



**Sector Specific Components that Contribute to
Positive Work Environments and Job Satisfaction
For Nurses/ Issues in Long-Term Care and Community Care**

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EXECUTIVE SUMMARY

Most data examining the correlation between work environment conditions and job satisfaction for nurses is derived from studies conducted in the acute care/hospital sector. There are fewer studies examining the relationship between work environment and nurse job satisfaction in other employment sectors. In November 2007, the Ontario Ministry of Health and Long-Term Care (MOHLTC) asked the Nursing Health Services Research Unit (University of Toronto site) to conduct a study to explore factors that contribute to job satisfaction for nurses working outside of the acute care (hospital) sector.

This study explored sector specific components that contribute to positive work environments and job satisfaction for nurses working outside of the acute care sector. Specifically, this study examined the recruitment and retention initiatives being implemented by nursing employers in the community, public health and long-term care sectors in various geographic areas of Ontario. The study sought to elicit the perceptions of nurse leaders and front-line staff nurses. The following are the research questions of the study.

1. What recruitment and retention initiatives/Healthy Work Environment (HWE) strategies are nursing employers currently implementing?
2. What are the perceptions of nurse leaders and front line staff regarding the effectiveness of the retention initiatives? What is working and what isn't?
3. What are the specific recruitment and retention challenges being experienced by nursing employers?
4. What are the main work environment concerns as perceived by nurse leaders and staff nurses?
5. What keeps nurses in their current jobs?
6. Are there generational differences regarding nurses' job satisfaction?

In a second phase of the study, completed over the winter and spring of 2009, the following questions were also posed to the community care nurses:

1. How are your case loads and working hours decided?
2. How would you characterize or describe the role of the CCACs?
3. What would you describe as some of the positive aspects of working with the CCACs? How about negative aspects?
4. What unique challenges do nurses in your sector face when trying to provide care?
5. How efficient do you feel the current system for administering care in the community is? What recommendations do you have for improving the current system?
6. What are your thoughts on the current model for managing community services (i.e., competitive bidding)? Does it have any impact on your feelings of job security or job satisfaction? Does it have any impact on your ability to provide quality care? Probe: If yes, please describe.

Research Design and Methods

This was an exploratory study using interviews and focus group means data.

A total of twenty nursing organizations (sites) representing Long-term Care (8), Public Health (4) and Community Nursing (8) sectors were randomly selected to represent various areas of the province. Each potential site was then formally invited to participate in this study.

Interviews were conducted with 8 nurse leaders from community health, public health and long-term care. Due to the low number of nurse leaders interviewed, and the distribution of respondents from each sector, it is not possible to report on sector specific responses and maintain confidentiality. Therefore, the responses from the nurse leaders were aggregated, making a few references to specific concerns of each sector.

A total of 31 frontline nurses participated in four focus groups. The participants represented community, long-term care and public health areas of nursing practice. In addition to the focus group interviews, individual interviews with front-line nurses from community care and long term care organizations were completed to address specific issues that arose while compiling data for the Interim report, submitted to the MOHLTC on March 31, 2008.

Key Findings

The findings suggest there are different work environment concerns based on the sector of employment. Within a given sector, differences exist at the organizational level.

Findings related to Recruitment & Retention

Employers are using traditional recruitment and retention strategies but are also starting to look at creative strategies unique to their sectors. The salary inequity is clearly the major barrier for recruitment and retention as indicated by both nurse leaders and front-line staff. This was more evident among the community sector nurses. While public health nursing seem to be a positive career option, the perception is that community nursing is not seen as an interesting or viable career option at this time due to a combination of workload, work hours and salary issues.

Findings regarding Healthy Work Environment (HWE) Initiatives

Interviews with nurse leaders and focus groups with frontline nurses indicate that a variety of healthy work environment initiatives have been put in place, however there was little mention of any evaluation of these initiatives. Healthy Work Environment initiatives were more evident in the public health sector where it was noted that their organizations had implemented such initiatives as corporate gym memberships, yoga classes, healthy cooking classes and walking groups. There is room for further growth in this area by asking nurses for suggestions and these may vary by the specific employer. There was no mention of the implementation of best practice guidelines related to creating healthy work environments.

Factors Contributing to Nurse Job Satisfaction

The findings from this study are consistent with previous studies regarding factors that contribute to nurses' job satisfaction. These factors include: having control over one's work (autonomy); feeling respected and valued by employers; being included in decision-making processes; being able to make a difference in client's life; and opportunities for continuing education and professional development. These aspects of nurses' work must be built upon in order to maintain retention in these sectors. These findings are important for the retention of the current workforce as well as for future recruitment of individuals into the nursing profession.

Findings regarding Work Environment Concerns

Community and long-term care nurses identified inadequate staffing, and the resulting workload issues as major areas of concern.

Public health nurses and community nurses face numerous work environment concerns which pose threats to their safety. Both groups of nurses reported that they do not receive adequate compensation for mileage or vehicle expenses which they incur as part of their job. Community care nurses specifically noted that this was a negative outcome of the competitive bidding processes in that many home health employers in Ontario reduced wages and decreased or eliminated mileage allowances and other benefits allotted to home health nurses.

Public health nurses seemed more satisfied overall with their working conditions compared to the community and long-term care nurses. This was due in part to public health nurses having a more appealing work life balance. The hours of work reported for some of the community nurses in this study are startling (working 14 to

16 hour days). The nurses who were interviewed were unanimous in their concern about the workload, with several participants expressing that high workloads (15 -16 clients per day) for community nurses is neither safe nor sustainable. This is a major deterrent to working in the community and needs to be addressed by community nursing employers in conjunction with funding agencies and policy makers.

A final area of concern for the community nurses are the issues relating to perceived inefficiency of the system in providing home care services. Focus group participants perceive a number of factors to be contributing to the inefficiency of the system including: the role of the Community Care Access Centre (CCAC); duplication of services; and excessive documentation requirements.

Recommendations

The following are the recommendations based on the study findings.

1. Review current competitive bidding processes and the organization of home care services in the Province of Ontario
2. Reconsider establishing Nursing as a Career Campaign to increase marketing of Nursing as a viable and exciting career option. Market to high schools (what happened to the RNAO/RPNAO campaign from a few years ago). Profile nurses working in various sectors as part of an advertising campaign.
3. Increase exposure of nursing students to all sectors of employment as part of the undergraduate nursing curricula.
4. Establish a system to decrease the pay inequity between acute care sector and nurses working in other sectors.
5. Establish a system for determining appropriate/manageable nurse workload in community nursing / long-term care sectors.
6. Fund further nursing research to increase the understanding of the most effective means to increase retention and recruitment in home care (community), public health, Community Care Access Centres, Long-term Care and other areas where nurses are employed i.e., corrections, mental health, physician offices and walk-in clinics.

INTRODUCTION

Background

Quality/healthy work environments are linked to nurse job satisfaction and subsequent intention to remain employed. Quality health care is dependent on an adequate supply of qualified nursing personnel (CNAC, 2003). However, most data examining the correlation between work environment conditions and job satisfaction for nurses is derived from studies conducted in the acute care/hospital sector. There are fewer studies examining the relationship between work environment and nurse job satisfaction in other employment sectors such as public health, long-term care, and community care. Since work environments are critical in supporting the recruitment and retention of nurses it is necessary to develop a stronger understanding of the sector specific components that contribute to positive work environment conditions.

In November 2007, the Ontario Ministry of Health and Long-Term Care (MOHLTC) asked the Nursing Health Services Research Unit (University of Toronto site) to conduct a study to explore some of the factors that contribute to job satisfaction for nurses working outside of the acute care (hospital) sector. In late March of 2008 an interim report of the findings were submitted to the MOHLTC, reporting the responses of 12 nurse leaders in the Public Health, Long-Term Care and Community Care sectors, and focus group interviews with front-line nurses from the Community Care and Public Health sectors. Due to difficulties experienced recruiting frontline nurses from the long-term care sector and to address issues that were brought up during the interviews with nurses working in the community, the NHSRU researchers elected to revise the study's recruitment methods, and included an additional round of data collection in 2009. Phase 2 of the study pursued additional questions to probe topics related to CCACs, managed competition, and revised the recruitment protocol to include individual interviews with front-line nurses. This report represents the collective findings for the study, and has compiled the results of both the initial 2008 data collection and the results of the recent 2009 round of data collection.

Study Purpose and Objectives

This study attempted to explore sector specific components that contribute to positive work environments and job satisfaction for nurses working outside of the acute care sector. Specifically, this study examined the recruitment and retention initiatives being implemented by nursing employers in the community, public health and long-term care sectors in various geographic areas of Ontario. In addition, the study sought to elicit the perceptions of nurse leaders and front-line staff nurses regarding the effectiveness of the recruitment and retention strategies currently being implemented. For the purposes of this study, the term community sector refers to the sector in which nurses are employed by agencies that provide nursing care through home visits for clients. This study did not include nurses who work directly for Community Care Access Centres (CCACs).

Research Questions

The study attempted to answer the following research questions and to determine if in fact there are differences based on the specific sector i.e. community health, public health and long-term care.

1. What recruitment and retention initiatives/HWE strategies are nursing employers currently implementing?
2. What are the perceptions of nurse leaders and front line staff regarding the effectiveness of the retention initiatives? What is working and what isn't?
3. What are the specific recruitment and retention challenges being experienced by nursing employers?
4. What are the main work environment concerns as perceived by nurse leaders and staff nurses?
5. What keeps nurses in their current jobs?
6. Are there generational differences regarding nurses' job satisfaction?

In the second phase of the study, the following additional questions were provided to the front line nurses from the Community Care sector. These additional questions were:

7. How are your case loads and working hours decided?
8. How would you characterize or describe the role of the CCACs?
9. What would you describe as some of the positive aspects of working with the CCACs? How about negative aspects?
10. What unique challenges do nurses in your sector face when trying to provide care?
11. How efficient do you feel the current system for administering care in the community is? What recommendations do you have for improving the current system?
12. What are your thoughts on the current model for managing community services (i.e., competitive bidding)? Does it have any impact on your feelings of job security or job satisfaction? Does it have any impact on your ability to provide quality care? Probe: If yes, please describe.

METHODS

Research Design and Methods

This was an exploratory study to gain an understanding of the sector specific components that contribute to positive work environments for nurses in Ontario. In order to answer the research questions, a series of interviews with nurse leaders and focus groups with front-line nurses were conducted by members of the research team.

Study Recruitment

A total of twenty nursing organizations (sites) participated in the research study. Eight sites from long-term care (4 in Phase 1 / 4 in Phase 2), four from public health and eight from community nursing (4 in Phase 1 / 4 in Phase 2) sectors were randomly selected to represent various areas of the province. Of these sites, four from each sector were contacted as part of the initial phase of data collection, with four additional sites being selected from both community care and long-term care in phase 2 of the study. Each of these potential sites was formally invited to participate in this study. A letter of invitation was sent to the Chief Nursing Leader of each respective site via Canada Post and email and followed up by a phone call from a member of the research team. See Appendix A for letter of invitation. The letter requested the nurse leader's participation in the study via a one-time telephone interview. Six sites (two from each sector) were requested to invite front line nursing staff to participate in a one-time focus group. See Appendix B for the Script for Telephone Interviews with Nurse Leaders, Appendix C for the information/Consent Form for Nurse Focus Group Participants, and Appendix D for the information/Consent form for the individual front-line nurse interviews.

Data Analysis

Data were analyzed using a combination of qualitative and quantitative methods. Quantitative analyses were conducted on the demographic data using SPSS v 16.0. Qualitative analyses were conducted on the interview notes and the focus group transcriptions using a content analysis approach.

RESULTS

Participants

Nurse Leaders

Individual interviews were conducted with eight nurse leaders from community health, public health and long-term care sectors. Job titles of the nurse leaders interviewed included "Chief Nursing Officer", "Chief Clinical Executive", "Director of Public Health", "Director of Community Health", as well as "CEO" and "Vice President" of the respective organizations. Participating nurse leaders averaged 51 years of age, and reported a range of 20-37 years of employment experience in nursing ($M= 30$). Most had been employed in their current position for an average of eight years. Nurse leaders varied in their of educational preparation; all nurse leaders had completed either a BScN, or a Nursing Diploma; seven had completed Masters degrees and one participant had a Ph.D. in Nursing.

It should be noted that due to the relatively low number of nurse leaders interviewed, and the distribution of respondents from each sector, it is not possible to report on sector specific responses and, at the same time, maintain participant confidentiality. Therefore, the responses from the nurse leaders are aggregated, with a few references to highlight the specific concerns of each sector.

Front-line Nurse Individual Interviewees

A total of eight frontline nurses participated in individual telephone interviews in the second phase of the study, 4 from long-term care and 4 from community care. Of these, 5 were Registered Nurses (63%) and three were Registered Practical Nurses (37%). All but one were female, and all but one were reportedly working full-time. Front-line nurses possessed an average of 19 years of work experience in nursing with an overall combined range of between 1 and 25 years of nursing experience. The mean ages for RNs and RPNs were 43.4 and 47.5 years of age respectively. The participants represented community and long-term care areas of nursing practice.

Focus Group Participants

A total of 30 frontline nurses participated in four focus groups. Participants consisted of 14 Registered Nurses (66%), six Registered Practical Nurses (29%), and one student nurse (5%) from various geographical areas in the province of Ontario. All but one were female, with 1 (93%) of the RNs and three (50%) of the the RPNs working full-time. The remaining participants worked on a part time basis. Both the RNs and RPNs had an average of 25 years of work experience in nursing with an overall combined range of between 12 and 38 years of nursing experience. The mean ages for RNs and RPNs were 49.4 and 45.6 years of age respectively. The participants represented community, long-term care and public health areas of nursing practice.

Findings

Recruitment and Retention Challenges

Nurse leaders described a number of recruitment and retention challenges they are currently experiencing. Five of the eight participating nurse leaders commented they were experiencing significant difficulty with recruitment of new grads or younger nurses. Four of these leaders also indicated having considerable difficulty with retaining nurses in their particular sectors or organizations. A prevalent challenge voiced by the interviewees involved recruiting in the face of a general shortage of nurses across all sectors. Directly linked to this challenge was the nurse leaders' perceived disadvantage in relation to competing with other sectors, especially regarding financial compensation or employment incentives. Nurse leaders from each sector reported feelings of an unfair salary inequity between nurses in their particular sectors compared to the acute care sector. Concerns expressed were not solely related to an inability to attract new recruits on the basis of salary, but also a perception of being "devalued" by the general population.

Another significant challenge that emerged from the interviews was a lack of support from educational institutions for nursing work in their sectors. Specifically, nurse leaders expressed the concern that the sectors of long-term care, community care, and public health were not adequately represented in the course curriculum and assignments of nursing programs, nor did these programs/institutions offer students an adequate number of placements in these sectors. In the opinion of several nurse leaders, both of these factors contributed to a lack of understanding of the type of work nurses do in their sector, as well as a lack of understanding of the relative challenges and advantages of working in their sectors.

Front-line nurses also identified this lack of awareness as one of the major challenges to recruiting nurses into community positions.

“How are we going to recruit new grads when they don’t know what we do? They think our job is boring, when it is far from boring. It’s very exciting. They don’t know that.”

A 4th year BScN student nurse, currently in a community placement, commented that her fellow nursing students have negative misperceptions of what community nursing is all about.

“They don’t understand it and it’s so fascinating and I know many people who would like community nursing if they only knew what it is.”

A similar sentiment was expressed by nurses in long-term care, who commented that many new nurses do not have an accurate understanding of the type of care being delivered in long-term care. Long-term care nurses interviewed commented that:

“they think it’s where nurses go before retiring, that it’s a slower pace. They don’t realize or know the opportunities to long-term care provides”.

Another challenge that was discussed by the nurse leaders related to the issue of retirement. Fifty percent of the nurse leaders interviewed commented that retirement was an issue for their organization due to the difficulty they are having recruiting younger nurses or new grads, and the older average age of their current workforce. Two nurse leaders, (25%) commented that retirement was not an issue for their organization, but did indicate that the core age of their workers was older than the provincial average. The two remaining nurse leaders interviewed stated that retirement was not an issue for them, as they have been successful in recruiting new grads to their organization.

Recruitment Strategies

With regard to specific recruitment strategies, nurse leaders reported that commonly employed strategies included attending recruitment fairs, or advertising positions in large publications or internet job search sites (e.g. Workopolis). Several nurse leaders commented that they are finding these traditional methods of recruitment unsatisfactory, and have begun evaluating the effectiveness of their recruitment strategies in order to find areas where improvement or change is needed.

Recent recruitment initiatives described by nurse leaders include improvements in educating and orientating employment candidates and new nurses, emphasizing specific challenges and opportunities offered by their sector/organization. Initiatives include the implementation of programs such as “open-house” events to provide interested nurses with detailed information about the sector/workplace through a less formal process than the traditional employment application process. Additionally, nurse leaders commented on re-designing their orientation programs for new employees, including increased duration of mentorship programs and improving employer support, as well as creating written guidelines and manuals for new employees to follow in times immediate assistance is unavailable.

Another strategy mentioned is for employers to actively engage in following-up with all interested employment candidates. One nurse leader commented that traditionally it was considered the responsibility of each candidate to follow-up with the employer to ensure that they appeared interested in the position they had applied for. Now it is more important for the employer to work towards maintaining contact with the employee candidates at every level of the application process. She stated that her organization is now actively following-up with each candidate until such time as they provide a definitive response to whether they wish to accept the employment position offered.

Three of the eight nurse leaders interviewed stated that their organization has no formal recruitment strategies in place, as they reportedly have satisfactory recruitment from their community. Nurse leaders who reported satisfactory recruitment also indicated that they rely primarily on word of mouth, and good overall reputation of their workplace and employment practices to attract new nurses to their organizations.

Frontline nurses in the focus groups identified a number of recruitment strategies that they were aware of in their organizations. One RPN indicated that she had been recruited through the Ministry of Health and Long-Term Care (MOHLTC) New Grad Initiative and has recently secured a full-time position. This sentiment was echoed by another front-line nurse, who commented that the New Grad initiative was successful in bringing new nurses to their organization. Another MOHLTC initiative mentioned was the Late Career Nursing initiative. One of the long-term care nurses interviewed mentioned that this initiative was very helpful for retaining some of the older nurses. It was remarked that this initiative is particularly beneficial for nurses in her sector, due to a high proportion of nurses being over the age of 50.

Front-line nurse participants noted their employers’ involvement with nursing job fairs, advertising in newspapers and on Workopolis. In one group, the nurses noted that their employer also attempted to recruit new graduates by visiting college and university nursing programs to promote community nursing opportunities to the graduating students. Building a relationship with colleges and universities and providing student placements was also described as a good way to recruit new nurses to their organization. Overall, when staff nurses were asked what recruitment strategies had been implemented in their organizations, they were less able to provide concrete examples than the nurse leaders. In these discussions, it was evident that not all of the frontline staff members have the same awareness of recruitment and retention strategies currently being used by their employers.

Other strategies noted by the focus group participants include: tuition assistance programs for continuing and formal education as well as leaves of absence to participate in special projects.

Some nurses indicated interest in pursuing further education however, they also stated it is difficult for staff to get time to participate in ongoing education given the challenges in finding replacement staff.

“...with a shortage of nurses you just don’t have time to continue your education”

Participants from two of the sites participating in the study mentioned the use of recruitment bonuses (\$250.00 \$500.00), but they were unable to provide many details on how long this initiative had been implemented, or provide an assessment of their effectiveness.

Retention Strategies

The most common retention strategy reported by nurse leaders was the implementation of formal policies for education support for their nursing staff, specifically financial support via bursaries or tuition reimbursement and support for educational leaves. Another general retention strategy involved formal recognition and reward programs providing nurses with recognition for either their duration of continuous employment within the organization, or recognition of staff on the basis of performance. Recognition and reward programs included such activities as certificates of recognition, staff banquets and award ceremonies, as well the awarding of money or items of value (e.g., watches, coupons,) to individual staff members.

Of the nurse leaders who reported little or no difficulty retaining nurses, maintaining a “feedback loop” with employees, involving employees in decision making at the departmental or organizational/corporate level, and providing a “trusting, supportive” work environment were described as positive retention strategies. At one organization nurses commented on the importance of having a supportive management

The frontline nurses’ responses also emphasized the challenges of retaining nurses in these specific practice sectors. Nurses shared their perceptions regarding these challenges and their concerns of who will be there to provide the care for clients in the future:

“They are not retaining their nurses...there is a huge problem why we are not retaining our nurses...I think pay inequity between community and hospital is a huge problem when nurses aren’t retained.”

“We are enticed by the flexible hours and work ethic but that’s not how it is in reality, because we don’t get choice in how many hours we have to visit...we have to visit more because there are no nurses out there. The reality is very different than what is put out there.”

“The difference between community salary and hospital salary at the top end has never been the same and has never improved....yet the work we do has changed significantly in 10 or 11 years and the clients we see are much sicker....”

“I have yet to see a retention strategy that works. I am flabbergasted at how poor the retention is in this country” (nurse who had worked in another country)

“We’re heading for a crisis. The nurses in this room are all in their late 40’s and 50’s and there’s no new nurses coming into community. The Ministry needs to act on it, because soon there will be no nurses left. Where are the nurses who are going to replace us?”

Nurses specifically indicated that they perceive the main recruitment challenges into these sectors of practice as being:

- Pay inequity between acute care and community or public health nursing
- Challenges related to geography having to travel to care for clients (for those in Community Care and Public Health)
- Wear and tear on personal vehicles given the possibility of having to drive between 30 and 300 km/day to visit their clients.
- The heavy workload and the overtime required to cover shifts, resulting from a shortage of available nursing staff

A final issue that was raised in the discussions with front-line nurses related to the orientation and the expectations of new grads. It was suggested that new grads need a longer orientation time (more than 2 weeks) in order to feel comfortable working in the community. Long term care nurses also believed that enhancing or improving orientation was particularly important for their sector, as oftentimes nurses will be the sole health care practitioner on site, and can be responsible for supervising the care of 50+ residents. These nurses felt this was important to retaining the new grads indicating that if they don’t receive adequate orientation, they will end up frustrated, or overwhelmed by the workload and leave.

Another issue impacting the ability to keep new nurses employed in these sectors is the different expectations the current generation of nurses bring with them. On several occasions the nurses interviewed commented that the previous generation had come to accept unfavorable working conditions as *“just part of the job”*. New nurses, however, are less willing to accept long hours, heavy workloads, and low pay. As one of the nurses from long term care expressed it:

“In the BscN programs, these young girls are taught how to say no when employer calls them and make them feel that they have to do overtime shifts while they don’t want to. They are being taught how to comfortably say no. They are not just going to be pushed around. It is good in a way but it is not going to help staffing. We have to make it more attractive for people. That’s what we have to do”.

Effectiveness of strategies implemented

For the organizations that reported little difficulty with recruitment and/or retention, certain strategies were found to be effective. These initiatives include support for education (both financial and leave), maintaining transparency of corporate decision-making, the involvement of nurses in the decision-making, and flexibility in both the types of employment activities open to nursing staff, as well as flexibility in organizing and scheduling their time. With respect to solely recruitment strategies, none of the nurse leaders described attendance at recruitment fairs, or “blanket advertisements” in widely circulated publications as being particularly effective.

Of nurse leaders reporting that their organization had implemented strategies to improve poor recruitment, effective initiatives include investing more time with each recruit, and striving to

maintain contact with recruits at every stage of the application process. Another effective strategy involved providing applicants and new nurse employees with more comprehensive information about working in the sector or organization (open-house events, revamped/expanded orientation for new employees). However, nurse leaders also indicated that initiatives such as increased involvement with applicants and improved orientation did not improve recruitment to the extent that the organizations had hoped but they did improve on the previously employed ineffective strategies e.g newspaper advertisements.

Several of the nurses interviewed in phase 2 of the study had remarked that their organization had recently increased the base salary of their nurses, thereby narrowing the wage disparity between their sector and the acute care sector. The nurses interviewed received this very positively, and commented that it has definitely impacted their level of satisfaction and the likelihood that they will remain with their employer.

Factors Contributing to Job Satisfaction

Nurse leaders were asked to comment on what factors they believed contribute to job satisfaction for nurses in their respective sectors. In other words, why do they stay? Seventy-five percent of all nurse leaders interviewed commented that one of the most important factors contributing to job satisfaction in their frontline nurses was a passion for caring for their clients, and a strong belief in the importance of the type of work being done in their sector. Interestingly, this factor was most heavily endorsed among organizations and sectors reporting recruitment difficulties and staffing shortages, with certain nurse leaders indicating that for some nurses it was the only thing that contributed to job satisfaction. Other factors identified by the nurse leaders as creating job satisfaction included learning opportunities and support for professional development, as well as opportunities to engage in a variety of different tasks, and contributing to the organization's decision making processes.

Another significant factor that emerged in conversation was perceived autonomy and independence. Nurse leaders commented that frontline nurses in their organizations/sectors enjoyed the freedom to manage a clients' treatment and care, as well as the opportunity to plan their own day, direct their own time and set their own workloads. It was also noted, however, that while autonomous or semi-autonomous practice is viewed positively by many nurses, it can also work to the detriment of job satisfaction as it may contribute to feelings of isolation due to a lack of regular contact with peers, and can be especially intimidating for new grads.

When nurses in the focus groups were asked what contributes to their job satisfaction, their responses were similar to those of the nurse leaders. Nurses indicated they have a passion for the clients and the type of care they are able to provide in the community. One nurse commented

“the patients are what keeps us doing this. It's not the perks, not the promises.”

“We are not here to make money, we're here because of our interactions with the patients.”

The nurses spoke of having a sense of gratification when being able to follow through with client care and to help them meet their care goals, even if that means assisting a client to have a positive palliative experience at home.

Focus group participants also spoke being able to provide “holistic” care for their clients: *“we are able to care for the whole person, not just do tasks. You can’t nurse holistically in hospitals.”*

Another opinion voiced by participants related to the ability to practice autonomously in the community and being able to decide how they will structure their day and provide the care the clients need. Having this level of control over their work was perceived as a satisfying component of their work. Some nurses expressed they receive satisfaction from observing how excited patients are to see their nurses.

Others indicated that community nursing is exciting and never boring. One nurse mentioned having the opportunity to work with a special group of clients as a satisfying component of her job as she wanted to work specifically with palliative clients. She was grateful that her employer provided her with this opportunity. A final comment from these nurses was the ability to work days and not having to work nights but also highlighting that they do work very long hours not just a straight eight hour day.

One RPN mentioned that being able to work to her full scope of practice was also a satisfying aspect of her job. She also noted that this varied depending on the agency of employment.

Public health nurses (PHNs) spoke about being part of the team as a benefit in their workplace. Having supervisors that respect and value them as professionals was also an important factor that arose from the discussions. Staff indicated they felt respected when they are included in the decision-making processes about what programs will be the priority for the region.

Both community and public health nurses also mentioned the teaching aspects of their work as being a component of their jobs which they enjoy. The lack of availability of full-time positions was identified as a negative factor in both public health and long-term care.

Nurses in public health indicated that there are many temporary positions due to maternity leaves. Temporary nurses are hired to fill these leaves, and then those who were filling the maternity leaves become casual employees again. In general the overall sense was that working in public health is a good place to work.

“Retention here is pretty good. Nobody is leaving...it’s a good employer.”

Overall, the benefits in public health appear to be superior than those offered to nurses in the community and long-term care sectors. One example reported by public health nurses included having had the opportunities to move around to work in different programs; this was seen as desirable. *“It’s a nice thing.” It increases our marketability by allowing nurses to develop skills that can be transferred to other programs.”*

Work Environment Concerns

The nurse leaders representing Community and Public Health sectors identified issues relating to travel and the dangers associated with home visits as work environment concerns. Specifically, these include traveling in poor weather conditions and vehicle maintenance, dangers of going

into unknown locations or high crime areas, visiting clients after nightfall, and visiting potentially violent clients or families. Another topic that arose from the interview discussions was a perceived lack of adequate technology (e.g., cell phones, PDAs, tablet computers) to maintain efficient communication between nurses working in the field and their organizations or colleagues. Only one of the nurse leaders interviewed stated that their organization supplied nurses with GPS equipped cell-phones when making home visits. Another interviewee did comment, however, that cell-phones are provided when nurses are visiting potentially violent or difficult clients.

In addition to concerns specifically related to nurses who travel or provide home visits, a more general concern arose that related to overworked staff and associated “burn out” due to staffing shortages. Nurse leaders expressed the sentiment that current staffing levels are insufficient to meet the demands of clients/communities, or to meet Ministry mandates or objectives. While part of the staffing problem was directly related to difficulties in recruiting new nurses to the sector, it was the opinion of several nurse leaders that the underlying cause of their understaffing was a perceived lack of adequate funding provided to their sector. Across all sectors, nurse leaders articulated the need to increase the pay rates of frontline nurses to successfully attract new nurses to their sector, as well as retain current staff. This need was almost always expressed within the context of the pay scale inequity between their particular sectors and the acute care sector. Furthermore, two nurse leaders relayed instances where they felt the Ministry of Health and Long-Term Care had issued a mandate or policy without accounting for the additional staffing requirements necessary to meet the Ministry’s stated objectives. Nurse leaders also expressed opinions that levels of funding were not in line with the increase of demand in the sectors examined, and that the projected demand for services were based on population statistics from three to five years ago.

“it feels as though once the acute care sector is fixed, then they will address [our sector], but this will never happen”

The focus group discussion highlighted similar work environment concerns as those identified by the nurse leaders. Nurses in public health and community care spoke of numerous workplace hazards and situations that include: snow-covered walkways; being exposed to second-hand smoke in client homes; and having to deal with client pets. Several nurses described their experiences with these hazards. One nurse described being bitten by a dog, another had been sexually assaulted in a client’s home and another nurses told her story of breaking an ankle while conducting a home visit.

Other nurses voiced concerns related to infection control issues when entering homes that were described as being filthy. Nurses worried about bringing germs to their homes and families. One nurse noted that when performing home visits *“the client’s home is their territory and they are in control.”*

Some participants indicated the importance of having the availability of back up or a buddy-system when dealing with high risk cases.

Other issues raised by the nurses included potential occupational health hazards such as being required to work in office buildings where they are exposed to photocopier emissions that are

believed to be causing headaches in some staff. Another group of nurses spoke about their office being infested with mice.

“One nurse was teaching pre-natal classes with mice running around the perimeter of the room.”

One community care nurse described her work environment as “chaotic” everyday, stating that maintaining her mental health was a work environment issue and that the work is taking its toll on her personal health.

There was a consensus among the long-term care nurses that the patients currently being admitted into long-term care require a greater amount of time and attention than patients 10 years ago, due to increasing complexity of their physical and mental conditions. Nurses from this sector also expressed that the pressures on nursing staff are further compounded by the MOHLTC’s increasing expectations of long-term care nurses and the increase in paperwork that has accompanied the MOHLTC’s attention to care and accountability. A number of those interviewed expressed a degree of frustration over the additional work and standards of care being implemented by the MOHLTC, without allocating more funding to LTC to hire additional staff. Specifically, LTC nurses commented:

“The Ministry’s goals are good if they want to improve the type of care for the residents but they are not necessarily acknowledging the fact that you may not have the staff resources to accommodate those changes”.

“It creates the sense of frustration for RNs and RPNs because, as a supervisor, you are still required to produce the work that meets the standards. For non-regulated staff, you don’t have proper staffing to do that. You work with an alternative staffing plan such as plan A, plan B, C, and D and are still expected to meet those standards. It is really frustrating in the nursing point of view because you are trying to provide the certain level of care but you feel like you can not deliver”.

Healthy Work Environment Initiatives

In addressing environmental concerns inherent to visiting clients in their homes (as described above), nurse leaders commented that potentially dangerous clients are typically visited by a pair of nurses. Several nurse leaders also indicated that staff are able to sign out cell phones when visiting high risk clients. It was stated by one Nurse Leader that visiting nurses in their organization were equipped with GPS enabled phones with a “push to talk” function which made a significant positive difference in nurse satisfaction. Another way to address this concern was stressing to “never put themselves in harm’s way” and to put their personal safety ahead of a client’s needs. However, one Nurse Leader did comment that it is difficult for nurses in their organization to choose not to enter potentially unsafe locations when the health of a client is at stake.

Apart from home visits, several employers have distributed staff satisfaction surveys to frontline nurses and also try to maintain open lines of communication between frontline staff and management. Additionally, it was reported that workload analyses are being completed by

outside agencies to determine how to manage a nurse's time and workload more efficiently. On the basis of these analyses infrastructure changes are being evaluated to determine how to enable nurses to spend greater amounts of time with clients, as opposed to completing various administrative duties.

Other initiatives that were mentioned include the introduction of a wellness centre or gym for staff as well as a corporate learning centre. One Nurse Leader stated that her organization had introduced physical activities during breaks (e.g., lunch hour hockey games, yoga, & walking groups) and on-site childcare. Another initiative was healthy cooking classes run at lunch time for employees

The majority of nurse leaders interviewed stressed that a major workplace health issue is related to pressures resulting from staffing shortages in their organization. Seventy-five percent of the nurse leaders indicated that there were difficulties in their organization due to understaffing (e.g., overworked nurses, inability to provide flexible schedules, or accommodate educational leaves, difficulties in recruiting and retaining nurses due to workload). While the above-described efforts to streamline the organization's infrastructure were described by some of the interviewees, a prominent theme that emerged in conversation was the continued difficulty in meeting present demands for client service with the existing funding and human resources.

Suggestions to Improve the Work Environments

When discussing how to best improve the work environments of nurses in their sector, many Nurse Leader's comments were centered on the themes of inadequate funding and a lack education or awareness of the services their sector provides. With regards to funding, one prominent recommendation was to eliminate or significantly reduce the pay-scale inequity between nurses working in the acute care sector and their own sectors. This inequity issue was brought forward by nurse leaders in all three sectors examined, with 75% of all interviewees advocating for change in this area. Inequity was identified as a key factor contributing to the difficulties recruiting and retaining frontline nursing staff in these sectors. One interviewee went so far as to state that this inequity is the single largest obstacle to recruitment and retention in her sector – "full stop". Apart from adding to the difficulty of attracting new grads to their sector, inequity was also perceived as lowering the morale of nurses by enforcing the opinion that their services are not highly regarded by the nursing community or society in general.

Also evident among this group of leaders was the perception of insufficient government funding to meet the demand for services. One opinion expressed was that community demographics and clients' needs continue to become more complex, and levels of funding are not being modified to account for these changes in acuity. As such, nurse leaders suggested that funding must keep in line with population trends, and funding must be increased to allow for hiring of additional staff as well as the purchasing of basic supplies.

In terms of the lack of awareness of what community nurses actually do, nurse leaders from all sectors expressed that undergraduate nursing education programs fail to provide adequate information and training about nursing in sectors outside of acute care. To counter this lack of understanding, nurse leaders suggested that information about their practice sectors require a stronger presence in nursing curricula, and universities should also provide students with more

placement opportunities in Long-Term Care, Community Health, and Public-Health. Furthermore, it was suggested that the general public is also largely unaware of the services provided by community and public health nurses and unaware of the importance of their services to the community. According to these nurse leaders, this sense of being “invisible” also contributes to nurses feeling undervalued by society, particularly in light of the perceived attention paid to nurses in the acute care sector.

In addition to advocating for increased funding and education, many of the nurse leaders suggested the need to integrate new technologies (e.g., cell-phones, PDAs, laptop computers, and tablets) into nursing practice. This integration was strongly recommended for nurses who work in decentralized environments as a way to enhance nurse safety, improve communication with colleagues and management, as well as reduce frontline nurses’ administrative load, thereby allowing for increased nurse-client interaction.

One sector-specific concern that warrants mention relates directly to the current model of managed competition and CCAC supervision in Community Health. All the nurse leaders interviewed from this sector expressed concerns about the effectiveness of this model. One concern was that managed competition has resulted in employment instability and an accompanying sense of fear due to the inherent uncertainty in the contract renewal process. One Nurse Leader strongly believed this current model should either be eliminated entirely or significantly altered. Another sector-wide concern involved the supervision or the perceived “over-supervision” of nurses by CCACs. Reportedly, many in the field feel that CCAC supervision has eroded their autonomy, and they are often at odds with the CCAC by virtue of feeling they must advocate for the appropriate care for their clients. Unfortunately, apart from recommending the elimination of the current managed competition model, and/or advocating for overhauling or revamping the role of CCACs, nurse leaders offered few specific recommendations for how to best improve the current community health model.

Frontline nurse suggestions to improve their work environments were in agreement with those recommended by the nurse leaders. Nurses were insistent that wages for their sectors need to be on par with hospital nurses’ wages. They commented that their salaries have not increased in over ten years and barely meet the cost of living increases. Nurses also commented on the shortage of nurses indicating that “more bodies are needed” in community nursing.

Nurses spoke openly about the perceived duplication of services such as client assessments being done by CCAC workers and then again by the nurse doing the home visit. The nurses in these focus groups saw this as an unnecessary duplication of services which have a major impact on the inefficiency of the system.

Nurses also expressed the need for better equipment to enable them to do their jobs more efficiently. They indicated a need for cell phones, laptop computers and electronic documentation to eliminate much of the paperwork involved in the community sector. Nurses reported spending excessive amounts (at least two hours at home every night) of time documenting their cases at the end of the day. Nurses added that the documentation systems need to be streamlined and simplified, indicating that the way it is now, there’s too much duplication of forms and assessments.

Practice Issues

Focus group participants raised a number of issues related to their practice. The key issues are described below.

Workload

The most prominent theme was related to hours of work. Many, though not all, nurses from the community sector spoke with a sense of frustration regarding the working in excess of what would be considered full time hours. Several nurses commented that they are completing 12 hours of client visits everyday and that these extended work hours are leading to difficulties in their home life. Nurses stated that it is normal to work 14 or 15 hour days, while only getting paid for 13 and being required to complete two hours of client documentation at night. It was noted by the nurses that they are not compensated for any of the work completed in their homes (e.g., paperwork, contacting the next day's clients, etc.), only their work in the field. A few direct quotes reflect their frustration of how workload is interfering with their work-life balance

“Community nursing is invasive to your own personal life”

“It takes over and unless you have the skills to lock the door and put it away, it eats at you at 2 in the morning cause you gotta get that fax out of the machine, and 2 charts for admission the next day that you have to start, and its continual. A hospital nurse goes home, and they go home, they may go to bed early, but when we go home we are apologizing because we don't get supper until 8 pm that night and we have to get to the faxing and then...call clients.. and record all the clients we saw today. So it is endless and that's a huge issue”

Others mentioned that working 60 hours/week has become the expected norm for the sector. Some nurses are working 16 hour days because so many patients need care. Nurses also noted that working this number of hours on a consistent basis is a safety concern for both nurses and their clients. Another issue raised was that while other health care providers such as occupational and physiotherapists are able to cancel and/or reschedule their appointments with clients, nurses cannot cancel visits even when faced with dangerous travel and weather conditions. Some of the nurses indicated feeling helpless in not being able to say no in accepting new clients. At its most extreme, nurses described excessive workloads involving the visiting 15 or 16 clients in a day. It was suggested that caps of 8 to 10 clients in a day would be considered a manageable load.

In contrast public health nurses indicated that despite being busy with their programs and services for the most part, they have a positive work-life balance. Have time to do things for themselves in the evenings... *“I go to the gym, play volleyball or go curling.”* This same nurse also described having the ability to work flexible hours i.e. coming in later and staying later if that fits with your family and having more control over how her work day rolled out.

“Having that flexibility and control I think makes you a healthier person....”

Equipment

Community nurses identified the need for appropriate equipment to do their jobs. They indicated that it is expected that they have computers, fax machines and paper supplies in their homes to

do their jobs however, they are either not reimbursed at all for these costs, or are reimbursed only a fraction of the actual costs of the items.

“You have to buy your own fax, computer, and access to the internet, you’re expected to be on broadband. You need to have a fax and buy the supplies, constant ink and paper.”

“We are not even provided with cell phones...but we are expected to have one”

Some nurses indicated they used their personal cell phones; others said it was too expensive. One nurse commented that faxing is not the best way to communicate in this day and age. *“Faxing literally doubles what we do”*. She suggested that the nurses need to communicate using more wireless and paperless methods.

Issues specific to Community Care Nursing

In response to the focus group interviews with community care nurses completed in Phase 1, Phase 2 of the study completed individual interviews with front-line nurses working in community care, to address issues related to managed competition and CCACs. The results of these interviews are summarized below.

CCACs

The majority of nurse leaders and focus group participants interviewed during phase 1 of the study appear to have a largely negative assessment of the role of the CCAC’s, linking them to inefficiencies in the current system of delivering care to the community (as a result of duplication of work, particularly in the area of documentation, over-supervision and the erosion of autonomy of front-line nurses. These sentiments were echoed by half of the nurses who participated in phase 2 of the study. However, when front-line nurses were probed directly about the role of the CCACs, some more positive aspects came to light. For example, when specifically asked to describe the positive aspects of working with the CCACs, three of the four nurses interviewed indicated felt that CCACs can provide a valuable resource by organizing visits by other health care professionals, and providing telephone support when difficulties arise, or when consultations are required, commenting that *“They usually listen to you. They understand that we are on the frontline. If you need to increase the visits or if you need other health care professionals i.e. physiotherapist or occupational therapist, they [will arrange for visits in the clients’] homes”*. One nurse did comment, however, that the benefits can vary from coordinator to coordinator, as some can definitely be more client focused than others

Despite describing certain positive aspects of working with the CCACs, half of the nurses interviewed during phase 2 of the study expressed the concern that the CCACs can appear more focused on the costs of administering care, than the importance of the care to the clients. Specifically, the one of the nurses remarked:

“They are certainly running the business in a less people-oriented way. They look at the budget and allocate services all out there. Sometimes it is not fully workable that way... We are working with human beings but sometimes we look at them as numbers. It is hard to deliver the care that is holistic”.

One other concern expressed was that often the CCAC coordinators had never met the clients, and that this may be problematic, as they are making decisions about care, without having a full understanding of the patient's condition and current needs.

Managed Competition

When asked directly about the managed competition model, two of the front-line nurses interviewed in phase 2 felt that they did not understand the model well enough to comment, and did not believe that it had a significant impact on their job satisfaction or feelings of job security. The other two front-line nurses had a dramatically different view, commenting that managed competition "*definitely impacts job security*". While none of the nurses interviewed in phase 2 reported that the managed competition model is impacting their ability to deliver quality care to their clients, one nurse did comment that it does tend to force them "*to look closely into the early planning/discharging and more effectively handling care of patients*".

Feedback and Suggestions for the MOHLTC

The section below represents feedback and suggestions from both the Nurse Leader interviews, front line nurse interviews, and the focus group participants.

- Include more community, long-term care and public health placements in undergraduate curricula to increase awareness of what nursing in these sectors is all about; students need first hand exposure to these sectors to understand the complexities, challenges and positive career opportunities for nurses outside of the acute care sector.
- People have such a negative impression about working in the community and long-term care sectors; this needs to change. There was a sense from some of the nurses interviewed that others within their profession view these sectors as workplaces for those who "*can't hack it in the hospitals*".
- Educate the public and policy makers about what community and public health nurses do
- The perception from study participants is that even some nurse managers and nursing faculty do not really know what the roles of community and public health nurses.
- Start educating high school students about the wide variety of career options for nurses – what happened to the RNAO/RPNAO initiative from early 2000's?
- Decrease the layers in the community e.g. LHIN, CCAC, Visiting Nurses. Why do we need all 3 layers? What are all these people doing? Many, though not all, of the nurses interviewed in this study perceive this structure to be a substantial waste of money and resulted in a duplication of work. The system is inefficient and needs to be streamlined.
- Consider the option of setting up clinics in the community where nurses could provide care to clients e.g. injections, IV treatments, dressing changes. This would allow nurses who have difficulty with the travel to still work in the field, also new nurses could work in the clinics and benefit by seeing a variety of client situations. Set this up as a pilot project. "*a lot of people want their dressings done before they go to work, they could book appointments to do this*". The MOHLTC could also make this a multidisciplinary centre for clients who need to see PT, OT, dieticians etc.
- "*The worst thing about public health is it's not a very well advertised program. The things we do are amazing and they're all free but the public doesn't know about them*"

- Nurses expressed concern that the MOHLTC does not really know what front-line nurses do and indicated that they are out of touch with reality. They expressed concern and fear that the MOHLTC is not taking the current nursing shortage situation seriously. *“Nurses are retiring and there’s going to be no nurses left. When is the Ministry going to get it?”*
- Nobody wants to be a nurse. One public health nurse noted this when she did an informal verbal survey with some high school students and only found 3 people who said they were even considering nursing as an option. This is very worrisome.
- The majority of the nurses in the public health and community care focus groups also indicated they would not recommend nursing as a career to their own children. This is important to note as it has implications for the future of nursing and for health human resources planning.
- Long-term care nurses feel the MOHLTC is frequently implementing new standards of care, which add significantly to the nurses workload, without providing any additional funds or assistance to hire new nurses. There is a strong feeling that the Ministry keeps increasing its expectations, without taking into account or providing for the costs of implementing such changes.

Discussion

Findings related to Recruitment & Retention

Challenges related to recruitment and retention are not surprising as it is a competitive market due to the current global nursing shortage (Stone et al., 2003) and the belief that nurses tend to be attracted by the higher salaries and benefits programs offered by the hospital sector. Employers are using traditional recruitment and retention strategies but are also starting to look at creative strategies unique to their sectors.

The salary inequity is clearly the major barrier for recruitment and retention as indicated by both nurse leaders and front-line staff. This was most evident among the community sector nurses and is similar to the findings reported elsewhere (Armstrong-Stassen & Cameron, 2005; Baumann et al., 2006), which report that home care nurses were significantly less satisfied with their pay and benefits than were public health and CCAC nurses. While public health nursing seems to be a positive career option, the perception is that community and long-term care nursing is not seen as an interesting or viable career option at this time due to a combination of workload, work hours and salary issues.

The current shortage of nurses was of major concern to both nurse leaders and frontline staff as they expressed their genuine fears as to where future nurses are going to come from.

Findings regarding Healthy Work Environment Initiatives

Interviews with nurse leaders and the individual interviews and focus groups with front-line nurses indicate that a variety of healthy work environment initiatives have been put in place, however there was little mention of any evaluation of these initiatives. Healthy Work Environment initiatives were more evident in the public health sector where it was noted that their organizations had implemented such initiatives as corporate gym memberships, yoga

classes, healthy cooking classes and walking groups. This may be more feasible public health organizations than community as they tend to have a centralized work environment, and more regular 9 to 5 work hours. There is room for further growth in this area by asking nurses for their suggestions as these may vary by the sector. There was only one mention of implementation of best practice guidelines related to creating healthy work environments.

Factors Contributing to Nurse Job Satisfaction

The findings from this study are consistent with previous studies regarding factors that contribute to nurses' job satisfaction. For example:

- Having control over one's work (autonomy) (Laschinger, Shamian, & Thomson, 2001)
- Feeling respected and valued by employers (Faulkner & Laschinger, 2008)
- Being included in decision-making processes (O'Brien-Pallas, Duffield, & Hayes, 2006)
- Being able to make a difference in clients' life (Armstrong-Stassen & Cameron, 2005)
- Opportunities for continuing education and professional development (Yoder, 1995)

These aspects of nurses' work must be built upon in order to maintain retention in these sectors. These findings are also important for the future recruitment of individuals into the nursing profession.

Findings regarding Work Environment Concerns

This study found similar results to those of Armstrong-Stassen & Cameron (Armstrong-Stassen & Cameron, 2005). Community nurses identified inadequate staffing as one of the major areas of concern.

By the very nature of their work (ie., visiting clients in their homes) public health nurses and community nurses face numerous work environment concerns which pose threats to their safety. Likewise, both groups of nurses reported that they do not receive adequate compensation for mileage or vehicle expenses which they incur as part of their job. Armstrong-Stassen & Cameron (Armstrong-Stassen & Cameron, 2005) noted that this was a factor contributing to high turnover and retention issues in the home care sector. Focus group participants specifically noted that this was a negative outcome of the competitive bidding processes, in that many home health employers in Ontario reduced wages and decreased or eliminated mileage allowances and other benefits allotted to home health nurses. Nurses should be compensated for incurring costs related to fax machines, cell phones and computers if they are required in order for them to do their job effectively.

Public health nurses seemed more satisfied overall with their working conditions compared to the community nurses. This is also consistent with the Armstrong-Stassen and Cameron findings (2005). This may be attributed to the finding that public health nurses appear to have a more appealing work life balance.

Hours and Workload Issues

The hours of work for many of the community nurses in this study are cause for alarm, with many of the focus group participants working 14 to 16 hour days. This is particularly concerning

given data from the 2005 Canadian Survey of Nurses from Three Occupational Groups (Nursing Sector Study Corporation, 2005), which demonstrated the risks of making an error were significantly increased when work shifts were longer than 12 hours, when nurses worked overtime and when they worked more than 40 hours per week. In addition, the same study found that nurses who work involuntary overtime or preferred to reduce their work hours reported lower levels of physical and mental health. Therefore, evidence strongly suggests that the hours nurses are being required to work, in addition to affecting retention and job satisfaction, pose serious threats to both nurse and patient safety.

Similarly to the work hours, the current workload for many of the community nurses has been described as unmanageable and unsustainable. Focus group participants described this workload as a major deterrent to working in the community and suggested that this issue needs to be addressed by nursing employers, in conjunction with funding agencies and policy makers.

A final area of concern for the community nurses are the issues relating to the perceived inefficiency of the system in providing home care services. Focus group participants in particular perceive a number of factors to be contributing to the inefficiency of the system including: the role of the Community Care Access Centre (CCAC); duplication of services; and excessive documentation. The increasing amount of documentation they feel they are being required to complete are of particular concern to some of the nurses interviewed, due to the fact that much of it is typically completed after their last client, and they are not paid for the hours they spend every day, completing the necessary documentation.

CONCLUSIONS AND RECOMMENDATIONS

There are various work environment concerns for nurses working in the community and public health sectors that require attention from nursing employers and policy makers. These concerns differ by the sector and should be addressed using strategies that are specific to the sector. In general the nurses participating in this study are satisfied with their work however, they also offered numerous suggestions to improve their work environment.

It was evident from this study that nurse leaders and frontline staff are genuinely concerned with the current recruitment into community nursing and for the future care of their clients. The following recommendations are based on the study findings:

1. Review current competitive bidding processes and the organization of home care services in the Province of Ontario
2. Reconsider establishing Nursing as a Career Campaign to increase marketing of Nursing as a viable and exciting career option. Market to high schools (what happened to the RNAO/RPNAO campaign from a few years ago). Profile nurses working in various sectors as part of an advertising campaign.
3. Increase exposure of nursing students to various sectors of employment as part of their nursing curricula. New nurses need to know about the care nurses are able to provide in these sectors, as well as the rewards and challenges.
4. Establish a system to decrease the pay inequity between acute care sector and nurses working in other sectors. (aim for parity by 2010).

5. Establish a system for determining appropriate/manageable nurse workload in community nursing sectors.
6. Provide fair compensation for mileage and at-home expenses for the nurses who are required to travel and work at home. If documentation is required for clients after visits, ensure that nurses are paid for the hours they spend on these tasks
7. Fund further nursing research to determine the most effective measures for improving the recruitment and retention of nurses working in home care (community), public health, Community Care Access Centres, Long-term Care and other areas where nurses are employed ie., corrections, mental health, physician offices and walk-in clinics.

DRAFT

References

- Armstrong-Stassen, M., & Cameron, S. (2005). Concerns, satisfaction, and retention of Canadian community health nurses. *J Community Health Nurs*, 22(4), 181-194.
- Baumann, A., Underwood, J., Blythe, J., Ciliska, D., Ehrlich, A., Akhtar-Danesh, N., et al. (2006). *Better Data: Better Performance, Community Health Nursing in Ontario*. Hamilton, Ontario: Nursing Health Services Research Unit, McMaster University.
- CNAC. (2003). *Our Health, Our Future - Creating quality workplaces for Canadian nurses: Advisory Committee on Health Human Resources*.
- Faulkner, J., & Laschinger, H. (2008). The effects of structural and psychological empowerment on perceived respect in acute care nurses. *J Nurs Manag*, 16(2), 214-221.
- Laschinger, H., Shamian, J., & Thomson, D. (2001). Impact of magnet hospital characteristics on nurses' perceptions of trust, burnout, quality of care, and work satisfaction. *Nursing Economics*, 19(5), 202-219.
- Nursing Sector Study Corporation. (2005). *Canadian Survey of Nurses from Three Occupational Groups*. Ottawa: The Nursing Sector Study Corporation.
- O'Brien-Pallas, L., Duffield, C., & Hayes, L. (2006). Do we really understand how to retain nurses? *J Nurs Manag*, 14(4), 262-270.
- Stone, P. W., Tourangeau, A. E., Duffield, C., Hughes, F., Jones, C. B., O'Brien-Pallas, L., et al. (2003). Evidence of nurse working conditions: a global perspective. *Policy, Politics, & Nursing Practice*, 4(2), 120-130.
- Yoder, L. H. (1995). Staff nurses' career development relationships and self-reports of professionalism, job satisfaction and intent to stay. *Nursing Research*, 44(4), 290-297.

Appendix A
Sector Specific Components (SSC) that Contribute to Positive Work
Environments and Job Satisfaction for Nurses
Letter of Invitation to the Nurse Leaders at Participating Sites

February 13, 2008.

Dear (Nurse Leader):

At the request of the Ontario Ministry of Health and Long-Term Care, the Nursing Health Services Research Unit (NHSRU) University of Toronto Site, has been asked to design and conduct a research study to explore factors contributing to positive work environments and job satisfaction for nurses working in different sectors. This study, being conducted under the direction of Dr. Linda O'Brien-Pallas, will investigate the current recruitment and retention initiatives being implemented by nursing employers in community care, public health departments and long-term care facilities, and will examine the perceptions of nurse leaders and front-line staff nurses as to the effectiveness of the strategies currently being implemented.

A total of 12 nurse leaders will be invited to participate in the study from various regions across Ontario. Your participation is requested in the form of one telephone interview, to take place in February or early March 2008, at your convenience. The interview will be conducted by a member of Dr. O'Brien-Pallas' research team and will take approximately 45 to 60 minutes. During the interview, you will be asked questions about the current recruitment and retention strategies being implemented in your organization as well as some of the factors that contribute to nurse job satisfaction for front-line nurses working in your organization. In addition, we may be asking you about the feasibility of conducting a focus group with front-line site nursing staff in your organization. This will also be a one time event.

Confidentiality

All information obtained during the study will be held in strict confidence. Only members of the research team will have access to the study data. No names (or other identifying information) of individual participants or nursing employers will be used in any publication or presentation of the study results.

Voluntary Participation

Your participation in this study is voluntary. You may choose not to participate, or you may choose to withdraw at any time without affecting your employment status. If you choose to withdraw, the data you have already provided will be preserved. You may decline to answer any or all questions. Your willingness to arrange a time for the interview and your participation in the interview will constitute your consent.

Beyond the brief period of time required to participate in the interview, the risks to you as a participant in this study are minimal. Some participants may experience some emotional distress when speaking about workplace concerns they may have.

There are no direct benefits of participation to you, however, your contributions to the understanding of positive nursing work environments and nurse job satisfaction may be used to design better workplaces for nurses. In addition, your participation will allow you to gain experience as a research participant. Thank you for considering this request to participate in the study.

A member of the research team will contact you within the next few days to follow-up on this letter. Alternatively please feel free to contact me with your availability or questions: Sue Bookey-Bassett, Research Officer at the Nursing Health Services Research Unit, University of Toronto site (416) 946-0193 or sue.bookey.bassett@utoronto.ca.

Sincerely,

Sue Bookey-Bassett, RN, BScN, MEd, PhD student
Research Officer

For

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

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

Appendix B

SCRIPT FOR TELEPHONE INTERVIEWS WITH NURSE LEADERS

Hello (Nurse Leader)

You are being invited to take part in a nursing research study related to nursing work environments and job satisfaction. This study is being conducted by Dr. Linda O'Brien-Pallas and her research team at the Nursing Health Services Research Unit, University of Toronto site. The study is being conducted at the request of the Ontario Ministry of Health and Long-Term Care to explore factors contributing to positive work environments and job satisfaction for nurses working in different sectors i.e. community care, public health departments and long-term care facilities.

Before agreeing to participate in this study, it is important that you are aware of and understand the following explanation of the proposed study procedures.

Purpose

You are being asked to participate in a study, which will explore sector specific components that contribute to positive work environments and job satisfaction for nurses. The study will also investigate the recruitment and retention initiatives being implemented by nursing employers in the community, public health and long-term care sectors. In addition, the study will examine the perceptions of nurse leaders and front-line staff nurses as to the effectiveness of the recruitment and retention strategies currently being implemented in their workplaces.

Procedures

The study will involve participating in a one time telephone interview (approximately 45 to 60 minutes) that will be conducted by a member of Dr. O'Brien-Pallas' research team. During the interview, you will be asked questions about the current recruitment and retention strategies being implemented in your workplace as well as some of the factors that contribute to nurse job satisfaction for nurses working in your organization.

Risks

The risks to you as a participant in this study are minimal. Some participants may experience some emotional distress when speaking about workplace concerns they may have.

Benefits

Study participants may not directly benefit from participation, however, your contributions to the understanding of positive nursing work environments and nurse job satisfaction may be used to design better workplaces for nurses.

Confidentiality

All information obtained during the study will be held in strict confidence. Only members of the research team will have access to the study data. No names (or other identifying information) of individual participants or nursing employers will be used in any publication or presentation of the study results.

Voluntary Participation

Your participation in this study is voluntary. You can choose not to participate or you may choose to withdraw at any time without affecting your employment status.

Questions

If you have any questions about the study, please contact Sue Bookey-Bassett, Research Officer at the Nursing Health Services Research Unit, University of Toronto site (416) 946-0193 or sue.bookey.bassett@utoronto.ca.

Consent

Do you believe you have had the opportunity to review the study purpose and have your questions answered to your satisfaction? If you agree to participate in the study, your consent will be implied by your participation in the interview. Are you ready to proceed with the interview questions?

Questions for Nurse Leaders (Interviews)

1. What are the current nursing recruitment and retention initiatives/HWE strategies your organization has implemented in the past year?
2. From your perspective which of these initiatives have been effective? What is working and what isn't?
3. What are the specific nursing recruitment and retention challenges that your organization is currently dealing with?
4. What would you describe as the main work environment concerns for nurses working in your organization (sector)?
5. For those nurses that appear to be satisfied with their work, what do believe keeps them in their current jobs?
6. In your organization, does there appear to be generational differences regarding nurses' job satisfaction? Please describe.
7. Is there anything else you would like to share with us regarding nursing work in your particular sector?
8. What suggestions do you have to improve the working conditions for nurses in your sector?

Appendix C

INFORMATION LETTER/CONSENT FORM FOR NURSE FOCUS GROUP PARTICIPANTS

You are being invited to take part in a nursing research study related to nursing work environments and job satisfaction. This study is being conducted by Dr. Linda O'Brien-Pallas and her research team at the Nursing Health Services Research Unit, University of Toronto site. The study is being conducted at the request of the Ontario Ministry of Health and Long-Term Care to explore factors contributing to positive work environments and job satisfaction for nurses working in different sectors i.e. community care, public health departments and long-term care facilities.

Before agreeing to participate in this study, it is important that you read and understand the following explanation of the proposed study procedures.

Purpose

You are being asked to participate in a study, which will explore sector specific components that contribute to positive work environments and job satisfaction for nurses. The study will also investigate the recruitment and retention initiatives being implemented by nursing employers in the community, public health and long-term care sectors. In addition, the study will examine the perceptions of nurse leaders and front-line staff nurses as to the effectiveness of the recruitment and retention strategies currently being implemented in their workplaces.

Procedures

The study will involve participating in one time focus group (approximately 45 minutes) that will take place at your workplace. The focus group will be conducted by a member of the research team and the discussion will be audiotaped. The taped discussions will then be transcribed. During the focus group with other nurses (RNs and RPNs) you will be asked questions about the current recruitment and retention strategies being implemented in your workplace as well as some of the factors that contribute to job satisfaction.

Risks

The risks to participants in this study are minimal. Some participants may experience some emotional distress when speaking about workplace concerns they may have.

Benefits

Study participants may not directly benefit from participation, however, your contributions to the understanding of positive nursing work environments and nurse job satisfaction may be used to design better workplaces for nurses.

Confidentiality

All information obtained during the study will be held in strict confidence. Only members of the research team will have access to the study data. No names (or other identifying information) of individual participants or employers will be used in any publication or presentation of the study results. The information shared in the focus groups will not be shared with the nurse leader in your organization.

Confidentiality cannot be guaranteed in focus groups as other participants may disclose information discussed by the group. However, the researchers request that focus group participants respect the confidentiality of others in the group by not sharing the content of the focus group discussions with non-participants.

Voluntary Participation

Your participation in this study is voluntary. You can choose not to participate or you may choose to withdraw at any time without affecting your employment status.

Questions

If you have any questions about the study, please contact Sue Bookey-Bassett, Research Officer at the Nursing Health Services Research Unit, University of Toronto site (416) 946-0193 or sue.bookey.bassett@utoronto.ca.

Consent

I have had the opportunity to review the study purpose and my questions have been answered to my satisfaction. I consent to take part in this study with the understanding that I may withdraw at any time without affecting my employment status. I have received a signed copy of this consent form and I voluntarily consent to participate in this study.

Name and job title (RN, RPN) Please print

Date

Participant Signature

Name & Signature of Person Obtaining Consent

Questions for Front-Line Nursing Staff Focus Groups

1. What nursing recruitment and retention strategies/HWE initiatives have been implemented by your organization in the past year?
2. From your perspective which of these initiatives have been effective? What is working and what isn't?
3. What are the specific nursing recruitment and retention challenges that your organization is currently dealing with?
4. What would you describe as the main work environment concerns for nurses working in your organization (sector)?
5. What do you believe contributes to job satisfaction for nurses in your workplace?
6. What keeps these nurses in their current jobs?
7. What suggestions do you have for improving the work environment for nurses in your workplace?
8. Is there anything else you would like to share with us regarding nursing work in your particular sector?

Appendix D

INFORMATION/CONSENT SHEET FOR FRONT-LINE NURSE INTERVIEWS

Dear Nurse Participant,

On behalf of Drs. Linda O'Brien-Pallas and Diane Doran, the Nursing Health Services Research Unit, University of Toronto site would like to invite you to participate in a research study. The study is being conducted at the request of the Ontario Ministry of Health and Long-Term Care to explore factors contributing to positive work environments and job satisfaction for nurses working in different sectors i.e. community care, public health departments and long-term care facilities. Before agreeing to participate in this study, it is important that you are aware of and understand the following explanation of the proposed study procedures.

Purpose

You are being asked to participate in a study, which will explore sector specific components that contribute to positive work environments and job satisfaction for nurses. The study will also investigate the recruitment and retention initiatives being implemented by nursing employers in the community, public health and long-term care sectors. In addition, the study will examine the perceptions of front-line staff nurses as to the effectiveness of the recruitment and retention strategies currently being implemented in their workplaces.

Procedures

The study will involve participating in a one time telephone interview (approximately 45 minutes) that will be conducted by a member of Dr. O'Brien-Pallas' research team. During the interview, you will be asked questions about the current recruitment and retention strategies being implemented in your workplace as well as some of the factors that contribute to nurse job satisfaction for nurses working in your organization.

Risks

The risks to you as a participant in this study are minimal. Some participants may experience some emotional distress when speaking about workplace concerns they may have.

Benefits

Study participants may not directly benefit from participation, however, your contributions to the understanding of positive nursing work environments and nurse job satisfaction may be used to design better workplaces for nurses.

Confidentiality

All information obtained during the study will be held in strict confidence. Only members of the research team will have access to the study data. No names (or other identifying information) of individual participants or nursing employers will be used in any publication or presentation of the study results.

Voluntary Participation

Your participation in this study is voluntary. If you agree to participate in the study, your consent will be implied by your participation in the interview. You can choose not to participate or you may choose to withdraw at any time without affecting you in any way.

Questions

If you have any questions about the study, please contact Dan Laporte, Research Officer at the Nursing Health Services Research Unit, University of Toronto site (416) 946-0193 or rd.laporte@utoronto.ca.

Questions for All Front-Line Nursing Staff

Demographic data to be captured:

Age, gender, job title, years work experience in nursing, education, yrs in current job, part-time or full-time status, sector of employment.

1. What nursing recruitment and retention strategies/HWE initiatives have been implemented by your organization in the past year?
2. From your perspective which of these initiatives have been effective? What is working and what isn't?
3. What would you describe as the main work environment concerns for nurses working in your organization (sector)?
4. What do you believe contributes to job satisfaction for nurses in your workplace? What keeps you in your current jobs?
5. What suggestions do you have for improving the work environment for nurses in your workplace?
6. Is there anything else you would like to share with us regarding nursing work in your particular sector?

Questions for Community Care Front-Line Nursing Staff

1. How are your case loads and working hours decided?
2. How would you characterize or describe the role of the CCACs?
3. What would you describe as some of the positive aspects of working with the CCACs? How about negative aspects?

4. What unique challenges do nurses in your sector face when trying to provide care?
5. How efficient do you feel the current system for administering care in the community is? What recommendations do you have for improving the current system?
6. What are your thoughts on the current model for managing community services (i.e., competitive bidding)? Does it have any impact on your feelings of job security or job satisfaction? Does it have any impact on your ability to provide quality care? Probe: If yes, please describe.

DRAFT



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