



*Report from the NHSRU Research Forum held September 15, 2008*

## **Community Nursing: Exploring Employment Trends, Work life Issues, and Patient Safety Outcomes**

### **Presenter: Dr Diane Doran**

This presentation highlighted 4 studies representing a cross-section of research from the home care sector. According to data from the College of Nurses of Ontario (1999-2006): 3 to 5 % of nurses employed in Ontario work in Home Care (HC), with a higher proportion of RPNs working in HC than RNs

***Study 1: Management and Delivery of Community Nursing Services in Ontario: Impact on the Quality of Care and the Quality of Worklife for Community-based Nurses*** (Doran, Pickard, Harris, Coyte, MacRae, Laschinger, Darlington)

Key findings:

- Client satisfaction slightly higher with for-profit agencies.
- Job security is low overall, but lowest for casual nurses.
- Consistency of nursing care provider is associated with lower service costs for clients.
- Higher proportion of RN visits associated with better psychosocial outcomes.

***Study 2: Sector Specific Components that Contribute to Positive Work Environments & Job Satisfaction for Nurses.*** (Bookey Bassett, Laporte, Hayes, Etowa, Hiroz, Raqueto, O'Brien-Pallas)

- Factors contributing to job satisfaction for front line nurses in this sector:
  - Caring for clients.
  - Leadership, respect, & teaching aspect of the work.
- Suggested Improvements to Worklife:
  - Eliminate/reduce pay scale inequities and increase government funding.
  - Enhance awareness of community nursing & increase nurse numbers.
  - Review current models of managed competition and CCAC supervision.

***Study 3: Home Care Patient Safety Indicators.*** (Doran, Hirdes, Baker, Blais, Edwards, Pickard)

A few examples of identified safety risks:

- Polypharmacy, the use of multiple medications by a patient.
- Older clients with decline in physical function and live alone.
- History of 2 or more falls.
- Hearing or visual deficit, and decline in mental function.

***Study 4: Evaluation of Mobile Information Technology to Improve Nurses' Access to and Use of Research Evidence*** (Doran, Haynes, Straus, Grimshaw, Kushniruk, McGillis Hall, Dubrowski)

Preliminary findings:

- Nurses seem to have variable internet access & limited access to personal email accounts.
- The mobile technology makes it convenient to access information quickly.
- Technology was easy to use and allowed relevant abstracts and articles to be emailed directly to nurses.

### **Question**

*Regarding study 2 will you go back and interview the long-term care front line nurses?*

- Yes, the NHSRU U of T site is designing a second round of this study which will utilize individual, semi-structured interview methods to collect data from nurses working in LTC. Researchers found

that focus groups in LTC facilities were difficult to organize, as staff shortages often resulted in individual employers being unable to free up enough front line nursing staff for group interviews.

## **RPNs: Evidence for Practice & Policy**

### **Presenter: Kim Alvarado**

The main messages of this presentation were as follows:

- Limited evidence is available on the new diploma prepared RPN, which makes it difficult to support the development of RPN related policy and guide RPN practice.
- The educational preparation and role of the new diploma prepared RPN in the Ontario healthcare system is poorly understood.
- Projects currently exploring aspects of RPN policy and practice include:
  - **RN/RPN Utilization Toolkit Project** (Flint, F., VanDeVelde-Coke, S., Alvarado, K., Blastorah, M., Boucher, F., Chesnick, K., Khan Choudhry, F., Duhn, L., Fletcher, N., Fu, K., McGrath, P., Mohini, P.),
  - **Interprofessional Collaboration & the Registered Practical Nurse** (Baxter, P., DiCenso, A., Matthews, S. & Martin, D.);
  - **Patient Assignment Complexity Tool (PACT)** (Hamilton Health Sciences).
- Decision-makers require further evidence to understand the relationship between what RPNs are taught and what they are doing, the effectiveness RPNs functioning at full scope of practice, and the impact of RPN practice on quality, cost, human resource and satisfaction indicators.

What do we know about the 31,000 RPNs in Ontario?

- 26,135 employed in nursing; 203 employed in nursing outside Ontario.
- Average age of workforce 44.9.

RPN Employment Patterns

- 44 % work in hospital sector; 13.8 % community; 35.7 % long term care.

Working Status of RPNs

- 54.9 % full time (RN 63 %); 36 % part time (RN 29 %); 8.9 % casual (RN 8 %)
- Of 1,820 newly registered RPNs: 24.1 % full time (RN 58.9 %) 56.8 % part time (RN 33.6 %); 19.1 % casual (RN 7.6 %).

Twenty-four Ontario Colleges with RPN Programs

- Average age of RPN student is 26.5 to 25.8 years.
- Few studies evaluate the new diploma prepared RPN when exploring patient outcome, financial, human resource, or staff outcomes.
- Research shows that a highly educated nursing staff equates to better patient outcomes.

Nurse education and staffing impact mortality and failure to rescue rates:

- 10 % increase in proportion of RNs with a bachelor's or masters degree across institution is associated with 5 % decrease in probability of mortality and failure to rescue.
- Increase in workload of one patient per RN is associated with a 6 % increase in probability of mortality and 5% increase in probability of failure to rescue.
- A 10 % increase in the percentage of nurses with bachelor's degrees is associated with nine fewer deaths for every 1,000 discharged patients.

### **Question:**

*What constitutes the failure to rescue?*

When the patient's data is reviewed and an event or situation in the course of care is found which could have prevented patient mortality.

The Research Forum was hosted by the Nursing Health Services Research Unit (NHSRU), in co-operation with the Ontario Ministry of Health and Long-Term Care (MOHLTC) Research Unit and the Nursing Secretariat. Participants from the MOHLTC Nursing Secretariat were in attendance.

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