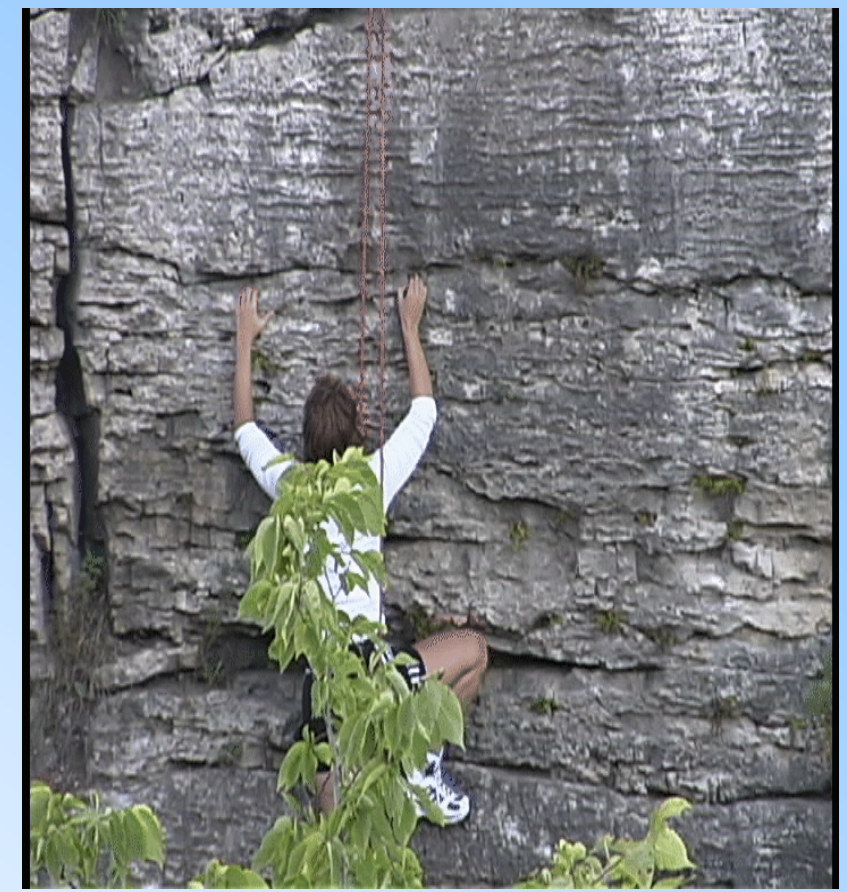
GREY BRUCE Health SERVICES



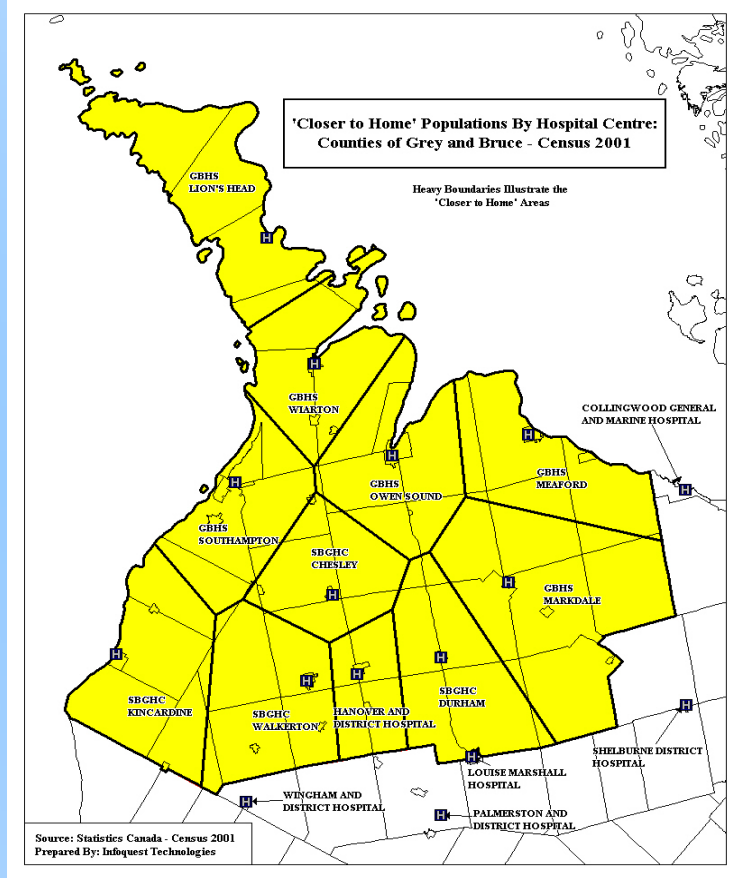
Building Sustainable Nursing Resources in Rural Hospitals: Retaining New Recruits

March 27, 2008

WORKING TOGETHER FOR YOUR CARE

GBHS Context

- 256 inpatient beds across six sites
- 600 employees (675 RN and RPNs)
- Owen Sound Hospital provides regional specialty services across Grey and Bruce Counties.
- Lion's Head, Markdale, Meaford, Southampton and Wiarton Hospitals offer a wide range of emergency and primary inpatient care.
- Clinical services are planned on a corporate basis.



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GBHS Nursing Workforce

Turnover Rate: All Professions

- Region 5 7.31%
- LHIN 2 6.68%
- GBHS 6.96%

30% of GBHS turnover due to retirement

GBHS Nursing Workforce

Retirement

GBHS has the potential to lose:

- 44% of RPNs in the next 5 years
- 46% of RNs in the next 5 years
- 58.5% of RNs in the next 10 years

GBHS Nursing Workforce

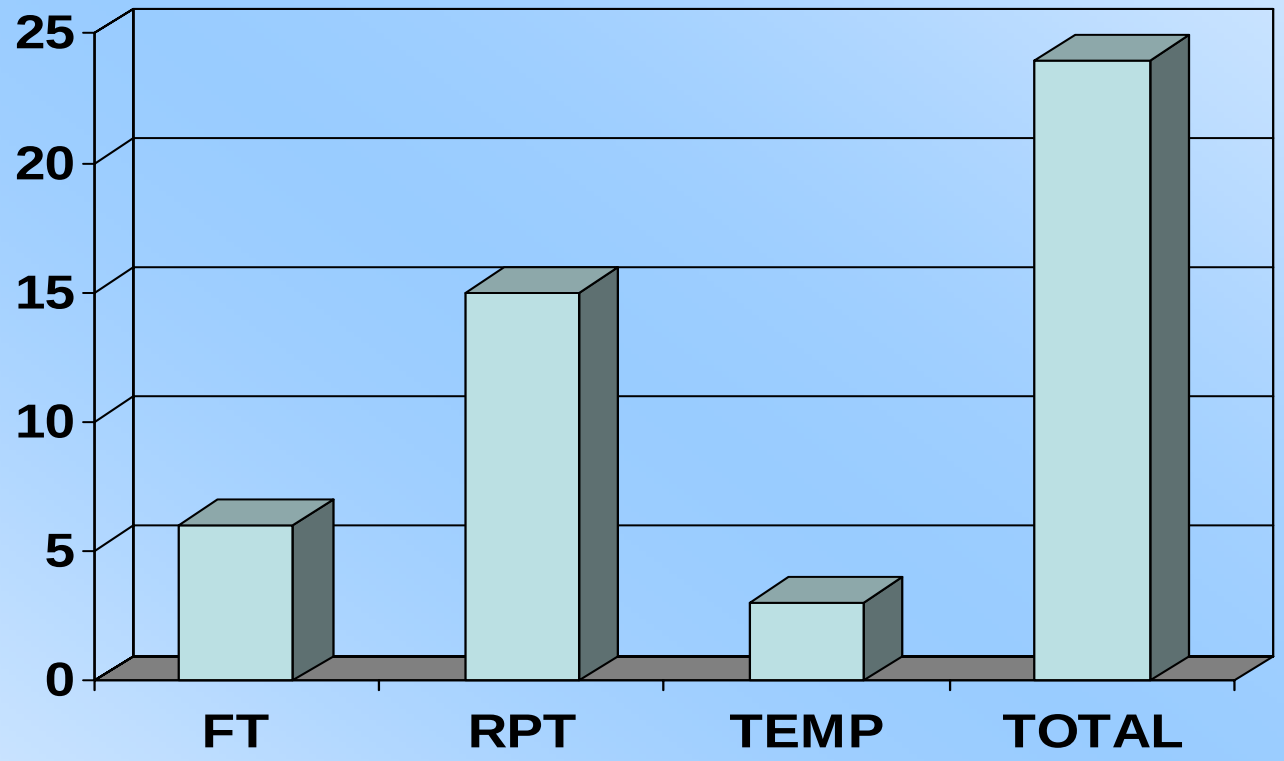
Overall External Hire Rate

- HR benchmark 14.10 %
- GBHS 2.50 %

Overall Internal Transfer Rate

- HR benchmark 55.60%
- GBHS 84.10%

GBHS RN Vacancies



WORKING TOGETHER FOR YOUR CARE

Quality of Worklife – More Context

Interventions 2004 - 2007

- Scheduling consultant
- Build leadership capacity – Mentors, Managers
- Safety walk-about
- Decision Making – Involve frontline nurses on committees, task forces, & clinical planning exercises
- Revitalized employee recognition program
- Late career initiatives
- Re-survey staff on quality of work-life as follow up to 2004 survey

Outcome

- All quality of worklife indicators for RNs increased in the 2007 survey with ‘recognition’ and ‘learning environment’ having significant increases.

The Problem

- At project initiation, 43% of Registered Nurses (238) at Grey Bruce Health Services (GBHS) were identified as having the opportunity to retire within 5 years
- Local College closed program for registered nurses in September of 2007, limiting access to consolidating nursing students
- **Nurse leaders were experiencing a gap between the needed competencies of new nursing graduates hired to this rural environment and the competencies nurses graduated with**
- Outside of a two week corporate nursing orientation, there was **no formal program to integrate new nursing graduates into GBHS**

Goals

- Retain new recruits for one year (100%)
- Retain new recruits for five years (80%)
- Evaluate mentorship program through interviewing 2007 new recruits at 6 months and 2 years

The Nature of Rural Nursing

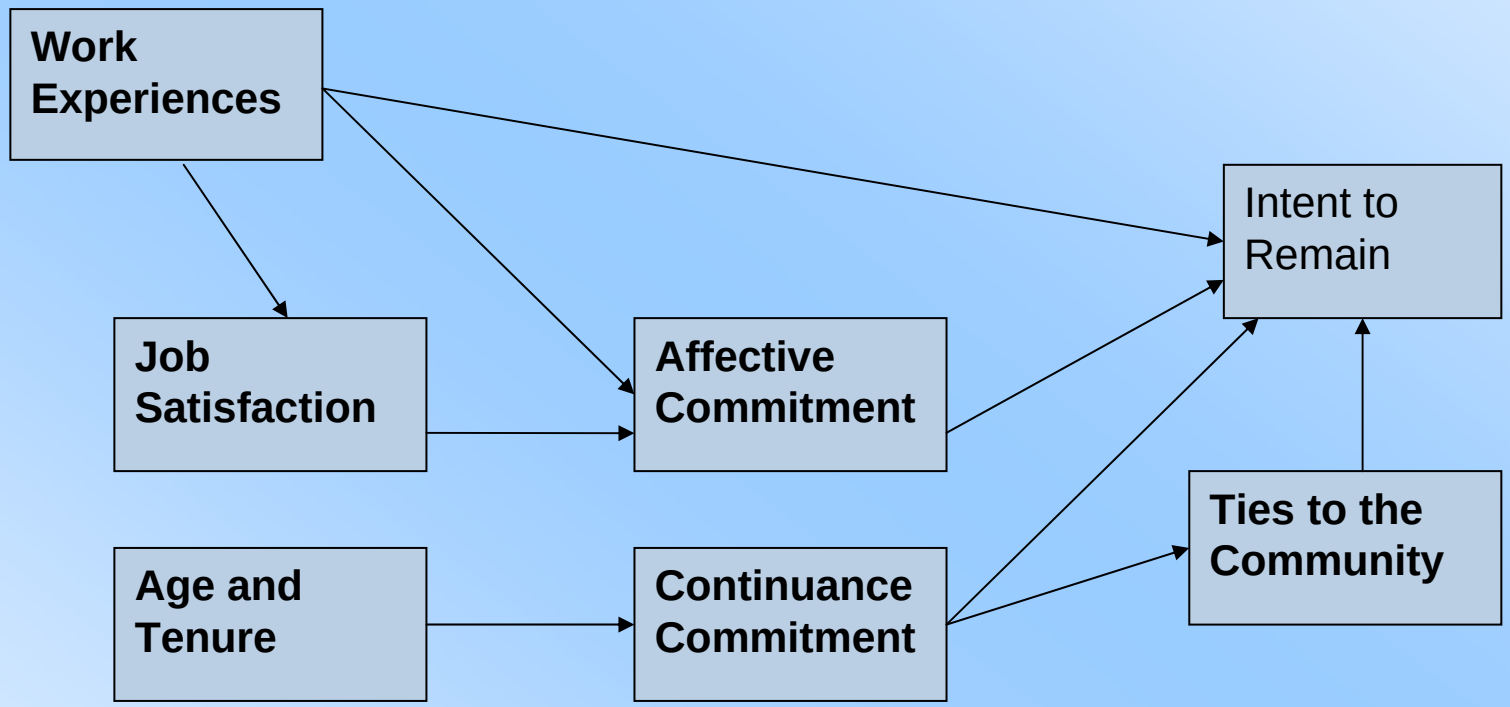
- Definition of Rural Nursing Practice
  - ‘skills and expertise needed by nurses who work in areas where distance, weather, limited resources and little back-up shape the character of their lives and professional practice’ (MacLeod, Brown & Leipert, 1998)
  - ‘specialist generalist’ role where nurses are required to be multi-skilled and competent in a wide range of nursing and non-nursing practice (Hanvey 2005)

Evidence Review: The Nature of Rural Nursing

- Characteristics of Rural Nursing Practice
  - Autonomous, ‘being it’ or ‘we’re it’
  - Work across many specialties
  - Provide care during transfers
  - Limited professional resources
  - Limited access to ongoing education

- Relationship to the community
  - Highly respected in their community, at work and in the community
  - Sought out for their advice in their communities, often in non-work hours
  - Have ‘ties’ to the community, which has been found to be significant in the intent to stay

Hospital nurses intention to remain (Northern Canada)



Workforce Planning Building Blocks

- Planning Tools
- Service Delivery Model
- Professional Practice/ IPC
- Retention
- Succession Planning
- Recruitment
- Manager's Interventions
- Labour Relations And Negotiations

Source: MOHLTC Nursing Secretariat

GBHS Workforce Planning

Target	Building Blocks (MOHLTC Nursing Secretariat)	GBHS Strategies to build capability in each block	Evaluation
GBHS Nursing Workforce Sustainable in all six Hospitals	SELF ASSESSMENT		
	Planning Tools	HRIS system, annual demographic reviews, annual participation in Provincial Nursing Plan, trial researched based workforce planning tool in 08/09	Nursing Quality of Worklife (NCR Picker survey) Patient safety (medication errors, falls, incidence of skin breakdown) Nurse safety (lost time accidents, incidents) Retention rates Vacancy rates Turnover rates Student placements Internal transfer rate Workload and other grievance volumes Sick time Interviews of mentors and mentees
	Services Delivery Model	Model in Southampton and in Surgery changed, RPNs and RNs competencies defined and implemented, evaluation of right nurse, right place in 08/09	
	Professional Practice/ Inter-professional Care	Inter-professional mentorship program, preceptorship program, corporate nursing orientation, intensivist-led model in ICU	
	Retention	Ceiling lifts, *nursing mentorship program,* patient safety walk-abouts, reduced work week for FT, late career initiative, retention task force 08/09	
	Succession Planning	Competent leaderr series, OHA leadership development for PDs, Root Cause Analysis/FMEA and IHI resources in house, Nursing Leadership BPG	
	Recruitment	New grad initiative, billeting program for students, hiring summer nursing students, moving expenses incentive, GreyBruceis4me, member of university advisory committees, recruitment task force	
	Human Resource Mgr Intervention	Consultant report on scheduling, adding predictability to RPT positions, hire a recruiter, resource team	
	Labour Relations Negotiation	Workload grievances reviewed at labour management meetings	

Definition of Mentoring

- Mentoring is a voluntary relationship that provides one-to-one nursing support and guidance from a more seasoned nurse to a novice nurse who is entering a new nursing unit.

  (Canadian Nurses Association, 2004)
- Beneficial for both the mentor and mentee – shared learning occurs
- Longer lasting relationship than preceptorship – literature suggest minimum of 1 year but not limiting to a year

Mentorship as an Intervention for Retention

- Helps the mentee learn
  - Nursing Practice
  - Socialization to Nursing
  - Self Confidence
  - Organizational Knowledge
  - Interpersonal communication
  - Working with others
  - Work persistence

- Helps meet organizational objectives of
  - Nurse retention
  - Nurse job satisfaction
  - Decreased job stress
  - Improved teamwork

Why Choose Mentoring Rather Than Preceptorship?

- Provides the newly hired nurse with a “safe” place to go during periods of uncertainty – the role model, socializer and educator.
- It does not focus as heavily on teaching and learning but rather providing on-going support, guidance and empowerment in the clinical area.
- Provides the ability for the nurse to work independently in the clinical area but allows for mentoring sessions and support over a longer period of time.

Preliminary Work

- Choose a framework – Canadian Nurses Association - *Achieving Excellence: A Guide to Preceptorship and Mentoring*.
- Literature search
- Informal discussion with newly hired nurses – how and what supports were beneficial and needed during their integration to the nursing unit and organization as a whole.
- Determine what needs to be included in the Mentoring Manual

Contents Included in GBHS Mentoring Manual

- Introduction
- Section 1: Preceptorship/Mentoring: What is the Difference
- Section 2: Mentoring Relationship: Roles and Responsibilities
- Section 3: Communication
- Section 4: Nursing Competencies: Benner's Novice to Expert Scale
- Section 5: Mentoring Model
- Section 6: Teaching and Learning: Principles of Adult Education, Learning Styles and Resources

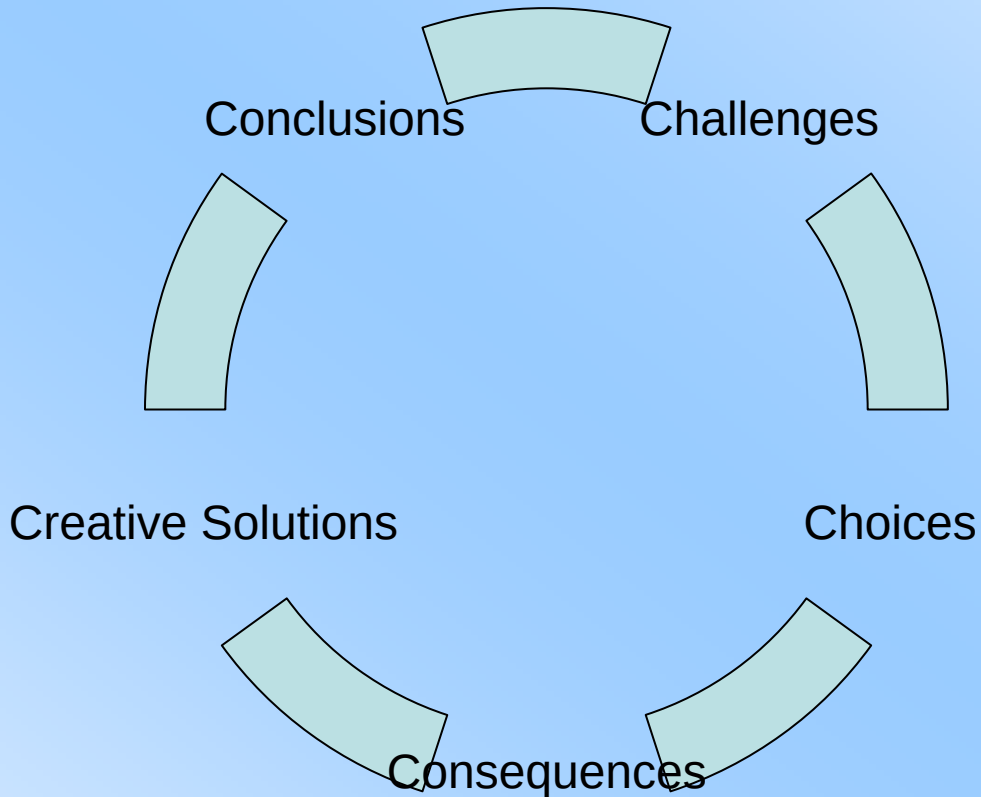
Mentoring Meetings

Graduate Nurse

Green and Puetzer (2002)

Week Number	Frequency	Suggested Meeting Length
Week 1 – 4	Weekly x 4	45 – 60 min
Week 5 – 8	Every other wk x 4	45 – 60 min
Week 9 - 24	Monthly x 3	30 – 45 min
Week 25 - 52	Every other month x 4	15 – 30 min
Week 52	Annual review	30 min

Pegg's (1999) Five C Mentoring Model



Implementation Mentoring Program

Recruitment of 5 new graduates through the HFO Website (much lower that the desired 12-15)

- Interviews to further understand rural nursing competencies
- Mentoring manual reviewed by managers and the CNO
- Timelines confirmed
- Confirmed payment for mentors
- Managers approached experienced preceptors
- ‘Kick-off’ day for mentees and mentors, led by 3 managers and the Chief Nursing Officer

Results to Date

Main Indicator

- 100% retention of the new graduates at the 6 month evaluation (and to date)

Program Evaluation

- Interviews of all mentees at 6 months, have interviewed 1 mentor (plan to interview others)
- Sought information on
  - Ties to the community
  - Mentee/mentor relationship
  - Skills and situations where mentor helpful
  - Situations when the mentor not helpful
  - Suggestions for improvement, prompted on length of program
  - Impact on intent to stay

Information for Program Developers

- Choosing mentors
  - Voluntary
  - Able to build positive relationships
  - ‘good teacher’
- Mentorship methods used
  - Progressive workload
  - Coaching
  - Observation
  - Demonstration
  - Rehearsal
- Length of supernumerary position
  - Query if 3 months too short
  - Might not need 6 months
- Add section to manual on career planning
- Add in a mid-program group meeting to help clarify expectations for last 6 months of the program including how to disengage

Benefits for Mentees

- Build competency and confidence in
  - Managing patient care
  - Setting the stage for building relationships
  - Navigating the system
- Providing the groundwork for independent practice
- Mentor ‘being there’ for the times when they were needed
- Advisor on career planning

Next Steps

- Ongoing support for the dyad in the last 6 months of the program
- Recruitment underway for 08/09
- Trial workforce planning toolkit (NHSRU)
- Build program sustainability
- Expansion of program to experienced nurses
- Growing careers at GBHS - student through to experienced nurse

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Questions?

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