

RESEARCH TO ACTION: APPLIED WORKPLACE SOLUTIONS FOR NURSES Innovation to Solve Regional and National Challenges

CANADIAN FEDERATION OF NURSES UNIONS BACKGROUND



Insanity: doing the same thing over and over again and expecting different results.

Albert Einstein

WHY RESEARCH TO ACTION?

In 2009, the Canadian Nurses Association (CNA) reported that without immediate intervention, Canada would be short 60,000 full-time equivalent (FTE) nurses by 2022. Given that only 58.7% of Canadian nurses work full time (CIHI, 2010), an even higher number of nurses will be required to fill this gap. While increasing the number of new recruits is important, the CNA's report emphasized that workplace reform and retention efforts are considerably more effective. Reducing absenteeism (due to illness and injury) by 50% would be equivalent to adding 7,000 new FTEs over a three-year period; making effective use of RNs and increasing productivity by 1% per year would reduce the shortage by close to half by 2022; and reducing exit rates to 2% for RNs under 60, and 10% for RNs over 60, would reduce it by almost half. In short, the nursing shortage can be managed by addressing a few key issues.

Financial considerations make workplace reform and retention initiatives compelling. The cost of this shortage in paid overtime alone is \$660 million annually (Infometrica, 2011). A national nursing turnover study reported that the average turnover rate is close to 20% per year (27% in ICU), costing an average of \$25,000 per nurse due to temporary replacement costs and initial decreased productivity of new hires (O'Brien Pallas et al. 2008). But most important of all is the effect on patient care. Medical errors, for example, are 38% more likely for every 10% increase in the turnover rate (Ibid.). High absenteeism and turnover are key indicators of unhealthy work environments. The nursing workplace requires support and

transformation if we expect to retain and recruit nurses and provide the health care Canadians deserve.

In an unprecedented display of collaborative teamwork, the Canadian Federation of Nurses Unions initiated partnerships with employers, unions, governments, universities, and professional associations to create the Research to Action (RTA) project. The project brought 10 innovative research-based retention and recruitment strategies to life for front-line nurses across the country.

THE RTA PROJECT OUTCOMES FAR EXCEEDED INITIAL EXPECTATIONS

- 500+ nurses participated in mentorship workshops; 140+ nurses engaged in mentorship relationships.
- Overall, nurses were engaged on 1,719 occasions, including training and professional development activities.
- 60+ stakeholders, including employers, governments and unions, developed or improved working relationships at the national, provincial and local levels.
- 140+ unique events promoted knowledge transfer within and across jurisdictions and professions.

An evaluation of the RTA project, conducted by Dr. Gail Tomblin-Murphy and her team, reported:

- A 97% increase in job satisfaction by the end of the project
- A 66.7% increase in professional development activates for front-line nurses
- A 147% higher perception of leadership and support
- A 10% decrease in turnover, overtime and absenteeism
- Renewed enthusiasm, improved morale, increased empowerment and occupational commitment, and a greater intention to remain in the profession

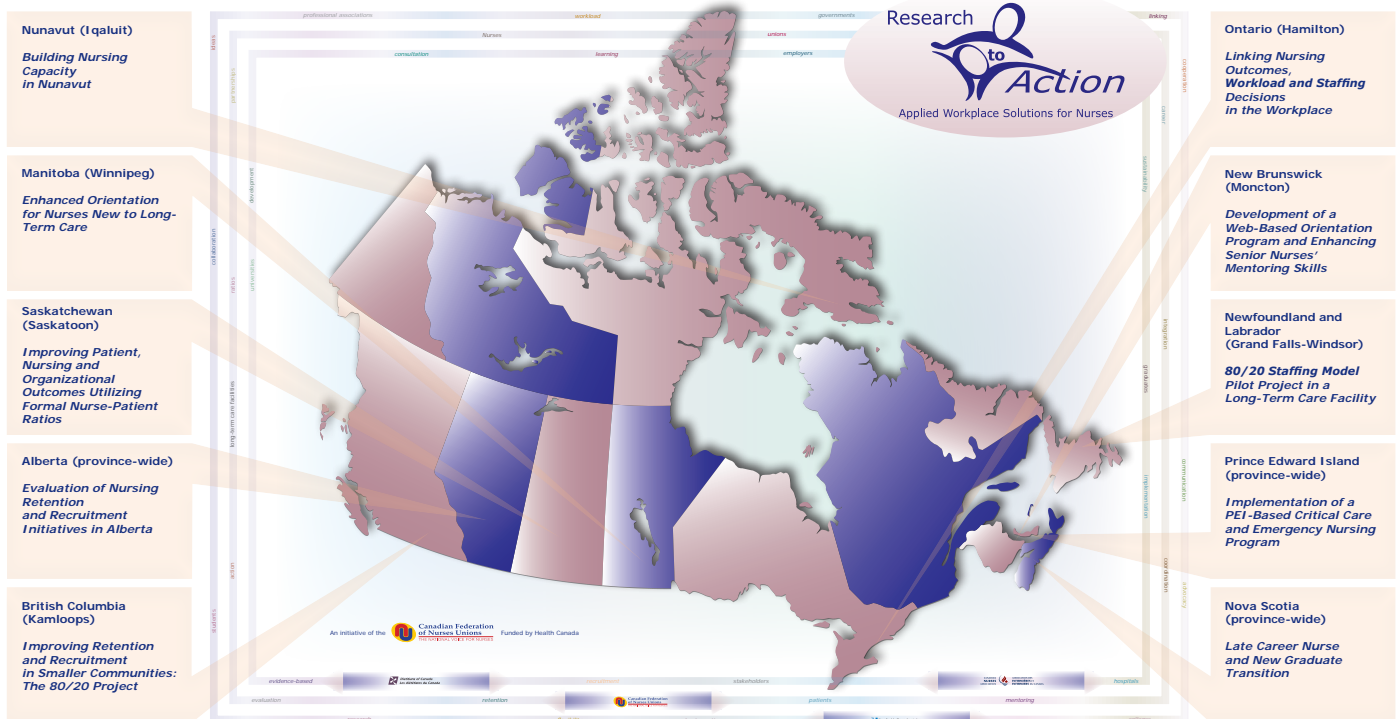
Bottom line:

Nurses were happier at work, better prepared, and more likely to stay on the job.

RTA 1 - JUST THE BEGINNING

The RTA partners experienced the power of collaboration and demonstrated that positive change requires all stakeholders to take responsibility. The RTA project already has a visible and well-regarded legacy seen in revitalized workplaces, collaborative working relationships, increased capacity within sites and regions, and new infrastructure, resources, tools and skills. Despite these promising examples, this was only a first step — there is still much to do to ensure a healthy nursing workforce is in place to meet the needs of Canadians. Our current partners and all of the provincial and territorial principal nursing advisors have indicated a strong desire to build on our initial success, and to properly address the nursing shortage. Employers from across the country have expressed the desire to participate in a future project, seeing the tangible opportunity to address local needs while pioneering projects that will serve as the foundation for a sustainable nursing strategy. We need to continue RTA's work and capitalize on this enthusiasm.

Research to Action: Applied Workplace Solutions for Nurses



RESEARCH TO ACTION – QUICK FACTS

(www.thinknursing.ca/rta)

Project collaboration

From October 2008 to March 2011, the Canadian Federation of Nurses Unions, in partnership with the Canadian Nurses Association, the Canadian Healthcare Association and the Dietitians of Canada, led the RTA project. Ten pilot projects in ten jurisdictions were developed in partnership

with local partners and each was led by its own provincial/territorial steering committee. The partners contributed resources, both in dollars and in-kind support. Each project focused on an aspect of nursing practice, identified as particularly relevant to the jurisdiction. Financial support from Health Canada made this project a reality.

Pilot projects and legacy highlights



Nunavut

Provided professional development resources as well as mentorship opportunities to nurses working at the only acute care facility in the territory. Legacy: critical care training, leadership training, teaching tools, a patient simulator and other equipment in Iqaluit have greatly enhanced the ability to provide care and further professional development. Communication and coordination with the Ottawa Hospital (which receives patients from Iqaluit) has been enhanced.



Prince Edward Island

Implementation of critical care and emergency nursing programs in the province so that nurses no longer need to take the five- to six-week courses in Nova Scotia. Legacy: patient simulator and other equipment, teaching tools and trained clinical nurse educators remain in place. A proposal to establish an ongoing PEI-based program utilizing an 80/20 staffing model was submitted to the PEI government.



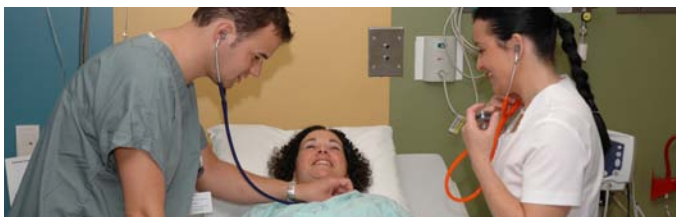
Newfoundland and Labrador

Implementation of an 80/20 staffing model for nurses in a small long-term care facility in a rural setting. Legacy: after the project, a 90/10 staffing model was developed with plans to implement it in other facilities in the health region. The project also led to the development of a region-wide falls-prevention program.



Nova Scotia

Province-wide implementation of an 80/20 staffing model; development of a mentorship program; and an enhancement of the web-based HSPnet to help new nursing graduates find jobs in the province. Legacy: mentorship workshop tools and resources were developed and are available province-wide. HSPnet now helps graduates find work in the province.



New Brunswick

Implementation of an enhanced on-line orientation program in French for newly hired nurses and a mentorship program in the Beauséjour zone of the Vitality Health Network. Legacy: enhanced mentorship program has continued and guides remain available. The electronic orientation program is ongoing.



Saskatchewan

Implementation of the 'Synergy' staffing model on an acute care unit. The model facilitates staffing decisions by providing nurse-to-patient ratios based on the characteristics of patients and nurses. Legacy: the staffing tool remains in use and continues to be refined.



Ontario

Implementation of a nurse staffing tool ('dashboard') on eight acute care units to increase nurse engagement in staffing decisions based on the needs of patients and available resources. Legacy: the staffing tool remains in use and continues to be refined.



Alberta

Evaluation of seven retention and recruitment initiatives implemented in the province. Legacy: the evaluation shows the initiatives lead to greater satisfaction, confidence and work-life balance, and a decrease in stress and absenteeism. The findings are informing decision-making regarding future retention and recruitment initiatives.



Manitoba

Implementation of an enhanced orientation program for nurses new to long-term care at three facilities. Legacy: the Manitoba government has provided funding to implement the program province-wide. PEI Health and Wellness is also using the program in its LTC facilities.



British Columbia

Implementation of an 80/20 staffing model for professional development of nurses working on a unit of an acute care facility in a smaller interior city. Legacy: the Interior Health Region has adopted several protocols developed through the project.