Insights from Nurse Leaders to Optimize Retaining Late Career Nurses

Presentation to

Nursing Leadership Network of Ontario

March 27, 2015

Ontario
Funded by the Ministry of Health and Long-Term Care

NHSRU-KTEP
Nursing Health Services Research Unit - Knowledge Translation & Exchange Program

Purpose

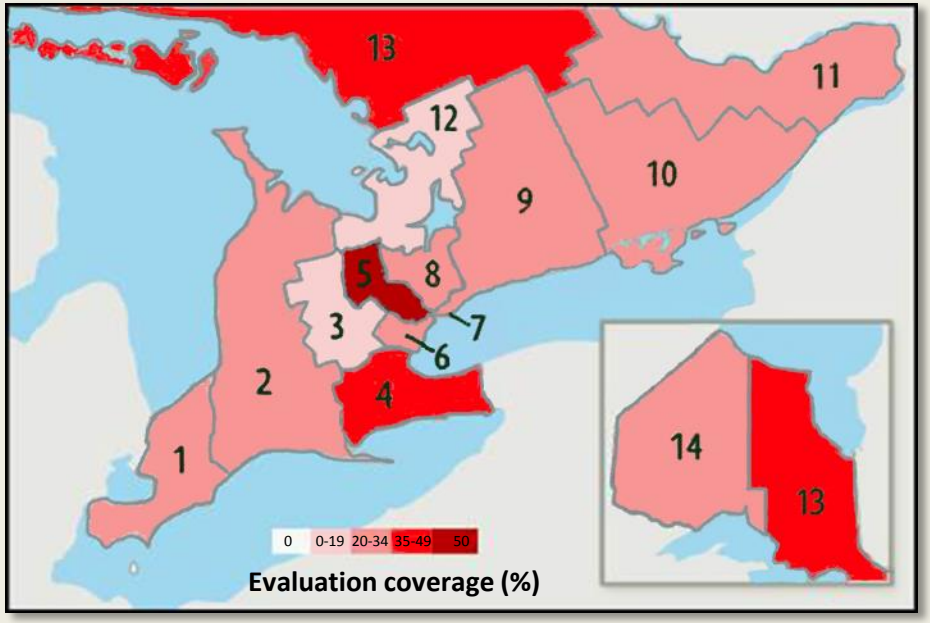
- To explore the perceptions of leaders associated with the implementation of the Ministry of Health & Long-Term Care's Late Career Nurse Initiative (LCNI) for 2012/2013.
- The LCNI provides funding to organizations for the release time of nurses 55 years & older to participate in professional development & quality improvement projects.

Method

- 59 Nurse Leaders from 47 Long-term Care facilities, Home Care, & Acute Care were interviewed.
- All interviews were recorded, transcribed, & analyzed by the research team using a qualitative content analysis approach in identifying key themes.

Interview coverage by LHIN & sectors

1. Erie St. Clair	2 (1 LTC, 1 AC)	8. Central	2 (2 AC)
2. South West	5 (4LTC, 1 AC)	9. Central East	3 (2 LTC, 1 AC)
3. Waterloo Wellington	2 (2 AC)	10. South East	2 (2 AC)
4. Hamilton Niagara	8 (2 AC, 6 LTC)	11. Champlain	7 (2 LTC, 4 AC, 1 HC)
5. Central West	1 (1 AC)	12. North Simcoe Muskoka	2 (1 LTC, 1 AC)
6. Mississauga Halton	2 (1LTC, 1 HC)	13. North East	5 (2 LTC, 3 AC)
7. Toronto Central	5 (4 AC, 1 HC)	14. North West	1 (1 LTC/AC)

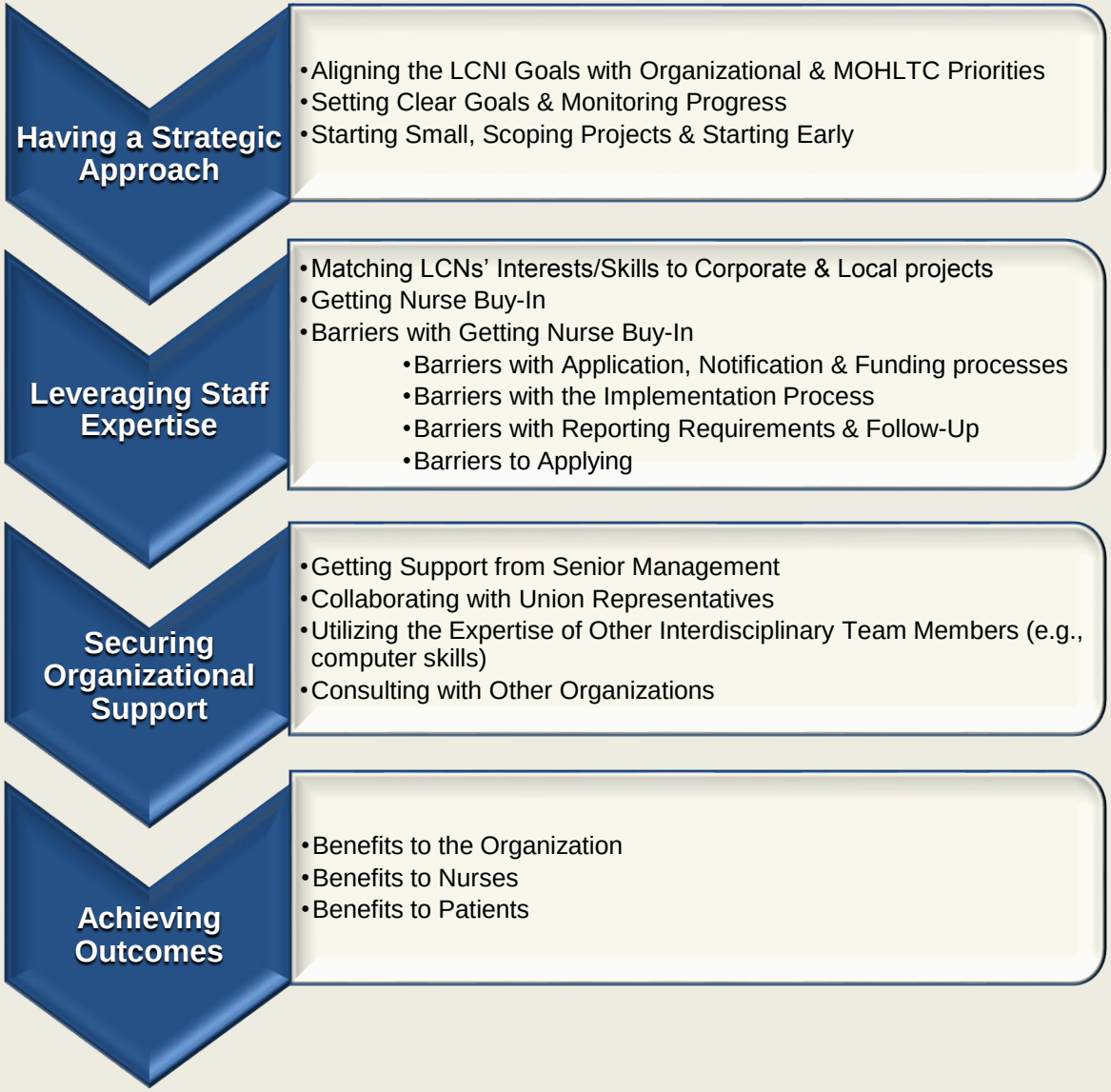


Total: 47 sites
(25.5% of total funded)

Legend:

AC – Acute Care
LTC – Long-Term Care
HC – Home Care

Interviews with Nurse Leaders – Key Themes



“I think it’s a great opportunity for us to look at some of the key strategies as an organization that we want to initiate & support & certainly a lot of them are in alignment with the healthy Ontario strategy, the senior strategy, those are actually some of our corporate goals.” (Hospital 23)

“Don’t have the manager pick what it needs to be, it needs to be the nurses. Have the nurses decide because they need to want to be able to do this. It needs to be beneficial to them, they need to feel good about what they’re doing. We develop that together so they’ve already got the buy in” (Long Term Care 08).

"We had everybody endorse this initiative from our CEO to our middle management, to our union rep to our HR. The implementation team presented to the leadership, to the middle management, to the client services, HR so they really understand the benefits for all the organization, the nurses as well as the clients. We needed to get the leadership on board, including nursing supervisors & managers [and]disseminate information more to the nurses at the point of care. There was definitely a lot of stakeholder consultation that happened". (Home Care 03)

"For the nurses definitely, the feedback received, the fact that the job satisfaction went up & the stress level went down, & all of the nurses that had participated said that they would be interested in participating again." (Home Care 03)

"A great opportunity for nurses at the end of their career to share their knowledge & expertise & be able to participate in QI initiatives or little projects on the floor, they are often able to identify improvements & contribute & feel part of something & it takes away from that arduous schedule of shift work." (Hospital 18)

"The residents are happier, the families are happier, the staff are happier based on the satisfaction level at this point." (Long Term Care 02)

Key Recommendations

To MOHLTC:

- Earlier notification, longer deadlines, a tip sheet with all the relevant deliverables & timelines; flexibility in scheduling (LCN time in weeks rather than shifts; part-time & casual nurses; flexible scheduling); showcasing successful nurse leaders & LCNs.

To Healthcare Organizations:

- Align the LCNI goals with organizational & MOHLTC priorities; Have clear goals & monitor progress; start small & scope projects; leverage staff expertise, interest, & resources; engage stakeholders & get nurse buy-in.

Key Recommendations

To NHSRU-KTEP:

- Conduct retrospective & prospective designs & mixed methods to gain further insight into the impact & experiences at the ***micro*** (LCNs & other age cohorts of Registered Nurses & Registered Practical Nurses); ***meso*** (nurse leaders within health care organizations); & **macro** (provincial decision makers & associations); revise the survey item inventory by eliminating redundant items.

Questions ?