



NHSRU

Nursing Health Services  
Research Unit

# The MOHLTC Late Career Nurse Funding Initiative

## *Results of the Phase 2 Impact Evaluation*

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## **EXECUTIVE SUMMARY**

This report presents the findings of the impact evaluation for Ontario Ministry of Health and Long-Term Care (MOHLTC) Late Career Nurse Initiative (LCNI) conducted between February and December 2006. The findings provide evidence about the impact of the LCNI on the nurses who participated in the program and on their employing organizations (hospitals and long-term care facilities) in Ontario. The research design for the impact evaluation included: 1) pre and post LCNI surveys to nurse participants and nurse non-participants and 2) focus groups with nursing leaders and other management staff within the participating organizations. Twenty-six (48%) hospitals and 28 (52%) long-term care facilities participated in the study.

### **Key Findings**

#### **Impact on Nurse Participants**

Nurse participants documented numerous ways in which the initiative had made a difference for them. These included:

- Perceived increased respect and recognition
- Decreased physical workload
- Improved job satisfaction
- Opportunities for professional development
- Feeling energized and fulfilled
- Improved quality of work life
- Empowered as a result of new knowledge or recognition for their expertise
- Having extra time to spend with patients
- Some participants indicated they hoped the LCNI would continue and if it did it would delay their retirement
- Some indicated their participation in the LCNI did not impact their plans for retirement

#### **Impact on Nurse Non-Participants**

The impact on nurse non-participants ranged from having no interest in participating to considering participation in the next round of LCN initiative.

#### **Impact on Organizations**

The LCNI impacted the participating organizations in 3 key areas:

##### **Tangible Tools and Projects**

Countless tools and/or projects were developed as part of the LCNI. They included:

- Various audit and quality assurance tools
- Staff education programs related to orientation, patient care and best practices
- Patient education programs e.g., day surgery teaching, discharge planning, new brochures
- New patient care protocols, standards and policies
- Resources for palliative care and improved skin care
- Medication audits to prevent medication errors

##### **Staff/Scheduling Challenges**

- Almost all sites experienced challenges in backfilling the nurses participating in the LCNI

- When replacements could not be found LCNs were required to return to direct patient care, thus adversely affecting the projects

### Impact on Other Employees

- Senior nurses had the opportunity to mentor junior nurses and help with new graduate orientation
- Junior staff were able to work increased hours to backfill for participating LCNs. Junior nurses saw this as beneficial as they were able to develop skills and expertise on their units as a result of the increased hours
- Improved communication between health care team members
- Improved working relationships between nursing and pharmacy related to medication safety
- Manager workload increased due to having to adjust nurses' schedules to allow the nurses to participate in the initiative and having to help nurses learn new skills (e.g. computer, literature searches) in order for them to be able to complete their LCNI projects

### **Challenges with Implementing the LCNI**

- Implementing the LCNI during the summer was a challenge as there were fewer staff available to replace LCNs for their "late career" days
- MOHLTC timelines for proposal submission and use of funding are a challenge
- Support to LCN participants by managers was sometimes a challenge

Recommendations arising from the study have been categorized as policy or process recommendations.

### **Policy Recommendations**

1. Provide stable annual funding for the program.
2. Increase the percentage of FTE time protected for participants in the program (e.g. > 0.2 FTE).
3. Lower LCNI age eligibility to 50 years in order to allow nurses to benefit from the decreased physical work.
4. Consider increasing the length of the LCNI to a longer period of time (i.e. 6 months versus 3 months).

### **Process Recommendations**

1. Consider funding organizations on an annual basis for LCNI (i.e. April 1 to March 31) with proposal submission in the fall prior to the funds being granted to organizations.
2. Simplify process for proposal submission.
3. The MOHLTC encourage organizations to monitor the LCNI impact through indicators/outcomes such as sick time and retention for LCNs.

## **INTRODUCTION**

In January, 2005, the Nursing Health Services Research Unit (NHSRU), University of Toronto site, was asked by the Ministry of Health and Long-Term Care (MOHLTC) to conduct an evaluation of the Late Career Nurse Initiative as a component of the NHSRU's Ministry-directed research. A work plan was developed which was comprised of two phases of the evaluation: Phase 1 – A Process evaluation and Phase 2- An Impact Evaluation. This report is based on the analysis of the data collected for Phase 2- Impact Evaluation and the findings provide evidence of the Late Career Nurse Initiative's positive impact on individual nurses and their employing organizations.

## **Background**

As part of the 2005-2006 Ontario Nursing Strategy, the Ministry of Health and Long-Term Care (MOHLTC) provided hospitals and long-term care facilities with funding for projects to support the work of late career nurses. Successful proposals were funded for three months and were designed to enable nurses over 55 years of age, currently providing direct patient care, to have 0.2 FTE (20%) of their work time reserved for less physically demanding roles. The extension of the funding to organizations for late career nurse programs created an opportunity for the Nursing Health Services Research Unit (NHSRU) to expand the original process evaluation study to include this Phase 2 impact study.

## **Study Purpose and Objectives**

The purpose of this study was to conduct an impact evaluation of this MOHLTC initiative and to provide evidence about best practices related to late career initiatives for nurses.

The objectives for the study were to:

1. Identify what, aspects of their work life (i.e. career plans) changed for the late career nurses who participated in the initiative as well as the nurses who did not participate.
2. Identify what, impact the LCNI had on organizations (i.e., the patient care, services provided, or other employees).

## **METHODS**

The methods used to conduct the impact evaluation were:

1. Questionnaire (survey) distribution to the nurses participating in the late career nurses initiative (LCNI) before and after the program was initiated/completed.
2. Questionnaire (survey, same as above) to the late career nurses who did not participate in the LCNI before and after the program was initiated/completed.
3. Focus group and key informant interviews in 12 organizations using a structured interview tool.

This research project received ethics approval from the University of Toronto Ethics Review office.

## **Study Recruitment**

The MOHLTC agreed to include a letter (Appendix A) developed by the researchers for the purposes of this study in the funding notification packages to employers inviting them to participate in the Phase 2 study.

Organizations indicated their willingness and provided their consent to participate in the study by returning a fax response form (Appendix B) found in their MOHLTC funding notification packages. Fifty-four sites provided a positive fax-back response. Of these, 26 (48%) were hospitals and 28 (52%) were long term care (LTC) facilities. Six sites provided fax-back responses declining participation.

Study participants were contacted by telephone and/or email to determine the number of nurse participants and nurse non-participants in their organization. Where possible, the same number of eligible nurses not participating in the LCNI study, as those participating, were asked to complete the questionnaire pre and post initiative. This second group provided a control group for the purpose of more accurately linking any changes in post LCNI scores to the actual late career program.

Instructions were sent to the site coordinators regarding survey distribution to study participants (Appendix C). All late career nurse initiative participants were given a study information package with a letter (Appendix D) of invitation by the program coordinator at the commencement of the late career initiative. These participants received a study information package with a letter of invitation from the program coordinator at their site. Study Coordinators were asked to distribute the packages to participants by hand or via staff mailboxes within the organization. The study information packages included a letter of invitation, a pre or post questionnaire (Appendix G or H) and a stamped, pre-addressed return envelope.

Late career nurses who did not participate in their organization's initiative were given a study information package with a letter (Appendix E) of invitation by the initiative/ program coordinator. These non-participants were given a study information package with a letter of invitation by the program coordinator at their site. Study Coordinators were asked to distribute the packages to participants by hand or via staff mailboxes within the organization. The study information packages included a letter of invitation, a pre or post questionnaire (Appendix F or I) and a stamped, pre-addressed return envelope.

### **Focus Group Recruitment**

To assess the impact of the late career initiative at the organizational and patient care levels, a total of 24 sites (12 LTC facilities and 12 hospitals) were randomly selected from the 55 sites participating in the study. Sites were sorted as follows:

- 6 rural hospitals
- 6 urban hospitals
- 6 rural LTC facilities
- 6 urban LTC facilities

The first three sites in each group of 6 were then invited to participate in the study. A letter of invitation (Appendix J) was then sent to the Director of Care/Chief Nursing Officer, of the 12 organizations, inviting sites to participate in the focus groups. Sites confirmed their participation by contacting the Research Officer to arrange a date and time to conduct the focus group. Potential focus group participants were identified by the organization's Chief Nurse Executive/DOC (or their delegate) and the individuals were then contacted by a member of the study team and given a letter (Appendix K) to invite them to consider participating. The focus

group participants received the questions ahead of time (Appendix L) and their attendance at the focus group constituted their consent to participate.

### **Instruments**

The survey tool was developed to ascertain the impact of the late career nurse initiative on the nurse. It was anticipated that such impacts may include a different degree of work life satisfaction, greater engagement with the employment setting, less burnout and a change in retirement plans. Therefore, the survey tool was informed by literature or tools on nurses' work engagement, work satisfaction, burnout, recruitment and retention.

The focus group questions were informed by the literature and modified by the researchers to evaluate the impact of the LCNI on organizations.

### **Data Analysis**

Quantitative survey data were analyzed using SPSS (15.0 for Windows) and descriptive statistical analyses were conducted.

Qualitative data from the surveys and the focus group data were compiled and sorted using NVIVO 2. Content analysis was used to inform the major themes resulting from the surveys and focus group discussions.

## **RESULTS**

### **I Survey Results**

A total of 54 organizations consented to participate in this study. There were 26 (48.15%) hospitals and 28 (51.85%) long-term care facilities.

A total of 1305 pre-LCNI surveys were sent out to participating sites and yielded the following response rates: 248/680 (36.47%) LCNI participants, and 116/625 (18.56%) for LCNI non-participants. A total of 1123 post-LCNI surveys were sent out yielding the following response rates: 175/583 (30.02%) LCNI participants, and 103/540 (19%) for LCNI non-participants.

Data cleaning of the surveys resulted in a total of 13 duplicated records being eliminated from the dataset leaving a total of 630 records ready for analyses. Among the 630 records, 358 (56.8%) were completed pre-LCNI surveys and 272 (43.2%) were completed post-LCNI surveys. The dataset was further broken into subsets to determine the number of matched pre and post survey responses. This yielded a total number of 139 matched pre and post responses. Among the 139 respondents, 109 (78.4%) identified themselves as LCNI participants and 30 (21.6%) identified themselves as LCNI non-participants. The quantitative data analyses were conducted on these matched 139 responses. Refer to Table 1.0 for a description of survey respondents.

A paired-sample t-test was conducted to evaluate the impact of the nurses' participation in the LCNI on a variety of items. Late Career Nurse participants showed a significant increase from pre ( $M=2.18$ ,  $SD=1.116$ ) to post ( $M=2.50$ ,  $SD=1.210$ ,  $t(104)=-2.874$ ,  $p=.005$ ) scores on the item **my supervisor or someone at work seems to care about me as a person**, indicating that

they perceived being more cared for (supported) after their participation in the LCNI. For all other survey items there were no significant differences on the participants' pre and post scores.

An independent-sample t-test was conducted to compare the post LCNI item scores for participants and non-participants. There were no significant differences in post LCNI scores for participants and non-participants on any of the survey items.

**Table 1.0 Description of Survey Respondents**

<b>Participant vs Non-participant (N=139)</b>	<b>N</b>	<b>Valid Percent</b>
Participant	109	78.4
Non-participant	30	21.6
<b>Gender (N=137)</b>		
Male	4	2.9
Female	133	97.1
<b>Work Status (N=136)</b>		
Full-time	101	74.3
Part-time	32	23.5
Casual	3	2.2
<b>Location of Employment (N=135)</b>		
Hospital	114	84.4
Long-Term Care Facility	21	15.6
<b>Registration Status (N=134)</b>		
RN	99	73.9
RPN	34	25.4
RN(EC)	1	.007
<b>Highest Level of Education (N= 134)</b>		
RPN Diploma	33	24.6
RN Diploma	93	69.4
Baccalaureate in Nursing	7	5.2
Masters non-nursing	1	.007

### **Respondents' Years of Experience**

The respondents years of experience as a nurse ranged from 4 to 45 years, ( $M=31.4$  years). The respondents' years of experience in their current job ranged from less than 1 year to 40 years, ( $M= 17.16$  years).

### **Nurses' Work Experience**

As part of the survey, nurses were asked if there was anything they wanted to share about their work experience; 104 respondents provided written comments. Some nurses responded to this question with regard to their work experience in general and some responded based on their experience during the LCNI. The majority of the comments reflected the reality of the nursing work environment as documented in many other large studies and research reports (O'Brien-Pallas, L., Tomblin-Murphy, G., Laschinger, H., White, S., Wang, S., McCulloch, C. (2005); Statistics Canada, Health Canada (2006); O'Brien-Pallas, L. & Tomblin Murphy, G. (2003-2007).

The survey responses included more comments from respondents working in hospitals than those working in long-term care facilities.

The most frequently mentioned issues (hospital & long-term care) included:

- heavy workloads that are unsafe for both patients and nurses
- working short staffed
- carrying out nursing work that is physically and mentally demanding
- the challenges of working night shifts at this stage of their career
- dissatisfaction with nursing today (no respect; decreased morale; not valued by peers, management or administration)
- concern about not being able to provide quality care to patients/residents due to time constraints
- no time for breaks
- Registered Practical Nurses (RPNs) are not valued by the organization

One emergency room nurse commented that there are not enough inpatient beds, in her organization, which creates a backlog in the Emergency Room (ER), further increasing the ER nurses' workload and creating an unsafe environment for patients and nurses.

Another hospital nurse respondent stated: *"I would prefer to work until age 65 years for financial and security reasons (I am single) but nursing is becoming more and more physically and mentally challenging and feel it would actually harm my health to continue until age 65 years"*.

Respondents from long-term care facilities identified some different issues such as: having too much paperwork, and not having enough time to complete tasks during their shifts.

Positive comments from hospital and long-term care participants included:

- nurses like to learn new things
- nurses like caring for patients (*"patient feedback makes me want to stay in nursing"*)
- nurses want to be involved in decision-making in their organizations

Despite the work environment challenges, nurse respondents wrote about their desire to provide quality care for their patients/residents. Some of their comments included:

*"I feel badly when patients say they are sorry to have to ask me for some help."*

*"I feel like I can't give basic care, patients deserve more and need it [in order] to get better."*

*"Paperwork keeps me from the patients."*

*"We need more nursing staff to give appropriate care to patients."*

### **Shift work**

Respondents commented on the challenges of working shifts. Nurses commented that night shifts are a challenge and that they could likely work longer if they only worked days. Some nurses mentioned that having a reduced work week or fewer nights would also be helpful. One nurse

commented *“I do four 12-hour shifts in a row....2 days then 2 nights. Two days and 1 night would be better.”*

### **Changes for the better**

Two nurses wrote about changes they have made to their jobs in the past couple of years to help decrease the physical burden of their work.

*“I left bedside nursing 4 years ago. Now I have a pre-op day job. I have more energy and I love my job.”*

*“I enjoy my work because it is less physical. I moved from ER to hemodialysis and I will probably work longer than I originally planned.”*

### **Impact on Nurse Participants (combined hospital & LTC)**

Nurse participants described how the program had made a positive difference for them. Eighty-eight respondents provided comments. Their most frequent responses are summarized below with the number in brackets indicating the number of times the specific outcome was mentioned.

- Increased respect & recognition (25)
- Decreased physical workload (17)
- Improved job satisfaction (15)
- Opportunities for professional development (9)

Other positive comments included: feeling energized and fulfilled; improved quality of work life and feeling empowered as a result of new knowledge or recognition for their expertise.

*“I gained an increased understanding of how the organization functions, I got to mentor a new grad and try out new ideas.”*

*“Feel like I made a difference. I feel valued and appreciated.”*

*“Participating in the LCNI, enabled me to continue working full-time for a longer period. If not for the program, I would have switched to part time before now.”*

*“I look forward to coming to work on the days I do the LCNI.”*

*“A wonderful experience.”*

*“I enjoyed learning new things. Not ready for retirement yet. My brain is more active than my body.”*

*“For the first time in my career, I can spend more time with residents and their families. I have time to problem solve and follow-through on resident care issues. (LTC participant.)”*

*“I don’t miss the physical workload. Nice that I don’t have to do shift work..” (LTC participant)*

*“To do something for this group is a step in the right direction. However, I feel a more concrete effort needs to be done to make a difference. For example, to reduce the hours to qualify for FT*

*employment so that this aging group would qualify for health/insurance benefits which is most important at this time, and is only enjoyed by the full time staff. To exclude night shift from this age-group.” (a hospital nurse)*

### **Impact on Nurses’ Career Plans**

As part of the survey, nurses were asked about the impact of the LCNI on their career plans. Nurses were asked whether their participation/non-participation in the LCNI influenced their decisions regarding their career plans and to describe how. Eighty-two respondents (64%) answered “no” and 47 (36%) answered “yes. Further detail was provided in the qualitative responses.

For those who answered “yes”, 23 made a direct comment indicating their hope that the LCNI would continue and that if it did it would influence their career plans in the following ways:

- I would like to have the opportunity to participate in the LCNI again.
- I will work casual if it continues.
- It will delay my retirement by 2 to 5 years; I will work to age 60.
- I don’t want to retire completely but would like to work decreased hours.
- I could continue my career to age 70.

Many respondents commented that if night shifts were taken away they would likely be able to work longer. For those who answered “no”, 14 made direct comments stating their participation/ in the LCNI did not change their career plans and their comments included:

- I was a mature nursing student-I will work as long as I can.
- Finances dictate my retirement time.
- I have my own goals when I plan to retire.
- The benefit of the program is not significant enough to influence my career plans.
- The initiative has come too late.
- Retirement depends on my physical problems.
- I am retiring in 2 years.
- I will retire at 62 years.

Some of the non-participant respondents also made comments indicating they were not aware of the LCNI. Some nurses indicated they were not invited to participate and others said they would rather stay in their “comfort zone” (i.e. providing patient care) rather than do work (i.e. paper work) that was imposed on them by their managers.

### **Challenges with the LCNI**

Implementing the LCNI during the summer was a challenge and nurses reported it to have influenced their ability to fully participate in the initiative. The main challenges were related to being able to find nurses to back fill for the LCNs while they were on their “late career project” days. Several nurses reported not being able to fully participate in the LCNI because they kept getting called back to their clinical units to provide patient care. Staffing was an issue as people were on vacation which further compounded the issue of backfilling.

Some nurses mentioned that it was difficult to reach people such as nurse leaders and educators during the summer as many people were on vacation. As a result, this slowed down the progress

of their projects. Other nurses reported not having support in their organizations for the program i.e., nurse managers did not support the program therefore they did not provide assistance to nurses on their projects.

LTC respondents reported fewer positive experiences with the program. For example, participants reported feeling that the project was only set up to help managers get their work completed, *“Managers were not supportive.....one nurse could only do half a shift at a time then she had to go back to patient care....very frustrating”* (LTC respondent).

### **Suggestions from nurse participants to improve the program/working conditions**

Nurses offered several suggestions to improve the LCNI program and their working conditions in general. These ideas included:

- Not running the program in the summer due to increased staffing challenges
- Making the program long-term if it is to make a difference for decreasing the physical workload for nurses.
- Offer the program more than once, *“One time funding not enough! Too short lived to make a difference.”*
- Let senior nurses work 8 hour day shifts.
- Add new grad and LCN funding into hospital operating budgets. One nurse’s comment *“I would rather see these dollars given to the hospital to hire more full-time staff and decrease the workload of current nurses”* (hospital nurse).

*“Things that would keep us working longer would be a reduction in shift hours e.g. nights and/or less weekend work or just the freedom to choose shifts/hours that we like”* (hospital nurse)

*“This late career nurse initiative program would not make me want to stay in nursing longer than I plan to. It does not continue throughout the year-it is only for a short time all at once....nurses need more time off the job than they get.”* (Hospital nurse)

### **Suggestions from non-participants to improve program/working conditions**

- Offer senior nurses part-time/job sharing positions to keep them in the workplace and utilize their expertise but decrease their physical demands
- Instead of a LCNI program, spend the money on hiring more nurses on a full-time or part-time basis
- Decrease shifts from 12 hours to 8 hours for senior nurses
- Retention efforts might include no on-call after age 60 years and guaranteed safe, convenient parking, any stress reduction would be welcomed

*“I find 12 hour shifts, especially to be too tiring and draining. Sometimes it takes 2 days for my back and legs to recover.”* (hospital nurse)

## **Feedback/Suggestions to MOHLTC**

- Consider increasing the length of the LCNI to a longer period of time (i.e. 6 months versus 3 months). Rationale: a longer program will provide greater relief of the physical workload for LCNs.
- Increase the percentage of Full time equivalent (FTE) time protected in the program (e.g. more than 0.2 FTE).
- Encourage organizations to consider a different structure for implementing the LCNI e.g. a block of time versus one day per week.
- Consider incorporating new grad and LCN funding to organization operating budgets.
- Lower LCNI eligibility to 50 years of age.
- Encourage unions, employers and other organizations who negotiate nurses' employment contracts to reduce the frequency of night shifts for LCNs.

## **II Focus Group Results**

### Focus Group Participants

Twelve focus groups were conducted between September and November 2006; 8 in hospitals and 4 in long-term care facilities. The sites were comprised of small, medium and large community hospitals and long-term care facilities from both rural and urban areas.

Focus groups were conducted in person (5) or by conference call (7). All groups were conducted by the same member of the research team. Focus group discussions were audio-taped and then transcribed.

The 51 focus group participants represented various categories of management staff such as Directors of Care, Administrators, Directors of Nursing, Vice-Presidents of Nursing, Human Resources staff and others. A description of the focus group participants by role is found in Appendix M.

### Impact on LCNI Nurse Participants

The focus group discussions yielded a plethora of information about the impact of the LCNI on the nurses who participated in the initiative. The content of those discussions are summarized under the headings of anxiety/stress, professional growth, and quality of work life.

#### *Anxiety/Stress*

Focus group participants noted that some LCNI participants found aspects of the LCNI stressful and anxiety provoking i.e., it was stressful for the nurses to step outside of their "comfort zone" of patient care to engage themselves in other workplace projects. The sources of anxiety included: learning to use computers; lack of structure in their days; having to write reports and give presentations; and conducting literature searches. The nurses needed more direction and encouragement, to complete some aspects of their projects, than the managers and educators anticipated.

### *Professional Growth*

Nursing leaders made numerous comments regarding how they have seen the LCNI participants grow professionally as a result of their participation in the LCNI.

Relevant comments include:

*“They’re a lot more independent and they’ve found their own projects.”*

*“They are at a whole different place compared to where they were when they started a year ago...they’ve just taken off and blossomed and are very excited about the whole initiative.” (LTC focus group)*

Nursing leaders noted that the nurses developed new skills like using the internet; word processing; Word; PowerPoint; and they had an increased level of job satisfaction; and the nurses were proud of their accomplishments. Nurse participants enhanced their leadership, presentation and education skills, and had numerous opportunities to share their skills with junior staff.

*“I saw a lot of growth in these excellent clinicians who ended up being great teachers”*

Some sites mentioned they had celebrations at the end of their initiatives where nurse participants presented their projects. The managers shared that the nurses seemed to really enjoy presenting and sharing their projects. One focus group participant noted that not all nurses age 50 are the same e.g. some nurses age 50 have only worked for 10 years and others who have worked for 20 to 30 years and the nurses are in a different mindset. Therefore, managers have to evaluate each nurse’s situation based on individual needs. Nursing leaders cannot assume that all nurses age 50 have the same needs/wants regarding their work life.

### *Quality of Work Life*

Many comments were made indicating the nurse leaders observed an improved quality of work life for those nurses who participated in the LCNI. Their comments included:

*“ LCNI nurse participants nurses feel more a part of the organization knowing that they are leaving a permanent mark with some of the work that they’re doing. Some nurses said too bad it didn’t start when I was 50 instead.”*

*“I have actually had 2 people say, you know, when I turn 55 I hope it’s still a program that is running because they want to participate”(nurse manager).*

*“I do think it has its benefits in preventing burnout because they do see a different perspective and then they go back to their jobs happier.”*

Managers noted that the LCNI nurses had more time to sit down and be with patients....so they (the nurses) perceived it being more valuable to patients. Nursing leaders commented that there was a new “excitement” after seeing colleagues do well with the initiative...now, other staff are

thinking of projects they can do...they've seen what the outcomes can be and they see that it is positive. There is a lot of interest out there from other nurses.

In terms of impact on sick time one focus group participant stated *“It has decreased absences in our late career nurses also. They love to come to work”* and from the same site *“I can't say anything negative at all....we see happier people who are staying longer, you can't ask for better than that.”*

*“We know how positive it was because people who are turning 55 this year were coming to us asking is this going to continue, can we get on the late career initiative?” (hospital)*

*“The LCNI made a difference in their work life and their energy levels because they were doing a different thing and it was a mental break and a physical break for them as well so it allowed them to stay longer....working longer....one nurse that was going to leave last spring is still with us and she's out of the late career initiative” (hospital)*

Other comments from the focus group participants were more general in nature but are also linked to quality of work life issues, e.g. nurses like to see a tangible contribution as it makes them feel valued. Participation in the LCNI helped contribute to nurses' control over decision-making and their work environment. Most nurse participants found the LCNI to be a positive experience but there were some who reported it as being less rewarding and satisfying.

### **Impact on Organizations**

The LCNI had multiple impacts at various levels within the organizations.

#### Tangible Tools & Projects

The LCNI projects resulted in a variety of tangible tools and project outcomes within the organizations. These included:

1. The development of various audit and quality assurance (QA) tools e.g. charts audits, medication audits, wound care, pain management and infection control audits.
2. Staff education programs such as revising orientation materials, staff in services related to patient care and information sharing re best practices.
3. Patient education programs e.g. day surgery diabetic teaching, discharge planning, and revision of patient education materials such as brochures.
4. Development of new protocols, standards and policies for various programs across organizations.
5. Positive impact on patient/resident care e.g., spending extra time with patients; second triage nurse in emergency; resource development for palliative care; comprehensive discharge planning; and improved skin care.
6. Indirect impact was noted to be prevention of medication errors as a result of medication audits and improved communication between team members which is presumed to enhance patient care.

**\* A complete list of the scope of the LCNI projects can be found in Appendix N.**

#### Staffing/Scheduling

This was a major issue identified by many sites from both the nurse participants in the surveys and the focus group participants. Almost every site mentioned the challenges with finding staff to replace the late career nurses who were participating in the programs; extra nurses are just not there.

*“We don’t have enough nurses to backfill; we are facing large vacancies with overtime and sick time.”*

Managers noted that as a result of staffing challenges some LCNI participants did not get to fully participate in the initiative and then those (late career) hours are lost. Where no staff are available to replace LCNs, the LCNs are pulled back to provide patient care. They do not get time to finish their projects or they don’t get enough time to enjoy the “proposed benefit” of decreased physical work. Sometimes the LCNI participants were sick resulting in challenges to reschedule their LCNI days. Other comments also reflect the staffing and scheduling challenges encountered by managers. Timelines for scheduling (i.e. union requirements for posting schedules) also make it challenging to allow LCNs to participate in the LCNI.

*“If we knew the funding was sustained, we could probably create some interesting full-time jobs and build this into the role.”*

*“We didn’t have the back up to actually allow some of these nurses out of the areas and that caused some resentment in some of the other staff who had to stay in the areas and try to maintain the quality of care that they know they want to give with the one nurse being gone.” (hospital)*

*“We had to delay when they started because the staffing issues were so significant that we....and our priority is patient care that we could not let the LCN go from the department because our priority was patient care.” (hospital)*

#### Nurses not Interested in the Initiative

When asked about nurses who did not want to participate in the LCNI, focus group participants provided various reasons given by individual nurses who chose not to participate. These reasons included:

- Not wanting to do “research” or chart audits or written work.
- It was intimidating for some nurses to try something different.
- Some were not interested for family reasons...did not want to change work hours.
- Some nurses were concerned re the “sustainability” of their projects...what would happen when they went back to their regular work hours? Not interested in participating unless they were sure of project completion.
- Some nurses worried about who would cover them when they were off (away from patient care).
- Some see other nurses who have experienced stress as a result of their participation in the LCNI and have no interest in putting themselves in stressful positions.
- Some did not appreciate being recognized (or labeled) for being over age 55.
- Not interested in the type of project opportunities being offered by the organization.
- Some quit part way through...just not interested.

#### Impact on Late Career Nurses not Participating in the Initiative

Focus group participants noted that non-participants had mixed reactions to the LCNI. Some were resentful that they were not given the opportunity to participate and others got excited about the type of projects the LCNs were doing and expressed interest in participating in the next round. There were also some negative perceptions by non-participants toward participants e.g. if you are not at the bedside, then what are you doing?

#### Impact on Other Employees

Mentoring was seen as a positive impact on the organization as senior nurses were given opportunities to mentor new staff. A number of initiatives were related to mentoring, coaching and developing expertise in less experienced staff (ICU). LCN participants were also involved in helping with new grad orientation. Other initiatives related to mentoring can be seen as part of Appendix N.

The shifting of staff to implement the LCNI resulted in increased hours for junior and part-time staff as they were scheduled to replace the LCN participants (4 sites mentioned this). Increasing hours for junior staff was seen as a benefit because it allowed them to develop skills and expertise on their units, and was believed to have enhanced retention as they want more shifts

#### Other Impacts on the Organization

In addition to the aforementioned areas of impact, the focus group participants also noted these additional areas of impact on the organization:

- Enhanced working relationships between pharmacy and nursing related to medication safety.
- Enhanced teamwork-late career nurses got to interact with other team members on different levels-created new perspectives on how people work together.
- Positive that nurses are being recognized, that nursing work is challenging-glad the funding was being offered.
- Pleased to have extra people to get things done.
- Decreased workload for managers and supervisors.
- Having an extra body helps things run smoothly.
- Able to hire more new grads because we actually had somebody who could spend time with them...that we were never able to do before this funding came about.
- Some project outcomes have been used by all levels of staff from front line up to senior administration.

*“I think it could be summarized as it’s only been positive...just the productivity and achievement of some of the organizational goals related to education, patient care and patient safety...I don’t see that there’s been anything negative at all” (LTC)*

*“...from a human resources (HR) perspective, it seemed like an awful lot of work for us for only eight nurses to participate for only 12 weeks for eight hours/week...just knowing how much work the individual managers and preceptors were doing...but once we started to see the evaluations from the participants and from the managers and hear about the outcomes...then you think...this was a good thing...”(LTC)*

*“We are grateful because you [the MOHLTC] allow us to do things we could not do without that money so please take that message back.”*

### Process Challenges

Managers and other leaders commented that the timeframes to write proposals, schedule staff and spend money for the initiative are unrealistic. The timelines are very difficult to meet. Trying to schedule nurses and shifts and coverage is not something that can be carried out easily as it takes time and union guidelines have to be followed. Focus group participants expressed their frustration with this part of the LCNI process.

*“They announced the funding very quickly and it had to be spent by the end of March.”*

*“I think because the funding is so short term it makes it hard to create a role which is what they talk about in the proposals, creating alternative roles for late career nurses, and we’re doing projects but we’re not really creating roles that are sustainable because the funding stops.”*

### Focus Group Suggestions to improve Implementation of the LCNI

Focus group participants were asked what would be helpful or what could be done to improve the LCNI. They shared numerous suggestions including:

- Keep late career nurses working in their units (comfort & expertise) versus having them work on corporate initiatives.
- Lower the age for participation in the LCNI .
- Offer the LCNI option to part-time staff too.
- A longer term with more advance notice (longer lead time) of call for proposals and when funds have to be spent.
- Minimize the paperwork involved. “We did not apply for the second initiative because I found it very labour intensive.” (LTC respondent)
- Too much paperwork for the proposals.
- Make criteria for the “projects” simpler and more pt care focused...i.e. if the nurses just had another nurse with them for another six weeks ...could actually get work done that we usually have no time to do. Many nurses just wanted to be an extra nurse on their floor. They saw that as reducing stress for all the nurses on the unit by easing the workload.
- Provide appropriate structure and support to the LCNs e.g., access to nurse educators and managers as required.
- Set up funding similar to the Nursing Education Initiative (NEI) which is a sustainable program.
- Have a cyclical funding schedule so that managers can plan schedules in advance.
- Offer funding on an annual basis and let organizations figure out how to spend it within the year...longer lead times. Get funding April 1<sup>st</sup> and Spend by the following March 31. That would be ideal!
- Use ambassadors (LCNs who have enjoyed and benefited from the program) to promote opportunities to both the remainder of the staff that have not yet had a chance to participate and to senior management to determine the impact on the nurses & subsequent impact on patient/resident care

*“Twelve weeks didn’t seem long enough...if we could put these people in these roles for 6 months or something because some of them were just barely feeling confident in the role and were done.”*

*“Wouldn’t it be nice to take a full-timer out one day a week for eight weeks to work on a project and they would know that every Friday when they came in that’s what they were going to be doing and we could plan that?”*

*“Do we have the financial resources now to continue with the project anyways and the reality is that we do not.”*

*“...it could become part of working here and it could become part of an incentive or part of a retention thing for the late careers...”*

*The uncertainty of the way the program monies come to us makes it difficult for us to get smarter and get ahead we need sustainable, continuous predictable funding.”*

*“This could be so positive and so successful if we weren’t always under a gun of something, if we knew that it was ongoing.”*

#### **Suggestions/Feedback to MOHLTC**

- Consider funding organizations on an annual basis for LCNI (i.e. April 1 to March 31) with proposal submission in the fall prior to the funds being granted to organizations.
- Simplify process for proposal submission.
- Encourage organizations to monitor the impact of the LCNI through indicators such as sick time and retention of LCNs.

#### **Hospitals Versus Long-Term Care Facilities**

The majority of survey responses were from the hospital sites compared to the long-term care sites despite approximately equal numbers being sent out to each sector at the outset of the study. General comments from LTC participants reflect the differences between the sectors specifically with regard to LTC having fewer human resources to implement the LCNI. This includes having fewer people available to write the proposals, find LCNI participants and replacement staff, as well as fewer support staff such as nurse educators to assist the nurses in engaging in relevant LCNI projects. In addition, there are fewer nursing leader personnel in the long term care facilities and those who are in leadership roles have many competing priorities. The lack of survey responses from the LTC could be attributed to this lack of resources as opposed to lack of interest in the LCNI project itself.

#### **Discussion**

The discussion is organized according to the impact evaluation objectives outlined in the introductory section of this report.

**Objective One: Identify what aspects of their work life (i.e., career plans) changed for the late career nurses who participated in the initiative as well as the nurses who did not participate.**

The majority of LCNI participants commented positively about their experiences and personal outcomes as a result of participating in the LCNI. Many respondents spoke of the perceived quality of work life benefits such as: feeling valued and respected; enjoying having more time to spend with patients; having some relief from the physical burden of their jobs; and having the opportunity to use their knowledge and skills to mentor junior staff. Participants also spoke about their improved job satisfaction, opportunities for professional development, and being empowered as a result of new knowledge or skills gained as they conducted their LCNI projects. Some nurses indicated that if they could continue the LCNI, they would be more likely to extend their working years and if the LCNI was offered again they would like the opportunity to participate again. Some respondents expressed hope that the LCNI eligibility age could be lowered to age 50 to allow more of their colleagues to benefit and to benefit at an earlier stage in their career. These comments reflect that the LCNI was beneficial and was seen as an effective retention strategy for some participants. The study design did not capture organizational statistics for late career nurses' sick time, absenteeism or retention; therefore, the investigators cannot determine the impact on these outcomes at the organizational level.

The management staff also indicated they noticed many positive changes among the nurse participants including increased staff morale and they expressed their hope that the program would continue along with sustainable funding from the MOHLTC.

When comparing the mean post LCNI scores between participants and non-participants there were no significant differences on the survey items. Possible explanations for these results may include: having a small sample size (n=139); and having too short a time frame in which to measure pre and post differences (3 months).

When comparing mean pre and post LCNI scores among LCNI participants, the results showed an increase in mean scores on only one item "*my supervisor or someone at work seems to care about me as a person*" indicating the LCNI participants felt more cared for following their participation in the LCNI. Reasons for this could be as a result of being given opportunities to use their expertise and knowledge and be involved in decision-making making them feel more valued. On all other survey items, there was no significant difference between participant pre and post LCNI scores. Again reasons for this could be due to the short time frame of the initiative and having a small sample of surveys from which to conduct the analyses.

**Objective Two: Identify what impact the LCNI had on organizations (i.e., the patient care, services provided or other employees).**

Despite the challenges of implementing the LCNI, organizations indicated there were many positive impacts on their organizations at many different levels. Comments from some focus group participants indicated that the funding for the LCNI created opportunities to get work done that would otherwise never get done –because of limited time and human resources to do the work.

The positive impacts were seen in the form of: tangible audit and assessment tools; staff and patient education programs; revised protocols and standards of care. Few perceived negative impacts were mentioned and most were centered around the challenges of staffing and backfilling in order to allow the LCNI participants' to have their "late career project days." One or two sites mentioned other professional staff such as physiotherapists wishing they could have late career days too.

## **CONCLUSION AND RECOMMENDATIONS**

Findings in this report provide evidence of the positive impact of the LCNI at both the individual nurse level and the organization level. These conclusions are drawn from the sample of 139 fully matched surveys and supported by the generous comments and suggestions from LCNI participants around what was positive about the LCNI and suggestions to make it better.

Engaging in the LCNI offered nurses working in both rural and urban Ontario the opportunity to enhance their job satisfaction, their quality of work life and possibly extend their working years in the nursing profession. For organizations, the hundreds of projects and initiatives that are a result of the LCNI are evidence of the success of the program and the impact on patient/resident care. Both individual nurses and organizations expressed hope that the initiative would continue on a long term basis enabling organizations and nurses to benefit further.

Recommendations to the MOHLTC emerged from the data collected and organized into two categories. Their listing below concludes this report.

### **Policy Recommendations**

1. Provide stable annual funding for the program.
2. Increase the percentage of FTE time protected for participants in the program (e.g. > 0.2 FTE).
3. Lower LCNI age eligibility to 50 years in order to allow nurses to benefit from the decreased physical work.
4. Consider increasing the length of the LCNI to a longer period of time (i.e. 6 months versus 3 months).

### **Process Recommendations**

1. Consider funding organizations on an annual basis for LCNI (i.e. April 1 to March 31) with proposal submission in the fall prior to the funds being granted to organizations.
2. Simplify process for proposal submission.
3. The MOHLTC encourage organizations to monitor the LCNI impact through indicators/outcomes such as sick time and retention for LCNs.

## References

O'Brien-Pallas, L., Tomblin-Murphy, G., Laschinger, H., White, S., Wang, S., McCulloch, C. (2005). Canadian Survey of Nurses from Three Occupational Groups. The Nursing Sector Study Corporation, Ottawa.

O'Brien-Pallas, L. & Tomblin Murphy, G. (2003-2007). Program of Research: Nursing Resource Planning: Challenging the Past, Creating the Future. Project 3. Retention and Quality of Work-life. Principal Investigators: Canadian Health Services Research Foundation.

Statistics Canada, Health Canada. (2006). Findings from the 2005 National Survey of the Work and Health of Nurses. Ottawa.

Stephenson, D. (2004). Time to Act: Pre-Retirement Nurse Incentives Study Presented to the Ontario Ministry of Health and Long-Term Care June 30, 2004. Retrieved from [www.health.gov.on.ca/english/providers/program/nursing-sec/docs/timetoact.pdf](http://www.health.gov.on.ca/english/providers/program/nursing-sec/docs/timetoact.pdf) on October 6, 2005.

## **Appendix A Invitation Letter to Sites**

November 10, 2005

Dear Health Care Colleague:

Congratulations on your success in receiving funding through the Nursing Secretariat of the Ministry of Health and Long-Term Care (MOHLTC) to support “late career strategies” for a portion of your “over age 55” nurses!

The Nursing Health Services Research Unit (NHSRU), under my direction as Principal Investigator, has been asked to conduct an *impact* evaluation (Phase Two) of the late career strategy funding initiative. You may be aware that we conducted a *process* evaluation (Phase One) of the late career strategy initiative when it was first funded in 2005. If you participated in the Phase One study, please accept my thanks.

Now that the MOHLTC has provided funding for a new series of late career strategy initiatives, I am writing to ask you to consider participating in this impact evaluation, which we are labeling as Phase Two of the Late Career Nurse Strategy Study. Even if you participated in Phase One, you are still eligible to participate in Phase Two. The development of the Phase Two detailed research plan is underway, and we will share that with you as soon as possible. Once it is completed and has ethics approval, you will be asked to give your consent to participate. *At this time, we are asking you only to indicate your willingness to consider participating.*

Should you agree to consider participating, it would entail asking nurses enrolled in your organization’s late career strategy to complete a survey during the first meeting of participants (i.e., *before the initiative begins*), and again when the late career strategy program has ended. This pre and post data collection is anticipated to support the measurement of the impact of the late career strategy initiative on such indicators as career satisfaction, burnout, and planned length of stay before retirement. In addition, we anticipate asking the Chief Nurse Executive (hospital) or Director of Care (long-term care facility) to participate in a telephone interview during which s/he would be asked to share their experiences and perspectives on the late career strategy initiatives. Lastly, if a specified individual in your organization managed the late career strategy initiative, we may ask them to talk with us by phone or complete a questionnaire about their experiences.

**I have enclosed a fax-back sheet and would greatly appreciate your assistance in completing it and faxing it back within two weeks of receiving this letter.**

Your indication of willingness to participate is not binding in any way. Participation in the study is neither a condition of funding, nor an expectation of the MOHLTC/Nursing Secretariat. The MOHLTC/Nursing Secretariat will not be informed of organizations that participate or don't participate in the study, and a decision to not participate will not in any way affect your current or future funding applications or relationships with the MOHLTC or the Nursing Secretariat. Your participation is completely voluntary and only aggregate data will be reported. Your individual/organizational identity will not be revealed at any stage of the study.

Your participation in this formal evaluation/research project would make a pivotal difference as we evaluate the impact of the late career strategy initiatives. Thank you for considering this request to participate in this project. Please contact Barb Mildon, Co-Principal Investigator, at 416-946-0193 or [barbara.mildon@utoronto.ca](mailto:barbara.mildon@utoronto.ca) for any questions.

Sincerely,



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Linda O'Brien-Pallas, RN, PhD  
Professor of Nursing  
CHSRF/CIHR Chair in Nursing/Health Human Resources, and  
Co-Director of the Nursing Health Services Research Unit,  
Faculty of Nursing, University of Toronto

Encl. Fax-back form

**Appendix B  
FAX-BACK FORM**

**Late Career Nurse Strategy – Phase Two Evaluation  
Please Fax Back to 416-946-7142**

Name of Hospital/Organization \_\_\_\_\_

Contact Person  
Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

I agree to consider participating in the NHSRU  
impact evaluation of the late career nurse initiatives.      YES \_\_\_\_\_ NO \_\_\_\_\_

I understand that should I/my organization decide  
to participate in the study, nurses will be asked to  
complete a survey before the late career strategy is  
implemented (and again upon its completion).      YES \_\_\_\_\_ NO \_\_\_\_\_

I agree to share the successful funding proposal  
or project plan with NHSRU.      YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, I will send the proposal to NHSRU:

- Electronically ([barbara.mildon@utoronto.ca](mailto:barbara.mildon@utoronto.ca))
- By fax (416-946-7142)
- By mail: Barb Mildon, Nursing Health Services Research Unit  
Faculty of Nursing, University of Toronto  
155 College St., Suite 215, Toronto ON M5T 1P8
- By courier: Barb Mildon, Nursing Health Services Research Unit  
Faculty of Nursing, University of Toronto  
155 College St., Suite 357, Toronto ON M5T 1P8

Name: \_\_\_\_\_ Title/Position: \_\_\_\_\_  
(Please print)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please Fax Back to 416-946-7142**

**THANK YOU VERY MUCH!**

**Appendix C**  
**Instructions for Site Program Coordinators**  
**Re: Survey Distribution to Participants**

Dear Late Career Nurse Program Coordinator,

Thank you for agreeing to assist in this research project being conducted by the Nursing Health Services Research Unit (NHSRU), under the direction of Dr. Linda O'Brien-Pallas. You will play an important role in the data collection processes for this study.

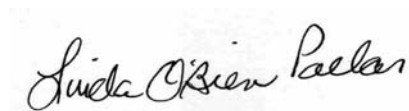
Included with this letter, you will find the number of surveys as requested for both nurses participating in the Late Career Initiative (participants) and the nurses not participating in the Late Career Initiative (non-participants). The nurses are asked to complete the survey at two points in time, pre and post initiative.

We are asking you to distribute the surveys in their sealed envelopes within your organization via staff mailboxes on their units. Nurses will be invited to complete the survey at their convenience and return the survey via pre-paid envelope. At no point should the distribution of the surveys be done outside the organization as this may affect confidentiality. Anyone distributing the surveys to potential participants should be made aware of the issues related to confidentiality.

Once again, the survey is meant to be anonymous and confidential, please reassure potential participants that their name and organization will not be revealed in any publications. Only the NHSRU and the research team conducting this study will have access to the data. The data will only be reported in summary fashion. We are not aware of any risks associated with your or their participation.

We appreciate your time and role in assisting with this research project, if you have any questions about the survey distribution; please contact Sue Bookey-Bassett, Interim Chair Research Associate, at 416-946-0193 or [sue.bookey.bassett@utoronto.ca](mailto:sue.bookey.bassett@utoronto.ca).

Sincerely,



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Linda O'Brien-Pallas, RN, PhD  
Professor of Nursing Research  
CHSRF/CIHR Chair in Nursing/Health Human Resources, and  
Co-Director of the Nursing Health Services Research Unit,  
Faculty of Nursing, University of Toronto

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Co-investigator: Gail Tomblin Murphy, RN, PhD, Associate Professor, Dalhousie University

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If you have any concerns or questions about the study, please contact:  
Name: Sue Bookey-Bassett, Interim Chair Research Associate,  
Nursing Health Services Research Unit  
Phone Number: (416) 946-0193; Email: [sue.bookey.bassett@utoronto.ca](mailto:sue.bookey.bassett@utoronto.ca)

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If you have any concerns or questions about the study and do not wish to talk with a member of the research team, please contact:  
Name: Marianna Richardson, Ethics Review Officer  
University of Toronto  
Phone Number: (416) 978-3165

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Source of Funding: Ontario Ministry of Health and Long-Term Care

**Appendix D**  
**Late Career Strategies for Nurses**  
**Invitation Consent Letter—Participating Nurses**

February 2006

Dear Nurse Colleague:

Your organization was successful at getting funding for a late career nurse program in which you have elected to participate. The Nursing Health Services Research Unit has been asked to conduct an evaluation of the late career programs that are being implemented across the province. Your organization has kindly agreed to participate in this provincial evaluation; however, this does not in any way obligate you to participate as an individual.

**We are inviting you to participate in this evaluation by completing the questionnaire included in this package both at the beginning of the program, and after the program ends.** To ensure confidentiality of your responses we have asked your organization's program coordinator to give you this sealed package.

*Access to data and confidentiality*

All data collected during this study will remain confidential. Participation in this study is confidential and anonymous. You are asked to provide your mother's maiden name so that the pre and post questionnaire responses can be compared. The study team does not have the ability to match you as an individual to the name you provide. The results will be aggregated so that no individuals or facilities are identified in the final report, in order to preserve privacy and confidentiality. Only the Nursing Health Services Research Unit will have access to the data. The evaluation results will be reported in summary format through scholarly and public publications and presentations. All original data will be stored for seven years in the Nursing Health Services Research Unit's locked data storage unit, after which time the material will be destroyed. You and the information you provide us will be kept confidential according to the Privacy Information Protection and Electronic Documents Act.

*Your participation*

The questionnaire will take only about 20 minutes to complete. You may decline to answer any or all questions. You are free to withdraw from the study at any time without penalty. If you choose to withdraw, the data you have already provided will be preserved. **If you are interested in participating, please complete the attached questionnaire at the beginning of the program and return it using the enclosed pre-paid return envelope. At the end of your program, you will be given the same questionnaire and asked to also complete and return it to us.** The return of your completed questionnaires will imply your consent to participate.

Beyond the brief period of time required to complete the questionnaire the researchers are not aware of any risks to you. Your choice to participate or not, will not affect your day-to-day work or your overall employment nor will it jeopardize your organization's participation in the study.

There are no direct benefits of participation to you; however, you will gain experience as a research participant and your participation will make a significant and important contribution to the evaluation of "late career programs" for nurses that will influence the planning of future strategies, interventions, and initiatives.

Your participation in this evaluation will make a valuable contribution to the evidence available about the effectiveness of programs to support "late career" nurses. Thank you for your consideration of this request to participate in this study. Please contact Barb Mildon, study Co-Principal Investigator, at 416-946-0193 or [barbara.mildon@utoronto.ca](mailto:barbara.mildon@utoronto.ca) for any questions.

Sincerely,



Linda O'Brien-Pallas, RN, PhD  
Professor of Nursing  
CHSRF/ CIHR Chair in Nursing/ Health Human Resources, and  
Co-Director of the Nursing Health Services Research Unit,  
Faculty of Nursing, University of Toronto

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Co-investigator: Gail Tomblin Murphy, RN, PhD, Dalhousie University

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If you have any concerns or questions about the study, please contact:

Name: Barb Mildon  
Title: Co-Principal Investigator and Research Associate,  
Nursing Health Services Research Unit  
Phone Number: (416) 946-0193  
Email: [barbara.mildon@utoronto.ca](mailto:barbara.mildon@utoronto.ca)

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If you have any concerns or questions about the study and do not wish to talk with a member of the research team, please contact:

Name: Marianna Richardson  
Title: Assistant Ethics Review Officer, University of Toronto  
Phone Number: (416) 978-3165

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Source of Funding: Ontario Ministry of Health and Long-Term Care

**Appendix E**  
**Late Career Strategies for Nurses**  
**Invitation Letter - Non-Participating Nurses**

February 2006

Dear Nurse Colleague:

Your organization was successful at getting funding for a late career nurse program in which you are not participating. The Nursing Health Services Research Unit has been asked to conduct an evaluation of the programs being implemented across the province. Your organization has kindly agreed to participate in this provincial evaluation; however, this does not in any way obligate you to participate as an individual.

**We are inviting you to participate in this evaluation by completing the questionnaire included in this package both at the beginning of the late career nurse program at your organization, and when it has ended.** To ensure confidentiality of your responses we have asked your organization's program coordinator to give you this sealed package.

*Access to data and confidentiality*

All data collected during this study will remain confidential. Participation in this study is confidential and anonymous. You are asked to provide your mother's maiden name so that pre and post questionnaire responses can be compared. The study team does not have the ability to match you as an individual to the name you provide. The results will be aggregated so that no individuals or facilities are identified in order to preserve privacy and confidentiality. Only the Nursing Health Services Research Unit will have access to the data. The evaluation results will be reported in summary format through scholarly and public publications and presentations. All original data will be stored for seven years in the Nursing Health Services Research Unit's locked data storage unit, after which time the material will be destroyed. You and the information you provide us will be kept confidential according to the Privacy Information Protection and Electronic Documents Act.

*Your participation*

The questionnaire will take only about 20 minutes to complete. You may decline to answer any or all questions. You are free to withdraw from the study at any time without penalty. If you choose to withdraw, the data you have already provided will be preserved. **If you are interested in participating, please complete the attached questionnaire at the beginning of the program at your organization, and return it using the enclosed pre-paid return envelope. At the end of the program, you will be given the same questionnaire and asked to also complete and return it to us.** The return of your completed questionnaires will imply your consent to participate.

Beyond the brief period of time required to complete the questionnaire the researchers are not aware of any risks to you. Your choice to participate or not will not affect your day-to-day work or your overall employment nor will it jeopardize your organization's participation in the study.

There are no direct benefits of participation to you; however, you will gain experience as a research participant and your participation will make a significant and important contribution to the evaluation of “late career programs” for nurses that will influence the planning of future strategies, interventions, and initiatives.

Your participation in this evaluation will make a valuable contribution to the evidence available about the effectiveness of programs to support “late career” nurses. Thank you for your consideration of this request to participate in this study. Please contact Barb Mildon, study Co-Principal Investigator at 416-946-0193 or [barbara.mildon@utoronto.ca](mailto:barbara.mildon@utoronto.ca) for any questions.

Sincerely,



Linda O'Brien-Pallas, RN, PhD  
Professor of Nursing  
CHSRF/CIHR Chair in Nursing/Health Human Resources, and  
Co-Director of the Nursing Health Services Research Unit  
Faculty of Nursing, University of Toronto

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Co-investigator: Gail Tomblin Murphy, RN, PhD, Dalhousie University

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If you have any concerns or questions about the study, please contact:

Name: Barb Mildon  
Title: Co-Principal Investigator and Research Associate,  
Nursing Health Services Research Unit  
Phone Number: (416) 946-0193  
Email: [barbara.mildon@utoronto.ca](mailto:barbara.mildon@utoronto.ca)

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If you have any concerns or questions about the study and do not wish to talk with a member of the research team, please contact:

Name: Marianna Richardson  
Title: Assistant Ethics Review Officer, University of Toronto  
Phone Number: (416) 978-3165

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Source of Funding: Ontario Ministry of Health and Long-Term Care





20. How many years of experience do you have as a nurse? \_\_\_\_\_ Years

21. How many years of experience do you have in your current job? \_\_\_\_\_ Years

22. What is your HIGHEST level of education?

- Registered Practical Nurse Diploma
- Registered Nurse Diploma
- Baccalaureate in Nursing
- Masters in Nursing
- Masters non-nursing (Please specify \_\_\_\_\_)
- PhD

**Thank you for taking the time to complete this questionnaire.  
Please return your completed questionnaire using the pre-paid return envelope.**

**Appendix G**  
**Late Career Nurse Initiative/Program**  
**Impact Evaluation Pre Questionnaire for**  
**Nurses Participating in the Program**

Please tell us your mother's maiden name:\*

*\* You are asked to provide your mother's maiden name so that the pre and post questionnaire responses can be compared. The study team does not have the ability to match you as an individual to the name you provide.*

Start date of Late Career Nursing Program: \_\_\_\_\_

Today's Date: \_\_\_\_\_

Have you participated in the Late Career Nursing Program before? No  Yes

	Strongly Agree		Strongly Disagree		
Thinking about my work today					
1. My supervisor, or someone at work seems to care about me as a person	1	2	3	4	5
2. There is someone at work who encourages my development	1	2	3	4	5
3. I have opportunities at work to learn and grow	1	2	3	4	5
4. I am satisfied with how my experience is valued in my workplace by my peers	1	2	3	4	5
5. I believe that my knowledge and experience is well valued in the workplace by my superiors	1	2	3	4	5
6. I am satisfied with my job	1	2	3	4	5
7. I feel I'm positively influencing my Peers	1	2	3	4	5
8. I feel very energetic	1	2	3	4	5
9. I feel physically drained from my work	1	2	3	4	5

10. I receive recognition or praise for doing good work 1 2 3 4 5
11. I have the chance to make a difference 1 2 3 4 5
12. I am satisfied with the decision-making I can do 1 2 3 4 5

13. My plan for retirement is: (WSI)
- I have no definite plans
  - I will work until I am 65
  - My current work conditions make me want to stay in the workforce
  - I will retire before age 65, at age: \_\_\_\_\_ (please specify)

14. Is there anything else about your work experience you would like to share with us?

15. Are you an:

RPN

RN

RN (EC)

16. What is your work status?

Full time

Part time

Casual

17. Are you:

Male   
Female

18. Are you working in:

A hospital   
A long-term care facility

19. How many years of experience do you have as a nurse? \_\_\_\_\_ Years

20. How many years of experience do you have in your current job? \_\_\_\_\_ Years

21. What is your HIGHEST level of education?

- Registered Practical Nurse Diploma
- Registered Nurse Diploma
- Baccalaureate in Nursing
- Masters in Nursing
- Masters non-nursing (Please specify \_\_\_\_\_)
- PhD

**Thank you for taking the time to complete this questionnaire.  
Please return your completed questionnaire using the pre-paid return envelope.**

**Appendix H**  
**Late Career Nurse Initiative/Program**  
**Impact Evaluation Post Questionnaire for**  
**Nurses Participating in the Program**

**Please tell us your mother's maiden name:\*** \_\_\_\_\_

*\* You are asked to provide your mother's maiden name so that the pre and post questionnaire responses can be compared. The study team does not have the ability to match you as an individual to the name you provide.*

*Late Career Nursing Program*

**Start Date:** \_\_\_\_\_ **TO** \_\_\_\_\_ **Stop Date:** \_\_\_\_\_

*\*Please complete this survey even if your program is still running.*

**Date You are Completing This Survey:** \_\_\_\_\_

**Have you participated in the Late Career Nursing Program before?**

No

Yes

		Strongly Agree			Strongly Disagree
Thinking about my work today					
1. My supervisor, or someone at work seems to care about me as a person	1	2	3	4	5
2. There is someone at work who encourages my development	1	2	3	4	5
3. I have opportunities at work to learn and grow	1	2	3	4	5
4. I am satisfied with how my experience is valued in my workplace by my peers	1	2	3	4	5
5. I believe that my knowledge and experience is well valued in the workplace by my superiors	1	2	3	4	5

- |   |   |   |   |   |   |
|---|---|---|---|---|---|
| 6. I am satisfied with my job   | 1 | 2 | 3 | 4 | 5 |
| 7. I feel I'm positively influencing my Peers   | 1 | 2 | 3 | 4 | 5 |
| 8. I feel very energetic  | 1 | 2 | 3 | 4 | 5 |
| 9. I feel physically drained from my work   | 1 | 2 | 3 | 4 | 5 |
| 10. I receive recognition or praise for doing good work                                     | 1 | 2 | 3 | 4 | 5 |
| 11. I have the chance to make a difference  | 1 | 2 | 3 | 4 | 5 |
| 12. I am satisfied with the decision-making I can do  | 1 | 2 | 3 | 4 | 5 |
| 13. My plan for retirement is: (WSI)  |   |   |   |   |   |
| - I have no definite plans <input type="checkbox"/>   |   |   |   |   |   |
| - I will work until I am 65 <input type="checkbox"/>  |   |   |   |   |   |
| - My current work conditions make me want to stay in the workforce <input type="checkbox"/> |   |   |   |   |   |
| - I will retire before age 65, at age: _____ (please specify)                               |   |   |   |   |   |

14. Is there anything else about your work experience you would like to share with us?

15. Has your participation in the Late Career Nurse Program influenced your decisions regarding your career plans? Yes  No

Please tell us how.

16. Are you an:

- RPN
- RN
- RN (EC)

17. What is your work status?

- Full time
- Part time
- Casual

18. Are you:

- Male
- Female

19. Are you working in:

- A hospital
- A long-term care facility

20. How many years of experience do you have as a nurse? \_\_\_\_\_ Years  
21. How many years of experience do you have in your current job? \_\_\_\_\_ Years

22. What is your HIGHEST level of education?

- Registered Practical Nurse Diploma
- Registered Nurse Diploma
- Baccalaureate in Nursing
- Masters in Nursing
- Masters non-nursing (Please specify \_\_\_\_\_)
- PhD

**Thank you for taking the time to complete this questionnaire.  
Please return your completed questionnaire using the pre-paid return envelope.**

**Appendix I**  
**Late Career Nurse Initiative/Program**  
**Impact Evaluation Post Questionnaire for**  
**Nurses NOT Participating in the Program**

**Please tell us your mother's maiden name:\*** \_\_\_\_\_

*\* You are asked to provide your mother's maiden name so that the pre and post questionnaire responses can be compared. The study team does not have the ability to match you as an individual to the name you provide.*

*Late Career Nursing Program*

**Start Date:** \_\_\_\_\_ **TO** \_\_\_\_\_ **Stop Date:** \_\_\_\_\_

*\*Thank you for completing this survey, your time and input as a non-participant nurse is valued and important to the study.\**

**Date You are Completing This Survey:** \_\_\_\_\_

**Have you participated in the Late Career Nursing Program before?**

No

Yes

		Strongly Agree			Strongly Disagree
Thinking about my work today					
1. My supervisor, or someone at work seems to care about me as a person	1	2	3	4	5
2. There is someone at work who encourages my development	1	2	3	4	5
1. I have opportunities at work to learn and grow	1	2	3	4	5
2. I am satisfied with how my experience is valued in my workplace by my peers	1	2	3	4	5
3. I believe that my knowledge and experience is well valued in the workplace by my superiors	1	2	3	4	5
4. I am satisfied with my job	1	2	3	4	5
5. I feel I'm positively influencing my					

	Peers	1	2	3	4	5
6. I feel very energetic		1	2	3	4	5
7. I feel physically drained from my work		1	2	3	4	5
8. I receive recognition or praise for doing good work		1	2	3	4	5
9. I have the chance to make a difference		1	2	3	4	5
12. I am satisfied with the decision-making I can do		1	2	3	4	5

13. My plan for retirement is: (WSI)

- I have no definite plans
- I will work until I am 65
- My current work conditions make me want to stay in the workforce
- I will retire before age 65, at age: \_\_\_\_\_ (please specify)

14. Is there anything else about your work experience you would like to share with us?

15. Has your non-participation in the Late Career Nursing Program influenced your decisions regarding your career plans? Yes  No

Please tell us how.

16. Are you an:

- RPN
- RN
- RN (EC)

17. What is your work status?

- Full time
- Part time
- Casual

18. Are you:

- Male
- Female

19. Are you working in:

- A hospital
- A long-term care facility

20. How many years of experience do you have as a nurse? \_\_\_\_\_ Years  
21. How many years of experience do you have in your current job? \_\_\_\_\_ Years

22. What is your HIGHEST level of education?

- Registered Practical Nurse Diploma
- Registered Nurse Diploma
- Baccalaureate in Nursing
- Masters in Nursing
- Masters non-nursing (Please specify \_\_\_\_\_)
- PhD

**Thank you for taking the time to complete this questionnaire.  
Please return your completed questionnaire using the pre-paid return envelope.**

## Appendix J

### Invitation to Hospitals and LTC Facilities (Focus Group – LCNI Study)

I am writing on behalf of Dr. Linda O'Brien-Pallas to request (XXXX ) participation in a focus group/key informant interview, which is a part of the Phase 2 evaluation of the Late Career Nurse Initiative (LCNI).

As you are probably aware, the Nursing Health Services Research Unit (University of Toronto site) is conducting an impact evaluation of the LCNI in Ontario hospitals and long term care facilities. We thank you and the nurses at (XXX ) for your participation in the study to date.

The next phase of the study involves assessing the impact of the LCNI at the organizational and patient care levels. We have randomly selected sites to participate in the focus group/key informant interviews, and are asking that the Chief Nurse Executive/Director of Care (or key contact) identify 4-6 individuals within the organization who could provide insight into the organizational impact of the LCNI. These individuals should be from the organization's management group, and may include Chief Nurse Executive, Director of Nursing, Nurse Managers, Director of Care, Assistant Director of Care, Administrator, Educator, etc. The focus group will be conducted using a structured questionnaire, and is expected to take approximately one hour. If a focus group is not feasible, we would request your organization's involvement through a key informant interview using the same structured questionnaire. If your organization agrees to participate, the one-time focus group/key informant interview will be scheduled during August or September.

I hope that (XXX ) will be able to participate. I can be reached at the number indicated below if you would like to discuss the process further, or if you would like to indicate your response to this invitation by phone. If you prefer to respond by e-mail, please use the address indicated below.

I look forward to hearing from you.

Sincerely

Sue Bookey-Bassett, RN, BScN, MEd  
Interim Research Associate for the  
CHSRF/CIHR Chair, Nursing Health Human Resources  
Nursing Health Services Research Unit  
University of Toronto  
T: 416-946-0193  
F: 416-946-7142  
sue.bookey.bassett@utoronto.ca

**Appendix K**  
**Invitation Letter to Focus Group Participants**  
**Late Career Nurse Impact Evaluation**

August 2006

Dear Health Care Colleague:

The Nursing Health Services Research Unit has been asked to conduct an impact evaluation of the late career nurse programs being implemented by health care organizations in Ontario. Your organization's Chief Nurse Executive/Director of Care has kindly passed on this invitation to you. We are inviting you to participate in the evaluation by attending a focus group. The focus group will last approximately 60 minutes and will involve several individuals from your organization. It will be conducted by in person or by phone and you would be welcome to join your colleagues on site or join in from your office.

The focus group questions are attached to this invitation so that you have an opportunity to consider them before the focus group.

Details and additional information related to your possible participation in this focus group are provided below.

*Access to data and confidentiality*

All data collected during this study will remain confidential. Participation in this study is confidential. The results will be aggregated and no individual identities will be provided in order to preserve privacy and confidentiality. Only the Nursing Health Services Research Unit Project Team will have access to the data. The evaluation results will be reported in summary format through scholarly and public publications and presentations. All original data will be stored for seven years in the Nursing Health Services Research Unit's locked data storage unit, after which time the material will be destroyed. You and the information you provide us will be kept confidential according to the Privacy Information Protection and Electronic Documents Act.

*Your participation*

The time, date and location of the focus group will be negotiated to be as convenient as possible for all participants in your organization. Should you be unable to join the focus group, your input to the questions would be welcomed in writing or in a one-to-one conversation with a member of the research team. The focus group will take approximately one hour. During the focus group, you may decline to answer any or all questions. You are free to withdraw from the focus group at any time without penalty. If you choose to withdraw, the data you have already provided will be preserved.

**If you are interested in participating, please complete the attached form and fax it to the number provided.** The return of your completed form and your presence at the focus group will imply your consent to participate.

Beyond the brief period of time required to participate in the focus group, the researchers are not aware of any risks to you. Neither your day-to-day work nor your overall employment will be affected by participating or choosing not to participate.

There are no direct benefits of participation to you; however, your participation will make a significant and important contribution to the evaluation of “late career programs” for “over age 55” nurses and the planning of future strategies, interventions, and initiatives.

Thank you for your consideration of this request to participate in this study. Please contact Sue Bookey-Bassett, Interim Research Associate at the Nursing Health Services Research Unit for any questions.

Sincerely,



Linda O'Brien-Pallas, RN, PhD  
Professor of Nursing  
CHSRF/CIHR Chair in Nursing/ Health Human Resources, and  
Co-Director of the Nursing Health Services Research Unit,  
Faculty of Nursing, University of Toronto

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Co-investigator: Gail Tomblin Murphy, RN, PhD, Dalhousie University  
Co-Principal Investigator: Barbara Mildon, RN, Fraser Health Authority, BC

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If you have any concerns or questions about the study, please contact:  
Name: Sue Bookey-Bassett  
Title: Interim Research Associate  
Address: Nursing Health Services Research Unit, University of Toronto  
Suite 215, 155 College Street  
Toronto, ON M5T 1P8  
Phone Number: (416) 946-0193  
Email: sue.bookey.bassett@utoronto.ca

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If you have any concerns or questions about the study and do not wish to talk with a member of the research team, please contact:  
Name: Marianna Richardson  
Title: Assistant Ethics Review Officer, University of Toronto  
Phone Number: (416) 978-3165

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Source of Funding: Ontario Ministry of Health and Long-Term Care

**Late Career Nurse Initiative: Impact Evaluation  
Focus Group RSVP**

**Name:    Organization:**

**Phone:    E-mail:**

1. I am willing to participate in the focus group to explore the impact of the late career nurse initiative/program in my organization: Yes No

2. The best day of the week for me to participate in the focus group is: \_\_\_\_\_

3. The best time of day for me to participate in the focus group is:

Morning \_\_\_\_\_ Afternoon \_\_\_\_\_

4. Please contact my assistant to assist with scheduling of the focus group

Yes No

5. My assistant's name is: \_\_\_\_\_ (please print)

Phone #: \_\_\_\_\_ E-mail address: \_\_\_\_\_

Your Signature: \_\_\_\_\_

**THANK YOU!**

**Please fax this document to the Nursing Health Services Research Unit:  
416-946-7142**

**You will be informed of the date and time of the focus group as soon as possible.**

**Appendix L**  
**Late Career Nurse Impact Evaluation**  
**Focus Group Questions**

1. Please describe the late career nurse initiatives/programs that were implemented in your organization.
2. Was the program/initiative being done by the late career nurse(s) in your organization in place prior to the formal late career nurse initiative?
  - 3a) Were there concrete/tangible tools or products developed as an outcome of the late career nurse initiative/program in your organization?
  - 3b) If so, who used them?
  - 3c) How were they used?
4. How did the late career nurse initiative/program impact the nurses who participated in the initiative/program?
5. How did the late career nurse initiative/program impact patient care in your organization?
6. How did the late career nurse initiative/program impact other employees in your organization? e.g. late career nurses who did not participate; unit/program managers; executive team
7. Did you hear any conversation/references about the late career nurse initiative in your day-to-day encounters in your organization?
8. How would you describe the impact of the late career strategy initiative/program on your organization?

**Appendix M**  
**Description of Focus Group Participants.**

**Total Focus Group Participants (n= 51)**

**Focus Group Participants from Long-Term Care Facilities (n=14)**

<b>Role</b>	<b>N</b>	<b>%</b>
Administrator	1	7%
Directors of Care	4	28%
Assistant DOC	4	28%
Acting DOC	1	7%
Food Service Supervisor	1	7%
Staff Development Coordinator	1	7%
Clinical Supervisor	1	7%
LTC RN	1	7%
Total	14	100%

**Focus Group Participants from Hospitals (n=37)**

<b>Role</b>	<b>N</b>	<b>%</b>
Program/Nurse Manager	16*	43%
Nurse Educator	4	10%
Assistant VP	1	3%
VP Pt Care/CNO	3	8%
Director of KT	1	3%
Clinical Supervisor	1	3%
Clinical Nurse Specialist	2	6%
Nursing Director	2	6%
Director of Professional Practice	2	6%
Clinical Practice Leader	1	3%
Human Resources Staff**	4	10%
Total	37	100%

\*Note one program manager was a physiotherapist

\*\* Human Resources staff included: VP of Corporate Services, Coordinator for Recruitment and Retention, HR Assistant, HR student.

Participants came from a variety of clinical programs E.g. emergency, medical surgical units, complex continuing care and others.

## **Appendix N**

### **Complete List of Organizational Impacts**

#### Tangible Tools & Project Outcomes

##### Scope of Projects

- 8 agencies reported projects related to Audits and QA
- 11 agencies had developed tangible tools as a result of the LCNI some examples:
- Mentoring another staff to conduct an audit for restraint evaluation
- Implementation of an electronic documentation system
- Outcome monitoring
- Documentation tool
- Workload measurement tool
- Audit of med-surg supplies at pt bedsides
- Chart audits related to pain
- Medication audits
- Chart audits re wound care and pain management; infection control
- Revamped a documentation tool; educated staff on new form; evaluated outcome on patient care
- Quality Improvement/Quality Assurance initiatives
- Review of admission guidelines to complex continuing care
- One nurse went to BPG champion workshop
- Checklist re staff contribution to patient safety (2)
- Organizing supplies (4 sites) – helps with work flow

##### Staff Education (reported by all 12 sites)

- Taught IV therapy
- Sharing best practices information with staff (3)
- Revising orientation materials (6)
- Implementation of new patient assessment scale in palliative care
- Education to PSWs and unregulated workers
- Education re continence
- Development of a neuro cheat sheet
- Inservices re PICC lines
- Education re patient lifts and transfers
- Assessment of ICU staff learning needs-two lunch and learn sessions (65 staff attended the sessions)
- Education for staff re back care-safe ways to turn residents
- Creation of posters for staff education
- Supported nurse educator in Emergency
- Learning package for staff – what to look for in post-op patients
- Education re wound care
- Presentation on injury prevention with handouts, display

### Program Planning & Evaluation

- data collection to monitor management of total hips and knees
- fundraising program
- evaluation of nurse educator role in ER
- peer reviews
- evaluation of a peri-operative change program

### Patient Education

- day surgery diabetic instruction
- teaching related to discharge planning
- one-on-one follow up with pts re education-making sure patients understood various components of their disease
- ER –developed tools to follow-up with pts who left ER before being seen by MD-telephone screening tools
- Revision of cardiac brochures in ER-review of medical directives
- Day surgery-reviewed existing pt info brochures-standardized between 2 sites
- Working with families to meet their educational needs (Site 7)
- Orientation procedures
- Patient teaching-takes burden off other staff
- Worked on falls prevention education with families (site 9)
- Site visits to another hospital –brought back ideas re changes in practice/policies/procedures etc.

### Protocols/Standards

- Audit tools for triage and charts-ER
- mental health-lit search –new interventions/strategies for dealing with dually diagnosed patient populations
- examined restraint use on behavioural health program
- development of new continence standards
- policy development (3)
- development of new policies & procedures based on MOHLTC standards and best practices (site 5)
- transport policy (site 9)
- Implementation of RAI (Resident Assessment Instrument) in mental health
- Ensured that all QA activities were done e.g. risk assessments, skin assessments, fall assessments
- Skills inventory for nurses working in ophthalmology dept

### Patient/Resident Care (all 12 sites reported a positive impact on patient care-no sites reported a negative impact)

- Family support person/unit resource-attended weekly rounds and that was helpful to the entire team including clients and families (site 10)
- Needs assessment of disabled on a complex continuing care unit
- Spending extra time at the bedside with patients-nurses enjoyed having the extra time to be able to do some of the patient extras

- ER-put the LCN in as a second triage nurse in the waiting room-that worked really well
- Workload measurement and QA activities
- Resource development for palliative care
- Communication board for whole team to get an overview of the residents
- No pt complaints since this initiative started
- Able to provide more individualized toileting routines
- Patients being lifted more safely because nurses have been educated
- Changes being in put in places as a result of data collected on pt restraints- that will have an impact on pt care
- “The skin care was really, you know, you could directly see the benefits”
- With discharge planning –felt staff we better able to prepare pts and their families for discharge and families were happy to be involved and have their needs known.

#### Indirect Impact

- prevention of medication errors as a result of medication audits...hard to measure
- facilitate communication between team members-enhance patient care

#### Old vs New Projects

- Contingence standards were implemented after she was in the position
- Having late career nurses involved in various projects helped move the initiatives along more quickly in the organization than if they had not received the LCN funding (e.g. coaching for new grads re IVs; safe patient handling and use of mechanical lifts;
- when managers and directors have projects to be done, they often think “is this something a late career nurse could do?”
- 3 agencies had new projects
- 3 agencies had the LCN working on projects which were already in progress
- 6 had a mix of new and “old” projects

#### Literature Reviews

- noted in 5 agencies
- generally noted as a new skill for LCN which needed support
- BPGs and evidence-based practice
- Implementing and sustaining wellness initiatives
- Falls prevention
- *“We just assumed that people know how to read articles and pull information out of them and that’s not necessarily a correct assumption with this group because they’ve been so task oriented for so long”*

#### Mentoring

- Initiatives related to Recovery Room-coaching with nurses in new grad program
- Helped other nurses one-on-one to learn about electronic documentation system – really made a difference for the nurses’ comfort level of using the tools
- Facilitated the nutrition and hydration task group-interdisciplinary
- Helped with new grad orientation
- LCNs left patient care roles for LCNI-this allowed younger staff to pick up more shifts