

# Nursing Health Services Research Unit

a collaborative project of  
the University of Toronto  
Faculty of Nursing and  
McMaster University  
School of Nursing

Our mission is to develop,  
conduct and disseminate  
research that focuses on:

- design
- management
- utilization
- outcomes
- provision  
...of nursing.

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## LATE CAREER NURSE INITIATIVE PHASE 1: PROCESS EVALUATION Fact Sheet II of IV

This fact sheet (II of IV) is part of a series which presents selected content from a report produced for the Ministry of Health and Long Term-Care (MOHLTC) entitled, *Stretching to Success: Results of the Phase 1 Process Evaluation*. The full report is available on line at [www.nhsru.com](http://www.nhsru.com).

The report highlights feedback and the results of a process evaluation of the *Late Career Nurse Initiative (LCNI)* which was conducted between March and December of 2005.

### LATE CAREER NURSE INITIATIVES (LCNI)

There was a wide variety of innovative LCNIs and input from front line nurses was reported by Chief Nursing Executives/Directors of Care as being both direct and indirect. In some cases, selection of the initiative was also guided by a desire to achieve a quick result/outcome. The numerous examples of projects undertaken by LCNs were categorized under two general headings:

1. Patient care
2. Human resource/staff development

#### Patient Care Projects

Wound care	PICC line education	Falls prevention
Incontinence	Hypoglycemia	Hydration
Best practice guidelines	Horticulture program for mental health unit	Recreational therapy program
Learning packages for maternal/child program	Wheelchair management system	

#### Human Resources/Staff Development Projects

Mentoring programs (e.g., one facility provided two days of training on mentoring)	Development of mentorship guidelines for Ontario	Leadership Education
Policy development	Nursing week planning	Orientation
Conference planning	Education manual for the Operating Room (OR)	Scheduling program
Integration across multiple sites of an organization	Palliative care team development	

### IMPACTS OF LCNI & BENEFITS TO THE ORGANIZATION

Potential benefits of the program were categorized under three headings – knowledge development or knowledge transfer benefits, organizational benefits, and personal/professional benefits to the LCN.

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<b>Knowledge Development or Transfer Benefits</b>	<b>Organizational Benefits</b>	<b>Personal/Professional Benefits for the Late Career Nurse</b>
<ul style="list-style-type: none"> <li>• Increase knowledge &amp; skill</li> <li>• Increase computer skills</li> <li>• Enable nurses to use skills not previously used e.g. writing skills, literature searches, project management</li> <li>• Build leadership capacity</li> <li>• Give LCNs a new and broader perspective about their roles</li> </ul>	<ul style="list-style-type: none"> <li>• Time to focus on projects for which time is not usually available</li> <li>• Reduce sick time</li> <li>• Increase involvement in the organization</li> <li>• Benefit other nurses, patients and their families</li> <li>• Retain nurses</li> <li>• Engage nurses</li> <li>• Improve quality of work life</li> <li>• Provide role models for new nursing graduates</li> </ul>	<ul style="list-style-type: none"> <li>• Enhanced self-esteem &amp; professional fulfillment</li> <li>• Improve job satisfaction, retention and energy</li> <li>• To leave a legacy</li> <li>• Opportunity to do meaningful work</li> <li>• Decrease physical workload</li> <li>• Increased well-being</li> <li>• Reduce emotional stress</li> <li>• Change of pace</li> </ul>

### ***Supports and Resources to Enable the LCN Program***

Interviewees identified that it was necessary to stretch internal resources, including professional leadership and administrative support, in order to implement the program. Scheduling and replacement of participating staff was a significant challenge in both hospital and LTC settings.

The additional internal resources which CNE/DOCs considered necessary to the implementation of the LCNs fell into three categories: internal human resources, external resources, and financial resources. Examples include:

#### ***Internal Human Resources***

• Clinical Practice Leader	• Nurse Educator	• Chief Nurse Executive
• HR department personnel	• Finance department personnel	• ONA (Union) Representatives
• Advanced Practice Nurses	• Marketing Personnel	• Board
• Directors	• Managers	• Librarian
• Nursing Informatics Personnel	• Secretaries/Administrative support	• CEO

#### ***External Resources***

- Community resources (e.g. organ transplant program; Community Care Access Centre)
- RNAO Best Practice Guidelines
- The Provincial Chief Nursing Officer in clarifying information

#### ***Financial Resources***

- Refreshments for meetings and other activities (mentioned by many respondents)
- Office space and supplies (e.g., for certificates; pictures, etc.)

For further information see the other fact sheets in this series or refer to the full report available on the NHSRU website [www.nhsru.com](http://www.nhsru.com)