through recruitment, but few have focused on meeting the needs of older, more seasoned nurses. Interviews and focus groups revealed that nurses generally believe that some employers prefer to employ younger nurses. Some older nurses felt that they were being pressured to make way for new graduates. Both the literature review and interviews with key informants seemed to demonstrate employers are not convinced that nursing shortage is real.

Employers have also often tried to implement, often substantial, institutional changes primarily through the application of directives from senior management. They are then concerned when they experience increased levels of nurse resignations during the change process. Change management has been demonstrated to be most effective if it simultaneously both a top-down and bottom-up process. This means, among other things, that it is important to engage the local union, and nurses at the unit level, at the beginning and all through the process. After the fact communication is usually not well received and often results in negative reaction and morale consequences.

Often the most resistance is exists at the unit level. Many managers do not understand the current collective agreements. Rather than seeking what may be permissible, the first reaction is often negative. More attention must be given to educating front line managers on how to benefit from the collective agreement.

## ***Therefore, it is suggested that:***

20. Employers should encourage more local union level involvement in the development of change strategies and workplace practices.
21. Employers should encourage management to view collective agreements as a potential support for improvement rather than as a barrier.

### ***Unions***

The collective bargaining framework has achieved many benefits for nurses but may not be the most appropriate model for exploring, developing and implementing new approaches to human resource practices and policies to improve nurse retention. Negotiation models often make it difficult to experiment with pilot initiatives and implement experimental approaches. Comprehensive regional or institutional frameworks may be difficult to monitor or adjust at individual workplaces facing unique circumstances. Some unions have recognized this. In some regions, an interest-based approach has been adopted, allowing union locals to work with their employers to respond to local needs that accommodate and support the challenges of the specific workplace.

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## **Therefore, it is suggested that:**

22. Unions on behalf of their members should work towards ensuring local flexibility to accommodate their needs and interests through memorandum of agreement and/or letters of intent.

## **Governments**

The Canadian Nursing Advisory Committee report, *Our Health, Our Future: Creating Quality Workplaces for Canadian Nurses (2002)*, prompted governments in all jurisdictions to consider and develop appropriately responsive strategies and initiatives. Many creative and innovative responses have been developed and implemented at the local level. However, most of these programs have only been mandated and funded for short time frames, preventing them from being integrated into the overall human resource plans of organizations. Because there is not yet long-term commitment of funding, they remain as pilot or demonstration projects. To be effective they would need to be incorporated into the multi-year strategic plans of the health care organizations. Government can take a more proactive role in providing incentives, funding frameworks and policy contexts that encourage innovative development of retention strategies.

## **Therefore, it is suggested that:**

23. Governments should develop multi-year strategic plans that encompass ongoing funding that provides for sustained and meaningful changes in the nursing workplaces as recommended in this report.
24. Government should establish a funded national task force on workplace issues and the aging workplace with representation from employers, unions representing the health care providers, and other health care stakeholders.

## **6.3 Meeting the Challenge**

Management in many cases has tended to view the collective agreement as a barrier or impediment to change. In fact, the collective agreements can provide a framework for working with all partners to bring about positive change. Collective bargaining remains the primary framework for determining working conditions, but as the nursing population ages, unions and employers will have to creatively and cooperatively work together to redesign job positions, workflow and work places to accommodate older workers. Flexibility is necessary on the part of both unions and their employers to make solutions and implementation work. Enhanced collaboration between unions, governments and employers will be necessary to provide the conditions under which substantial progress can be made towards resolving these complex issues.

Simultaneously respecting and balancing the needs of younger and older nurse employees will be a challenge for both employers and unions. Changing, and in some cases clashing, generational values, experiences and backgrounds affect workplace dynamics. The restructuring of health workplaces in the 1990's had the unintended effect of distorting workplace demographics, increasing relative numbers in extremes of both younger and older groups. Recent policies have been geared to recruitment of new graduates, increasing the availability of entry-level full time jobs and thereby increasing the numbers of young nurses. Although the number of younger nurses is increasing it may not be sufficient to counter the impact of expected retirements. Consequently, there is greater attention on the needs of the experienced nurse. As this occurs it will be important to ensure that retention initiatives optimize retention of senior nurses and that proposed solutions don't just transfer load and frustration to their younger colleagues.

Nurses in rural, smaller communities or in Aboriginal settings face additional challenges. Nurses in these settings tend to be older on average and have fewer opportunities to participate in some of the more innovative solutions. Professional development and skills upgrading often suffer. Shortages in these settings make it virtually impossible for nurses to be released for training. Without these new skills and credentials, they are less capable of adapting to workplace changes, and employers may inadvertently hasten their departure.

Career patterns are also changing. Like the population at large, nurses today in the broad range of ages and experience increasingly want and expect a higher degree of career choice and flexibility. Therefore, it is of increasing importance to remove impediments to change. Flexibility such as changes in employment status from full time to part time and back again must be considered normal and acceptable processes.



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Finally, change requires a commitment to the process from all the parties - employers, unions and governments. This must go beyond concept to identifying and applying the necessary resources in time, people and financial supports. While it must respect them, it cannot be driven by demands of the short-term budgetary constraints and cycles. Substantive, positive impact on nursing retention will require a steady, assertive, multi-year approach. It will be important to understand the relationships between disciplines. With a growing emphasis on the use of multi-disciplinary teams in the provision of health care, how will increased retention of older nurses affect other professions?

A number of innovative approaches have been developed and implemented in workplaces, only to fail further along the way. In some cases this is due to inadequate buy-in and understanding at all levels. There is better chance of sustainability if initiatives are developed from the bottom up, with commitment and participation from employees and employer. They also require commitment to the process by the most senior levels of management.

Retention concerns are not limited to nursing or to the overall health care setting. Therefore, it could prove useful to look at other non-health care 24/7 service oriented industries. For example, the airline industry may offer transferable ideas through an examination of initiatives and strategies they have developed to enhance retention in their experienced attendants and airline pilots.

## **Next Steps**

This document provides an overview of the issues from the perspective of the key workplace stakeholders - employers, unions and governments. It is intended to be a useful snapshot of the current environment. Retention strategies must address the needs within long-term, community care and acute care setting. However the primary focus of research to date has primarily focused on the acute care setting. Further work is required in examining issues of retention of experienced nurses in both community care and long term settings.

Many of the strategies that have been identified for enhanced retention are strategies that promote and demonstrate creativity and flexibility within the workplace. Overall, workplaces that place a premium and support these critical factors are likely to have the most success in retaining experienced nurses. While these workplace attributes would improve retention of senior nurses, it is also expected that these same characteristics would generate overall positive spin-offs that would boost the recruitment potential and retention of younger nurses. Stakeholder groups have indicated a strong interest in continuing to share information and learning from the experiences of others. There was interest expressed in exploring further opportunities to gain a deeper understanding of both the issues and any successful strategies. Processes to facilitate collaborative discussion and development of strategic options would also be beneficial.

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# Retaining and Valuing Experienced Nurses

## Stakeholder Interviews List — Appendix I

Lesley Bell  
Chief Executive Officer  
Ontario Nurses' Association

Anne Sutherland Boal  
Chief Nurse Executive and Assistant Deputy Minister  
Clinical Innovative and Integration Nursing Directorate  
British Columbia Ministry of Health Planning and Health Services

Michèle Boisclair  
1st Vice-president  
Fédération des Infirmières et Infirmiers du Québec

Marion Clarke  
Nursing Policy Consultant  
Prince Edward Island Department of Health and Social Services

Regina Coady  
Director, Planning and Evaluation  
Department of Health and Community Services  
Government of Newfoundland and Labrador

Glen Donnelly, Elizabeth Dumm, Marie Dietrich-Leurer  
Co-Investigators  
Revealing the Voice of Experience: Insights from Registered Nurses Study  
University of Regina, Saskatchewan

Irene Giesbrecht  
Director of Negotiations  
Manitoba Nurses' Union

Janet Hazelton  
President  
Nova Scotia Nurses' Union

Wendy Hill  
Chief Operating Officer and Executive Nursing Officer  
Capital Health District Authority, Alberta

Julia Lobsinger  
Association of Retired Nurses, Ontario

# Retaining and Valuing Experienced Nurses

Sue Matthews  
Provincial Chief Nursing Officer  
Ontario Ministry of Long term Care and Health

Jane Lindstrom  
Vice President, Human Resources  
Regina-Qu'Appelle Health Region, Saskatchewan

Jan Horton  
Coordinator, Primary Health Care Transition Fund  
Department of Health and Social Services, Government of Yukon

Barb McGill  
President of Academy of Canadian Executive Nurses  
Vice President, Community Programs and Chief Nursing Officer  
Atlantic Health Sciences Corporation, Health Region 2, New Brunswick

Debra McPherson  
President  
British Columbia Nurses' Union

Karen Neufeld,  
Chief Nursing Officer and Executive Director  
St Boniface Hospital, Manitoba

Patty O'Connor  
McGill University Health Centre, Nursing Directorate Adult  
McGill University Health Centre

Barb Oke  
Nursing Policy Advisor  
Nova Scotia Department of Health

Dr. Mary Ferguson-Paré  
Vice President, Professional Affairs and Chief Nurses Executive  
University Health Network, Ontario

Roberta Parker  
Workforce Planning Consultant, Health Workforce Planning  
Alberta Health and Wellness

Marilyn Quinn  
President  
New Brunswick Nurses' Union



# Retaining and Valuing Experienced Nurses

Dr. Ginette Lemire Rodger  
VP Human Resources  
The Ottawa Hospital, Ontario

Cheryl Anne Smith  
Corporate Coordinator  
Nursing Recruitment, Retention and recognition  
The Ottawa Hospital

Heather Smith  
President  
United Nurses of Alberta

Alice Theriault  
Nursing Resources Advisor, Planning and Evaluation Division  
New Brunswick Health and Wellness

Rita Wayne  
President, Local 83  
Ontario Nurses' Association

Patricia Wejr  
British Columbia Nurses' Union

Pauline Worsfold  
Secretary-Treasurer  
Canadian Federation of Nurses Unions

# Retaining and Valuing Experienced Nurses

## CFNU Biennial Convention: Survey Results-Appendix II

### Total Cohort Survey Results

1. Which age group best describes you? (Please check)  
1% (25 or under), 4% (26-35), 26% (36-45), 43% (46-55), 25% (56-65), 1% (over 65)
2. Which of these best describe your work setting? (Please check)  
65.7% (Hospital), 12.9% (Community-based), 1.4% (Private practice), 3.1% (Home Care), 11.9% (Long Term Care), 4.9% (Other (Describe))
3. At what age do you expect to leave nursing? (Please check)  
1% (under 45), 2% (45-50), 20% (51-55), 35% (56-60), 32% (60-65), 4% (over 65), 5% (Don't know), Other
4. What are your plans after you leave nursing? (Please check)  
38.9% (Retire from all work)  
8.1% (Find work in another profession)  
19.6% (Plan to leave full time nursing but will continue working in a part-time/casual nursing role)  
22.1% (Don't know)  
11.2% (Other (Please describe))

The following accurately describes my current workplace environment.

	Strongly Agree	Agree	Disagree	Strongly Disagree
The workload is heavy	51.4%	38.8%	7.3%	1.0%
It is under-staffed	45.8%	39.5%	11.5%	1.7%
It is under-resourced	47.6%	40.2%	8.0%	1.7%
Nurses are frequently expected to work overtime	44.8%	31.8%	18.9%	3.1%
Nurses are frequently requested to come in on their days off due to staff shortages	39.5%	33.2%	20.6%	5.9%
Nurses' expertise is respected in the organization	10.5%	37.8%	39.9%	10.5%
There are too many pressures	36.4%	49.3%	12.2%	0.7%
Nurses have no say in decisions	28.0%	45.8%	23.4%	2.1%
It is a stressful environment	50.3%	35.7%	10.1%	1.7%
There is adequate flexibility in scheduling work shifts	6.6%	28.0%	42.0%	21.0%
Nurses are given opportunities to work on pilot project, initiatives that investigate how to improve nursing practices	2.4%	22.7%	50.3%	23.1%
There is adequate access and opportunities for continuing education	1.7%	25.5%	47.9%	22.0%
Experienced nurses have adequate opportunities to act in such roles a preceptor or mentor	8.7%	41.3%	38.5%	11.2%
Adequate training is provided to learn how to become a preceptor	4.2%	24.1%	48.6%	21.3%
Management/employer respects the work related concerns of older nurses	3.1%	11.9%	51.7%	32.2%

# Retaining and Valuing Experienced Nurses

A number of solutions have been proposed to address some of the commonly cited workplace issues. Please indicate how interested you would be in some of the suggestions listed below.

	Very Interested	Interested	Not interested
Reduced workload for older nurses who provide mentoring or preceptorship	54.2%	36.0%	8.4%
Mechanical aids (e.g. lifts)	56.6%	28.7%	11.9%
Greater participation in workplace decision making	76.6%	22.0%	0.7%
Reduced workweek	58.4%	28.3%	11.2%
Increased opportunities to act as a preceptor or mentor	38.1%	46.2%	15.4%
Access to training to become a preceptor/mentor for new nurses	42.7%	42.0%	14.7%
Less rotating shift work	50.3%	32.5%	11.2%
Flexible work scheduling	65.7%	25.5%	6.3%
Opportunities to work on pilot project, initiatives, that look at investigate ways of improving nursing practices	53.8%	38.1%	6.6%
Compensation for mentoring	66.8%	26.9%	4.5%
Skills upgrading provided by the employer	74.8%	22.7%	1.4%
Paid educational leave	79.7%	17.5%	2.1%
Phased-in retirement options	76.9%	18.5%	3.8%
Reduce hours of work for older nurses w/out impacting benefits (e.g. pension penalty)	79.0%	15.7%	3.8%
Participation in joint decision making bodies/councils	58.4%	33.9%	5.6%

# Retaining and Valuing Experienced Nurses

7. How much would the following influence your decision to continue nursing rather than to retire?

	<b>Greatly Influence Decision</b>	<b>Influence Decision</b>	<b>Mildly Influence Decision</b>	<b>Not Influence Decision at all</b>
Reduced workload for older nurses who provide mentoring or preceptorship	42.3%	27.3%	16.4%	12.6%
Mechanical aids (e.g. lifts)	22.0%	19.6%	26.2%	30.4%
Greater participation in workplace decision making	38.5%	31.8%	19.9%	8.7%
Reduced workweek	55.2%	27.3%	9.8%	5.6%
Increased opportunities to act as a preceptor or mentor	24.5%	26.9%	26.2%	20.6%
Access to training to become a preceptor/mentor for new nurses	28.7%	25.5%	23.4%	21.7%
Less rotating shift work	49.3%	22.7%	11.2%	13.3%
Flexible work scheduling/arrangements	55.6%	23.8%	9.4%	9.1%
Increase in benefits and salary	40.9%	22.0%	19.2%	15.4%
Compensation for mentoring	43.7%	23.4%	20.3%	11.2%
Skills upgrading provided by the employer	47.2%	23.1%	18.9%	10.1%
Paid educational leave	67.8%	18.2%	8.0%	4.2%
Phased-in retirement options	74.1%	16.1%	3.8%	4.5%
Reduce hours of work for older nurses w/out impacting benefits (e.g. pension penalty)	37.4%	27.3%	20.3%	14.3%
Opportunities to work on pilot projects, initiatives, that look at new ways of working	38.8%	25.2%	19.9%	14.7%
Participation in joint decision making bodies or council	56.6%	23.1%	11.5%	8.0%

# Retaining and Valuing Experienced Nurses

8. Can you please provide us with your opinion of how useful the implementation of the following would be in addressing the current nursing shortage

	Very Useful	Useful	Somewhat Useful	Not useful
Provide for guaranteed full-time employment of new nurses	67.8%	19.9%	8.4%	3.1%
Recruit nurses from abroad	5.2%	25.5%	46.5%	21.3%
Phased-In Retirement Options	60.1%	29.0%	8.0%	2.1%
Address Workload Issue	84.3%	13.6%	0.7%	0.7%
Reduced Workweek	55.2%	30.4%	9.8%	3.8%
Allow for flexible scheduling	67.8%	21.3%	5.2%	2.4%
Reduce use of overtime	55.6%	26.9%	9.4%	3.8%
Implement interdisciplinary health teams <b>NOTE: ONLY 50% responded to this question</b>	19.2%	19.2%	7.7%	3.8%
Rethink the role of LPNs <b>NOTE: ONLY 50% responded to this question</b>	16.1%	15.4%	9.8%	8.4%
Flexible work scheduling	59.4%	26.2%	6.6%	2.4%
Expanding the numbers and role of LPN	12.2%	19.6%	30.8%	31.5%

# Retaining and Valuing Experienced Nurses

## 45 Years and Under Survey Results

Which of these best describe your work setting? (Please check)

68% (Hospital), 8.2% (Community-based), 1% (Private practice), 1% (Home Care)  
7.4% (Long Term Care), 14.4% (Other) (Describe) \_\_\_\_\_

At what age do you expect to leave nursing? (Please check)

3% (under 45), 6% (45-50), 26% (51-55), 33% (56-60), 15% (60-65), 1% (over 65)  
7% (Don't know), Other

What are your plans after you leave nursing? (Please check)

37.5% (Retire from all work)  
9.1% (Find work in another profession)  
17% (Plan to leave full time nursing but will continue working  
in a part-time/casual nursing role)  
25% (Don't know)  
11.4% (Other (Please describe)) \_\_\_\_\_

The following accurately describes my current workplace environment.

	Strongly Agree	Agree	Disagree	Strongly Disagree
The workload is heavy	49.4%	40.4%	6.7%	0%
It is under-staffed	48.3%	32.6%	14.6%	1.1%
It is under-resourced	47.2%	40.4%	11.2%	0%
Nurses are frequently expected to work overtime	39.3%	38.2%	19.1%	3.4%
Nurses are frequently requested to come in on their days off due to staff shortages	36.0%	39.3%	20.2%	3.4%
Nurses' expertise is respected in the organization	10.1%	39.3%	40.4%	7.9%
There are too many pressures	28.1%	58.4%	11.2%	1.1%
Nurses have no say in decisions	20.2%	47.2%	27.0%	3.4%
It is a stressful environment	51.7%	29.2%	13.5%	2.2%
There is adequate flexibility in scheduling work shifts	4.5%	25.8%	41.6%	27.0%
Nurses are given opportunities to work on pilot project, initiatives that investigate how to improve nursing practices	2.2%	22.5%	51.7%	51.7%
There is adequate access and opportunities for continuing education	3.4%	27.0%	43.8%	24.7%
Experienced nurses have adequate opportunities to act in such roles a preceptor or mentor	11.2%	39.3%	38.2%	10.1%
Adequate training is provided to learn how to become a preceptor	2.2%	23.6%	57.3%	16.9%
Management/employer respects the work related concerns of older nurses	3.4%	12.4%	58.4%	24.7%

# Retaining and Valuing Experienced Nurses

A number of solutions have been proposed to address some of the commonly cited workplace issues. Please indicate how interested you would be in some of the suggestions listed below.

	<b>Very Interested</b>	<b>Interested</b>	<b>Not interested</b>
Reduced workload for older nurses who provide mentoring or preceptorship	47.2%	37.1%	13.5%
Mechanical aids (e.g. lifts)	50.6%	34.8%	13.5%
Greater participation in workplace decision making	74.2%	24.7%	1.1%
Reduced workweek	55.1%	30.3%	13.5%
Increased opportunities to act as a preceptor or mentor	37.1%	44.9%	18.0%
Access to training to become a preceptor/mentor for new nurses	32.6%	49.4%	18.0%
Less rotating shift work	50.6%	33.7%	12.4%
Flexible work scheduling	68.5%	27.0%	4.5%
Opportunities to work on pilot project, initiatives, that look at investigate ways of improving nursing practices	47.2%	46.1%	6.7%
Compensation for mentoring	66.3%	29.2%	2.2%
Skills upgrading provided by the employer	75.3%	23.6%	0.0%
Paid educational leave	82.0%	16.9%	1.1%
Phased-in retirement options	70.8%	20.2%	9.0%
Reduce hours of work for older nurses w/out impacting benefits (e.g. pension penalty)	70.8%	20.2%	7.9%
Participation in joint decision making bodies/councils	49.4%	42.7%	6.7%

# Retaining and Valuing Experienced Nurses

How much would the following influence your decision to continue nursing rather than to retire?

	Greatly Influence Decision	Influence Decision	Mildly Influence Decision	Not Influence Decision at all
Reduced workload for older nurses who provide mentoring or preceptorship	46.1%	29.2%	12.4%	10.1%
Mechanical aids (e.g. lifts)	18.0%	22.5%	24.7%	33.7%
Greater participation in workplace decision making	33.7%	36.0%	22.5%	6.7%
Reduced workweek	58.4%	27.0%	7.9%	4.5%
Increased opportunities to act as a preceptor or mentor	23.6%	27.0%	29.2%	18.0%
Access to training to become a preceptor/mentor for new nurses	29.2%	27.0%	23.6%	19.1%
Less rotating shift work	57.3%	15.7%	15.7%	9.0%
Flexible work scheduling/arrangements	59.6%	23.6%	11.2%	4.5%
Increase in benefits and salary	47.2%	22.5%	19.1%	9.0%
Compensation for mentoring	48.3%	25.8%	19.1%	5.6%
Skills upgrading provided by the employer	57.3%	21.3%	14.6%	5.6%
Paid educational leave	71.9%	16.9%	5.6%	3.4%
Phased in retirement options	71.9%	18.0%	3.4%	4.5%
Reduce hours of work for older nurses w/out impacting benefits (e.g. pension penalty)	32.6%	28.1%	24.7%	13.5%
Opportunities to work on pilot projects, initiatives, that look at new ways of working	28.1%	32.6%	22.5%	14.6%
Participation in joint decision making bodies or council	61.8%	25.8%	7.9%	3.4%



# Retaining and Valuing Experienced Nurses

Can you please provide us with your opinion of how useful the implementation of the following would be in addressing the current nursing shortage.

	Very Useful	Useful	Somewhat Useful	Not useful
Provide for guaranteed full-time employment of new nurses	61.8%	21.3%	12.4%	3.4%
Recruit nurses from abroad	6.7%	31.5%	39.3%	21.3%
Phased-In Retirement Options	53.9%	32.6%	9.0%	3.4%
Address Workload Issue	78.7%	16.9%	2.2%	1.1%
Reduced Workweek	49.4%	34.8%	7.9%	6.7%
Allow for flexible scheduling	67.4%	22.5%	5.6%	2.2%
Reduce use of overtime	55.1%	30.3%	11.2%	1.1%
Implement interdisciplinary health teams	22.5%	19.1%	10.1%	4.5%
<b>NOTE: Under 50% responded to this question</b>				
Rethink the role of LPNs	4.5%	16.9%	7.9%	10.1%
<b>NOTE: Under 50% responded to this question</b>				
Flexible work scheduling	66.3%	20.2%	9.0%	1.1%
Expanding the numbers and role of LPN	16.9%	19.1%	30.3%	27.0%

# Retaining and Valuing Experienced Nurses

## 46-55 Years and Under Survey Results

Which of these best describe your work setting? (Please check)

59.7% (Hospital), 16.3% (Community based), 1.6% (Private practice), 2.3% (Home Care)  
9.3% (Long Term Care), 10.9% (Other (Describe)) \_\_\_\_\_

At what age do you expect to leave nursing? (Please check)

1% (under 45), 1% (45-50), 22% (51-55), 41% (56-60), 25% (60-65), 2% (over 65)  
3% (Don't know), Other

What are your plans after you leave nursing? (Please check)

39.8% (Retire from all work)  
9.8% (Find work in another profession)  
17.9% (Plan to leave full time nursing but will continue working  
in a part-time/casual nursing role)  
18.7% (Don't know)  
13.8% (Other (Please describe)) \_\_\_\_\_

The following accurately describes my current workplace environment.

	Strongly Agree	Agree	Disagree	Strongly Disagree
The workload is heavy	51.2%	39.0%	7.3%	1.6%
It is under-staffed	43.9%	41.5%	10.6%	3.3%
It is under-resourced	45.5%	41.5%	6.5%	3.3%
Nurses are frequently expected to work overtime	45.5%	26.8%	20.3%	4.1%
Nurses are frequently requested to come in on their days off due to staff shortages	38.2%	30.9%	23.6%	6.5%
Nurses' expertise is respected in the organization	11.4%	36.6%	38.2%	13.0%
There are too many pressures	38.2%	47.2%	13.8%	0.0%
Nurse have no say in decisions	31.7%	43.9%	23.6%	0.8%
It is a stressful environment	48.0%	39.0%	8.1%	2.4%
There is adequate flexibility in scheduling work shifts	9.8%	31.7%	39.8%	17.1%
Nurses are given opportunities to work on pilot project, initiatives that investigate how to improve nursing practices	3.3%	21.1%	49.6%	24.4%
There is adequate access and opportunities for continuing education	1.6%	26.8%	45.5%	20.3%
Experienced nurses have adequate opportunities to act in such roles a preceptor or mentor	9.8%	39.0%	38.2%	13.0%
Adequate training is provided to learn how to become a preceptor	6.5%	24.4%	41.5%	24.4%
Management/employer respects the work related concerns of older nurses	4.1%	11.4%	50.4%	32.5%

# Retaining and Valuing Experienced Nurses

A number of solutions have been proposed to address some of the commonly cited workplace issues. Please indicate how interested you would be in some of the suggestions listed below.

	Very Interested	Interested	Not interested
Reduced workload for older nurses who provide mentoring or preceptorship	49.6%	41.5%	7.3%
Mechanical aids (e.g. lifts)	60.2%	25.2%	13.0%
Greater participation in workplace decision making	78.9%	18.7%	0.8%
Reduced workweek	54.5%	29.3%	13.8%
Increased opportunities to act as a preceptor or mentor	33.3%	49.6%	16.3%
Access to training to become a preceptor/mentor for new nurses	44.7%	39.8%	13.8%
Less rotating shift work	45.5%	33.3%	16.3%
Flexible work scheduling	61.8%	25.2%	10.6%
Opportunities to work on pilot project, initiatives, that look at investigate ways of improving nursing practices	51.2%	38.2%	8.1%
Compensation for mentoring	63.4%	26.0%	8.1%
Skills upgrading provided by the employer	74.8%	21.1%	2.4%
Paid educational leave	82.1%	13.8%	2.4%
Phased-in retirement options	80.5%	17.9%	0.8%
Reduce hours of work for older nurses w/out impacting benefits (e.g. pension penalty)	81.3%	16.3%	1.6%
Participation in joint decision making bodies/councils	62.6%	27.6%	8.1%

# Retaining and Valuing Experienced Nurses

How much would the following influence your decision to continue nursing rather than to retire?

	Greatly Influence Decision	Influence Decision	Mildly Influence Decision	Not Influence Decision at all
Reduced workload for older nurses who provide mentoring or preceptorship	39.8%	26.0%	20.3%	13.8%
Mechanical aids (e.g. lifts)	24.4%	16.3%	26.0%	33.3%
Greater participation in workplace decision making	39.8%	28.5%	20.3%	10.6%
Reduced workweek	50.4%	30.1%	12.2%	6.5%
Increased opportunities to act as a preceptor or mentor	19.5%	31.7%	23.6%	24.4%
Access to training to become a preceptor/mentor for new nurses	26.0%	26.8%	21.1%	26.0%
Less rotating shift work	44.7%	28.5%	8.1%	17.1%
Flexible work scheduling/arrangements	54.5%	21.1%	10.6%	13.0%
Increase in benefits and salary	35.8%	22.8%	18.7%	20.3%
Compensation for mentoring	41.5%	22.8%	17.1%	17.1%
Skills upgrading provided by the employer	41.5%	27.6%	17.9%	13.0%
Paid educational leave	62.6%	22.0%	10.6%	4.9%
Phased-in retirement options	72.4%	18.7%	4.9%	4.1%
Reduce hours of work for older nurses w/out impacting benefits (e.g. pension penalty)	40.7%	23.6%	18.7%	17.1%
Opportunities to work on pilot projects, initiatives, that look at new ways of working	46.3%	21.1%	14.6%	17.1%
Participation in joint decision making bodies or council	56.9%	20.3%	12.2%	10.6%

# Retaining and Valuing Experienced Nurses

Can you please provide us with your opinion of how useful the implementation of the following would be in addressing the current nursing shortage?

Which of these best describe your work setting? (Please check)

51.1% (Hospital), 9.1% (Community-based), 1.1% (Private practice), 5.7% (Home Care)  
17% (Long Term Care), 15.9% (Other (Describe)) \_\_\_\_\_

At what age do you expect to leave nursing? (Please check)

0% (under 45), 0% (45-50), 3% (51-55), 16% (56-60), 51% (60-65), 9% (over 65)  
5% (Don't know), Other

What are your plans after you leave nursing? (Please check)

39.2% (Retire from all work)  
4.1% (Find work in another profession)  
25.7% (Plan to leave full time nursing but will continue working  
in a part-time/casual nursing role)  
24.3% (Don't know)  
6.8% (Other (Please describe)) \_\_\_\_\_

	Very Useful	Useful	Somewhat Useful	Not useful
Provide for guaranteed full-time employment of new nurses	69.1%	17.9%	9.8%	3.3%
Recruit nurses from abroad	3.3%	19.5%	49.6%	26.8%
Phased-In Retirement Options	62.6%	26.8%	8.9%	1.6%
Address Workload Issue	89.4%	10.6%	0.0%	0.0%
Reduced Workweek	55.3%	29.3%	12.2%	3.3%
Allow for flexible scheduling	66.7%	21.1%	5.7%	3.3%
Reduce use of overtime	52.8%	26.0%	8.9%	7.3%
Implement interdisciplinary health teams	18.7%	18.7%	5.7%	3.3%
<b>NOTE: Only slightly over half responded to this question</b>				
Rethink the role of LPNs	13.0%	10.6%	11.4%	9.8%
<b>NOTE: Only slightly over half responded to this question</b>				
Flexible work scheduling	54.5%	31.7%	5.7%	4.1%
Expanding the numbers and role of LPN	10.6%	18.7%	27.6%	37.4%

# Retaining and Valuing Experienced Nurses

The following accurately describes my current workplace environment.

	<b>Strongly Agree</b>	<b>Agree</b>	<b>Disagree</b>	<b>Strongly Disagree</b>
The workload is heavy	54.1%	36.5%	8.1%	1.4%
It is under-staffed	45.9%	44.6%	9.5%	0.0%
It is under-resourced	51.4%	37.8%	6.8%	1.4%
Nurses are frequently expected to work overtime	50.0%	32.4%	16.2%	1.4%
Nurses are frequently requested to come in on their days off due to staff shortages	45.9%	29.7%	16.2%	8.1%
Nurses' expertise is respected in the organization	9.5%	37.8%	41.9%	9.5%
There are too many pressures	43.2%	41.9%	10.8%	1.4%
Nurses have no say in decisions	31.1%	47.3%	18.9%	2.7%
It is a stressful environment	52.7%	37.8%	9.5%	0.0%
There is adequate flexibility in scheduling work shifts	4.1%	24.3%	45.9%	20.3%
Nurses are given opportunities to work on pilot project, initiatives that investigate how to improve nursing practices	1.4%	25.7%	50.0%	21.6%
There is adequate access and opportunities for continuing education	0.0%	21.6%	56.8%	21.6%
Experienced nurses have adequate opportunities to act in such roles a preceptor or mentor	4.1%	47.3%	39.2%	9.5%
Adequate training is provided to learn how to become a preceptor	2.7%	24.3%	50.0%	21.6%
Management/employer respects the work-related concerns of older nurses	1.4%	12.2%	45.9%	40.5%

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A number of solutions have been proposed to address some of the commonly cited workplace issues. Please indicate how interested you would be in some of the suggestions listed below.

	Very Interested	Interested	Not interested
Reduced workload for older nurses who provide mentoring or preceptorship	70.3%	25.7%	4.1%
Mechanical aids (e.g. lifts)	58.1%	27.0%	8.1%
Greater participation in workplace decision making	75.7%	24.3%	0.0%
Reduced workweek	68.9%	24.3%	4.1%
Increased opportunities to act as a preceptor or mentor	47.3%	41.9%	10.8%
Access to training to become a preceptor/mentor for new nurses	51.4%	36.5%	12.2%
Less rotating shift work	58.1%	29.7%	1.4%
Flexible work scheduling	68.9%	24.3%	1.4%
Opportunities to work on pilot project, initiatives, that look at investigate ways of improving nursing practices	66.2%	28.4%	4.1%
Compensation for mentoring	73.0%	25.7%	1.4%
Skills upgrading provided by the employer	74.3%	24.3%	2.7%
Paid educational leave	74.3%	24.3%	1.4%
Phased-in retirement options	78.4%	17.6%	2.7%
Reduce hours of work for older nurses w/out impacting benefits (e.g. pension penalty)	85.1%	9.5%	2.7%
Participation in joint decision making bodies/councils	62.2%	33.8%	0.0%

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How much would the following influence your decision to continue nursing rather than to retire?

	Greatly Influence	Influence Decision	Mildly Influence	Not Influence Decision at all
Reduced workload for older nurses who provide mentoring or preceptorship	41.9%	27.0%	14.9%	13.5%
Mechanical aids (e.g. lifts)	23.0%	21.6%	28.4%	21.6%
Greater participation in workplace decision making	41.9%	32.4%	16.2%	8.1%
Reduced workweek	59.5%	23.0%	8.1%	5.4%
Increased opportunities to act as a preceptor or mentor	33.8%	18.9%	27.0%	17.6%
Access to training to become a preceptor/mentor for new nurses	32.4%	21.6%	27.0%	17.6%
Less rotating shift work	47.3%	21.6%	10.8%	12.2%
Flexible work scheduling/arrangements	52.7%	28.4%	5.4%	8.1%
Increase in benefits and salary	41.9%	20.3%	20.3%	14.9%
Compensation for mentoring	41.9%	21.6%	27.0%	8.1%
Skills upgrading provided by the employer	44.6%	17.6%	25.7%	10.8%
Paid educational leave	71.6%	13.5%	6.8%	4.1%
Phased-in retirement options	79.7%	9.5%	2.7%	5.4%
Reduce hours of work for older nurses w/out impacting benefits (e.g. pension penalty)	37.8%	32.4%	17.6%	10.8%
Opportunities to work on pilot projects, initiatives, that look at new ways of working	39.2%	23.0%	25.7%	10.8%
Participation in joint decision making bodies or council	50.0%	24.3%	14.9%	9.5%



# Retaining and Valuing Experienced Nurses

Can you please provide us with your opinion of how useful the implementation of the following would be in addressing the current nursing shortage?

	Very Useful	Useful	Somewhat Useful	Not useful
Provide for guaranteed full-time employment of new nurses	73.0%	21.6%	1.4%	2.7%
Recruit nurses from abroad	6.8%	28.4%	50.0%	12.2%
Phased-in Retirement Options	63.5%	28.4%	5.4%	1.4%
Address Workload Issue	82.4%	14.9%	0.0%	1.4%
Reduced Workweek	62.2%	27.0%	8.1%	1.4%
Allow for flexible scheduling	70.3%	20.3%	4.1%	1.4%
Reduce use of overtime	60.8%	24.3%	8.1%	1.4%
Implement interdisciplinary health teams	16.2%	20.3%	8.1%	4.1%
<b>NOTE: Only half responded to this question</b>				
Rethink the role of LPNs	16.2%	21.6%	9.5%	4.1%
<b>NOTE: Only half responded to this question</b>				
Flexible work scheduling	59.5%	24.3%	5.4%	1.4%
Expanding the numbers and role of LPN	9.5%	21.6%	36.5%	27.0%

## CFNU Biennial Convention: Focus Group Guide—Appendix III

### Introductions

#### 1. General Questions-opening discussion

- What are the issues presenting the greatest challenges to the nursing workforce?
- How have changes in health care over the past ten years affected your nursing practice?

#### 2. Retention of Experienced Nurses

- What are the challenges that you as more experienced nurses face?
- When do you see yourself retiring?
- What type of programs, policies or strategies would encourage you to stay in nursing?
- Has your employer been actively promoting strategies to keep older nurses in the workforce?
  - Probe for the following
    - Flexible scheduling
    - Reduced workload
    - Phased in retirement
    - Access to continuing education
- What do you see as the barriers or obstacles to successful implementation?
- What should the role of the union be?
- What should the role of the employer be?
- What should the role of government be?

#### 3. Transference of Knowledge

- In your view, what are the challenges and issues affecting the transference of knowledge from experienced nurses to new and recently graduated nurses?
- Do you have any suggestions on strategies to facilitate this transference of knowledge?
- What is the role that experienced nurse currently play in mentoring?
- Is this something experienced nurses are interested in and would it be a way to encourage them to stay in the workforce?