



**MAINTAINING ONTARIO'S NURSING WORKFORCE:
EVALUATING THE IMPACT OF ONTARIO'S LATE CAREER NURSE INITIATIVE**

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Diane Doran, RN, PhD, FCAHS
Professor, Scientific Director
Nursing Health Services Research Unit
University of Toronto
Lawrence S. Bloomberg Faculty of Nursing

Dan Laporte, Research Manager, NHSRU
Paul Rizk, Research Officer, NHSRU

Autumn Chilcote, Research Officer, NHSRU
Ping Zou, Research Assistant, NHSRU



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EXECUTIVE SUMMARY

In an effort to stem the loss of Ontario's late career nurses, in 2004 the Ontario Ministry of Health and Long-Term Care (MOHLTC) introduced the Late Career Nurse Initiative (LCNI). This initiative involved providing funding to hospitals and long-term care homes for salary or benefits replacement costs for late career nurses (Registered Nurse, Registered Practical Nurse and Nurse Practitioners who are aged 55 and over) participating in less physically demanding nursing roles for 20% of their working time.

The current study was developed to systematically evaluate the impact of the MOHLTC's LCNI on the retention of late career nurses in Ontario, as well as explore the degree to which it is impacting nurses' job satisfaction and feelings of organizational commitment. In addition to these primary objectives, the study explores the secondary benefits of the Initiative, such as capacity building and its impact on patient care.

The specific objectives of the study currently underway at the NHSRU are to:

1. Determine the extent to which the LCNI has had an impact on retention rates of late career nurses;
2. Evaluate the MOHLTC's Retention Performance Target formula for assessing the success of organizations' efforts to retain nurses;
3. Determine the extent to which the LCNI has had an impact of the job satisfaction, autonomy, control over the work environment, and burnout of late career nurses;
4. Describe the secondary impacts of the LCNI on organizations (i.e., secondary benefits and consequences);
5. Determine which specific characteristics of late career proposals are associated with improved retention rates.

To date, researchers have been in contact with 90 organizations that have participated in the LCNI, 67 of which have agreed to contribute data to the study. Currently in the first phase of the evaluation, the NHSRU has engaged Nurse Leaders throughout Ontario in semi-structured interviews to obtain their impressions of the initiative and assess the perceived success of the LCNI. Interview participants have also been asked to characterize the components of a successful LCNI proposal. The current report reflects the preliminary analyses of these interviews.

Key Messages

Successes. Preliminary analysis of the interview data indicates that organizations support the initiative and are reporting successful retention of Late Career Nurses. Nurses Managers suggested that the programs offering opportunities for mentorship, programs focusing on patient care, or those that were specifically designed for the Late Career Nurse participants resulted in higher levels of job satisfaction and enhanced practice experience of Late Career Nurses. Nurse Managers also identified secondary benefits of participation in the LCNI, including improved clinical outcomes with patients and a range of organizational benefits from

improvements in organizational culture (e.g. reputation as a good employer, values-driven organization) to completion of important special projects.

Concerns over time frame. Concern has been expressed about the insufficient time provided to organizations to put their programs in place and utilize the LCNI funding, especially the announcement of funding in late December with a requirement to fulfill program goals by March. Participants reported that the short timeframe allotted for projects was problematic due to scheduling difficulties and insufficient time to roll-out proposed projects in order to use the funds offered. Nurse Managers suggested that the funding period of January through March was further complicated by winter holidays combined with the increased needs of patients during cold and flu season.

Response to Retention Performance Target. Participants conveyed that they had little understanding of the purpose or meaning behind the Retention Performance Target (RPT). Recurrent themes appearing in the interview data included difficulty in completing the form, lack of comprehension of the calculations, and little connection between the Target and the initiative (e.g., retention is not the only relevant outcome to organizations, as other indicators of success, such as capacity building and improved patient outcomes are not captured by the RPT). Nurse Managers also expressed that they would benefit from a greater understanding of the RPT formula, and would also like to receive feedback on whether the form has been completed correctly, as well as feedback related to how the measure is used after the fact or compared with other participating sites.

Recommendations

The following are the recommendations based on the study findings.

1. Notify participating organizations of funding decisions sooner or allow LCNI funding to be utilized beyond March 31;
2. Provide training materials, a workshop, or a sample proposal for applicants, or offer opportunities to connect applicants to other agency Managers that have been successful in their funding requests;
3. Offer a vehicle for sharing successful programs across agencies;
4. Provide follow-up feedback about what worked for other agencies for retention so that it can be made locally relevant and turn into best practice;
5. Provide more flexibility in the repurposing of time, especially related to agency difficulty in planning and scheduling for part-time employees;
6. Offer feedback related to the RPT, or how sites compared with other participating sites;
7. Consider secondary benefit measures to the RPT, such as staff satisfaction surveys or improved clinical outcome measures (e.g., explore alternate measures of job satisfaction, autonomy, control, and decreased burnout for Late Career Nurses or pre- and post- evaluations of Late Career Nurses who participate in LCNI projects related to intent to remain in nursing).

INTRODUCTION

Background

Ontario's aging population will have a significant impact on the health care system due to an increasing demand for healthcare services. The impact will be worsened by a corresponding decrease in the nursing workforce as nurses leave the profession for retirement. Increasing concern over a shortage of nurses to meet the population's healthcare needs is found not only in Ontario, but is a problem on a global scale (O'Brien-Pallas, Alksnis et al. 2003). The drain on Ontario's nursing resources is exacerbated by the fact that not only is the average age of retirement for nurses lower than the average retirement age of other professions (Connors 2001), but nurses tend to work fewer hours as they approach retirement (Berliner and Ginnzberg 2002; Kimball and O'Neil 2002). It has been suggested that retaining these late career nurses may be one means to curtail the looming healthcare crisis by effectively preventing the equivalent of 4000 nurses from leaving the workforce over the next four years. In a direct effort to stem the loss of Ontario's late career nurses, in 2004 the Ontario Ministry of Health and Long-Term care introduced the Late Career Nurse Initiative (LCNI) to assist healthcare organizations develop approaches to retain these valuable healthcare professionals. This initiative involved providing funding to hospitals and long-term care homes for salary or benefits replacement costs for late career nurses (Registered Nurse, Registered Practical Nurse and Nurse Practitioners who are aged 55 and over) participating in less physically demanding nursing roles for 20% of their working time.

In 2010, the Nursing Health Services Research Unit (University of Toronto site), in collaboration with the Ontario Ministry of Health and Long-Term Care (MOHLTC) developed a study to evaluate the impact of Ontario's Late Career Nurse Initiative on the retention of nurses aged 55 and over and to document secondary benefits to the organizations or the nursing workforce.

Study Purpose and Objectives

The goal of the LCNI Evaluation Study is to systematically evaluate the impact of the Ministry of Health and Long-Term Care's Late Career Nurse Initiative on the retention of late career nurses in Ontario, and explore the degree to which it is impacting nurses' job satisfaction and feelings of organizational commitment. In addition to evaluating hard indicators of the initiative's success (e.g., retention rates), the study will explore the secondary benefits of the initiative, such as capacity building and its impact on patient care. Furthermore, the study will provide a detailed demography of the nurses participating in the study and determine whether participation rates have varied across the initiative's different years. The specific objectives for the first phase of this study are as follows:

1. Determine the extent to which the LCNI has had an impact on retention rates of late career nurses;
2. Evaluate the MOHLTC's Retention Performance Target formula for assessing the success of organizations' efforts to retain nurses;

3. Determine the extent to which the LCNI has had an impact on job satisfaction, autonomy, control over the work environment, and burnout of late career nurses;
4. Describe the secondary impacts of the LCNI on organizations (i.e., secondary benefits and consequences);
5. Determine which specific characteristics of late career proposals are associated with improved retention rates.

Methods

The NHSRU LCNI Evaluation applies a mixed-methods approach to data collection and analysis, which consists of a qualitative analysis of both frontline nurses and nurse managers' experiences with the initiative, as well as a quantitative analysis and review of responses to surveys investigating workplace satisfaction, burnout and organizational commitment. Statistical analysis of participating organizations' retention data will be utilized to provide an objective measure of the LCNI's impact on retention. Between-groups analysis of variance (ANOVA) will also be used to determine whether significant differences exist between participating and non-participating nurses on indexes of job satisfaction and commitment. Furthermore, detailed descriptive statistics will be compiled to provide the Ministry with a detailed understanding of the demography and the number of both participating and non-participating late career nurses.

The study's objectives and related methodologies are described in the table below.

Objective	Methodology
1. Determine the extent to which the LCNI has impacted retention rates of late career nurses, including an exploration of the differential impact on full-time vs. part-time nursing staff.	Retention data will be obtained from participating organizations. Using exit rates collected by the College of Nurses of Ontario, a comparative analysis will be completed to evaluate retention of LCNI nurses compared to age-matched controls; Retention & retirement data will also be collected via surveys distributed to both LCNI participants and non-participants. A comparative analysis will be completed to determine group differences between self-reported retirement data.
2. Evaluate the MOHLTC's Retention Performance Target formula for assessing the success of organizations' efforts to retain nurses.	Retention & retirement data described above will be evaluated against RPT results to evaluate and/or confirm the validity of the measure as an indicator of nurse retention.
3. Determine the extent to which the LCNI has had an impact on job satisfaction, autonomy, control over the work environment and burnout of late career nurses.	Surveys will be provided to nurses who have participated in the LCNI containing established measures of job satisfaction & organizational commitment. Survey results of LCNI nurses will be compared against age-matched controls who have reported no experience with the LCNI. Between groups ANOVA will be used to statistically determine whether significant group differences exist.

4. Define the secondary benefits to participants and organizations.	Interviews with Chief Nursing Officers & Nurse Managers have been developed to determine additional secondary benefits to organizations. Interviews will be transcribed and analyzed using Nvivo qualitative analysis software.
5. Determine the specific characteristics of late career proposals that are associated with improved retention rates.	Interviews conducted with Chief Nursing Officers & Nurse Managers will determine characteristics of successful proposals. Interview data will be analyzed and characteristics associated with high levels of reported success will be compiled and summarized. Where possible, project characteristics will be evaluated against organizations' retention data to objectively determine whether certain characteristics are associated with higher levels of retention.

The current report describes the result of the preliminary qualitative analysis of Nurse Leader interviews conducted by the NHSRU research staff. Interviews were transcribed and then coded using NVivo 8 qualitative analysis software. Qualitative analysis of the Nurse Manager interviews was approached through grounded theory. Grounded theory is particularly relevant to this evaluation, exploring emerging concepts related to identified objectives with a purposive sample of participants (Liamputtong & Ezzy, 2005; Speziale & Carpenter, 2003). Nurse Managers were presented with open-ended interview questions related to their experience with the LCNI (e.g., How did participating impact your organization?), with responses coded into main ideas and themes based on the specific objectives of the evaluation.

Quantitative analysis of survey and retention data will include a compilation of descriptive statistics to provide the Ministry with a detailed understanding of the job-related feelings of participating Late Career Nurses in Ontario, including the demography of both participating and non-participating late career nurses.

Participant/Site Recruitment

A total of 90 sites contacted the Nursing Secretariat regarding the LCNI evaluation. Follow-up with these sites resulted in the following participation:

Table 1: Participating Sites by Sector

	Hospital Sites	LTC/CCC	Total
Participating	38	29	67
Not participating	17	6	23

Some sites elected not to participate in the Evaluation provided the following reasons:

- Other priorities for time
- Did not receive funding this year, although have in previous years
- Have applied, but never received funding

- Did not apply for Initiative due to difficulty managing programs in previous years
- No response and no reason given

Of the 67 sites that had agreed to participate, 39 sites required the submission of individual ethics applications. At the time of writing this report, 19 ethics applications were still under review, either with the primary contact at the agency or their internal Ethics Review Board. Additional site requirements included translation of instruments into French.

Late Career Nurse Surveys

As of March 31, 2011, 700 evaluation packets, including Letters of Invitation (Appendix A), Informed Consent (Appendix B), online completion instructions (Appendix C), and survey instruments (Appendix D) have been delivered to participating sites that have granted ethics approval. Nurse Managers at participating sites have agreed to disseminate surveys to LCNs in a manner that is locally appropriate (e.g., intra-agency mail, hand-delivery).

RESULTS

Participants

Nurse Manager Interviews

The interview data from 15 Nurse Managers have been transcribed and undergone analysis. Nurse Managers self-selected or were referred based on their experience managing the LCNI. Job titles of participating Nurse Managers included:

- | | |
|----------------------------------------------------------------|---------------------------------|
| • Chief Nursing Officer | • Chief Executive Officer |
| • Administrator | • Professional Practice Manager |
| • Director of Care/Director of Nursing | • Retention Officer |
| • Program Director (e.g. Patient Services, Clinical Care, etc) | |

Experience and appraisal of the LCNI among the participants varied. Some participants have participated since the inception of the Initiative, some with multiple employers, some indicated this was their first year participating, and some had applied but had never been funded. Interviews were conducted over the phone, using a semi-structured and open-ended interview format (Appendix E).

The outcomes described here are aggregated, with sector-specific information excluded to protect the confidentiality of participants. Sector differentiated data will be reported in future reports, after the number of participants have increased sufficiently to ensure anonymity. Anecdotal information throughout this document includes randomly selected pseudonyms, with any additional information removed or altered so as to protect the identity of participants.

Findings

As described previously, a total of 15 telephone interviews were completed with Nurse Managers responsible for coordination, development, or management of front-line staff eligible to participate in the LCNI. Interviews were between 30 and 60 minutes in duration. Interviews were transcribed and thematically coded using NVivo software.

Program Development and Proposal Writing

Why apply? Nurse Managers described various reasons for pursuing LCNI funding. Most agencies indicated that they submitted applications for the LCNI based on the opportunity to gain additional funding for special projects that would meet the needs of the organization. Addressing provincial healthcare priorities (e.g., Quality Care for All), decreasing the number of negative clinical events, and supporting corporate goals or strategic plans were identified as reasons for applying for LCNI funding. Of note, improving the retention of Late Career Nurses in their organization was not among the more prominent reasons given for applying to the LCNI.

“I recognize that the whole intention of the program is that of retaining RNs. We have a good retention rate...so I’m basically taking advantage of the program to get some things done around here.” (Cagney)

The LCNI also appealed to organizations as a means to pursue outcomes such as building a good reputation as an employer. Certain interviewees also indicated their organizations continued to apply simply because they had received funding in the past.

Program ideas and development. A variety of processes were used by Nurse Managers to develop ideas for projects that would meet the requirements for LCNI funding. Most participants understood the need to provide for the intersecting needs of the organization and support of the Late Career Nurse. All Nurse Managers indicated that Late Career Nurses were involved in the project development to some extent, varying from indirect input (e.g., through Unit leadership) to Late Career Nurses being directly responsible for the submission of project proposals.

Ideas for project development were gathered through informal conversations and scheduled meetings. Project development also occurred through specific activities related to both the LCNI and other retention initiatives. Activities mentioned in the course of the interviews included:

- Focus groups with current/past participants
- Collaborative meetings (e.g., committee, council, families, board meetings)

- Poster on the job board
- Pre/post participant surveys
- Collaborating with other agencies
- Intranet notices/email
- Leadership meetings (e.g., corporate meetings, team meetings)
- Workshops or special events
- Open-door brainstorm sessions
- Personal letter to LCNs
- Interview with unit managers

Nurse Managers participating in this research also reported that their own observations during normal daily routines within the agency provided opportunities to evaluate organizational events.

“I try to anticipate what’s going to come, what’s going to happen and how are we going to deal with that... it’s really a wish list in my head.” (Evan)

Gaining the input of others in the agency was an important part of a successful proposal, both to determine what projects Late Career Nurses would have an interest in, and also areas that had systems in place to support the project, such as enough staff expertise to cover for the Late Career Nurse.

“I would ask them what kind of project...they usually recognized an area within their clinical practice where they were feeling pretty ill-burdened...they didn’t want to do the paper-work, they didn’t want to be doing that kind of thing.” (Jacky)

“The other piece is collaborating with the manager of the area so that you’re making sure that there’s an alignment there...you know when we talk to them they were really nervous about having five or six of their nurses put on the program and then not being able to staff their unit without having these experienced nurses available.” (Otto)

Writing the proposal. Some Nurse Managers specified that the proposal writing was not a difficult part of the LCNI, while others mentioned that they did not feel confident in their ability or knowledge related to this type of request for funding.

“No one ever told me how to write a proposal. I know how to write an essay...so you know you just have to wing it sometimes.” (Evan)

Nurse Managers reported that they were unfamiliar with how to write a proposal, or were unclear on the MOHLTC standards for reviewing requests for funding, including the allocation of specific dollar amounts. Many participants shared strategies for overcoming concerns related to the proposal writing instructions, including reading the instructions carefully, affording the proposal-writing process the time that it required, and requesting sample proposals from outside agencies that had successfully applied in previous years.

“It’s like anything else, if you haven’t done it, it takes work, it takes time, it takes a lot of interest, and you have to be very involved in it...once you’re in it you realize that the work is nothing compared to the benefit. The benefits are terrific.” (Winter)

Seeking feedback was important, especially for agencies that were new to the Initiative. Participants found value in collaborating with other managers or agencies that had successfully developed proposals, and asking Unit managers or other staff to read the proposal before submitting. Nurse Managers also described times when they had contacted the MOHLTC for feedback related to their funding request if the request was denied.

Challenges related to program development and proposal writing. Although the challenges relating to proposal development were sometimes due to inexperience in proposal writing, participants consistently noted that they were unsure of the specific characteristics of proposals that indicated success and funding by the MOHLTC. This was true for agencies that were not funded as well as for those that were.

“I have no idea [why funded]. I’m just comparing it with mine from the previous year.” (Gene/Winter)

“I don’t know why [not funded] to be honest with you. I sent a letter in, I haven’t received a response yet from them to see if there was anything that we could have done better in order to ensure that the application provided the necessary information that would have given us a better presentation that was acceptable. I haven’t heard back yet.” (Hollis)

Some agencies persisted in applying even after continued rejection of proposals. Nurse Managers were unsure how their proposals needed improvement, at times requesting feedback from colleagues outside of their organization.

“If you want me to share my honest opinion with you, it’s the same hospitals year after year that get it. We never got it the first year we applied for it...we were unsuccessful the first time and they’ve never looked at us since. When I follow up with my colleagues, the couple of hospitals that I know that have received late career funding, they get it every year.” (Kerry)

Timing of call and announcement. Nurse Managers participating in interviews described difficulty in the funding for Late Career Nurse projects spanning only three months. This was pointedly stated by *every participant* in this phase of the evaluation. Timing issues were diverse, including problems with re-scheduling staff, scheduling replacement staff, and organizing the intended project quickly in order to use the funds that are offered. In fact, some participants noted that the limited time-period for use of the funding might even encourage retirement of Late Career Nurses, suggesting that schedule changes and reorganization necessary for completion of the projects are stressful, or reflect poorly on management. Nurse Managers also found that the announcement of funding in December or January was

problematic due to the number of staff members taking winter holidays, combined with the increased needs of patients during cold and flu season.

“I never commit to any late career projects until I know I’ve got the funding secured, because we don’t have any way of paying for this work. And so when we don’t get the word that we’ve got secured funding until December, we usually can’t get anybody released to work on their projects until January. So we have a three- month window, Jan, Feb, and March, and those are the three worst months of the year to release anybody. Those are the three months of the year where our visits and volumes go through the roof. Flu season...Christmas...that’s been a bit of a frustration.” (Murphy)

Multiple participants indicated that, due to the funding announcement in January with funds having to be spent in March, that they would have to return funds to the Ministry because of issues with staff scheduling. Participants feared this would influenced future funding requests, and also influenced whether Nurse Managers would continue applying for LCNI funds in future years if offered.

Recommendations

- Notify sites sooner of funding decisions or allow funding to be used beyond March 31.
- Provide training materials, a workshop, or a sample proposal for applicants, or offer opportunities to connect applicants to other agency Managers that have been successful in their funding requests.
- Offer a vehicle for sharing successful programs and proposals across agencies as a possible learning tool.
- Give feedback after the fact about what worked for other agencies for retention so that it can be made locally relevant and turn into best practice.

Recommendations for Agencies

- Be prepared with your ideas, including clear goals, outcomes, and timelines *before* the call for funding is released.
- Read the instructions.
- Get feedback from someone outside of your agency.
- Pursue the possibility of capacity building by seeking assistance from other area agencies.

Focus of Program

A variety of innovative projects were discussed as a result of LCNI funding. LCNI projects have been categorized below according to patient care, organizational management, leadership opportunities, and alignment with Provincial priorities.

“You can see that pathway of how the program is benefitting the patients, also benefits the families, also benefits the employees.” (Gene/Winter)

Projects related to patient/client care:

- Hygiene initiatives (e.g., hand-washing, nail care)
- Conduct patient satisfaction surveys
- Patient or resident behavioural interventions/individual resident focus
- Falls prevention
- Clinical best practice research and education
- Respond to clinical audits (e.g., wound care, risk assessments)
- Care plan/care coordination initiatives
- Provide patient counseling or education
- Dedicated admissions/discharge
- Pharmacy dispensing and patient education
- Develop or improve educational literature for patients or families (e.g. safety, pharmacy, breast-feeding, language translation)

Projects related to organizational management, tool development:

- User-friendly audit tools
- Completing paperwork
- Medical equipment manuals
- Develop best-practice protocols (brochures)
- Staff resource binders
- Creation of tools to be used for training
- Update supply ordering system, create audit tools for supply ordering
- Upgrade policies and practices (infection control)
- Selection, implementation, maintenance of medical devices (vascular access)
- Revamp nurse policy binder
- Accreditation manuals
- Development of staff library
- Organizing supplies/supply room
- Best practice research
- Medical device audits
- Writing or revising policy or procedures
- Creation of materials check-list, equipment logs
- Revising admissions and assessment forms

“We recognize that we need to retain and harness the knowledge, skill and judgment that these nurses have amassed over their careers. And the Late Career Nurse Initiative was a positive way to provide that.” (Toby)

Projects related to leadership and education:

- Review and improve current training initiatives Staff smoking-cessation program
- Mentor, ‘buddy-up’ with new nurses
- Completing educational courses (internal or external)
- Computer skills development

- Present best practices at disciplinary conferences or symposia
- Development and delivery of preceptorship workshop
- Education staff related to improved clinical care (e.g., wound care, pressure ulcer awareness, incontinence, falls reduction, CPR)
- Cross-training between Units
- Completing mentorship assessment and training
- Educate staff on provincial initiatives (e.g., Quality Care Act, HOBIC)
- Identified as trainer for new staff for Unit or special skills (e.g., obstetrics, chemotherapy, emergency)

“Some of the things we see from the [Quality Care] Act we can put in place because of this initiative.” (Gene/Winter)

Projects developed to align with other provincial priorities:

- Nursing Graduate Guarantee Initiative (e.g., trainer, support, orientation)
- RNAO best practices
- Electronic documentation
- Hygiene audits
- Projects related to Quality Care for All Act (e.g., dedicated CQI, training, tools)
- Accreditation
- Residents First initiative
- HOBIC

Highlights of successful initiatives. Participants noted the importance of discussing options with Late Career Nurses in relation to their interests. A number of sites suggested that although “paperwork” might be an easy task to identify that needs to be addressed organizationally, it would not influence delaying retirement of Late Career Nurses.

“Well my sense is not to put forward all the projects that are things people never want to do in the first place, policies and procedures and stuff...then it’s not such a pill to swallow. When you put down ‘Review policy and procedure,’ you can hear people retreating.” (Falan)

Of the programs noted above, the main themes of *mentorship*, *focus on patient care*, and *nurse focus* arose as providing the framework for programs considered successful by Nurse Managers.

Mentorship and preceptorship. Nurse Managers highlighted the importance of LCNs sharing their individual expertise, improving the quality of patient care and offering support to other employees and the organization as a beneficial piece of the Late Career Nurse Initiative. A number of agencies highlighted the ability to bridge funds between the LCNI and the Nursing Graduate Guarantee Initiative as a strategy to retain the LCN while improving the job satisfaction of the New Graduate.

“The expert nurse sharing knowledge with a new practitioner is essential. That’s what we lose when we’ve got 20% of our nursing population retiring in the next 10 to 15 years. You really need to have that transfer of knowledge.” (Zamir)

Focus on patient care. Managers discussed the benefits of placing LCNs in roles focusing on improving clinical care, including admission and assessment, care planning and care coordination, and providing patients and families with education and counseling. Participants also noted that this type of program benefitted agencies by aligning with other Ministry quality initiatives.

“They really felt they had the opportunity to get to know [patients] and actually initiate the care plan. Then they also went to the staff and gave them a good report and history...it was excellent for all staff, a good way to make sure communication got moved along.” (Evan)

Nurse focus. Participants indicated that clinical staff members were an important piece in the development of successful programs. Focusing on the needs and goals of front-line staff involved requesting program ideas directly from LCNs. Some managers pointed out that they took into account specific skills of LCNs that would be considered for the project when writing programs for the LCNI.

Desired Impacts on Late Career Nurses

“In August, right ‘til December, I have people asking me every week, Do we have late career funds? Can we start our projects? There is no marketing necessary for this program.” (Murphy)

Nurse Managers highlighted a number of desired impacts for Late Career Nurses participating in LCNI projects. Nurse Managers said that late career nurses were largely pleased with the LCNI in terms of increasing job satisfaction, autonomy and control, and decreasing burnout. Managers described participants as “engaged,” “proud,” “upbeat,” and having “more energy” during their time spent on LCNI projects. Managers noted that the projects not only decreased stress for nurses, but also improved engagement through skill development and leadership roles, decreased the number of absences related to sick time, allowed nurses to develop new relationships, and overall increased acknowledgement of the value of Late Career Nurses.

“[LCNs] will talk about how much [participating] actually reignited their passion for nursing. It’s very moving.” (Nat)

“[LCNI] gave them a better understanding of, in some cases, of why the organization has to do certain things in the way that it manages the organization. And they understood better some of the processes that we had to put in place in order to ensure the standard...they had a better perception on that.” (Hollis)

“They had nursing colleagues that they’ve worked in the same building with for years but have never got to know. Now they’ve got a new kinship there.” (Nat)

Examples of described benefits to Late Career Nurses:

- Decreased illness
- Enhanced practice
- Opportunities to engage in research, make recommendations
- Gives break from shift work
- Improved computer skills
- More positive feelings related to work
- Decreased stress
- New learning/new perspectives
- Acknowledge the value and knowledge of LCNs
- Improved presentation skills
- New relationships across the agency
- Development of new roles in nursing

Examples of described patient and resident benefits:

- Increased patient satisfaction
- More thorough assessments
- Improved clinical outcomes
- Increased time with patients

“It has allowed us to really focus on the value that we have internally. It’s also, as I said the real benefit is, the fact that we are able to cross campus, get some exchange going on that really builds the moral. So that’s been a big key for us.” (Nat)

Examples of described organizational benefits:

- Retention of Late Career Nurse
- LCN working an increased number of hours
- LCN focus on tasks that is not usually available within a clinical role
- Enhance recruitment, model new opportunities for incoming nurses
- Decrease stress of Managers
- Improved retention of new nurses
- Updated policies and procedures
- Enhanced organizational culture (e.g., reputation as good employer, improved quality of care, values-driven organization)
- Modeling or training for new nurses
- LCN returning to work after retiring
- Provides framework for future special projects (e.g., project management skills)
- Improved efficiency and effectiveness in the organization
- Decreased burden of other staff members
- Completion of projects
- Sustainability of projects
- Launching ongoing projects

“They’re proud of what they’ve done and they’re bragging about how they’ve improved things in quality of care, and they’re really upbeat and proactive about it. That’s what gets out to the community, that’s what gets out to the younger generation, in that, hey,

nursing has opportunities to really change things, and we want to go in there and be part of that. So you get people applying for nursing.” (Gene)

Measures of Success

Retention.

“I would say it’s certainly helped the [LCNs] to stay longer, like actually working longer, because she is doing some different things when she’s working sometimes. It keeps her motivated, interested.” (Les)

Nurse Managers conveyed that the LCNI is influencing retention for Late Career Nurses. Some observed that nurses either delayed retirement or returned to work on a part-time or casual basis due to the LCNI. Other benefits relating to retention include the positive influence on new staff that occurred as a result of participation.

“I think with initiatives like this when people have job satisfaction...that’s what gets out to the community, that’s what gets out to the younger generation, in that “Hey nursing has opportunities to really change things, and we want to go in there and be part of that,” so you get people applying for nursing.” (Gene/Winter)

Nurse Managers at certain organizations indicated that retention of LCNs is not currently a concern, but anticipate that it might be in the future. This was especially true for agencies that were undergoing organizational restructuring that necessitated laying-off some of their current staff. Agencies felt that the LCNI provided a method of acknowledging Late Career Nurses that remained with the agency after the restructuring, potentially influencing retention.

“We’ve had an organizational restructuring in the last nine months...we had retirement packages offered, and a lot of the [LCNs] did take those...We’re small, so being able to participate...I think it was a great opportunity, and the late career nurse felt she supported the whole program.” (Jacky)

Nurse Managers also explored how some aspects of participation in the LCNI were not directly related to retention. Given that the funding was only used for a short period of time, the LCNI would not delay retirement. The multitude of factors outside of the scope of the LCNI that may influence an individual’s decision to delay retirement was discussed.

“One nurse opted out because she left [the agency]. It wasn’t because she was retiring. She actually had a full-time position at the hospital and was doing part-time here and she just found it too much.” (Gene/Winter)

“There was a problem employee that we were trying to work with, but she just decided she was going to leave.” (Cagney)

“Everybody knows each other. It’s in a rural setting, I think that our quality of work-life satisfaction, we always seem to do very, very good with that. I just think that they find that it’s a good place to work...I think here they see a strong sense of pride in their facility...that makes the retention excellent.” (Ira)

The diverse factors related to retention and delayed retirement included the personal characteristics of the Late Career Nurse, responsibilities with a second job, family or personal commitments, and financial obligations.

Full-time and part-time differential results. Nurse Managers’ responses to questions related to differential impact of the LCNI on full-time, part-time and casual staff were mainly about organizational benefits. Nurse Managers observed greater project success for full-time nurses as they had more dedicated time for participation. However it was often difficult to schedule full-time nurses into special projects based on the needs of the Unit. The difficulty in covering full-time shifts sometimes prevented LCNs from participation.

“I don’t know how to improve [difficulties scheduling relief staff for FT participating in the Initiative]. It doesn’t make sense to hire more staff so we can make do with this Initiative.” (Sandy)

Many Nurse Managers indicated that retired nurses would return to work part-time or casual in order to participate in the LCNI. Nurse Managers also shared that the LCNI encouraged full-time nurses that were considering retirement to transition to part-time or casual status rather than leaving the agency. As the purpose of the LCNI is to maintain Ontario’s currently employed Late Career Nurses, it will be worthwhile investigating the extent to which already retired nurses returned to the workforce in order to participate in the Initiative, and whether these nurses elected to remain in the workforce as a result of their experiences. The NHSRU will investigate this issue in order to determine the extent to which it may be occurring.

“These [LCNs] would have just retired, would not be doing anything in healthcare, and yet they came back for the late career season to pick up projects and it really reconnects them with their professional identity and allows them to nurse again in a way that they can.” (Falan)

Recommendations

- Indicate that funding has been approved at an earlier date to facilitate scheduling of full-time participants.
- Provide more flexibility in the repurposing of time, especially related to agency difficulty in planning and scheduling for part-time employees.
- Some nurses may have returned to the workforce in order to participate in the LCNI.

The extent to which this occurs and whether these participants continue working in nursing following their LCNI experience should be investigated further. If such participants do not continue working past their participation in the LCNI, organizations may need to prohibit such nurses from participating in future years.

Retention Performance Target

Although some Nurse Managers indicated that they understand the intention behind the use of the Retention Performance Target and were able to meet the Target goals set by the MOHLTC, all participants in the interviews shared their discontent related to the formula. Comments include:

- Difficult to understand
- Concern about influences of future funding
- Does not accurately measure success based on staffing needs
- Does not measure the multi-layered successes of the LCNI
- Managers do not understand the Target
- Do not see meaning in the Target
- LCNI and RPT are not related
- Very time consuming
- Site is unable to fill shifts/participate, so RPT will not be an accurate measure of success of LCNI
- Does not focus on nurses who participate
- Very “high level” outcome measure for LCNI projects
- Managers have not seen their RPT results compared to others
- Unsure of how the MOHLTC uses the metric after the fact
- Disconnect between person managing the LCNI and person completing the form
- Not “user friendly”
- Does not account for LCNs returning to work
- Duplication of internal efforts
- Managers do not have a clear understanding of the purpose of the RPT

Nurse Managers discussed different strategies for completing the form, such as “just plugging in the numbers”. However, Nurse Managers wanted a better understanding of the formula and more faith that the formula was being completed consistently across participating sites.

“I don’t think I’m stupid but I’ve got this...forecasting formula that, honestly, I don’t know what it means. My admin assistant populated the report...just plugged the numbers in where they were supposed to go and it all worked out in the end, but neither of us could really figure out what it is. What is this? I’m hoping it works out because I think part of the funding is tied to this but, honest to god, I can’t interpret it.” (Murphy)

“There were questions across the [professional practice group], I don’t understand [RPT], how do you do this. So I’m not sure it’s even being filled out right or the same across the province.” (Falan)

Recommendations

- Offer feedback related to the RPT, or how sites compared with other participating sites.
- Consider secondary benefit measures to the RPT, such as staff satisfaction surveys or improved clinical outcome measures.
- Explore alternate measures of job satisfaction, autonomy, control, and decreased burnout for Late Career Nurses.
- Explore pre- and post- evaluations of Late Career Nurses who participate in LCNI projects related to intent to remain in nursing.

Beyond Retention

Nurse Managers suggested that the benefits of participating in the LCNI went beyond retention of Late Career Nurses, and shared different ways that they measured site-specific benefits to the program. The following are some examples of the site-specific benefits described:

- Sustainability/continuity of program after the funding period
- Focus group results
- Number of interested participants
- Patient and family satisfaction surveys
- Survey staff (e.g., motivation, satisfaction, whether they liked the program)
- Sick time/over-time hours changes during the program
- Outcomes specific to the project
- Pre/post evaluations
- Whether the site is able to use the funds
- Employee engagement survey
- Number of volunteers
- Clinical outcomes
- Survey about whether or not they liked the program
- Exit interviews for those who decide to leave
- Success of the application
- Number of novice nurses integrated into practice

Challenges of Participation

“Our numbers [LCNs participating] are dropping each year. That has more to do with the late notification than anything. We’ve had people interested that we’ve had to say, unfortunately your unit just can’t manage it because we can’t get any backfill for your shifts” (Nat)

Nurse Managers highlighted the numerous benefits of participating in the LCNI. However, they also noted some challenges related to participation. *All* of the participants in this portion of the Evaluation indicated that the short amount of time in which they had to utilize the funding and complete their proposed projects was problematic.

“Sometimes the units would go short-staffed for [LCNs] to be on their late-career nurse role and that was often a struggle for them to participate in because they knew that the

time they were working on their role the unit was short staffed because they weren't able to replace." (Jacky/Otto/Ricky)

Challenges Associated with Limited Notice

- Nurse shortage/scheduling shortage prevents those eligible from participating
- Lack of inclusion of eligible participants due to short notice of funding.
- Application for six months of funding but only have three months for use.
- Eligible participants are not aware of the initiative
- Short timeline of projects decreasing satisfaction in outcomes
- Negative perception of Initiative as being funded with "leftover" money
- Difficult to train for and complete projects within limited timeframe
- Difficult or not able to reschedule staff

"Grey-haired Club"

"Hey, 55 is still young in my mind, since I'm past that age." (Zamir)

Nurse Managers expressed that nurses invited to participate felt "embarrassed," and "funny," or described themselves as "old bats," "golden girls," "old croneys," "grey-haired club," and "tired" due to associations of age related to less strenuous activities. Nurse Managers indicated the challenges associated with approaching Late Career Nurses, and that some Late Career Nurses did not participate because they did not want to be identified as over the age of 55. Some Nurse Managers suggested the LCNI encourages retirement for Late Career Nurses due to the new stressors or frustrations created with LCNI participation. Others discussed ways that participation in the LCNI positions a nurse *away* from clinical care or challenges the identity of a Late Career Nurse. Nurse Managers added that mid-career nurses might be better placed to participate in an Initiative that offers new opportunities within a career, or works toward identifying the needs of mid-career nurses before retirement plans have been put in place by the nurse.

"It's a bit late when you're 55 to be trying to keep you...I wish you started this at 45, I might not have been in this shape. You kind of wonder if the horse isn't out of the barn already. (Falan)

Challenges Associated with the Competition

Some Nurse Managers expressed difficulty with funds being limited to only certain agencies as they felt that all initiatives to retain Late Career Nurses are important.

"I call it the big stick mentality...There is truly policy around incentives and dis-incentives, especially around healthcare, you know. Like I'll make you do what we want you to do by either punishing you or paying you...it's all about financial survival (Zamir)

One Nurse Manager noted that it was problematic having to return funds when she was aware of other agencies that had applied and not received funding. Furthermore, Nurse Managers were unsure how agencies were chosen to be funded, and were not convinced that the competition was "fair," "equitable," and "transparent."

Recommendations

- Provide notification of funding at an early date, or extend the funding period to a full six months.
- Shape the LCNI as a mid-career initiative, or explore ways of expanding the initiative to reduce the age-related stigma associated with "Late Career."
- Consider ways of providing funding for all agencies that submit proposals for retention of Late Career Nurses.
- Provide feedback for agencies that did not get funding to offer opportunities for improvement for future years.
- Provide examples of proposals or projects that *are* funded, and characteristics associated with proposals that were successful.

Overall Feedback and Suggestions for the MOHLTC

The remarks below represent feedback and suggestions from the Nurse Manager interviews.

- Provide training materials, a workshop, or a sample proposal for applicants, or offer opportunities to connect applicants to other agency Managers that have been successful in their funding requests;
- Provide examples of proposals or projects that *are* funded, and characteristics associated with proposals that were successful;
- Provide feedback for agencies that did *not* get funding to offer opportunities for improvement in future years when funding is offered;
- Offer a vehicle for sharing successful programs across agencies. Share knowledge or feedback from agencies that consider their programs successful in delaying retirement so that other agencies might integrate strategies into best practices;
- Consider ways of providing funding for all agencies that submit proposals for retention of Late Career Nurses;
- Provide more flexibility in the repurposing of time, especially related to agency difficulty in planning and scheduling for part-time employees;

- Offer education and feedback related to the Retention Performance Target, or how sites compared with other participating sites;
- Consider secondary benefit measures to the Retention Performance Target, such as staff satisfaction surveys or improved clinical outcome measures;
- Explore alternate measures of job satisfaction, autonomy, control, and decreased burnout for Late Career Nurses;
- Explore pre- and post- evaluations of Late Career Nurses who participate in LCNI projects related to intent to remain in nursing;
- Provide notification of funding at an early date, or extend the funding period to a full six months;
- Shape the LCNI as a mid-career initiative, or explore ways of expanding the initiative to reduce the age-related stigma associated with “Late Career.”

Discussion and Next Steps

The interim report for the evaluation of the Late Career Nurse Initiative highlights some of the successes and concerns raised during the Nurse Manager interviews. As noted previously, this report does not include feedback from Late Career Nurse participants, as survey data is forthcoming. This report is focused solely on the feedback of Managers identified as responsible for or coordinating the LCNI in their respective agencies.

Nurse Managers described several intentions for applying for Late Career Nurse Initiative funding. While these included retention, the primary reasons for applying to the Initiative were focused on issues related to perceived organizational and patient benefits. Nurse Managers predominantly felt that the LCNI provided opportunities to improve job satisfaction and workplace control for Late Career Nurses, while simultaneously benefitting the organization through completion of special projects. Nurse Managers accessed a number of resources in developing and writing the proposal, most notably gaining feedback from others. Participants in this phase of the LCNI Evaluation overwhelmingly indicated that the timing related to the announcement of funding proved problematic for reasons including scheduling, clinical needs at the start of the year, and the short notice of launching the projects.

Nurse Managers felt that the most successful proposals were characterized by projects that attempted to cohesively address the needs of the Late Career Nurse, the patients, and the organization. Major themes that arose in discussion with Nurse Managers included the success of LCNI projects that focused on mentorship, patient care, and that were specific to the Late Career Nurse participants. Nurse Managers also discussed the focus of their programs being related to specific outcomes beyond delaying retirement of Late Career Nurses. These benefits were seen by Nurse Managers as influencing the quality of working life for Late Career Nurses, while also benefitting patients, residents, and the organization. Nurse Managers indicated that they had a number of ways of assessing the success of their programs within their organization, however many found the Retention Performance Target ineffective as a measure of the LCNI’s success.

Nurse Managers discussed challenges associated with participating in the Late Career Nurse Initiative, and different strategies that they used to address the challenges. Nurse Managers were also pleased to provide feedback to the Ministry of Health and Long-Term Care related to the Initiative, including opportunities for future successes.

Next Steps in the Evaluation of the Late Career Nurse Initiative

- Complete site REB applications currently in progress
- Conduct five Manager interviews from newly participating sites and conduct qualitative analysis
- Continue dissemination of surveys as sites grant ethics approval
- Complete descriptive statistics based on survey results
- Randomly select between 10 and 20 Late Career Nurses for interviews related to their experiences
- Analyze and synthesize interview content from LCNs
- Collect and analyze Retention Performance Target reporting from participating agencies.
- Prepare a final report, including recommendations for healthcare agencies and feedback to the Ministry of Health and Long-Term Care, a summary of the implications of this evaluation, and suggested next steps.
- Consider the feasibility of a Knowledge Exchange Strategy based on retention strategies currently in place that have been discussed in the context of this Evaluation.

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Appendix A: Letter of Invitation to Late Career Nurses



A collaborative project
of the University of Toronto
Lawrence S. Bloomberg
Faculty of Nursing and
McMaster University
School of Nursing
www.nhsru.com



Lawrence S. Bloomberg
Faculty of Nursing
University of Toronto
135 College Street
Suite 130
Toronto, Ontario
Canada M5T 1P8
Tel: (416) 978-1966
Fax: (416) 946-7142



Faculty of Health Sciences
McMaster University
Michael G. DeGroot Centre
for Learning and Discovery
ADCL Suite 3500
1200 Main Street West
Hamilton, Ontario
Canada L8N 3L3
Tel: (905) 525-9140 x 22581
Fax: (905) 522-5493

Affiliate Sites:
Laurentian University
Queen's University
University of Western Ontario
Windsor University



03/01/2011

Dear [late career nurse],

You are being invited to take part in a nursing research study related to the Ontario Ministry of Health and Long Term Care's *Late Career Nurse Initiative*. This study is being conducted by Dr. Diane Doran and her research team at the Nursing Health Services Research Unit (NHSRU), University of Toronto site. The study is being conducted at the request of the MOHLTC to explore the effectiveness and potential benefits of participating in the initiative.

The study will involve completing a survey that you may fill out at your convenience. The survey has been provided with this letter, along with a postage-paid return envelope.

You also have the option of participating in a follow-up interview related to your survey responses or to the Late Career Nurse Initiative. If you would like to volunteer for the follow-up interview, please check include your phone number or email address on the enclosed consent form. Completion of the survey does not obligate you to participate in the telephone interview. You are free to participate in either the individual interview, or the surveys, or both if you so choose.

It would be greatly appreciated if you could review the contents of this packet and find the time to complete the survey. If you wish to participate in the telephone interview, please return the consent form with your contact information and a member of the NHSRU's research staff will contact you within the upcoming weeks.

Your input and unique perspective is of tremendous value to our research and to ensuring that the Ministry of Health and Long Term Care is provided with the most accurate and up-to-date information possible when evaluating and planning the future of the Ministry of Health and Long Term Care's Late Career Nursing Initiative.

If you have any questions about the study, please contact Autumn Chilcote, Research Officer at the Nursing Health Services Research Unit, University of Toronto site (416) 946-7154 or autumn.chilcote@utoronto.ca

Thank you for your time and consideration.

Sincerely,

Autumn Chilcote

Appendix B: Information/Consent Form for Late Career Nurses

Full Study Title: Maintaining Ontario's Workforce: Evaluating the impact of Ontario's Late Career Nurse Initiative (LCNI)

Investigator:

Diane Doran, University of Toronto, Lawrence S. Bloomberg Faculty of Nursing, Nursing Health Services Research Unit. 416-978-2866. diane.doran@utoronto.ca

Coordinators:

Dan LaPorte, Research Manager, NHSRU. 416-946-0193. rd.laporte@utoronto.ca
Autumn Chilcote, Research Officer, NHSRU. 416-946-7154. autumn.chilcote@utoronto.ca

Sponsor: This study is being funded by Ontario's Ministry of Health and Long-Term Care

Study Purpose

You are being invited to take part in a nursing research study related to the Ontario Ministry of Health and Long Term Care's Late Career Nursing Initiative (LCNI) This study is being conducted by Drs. Diane Doran, Raquel Meyer and Linda McGillis Hall and their research team at the Nursing Health Services Research Unit (NHSRU), University of Toronto. The study is being conducted at the request of the Ontario Ministry of Health and Long-Term Care to explore the impact of the LCNI on job satisfaction and retention of late career nurses (nurses aged 55+).

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

Procedures

The study will involve completing several short surveys pertaining to the issue of job satisfaction, burnout and retention of late career nurses. Completing and returning the attached surveys will imply consent to participate in the study.

If you wish, you may also participate in a one-time telephone interview (approximately 45 minutes) that will take place at your convenience. The interview will be conducted by a member of the NHSRU's research team and the discussion will be audiotaped. The taped discussions will then be transcribed. During the interview you will be asked questions about your experiences and impressions of the LCNI.

If you wish to participate in the interview, please complete the information at the bottom of this form and check-off "**I wish to participate in a one-time telephone interview**". Completed forms may be returned to the NHSRU offices using the self-addressed stamped envelop that accompanied the study materials. All nurses participating in the interviews will received a \$5.00 Tim Horton's gift card as a token of the researcher's appreciation.

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. Should you experience any emotional distress due to participation in this study, please contact Dan LaPorte, Research Manager, at (416) 946-0193 or rd.laporte@utoronto.ca for support services.

(continued)

INFORMED CONSENT TO PARTICIPATE IN A RESEARCH STUDY

(2)

Full Study Title: Maintaining Ontario's Workforce: Evaluating the impact of Ontario's Late Career Nurse Initiative (LCNI)

Benefits

Study participants may not directly benefit from participation, however, your insights into the nursing work environments and job satisfaction for Late Career Nurses may have a positive impact on policy decisions and working conditions for nurses.

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 during the course of the interview will not be shared with the nurse leader in your organization.

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 it affecting you adversely in any way. Participants who choose to withdraw will still receive a gift card as a token of appreciation. In addition, your decision to participate in no way affects your employment, nor will your employer be aware of your decision to participate.

Questions

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

If you have any complaints or concerns about how you have been treated as a research participant, please contact Rachel Zand, Director, University of Toronto Office of Research Ethics, Rachel.zand@utoronto.ca or 416-946-3389.

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

I wish to participate in a one-time telephone interview (please check box and include phone or email)

Contact Information (telephone no. or email address)

Appendix C: Online Survey Completion Instructions

Late Career Nursing Initiative Survey

There is the option to complete and submit our Late Career Nursing Initiative survey online with these few steps:

1. Please enter this [url:www.nhsruresearch.ca/lcni](http://www.nhsruresearch.ca/lcni)
2. Use your 'survey key' provided to login securely
3. Follow the online instructions to complete the survey

4.

Late Career Nursing Initiative Login

Please enter your unique survey key below and click on the Login button to continue.

Your Survey Key:

Secure Login

Appendix D: Surveys

* Please note: Survey instruments are copyrighted materials and may not be used or distributed without permission of the publisher

Affective and Continuance Commitment Scales

	Strongly Disagree	Disagree	Agree	Strongly Agree
I would be very happy to spend the rest of my career with this organization.	1	2	3	4
I enjoy discussing my organization with people outside it.	1	2	3	4
I really feel as if this organization's problems are my own.	1	2	3	4
I think that I could easily become as attached to another organization as I am to this one.	1	2	3	4
I do not feel like 'part of the family' at my organization.	1	2	3	4
This organization has a great deal of personal meaning for me.	1	2	3	4
I do not feel a strong sense of belonging to my organization.	1	2	3	4
I am not afraid of what might happen if I quit my job without having another one lined up.	1	2	3	4
It would be very hard for me to leave my organization right now, even if I wanted to.	1	2	3	4
Too much in my life would be disrupted if I decided I wanted to leave my organization now.	1	2	3	4
It would not be too costly for me to leave my organization now.	1	2	3	4
Right now, staying with my organization is a matter of necessity as much as desire.	1	2	3	4
I feel that I have too few options to consider leaving this organization.	1	2	3	4
One of the few serious consequences of leaving this organization would be the scarcity of available alternatives.	1	2	3	4
One of the major reasons I continue to work for this organization is that leaving would require considerable personal sacrifice- another organization may not match the overall benefits I have here.	1	2	3	4

Nursing Practice Environment Survey

For *each* item in this section, please indicate the extent to which you agree that the following items ARE PRESENT IN YOUR CURRENT JOB. Indicate your degree of agreement by circling the appropriate number.

The following are present in your CURRENT job...	Strongly Disagree	Disagree	Agree	Strongly Agree
A supervisory staff that is supportive of the nurses.	1	2	3	4
A director of nursing highly visible and accessible to staff	1	2	3	4
A head nurse/ supervisor who backs up the nursing staff in decision making, even if the conflict is with a physician.	1	2	3	4
A head nurse who is a good manager and leader.	1	2	3	4
A chief nursing executive equal in power and authority to other top level hospital executives.	1	2	3	4
An administration who listens to and responds to employee concerns.	1	2	3	4
Adequate support services that allow me to spend time with my patients.	1	2	3	4
A clear philosophy of nursing that pervades the patient care environment.	1	2	3	4
An active quality assurance program.	1	2	3	4
A preceptor program for newly hired RNs.	1	2	3	4
Opportunity for staff nurses to participate in policy decisions.	1	2	3	4
Active inservice/ continuing education programs for nurses.	1	2	3	4
Career development/ clinical ladder opportunity.	1	2	3	4
Functional collaboration (joint practice) between nurse and physicians.	1	2	3	4
Patient care assignments that foster continuity of care, i.e., the same nurse cares for the patient from one day to the next.	1	2	3	4
Staff nurses have the opportunity to serve on hospital and nursing department committees.	1	2	3	4
Enough time and opportunity to discuss patient care problems with other nurses.	1	2	3	4
Many opportunities for advancement of nursing personnel.	1	2	3	4
Working with nurses who are clinically competent	1	2	3	4
Enough staff to get the work done	1	2	3	4

Nurse administrators consult with staff on daily problems and procedures.	1	2	3	4
A lot of teamwork between nurses and physicians	1	2	3	4
Use of nursing diagnoses	1	2	3	4
Enough registered nurses to provide quality patient care.	1	2	3	4
Written, up-to-date nursing care plans for all patients.	1	2	3	4
Staff nurses are involved in the internal governance of the hospital.	1	2	3	4
Nursing care is based on a nursing, rather than a medical, model.	1	2	3	4
High standards of nursing are expected by the administration.	1	2	3	4
Praise and recognition for a job well done.	1	2	3	4
Physicians and nurses have good relationships.	1	2	3	4
Supervisors use mistakes as learning opportunities, not criticism.	1	2	3	4

MASLACH's Burnout Survey

This section contains statements of JOB-RELATED FEELINGS. If you have never had this feeling, circle the "0" (zero) after the statement. Otherwise, indicate *how often* you feel like this by circling the number (from 1 to 6) that best describes how frequently you feel that way.

In your current job, how often do you feel that the following statements are true?							
	Never	A few times a year or less	One a month or less	A few times a month	Once a week	A few times a week	Everyday
I feel emotionally drained from my work.	0	1	2	3	4	5	6
I feel used up at the end of the workday.	0	1	2	3	4	5	6
I feel tired when I get up in the morning and have to face another day on the job.	0	1	2	3	4	5	6
Working with people all day is really a strain for me.	0	1	2	3	4	5	6
I can effectively solve the problems that arise in my work.	0	1	2	3	4	5	6
I feel burned out from my work.	0	1	2	3	4	5	6
I feel I am making an effective contribution to what this organization does.	0	1	2	3	4	5	6
I have become less interested in my work since I started this job.	0	1	2	3	4	5	6
I have become less enthusiastic about my work.	0	1	2	3	4	5	6
In my opinion, I am good at my job.	0	1	2	3	4	5	6
I feel exhilarated when I accomplish something at work.	0	1	2	3	4	5	6

I have accomplished many worthwhile things in this job.	0	1	2	3	4	5	6
I just want to do my job and not to be bothered.	0	1	2	3	4	5	6
I have become more cynical about whether my work contributes anything.	0	1	2	3	4	5	6
I doubt the significance of my work.	0	1	2	3	4	5	6
At my work, I feel confident that I am effective at getting things done.	0	1	2	3	4	5	6

Please indicate the extent to which you agree or disagree with each statement.

	Strongly Disagree			Strongly Agree	
1. I feel very satisfied with my job.	1	2	3	4	5
2. I feel that my co-workers are satisfied with their jobs.	1	2	3	4	5
3. I feel that I would be happy to work here until I retire.	1	2	3	4	5
4. I feel that the hospital provides a supportive work environment in which to work.	1	2	3	4	5

Intent to Remain in Nursing

Please answer the following question:

1. Do you plan on leaving your job in the next year?

Yes **No**

Appendix E: Nurse Manager Interview Guide

Did your agency participate in the LCNI this year or last? (to determine where to go with questions)

Nurse Manager Interview Guide – (Participating Organizations)

Informed Consent, audio-taping

- 1) What attracted your organization to participating in the Initiative? Who within your organization made the decision to participate?
- 2) What were some of the main features of your program? (e.g., who was involved in development, how was the program developed, etc.)
 - a. What was the desired impact for nurses?
 - b. What was the desired impact for the organization?
 - c. How was sustainability for the program addressed in the development of the initiative?
- 3) How many late career nurses do you have in your organization?
- 4) Have you had difficulty retaining your late career nurses? If so, please describe some of the factors that contribute to this difficulty.
- 5) How were participants identified? (e.g., eligibility criteria, application process, recruitment, staffing and scheduling management, etc.)
- 6) How did participating in the LCNI impact your organization?
 - a. Feedback from participants? Non-participants?
 - b. Secondary benefits to the agency?
 - c. Did the desired impact change over time?
- 7) Would you consider your initiative a success?
 - a. What would you change or maintain about your program?
 - b. What is it that made your program a success?
 - c. How are you evaluating the program's success? (evidence)
- 8) What are your thoughts about the Ministry's new requirement linking funding to organizations successfully meeting the Retention Performance Target (RPT)?
 - a. Do you feel the RPT is a suitable method to assess the success of your organizations LCNI project?
 - b. Did your organization have any difficulty meeting the RPT set by the Ministry for reasons unrelated to your LCNI program (e.g., size of the organization and number of late career nurses, retirement packages offered to late career nurses due to budget cuts or constraints, etc.)
- 9) What advice would you give to other agencies developing these initiatives?
- 10) Do you have any recommendations for how the Ministry might improve the LCNI in future years?
- 11) **Would you like to receive a final copy of the report for this summary?**

[Turn tape off]

Would your agency do better to receive paper or email surveys? How many? Letter of intro?
Nurse Manager Interview Guide (Non-Participating Organizations)

Informed consent, audio-taping

- 1) Was your organization aware of the Ministry of Health and Long-Term Care's Late Career Nurse Initiative this year?
 - a) If yes, ask when they became aware of the LCNI for this year.
 - b) Follow up: what was the first year they became aware of the LCNI
 - c) If not aware, describe the initiative to the participant, and ask if their organization would be interested in participating in future years.
- 2) Did your organization discuss participating in the LCNI before choosing not to submit a proposal? If it had been discussed, what were the primary reasons or considerations that ultimately led to your organization's decision not to participate in the Initiative?
- 3) How many late career nurses do you have in your organization?
- 4) Has your organization had difficulty retaining your late career nurses? If so, please describe some of the issues that contribute to this difficulty.
- 5) Do you think your organization will put in an LCNI proposal in future years of the Initiative?
- 6) **Would you like to receive a copy of the final report for this study?**

[Turn tape off]

Would your agency do better to receive paper or email surveys? How many? Letter of intro?