



Workforce Planning

Report from the NHSRU Research Forum held June 19th, 2007

Workforce Planning Topics

Presenters: Drs. Andrea Baumann & Linda O'Brien-Pallas

Graduating Nurses (Dr Andrea Baumann)

- Target of 4000 funded nursing education seats in Ontario has never been met.
- Database issues (e.g., no central repository of information, standardization of data collection etc).
- Funding inequity between medical school & nursing collaboration.
- 2004 & 2005 Ontario data indicate majority of new graduates prefer FT positions, however, only **31.7%** in 2004 & **42.5%** in 2005 had FT status at 6 months post graduation.

Internationally Educated Nurses (IENs) (Dr Andrea Baumann)

- Difficulties in data collection include 1) Only IENs that contact CNO can be identified; 2) Often IENs drop out when system supports are unavailable; 3) IENs represent between 6% & 8% of Canadian nursing workforce.
- In 2005, 34.1% of new RNs were IENs with Ontario having the second highest % of IENs in Canada.
- IENs face a number of obstacles entering & integrating into the workplace.
- Supports for IENs include the Canadian Immigration Integration Project & bridging & upgrading programs.

Recommendations

- Implement policies that maximize brain gain & minimize loss in Canada.
- Develop planning initiatives for the integration of IENs into the Canadian workforce.
- Ensure policy makers address issues related to information exchange, licensing, education, employers, & research that serve as barriers for successful integration.

During the discussion portion of the presentation, several questions from the audience were addressed including:

Where did the historical average related to the Internationally Educated Nurses come from?

- *The number of IENs entering the workforce increased from a low of 223 in 1998 to a peak of 1532 in 2004. Numbers fell to 1114 in 2005. The data was retrieved from the College of Nurses of Ontario.*

Healthy Workplaces: Nurses' Health (Dr Linda O'Brien-Pallas)

- Nurses as an occupational group, experience one of the highest incidences of work related back injuries internationally (O'Brien-Pallas et al., 2004).
- Physical health concerns include: back problems, arthritis, migraines, cardiovascular disease & neck, shoulder, back & buttock pain.
- Mental health concerns include: depression, emotional exhaustion & burnout.
- Factors associated with poor health include: job strain, lack of support from colleagues & supervisor, frequent shift changes, violence & work sector.
- Working overtime correlated positively with increases in sick time, (O'Brien-Pallas, Thomson, Alksins & Bruce, 2001).

Importance of Nurses' Health

- Nurse absenteeism due to poor health (injuries/illness) contributes a huge cost to the health care system.
- Critical for the mitigation of further global nursing shortage, including nurse recruitment & retention.
- Research is beginning to show the link between nurses' health & patient outcomes.

Recommendations

- Evaluate current healthy workplace initiatives & their impact on nurses' health.
- Initiate Intervention studies to evaluate impact of care delivery models & work schedules on nurses' health.
- Increase knowledge transfer of research findings to nurses, practice environments, & policy makers.
- Establish standard nurse health indicators to be collected by organizations for comparison purposes.

The New Healthcare Worker: Implications of Changing Employment Patterns in Rural & Community Hospitals

Presenters: Drs. Mabel Hunsberger & Andrea Baumann

Challenges Facing Recruitment & Retention in Rural Nursing

- Rural nurses enjoy the challenges of caring for diverse patient populations, the variety of their roles and opportunities for independent decision-making. These positives can become negatives when combined with a lack of resources or when dealing with crises with insufficient back up. Other positive aspects of rural practice include caring for members of one's own community. Negatives include limited jobs for spouses, inadequate social amenities for younger persons, and barriers to accessing to education programs & scholarships.

Common Themes

- The variety of the work.
- Community support for rural hospitals.
- Supportive attitudes of colleagues.
- Diverse skills required with limited opportunity for specialization.
- Lack of extensive orientation/mentoring, especially for new graduates.
- Inability to attend certification & recertification sessions.
- The challenge of providing coverage, as part-time nurses seek multiple employers.
- Challenges experienced with the implementation of government initiatives:
 - Ontario 70:30 program - staff scheduling challenges.
 - New Graduate Initiative - limited number of new graduates willing to work in rural communities.
 - Late career initiative - scheduling staff to cover for late career nurse – limited interest in initiative.
- Sustainability:
 - Challenges include a limited pool of rural nurses, an aging workforce & stressful call-in systems.
 - Findings from this study will assist decision makers at the government & organizational level, to plan for & maintain sustainable nursing workforce within rural Ontario.

Recommendations

- Considering the rural context when developing policy initiatives related to nursing recruitment, retention, staffing, training & education will ensure that rural nurses have the support and resources they need.

Healthy Workplaces

Presenters: Drs. Sping Wang & Linda O'Brien-Pallas

Workplace Violence in Nursing (Dr Sping Wang)

- Definition: "The intentional use of power, threatened or actual, against another person or against a group, in work related circumstances, that either results in or has a high degree of likelihood of resulting in injury, death, psychological harm, maldevelopment or deprivation" (WHO).
- Healthcare workers are at least 3-4 times higher risks for assault and threats than workers in other occupations. More than half of healthcare workers are affected, with nurses being at the highest risk.
- Verbal aggression is most common form of violence experienced by nurses, followed by emotional abuse, threat and physical assault. More than 55% of nurses experienced some form of violence in the last 10 shifts with RPNs & LPNs at higher risk than RNs.
- Patients and family members are the primary source of violence but physician, co-worker & manager together are also a significant source of violence in verbal aggression and emotional abuse.
- Some risk factors have been identified: newly hired staff, nurses in evening/night shift, work overload, impending workplace changes, patient medical needs not met, organizational factors such as weak leadership and inadequate human and fiscal resources.

Impact of Workplace Violence

- Increased health costs, decreased job satisfaction, recruitment & retention, stress & mental health, & deterioration in the quality of care.

Recommendations

- Further research is needed to examine the consequences of workplace violence & the effectiveness of interventions aimed at decreasing or preventing its incidence.

Perceptions of Late Career Nurses & Nurses who have left Practice (Dr Linda O'Brien-Pallas)

- Among leavers most RNs & LPNs left for opportunities for preferred lifestyle or worklife balance
- Among the three groups surveyed of nurses still in the profession, most were satisfied with their overall nursing career, nursing job, & nursing employer except those intending to leave. Nurses that plan to retire early & those that intend to leave the profession indicated various factors that influenced their decision including having financial resources, opportunities for preferred lifestyle or worklife balance in other fields & concern about quality of care & patient safety.

Policy Initiatives to Enhance Nursing Retention

- Top policy initiatives chosen by nurses included appropriate workload, better salary, & improved or safe work environment.
- Additional policy initiatives included benefits package, FT employment, shorter work week with full pension contribution, & preferred shifts based on the three predefined options in the survey which the nurses were prompted to answer.

Recommendations

- Conduct further analyses to determine the likelihood of successful return or retention scenarios for different age cohorts & groups.

During the discussion portion of the presentation, several questions from the audience were addressed including:

Has there been any data to show a change in reporting of violence, e.g., has this increased?

- *Not that we know of & still 20% of violent acts are still not reported officially.*

Is the reduction in the number of reported back injuries directly linked to the patient lift initiative?

- *This can not be confirmed as there have been a number of ongoing initiatives introduced by other Ministries e.g., the Ministry of Labour introduced an initiative to educate workers about their backs.*

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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