

# 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
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...of nursing.

Faculty of Nursing  
University of Toronto  
155 College Street  
Suite 215  
Toronto, Ontario, Canada  
M5S 3H4  
Tel: (416) 978-1966  
Fax: (416) 946-7142

Faculty of Health Sciences  
McMaster University  
Michael G. DeGroot Centre  
for Learning and Discovery,  
MDCL 3500  
1200 Main St. W.  
Hamilton, Ontario, Canada  
L8N 3Z5  
Tel: (905) 525-9140 x22581  
Fax: (905) 522-5493



<http://www.nhsru.com>



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## Nursing Health Services Research Unit McMaster University & University of Toronto

### RURAL NURSING WORKFORCE: How sustainable is it? Fact Sheet: 2 of 2

Understanding the differences between rural and urban nursing is crucial to ensuring that rural populations receive the quality health care mandated by the Canada Health Act. A sustainable rural nursing workforce is vital to the health of rural residents.

This fact sheet presents findings from *The New Healthcare Worker: Implications of Changing Employment Patterns in Rural and Community Hospitals*, a study conducted in Local Health Integrated Network (LHIN) 2, commissioned by the Ontario Ministry of Health and Long-term Care. The full report is available on the Nursing Health Services Research Unit web site [www.nhsru.com](http://www.nhsru.com).

#### Who participated in the research?

Managers (21) and nurses (30 RNs and 14 RPNs) from 19 rural hospitals in LHIN 2 in southwestern Ontario were interviewed about the effects of changing employment patterns on the rural nursing workforce.

#### Workforce Profile: Who are the nurses and how are they deployed?

Most rural hospitals employ high ratios of part-time to full-time staff to ensure staffing flexibility. Challenges to staffing and scheduling in rural hospitals are:

- The small size of the staff pool and fluctuation in patient census;
- The call-in system causes stress to nursing staff and management;
- Nurses may be sent home during low census periods;
- New graduates and younger nurses seek full-time positions and work for multiple employers when full-time work is not available;
- Some part-time nurses do not want to work additional hours;
- Scheduling difficulties result in overtime hours, leading to full time hours without benefits for a few part-time nurses;
- Unpredictable work affects quality of life and may lead to multiple employers or resignations.

#### What is the nature of rural nursing?

Rural nurses:

- Are more likely to know their clients personally (e.g. neighbour, friend, or relative) than are urban nurses;
- Are generalists who care for patients with diverse health problems;
- Are cross-trained to maintain the skills required to rotate across various specialties (ICU, ER, OB);
- Respond to contingencies such as patient transfers to larger centres;
- Stabilize acutely ill patients in settings with few professional resources;
- Work autonomously and refer to their practice as "being it";
- Assume multiple roles within the health care organization (e.g. triage nurse, receptionist, and housekeeping).

## Workforce Planning

### Strategies for better staffing

- Cross-training in which nurses work across different patient groups;
- Develop models to predict overtime patterns, a difficult task and needs further analysis;
- Cross-site employment which provides opportunities for nurses to work full-time and focus on a specialty but is difficult for managers to schedule.

### Retention, resignation, and retirements

- The aging workforce is a concern since 41.9% of all nurses in LHIN 2 are 50 years of age and older (CNO, 2006). In the study sample 43.2% of nurses are 50 years of age and older.
- Expected retirements in the next 5-10 years will decrease the supply of experienced nurses.
- Among nurses who left the system 2002-2004, 70% resigned while 30% retired.
- In the study sample of 19 hospitals only 28% of newly hired nurses were new graduates.
- Newly recruited nurses leave because they cannot obtain full-time work.
- Some nurses leave because they cannot adapt to the rural practice environment.

### Sustainability

- Rural hospitals in the study are actively recruiting for the first time in several years.
- Nurses that seek rural employment tend to be born and raised in rural areas.
- Co-op programs and bursaries for rural high school students could attract them into nursing.

## Education for safe nursing practice

- The extent to which rural nurses are supported in their educational pursuits varies widely – standardized approaches are required.
- Longer orientation and mentoring programs are needed to coach nurses new to rural nursing.
- Satisfying the high demand for clinical competence requires funding for accessible sessions for certification, re-certification and skills upgrading.
- Degree programs need to be made accessible in the communities where nurses practice.

## Security in rural hospitals

- Security measures vary in the hospitals sampled and require standardization.
- Nurses' security concerns require evaluation and action.

## The Rural fit of Government Policies

Unique characteristics of the rural practice setting can make it challenging for these health care organizations to implement strategies designed to address workforce issues. Policies that consider rural needs are essential.

### ***The 70:30 Full-time to Part-time Employment Status:***

Conversion of part-time to full-time positions is difficult because of the need for more part-time staff to call upon to meet the unexpected. The small number of staff in small rural hospitals reduces flexibility and makes it difficult to respond to contingency.

### ***New Graduate Initiative***

Rural hospitals have a small number of nurses on staff and some of the sampled hospitals did not have a new graduate. The benefits experienced from this initiative were varied according to the availability of a new graduate.

### ***The Late Career Initiative***

In comparison to urban hospitals, rural hospitals have fewer administrators available to apply for funds and insufficient numbers of experienced staff are available to replace program participants.

### ***Triage Policy***

Too few staff on duty and emergency room design can make it difficult to implement the triage policy.

Prepared by:

Baumann, A., Hunsberger, M., Blythe, J., & Crea, M.  
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