Building Capacity in Nursing Human Resource Planning

A Best Practice Resource for Nursing Managers

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North York General Hospital
SickKids
St. Joseph’s Health Centre (Toronto)
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A significant struggle in recent Canadian and Ontario health system reform activities involves the need to better align the required supply of health professionals to the demand for health services. While the demand for services applies to a range of health professionals, nurses make up the largest group of health care providers in Ontario’s health care system.

**Key Challenges Faced by the Nursing Profession (MOHLTC, 2007):**

**Retirements:** Over half of the nursing workforce is over the age of 45, and will be eligible for retirement within 10 years – 55,000 of Ontario’s nurses will be retiring.

**Instability:** Unstable employment patterns, heavy workloads and fewer supports for entry to practice negatively impact retention in the profession.

**Gaps in Capacity:** Employers lack the capacity to identify their own human resource (HR) needs.

**Need for Change in Practices:** Employment practices and labour agreements impact rates of full-time employment among new graduates. Only 14% of Registered Practical Nurses (RPNs) and 40% of Registered Nurses (RNs) secured full-time employment in 2005.

To address these needs, the Ministry of Health and Long-Term Care (MOHLTC) HealthForceOntario funded 17 projects (demonstration sites) in 2008, aimed at developing and implementing best practices for nursing planning linked to the following building blocks: Planning Tools, Service Delivery Model, Professional Practice/Interprofessional Collaboration, Retention, Recruitment, Manager Interventions, and Labour Relations and Negotiations.
Toronto's large acute care centres – Mount Sinai Hospital, North York General Hospital, SickKids, St. Joseph's Hospital, St. Michael's Hospital, Sunnybrook Health Sciences Centre and Toronto East General Hospital – have considerable experience and expertise in managing their workforce challenges. To leverage their individual efforts, in 2007 these hospitals partnered with the Lawrence S. Bloomberg Faculty of Nursing at the University of Toronto and eventually became a HealthForceOntario demonstration site project for the development of a HR best practice toolkit with a focus on: Planning Tools, Manager Interventions, Recruitment, Retention, and Professional Practice/Interprofessional Collaboration.

A primary objective of the Toolkit project is to build nursing HR planning capacity among nursing managers to attain the optimal number of nursing staff with complementary skills working in a healthy workplace environment to achieve the best patient outcome.

The purpose of the demonstration site project is to create a partnership network to facilitate the sharing of knowledge regarding nursing HR planning practices among the above-mentioned hospitals, and ultimately with other jurisdictions through the MOHLTC HealthForceOntario.

Overview of the Toolkit

The Toolkit Project facilitated the sharing of knowledge among partner organizations and ultimately resulted in the development of this best practice toolkit. Organizational and nursing manager practices were collected from each partner organization to identify best practices and current challenges with nursing HR planning.

This Toolkit:

- is an inventory of the tools and resources that are currently used by partner organizations for nursing HR planning or that are available in the literature, research and published practices from other jurisdictions;
- provides an overview of current orientation and integration practices aimed at new graduate nurses; and
- represents a compilation of resources readily available for use by nursing managers in all partner organizations and more broadly within the nursing community through the MOHLTC HealthForceOntario and through http://www.mountsinai.on.ca/nursing.
Key Recommendations from the Partnership Network

As individual organizations, the partnership network has gained considerable expertise in HR planning. All partner organizations have benefited from the comprehensive review of nursing HR planning practices. The coordinated approach for the collection and interpretation of data was conducted so that the information can be widely adopted by other health care organizations to support nursing HR planning.

1. Funding for future initiatives should be aimed at supporting the uptake and implementation of initiatives identified in the evidence and toolkit to advance the capacity of nursing HR planning at the organization and unit level.

2. Role expectations, educational preparation and opportunities for professional development for first-line managers vary among organizations. Evidence suggests that there are specific leadership and management competencies for first-line nursing managers that are tied to outcomes for nurses, patients and organizations. Future initiatives should be aimed at defining core competencies and providing formal mechanisms to assist nursing managers to achieve them.

3. Organizations should ensure that adequate training is provided to first-line nursing managers to develop skills in effective HR management including planning and forecasting, recruitment and interviewing, bias free hiring, and use of different types of recruitment and retention strategies.

4. Organizations should provide structures for internal and external networking for first-line managers. First-line managers identify peer mentoring and access to, and support from their direct supervisor as the most common mechanisms for attaining competency in nursing HR planning and other leadership and management skills. Organizations should consider developing formal mentorship and support programs for first-line managers.

5. Organizations should provide nursing managers with consolidated and consistent reports of HR information in order to assist nursing managers to effectively manage and plan for nursing human resources. Currently information tends to come from disparate sources and information systems at different time intervals. Strategies that seek to consolidate information in regular reports would improve the planning and evaluation cycle of nursing HR management. Integrated reports should include data on:
   - budgeted (full-time equivalent) FTEs and utilization in FTEs for full-time, part-time, casual, agency staff;
   - utilization in FTEs for sick time, over-time, education, orientation, benefit hours such as vacation; and
   - retirement trends in past years and future projections based on age of staff.

6. Nursing managers should be provided with guidance in the understanding, analysis and utilization of reports on HR planning and encouraged to review their planning on a regular basis.

7. Regular reviews of staffing and scheduling procedures are recommended (minimum yearly) in order to be responsive to the recruitment and retention issues. In addition, triggers such as staff complaints, increased sick time or over-time may warrant a review and further action.
8. In our interviews with experts, all nursing managers stated that in learning about staffing and scheduling, most had relied on their colleagues for support or taught themselves – formal mechanisms for learning staffing and scheduling techniques would have been very helpful to them as new nursing managers.

9. Creating healthy workplace environments, providing adequate training opportunities for new nurses, as well as supporting professional development are important steps in both the recruitment and retention process.
Understanding the Situation

Health human resources (HHR) are critical to meeting the health needs of Ontarians. Policy makers and health care managers are challenged to ensure that the right number of people with the right skills are available at the right time to deliver health services for population needs, at an affordable cost. While this challenge applies to all health care providers, nurses make up the largest group of health care providers in Ontario’s health care system.

Ontario’s population – and hence its demand for nursing services – has continued to grow steadily. Policy choices made during the 1990s resulted in a 40% reduction of student seats in Canada’s nursing schools thus severely reducing the supply of nurses. Evidence of acute nursing shortages in large urban hospitals has been surfacing since 2000 (Baumann et al., 2006a). Currently, for each nurse under the age of 35, there are 2 nurses over the age of 50 (CIHI, 2007). Despite a greater availability of full-time work for new graduate nurses, this group continues to account for more than 50% of total nurse turnover in some hospitals and between 35% and 60% of new graduates changing workplace during the first year (Newhouse et al., 2007). All of this is occurring just as the baby boomers are approaching retirement.

Key Challenges Faced by the Nursing Profession (MOHLTC, 2007):

Retirements: Over half of the nursing workforce is over the age of 45, and will be eligible for retirement within 10 years – 55,000 of Ontario’s nurses will be retiring.

Instability: Unstable employment patterns, heavy workloads and fewer supports for entry to practice negatively impact retention in the profession.

Gaps in Capacity: Employers lack the capacity to identify their own HR needs.
**Without interventions to attract and retain nurses in Ontario, we will face a critical shortage that will impact our ability to care for the population.**

*Need for Change in Practices:* Employment practices and labour agreements impact rates of full-time employment among new graduates. Only 14% of Registered Practical Nurses (RPNs) and 40% of Registered Nurses (RNs) secured full-time employment in 2005.

The nursing profession needs to be able to accurately project nursing HR requirements and develop proactive recruitment and retention programs that “are cost effective, promote positive nursing socialization, and provide early exposure to the clinical setting” (Wittman-Price & Kuplen, 2003, p.37). Critical factors for recruiting and retaining nurses are effective HR planning, quality integration of new nurses into the workforce and the perception of the support nurses experience in the workplace and for early career nurses during their first time employment.

Governments and the education system have responded to these system pressures and demands.

- The number of seats in schools of nursing has increased significantly since 2000 (Canadian Nurses Association, 2008).
- MOHLTC HealthForceOntario has invested significant resources in supporting full-time work for new graduate nurses through its *Nursing Graduate Guarantee* initiative (https://www.hfojobs.ca).

Despite these encouraging initiatives and a decade of intense attention, in the here and now, nursing managers are still called to meet the challenges of matching supply with demand.
Project Overview

Where Did the Toolkit Project Start?

On April 1, 2008, MOHLTC HealthForceOntario funded 17 projects (demonstration sites) aimed at developing and implementing best practices for nursing HHR planning. These projects cross health sectors, organizations and Local Health Integration Networks (LHINs).

There are 2 principles used to guide the demonstration site approach:

1. Employ an approach that is relevant and accessible to specific sectors
   - Development of tools at the grassroots level
2. Foster collaboration between organizations
   - A vehicle for ongoing sector and LHIN engagement and collaboration
   - Promotes sector and system-wide solutions
   - Encompasses and aggregates knowledge across nursing profession (e.g., includes tools across RNs and RPNs; accounts for sector variances while building on commonalities)

There are 4 goals for the demonstration sites:

1. Resources planning that balances:
   - Nursing HR
   - Organizational outcomes
   - System outcomes
   - Patient outcomes
2. Support informed decision-making at the organizational level as it relates to HHR planning.
3. Pool resources across the province and share best/promising practices in nursing HR planning and management.
4. Ensure active implementation across a range of sectors and organizations.

The Demonstration Site Project framework as identified by MOHLTC HealthForceOntario identified 8 elements or building blocks associated with nursing HR planning efforts. This Toolkit addresses 5 of the building blocks*:

1. Planning Tools*
2. Service Delivery Model
3. Professional Practice/Interprofessional Collaboration*
4. Retention*
5. Succession Planning
6. Recruitment*
7. Managers’ Interventions*
8. Labour Relations & Negotiations

Who Was Involved in the Toolkit Project?

Toronto’s large acute care centres – Mount Sinai Hospital, North York General Hospital, SickKids, St. Joseph’s Hospital, St. Michael’s Hospital, Sunnybrook Health Sciences Centre and Toronto East General Hospital – have considerable experience and expertise in managing their workforce challenges. To leverage their individual efforts, in 2007 Mount Sinai Hospital led the development of a network and partnered with the Lawrence S. Bloomberg Faculty of Nursing at the University of Toronto to become a MOHLTC HealthForceOntario demonstration site project for nursing HR planning.

These organizations formed a partnerships network, and were funded by the MOHLTC HealthForceOntario as one of the demonstration projects, called “The Nursing Human Resource Best Practice Toolkit” Project.

Building on a Foundation for Success:

- Our partnership network was positioned for success through our combined experience with the initiatives championed by the Nursing Secretariat and HealthForceOntario, the strengths we possess in managing the current workforce challenges, and our partnership with the University of Toronto.

- The strength of our partnership network was that it provided an unprecedented knowledge translation strategy that outlined the state of evidence, including the scope of the evidence in different health care organizations and was linked to practice-based initiatives.

- The project addresses a much needed gap in the next steps to providing an integrated approach across academic sites and the university – an “immediate knowledge to action” process.

Toronto’s large acute care centres – Mount Sinai Hospital, North York General Hospital, SickKids, St. Joseph’s Hospital, St. Michael’s Hospital, Sunnybrook Health Sciences Centre and Toronto East General Hospital – are among the largest employers of nurses in the Greater Toronto area.

- Together, they employ 6,053 RNs and 400 RPNs.
- They recruit a significant number of new graduates every year.
- As of April 1, 2007 their combined participation in the MOHLTC HealthForceOntario Nursing Graduate Guarantee initiative has resulted in 460 RN and 37 RPN full-time jobs for new graduates.
What Was the Purpose of the Toolkit Project?

The purpose of the demonstration site project was to facilitate the sharing of knowledge regarding nursing HR planning practices among the abovementioned hospitals, and ultimately with other jurisdictions through the MOHLTC HealthForceOntario. With Mount Sinai Hospital as the project lead, a number of steps were taken to launch the demonstration project, including the drafting of a survey tool to generate an inventory of existing HHR tools and strategies that are relevant to the content of the proposed toolkit by:

- gathering and analyzing data regarding practices from the above mentioned hospitals;
- gathering and analyzing data regarding practices from nursing managers employed at the above mentioned hospitals; and
- reviewing the literature, research and published practices from other jurisdictions on HHR best practices.

This Toolkit is based on the results of the review of hospitals’ and nursing managers’ practices and the review of literature. The Toolkit focuses on nursing HR utilization within the acute care sector.

The overall goal of the project was to build nursing HR planning capacity among nursing managers that would help attain optimal numbers of nursing staff with complementary skills working in a healthy workplace environment to achieve the best patient outcome.

An expert workshop held on March 5, 2009, was used to disseminate information about this Toolkit to front-line nursing managers responsible for HR planning within the partnership network’s organizations.

Toolkit Overview

The Toolkit Project facilitated the sharing of knowledge among partner organizations and ultimately resulted in the development of this best practice toolkit. Organizational and nursing manager practices were collected from each partner organization to identify best practices and current challenges with nursing HR planning.

This Toolkit:

- is an inventory of the tools and resources that are currently used by partner organizations for nursing HR planning or that are available in the literature, research and published practices from other jurisdictions;
- provides an overview of current orientation and integration practices aimed at new graduate nurses; and
- represents a compilation of resources readily available for use by nursing managers in all partner organizations and more broadly within the nursing community through the MOHLTC HealthForceOntario and through www.mountsinai.on.ca/nursing.
Chapter 1 of the Toolkit provides an overview of the framework that was developed and used to inform the writing of the Toolkit. Building upon 4 guiding principles (evidence-based decision making; systems-based collaborative approach; comprehensive long-term HR planning; and population-based HR planning), the Toolkit combines findings from the literature with data from the partner organizations and provides valuable information related to 5 building blocks: 1) planning for nursing HR needs, 2) nursing managers’ HR interventions, 3) recruitment, 4) professional practice, and 5) retention.

Chapter 2 explores planning for nursing HR needs. Its focus is on identifying regularly used planning tools (such as: FTE indicators, utilization reviews, workload measurements and forecasting models), and the context in which they are used.

Chapter 3 describes nursing managers’ HR interventions in planning with a focus on scheduling practices and tools. Interventions such as combining part-time lines, conversion of part-time, sick time, over-time, and other staffing issues are addressed.

Chapter 4 focuses on recruitment strategies at the organizational and unit level. The chapter identifies target groups for recruitment, and explores target-specific recruitment strategies such as clinical placements, recruitment campaigns, and mentorship/preceptorship programs that attract nurses to an organization.

Chapter 5 engages in a discussion on retention strategies. Once again, group-specific retention strategies and trends are identified (new nurses, for instance). These include: intergenerational retention strategies, rewards, recognitions and flexible work hours.

Chapter 6 discusses elements pertaining to professional practice. Actions to develop nursing professionals, steps toward interprofessional collaboration, and issues in policy-making and education are addressed.

Chapter 7 of the Toolkit provides important information related to sustaining HR planning activities.

Why Was a Toolkit Needed?

Recent initiatives by the MOHLTC HealthForceOntario have provided considerable financial resources to health care settings in Ontario for new graduates and for other initiatives that require additional recruitment and education of nurses (e.g., Rapid Response Teams, additional critical care beds, etc.). There is agreement within the nursing community of the important aspects of nursing HR planning, yet despite this activity, little coordinated practice action has occurred (McGillis-Hall et al., 2006).

There is an immediate need for evidence-based planning tools that support organizations and nursing managers in effective planning, recruitment, integration and retention of nurses. We have selected the 5 building blocks listed above because they represent common foci for each of the partnership network organizations, and they represent where partners have self-identified specific areas of both strength and need for further development.
**Who Is the Toolkit for?**

Nursing HR planning can and should occur at a number of levels in the system and within organizations. Researchers and professional nursing organizations have developed a substantive body of knowledge about planning efforts aimed at national and jurisdictional levels. Translating these findings into actionable steps for organizations and front-line nursing managers is the focus of this Toolkit.

The Toolkit was written for 2 specific target audiences:

1. Organizations (e.g., individuals who are responsible for planning for HR needs at an organizational level)
2. Nursing managers (e.g., individuals who are responsible for planning HR needs at a departmental/unit level)

The Toolkit will help organizations:

- develop a coordinated planning approach to nursing HR planning;
- review and better use data currently available in their organization to provide a baseline measure of their nursing human resources; and
- inform nursing leaders about relevant workforce trends, facilitate planning, increase forecasting accuracy, strengthen recruitment and retention strategies and provide for workforce continuity.

The Toolkit will help nursing managers:

- bring a disciplined approach to workforce planning that the nursing manager can implement;
- use data currently available in their organization to provide a baseline measure of their unit’s nursing human resources; and
- address planning at the nursing unit level because it is written from the perspective of nursing manager’s day-to-day reality (unlike most published workforce planning models).

**How Was the Toolkit Developed?**

Three strategies were used to develop and collect the information and resources contained within the Toolkit:

1. A review of best practices from literature, research and published practices from other jurisdictions.
2. Surveys and interview data collected from organizations and nursing managers.
3. Tools/templates collected from partnering organizations.

**The Literature Review**

**Databases**

Select electronic databases (CINAHL, Medline, Pubmed, ERIC) were searched from 2000 to 2008, and restricted to English language only. Manual searches of specific journals such as Canadian Journal of Nursing Leadership, Journal of Nursing Management, Journal of Nursing Administration and Leadership quarterly were completed to ensure that the search was exhaustive and complete.
**Websites**

Seven websites were searched for relevant research reports:

1. Institute for Work & Health, [http://www.iwh.on.ca](http://www.iwh.on.ca)
5. Canadian Health Services Research Foundation, [http://www.chsrf.ca](http://www.chsrf.ca)

**Search Terms**

The key terms searched were: Nursing and/or: HR planning, workforce planning, scheduling, staffing, recruitment, professional practice, retention, new graduates, late career, generation X, mentorship, preceptorship, burnout in nurses, multigenerational nurses, leadership, manager span of control, team building, interprofessional teams, and magnet hospitals.

**Partner Organization Data Collection**

A multi-method exploratory study was conducted using 2 surveys and key informant interviews. The data collection framework was structured around Pettigrew and Whipp’s (1993) theoretical framework of strategic management. This framework has been used to learn about organizational performance, including health care, and focuses on data collection in 3 areas: the context or why of change (internal and external triggers); the what of change (objectives, purposes and goals); and, the how of change (processes). HR is a strategic initiative, and context, content and process factors work synergistically to effect organizational performance (Ketchen et al., 1996).

**Organizational Practices & Nursing Managers’ Surveys**

Using an iterative process, the Expert Panel using the data collection framework, developed 2 surveys to identify:

- why organizations and nursing managers initiate nursing HR planning;
- what the current organizational practices are related to nursing HR planning; and
- how organizations and nursing managers use data and information to identify and plan for their HR requirements.

An Organizational Practices Survey was completed by the chief nurse executive (or his/her delegate) for each partner organization. The survey addressed questions related to each of the 5 building blocks.

- Questions were designed using both closed and open questions.
- Descriptive statistics were used to collate responses to closed questions and thematic analysis of quantitative responses was completed.
- Data analysis was completed using SPSS version 16.0.
The Nursing Manager Practices Survey was sent out through an electronic link using SurveyMonkey®. All nursing managers in each of the partner organizations were invited to respond to the survey.

- A total of 155 surveys were distributed and 107 surveys were returned, indicating a 69% response rate.
- The nursing managers who responded were mainly from the general medicine or general surgery units. Others who participated came from a background of emergency department, post-anesthesia care unit, operating room, ambulatory care, neonatal intensive care unit (NICU), mental health, intensive care unit, coronary care unit, nursing home, rehabilitation, resource team and obstetrics.
- These nursing managers had a mean of 50 RNs reporting directly to them. A few nursing managers had staff other than RNs as direct reports; these managers had a mean of 7 RPNs and/or 16 non-nursing personnel.
- The experience level ranged from 1 to 10+ years and the distribution was equal amongst the categories.

**Key Informant Interviews**

The purpose of the interviews was to develop an understanding of nursing managers’ reflections about how they engage in nursing HR planning; what supports are available to them and what information they perceive as useful to them in further developing their skills in nursing HR planning. Interview questions were reviewed by the Toolkit’s Expert Panel, and a guided interview method was used. Interviews were taped and transcribed. Thematic analysis was conducted to generate common themes.

Interviewees included nursing managers responsible for nursing HR planning within one of the 6 partnership network organizations. A total of 26 individuals were interviewed, and equally represented the partner organizations. Those who participated in the interviews had a mean of 7 years of management experience and had been in the organization on average for 15 years.

**How Should I Use this Toolkit?**

The Toolkit is designed to be practical, so that you can follow a series of steps to nursing HR planning. Each chapter follows a similar outline:

- Introduction and definition of the building block
- Discussion of the similarities and differences comparing the literature and findings from our data collection activities
- Common Steps to take to achieve the chapter’s goals
- A Case Study to help you interpret and apply the content in each chapter
- Sample tools/resources to help you in your planning activities
What Approaches Have People Used in the Past?

Health Human Resource planning should and can occur at many levels. Researchers suggest that it is only when planning starts occurring with the cooperation of a plurality of levels – where policy makers, nurse leaders, educational authorities, and other key stakeholders, start working more collaboratively – that system change will be achieved and service demands will be more adequately met (McGillis-Hall. 2006; Malloch et al., 2003). Understanding planning at national and jurisdictional levels provides an external context for the planning efforts of organizations and nursing managers.

Over the years, a variety of health care service delivery models have been used to identify HHR needs. Some have focused almost exclusively on the supply of physicians and nurses, rather than the way all health care professionals are supplied and needed (ACHDHR, 2005). Others have adopted simple models based on a “supply and demand” concept that uses past or current utilization patterns as their data. Researchers and health professionals have identified gaps in these approaches, claiming that they base their staffing planning on weak data and questionable assumptions (ACHDHR, 2005).

Jurisdictions that base their approach on past utilization trends, for instance, “tend to plan for the past rather than the future” (ACHDHR, 2005, p.5). Tomlin Murphy argues that such strategies have left Canada in a recurring cycle of over- and under-supply of health human resources (Tomlin Murphy, 2004). In addition, strategies in the past have collaborated insufficiently with the education systems that produce their health care providers. Quite often, the mix and rates of newly graduated health care providers leaving the education system have been determined by academic and/or institutional factors, as opposed to an identified need in health service delivery (ACHDHR, 2005).
Put simply, there are 2 main limitations with previous, non-needs-based planning approaches:

1. They cannot anticipate and respond to the changing populations and health system needs.
2. Projecting supply needs on the basis of historical registered health care provider-to-population ratios (Malloch et al., 2003) or past utilization trends (ACHDHR, 2005) fails to consider the health care needs of the population.

There is general consensus and recommendation by a variety of sources that a needs-based HHR planning strategy be adopted as a national standard (CMA/CNA Green Paper, 2005; ACHDHR, 2005; Tomlin Murphy et al., 2007). There are a number of documented attempts to apply a needs-based approach to HHR. To learn more, please review the information provided in Appendix 1.1. You will find a short description of the available resources and details about how to access these documents.

**How Was the Toolkit Framework Developed?**

Within the context of jurisdictional and national HHR planning efforts, the Toolkit Project was designed to assist organizations and first-line nursing managers to conduct effective future planning in nursing human resources at the level of a patient care unit.

Leslie Vincent and Mary Agnes Beduz, co-principle investigators from Mount Sinai Hospital led the development of a Partnership Network consisting of 7 acute care university-affiliated hospitals and Dr. Linda McGillis-Hall from the Lawrence S. Bloomberg Faculty of Nursing. An Advisory Committee provided oversight and guidance for development of the scope of the project, and the membership of an Expert Panel and facilitated data collection and participation of nursing managers at each member organization. A list of the members of the Advisory Committee and Expert Panel is provided in Appendix 1.2.

*Vision: Having an optimal number of nursing staff with complementary skills working in a healthy workplace environment to achieve the best patient outcomes.*

To guide the development of the Toolkit Project, a framework was created by the Expert Panel (see Figure 1). This framework reflects the vision of the Partnership Network, whose overall vision is to support organizations and first-line nursing managers to achieve one common goal: *having an optimal number of nursing staff with complementary skills working in a healthy workplace environment to achieve the best patient outcomes.*

This vision is achieved when best practices in each of the 5 building blocks are integrated into an overall nursing HR plan that is founded on guiding principles that HHR planning should be: population-based, comprehensive and long-term, a systems-based collaborative approach and evidence-based.
Figure 1: Building Capacity in Nursing Human Resource Planning: Best Practice Resource for Nursing Managers – A Framework

Source: Toolkit Project Expert Panel
Guiding Principles

HHR models are reflective of the political and economic choices and social values underlying a particular health care system (Dreesch et al., 2005). In publicly funded health care systems, access to services is allocated based on need and epidemiology is the main determinant of HHR requirements (Birch et al., 2003). The following principles underpin the model and formed the agreed upon assumptions expressed by the Expert Panel.

HHR planning must account for the needs of a population (O’Brien-Pallas et al., 2007). It does not assume that health care needs remain constant. Changing population health needs are relatively complex. Health needs also vary by gender, age group, education level and place of residence. Effective planning requires that changes in population health needs be measured over-time. Organizations and nursing managers need to develop an awareness of the external environment and how it impacts on service delivery and nursing HR needs.

The following are examples of websites that provide recent reports on health services trends:

- Accreditation Canada (www.accreditation-canada.ca)
- Canadian Institute for Health Information (CIHI) (www.cihi.ca/cihiweb/dispPage.jsp?cw_page=hhrdata_e#nurses)
- Canadian Nurses Association (www.cna-nurses.ca)
- Health Canada (www.hc-sc.gc.ca)
- Health Care Human Resource Sector Council (www.hcsc.ca/AboutusatHCHRSC- Fall07_files/AboutusatHCHRSC_Sept2007.htm)
- HealthForceOntario (www.healthforceontario.ca)
- Local Health Integration Network ( LHIN) activities (www.lhins.on.ca)
- Nursing Health Services Research Unit, University of Toronto and McMaster University (www.nhsru.com)
- Ontario Ministry of Health and Long-Term Care (www.health.gov.on.ca)
- Registered Nurses’ Association of Ontario (www.rnao.org)
- The Canadian Healthcare Association (www.cha.ca)
- The Ontario Hospital Association (www.oha.com)
The time horizon for most HHR planning models is generally no more than 10 years. At the operational level, organizations and nursing managers use much shorter planning cycles, with long-term planning considered to occur every 2 to 5 years. Baumann (2007) recommends tying HHR planning to the organization’s strategic planning cycle with periodic reviews. Most organizations undergo yearly financial planning cycles; tying nursing HR planning to these cycles is one way to ensure continuous review. Malloch et al. (2003) argues for comprehensive workforce planning with built-in monitoring that occurs every 3 to 6 months until desired HHR levels are achieved.

Nursing HHR planning requires systems thinking. Health care services are produced by a combination of various human and non-human resources, and both the quantity and quality of health care services will depend on the level and mix of resources (Birch et al., 2003). For example, Birch et al. (2003) found that hospital-based nurse productivity (measured by the average number of episodes of care per FTE nurse) was determined by both the bed capacity of the hospital and the average severity level of the patients. The presence of allied health professional staff, support services and community supports will impact on the severity and length of stay of inpatients, which in turn determines the need for nursing resources (Birch et al., 2003). Simply put, planning for nursing human resources must occur within the broader context of the health care organization and local systems, and what works for one unit or organization may not work for another.

Dreesch et al. (2005) identify a process to account for varying levels of resources available for planning:

- Identify the needs for services, based on the incidence and prevalence of health problems, demographic characteristics of the population and the targets identified in health sector strategic plans.
- Identify the interventions required to deliver these services, at each level of care, based on the strategies proposed by various programs.
- Identify the tasks and skills required to deliver those specific interventions, at each level of care, using a functional job analysis.
- Identify possible overlap/synergies between skills and possible time-savings effected by combining various skills; build in productivity.
- Express time requirements in FTEs.
Evidence-informed health service management enables nursing managers to determine the mix of services and procedures that will give the greatest benefit to the population served, at the lowest possible risk and cost, from the resources available (Muir, 2004).

The term ‘evidence’ differs in meaning, depending on how it is used:

- evidence has specialized meanings when used with respect to specific fields, such as policy, scientific research, or law;
- evidence is used by many authors largely to refer to research evidence, but research evidence is often contested;
- “evidence-informed” considers the use of the best available evidence for decision-making, such as data, research studies, expert opinion, program evaluation, media, values, competency/skills, legislation, politics and politicians, and protocols, among others.

This Toolkit attempts to link the best available research evidence, together with local experience, in order to inform decision-making for operational level nursing HR planning. The Toolkit also provides practical guidance through the use of structured tools for planning, on how to effectively use information in decision-making, and how to develop an ongoing planning process.
Understanding the Building Blocks

The Partnership Network’s Advisory Committee selected 5 key building blocks or elements of nursing HR as a subset from those developed by the MOHLTC HealthForceOntario. A definition and focus is provided below for each building block.

**Planning for Nursing HR Needs**

**Definition:**
My organization regularly uses planning tools such as: FTE indicators, utilization reviews, workload measurements and forecasting models.

**Focus:**
Vacancy report; balanced scorecard; capacity assessment for yearly forecasting

**Nursing Managers’ HR Interventions**

**Definition:**
My organization uses different interventions such as combining part-time lines, conversion of part-time, sick time, over-time, and takes steps to address overstaffing.

**Focus:**
Workload reviews; maximizing full-time/part-time ratios; minimizing use of agency and over-time; leadership orientation; patient care manager workshops on scheduling and workload management strategies.

**Recruitment**

**Definition:**
My organization uses recruitment strategies such as MOHLTC HealthForceOntario, clinical placements, and marketing recruitment campaigns to attract nurses to our organization.

**Focus:**
Capitalizing on students (nursing externship), innovative roles for clinical exposure, clinical student nurse role, Nursing *Graduate Guarantee* initiative, focused recruitment campaign, internationally-educated nurses.

**Retention**

**Definition:**
My organization uses retention strategies such as innovative staffing models for job shares and/or position shares, workplace supports, cross-professional learning, and initiatives to support healthy work environments (HWEs).

**Focus:**
Intergenerational retention strategies (new graduate, mid career, and late career), research advancing practice program, rewards and recognition.

**Professional Practice**

**Definition:**
My organization supports and is active in developing nursing professionals and is active in interprofessional collaboration through initiatives such as: mentorship/preceptorship, orientation, and career path planning (among others).

**Focus:**
Orientation, mentorship, personal touch onboarding/socialization, career path planning.
### Appendix 1.1

**Applying a Needs-Based Approach to HHR**

The following list of resources will help you apply a needs-based approach to your HHR planning.

<table>
<thead>
<tr>
<th>Title</th>
<th>Needs-based health human resources planning: the challenge of linking needs to provider requirements</th>
</tr>
</thead>
<tbody>
<tr>
<td>Author(s)</td>
<td>Tomblin-Murphy G, Birch S, MacKenzie A</td>
</tr>
<tr>
<td>Year</td>
<td>2007</td>
</tr>
<tr>
<td>Description</td>
<td>Tomblin-Murphy et al. (2007) conducted a comprehensive review of the available literature on needs-based HHR planning. This may be helpful as a background document for those interested in needs-based planning efforts. The review provided an evaluation of the current status of the available research and synthesized studies that reported attempts to use needs-based HHR planning. The importance of collaborative practice in interprofessional teams was also a point of interest for many studies.</td>
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<thead>
<tr>
<th>Title</th>
<th>A Framework for collaborative pan-Canadian health human resources planning.</th>
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<tbody>
<tr>
<td>Author(s)</td>
<td>Federal/Provincial/Territorial Advisory Committee on Health Delivery and Human Resources (ACHDHR)</td>
</tr>
<tr>
<td>Year</td>
<td>2005</td>
</tr>
<tr>
<td>Description</td>
<td>The Federal/Provincial/Territorial Advisory Committee on Health Delivery and Human Resources has promoted a framework that collaboratively engages all jurisdictions in planning for an optimal number, mix and distribution of health care providers. The framework is based on system design, service delivery models, and population health needs. The emphasis is on developing a delivery model that enhances and acknowledges the interdisciplinary aspect of the health care team. This document will help you understand the theoretical and “bigger picture” elements behind adopting a collaborative pan-Canadian HHR framework.</td>
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<thead>
<tr>
<th>Title</th>
<th>Toward a pan-Canadian planning framework for health human resources: a green paper.</th>
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<tbody>
<tr>
<td>Author(s)</td>
<td>Canadian Nurses Association/Canadian Medical Association</td>
</tr>
<tr>
<td>Year</td>
<td>2005</td>
</tr>
<tr>
<td>Source</td>
<td><a href="http://www.cna-nurses.ca/CNA/nursing/hhr/forecasting/default_e.aspx">http://www.cna-nurses.ca/CNA/nursing/hhr/forecasting/default_e.aspx</a></td>
</tr>
<tr>
<td>Description</td>
<td>The Canadian Medical Association and the Canadian Nurses Association: argued for a multi-jurisdictional, collaborative needs-based approach. The framework based itself on an evaluation of demographics, as well as epidemiological, cultural and geographic factors. For those interested in needs-based, pan-Canadian and collaborative approaches to HHR, consult the strategies and actions proposed by the authors.</td>
</tr>
<tr>
<td>Title</td>
<td>The Atlantic health human resources planning study</td>
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<tr>
<td>-------</td>
<td>-----------------------------------------------</td>
</tr>
<tr>
<td>Author(s)</td>
<td>Birch S, Kephart G, O’Brien-Pallas L et al.</td>
</tr>
<tr>
<td>Year</td>
<td>2005</td>
</tr>
<tr>
<td>Source</td>
<td><a href="http://www.ahhra.ca">www.ahhra.ca</a></td>
</tr>
<tr>
<td>Description</td>
<td>Birch et al. developed a framework that includes demography, epidemiology, levels of care, and productivity. This framework was used to create a simulation model that measured the supply and need for health care providers within an organization. Consult this document as a background document to further understand a multi-factored HHR planning framework. It also demonstrates how such a framework is put into practice. This framework was also adopted to test a number of policy scenarios. This framework attempts to demonstrate how policy makers can plan for changes, as opposed to respond to them.</td>
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<tr>
<th>Title</th>
<th>HR investment center member toolkit: forecasting future workforce demand</th>
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<tbody>
<tr>
<td>Author(s)</td>
<td>The Advisory Board Company</td>
</tr>
<tr>
<td>Year</td>
<td>2007</td>
</tr>
<tr>
<td>Source</td>
<td>Contact the author</td>
</tr>
<tr>
<td>Description</td>
<td>This is a toolkit to help with forecasting future workforce demand. The tool was produced by the Advisory Board, and is available for free to members. There are 5 steps and 11 tools included within the Toolkit. The user guide reviews a) targeting workforce planning efforts, b) collecting data inputs, c) populating the workforce demand forecaster, d) evaluating supply channels, and e) assessing accuracy of forecasts.</td>
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<tr>
<th>Title</th>
<th>Human resources planning and the production of health: a needs-based analytical framework.</th>
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<tr>
<td>Year</td>
<td>2007</td>
</tr>
<tr>
<td>Source</td>
<td><a href="http://www.hrhresourcecenter.org/node/1254">http://www.hrhresourcecenter.org/node/1254</a></td>
</tr>
<tr>
<td>Description</td>
<td>Birch et al. provide a needs-based analytical framework using the production of health care services and multiple determinants of HHR requirements. The requirements for HR depend on 4 elements: demography, epidemiology, standards of care, and provider productivity. It is linked to the Birch et al. (2005) document, which shows the development of a simulation model for HHR Planning. Use this as a background document for researching the benefits and complexities of needs-based frameworks.</td>
</tr>
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<thead>
<tr>
<th>Title</th>
<th>Nursing workforce management: using benchmarking for planning and outcomes monitoring.</th>
</tr>
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<tbody>
<tr>
<td>Author(s)</td>
<td>Malloch K, Davenport S, Milton D, Hatler C.</td>
</tr>
<tr>
<td>Year</td>
<td>2003</td>
</tr>
<tr>
<td>Source</td>
<td>Journal of Nursing Administration 33(10), 538-43.</td>
</tr>
<tr>
<td>Description</td>
<td>Malloch et al. provide a model for using benchmarking for HHR Planning. They underline the importance of using population demographic data, health care needs of the population, and nurse resource factors to improve the accuracy of projection statistics. Ultimately, this document emphasizes the need for ‘evidence-based’ planning. Consult this document for tips on how to incorporate benchmarking in your organization or department.</td>
</tr>
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Appendix 1.2
Advisory Committee and Expert Panel Members

The Nursing Human Resource Best Practice Toolkit Project
Advisory Committee Members

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Introduction

Needs-based HR planning tools help nursing managers and other decision-makers determine workforce needs in both short- and long-term planning activities. There are a number of tools available to aide in decision-making processes, but using the tools requires access to appropriate data sources (i.e., appropriate measurement and interpretation of health needs). Data that inform the use of the tools include patient population and patient outcomes, existing staff mix, knowledge, skills, and educational competencies; operational budget; and recruitment and retention patterns. The most common methods used to inform staffing decisions include frameworks for nurse staffing, nurse-to-patient ratios and workload measurement systems.

We have conducted a literature review and a survey of our experts to learn more about the most effective strategies in HR planning that are currently used by nursing managers and organizations. The following definition and questions were used to guide the research process:

**Guiding Questions: Effective Strategies in Nursing HR Planning**

**Building Block Definition:**
- My organization regularly uses planning tools such as: FTE indicators, utilization reviews, workload measurements and forecasting models.

**Context:**
- Why does planning occur?
- At which levels does planning occur? (corporate, departmental, unit)

**Content:**
- What factors/variables do nursing managers need to consider when undertaking workforce planning?

**Process:**
- Who does the planning?
- How often does workforce planning happen? (long-term 2 to 5 years, short-term yearly or based on needs)
Comparing Findings from the Literature & our Data Collection

Both the literature and the data collected from our partner organizations acknowledged the importance of planning for the incorporation of new graduate nurses as part of the staff team. There was also agreement of and acknowledgement for the difficulties in identifying appropriate sources and systems that can be used to collect HR and financial data to inform the workforce planning process. In our surveys, for instance, nursing managers and organizations commented that financial and HR reports often come from different sources at different times, some only by request, and that information is not consolidated or analyzed by the organization.

The literature explores the benefits of possessing an integrated long- and short-term HR plan. Interviewees from our data collection noted that provider roles are continuously changing and the environments in which they work are complex and adapting so that their workforce planning is often reactive. Interviewees reported that they would benefit from additional knowledge and training in workforce planning, particularly with respect to long-term planning.

Workforce Planning: What Are Organizations and Nursing Managers Reporting?

Over the course of our survey and interviewing process, we took note of organizations’ and nursing managers’ general choices and preferences in data sources for decision-making in HR planning. The results of the data collection are provided below.

Most commonly, organizations use unit staffing profiles, retirement projections, workforce projections, and capacity analysis for forecasting as tools to guide their HR planning activities. Specific reports that are often used included: absenteeism and agency use reports; employee status reports, workload utilization reports, and over-time reports; educational hours, orientation hours and vacancy reports; and position control/staffing reports.

Similarly, nursing managers also used unit staffing profiles, retirement projections, workforce projections and capacity analysis for forecasting, and tools to guide their HR planning activities. Specific reports that are often used by nursing managers included: absenteeism reports; agency use; orientation hours; education hours and vacancy reports; and position control/staffing reports. Further information collected from interviews showed that nursing managers use the following strategies for maximizing resource planning: tracking trends in vacancies, sick time, turnover, retirement, and focus on students; planning grids; and capacity analysis.

Based on our interview and survey findings, planning for positions that need to be filled primarily happened when a vacancy occurred or during the yearly budget. We also found that planning was done by first-line nursing managers, who received assistance from their immediate director and the HR department. However, nursing managers generated most planning requests and were responsible for administration of the process. The majority of first-line nursing managers (52%) reported they had one-year forecasting plans, while 10% of nursing managers had a 2 to 5 year forecasting plan.

Our survey results suggest that forecasting tools such as a capacity analysis tool are being underused. However, those who stated that they did use the tool suggested that it was very effective in assisting with forecasting the needs of the unit and helping to determine how many nurses to hire for the coming year. One organization uses its capacity analysis tool to support tight monitoring of its nursing HR plan.
Common Steps for Nursing HR Planning

We recommend using 5 common steps for nursing HR planning. These steps are meant as a general guide to understanding different facets of the nursing HR planning process. Use them as a template, a general checklist or as a springboard for creating your own HR planning strategies to fit your organization’s needs.

**Step 1: Assess Existing Nursing HR Planning Activities**

**What Are Some Common Methods for Nursing HR Planning?**

Nursing managers may already be using a variety of different strategies within their organization (McGillis-Hall, 2006). These range from more formal methods such as adopting frameworks for nurse staffing purposes, using standardized nurse-to-patient ratios, using nursing workload measurement systems, or more “informal” methods such as using intuition, “gut” feeling, or professional judgment in making nursing HR decisions.

Consider the following points in order to assess how your organization currently supports effective nursing HR planning:

1. Some organizations use specific tools, such as forecasting tools or capacity analysis tools to help nursing managers use their current financial and HR data to inform their nursing HR planning decisions. In your organization, what nursing HR planning tools are available for you to use? Who can help you find this information?

2. Organizations often produce a variety of financial and HR utilization reports. Do you have access to and understand how to best use these reports to inform your nursing HR planning decisions? Who can help you to use this information more effectively?

3. Being aware of what your organization currently provides and understanding some basic steps in nursing HR planning can help to inform your nursing HR plans more effectively. Based on the information in this toolkit, you may wish to request additional information from your organization for planning.

Understanding your organization’s (or your own personal approach to) current methods of HR planning will help you in a number of ways. First, taking an inventory of your strategies will help you point out the gaps in your approach and help you pinpoint ways to improve it. Second, understanding the strategies that you have already adopted may help you identify the needs of your community and staff.
Step 2: Determine Nursing HR Planning Needs

The most important barrier to HR planning is the absence of the necessary data required to address and support planning (Tomblin-Murphy et al., 2007). This includes data that inform us on the specifics of patient population and patient outcomes, existing staff mix, knowledge, skills, and educational competencies in our organization. Greater efforts to coordinate the collection and interpretation of data are needed. It also involves linking nurse staffing characteristics with patient outcomes.

What Are Some Commonly Used Data Types or Sources?

Organizations often routinely collect and produce a variety of financial and HR data that can be used to inform nursing HR planning. The following are some examples of common data that are of use to nursing managers in developing a profile of their current nursing workforce (adapted from Baumann et al., 2006b).

- Employee age distribution
- Length of service in organization
- Time in current position
- Professional category (RN, RPN)
- Budgeted positions
- Employment status reports (full-time, part-time casual, temporary)
- Workload utilization
- Over-time hours
- Agency hours
- Absenteeism (paid or unpaid leave)
- Educational hours
- Orientation hours
- Vacancy rate
- Turnover rate
- Retirement rate; average age of retirement
- Number of maternity, educational or other types of leaves

Collecting and analyzing baseline data on nursing HR is an essential first step in understanding and planning for change (Baumann et al., 2006b). Regular review of this data can help to accurately forecast needs, facilitate recruitment and retention strategies, and ultimately ensure the goal of having an optimal number of qualified nursing staff to achieve the best patient outcomes. As a next step, try to develop a nursing HR profile that will help you determine the current profile of the nursing workforce in your unit or organization. Understanding the patterns and historical data for a nursing unit or team is essential to effective forecasting of nursing requirements.
Step 3: Plan at the Unit/Departmental Level

Organizations and nursing managers must address staffing challenges and develop strategies that will ensure an appropriate supply of nurses. This involves hiring an appropriate number of nurses for both current and anticipated workload needs. While there is no one best way to accurately predict future workload needs, nursing managers must constantly juggle a variety of factors when making these decisions.

Now that we understand the current picture, what else needs to be considered when undertaking workforce planning at the unit or departmental level? Plan for the future by creating an age profile of your staff.

In order to create an approach to managing and planning for your aging workforce, there are a series of steps that will be helpful in your HR strategy (Hart, 2007):

- Assess the internal age of demographics by professional group in your organization.
- With this data, plot where your workforce will be in 1 to 5 years.
- Identify when retirements are likely to occur.

These steps will help you create projections about future staffing needs in relation to retirement rates only. However, they do not include factors such as economic conditions, supply of college graduates, internal organizational growth, business expansion/compression, community demographics, or other contextual factors that you may need to consider.

What Factors at the Unit/Departmental Level Should Be Considered?

There are at least 5 factors for you to consider for planning activities that occur at the unit or departmental level (McGillis-Hall, 2006):

1. Level of experience and skill mix of nurses
2. Knowledge about turnover rates of nurses
3. The use of over-time and agency nurses
4. The needs and future needs of the type of patients cared for on your unit
5. Financial resources and budget

Below is a description of these variables for you to consider (McGillis-Hall, 2006).

1. *Level of experience and skill mix of nurses.*

   New nurses require mentoring and support, since their experience and skill level may impact the overall number of staff assigned to a particular shift. Skill mix refers to the number of RNs and RPNs delivering patient care. This decision is based on the acuity and complexity of patients on a particular nursing unit. The College of Nurses of Ontario provides guidelines to help nursing managers determine how to utilize RNs and RPNs to best meet patient needs (CNO, 2008). Organizations need to determine the regulated/unregulated skill mix for all units. Considerable research has demonstrated that higher proportions of regulated staff are associated with lower unit rates of medication errors and wound infections; better self-care, mobility and social...
functioning at hospital discharge; better pain outcomes for medical-surgical and obstetrical patients; and higher satisfaction with nursing care for obstetrical patients (McGillis-Hall et al., 2003).

2. Knowledge about turnover rate of nurses

The term ‘turnover rate’ refers to the number of staff that leaves a nursing unit, divided by the total number of staff required to fully staff the unit. Staff may leave a unit because they transfer to another department or job within the organization, or perhaps they leave the organization either voluntarily, involuntarily or because they retire. Understanding the historical patterns of how many staff leave on a yearly basis (within your own organization) helps to predict how many staff you may need to hire over the next year. High turnover rates have been associated with factors that lead to poor work environments such as: heavy workloads, long hours, injuries and poor relations with other professions (CNAC, 2002). Monitoring turnover rates and being able to trend or benchmark your rate is one way to assess the quality of your unit’s work environment.

3. The use of over-time and agency nurses

The Registered Nurses’ Association of Ontario (2005) suggests that at least 70% of nurses should have full-time employment. Many organizations have strategies in place to achieve this target. At the unit level, improving efficiency might be related to whether or not the costs incurred by agency use and over-time hours could be used more effectively for permanent full-time and part-time positions. Some organizations have used float pools as a means of providing flexible unit staffing and permanent full-time employment opportunities (organizational survey results). Implementing the right mechanisms to address workload issues will improve patient, nurse, and system outcomes (McGillis-Hall, 2006).

4. The needs and future needs of the type of patients cared for on your unit

Collecting and analyzing data about the patient population served by your organization is an essential first step in matching nurse staffing to patient needs. This can be done by reviewing relevant literature, consulting with similar units or checking data from previous years’ experience. At the unit level, reviewing the following elements may be helpful in understanding the characteristics of your patient population:

- number of patients and demand for service (unit average occupancy);
- patterns and trends in census;
- average length of stay;
- conditions or illnesses experience by patients;
- level of complexity of treatment needs, as well as direct and indirect care requirements; and
- patient expectations for service (patient satisfaction results).
If your organization uses a workload measurement system (WMS), you may consider using the results to guide the development of a nursing HR plan. WMSs typically identify the following:

- direct nursing care requirements of the patients;
- indirect nursing care requirements of the patients; and
- unit related activities (Dechant, 2006).

WMSs can help you estimate the utilization of nursing services. Utilization levels retrospectively measure how well a unit was staffed relative to patient care needs (O’Brien-Pallas et al., 2004). These systems vary among organizations, and nursing managers should become familiar with their own organization’s WMS and its applicability in predicting workload and staffing requirements.

5. **Financial resources and budget**

All health care organizations have rigorous financial reporting and specific budgets for all functional areas. Nursing managers have financial as well as clinical accountability. They are responsible for monitoring and interpreting financial reports, and identifying areas where change in the type, volume or patient activity is likely to impact on costs. The staffing budget is created from the staffing mix and is impacted by labour contracts (Hibberd et al., 2006). The staffing plan for a unit must be aligned with the financial resources that are allocated. Understanding your utilization of staff for direct care, cost of benefits, over-time, sick time, orientation and education is essential to effective planning. In addition you need a clear plan for the requirements and utilization of RNs, RPNs and Unregulated Health Care Workers based on the health care needs of the patients.

**Step 4: Make the Data Meaningful**

According to some of the literature, the most common methods used to inform nurse staffing decision-making include frameworks for nurse staffing, nurse-to-patient ratios, and workload measurement systems (McGillis-Hall et al., 2006). Here are some examples of planning tools for you to use (examples of the tools are included in the appendices of Chapter 2):

- Workload Utilization Reports
- Unit Staffing Budget Worksheets
- Nursing Capacity Analysis Tool

**Workload Utilization Reports**

The data used for decision-making should be coordinated and interpreted in a way that addresses and supports nursing HR planning. Many have suggested using a WMS to identify trends in nursing staffing ratios, data on nurses’ case mixes, or other rates of nursing hours designated per patient within a given organization.
WMSs allow for the calculation of the hours of care provided for each patient per 24-hours. Organizations may use different workload measurement systems; however, these systems generally only provide an estimate of how many hours of care (direct, indirect and unit-specific activities) for each patient per 24-hours. Nurse staffing can be measured at the unit level as patient workload hours divided by the worked hours (Hibberd et al., 2006).

\[\text{Utilization} = \left( \frac{\text{Patient Workload Hours}}{\text{Nurse Worked Hours}} \right) \times 100\]

Patient workload hours reflect the hours required to provide patient care per 24 hours (direct, indirect and unit-related). Worked hours includes paid breaks and minutes allocated to unpaid breaks since it includes the minutes a nurse is unavailable to provide care. Thus the maximum utilization for any staff is considered to be 93% because that is the time that a staff nurse is available to provide care.

**Example: Calculating utilization over a 12-hour shift for one nurse**

\[\text{Utilization} = \left( \frac{9.56}{11.25} \right) \times 100 = 85\%\]

Evidence has shown that when utilization is calculated retrospectively, optimal levels for nursing units should be 85%, plus or minus 5%. At this level, benefits include (Meyer et al., 2007):

- Lower costs;
- Improved patient health; and
- Potential for nurse retention.

**Unit Staffing Budget Sheets**

A unit budget staffing sheet is a tool that nursing managers use to calculate how many caregivers are required for a nursing unit. It calculates the daily staffing levels according to the following: shift, replacement relief required for vacation, sick time, and statutory holidays, orientation and education requirements. The worksheet can easily be adapted to any organization according to a variety of planning factors (e.g., type of worker, constant care). Over-time is usually calculated later during the budget projection for a unit, as this is a particular utilization of direct care FTEs. This process allows the nursing manager to align unit staffing with the budgeted FTEs. The tool also calculates staffing for all levels of staffing on the unit, including management and clerical staff.
**Nursing Capacity Analysis Tool**

This is a predictive tool that allows for the forecasting of staff needs for the next year. The tool calculates how many staff will need to be hired over the next fiscal year. It calculates HR needs by subtracting the number of staff available, from the number of staff required and budgeted for, in order to provide estimates of the care required for a one-year period. The number of staff available is based on current full- and part-time FTEs, minus projected retirements, turnover, and known upcoming paid and unpaid leaves of absence. It can also calculate allowances for over-time, casual and agency staff, as well as increases or decreases in service, and skill mix redesign *(Appendix 2.3)*. In addition to forecasting for yearly planning, these tools can be used for continuous monitoring of unit-level nursing HR plans. Used in this manner, nursing managers complete the capacity analysis tool on a weekly basis and project their HR needs over 12-week periods *(Appendix 2.4)*.

**Step 5: Monitor Nursing HR Planning Activities**

**How Often Does Workforce Planning Happen?**

While there is no set rule, generally, planning can be considered long-term (e.g., 2 to 5 years), short-term (e.g., yearly) or based on needs. The Canadian Nurses Association and the Canadian Medical Association note that planning in Canada needs to involve: improving medium to longer term supply projection models, and increasing sufficient opportunities for Canadians to train for professional careers in Canada *(Hadley et al., 2005)*. Not only does HR planning have to occur, but a way of monitoring HR planning efforts must also be implemented. Monitoring activities should occur every 3 to 6 months until desired HR criteria is achieved *(Malloch et al., 2003)*.

Deciding when you can and/or will discuss the data may be just as influential to your success as deciding what kind of data you will retrieve. For example, think about when and at what frequency you will retrieve and discuss the data:

- Part of your annual planning process?
- Quarterly?
- Weekly?
- On a case-by-case basis, such as when you are trying to reach a specific recruitment target?
Planning for Nursing HR Needs

A 28-bed acute care medicine unit in a 470-bed academic health centre does an annual exercise to plan for nursing HR. The Nursing Manager of the unit, Christine Wilkinson, worked with her Director, Jane Jones, to do the analysis.

First, Christine planned how she would evaluate her current staffing and outcomes.

She started by collecting data from a variety of sources and reports within the organization (refer to Table 1 on the next page for a summary of data collected).

Christine started her planning process by completing a staffing budget worksheet (see Appendix 2.2) which allows her to plan her daily staffing levels by shift, replacement relief required for vacation, sick time, and statutory holidays, orientation and education requirements. This process also allows her to align her staffing with the budgeted FTEs for the unit. The tool also calculates staffing for all levels of staffing the unit, including management and clerical staff.

- Christine planned for 1.7 FTEs in health care aides for: constant observations for patients at risk for wandering or with delirium; 2.1 FTEs in orientation for nurses; and 1.1 FTEs in education for other staff.
- She also estimated 7 sick days per FTE, and 20 vacation days per FTE. Using such a tool allowed Christine to plan for daily staffing, which then aligned with the unit schedule. Staffing levels can be adjusted up or down depending on occupancy and acuity.
- The unit also planned for the closure of 4 beds for 8 weeks in the summer, which is equivalent to a savings of approximately 0.64 FTEs (the unit plans to reduce 1 nurse on days and 1 on nights during this time frame). This allowed for effective management of the budget when sick time was higher than planned, or other changes occurred, such as an unexpected increase in over-time or surges in acuity.
- Christine has completed a staffing budget worksheet for the last 3 years, and has been close to budgeted levels for the past 2 years based on these assumptions.

Two important things that Christine needed to remember were that these numbers are a moving target, and that using a consistent date is extremely important. Christine looked at the end numbers for the previous year, and because her plan needed to be completed before year end, she looked at the previous month or 2 from the date she was sitting down to write her plan.

The next step was to do forecasting for the coming year. Christine used a Nursing Capacity Analysis Tool (see Appendix 2.3) to assist her in projecting how many nurses she would need to hire over the next fiscal year. Prior to using the tool, Christine needed to obtain the following information from her organization’s financial and HR departments:

- budgeted and actual FTE numbers;
- number of over-time hours;
- number of agency hours;
- number of casual hours;
- staff members who are on a current leave of absence;
- staff members who are projected to retire over the next fiscal year; and
- any planned changes in service increase or decrease that would impact on required staffing levels (e.g., adding 4 beds to unit complement in coming year).
In the previous fiscal year, the budgeted FTE was 36. Christine has been asked to reduce the staff by 1.4 FTEs in the upcoming budget year. Here is a summary of the decision-making process:

- Reviewing her list of active staff, Christine notes that in 2008-2009 she used the equivalent of 27.6 FTEs in full-time staffing, and 5.5 FTEs in part-time staffing. She used only 0.9 FTEs in casual, 0.2 FTEs in overtime, and 3% in agency staffing. She knows that 2 full-time staff will be retiring, and she estimates that 2 staff members will resign (equivalent to historical 6% turnover on the unit). Two nurses are going on maternity leave, and 1 nurse is returning from maternity leave.

- Christine is going to reserve a combined 1.5 FTEs for over-time, casual and agency, as this was the utilization in 2008-2009 and seems manageable. She has deducted the required FTE reduction for the budget target in 2009-2010. This leaves a total planned recruitment target of 5 FTEs. Christine can now decide how many personnel should be full-time and part-time. Based on her historical split, this would be 4 full-time and 1 part-time. Christine plans to hire 4 to 5 new graduates this coming year to meet her recruitment target. She will monitor her staffing utilization through the monthly finance reports she receives. The staffing schedule is done many weeks in advance, and staffing is evaluated daily based on patient acuity and workload.

<table>
<thead>
<tr>
<th>Variable</th>
<th>Data Collected</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee age distribution</td>
<td>The average age of nurses on the unit is 35. There are 3 nurses over the age of 55.</td>
</tr>
<tr>
<td>Time in the hospital</td>
<td>Average length of service is 4 years.</td>
</tr>
<tr>
<td>Time in current position</td>
<td>Average time in their current position on the unit is 3 years. This unit recruits a large number of new graduates every year.</td>
</tr>
<tr>
<td>Professional category (RN, RPN)</td>
<td>This unit is an all-RN staffing mode.</td>
</tr>
<tr>
<td>Budgeted positions</td>
<td>The unit has planned budgeted FTEs for RNs of 34.6 for 2009-2010.</td>
</tr>
<tr>
<td>Employment status reports (full-time, part-time, casual, temporary)</td>
<td>The current profile of staffing is 80% full-time, 15.7% part-time, 2.5% casual and 1% agency staffing. Sick time is 3% of paid hours.</td>
</tr>
<tr>
<td>Workload utilization</td>
<td>The hospital uses the GRASP workload system. Unit utilization on average is approximately 85%.</td>
</tr>
<tr>
<td>Over-time hours</td>
<td>Paid over-time is low at 0.5% of paid hours.</td>
</tr>
<tr>
<td>Agency hours</td>
<td>Agency utilization is 1% of paid hours.</td>
</tr>
<tr>
<td>Absenteeism (paid or unpaid leave)</td>
<td>Paid sick time is 3% of hours.</td>
</tr>
<tr>
<td>Educational hours</td>
<td>Paid educational hours are 1.1 FTE annually.</td>
</tr>
<tr>
<td>Orientation hours</td>
<td>Orientation is 2 FTEs annually.</td>
</tr>
<tr>
<td>Vacancy rate</td>
<td>1 FT vacancy at present. The unit has a 6% turnover annually.</td>
</tr>
</tbody>
</table>
## Appendix 2.1

Workload Utilization Report

### Table 2: Example of a Workload Utilization Report

<table>
<thead>
<tr>
<th>Unit</th>
<th>Fiscal Year Totals</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unit A - Acute Medicine - 28 Beds</td>
<td></td>
</tr>
<tr>
<td>Average Required HPPD (Hours Per Patient per Day)</td>
<td>5.4</td>
</tr>
<tr>
<td>Census (avg. no. of patients per day)</td>
<td>24</td>
</tr>
<tr>
<td>Number of days</td>
<td>365</td>
</tr>
<tr>
<td>Total PCH (Patient Care Hours)</td>
<td>47304</td>
</tr>
<tr>
<td>Total Worked Hours</td>
<td>55249</td>
</tr>
<tr>
<td>Utilization</td>
<td>85.6%</td>
</tr>
<tr>
<td>Actual HPPD - Total Worked Hours divided by Total Yearly Census</td>
<td>6.3</td>
</tr>
</tbody>
</table>

Source: Mount Sinai Hospital
## Appendix 2.2

### Unit Staffing Budget Worksheet

#### Table 3a: Unit Staffing Budget Worksheet Sample: Weekday Shifts

<table>
<thead>
<tr>
<th></th>
<th>Monday to Friday</th>
<th>Saturday and Sunday</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>7:30 am to 11:30 am</td>
<td>7:30 am to 11:30 am</td>
<td></td>
</tr>
<tr>
<td></td>
<td>11:30 am to 3:30 pm</td>
<td>11:30 am to 3:30 pm</td>
<td></td>
</tr>
<tr>
<td></td>
<td>3:30 pm to 7:30 pm</td>
<td>3:30 pm to 7:30 pm</td>
<td></td>
</tr>
<tr>
<td></td>
<td>7:30 pm to 11:30 pm</td>
<td>7:30 pm to 11:30 pm</td>
<td></td>
</tr>
<tr>
<td></td>
<td>11:30 pm to 3:30 am</td>
<td>11:30 pm to 3:30 am</td>
<td></td>
</tr>
<tr>
<td></td>
<td>3:30 am to 7:30 am</td>
<td>3:30 am to 7:30 am</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>NUA*</td>
<td>2.00</td>
<td>5.00</td>
</tr>
<tr>
<td>NC**</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>RN***</td>
<td>5.00</td>
<td>97.50</td>
</tr>
<tr>
<td>Clerical Coordinator</td>
<td>0.00</td>
<td>2.50</td>
</tr>
<tr>
<td>Ward Clerk</td>
<td>0.00</td>
<td>4.00</td>
</tr>
<tr>
<td>Aide</td>
<td>0.00</td>
<td>0.00</td>
</tr>
</tbody>
</table>

** NUAD Nurse Until Administrator ** NC-Nurse Clinician *** RN-Registered Nurse

#### Table 3b: Unit Staffing Budget Worksheet Sample: Weekend Shifts

<table>
<thead>
<tr>
<th></th>
<th>Monday to Friday</th>
<th>Saturday and Sunday</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>7:30 am to 11:30 am</td>
<td>7:30 am to 11:30 am</td>
<td></td>
</tr>
<tr>
<td></td>
<td>11:30 am to 3:30 pm</td>
<td>11:30 am to 3:30 pm</td>
<td></td>
</tr>
<tr>
<td></td>
<td>3:30 pm to 7:30 pm</td>
<td>3:30 pm to 7:30 pm</td>
<td></td>
</tr>
<tr>
<td></td>
<td>7:30 pm to 11:30 pm</td>
<td>7:30 pm to 11:30 pm</td>
<td></td>
</tr>
<tr>
<td></td>
<td>11:30 pm to 3:30 am</td>
<td>11:30 pm to 3:30 am</td>
<td></td>
</tr>
<tr>
<td></td>
<td>3:30 am to 7:30 am</td>
<td>3:30 am to 7:30 am</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>NUA*</td>
<td>5.00</td>
<td>10.00</td>
<td>1.00</td>
<td>0.00</td>
</tr>
<tr>
<td>NC**</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>RN***</td>
<td>39.00</td>
<td>78.00</td>
<td>390.00</td>
<td>7.80</td>
</tr>
<tr>
<td>Clerical Coordinator</td>
<td>1.00</td>
<td>2.00</td>
<td>2.00</td>
<td>0.40</td>
</tr>
<tr>
<td>Ward Clerk</td>
<td>4.00</td>
<td>8.00</td>
<td>16.00</td>
<td>0.80</td>
</tr>
<tr>
<td>Aide</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
</tr>
</tbody>
</table>

#### Table 3c: Unit Staffing Budget Worksheet Sample: Relief Required

<table>
<thead>
<tr>
<th></th>
<th>Budgeted FTE</th>
<th>Relief Required</th>
<th>Total [J+K+L+M]</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Stat Holiday [Cx12]</td>
<td>[D+E+F]</td>
</tr>
<tr>
<td></td>
<td></td>
<td>C</td>
<td>D</td>
</tr>
<tr>
<td>NUA*</td>
<td>1.00</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>NC**</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>RN***</td>
<td>27.30</td>
<td>327.60</td>
<td>546.00</td>
</tr>
<tr>
<td>Clerical Coordinator</td>
<td>0.50</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>Ward Clerk</td>
<td>2.80</td>
<td>33.60</td>
<td>56.00</td>
</tr>
<tr>
<td>Aide</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>Total</td>
<td>31.60</td>
<td>361.20</td>
<td>602.00</td>
</tr>
</tbody>
</table>

* Please indicate if using a different number of vacation days than normal

*NUA-Nurse Until Administrator **NC-Nurse Clinician *** RN-Registered Nurse

Source: Mount Sinai Hospital
Appendix 2.3

Nursing Capacity Analysis Tool

*Table 4: Nursing Capacity Analysis Template (RN and RPN only)*

**Instructions:**
- Complete all cells highlighted in blue (all other cells are locked).
- Use estimates for items marked by an asterisk (*).
- Refer to the definitions on the next page.

**Unit:** ____________________  **Organization:** ____________________  **Effective Date:** ____________________

<table>
<thead>
<tr>
<th>Current Staffing Profile</th>
<th>RN</th>
<th>RPN</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Budgeted FTE</td>
<td>34.0</td>
<td>34.0</td>
<td>FTE</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Available Staffing</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Active Full-Time FTE</td>
<td>25.0</td>
<td>25.0</td>
<td>FTE</td>
</tr>
<tr>
<td>Active Part-Time FTE</td>
<td>8.0</td>
<td>8.0</td>
<td>FTE</td>
</tr>
</tbody>
</table>

| Current Vacancies        | 1.0   | 1.0 | FTE   |

<table>
<thead>
<tr>
<th>Vacancy Management</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Casual</td>
<td>1.6</td>
<td>1.6</td>
<td>FTE</td>
</tr>
<tr>
<td>Over-time</td>
<td>0.9</td>
<td>0.9</td>
<td>FTE</td>
</tr>
<tr>
<td>Agency</td>
<td>1.9</td>
<td>1.9</td>
<td>FTE</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Longer Term Recruitment Projection</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Staffing/Recruitment Plan to March 31/08</th>
<th>RN</th>
<th>RPN</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Budgeted FTE</td>
<td>34.0</td>
<td>34.0</td>
<td>FTE</td>
</tr>
<tr>
<td>Current Staffing</td>
<td>33.0</td>
<td>33.0</td>
<td>FTE</td>
</tr>
<tr>
<td>Current Vacancies</td>
<td>1.0</td>
<td>1.0</td>
<td>FTE</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Plus Projected FTE Reductions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Projected Terminations (FTE leaving organization)</td>
</tr>
<tr>
<td>Retirements</td>
</tr>
<tr>
<td>Future Leaves of Absence</td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Less projected FTE Additions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Confirmed External Recruitment</td>
</tr>
<tr>
<td>Future Leaves of Absence Returning</td>
</tr>
<tr>
<td>Sub-Total</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Less Protected FTE</th>
</tr>
</thead>
<tbody>
<tr>
<td>R</td>
</tr>
</tbody>
</table>

| Total Recruitment Target               | 6.0 | 3.0 | S=R  |

**Source:** Based on Tool prepared by SickKids.

---

**Hiring Plan:**
- Jan. 2008 accepted 4 consolidation students.
- Recruit for 4 supernumerary for spring 2008.
- Continue to aggressively interview.
Definitions:

**FTE**: Total paid hours (includes worked and benefit hours) divided by 1,950 hours or your institution’s ‘hours’ definition of 1.0 FTE. Includes sick, stat, education, orientation and vacation hours.

**Active full-time staff**: Staff classified as full-time with an FTE of 1.0 as of December 2008; using paid hours for full-time converted to FTEs. Excludes temporary leaves (MLOA, education, LTD, secondment).

**Active part-time staff**: Staff classified as part-time with an FTE < 1.0 as of December, 2008, using paid hours for part-time converted to FTEs.

**Other uses of actual hours/staff**: Refers to casual, overtime and agency.

**Projected terminations (Turnover)**: Turnover percentage for 2007/08. Annual number of staff terminations or exits, both full-time and part-time divided by total FTEs, expressed as a percentage.

**Retirements**: Projected retirements to March 31, 2009

**Future leaves of absence**: Long term leaves (these are predominantly maternity leaves).

**Confirmed external recruitment**: Actual, confirmed recruits (hired). The number of RN and RPN positions offered and accepted as of December 31, 2008.

**Future leaves of absence returning**: An estimate of the staff expected to return from a leave of absence (from unit-by-unit review). Refers to MLOA, education, LTD, secondment in FTEs.

**Plus service growth**: An estimate of the number of staff needed for anticipated increases of beds or services anticipated to increase in 2009/2010 (e.g., adding 3 ICU beds).

**Less FTEs for over-time, casual or agency**: An estimate of FTEs for over-time, casual, and agency use.

**Less service reductions**: An estimate of the anticipated reduction in staff positions resulting from beds/service cuts or restructuring.
Appendix 2.4
Nursing Capacity Analysis & Monitoring Tool

Table 5: Nursing Capacity Analysis & Monitoring Template

<table>
<thead>
<tr>
<th>STEP 1: Current Vacancies</th>
<th>2008-09 Plan</th>
<th>Actual YTD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Base FTE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Relief FTE (Sick/Vac/Pers/Ed/Orient)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total FTE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>% Relief Approved to Hire Into</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Approved FTE Staffing Target (base + % of relief)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Available Staff (for worked time)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Orientees</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Available Staff</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Current Vacancies: Staffing Gap/(Surplus)</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| STEP 2: 12-Week-Forward Comparison of Known Turnover vs. Budgeted Turnover |
|---------------------------|--------------|
| Known Turnover (excluding LOAs) in next 12 weeks |          |
| Leaving the Organization |            |
| Transferring out to another Unit / Clinic |            |
| Reduction in Worked FTE |            |
| Total Known Turnover in next 12 weeks |            |
| **Budgeted Turnover** | 10%          |
| Based on estimated Turnover rate of: |            |
| Annual Budgeted Turnover |            |
| Budgeted Turnover in next 12 weeks |            |

<table>
<thead>
<tr>
<th>STEP 3: 12-Week-Forward Recruitment Projection</th>
<th>12-Week Forward</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current Vacancies: Staffing Gap/(Surplus) (from Step 1)</td>
<td></td>
</tr>
<tr>
<td>Plus: Projected FTE reductions</td>
<td></td>
</tr>
<tr>
<td>Greater of Known or Budgeted Turnover in next 12 weeks (from Step 2)</td>
<td></td>
</tr>
<tr>
<td>Known LOAs departing in next 12 weeks</td>
<td></td>
</tr>
<tr>
<td>Less: Projected FTE additions</td>
<td></td>
</tr>
<tr>
<td>Confirmed Additions (excluding LOA returns)</td>
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</tr>
<tr>
<td>Known LOAs returning in next 12 weeks</td>
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<tr>
<td><strong>Recruitment Projection for next 12 weeks</strong></td>
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### Definitions:

- **Available Staffing:** Staff (FTE, not headcount) available for worked time on the unit.
- **Orientees:** Staff who are currently in orientation and unable to complete work independently. Count as orientee (not available staff) – if in orientation for more than 2 weeks in the current month.
- **Known Turnover:** Includes staff who are either leaving the organization, transferring out of the unit to another area in the Hospital, or reducing their worked FTE. Excludes staff members departing on a known leave of absence (LOA).
- **Known LOAs departing/returning:** Includes short-term or long-term sick leave, maternity leave, education leave, sabbatical, etc.
- **Confirmed Additions:** Includes external new hires, transfers in from other areas of the Hospital, increases in worked FTE, or externs who will be hired full-time. Excludes known LOAs returning to work, and externs.

**Week ending:** [ ] **Period:** [ ] **Unit:** [ ]

Source: Based on Tool prepared by SickKids.
Chapter 3
Maximizing Nursing Resource Utilization – A Focus on Scheduling

Introduction

The effective allocation of human resources is integral to the first-line nursing manager’s role. Nursing managers with leadership skills, who demonstrate sensitivity and vision to HR issues can create effective work teams and implement flexible strategies that adapt to rapidly changing and unpredictable work environments. The nursing manager’s success in this area has a positive impact on the quality of work life for staff and the quality of care for patients.

Nursing HR planning requires nursing managers to adequately assess the number and skill mix required to efficiently and effectively deliver quality patient care. Planning for adequate deployment of nursing human resources is the next essential step to achieve HR planning goals. Nursing managers must use best practices to maximize HR utilization and minimize financial risk to their organization. Nursing managers need to negotiate ways to adequately staff and support units within their organizations in an effective, legal, fair and consistent manner. Nursing managers must also meet the requirements of collective agreements with regard to scheduling issues. Adequate nurse staffing and workload is linked to the quality of working lives for both nurses and patients (RNAO, 2007a).

Inadequate staffing and workload disequilibrium has resulted in negative outcomes for:

- patients (e.g., higher morbidity/mortality rates, failure to rescue, longer lengths of stay);
- nurses (e.g., job strain, increased levels of moral distress, illness and injury); and
- organizations (e.g., recruitment and retention challenges, over-time, absenteeism).

HIGHLIGHTS

In this chapter, you will find information about:

- Suggested steps for nursing managers to take to maximize nursing resource utilization through effective scheduling
- A review of current issues faced by nursing managers
- Discussion of different scheduling and staffing types
- A case study that applies the information in this chapter
- Tools and templates for nursing managers to use for staffing and scheduling purposes
We have conducted a literature review and data collection from our partner organizations to learn more about nursing manager interventions related to staffing and scheduling. The following definition and questions were used to guide the research process:

**Guiding Questions: Nursing Manager Interventions Related to Staffing & Scheduling**

**Building Block Definition:**
- My organization uses different interventions such as combining part-time lines, conversion of part-time, sick time, over-time, and takes steps to address overstaffing.

**Context:**
- Why are staffing practice reviews undertaken?
- Under what circumstances or due to what triggers?

**Content:**
- What is reviewed?

**Process:**
- How are these reviews occurring?
- What processes exist for regular review?
- What processes exist to support nursing managers to learn and understand these practices?

**Comparing Findings from the Literature & our Data Collection**

We attempted to understand the factors that would lead nursing managers to review their staffing and scheduling practices. More specifically, we were interested in understanding the triggers and processes they use to undertake these reviews in order to achieve staffing levels and schedules to meet the demands of safe patient care, staff preferences and meet fiscal targets.

The findings from our literature review suggested there is little evidence to support organizations and nursing managers in making decisions about staffing and scheduling practices. Nursing managers, in their daily realities, use a variety of strategies to meet the goal of having enough staff, with sufficient experience to provide cost-effective, quality patient care.

**Regular Reviewing of Staffing Schedules**

Researchers and professional nursing organizations have called for the regular and timely reviews of staffing and scheduling procedures (McGillis-Hall, 2006; RNAO, 2007a; Tomblin-Murphy et al., 2007). While it is desirable to conduct regular reviews, the current realities of front-line nursing managers’ lives make this challenging. Regular reviews often do not occur due to the complex and adaptive nature of the environments in which nursing managers work. Among nursing managers participating in our study, most stated that they conducted a full review of their schedule on a yearly basis. Other triggers that led them to review their schedules were staff complaints and/or when they observed increase in sick time or overtime. Most nursing managers stated that they conducted an informal review at each schedule posting.
Maximizing Utilization by Increasing Full-Time Positions

Employing a higher complement of full-time staff is more cost-efficient than relying on over-time and agency staff, and is safer for staff and patients (Blythe et al., 2005). All partner organizations have regular processes in place to ensure that their staffing complement was at the 70:30 ratio (FT:PT). To achieve the desired ratio, organizations monitored each unit level of full-time/part-time (FT/PT), creating additional FT positions by consolidating vacant PT/agency/casual/over-time hours into full-time equivalents (see Chapter 2 on Planning).

Balancing Special Needs and the Needs of Older Nurses

Nursing’s aging workforce is well documented in the literature (O’Brien-Pallas, 2004; Hart 2007). With the aging workforce and increasing patient acuity and workload, the need to accommodate special needs and needs of late-career nurses may increase over time. For instance, one third of nursing managers (31%) who completed our surveys responded that they had staff that required medical accommodation. There was also an identified increase in schedule accommodation for staff members with health restrictions.

Integrating New Graduates into Staffing Schedules

New graduate nurses are entering the workforce in increasing numbers. The percentage of new graduate nurses with full-time employment increased to 60% among teaching hospitals in 2007, compared with previous years: 2005 (34%); and 2006 (30%) (Lankshear, 2007). This increase may be attributed to the impact of the Nursing Graduate Guarantee initiative (NGG), sponsored by the MOHLTC HealthForceOntario. Among our partner organizations, each successfully participated in the NGG and used a variety of strategies to integrate large numbers of new graduate nurses into their organizations (see Chapter 5 on Retention). At the unit level balancing the numbers of experienced nurses with new graduate nurses is an ongoing challenge given the current shortage of nurses.

Common Steps for Maximizing Nursing Resource Utilization

We recommend using 3 common steps to maximize nursing resource utilization in your team. These steps are meant as a general guide to understanding different facets of resource utilization. Use them as a template, a general checklist, or as a springboard for creating your own intervention strategies geared towards maximizing nursing resource utilization in your organization or team.

<table>
<thead>
<tr>
<th>SUMMARY OF STEPS</th>
<th>Maximizing Nursing Resource Utilization</th>
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<tbody>
<tr>
<td>Step 1:</td>
<td>Understand the Context</td>
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<tr>
<td>Step 2:</td>
<td>Explore Different Scheduling Options</td>
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<tr>
<td>Step 3:</td>
<td>Develop your Schedule</td>
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</table>
Step 1: Understand the Context

What Are Some of The Current Issues Faced by Nursing and Nursing Managers?

Determining the optimal number and skill set/mix of nurses required to meet patients’ needs remains extremely complex. There is debate over how to determine the optimal number and variety of nurses within a team/unit. There is a need for more information regarding the factors that are essential for organizing and evaluating hospital nursing services (RNAO, 2007a). There is general consensus that there is not one strategy that will apply to all teams, due to the unique nature of each unit and each context. Some researchers have called for standardized staffing ratios; others have called for a more flexible, responsive approach to staffing decisions. Part of the challenge exists because it is difficult to pinpoint the benefits of different staffing enhancements, and every unit is unique and is set in a unique context with varying and ever-changing needs (Berkow et al., 2007). The goal would ultimately be to achieve balance between service demand and supply of nursing resources necessary to meet system needs (Queensland Health, 2002).

What Factors Need to Be Considered when Examining Staffing Levels?

Researchers suggest that the link between staffing variables and outcomes should be a more vital component of determining allocation of staffing and resources. Researchers have identified unit attributes that appear to affect the staffing priorities/skills that units would value, including high levels of experience, increased support staff, improved ratios, and the staff’s educational preparation (Berkow et al., 2007).

Common scheduling objectives are to:

- meet patient care requirements;
- operate within the approved budget;
- maintain fairness, flexibility, and quality of work life;
- consider the personal needs of individual staff members; and
- meet the requirements of collective agreements and employment standards.

Many factors influence staff scheduling, including workload, skill mix, patient acuity/complexity, training and the developmental needs of nurses (i.e., as a strategy to help nurses effectively analyze staffing level requirements) (Queensland Health, 2002). Additionally, schedules must accommodate the requirements of local collective bargaining agreements and labour relations practices, and be responsive to varying workload demands on the unit.

Within the contextual realities of shifting clinical environments, nursing managers must consider many factors when balancing workload and staffing requirements for each shift, including (adapted from Dechant, 2006):

- staff factors (availability, skill mix (RN/RPN), FT/PT, expertise);
- staff special requests (procedure for shift trades, leaves of absence, vacation and paid holidays);
- scheduling model (shift length, weekends worked per schedule, maximum number of days worked, length of rotation);
• casual or float pool (central or unit-based, availability requirements, assignment method);
• irregular hours of work (on-call and over-time, cancellation); and
• collective bargaining agreements or labour relations practices.

Earlier we shared what the respondents from our surveys and interviews identified as triggers to review their schedule (e.g., staff complaints, observed increase in sick time or over-time). In addition, consider some of the following as additional and potential triggers (Blythe & Baumann, 2005; McGillis-Hall & Doran, 2008; Thungjaroenkul et al., 2007):

• Patient population factors
  - readmission rates
  - patient satisfaction
  - need for continuity of care provider
  - length of stay of patients
  - changes in patient volume (predictable and fluctuating)

• Staff factors
  - health and safety indicators
  - gaps between available staff and required staff
  - high over-time hours
  - rising sick time
  - frequent staff requests for changes, increased time looking for daily replacement
  - increased work load grievances

By monitoring these variables, you will have important feedback from your organizational environment telling you if your staffing is on target, or if it may need to be adjusted.

**Step 2: Explore Different Scheduling Options**

**Developing Strategic Approaches to Staffing and Workload Practices**

Most often, nursing managers assume supervision of an existing unit, with entrenched staffing and scheduling practices. For new nursing managers, the responsibilities associated with effective staffing and scheduling may seem overwhelming. Poor staffing and scheduling can decrease employee morale and the quality of patient care, while also increasing costs (Dechant, 2006). Scheduling is a competency that nursing managers need to recognize as a skill – one that they will need to continue to develop in order to maintain the financial and HR challenges that arise in their job everyday (Wallace & Pierson, 2008). Developing a strategic approach to staffing and scheduling, which includes the monitoring of scheduling indicators, is a first step to achieving best practice scheduling (Wallace & Pierson, 2008).

Two important Canadian nursing HR scheduling resources include:

1. The Registered Nurses' Association of Ontario (RNAO) guideline “Healthy Working Environments: Developing and Sustaining Effective Staffing and Workload Practices” (RNAO, 2007a) provides a summary of the available evidence to support the development of strategic approaches to staffing and workload practices. This Toolkit represents an overview of some tactics that nursing managers might use to achieve and sustain effective staffing compliments.

**What Are Some of the Common Approaches to Scheduling?**

Among our respondents from our surveys and interviews, we noted the following choices in scheduling types:

- 85% stated they used a master schedule;
- 14% stated they used self-scheduling; and
- one third of nursing managers stated that they used innovative scheduling practice such as job sharing (25%) and weekend worker schedules (20%).

Additionally, nursing managers stated that they used the following approaches to scheduling to increase flexibility for their staff:

- modification of shift length (4-, 6- and 10-hour shifts);
- granting educational leaves, short notice vacation requests and unpaid days off; and
- maximizing full-time and part-time positions to accommodate individual preferences where possible and using casual staff/float pool to increase flexibility in staffing adjustments.

There are some standard approaches to scheduling, and each has benefits and challenges. There is no one best way to approach scheduling. Technological advances have led to computerized staffing methods that assist nursing managers to schedule and track global and individual rotations, and all scheduling issues vital to operating an effective unit. Regardless, there are basic scheduling principles that nursing managers must understand, including:

- Cyclical/master rotation
- Modified master rotation
- Self-scheduling
- Innovative schedules

Examples of scheduling templates are provided in the *appendices of Chapter 3*.

**Cyclical/Master Rotation**

This practice involves scheduling patterns that are repeated consistently over a certain number of weeks. Each employee works an identical work pattern, and when combined, the work patterns comprise the scheduling cycle. An exact solution of the cyclical scheduling can be determined by a simplified mathematical model. Advantages of cyclical scheduling include stability and predictability; the major disadvantage is that it is inflexible. Days on and off are fixed, and changing workload requirements are not easily accommodated (Bard & Purnomo, 2005). This approach is frequently complemented by other policies/guidelines to introduce flexibility.


**Modified Master Rotation**

This practice involves changing the master rotation by making modifications related to employees’ requests for vacation time, specific days off, or shift exchanges. Some people call it ‘preference scheduling,’ which is a combination of master- and self-scheduling. For example, the nursing manager creates a master rotation using the staff members’ preferences for days off. The advantage of this approach is that it increases flexibility to accommodate staff preferences; the major disadvantage is that it is time-consuming for nursing managers, and therefore costly (Dechant, 2006). This approach is frequently complemented by other policies/guidelines to introduce flexibility.

**Self-Scheduling**

The self-scheduling approach allows members on a unit to develop and implement the work schedule themselves. It allows staff to solve problems and make decisions without involving the nursing manager, thereby increasing their control to balance their personal and professional lives. This ultimately leads to more involvement of the nursing staff in decision-making and commitment to teamwork. Others have found that nurses are generally happier when they determine their own work schedules. It can also lead to job satisfaction and commitment to the organization (Teahan, 1998).

For staff scheduling to succeed, staff must be committed to this approach. The nursing manager becomes the facilitator of the process rather than the supervisor (Teahan, 1998). Unit size, staff motivation and the ability of the nursing manager to plan, coach and monitor the process are potential challenges to self-scheduling. Some of these challenges may be overcome with the use of guidelines and clear processes for selection of shifts. Drouin and Potter (2005) have also recognized that managing a unit for staff convenience, rather than patient care, is an ongoing tension (specifically as it relates to continuity of care issues). To minimize the impact of self-scheduling on patient care, it is helpful if you can determine a few boundaries or parameters to guide your practices. For example, scheduled shifts and individual nurse choices must:

- maximize continuity of care and care giver needs;
- meet baseline staffing requirements; and
- be supported with policy, written guidelines, sound process (e.g., weekend clearly defined).

Self-scheduling offers some flexibility for individual choice and is known to contribute to higher productivity and job satisfaction (Drouin & Potter, 2005; Teahan, 1998). Generally, self-scheduling works well on units that are led by effective nursing managers, and where there are self-scheduling policies that clearly articulate the need to maintain appropriate shift coverage and are consistent with the collective agreement and/or hospital labour relations policies.

For units thinking about self-scheduling, consider the following:

- Ideally, the decision to move to self-scheduling should come from the staff members who work with the nursing manager. They should collectively decide on and implement schedules to meet baseline coverage requirements.
- Individuals or groups can take responsibility for generating unit schedules and ensuring coverage.
- Employees can negotiate with their colleagues to accommodate individual requests for schedule changes.
Innovative Schedules

Innovative scheduling has been shown to positively impact staff recruitment and retention, and job satisfaction – all factors that contribute to a healthy sustainable nursing workforce (Teahan, 1998). Ultimately, when staff members are satisfied with their work life and workload is better distributed to match patient care needs, there is an impact on patients’ quality of care (Association of British Columbia and British Columbia Nurses’ Union, 2003).

There are a variety of approaches or modifications that have been made to improve either the schedules themselves or the type of staff available to work on a nursing unit. These innovations are particular to each organization and typically result from local agreements. Some options for innovative scheduling have been:

- weekend worker;
- seasonal staff;
- job sharing;
- innovative shift length and times;
- permanent shifts; and
- extend hours of work in other departments.

Innovations have also helped nursing managers to fill shifts that have been historically difficult to fill, because the innovations offer opportunities to move beyond traditional shift lengths and times (Advisory Board, 2002).

Step 3: Develop Your Schedule

Develop Your Guiding Principles

Selecting an approach to staffing and scheduling will be guided by many factors. One important thing to remember is the “Golden Rule of Employee Involvement – always involve staff in decisions that have an impact on the quality of their work life” (Dechant, 2006, p. 643). Begin by developing guiding principles to help your decision-making by involving stakeholders (e.g., chief nursing executive, finance department, human resources, union, and/or staff representatives), and by aligning expectations, methods and decision points.
As discussed in Chapter 2, a critical first step for nursing managers is to understand the unit’s framework for practice, characteristics of its patient population, and the characteristics of the personnel staffing the unit. Begin the process of reviewing your staffing and scheduling practices by auditing your current staffing elements and work schedules, such as:

- workload and patient flow;
- collective agreement;
- staffing budget worksheets/the budgeted FTEs for each category;
- the baseline staffing pattern;
- the staff skills, strengths, experience and seniority;
- vacation allotment for each full-time employee; and
- the seasonal needs and the shift length to be scheduled.

Once you have reviewed these elements and have determined that your budgeted FTEs match your workload (see Chapter 2), check if you have any gaps between required staff (the number of FTEs to staff the unit) and available staff (the number of staff to available cover the schedule). One quick way to do this is to compare scheduled hours against actual hours worked. This exercise may uncover staffing shortfalls. Please refer to Appendix 3.3 for a detailed example of how to compare worked versus required nursing staff hours.

Once you have determined the number of staff required to meet patient care needs for each shift, you will need to work with your staff to determine which features and type of schedule are best suited to meet patient care demands and staff preferences. Various approaches such as interviews, questionnaires, staff votes, experiences with other schedules and scheduling committees are strategies that nursing managers use to engage staff in scheduling decisions.

An infinite number of schedules can be produced to fit almost any situation. It is possible to develop staffing patterns that fit the needs of units where coverage varies on different days, during the week, or on different shifts. Ultimately, staff and nursing managers should work together to achieve a scheduling process that ensures that there are a sufficient number of staff distributed equitably to meet patient care demands and staff requirements.

Consult Appendix 3.4 for a list of additional resources that address the topics of scheduling and staffing.

One important thing to remember is the “Golden Rule of Employee Involvement – always involve staff in decisions that have an impact on the quality of their work life” (Dechant, 2006, p. 643).
CASE STUDY

Nursing Manager Interventions for Maximizing Nursing Resource Utilization

Having developed a good HR plan, Christine was successfully filling her vacancies. However, she continued to rely on agency and over-time to meet her staffing needs. Christine reviewed her staffing schedule and noticed that most of the staff lieu days were falling in the same week. She had a master schedule of 12-hour rotations with 2- and 3-day cycles. This meant that every 6 weeks the staff members needed 1 day off, or they would be over their hours needed to meet a full-time commitment.

Recognizing that changing the current staffing schedule would have an impact on the team members. Christine presented the current challenges to her staff at a unit meeting and requested volunteers to work with her to review and make recommendations to change the master staffing schedule. Christine extended the invitation to the unit’s union representative, and asked him to join the work group.

Engaging front-line staff in the process of scheduling revisions ensured that they were engaged in the process, understood the challenges and were involved in recommending creative solutions. Working with the unit’s union representative from the beginning ensured a transparent process and made the revisions easier to negotiate.
## Appendix 3.1
### Master Cycle Rotation

**Table 6: 12-Hour Master Cycle Rotation Schedule**

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</table>

M=Monday  T=Tuesday  W=Wednesday  TH=Thursday  F=Friday  S=Saturday  SU=Sunday  D=12-Hour Day  N=12-Hour Night

**Features:**

1. This is an example of a master cyclical rotation. There are many different combinations of shift length and rotations that can be used. To illustrate this concept, this example uses a schedule that follows an 18-week cyclical schedule where staff work ⅔ D and ⅓ N with a pattern schedule of 2-on, 2-off, 3-on, 2-off, 2-on, 3-off.

2. Staff members are paid for the tours they work, but to balance the paid hours to 75 hours per 2 weeks over the period of the schedule, 2 tours are 'circled' every 6 weeks on schedule. These tours are not worked. One tour is taken off without pay and 11.25 statutory holiday and lieu time (paid) is assigned to the other. This ensures that the schedule is balanced and statutory holiday and lieu time do not accumulate. This results in one week every 6 weeks worked. Paid hours balance out to 1950 hours per year.

3. There is no flexibility with taking statutory and lieu time. Regular part-time staff must be scheduled to cover tours taken off without pay and as lieu time, and to cover understaffed tours.

Source: Adapted from Nurse Scheduling 'Smarts' Make a Difference (Goetz-Perry & Wallace, 1990)
## Appendix 3.2

### Master Cyclical Schedule with Modifications

#### Table 7: 12-Hour Master Cyclical Schedule with Modifications: Sample

<table>
<thead>
<tr>
<th>Days</th>
<th>M</th>
<th>T</th>
<th>W</th>
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<th>T</th>
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<tr>
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### Features:

1. This is an example of a master cyclical rotation where the nursing manager accommodates requests for lieu time, stats and preferred time off. There are many different combinations of shift length and rotations that can be used. To illustrate this concept, this example uses a schedule that follows circadian body rhythms moving from D to N and provides a 24-hour break between D and N. It offers a schedule where staff members never work more than 2 shifts in a row, and provides for 4 days off following late nights.

2. This schedule provides regular rotation over 8 weeks, and results in 2 ‘split’ weekends and 3 complete weekends off in 8 weeks. It does not provide alternate weekends off.

3. This rotation is usually worked in ‘teams’ of nurses, where even or uneven teams are utilized depending on the total number of nurses required on each shift.

4. An excess of 15 hours are scheduled over 8 weeks; therefore, staff members choose which D or N to take as lieu time. Staff members accumulate hours worked until balance is achieved and taken as lieu time. Staff is paid 75 hours every 2 weeks, resulting in leveled bi-weekly pay cheques.

5. Stats scheduled to be worked are not re-distributed. If a nurse wishes a day off, he/she must request it as time off.

Source: Adapted from *Nurse Scheduling 'Smarts' Make a Difference* (Goetz-Perry & Wallace, 1990)
Appendix 3.3
Position Management - Auditing of Worked versus Required Hours

Position Management Steps Defined
1. Generate a comprehensive list of current full-time and part-time employees for each unit.
2. Generate a record of actual paid hours by employee for each of the past 2 fiscal years, and then translate it into the FTE portion it represents (divide by 1950 hours).
3. Identify the budgeted FTE allocation for the unit/cost centre from the approved budget.
4. Identify collective agreement parameters that influence scheduling.
5. Interview staff to:
   - discuss paid hours as compared to the position they were hired for;
   - identify the portion of FTE they are working;
   - discuss if there is a discrepancy (over or under); see if this is because of preference. Ask if they would be interested in a different status (i.e., full-time or part-time work);
   - discuss options in possible innovations or alternatives that may apply; and
   - review scheduling expectations for the position in which they are currently working.
6. Review the budget: does it reflect the workload and replacement demands, or is there a need to seek change?
7. If you are either over- or under-staffed, you will need to engage your direct supervisor regarding next steps to balance staff requirements.

Table 8 demonstrates some potential realities that this exercise might uncover.

Table 8: Position Management Scenarios & Potential Impact Examples

<table>
<thead>
<tr>
<th>Scenario</th>
<th>Potential Impact</th>
</tr>
</thead>
<tbody>
<tr>
<td>Part-time staff working fewer hours than their designated FTE (e.g., working 0.3 FTE when designated as 0.5 FTEs).</td>
<td>Decreased availability, which may increase over-time, agency costs. Have to find other staff to cover.</td>
</tr>
<tr>
<td>Part-time staff working more than designated FTE (e.g., working 0.9 FTEs when designated as 0.5 FTEs).</td>
<td>Decreased availability for short notice calls as she/he is already working. Other staff may not get enough work.</td>
</tr>
<tr>
<td>Full-time staff working less than FT hours.</td>
<td>Increased costs (paying FT benefits for PT work): this may occur if a FT individual takes frequent LOAs. Increased use of over-time and agency to cover LOAs.</td>
</tr>
<tr>
<td>Job share partners working simultaneous tours while covering the same full-time line.</td>
<td>Decreased availability/flexibility. If both are working the same day, the partner is not available for short notice calls or to replace his/her job share partner.</td>
</tr>
</tbody>
</table>

Appendix 3.4

Additional Resources for Staffing and Scheduling


Drouin R, Potter M (2005). Flexible scheduling: exploring the benefits and the limitations. AJN 105 (11); November; 72E-72F.


Whiting S, Peterson J (2007). Nurse and staff scheduling: tightening up the ship. Healthcare Quarterly 10(3); 112-114.
Introduction

Recruitment and retention are highly valued because they directly impact patient care. Organizations that are better able to recruit and retain their staff have better evaluations of the quality of care that is provided (Cantrell & Browne, 2006). For example, hospitals with turnover rates under 12% have lower risk-adjusted mortality scores and low severity-adjusted lengths of stay when compared to hospitals with turnover rates of 22% or more (Cantrell & Browne, 2006).

Creating an integrated short- and long-term recruitment plan for your unit or organization in order to cope with transitions in HR – whether these are the inevitable fluctuations that occur in your department staff, or a larger system-wide HR crisis, is essential. Recruitment should be considered as only part of your staffing plan, as retention strategies and education opportunities for staff/workforce development are also integral aspects of this larger process (Cantrell & Browne, 2006). Other common examples of strategies to adopt include creating candidate pipelines, adopting appropriate technology to facilitate the hiring process, and creating student learning and recruitment programs within your organization.

Among other things, the recruitment process includes verifying that a position vacancy exists, developing a job description, finding candidates, selecting them by interview, and making a job offer. The ways to navigate this process, however, are numerous, and should ultimately depend on your needs. There are a number of strategies that your organization can adopt in order to maximize recruitment success, as well as minimize unwanted difficulties or workload. In order to do so, it is important to think of the “bigger picture” of recruitment strategies within your organization.

HIGHLIGHTS

In this chapter, you will find information about:

- A checklist on how to create a recruitment team
- Discussion of possible long- and short-term recruitment strategies
- Target groups for recruitment strategies: students, nursing students, experienced and internationally-educated nurses
- Factors to consider when devising a recruitment plan
- A case study that applies the information in this chapter
We have conducted a literature review and a survey of our expert panel of nurses to learn more about the most effective recruitment strategies currently used. The following definition and questions were used to guide the research process:

### Guiding Questions: Most Effective Recruitment Strategies

<table>
<thead>
<tr>
<th>Building Block Definition:</th>
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<tbody>
<tr>
<td>My organization uses recruitment strategies such as Health Force Ontario, clinical placements, and marketing recruitment campaigns to attract nurses to our organization.</td>
</tr>
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<table>
<thead>
<tr>
<th>Context:</th>
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<tbody>
<tr>
<td>Why are recruitment tactics undertaken?</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Content:</th>
</tr>
</thead>
<tbody>
<tr>
<td>What is done? What is not done? Under what circumstances or triggers?</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Process:</th>
</tr>
</thead>
<tbody>
<tr>
<td>How are these tactics occurring?</td>
</tr>
<tr>
<td>What processes exist for regular review of effectiveness?</td>
</tr>
<tr>
<td>What processes exist to support nursing managers to learn and understand these practices?</td>
</tr>
</tbody>
</table>

### Comparing Findings from the Literature & our Data Collection

A combined short- and long-term strategy offers the most beneficial outcomes for nursing managers confronted with recruitment challenges. This will ensure that steps are being taken to fill the gaps left by expected (and inevitable) staff departures, and it will also provide nursing managers with the short-term tools to recruit when unexpected staffing changes do occur. Our survey results highlighted the benefits of jurisdictional/provincial-level strategies (e.g., HealthForceOntario).

Most organizations report offering education about best recruitment practices. Investigating what resources are currently available in your organization is a first step toward improving your knowledge about effective recruitment strategies. Surveys showed that a high percentage of nursing managers (84%) utilized their own staff to help with recruitment (i.e., by encouraging them to recommend their unit to skilled friends and colleagues when at conferences and other moments of networking). This strategy was also mentioned in the literature review.

The literature emphasized the importance of targeting nursing students and using web-based tools to post jobs/advertise as key recruitment strategies, which were strategies also reported by our survey/interview participants (see Tables 9 and 10). The most commonly used strategies by nursing managers included student placement maximization (50% of nursing managers reported they could accommodate more students on their unit), web-based advertising and postings, and external career fairs. Another strategy used by some organizations was to hire nursing graduates into a central pool, so that these nurses would have an extensive orientation experience. Then, the organization would provide 1 educator and 1 nursing manager to manage the nursing graduate’s learning needs more effectively. These nurses were only placed in medical-surgical areas, but if the nursing graduate was interested in a specialty unit, organizations tried to accommodate and extend their expertise by encouraging or supporting specialty education opportunities.
Table 9: Most Effective Recruitment Strategies Reported by Nursing Managers

<table>
<thead>
<tr>
<th>Recruitment Strategy</th>
<th>Reported Use (Percent)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maximizing nursing student placements</td>
<td>53.8%</td>
</tr>
<tr>
<td>Hospital website</td>
<td>51.9%</td>
</tr>
<tr>
<td>Electronic job posting websites</td>
<td>37.5%</td>
</tr>
<tr>
<td>Career fairs (external)</td>
<td>26.9%</td>
</tr>
<tr>
<td>Career fairs (internal)</td>
<td>18.3%</td>
</tr>
<tr>
<td>HealthForceOntario website</td>
<td>17.3%</td>
</tr>
<tr>
<td>Paid internships for nurses entering specialty nursing areas</td>
<td>14.4%</td>
</tr>
<tr>
<td>Summer externships</td>
<td>12.5%</td>
</tr>
<tr>
<td>Job shadowing</td>
<td>11.5%</td>
</tr>
<tr>
<td>Formal educational support for internationally educated nurses</td>
<td>8.7%</td>
</tr>
<tr>
<td>Referral incentive program</td>
<td>7.7%</td>
</tr>
<tr>
<td>Print advertising</td>
<td>6.7%</td>
</tr>
<tr>
<td>Sign-on bonuses</td>
<td>1.9%</td>
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</tbody>
</table>

Source: Data collected by the NHRBPT Project, 2008

Table 10: Recruitment Strategies Used by Organizations within the Past Year

<table>
<thead>
<tr>
<th>Recruitment Strategy</th>
<th>Reported Use (Percent)</th>
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</thead>
<tbody>
<tr>
<td>Hospital website</td>
<td>100%</td>
</tr>
<tr>
<td>Electronic job posting websites</td>
<td>100%</td>
</tr>
<tr>
<td>HealthForceOntario website</td>
<td>100%</td>
</tr>
<tr>
<td>Career fairs (internal)</td>
<td>100%</td>
</tr>
<tr>
<td>Maximizing nursing student placements</td>
<td>100%</td>
</tr>
<tr>
<td>Print advertising</td>
<td>83%</td>
</tr>
<tr>
<td>Career fairs (external)</td>
<td>83%</td>
</tr>
<tr>
<td>Job shadowing</td>
<td>83%</td>
</tr>
<tr>
<td>Paid internships for nurses entering specialty nursing areas</td>
<td>83%</td>
</tr>
<tr>
<td>Referral incentive program</td>
<td>60%</td>
</tr>
<tr>
<td>Summer externships</td>
<td>50%</td>
</tr>
<tr>
<td>Formal educational support for internationally-educated nurses</td>
<td>33%</td>
</tr>
<tr>
<td>Sign-on bonuses</td>
<td>20%</td>
</tr>
</tbody>
</table>

Source: Data collected by the NHRBPT Project, 2008

As demonstrated above, our survey findings showed that students were targeted as a specific type of recruitment strategy. A reported 50% of nursing managers thought they could accommodate more students on their unit. However, certain barriers were identified, including:

- senior staff burnout from students shadowing them;
- the demanding physical environment of the unit;
- lack of equipment, desks, or computers; and
- limited skill level from students who were not yet in specialty units.
Participants who completed the survey reported that the process for determining how many new graduate nurses would be hired under the Nursing Graduate Guarantee was varied among organizations.

- Some organizations filled out a capacity analysis to determine what recruits they needed, and then divided their available positions with experienced versus new graduate nurses.
- Some organizations asked the nursing managers how many new graduates they required, and were then approved by the director.
- Some organizations did not have an established process to determine an appropriate new graduate nurse ratio (they hired as many as they could accommodate on the units with orientation resources).

Common Steps for Nursing Recruitment

Effective recruitment is an important aspect to achieving high organizational performance and minimizing labour turnover. Employee recruitment is composed of several stages:

- verifying that a vacancy exists;
- drawing up a job specification;
- finding candidates;
- selecting candidates by interviewing, verifying references; and
- making a job offer.

In this section we are interested in external recruitment activities. We recommend 5 common steps for nursing recruitment (at both team and organizational levels). These steps are meant as a general guide to understanding different facets of the recruitment process. Use them as a template, a general checklist, or as a springboard for creating your own recruitment strategies/plan in your organization.
Step 1: Identify a Recruitment Team/Committee

If you currently do not have one, establish a recruitment team for your department. You will probably require input from both unit-level and organizational-level members. At an organizational level, nurse leaders and the HR department should partner to create a long-term recruitment strategy (Maxwell, 2004a). There is not necessarily one single “solution” to recruitment planning. Instead, try to cater to the skill sets needed, and resources, budget, context, and needs of your organization.

Creating a Recruitment Team: A Checklist

If you do not already have an established recruitment team, use the following checklist as guide for its development:

<table>
<thead>
<tr>
<th>Recruitment Team Checklist</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Have you developed a recruitment team/committee with your HR department?</td>
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<tr>
<td>□ Have you established who is:</td>
</tr>
<tr>
<td>- accountable for recruitment transactions (unit manager, program director, HR department, other) at the unit level and/or at the organizational level?</td>
</tr>
<tr>
<td>- accountable for recruitment strategy development (HR, nursing managers, clinical educators, Director of Development, etc.)?</td>
</tr>
<tr>
<td>□ Have you determined how often your recruitment team will meet?</td>
</tr>
<tr>
<td>□ Have you decided how and when your recruitment team will communicate?</td>
</tr>
<tr>
<td>□ Have you identified specific roles/positions related to planning and overseeing recruitment? Have these roles/positions been created?</td>
</tr>
</tbody>
</table>

Step 2: Identify Vacancies in Staffing

Understanding the Current Nursing Shortage

The ongoing and pressing nursing shortage in North America has been acknowledged by many (Langan et al., 2007; Bumgarner et al., 2003; Lavoie-Tremblay et al., 2006; Lehna, 2006; Burke & Ropp, 2003; Advisory Board, 2005).

Reasons for this nursing shortage crisis include:

An aging workforce: The majority of the current nursing workforce is part of the baby boomer generation, and thus close to retirement (Bumgarner et al., 2003; Smart & Koetzer, 2003)

- Nearly one third of today’s working RNs are over 50 years of age (Lavoie-Tremblay et al., 2006).
- Two thirds of today’s working RNs are over the age of 40 (Cordeniz, 2002).
• It is predicted that 40% to 60% of current working nurses will be retiring within the next 15 years (Cordeniz, 2002).
• Within 10 years, 55,000 of Ontario’s nurses will be retiring.

**Health needs:** We are experiencing a dramatic increase in population health needs as baby boomers age. In addition, a large portion of baby boomers will transition from providing care to receiving care by 2010 (Bumgarner et al., 2003). These factors will contribute to increased needs for health care services by the general population.

**Aging nurse force:** We are noticing an aging demographic of nurses. Over half of the nurse force is over 45 years old and will be eligible to retire in the next 5 years (Lavoie-Tremblay et al., 2006).

**Life expectancy:** People in our communities are living longer than their ancestors did (Lavoie-Tremblay et al., 2006). This will ultimately require longer use of health care services for the average person.

Due to these highlighted reasons, an emphasis on recruiting will be necessary over the coming years. It is important to understand the reasons behind the nursing shortage in order to develop a better plan for eventual vacancies.

Determine the number of nurses you will need to recruit for your unit. Completing a capacity analysis forecasting tool will assist you in determining your needs (see Chapter 3 for more information on this tool). In addition, you will need to determine your time frames for recruitment. For example, are you recruiting for intake at regularly spaced intervals, such as every 3 months? Or, are you planning to recruit a larger number of people early in the fiscal year to coincide with the graduation of nursing students? These decisions are dictated by your financial resources, your number of planned recruits, the length of orientation and available supports for orientation.

Here are two recruitment scenarios, and the factors that will influence each of them:

<table>
<thead>
<tr>
<th>Example A</th>
<th>Example B</th>
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</thead>
<tbody>
<tr>
<td>The operating room in ‘Hospital A’ estimates that it needs to recruit 6 nurses this year to fill vacancies and expected retirements. There are 2 intake periods per year into the college operating room course. This will dictate the hiring points. The nursing manager has decided to try and recruit 3 nurses for the first intake, and 3 nurses for the second intake.</td>
<td>The 50-bed Neonatal Intensive Care Unit (NICU) in ‘Hospital B’ recruits 15 nurses a year. They do all of their orientations on site. The unit educator and unit preceptors can manage 5 to 6 recruits per quarter. Planned recruitment is staggered throughout the year.</td>
</tr>
</tbody>
</table>
Step 3: Select a Recruitment Strategy

Long-Term & Short-Term Recruitment Strategies

Once you have created a recruitment team, you will need to consider the types and mix of recruitment strategies you would like to adopt. Factors like urgency, resources available (financial, technological, human), skill mix, and time may influence the strategies you decide to pursue.

We have identified a number of long- and short-term recruitment strategies based on our review of the literature. Some of these strategies require a shift in thinking and action by nursing managers; some require organizational support for change. Awareness of best recruitment processes provides nursing managers with knowledge that they can use to advocate for improving organizational recruitment processes (Maxwell, 2004a; Maxwell, 2004b; Burke & Ropp, 2003).

There are 6 strategies that you can consider (a description of each is provided below):

1. **Adopt the appropriate technology (Maxwell, 2004b):**
   - Use in-house electronic recruiting systems. This allows position openings to be put on hospital websites and national job posting boards.
   - Respond electronically to candidates. Create an electronic response system that eliminates “paper recruiting” (paper letters, ‘snail’ mail, postage, unwanted phone calls, etc.). This may also reduce costs and quicken response times for the administrative team.

2. **Create candidate pipelines (Maxwell, 2004b):**
   - Instead of seeing recruitment as only a short-term activity, pay attention simultaneously to both the immediate and longer term picture. Examples could include: job fairs, volunteer or student intern opportunities, and/or scholarships or stipends for nurses that provide longer term commitments.

3. **Create employee development programs (Maxwell, 2004b):**
   - Job enrichment and developmental opportunities
   - Mentoring programs
   - Universal hospital courses
   - Flexible scheduling
4. **Foster employee referral programs, networking, and recruitment campaigns (Maxwell, 2004a):**
   - This is a cost-effective alternative to the very costly newspaper advertisement. Employees who recruit others to work at the hospital are given a bonus to acknowledge their recruiting efforts. Some hospitals have demonstrated that their employees are their single largest recruitment source.
   - Keep in touch with former employees who have left your organization, but who could potentially come back.
   - Differentiate your organization from the rest by creating a recruitment campaign that highlights what you have to offer your employees, emphasizing unique benefits or characteristics.
   - Make applying to your organization a welcoming and hassle-free experience by upgrading the appearance of your HR department.

5. **Provide financial incentives:**
   - Provide scholarships and loan programs for high school students who want to pursue nursing programs (Maxwell, 2004a).
   - Provide “traditional” benefits, such as sign-on bonuses (Burke & Ropp, 2003).

6. **Support nursing manager-led recruitment:**
   - Although it may be difficult for nursing managers to find the time to do so, it is found that nursing managers who participate in recruitment activities are likely to see improvements in the quantity and quality of candidates who apply for positions. Having nursing managers involved in the recruitment process means that potential candidates may have a better chance at having their questions about the position answered immediately; candidates may also feel more connected and more motivated to apply for a position. Some organizations/nursing managers offer on-site screening interviews that ultimately shorten the process between application and first contact.
   - Strategies could include: nursing managers delivering recruitment presentations to targeted candidates; presentations focused on an accurate portrayal of life working on the unit, as well as a detailed description of desired candidates. Using content that reinforces the unit’s vision, creating a brochure specifically designed to recruit for a particular unit could also be helpful (The Advisory Board, 2005).
Step 4: Identify Potential Candidates

There are several specific target groups to consider in developing your recruitment strategies. These might include students, experienced nurses, and international nurses. Including these groups in your plans for recruitment could prove to be very effective.

We have provided a more in-depth look at recruitment strategies (as reported in the literature) at the end of this chapter in Appendix 4.1. It includes information on:

- High school students, nursing students, or potential nurses
- Experienced nurses
- Internationally-educated nurses

High School Students, Nursing Students, or Potential Nurses

Recruiting students is one of the most popular kinds of documented recruitment strategies. In some ways, it just makes sense. For example, providing career days or job shadowing programs offers exposure to nursing opportunities for students who may not have otherwise thought of pursuing a career in nursing.

The volunteer department of your organization may have programs to support high school students or others who may be interested in pursuing a nursing career. Connecting with these individuals and speaking to them about nursing is one way to begin the recruitment process early.

Do you require materials to talk about the nursing profession in a school or community? The Registered Nurses’ Association of Ontario has a number of resources – videos, brochures, and online RN Profiles – which you may find useful when talking about the nursing profession to people who are interested in a nursing career.

To request copies of the nursing promotional materials visit: http://www.rnao.org/Page.asp?PageID=122&ContentID=1593&SiteNodeId=199&BL_ExpandID=

Providing Nursing Experience Opportunities Prior to Graduation

In addition, it might be helpful to provide nursing experiences to nursing students prior to their graduation. This helps to ease the transition from school to work and better informs potential nurses of what they are to expect they are in practice. Retention will be deeply affected by how easy the job transition is from student to graduate nurse. In general, this means changing the way new or potential nurses perceive their future first-time employment experiences (Wittmann-Price & Kuplan, 2003). Students need a more realistic perspective of what to expect in nursing.

For example, the use of a student externship program is an effective way to provide nursing experiences to nursing students prior to their graduation. It allows organizations a method to identify, support, and recruit top nursing students entering their final year of undergraduate studies.
The goals of a clinical externship are to:

- Provide nursing students with opportunities to further apply their academic knowledge, to develop effective working skills and relationships in a practice setting.
- Promote the health organization as an excellent career choice for new graduate nurses.
- Highlight the exceptional career opportunities at the health organization.

Nursing students usually receive full-time salary support, and work under the direct supervision of a staff nurse and in collaboration with other members of the health care team. The clinical extern can observe and assist with direct and indirect patient care. Consult Appendix 4.2 for an example of a clinical extern job description.

**Nurses Not Working In Nursing Jobs**

With the current state of the nursing shortage, it is important to identify “untapped” markets of available nurses who are available and ready for recruitment. One such grouping consists of experienced nurses who have previously left the practice, but could potentially return. Enticing experienced nurses requires strategies related to improved work environment standards, work culture and conditions, or scheduling flexibility. These strategies could help to fill the HR gaps within your organization (Langan et al., 2007).

**Internationally-Educated Nurses**

With North America experiencing nursing shortages, hiring internationally-educated nurses can be a strategy worth considering. However, there are a variety of potential complications, expenses, as well as rewards for pursuing foreign recruitment strategies. The potential challenges mean that recruitment efforts will need to be tailored. For example, strategies such as arranged housing, nursing “buddy programs,” and community involvement opportunities are great ways for hospitals to make sure that RNs from abroad get acclimatized to their new settings.

Internationally-educated nurses are an important part of Ontario’s nursing workforce supply. The College of Nurses of Ontario provides many resources for internationally-educated nurses and potential employers to understand the regulatory requirements for working in Ontario.

*These resources may be found at: [http://www.cno.org/international_en/reqs/req3_exam/care.htm](http://www.cno.org/international_en/reqs/req3_exam/care.htm).*

Partnering with organizations such as the CARE (Creating Access to Regulated Employment) Centre provides experiences for internationally-educated nurses to learn about and experience Ontario’s health care system while they are preparing to write their registration exams.

*Information about the CARE Centre may be found at: [http://www.care4nurses.org](http://www.care4nurses.org).*
Step 5: Create a Long-Term Recruitment Plan: Minimize Turnover

Despite barriers to creating recruitment strategies (e.g., staffing shortages, cost restraints and lack of time), an emphasis on creating a long-term recruitment plan integrated with short-term tactics is considered the best way to deal with the current HR crisis (Maxwell, 2004b). Recruitment should be considered one part of a larger, proactive HR investment process for organizations. Retention strategies and educational opportunities for staff/workforce development are also integral aspects of this larger process (Cantrell & Browne, 2006).

One recruitment strategy involves, proactively reducing turnover rates and increasing retention of nurses (Cantrell & Browne, 2006). More than anything, it must be restated that recruitment planning includes a long-term strategy that is necessarily intertwined with increasing retention efforts and workforce development opportunities for nursing professionals.
CASE STUDY

Planning for Nursing Recruitment

Christine has used a number of helpful hints to guide her recruitment activities, including:

• Maximizing the use of web-based tools to advertise available job postings and increasing the postings on the HealthForceOntario job site.

• Volunteering to attend external job fairs to better promote her unit to potential new hires.

• Working closely with her HR department to ensure that resumes were sent to her as quickly as possible.

• Ensuring a timely response to applicants by keeping the candidate apprised of the recruitment steps and process; and providing (and keeping) estimates of how long it would take to complete interviews, check references, and make a final job offer.

• Building relationships with nursing students early in their career: Christine made contact with nursing students in 1st, 2nd, 3rd, or 4th year. She maximized consolidation placements on her unit as well.

• Working closely with teaching faculty and student placement coordinators to identify good students and to ensure a positive student clinical experience.
Appendix 4.1
Identifying Potential Candidates: Student, Experienced and Internationally-Educated Nurses

The following provides an overview of some of the recruitment strategies that have been reported in the literature.

**High School Students, Nursing Students, or Potential Nurses**

<table>
<thead>
<tr>
<th>Title</th>
<th>Building bridges: from high school to healthcare professional.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Author(s)</td>
<td>Bumgarner SD, Means BH, Ford MJ</td>
</tr>
<tr>
<td>Year</td>
<td>2003</td>
</tr>
<tr>
<td>Source</td>
<td>Journal for Nurses in Staff Development 19(1), 18-24</td>
</tr>
</tbody>
</table>
| Description | Bumgarner’s Summer Health Careers Program is a recruitment initiative that has been taken on collectively by a North Carolina-based Area Health Education Centre, local community hospital, and county school system. It is the initiative’s objective to use its own framework for the development of other outreach programs. The program is designed to:  
• identify a group of high school students interested in health professions  
• provide health careers presentations and tours, shadowing, clinical observations, and classroom activities upon relevant subject matter, and  
• develop an evaluation system that could track student participants in future years to determine the degree of influence the program’s activities have on career choices.  
The initiative has seen a rate of 70% of student participants who end up pursuing health professions. |

<table>
<thead>
<tr>
<th>Title</th>
<th>A recruitment and retention program that works!</th>
</tr>
</thead>
<tbody>
<tr>
<td>Author(s)</td>
<td>Wittman-Price R, Kuplen C</td>
</tr>
<tr>
<td>Year</td>
<td>2003</td>
</tr>
<tr>
<td>Source</td>
<td>Nursing Economics 21(1), 35-38</td>
</tr>
</tbody>
</table>
| Description | Wittman-Price and Kuplen describe a Nurse Scholar Program that targets upper division nursing students over an 8-week summer learning experience at St. Luke’s Hospital, Pennsylvania. In addition to the clinical experience, the program also provides the nurse scholars with 32 hours of didactic classroom training.  
The goal is to develop nursing students’ clinical competencies as well as to enhance the mentorship skills of the nursing staff at the hospital. This serves as a creative and proactive recruitment program that promotes nursing socialization and early exposure for nursing students to the clinical setting.  
Eighty-three percent of nurse scholars signed an employment commitment to start working at the hospital upon completion of their degrees. |
### Experienced Nurses

<table>
<thead>
<tr>
<th>Title</th>
<th>Exploring incentives for RNs to return to practice: a partial solution to the nursing shortage.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Author(s)</td>
<td>Langan JC, Tadych RA, Kao CC</td>
</tr>
<tr>
<td>Year</td>
<td>2007</td>
</tr>
<tr>
<td>Source</td>
<td>Journal of Professional Nursing 23(1), 13-20</td>
</tr>
<tr>
<td>Description</td>
<td>Langan et al. developed a recruitment program in Missouri that targeted nurses who were not currently in the workforce. Nursing literature on the experience of RNs returning to practice suggested 2 areas of focus – development and evaluation of training programs and supporting the personal adjustments made by those returning to practice.</td>
</tr>
</tbody>
</table>

### Internationally-Educated Nurses

<table>
<thead>
<tr>
<th>Title</th>
<th>Recruitment, retention, and workforce development: best practice compendium in brief</th>
</tr>
</thead>
<tbody>
<tr>
<td>Author(s)</td>
<td>The Advisory Board</td>
</tr>
<tr>
<td>Year</td>
<td>2005</td>
</tr>
<tr>
<td>Source</td>
<td>Contact the authors</td>
</tr>
<tr>
<td>Description</td>
<td>The Advisory Board Company provides a US-based toolkit that focuses on the steps to take to hire foreign nurses (from Canada, the UK, New Zealand, the Philippines, and India). The toolkit addresses the complications, expenses, as well as rewards of pursing foreign recruitment strategies. It delineates the steps needed to undertake this process.</td>
</tr>
</tbody>
</table>
Appendix 4.2
Clinical Extern Job Description

<table>
<thead>
<tr>
<th>Position Title</th>
<th>Clinical Extern</th>
</tr>
</thead>
<tbody>
<tr>
<td>Position Available</td>
<td>1</td>
</tr>
<tr>
<td>Department</td>
<td>Nursing</td>
</tr>
<tr>
<td>Employment Type</td>
<td>Temporary Full-Time</td>
</tr>
<tr>
<td>Salary</td>
<td>To be determined</td>
</tr>
<tr>
<td>Hours of Work (Subject to Change)</td>
<td>Extended tours &amp; rotating shifts</td>
</tr>
<tr>
<td>Employee Group</td>
<td>Non-Union</td>
</tr>
<tr>
<td>Reports to</td>
<td>Nursing Unit Administrator</td>
</tr>
</tbody>
</table>

**Description**
A fully accredited health care and teaching facility has summer employment opportunities available in Medical, Surgical, Women’s and Infants’ (Labour & Delivery, Post Partum, Neonatal Intensive Care) Health Programs, Post Anesthesia Care, Pre-Admission, Emergency, Peri-Operative Services and Psychiatry. Within your application please specify your area of preference.

As a Clinical Extern under the direct/indirect supervision of a staff nurse, you will work in collaboration with other members of the health care team, and will observe and assist with direct and indirect patient care. This opportunity will allow you to make the most of your academic knowledge in a practical setting which will help you develop effective working skills and relationships.

**Qualifications**
- Currently enrolled in a Baccalaureate Nursing Program
- Successfully completed the third year/entering final year of a Nursing Program
- Current BCLS

**Additional Qualifications**
- Results-oriented and looking for a challenging and rewarding opportunity
- Commitment to professional practice and personal development
- Demonstrated excellent critical thinking, problem-solving and decision-making skills
- Superior interpersonal and communication skills
- Commitment to patient- and family-centred care
- Demonstrated satisfactory work performance and attendance history

Source: Adapted from internal documents, Mount Sinai Hospital
Introduction

As discussed in Chapter 4, the ongoing and pressing nursing HR crisis in North America is prevalent. In order to develop a long-term and proactive organizational HR plan, nursing managers and organizations must consider both the importance of recruitment strategies, as well as retention strategies (Cantrell & Browne, 2006). A combined recruitment and retention strategy is also highly valued because it directly impacts patient care. Organizations that are able to retain their staff have better evaluations of the quality of care that is provided (Cantrell & Browne, 2006).

The ability to retain staff members and reduce turnover rate is an essential characteristic of a successful long-term HR planning process for an organization. High turnover rates can negatively impact patient care outcomes, staff morale, work productivity and replacement costs associated with temporary measures to fill positions as well as new attempts to hire and orient future staff.

As stated previously, recent efforts to improve the supply of nurses has resulted in an increase in full-time employment for new graduate nurses (Lankshear, 2007). The increased supply of new graduate nurses has facilitated recruitment efforts. However, emerging literature is identifying increasing concerns with the retention of these new nurses. Bowles and Candela (2005) found that the 30% turnover rates among nurses in their first year of practice climbed to 57% by the second year. The perceptions of new nursing graduates’ first job experience might be a good place to examine the current issues relating to turnover.

Common reasons for leaving newly-acquired nursing positions include (Bowles & Candela, 2005):

- stress associated with the acuity of patients;
- unacceptable nurse-to-patient ratios/feeling patient care is unsafe;
- management issues;

HIGHLIGHTS

In this chapter, you will find information about:

⇒ Questions to help you inventory your current unit-based retention strategies
⇒ Cohort-specific characteristics and leadership strategies
⇒ A list of retention strategies that cater to new graduate, mid-career, and late-career nurses
⇒ A case study that applies the information in this chapter

Chapter 5 Retention
- lack of support and guidance/being given too much responsibility; and
- employment factors (salary, scheduling, and benefits).

We have conducted a literature review and data collection among our partner organizations to learn more about the most effective retention strategies currently used. The following definition and questions were used to guide the research process:

<table>
<thead>
<tr>
<th>Guiding Questions: Most Effective Retention Strategies</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Building Block Definition:</strong></td>
</tr>
<tr>
<td>• My organization uses retention strategies such as innovative staffing models for job shares and/or position shares, workplace supports, cross-professional learning, and initiatives to support Healthy Work Environments.</td>
</tr>
<tr>
<td><strong>Context:</strong></td>
</tr>
<tr>
<td>• Why are retention practices developed?</td>
</tr>
<tr>
<td>• Under what circumstances or triggers?</td>
</tr>
<tr>
<td><strong>Content:</strong></td>
</tr>
<tr>
<td>• What is done?</td>
</tr>
<tr>
<td>• What is not done?</td>
</tr>
<tr>
<td><strong>Process:</strong></td>
</tr>
<tr>
<td>• How are these tactics occurring?</td>
</tr>
<tr>
<td>• What processes exist for regular review of effectiveness?</td>
</tr>
<tr>
<td>• What processes exist to support nursing managers to learn and understand these practices?</td>
</tr>
</tbody>
</table>

Comparing Findings from the Literature & our Data Collection

During our research, we noted that our nursing experts reiterated many of the findings uncovered in our literature review. Survey results demonstrated, in particular, that respondents emphasized the importance of informal social activities (e.g., lunch and learns, pizza lunches). Promoting high levels of nurse engagement through leadership opportunities and committee involvement, being dedicated to clear forms of communication and feedback between team members and management, as well as providing support for educational and professional development opportunities were also noted as important areas of focus for organizations and units.

Both the literature and our interviews with nursing experts highlighted the importance of feedback in the retention process. In our interview with the experts, all organizations stated they offered regular employee satisfaction surveys. Receiving this kind of feedback is a vital step to understanding the gaps and barriers to enhanced retention at the unit and organizational level.
Retention Strategies Reported by Organizations and Nursing Experts

We asked organizations to identify their common retention strategies (Table 11). In the survey responses, all of the organizations said they offered team leader/charge nurse roles, 83% offered committee participation and unit council opportunities, and some had champion roles for different strategies (i.e., Wound and Skin, Information Technology, Nursing Advisory Council, etc.). All organizations reported having a nursing professional practice model.

Table 11: Common Retention Strategies Used by Organizations

<table>
<thead>
<tr>
<th>Retention Strategy</th>
<th>Reported Use (Percent)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee recognition programs</td>
<td>100%</td>
</tr>
<tr>
<td>Long Service awards</td>
<td>100%</td>
</tr>
<tr>
<td>Nominations for scholarships</td>
<td>100%</td>
</tr>
<tr>
<td>Staff appreciation events</td>
<td>100%</td>
</tr>
<tr>
<td>Employee wellness initiatives</td>
<td>83%</td>
</tr>
</tbody>
</table>

Source: Data collected by the NHRBPT Project, 2008

From a nursing manager perspective, 71% of nursing managers noted that they already had unit-level retention strategies in place for late career nurses in particular. At a unit level, 70% of nursing managers had retention strategies for team building, 57% provided opportunities for flexible scheduling, and 37% had recognition awards. Sixty-eight percent of nursing managers offered leadership opportunities on their nursing unit to their staff.

During our interviews, participants identified the retention strategies that they defined as important to their unit, including:

- holding regular staff meetings;
- following up on concerns and ensuring resolution;
- providing positive recognition;
- supporting nurses with education;
- having the right equipment available; and
- being transparent with communication to the staff.

Creating innovative scheduling opportunities for nurses was also a common suggestion from nursing managers, especially when looking at scheduling for the late career nurse. This is one example of how you can design your retention strategies to best suit your team. In addition, nursing managers suggested that providing extra perks/incentives (e.g., offering yoga or pilates at lunch, pizza day, birthday celebrations, supporting safety and security for some units who are at high risk for abusive patients) were useful strategies. A few nursing managers reported that they had instituted a regular unit-level recognition and reward program for staff members. Generally, these recognition rewards were a result of positive colleague and patient feedback.
Monitoring Retention Efforts

Exit interviews are one mechanism organizations use to monitor staff retention. Among our partner organizations, 67% stated that they offered exit interviews to staff; however, few front-line nursing managers reported being aware of the results of these interviews. Some organizations are now taking a more active role with this process by hiring a manager in HR who will conduct regular exit interviews, analyze trends and report results.

SUMMARY OF STEPS

Nursing Retention

Step 1: Assess the Current Situation
Step 2: Define Your Team’s Characteristics
Step 3: Develop Retention Strategies/Programs
Step 4: Involve Team Members & Gather Feedback
Step 5: Monitor Your Plan

Common Steps for Nursing Retention

We recommend using 5 common steps for nursing retention at the team/organizational level. These steps are meant as a general guide to understanding different facets of the retention process. Use them as a template, a general checklist, or as a springboard to develop your own retention plan.

Step 1: Assess the Current Situation

There are a variety of strategies nursing managers can use to enhance the retention process in their team or organization. As a starting point, it is important to gage what is already being done. For example, are there training initiatives, mentorship programs, workplace wellness programs, flexibility in scheduling, and educational opportunities available to nurses within your organization?

Taking Inventory of Retention Efforts

Many organizations have developed retention strategies. By linking into these strategies (e.g., by ensuring that your staff are aware of and have access to retention initiatives), you are taking an important step towards creating a unit-based retention environment. The first step in developing a retention plan is to inventory what is already in place. Use the following questions as a starting point in understanding where the gaps and opportunities lie within your organization’s or team’s retention efforts.
Retention Strategy Checklist

What retention strategies are currently available?

☐ Does your organization conduct regular employee satisfaction surveys?
   • What are the main issues identified by your staff?
   • Have you worked with them to develop an action plan to address these issues?

☐ Does your organization have a nursing and/or interprofessional practice model?
   • What mechanisms are available to nurses to ensure that they have input into their practice?
   • How do you support staff-nurse involvement in professional practice issues?

☐ Does your organization have employee wellness initiatives?
   • How are staff members made aware of these initiatives?

☐ Does your organization have employee recognition programs?
   • How are staff recognized at the unit level?

☐ Does your organization provide scholarships, bursaries or special awards recognizing nursing excellence?
   • Do you regularly promote and encourage staff to apply to these programs?

☐ Does your organization have programs in place to support front-line staff nurses working in 80:20 initiatives?
   • Have you actively supported and recruited nurses to participate in these initiatives?

☐ Do you make available and regularly review staff moving into front-line leadership roles such as preceptor, committee membership, team leader and charge nurse.
   • How are staff mentored and supported to develop their leadership skills?
Step 2: Define Your Team’s Characteristics

Much of the literature suggests that a successful retention plan requires targeting cohorts of staff in unique and different ways, depending on their needs. One of the current challenges for health care leadership is to understand the needs identified by different cohorts of nurses, and to create harmony in the way cohorts work together (Cordeniz, 2002). In other words, we must consider how disparities in age and experience on nursing teams may affect the way skill mix and responsibility are distributed. To be able to retain your nursing staff, you need to understand the values and needs of your team members.

The current nursing workforce is made up of staff and nursing leaders from 4 different generations (Sherman, 2006):

1. Veterans (1925-1945);
2. Baby boomers (1946-1964);
3. Generation X (1963-1980); and

It might be helpful to consider the qualities and characteristics of each of the cohorts on your team when you are developing nursing leadership, communication, and reward strategies. However, these are merely guidelines, and the characteristics of each cohort may not generalize to all individuals and group dynamics. Consult the table in Appendix 5.1 to better understand cohort-specific characteristics, and to get ideas on the style of leadership, coaching, and communications strategies you could be using (based on work by Sherman, 2006).

Step 3: Develop Retention Strategies/Programs

In a recent systematic review of interventions by health care organizations aimed at increasing the retention of new graduate nurses, authors concluded that the highest retention rates were associated with retention strategies that used a preceptor program model that focused on the needs of the new graduate nurse and offered a program length of 3 to 6 months (Salt et al., 2008). Specifically, the longer the retention strategy, the higher the retention rates, and a less than 3-month retention strategy resulted in the lowest retention rates (Salt et al., 2008).

In addition, developing a staff mentoring program that incorporates senior staff’s expertise, providing orientation and training for new graduate nurses to adapt to the school-to-work transition, or creating a health promotion or wellness program in your organization are all effective ways to provide age-specific nursing retention strategies. This step may also involve adapting existing strategies/programs to better suit your team’s needs.
You may have to consider other things such as:

- adopting leadership strategies that acknowledge differences in cultural characteristics and work ethics between groups or generations;
- providing support systems for the diverging and ever changing needs of these groups;
- creating job, placement, or development opportunities that are of interest for staff members in relation to where they are in their careers and lives.

Based on a scan of the literature, we have provided you with a number of effective retention strategies that cater specifically to new, mid-career, and late-career nurses:

**New Nurses**

These recruitment strategies were compiled from the following references: Bowles & Candela, 2005; Salt et al., 2008; Butler & Felts, 2006.

- Provide self-scheduling opportunities.
- Put into practice leadership models that increase self-empowerment (e.g., servant leadership model, shared leadership model, transformational leadership model). This involves incorporating things like shared decision-making, nurturing personal and professional growth and development, being open to new ideas, and promoting team development.
- Adopt self-governance models that decrease top-down forms of group dynamic and functioning.
- Provide extended orientation periods, preceptor program models, and mentorship programs.
- Provide paid debriefing meetings for staff to help cope with transition from work environment to home.

**Mid-Career Nurses**

These recruitment strategies were compiled from the following references: Hart, 2007; Cordeniz, 2002.

- Create a healthy work environment.
- Create a good work-life balance.
- Provide activities related to health promotion (e.g., subsidized gym memberships, wellness seminars/programs).
- Offer flexible shifts.
- Enhance socializing activities (formal and informal).
Late-Career Nurses
These recruitment strategies were compiled from the following references: Butler & Felts, 2006; Cordeniz, 2002; Hart, 2007; Lavoie-Tremblay et al., 2006.

- Promote part-time working opportunities, flexible shifts, or modified job descriptions.
- Suggest senior nurses take on training, planning, mentoring roles or other career enhancing opportunities (this will also facilitate a much needed knowledge transfer between team members).
- Suggest senior nurses take on/coordinate staff community benefit and healthy communities programs.
- Support health ergonomics (e.g., safety training, ergonomic chairs).
- Provide activities related to health promotion (e.g., subsidized gym memberships, wellness seminars/programs).
- Provide and support educational activities/opportunities.
- Take advantage of technology aids (e.g., improved design of patient units - flooring, lighting; new equipment for moving patients).
- Provide flexible benefit packages and retirement options.
- Offer retirement and financial planning workshops.
- Adopt “magnet hospital” workplace characteristics (e.g., recognition of competencies, improved status, professional autonomy, decreased workload, increased salary, better retirement plans).
- Provide training and reward systems for senior staff that take on preceptor/expert nurse mentor roles.

Step 4: Involve Team Members & Gather Feedback
Involve team members in the development, planning, and implementation phases of your retention activities. This will create opportunities for team members to develop their leadership skills, get involved, and showcase their abilities that otherwise might go unnoticed.

Our interviews with nursing experts highlighted how important it is for nurses to be involved in a variety of ways and within the team or organization. The identification and support for the implementation of retention strategies that focus on improving the quality of the work lives of nurses should be included in organizational planning. Nurses need to be meaningfully involved in different facets of the decision-making processes that affect them (i.e., related to nursing practice, management, and policy) as this will benefit the employer and the patient. These supports include (but are not limited to) appropriate staff levels and staff mix for the patient population served, appropriate systems for communication, a healthy physical work environment, adequate resources for equipment and supplies, and replacement costs for nurses who participate in team activities.

Promoting high levels of nurse engagement within the team is an effective retention strategy in and of itself (Manion, 2004). It is a strategy that can also support the other retention strategies that your team/organization adopts, as well as enhance the level of practice within the team. For example, it can:
• be an opportunity for some team members to practice and develop their leadership skills;
• help to build trust and respect between all team members; and
• be an opportunity for team members to try new things.

Using skill sets already possessed by a team member can be an efficient way to make certain retention strategies actually and feasibly happen.

This step also involves getting feedback from staff as well as seeking information from outside sources to enhance your retention strategies. Conduct surveys and promote an organizational environment that uses feedback as a springboard to improve staff satisfaction. Do not be afraid to seek outside sources and tools to help inform your retention strategies.

Consult the following website for ideas on how to retrieve feedback from staff members. It offers a Health Provider Satisfaction Survey that will guide you through the process of gathering feedback. This website will also help to identify system- and organizational-level indicators of the quality and dynamic of your workplace.

Health Provider Satisfaction Survey: http://www.qwghc.ca/indicators-healthy-workplaces.aspx

To Learn More about Retention

We have created a small inventory of research materials and tools related to possible retention strategies. See Appendix 5.2 for a summary of cohort-specific papers, studies, articles and tools about retention.

Step 5: Monitor Your Plan

Realistically, we know that changes in staffing and team dynamics are necessary, and inevitable. Instead of fearing these changes, it is important to come up with ways to prepare for them. Be receptive to these changing needs, and be aware of upcoming retirements or staff departures, too. In doing so, you will be more prepared when staff changes do occur.

Think “bigger picture”:

• How will your staff’s needs change in the coming years? (See Chapter 2 for the workforce profile example; this will help you plan for the future by creating an age profile).
• Can you foresee any opportunities to adapt your retention strategies to their future needs? This may involve thinking not only of your staff’s age, but of outside factors such as community/patient demographics, organizational and economic conditions.

Keep open lines of communication with team members:

• Are certain staff members predicting departures from the team?
• Do they feel comfortable in sharing news of their departures with the rest of the team?
• Promoting a supportive environment where team members can be open about their acceptance of another position, desire for parental leave, or retirement, means that you will have fewer staffing surprises.
Nurse Retention

Christine found that offering mentorship, flexible scheduling and the ‘step-down’ course has really benefited her retention strategy. Another very effective strategy has been developing and fostering relationships with her staff. Knowing her staff has helped Christine build the capacity of her team members’ skill level and assist them in their career paths. Performance appraisals have been a great way of setting staff members’ goals and starting those heart-to-heart chats. This gave Christine the opportunity to help her staff in their career paths, and it also encouraged team members to apply for positions as educators or other leadership positions.

For instance, during a performance appraisal, Christine realized that one of the nurses on her unit had a great interest in the geriatric population. Christine assisted this nurse with some courses and conferences to increase her knowledge base of this population. Ultimately, it helped give the nurse the knowledge and confidence to apply to become a geriatric emergency management nurse. Not only did the nurse achieve her goal, but Christine was able to keep her within the organization. It is generally accepted that staff members will stay if they have at least one friend and a good nursing manager.

Receiving recognition is always a good strategy. Christine tries to give positive feedback immediately. Modeling good behaviour, Christine also conducts patient rounds with her team leader. With the input and feedback from patients and colleagues, Christine also gives a star award to staff members on a routine basis. Winners of the award receive a gift certificate, and cake and tea is given in honour of that staff member at the next staff meeting.
### Appendix 5.1

**Cohort-Specific Characteristics & Leadership Strategies**

*Table 12: Characteristics of Veterans, Baby Boomers, Generation X, and the Millennial Generation*

<table>
<thead>
<tr>
<th></th>
<th>Veteran</th>
<th>Baby Boomer</th>
<th>Generation X</th>
<th>Millennial</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>General Characteristics</strong></td>
<td>- value history and its lessons</td>
<td>- are looking for meaningful work; possess a strong work ethic</td>
<td>- appreciate flexibility at work that permits them to balance personal and professional life</td>
<td>- are optimistic, goal-oriented</td>
</tr>
<tr>
<td></td>
<td>- demonstrate loyalty to their organizations</td>
<td>- value their individualism</td>
<td>- recognition and career advancement should be based on merit</td>
<td>- want structure, guidance, extensive orientation</td>
</tr>
<tr>
<td></td>
<td>- believe seniority should lead career advancement</td>
<td>- enjoy collegiality and participation</td>
<td>- like to see rapid progress toward their goals</td>
<td>- appreciate opportunities for self-development</td>
</tr>
<tr>
<td></td>
<td>- are disciplined in their work habits</td>
<td>- enjoy giving professional feedback to their team</td>
<td>- less loyal to their organizations than the Veterans</td>
<td>- appreciate flexible scheduling</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>- have high turnover rates</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>- are a global generation that accepts multiculturalism as a way of life</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>- some of their values overlap with the Veterans’</td>
</tr>
<tr>
<td><strong>Recommended Coaching and Leadership Strategies</strong></td>
<td>- are respectful of authority, supportive of hierarchy</td>
<td>- respond well to peer-to-peer coaching</td>
<td>- valued qualities of a leader: honest, motivating, providing positive outlook, good communicator, approachable</td>
<td>- expect more coaching and mentoring than any other cohort</td>
</tr>
<tr>
<td></td>
<td>- appreciate one-on-one coaching style</td>
<td></td>
<td>- do not like micromanagement</td>
<td>- internships and formalized clinical coaching and mentoring programs</td>
</tr>
<tr>
<td></td>
<td>- prefer formal instruction that acknowledges seniority</td>
<td></td>
<td>- prefer equal coaching environment, where they can demonstrate their own expertise</td>
<td>- appreciate a leader that gives them personal feedback</td>
</tr>
<tr>
<td><strong>Recommended Communication Strategies</strong></td>
<td>- appreciate strategies that are inclusive and build trust</td>
<td>- prefer open, direct and less formal communication strategies</td>
<td>- prefer technology-based communication</td>
<td>- like immediate feedback (i.e.: returning phone calls, e-mails, etc.)</td>
</tr>
<tr>
<td></td>
<td>- would benefit from more face-to-face or written communication, as opposed to technology-based forms</td>
<td>- benefit from group-processing information strategies (staff meetings, discussions)</td>
<td>- may show signs of boredom or irritation at extensive use of meetings/group discussions</td>
<td>- prefer technology-based communication</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- face-to-face or telephone communication is preferred, but e-mail is often accepted, too</td>
<td></td>
<td>- appreciate teamwork and team meetings</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>- they read less, and may not respond well to being given lengthy handouts to read on their own (e.g., policy and procedure manuals/information)</td>
</tr>
<tr>
<td><strong>Recommended Forms of Reward and Recognition</strong></td>
<td>- appreciate personal touches: hand written notes, plaques, pictures</td>
<td>- like public forms of recognition: perks, employee parking spaces, newsletter recognition, professional award nominations</td>
<td>- paid time off, cash awards, participation in cutting edge projects</td>
<td>- respond well to personal/professional development and educational opportunities; participation in cutting edge projects</td>
</tr>
<tr>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td><strong>Conflict Resolution</strong></td>
<td>- are less likely to accept over-time or schedule changes</td>
<td></td>
<td>- are less likely to accept over-time or schedule changes</td>
<td>- are less likely to accept over-time or schedule changes</td>
</tr>
<tr>
<td></td>
<td>- may get irritated at Veterans’ and Baby Boomers’ resistance to technology</td>
<td></td>
<td></td>
<td>- may get irritated at Veterans’ and Baby Boomers’ resistance to technology</td>
</tr>
</tbody>
</table>

Source: Based on Sherman (2006)
### For New Graduate Nurses

<table>
<thead>
<tr>
<th>Title</th>
<th>Increasing retention of new graduate nurses: a systematic review of interventions by healthcare organizations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Author(s)</td>
<td>Salt J, Cummings G, Profetto-McGrath J</td>
</tr>
<tr>
<td>Year</td>
<td>2008</td>
</tr>
<tr>
<td>Source</td>
<td>Journal of Nursing Administration 38 (6), 287-296</td>
</tr>
<tr>
<td>Description</td>
<td>Salt has reviewed 16 US-based published studies that address intervention strategies targeting new graduate nurses within a number of health care organizations. Each study looked at which strategies have been most effective in increasing new graduate nurses' retention rates. Salt’s review suggests that the best retention method for new nurses is one that incorporates a 3- to 6-month-long preceptor program model.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Title</th>
<th>Turnover intention in new graduate nurses: a multivariate analysis</th>
</tr>
</thead>
<tbody>
<tr>
<td>Author(s)</td>
<td>Beecroft P, Frederick D, Wenten M</td>
</tr>
<tr>
<td>Year</td>
<td>2008</td>
</tr>
<tr>
<td>Source</td>
<td>Journal of Advanced Nursing 62 (1), 41-52</td>
</tr>
<tr>
<td>Description</td>
<td>Beecroft et al. has examined the relationship of new nurse turnover intent with 1) individual’s characteristics 2) work environment variables, and 3) organizational factors. Almost 900 paediatric nurses from the same residency program participated in the study.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Title</th>
<th>First job experiences of recent RN graduates</th>
</tr>
</thead>
<tbody>
<tr>
<td>Author(s)</td>
<td>Bowles C, Candela L</td>
</tr>
<tr>
<td>Year</td>
<td>2005</td>
</tr>
<tr>
<td>Source</td>
<td>JONA 35(3), 130-137</td>
</tr>
<tr>
<td>Description</td>
<td>Bowles and Candela examined new graduate nurses’ first-year experiences in a nursing position. They examined what new nurses chose for their first nursing position, new nurses’ perceptions of their first nursing position, and if applicable, their reasoning for leaving their first nursing position. Three hundred and fifty two nurses participated in the survey. The top reasons for leaving their first jobs were: stress associated with acuity of patients, unacceptable nurse-to-patient ratios, feeling patient care was unsafe; and work environment issues (management issues, lack of support/guidance, too much responsibility, etc.).</td>
</tr>
</tbody>
</table>
### Tools for Mid-Career Nurses

<table>
<thead>
<tr>
<th>Title</th>
<th>Asset protection: maintaining and retaining your workforce</th>
</tr>
</thead>
<tbody>
<tr>
<td>Author(s)</td>
<td>Hensinger B, Minerath S, Parry J, Robertson K</td>
</tr>
<tr>
<td>Year</td>
<td>2004</td>
</tr>
<tr>
<td>Source</td>
<td>Journal of Nursing Administration 34(6), 268-72</td>
</tr>
<tr>
<td>Description</td>
<td>Hensinger et al. provide an in-depth look at the University of Michigan Health System’s (UMHS) nursing department retention plan. The UMHS provides Nurse Action Days (activity days) that focus on exploring and enriching nurse culture, personal empowerment, personal renewal, and identified tools to help assess unit culture. The article also explores how to organize and run Preceptor Action Days.</td>
</tr>
</tbody>
</table>

### Tools for Late-Career Nurses

<table>
<thead>
<tr>
<th>Title</th>
<th>Tool kit for the staff mentor: strategies for improving retention</th>
</tr>
</thead>
<tbody>
<tr>
<td>Author(s)</td>
<td>Butler MR, Felts J</td>
</tr>
<tr>
<td>Year</td>
<td>2006</td>
</tr>
<tr>
<td>Source</td>
<td>Journal of Continuing Education in Nursing 37(5), 210-3</td>
</tr>
<tr>
<td>Description</td>
<td>The document is a toolkit outlining strategies to retain new graduate nurses by creating a staff mentoring program staffed by late-career nurses. The goal is to create mentoring networks for new graduate nurses who are experiencing a process of transition, but it also functions as a form of knowledge transfer between cohorts of nurses. The target outcomes are to increase workplace satisfaction and retention rates of new nurses. The toolkit also provides a series of recommendations for nursing managers on how to guide late-career nurses who accept a preceptor role. These include providing compensation and decreasing workload for preceptors.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Title</th>
<th>The aging workforce: implications for health care organizations.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Author(s)</td>
<td>Hart KA</td>
</tr>
<tr>
<td>Year</td>
<td>2007</td>
</tr>
<tr>
<td>Source</td>
<td>Nursing Economic$ 25(2), 101-102</td>
</tr>
<tr>
<td>Description</td>
<td>Hart’s article provides a list of strategies and planning activities to retain the late-career workforce. It emphasizes the importance of providing options for late-career nurses in organizing and choosing their responsibilities, ergonomics training, disposal of technology to help with the demanding physical tasks put upon nurses. It also stresses the importance of providing retirement planning seminars and financial planning workshops.</td>
</tr>
</tbody>
</table>
### Tools for Late-Career Nurses (continued)

<table>
<thead>
<tr>
<th>Title</th>
<th>Who will be there to nurse?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Author(s)</td>
<td>O’Brien-Pallas L, Duffield C, Alksnis C</td>
</tr>
<tr>
<td>Year</td>
<td>2004</td>
</tr>
<tr>
<td>Source</td>
<td>JONA 34(6), 298-302</td>
</tr>
<tr>
<td>Description</td>
<td>O’Brien-Pallas discusses the relationship of baby boomers’ retirements on the nurse shortage in an Australian-based study. Findings suggest that delaying retirement is a significant HR strategy, especially because of late-career nurses’ level of experience and expertise. The authors recommend the use of different retention approaches for different cohorts in the way work is allocated. They also recommend the 20% reduction of late-career workloads in order to reduce stresses, or to be more realistic and flexible in scheduling policies.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Title</th>
<th>Towards an integrated approach for the management of aging nurses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Author(s)</td>
<td>Lavoie-Tremblay M, O’Brien-Pallas L, Viens C, Hamelin B, Gelina C</td>
</tr>
<tr>
<td>Year</td>
<td>2006</td>
</tr>
<tr>
<td>Source</td>
<td>Journal of Nursing Management 14; 207-212</td>
</tr>
<tr>
<td>Description</td>
<td>The research of Lavoie-Tremblay et al. addresses the expected losses in nursing due to age. The article identifies the lack of organizational policies in place that address the needs of late-career nurses. The article breaches the topics of age and retirement, age and working conditions, and the development of healthy workplaces. The authors suggest incorporating the framework of “Magnet hospitals” to organizations’ healthy workplace strategies as a way of increasing incentives for senior nurses to stay working.</td>
</tr>
</tbody>
</table>
Introduction

Over the past two decades, the term ‘professional nursing practice’ has become increasingly integrated and recognized within the nursing community. While nursing is considered a profession under the Regulated Health Professions Act (1991), there is a need to consider what constitutes its unique professional role and practices.

Several factors have combined to give rise to a more contemporary understanding of the concept and importance of professional nursing practices, including:

- an introduction of new roles within the profession, such as the advanced practice nurse (clinical nurse specialist, nurse practitioner), professional practice leader, program educator and consultant, and nurse researcher;
- a recognition that nurses contribute to outcomes in patient care, the organizational environment, and to the overall values, vision and mission of the hospital;
- an extension of nursing’s coordinating role, within and external to the organization;
- a dramatic change in health care delivery, such that there is increasing complexity of the health care environment relative to patient acuity and advanced technology;
- the ongoing integration of allied health professionals in the organization, where multiple caregivers share their expertise in patients’ health care plans;
- the imperative for a collaborative, interprofessional team for optimal patient care;
- the need to clarify accountabilities, role identity and where team members’ roles overlap (Mathews & Lankshear, 2003); and
- an organizational commitment to develop the ideal environment for effective, collaborative professional practice.
Professional practice, as an entity, is a system of strategic processes, including both intraprofessional and interprofessional factors that underpin the delivery of skilled, responsive nursing care, and the control of a high quality work environment. Several subsystems contribute to a professional practice environment. Examples of subsystems include values, ethics, professional relationships, the patient care delivery model, the management approach, and a program for recognizing and rewarding nursing excellence (Wolf, Beland & Aukerman, 1994a; Hoffart & Woods, 1996). Professional nursing practice is supported by transformational leadership, a strong care delivery system, opportunities for professional growth, and collaborative, interprofessional practice (Wolf, 2000).

**Professional Practice Frameworks**

Identifying environmental characteristics of the practice setting that best support professional nursing practice is critical (AACN, 2002). Health professionals want to have meaningful, challenging and satisfying roles (Arford & Zone-Smith, 2005). Professional practice models provide a conceptual framework that describes the organization of nursing, nursing care and interprofessional care delivery. They depict how nurses practice, collaborate, communicate and develop professionally to provide the highest quality patient care. Professional practice frameworks may help to meet the challenges of the current situation in nursing because they:

- are congruent with the philosophy of care held by the nursing profession (Girard et al., 2005);
- provide an opportunity for health professionals to define their work and performance expectations (Arford & Zone-Smith, 2005; Girard et al., 2005); and
- create a sense of shared vision within, and consistency of care between health teams (Wolf et al., 2004; Arford & Zone-Smith, 2005).

Organizational professional practice frameworks have been advocated as resources to assist organizations to guide nursing performance standards, advancement and effectiveness and to attract, retain and reward nurses (Robinson et al., 2003). Relying on a professional practice framework for your organization or system may help in planning for system integration, in balancing competing priorities, and in developing and maintaining cultural identity within organizations and/or teams, all the while maintaining focus on an organization's as well as a profession's values or goals (Girard et al., 2005; Wolf et al., 2004; Advisory Board, 2007b; Arford & Zone-Smith 2005; RNAO, 2007b). Adopting a framework requires organizational commitment and recommendations at the structural, HR, political and cultural levels in order for it to succeed (Arford & Zone-Smith, 2005; Wolf et al., 2004; Advisory Board, 2007b).

Professional practice frameworks vary among organizations. However, there is an existing body of literature that has identified key factors common to most frameworks. The current chapter aims to expand on select characteristics of professional practice, including:

- nursing leadership and the context of practice;
- collaboration and teamwork;
- an organizational culture and healthy work environment; and
- educational opportunities and professional development.
We have conducted a literature review and collected data from our partner organizations to learn more about the most effective strategies in professional practice that are currently used by nursing managers and organizations. The following definition and questions were used to guide the research process:

### Guiding Questions: Most Strategies in Professional Practice

**Building Block Definition:**
- My organization supports and is active in developing nursing professionals and is active in interprofessional collaboration through initiatives such as: mentorship/preceptorship, orientation, career path planning and adhering to best-practice guidelines.

**Context:**
- Why is professional practice developed?
- Why is interprofessional collaboration developed?

**Content:**
- What is done?
- What is not done? Under what circumstances or triggers?

**Process:**
- How are these tactics occurring?
- What processes exist for regular review of effectiveness?
- What processes exist to support nursing managers to learn and understand these practices

### Comparing Findings from the Literature & our Data Collection

Through our surveys, we noted that respondents identified many of the same priorities as the literature review. Much of the experts’ feedback was related to enhancing professional practice by providing educational opportunities and/or support as well as healthy workplace relationships. In particular, orientation training, preceptorship/mentorship programs, and continuing education opportunities were discussed in great detail.

All partner organizations reported having a senior nurse executive who has accountability for all nursing or patient care delivery, fiscal resources, personnel and reports to the highest level officer within their organization. All organizations have formal structures such as unit councils and/or professional practice committees that included staff nurses among their membership. Opportunities for staff nurses’ leadership development consisted of functioning in designated unit leadership roles, such as team leader roles or as leaders and members of unit councils and professional practice committees. All organizations reported that care delivery was organized through clinical interprofessional teams, but formal professional practice structures varied in composition from uniprofessional models to interprofessional models. Regardless, every organization had structures where nurses provided input into their professional practice.

The provision of regular feedback on performance to front-line staff is one mechanism that nursing managers might use to support professional practice development. The results of our surveys indicated that every organization had a performance management system and that while nursing managers valued the opportunity to meet with staff and provide feedback on performance, their span of control and time constraints made this an ongoing challenge. Additionally, career path mentoring occurred mostly through informal mechanisms rather than formal career planning programs.
**Internal Educational Opportunities**

Our survey results showed that all of the organizations that were interviewed have a preceptorship/mentorship education program for nursing staff. Most mentorship programs focused on the new graduate nurse, although a few organizations did offer mentorship programs to internal staff who transferred into specialized nursing units at the same organization. Nursing managers reported in both the surveys and interviews that orientation was offered to all general hospital employees. There were differences in the length of orientations and most nursing managers reported adapting the length of their orientation programs to the needs of the new staff member. Generally, orientation consisted of formal ‘in-class’ presentations and hands-on experience working along side an experienced nurse mentor. For example, a general hospital orientation consisted of 1 day to 1 week of formal presentations, and a nursing orientation ranged from a 1-week to a 3-week corporate nursing orientation for new graduates. Nursing managers worked with nurse clinicians, nurse educators and/or advanced practice nurses to assist with the design and delivery of orientation programs.

**External Educational Opportunities**

Regarding external educational opportunities, all of the organizations surveyed reported that they provided a tuition reimbursement for nursing staff that were pursuing an undergraduate or graduate degree, and specialty education course(s) (e.g., for the intensive care unit, operating room, etc.). Eighty-three percent of organizations said they provide staff nurses with paid attendance for conferences and workshops, and provided a tuition reimbursement for continuing education in nursing. Other opportunities offered to the nursing staff included: project work, practice council membership, point-of-care teams, committees, leadership education, nursing excellence grants, and nursing fellowship programs.

**SUMMARY OF STEPS**

**Professional Practice**

<table>
<thead>
<tr>
<th>Step 1: Assess the Current State</th>
</tr>
</thead>
<tbody>
<tr>
<td>Step 2: Identify Key Areas to Enhance Professional Practice</td>
</tr>
<tr>
<td>Step 3: Select Strategies for Enhancing Professional Practice</td>
</tr>
<tr>
<td>Step 4: Monitor Your Activities</td>
</tr>
</tbody>
</table>

**Common Steps for Professional Practice**

We recommend using 4 common steps to enhance professional practice at the team or organizational level. These steps are meant as a general guide to understanding different facets of professional practice. Use them as a template, a general checklist, or as a springboard for creating your own strategic framework in your organization.

**Step 1: Assess the Current State**

To start, gather information about how your team/organization already enhances professional practice.

Professional practices include:

- nursing leadership structures;
- accountability for the delivery and organization of nursing care delivery;
- interprofessional collaboration and the support and active development of nursing professionals through initiatives such as: orientation, mentorship/preceptorship; and
- career path planning (among others).
In addition, take the time to review your organization’s framework for professional nursing practice and its related initiatives and resources. Familiarize yourself with the elements of strategic professional practice frameworks and support your organization’s efforts toward including these elements.

**Understanding the Elements of a Professional Practice Framework**

The hallmarks of a robust professional nursing practice environment include (AACN, 2002):

- a philosophy and/or vision for nursing;
- tangible recognition of the value of nursing knowledge and expertise to clinical care and outcomes;
- promoting supportive leadership, participatory structures, advancement programs, collaborative relationships; and
- effective use of technological advances in information systems.

Also important to promoting a robust practice environment are (Wolf, Beland & Aukerman, 1994b; Kramer & Schmalenberg, 2004; Ponte et al., 2004):

- positive interprofessional relationships;
- autonomous nursing practices;
- a culture that values concern and inclusion of the patient; and
- management support for nursing accountability and a healthy work environment.

**Developing Your Own Professional Practice Framework**

Many frameworks and resources exist within the published literature to guide the development of a professional practice framework. The following represents some key elements found to be essential to most professional nursing practice models (ACCN, 2002; Mathews & Lankshear 2003; Wolf, Beland & Aukerman, 1994b; Kramer & Schmalenberg, 2004; Ponte et al., 2004):

- nursing leadership and the context of practice;
- interprofessional and collaborative practice;
- work environment and organizational culture; and
- educational opportunities and professional development.

We have compiled a list of additional resources that discuss the adoption of professional practice models and frameworks within an organization (see Appendix 6.1). The websites of the following professional associations have additional suggestions or strategies:

- Canadian Nurses Association: [http://www.cna-nurses.ca](http://www.cna-nurses.ca)
- College of Nurses of Ontario: [http://www.cno.org](http://www.cno.org)
- Registered Nurses’ Association of Ontario: [http://www.rnao.org](http://www.rnao.org)
- Quality Worklife - Quality Healthcare Collaborative: [http://www.qwqhc.ca](http://www.qwqhc.ca)

Consult these sources to understand if your organization should consider pursuing a strategic framework; to develop dissemination strategies of the framework principles that will work for your team/organization/system; or to access tools that will help you through this entire process.
Step 2: Identify Key Areas to Enhance Professional Practice

We have identified 4 key areas in which you could enhance professional practice in your organization:

1. Nursing leadership and the context of practice.
2. Interprofessional care.
3. Work environment and organizational culture.
4. Educational opportunities and professional development.

Nursing Leadership & the Context of Practice

Leadership has been defined in many different ways. In general, it is the art of persuading people to work toward a common goal that is important for the responsibilities and welfare of a group (Goleman, 1998; Hogan, Curphy & Hogan, 1994). The quality of leadership affects how work is done, how well the team performs and whether its performance objectives are achieved (Longest, Rakich & Darr, 2000). Various models of leadership have been suggested to explain what leadership behaviours look like and how leadership relationships work (O’Reilly, 1991). Regardless of the definition, the quality of nursing leadership has been linked with the quality of patient care and with the recruitment and retention of nursing staff (Ferguson-Pare et al., 2002; Kramer & Schmalenberg, 1988a, 1988b, 2004; McClure et al., 2002; Torranceau et al., 2002). Developing effective nursing leadership behaviours is essential to building quality nursing practice environments (RNAO, 2006).

Organizations that offer opportunities for staff nurses to have an active role in decision-making, with maximal participation and accountability for the outcomes of those decisions have been associated with increased nurse autonomy, collaboration and improved outcomes for patients (Aiken et al., 1994; Boyle, 2004; Torranceau et al., 2002). Responsibility and autonomy over nursing practice contributes to job satisfaction, and to the quality of care, efficiency and effectiveness of service (Hatcher & Spence-Laschinger, 1996; Scott et al., 1999). Nursing managers wishing to encourage and support autonomous professional practice must promote a participative management style that provides recognition, support and staff nurse involvement in decision-making (Ferguson-Pare, 1996, 1998).

It might be helpful to take pointers from or aspire towards an organizational functioning that relies on the successful strategies demonstrated by organizations that encourage the active decision-making role of staff nurses. Factors like the quality of your nursing leadership, your organizational structure, management style, your professional models of care, level of autonomy, opportunities in professional development, and interdisciplinary relationships, each contribute to the context of nursing practice within your organization.

Interprofessional Care

Professional practice in nursing is confronted with issues such as increased workloads, unhealthy work environments, an increase in integrated health systems and pressure to control costs (RNAO, 2006; Wolf et al., 2004). Interprofessional care has been suggested as a model that could tackle some of these issues and is considered the best model of care for a variety of patient groups (Borduas et al., 2006). Creating an environment where team members with a variety of professional backgrounds work together (as opposed to experiencing the “silo effect”) may be one way to enhance the effectiveness of the workplace.
Interprofessional care has been defined as “the provision of comprehensive health service to patients by multiple health caregivers who work collaboratively to deliver quality care within and across settings” (Oandasan & Closson, 2007, p. 44). Interprofessional care is sometimes called collaborative practice or interdisciplinary collaboration; although some individuals would argue that these terms can not and should not be used interchangeably. The concept encompasses partnership, collaboration and a multidisciplinary approach to enhancing care outcomes.

Interdisciplinary collaboration is one model of care that could be adopted to meet patient needs, despite perceived liability concerns from health professionals within teams (Prada et al., 2007). The current state of legislation and regulation in Canada, however, does little to encourage or require collaborative practice (Roberts et al., 2007; EICP, 2005). While there has been a push in recent years towards collaborative practice (RNAO, 2006), there is still a need for clear government policy that supports concrete steps towards it (Roberts et al., 2007).

As a front-line nursing manager, what can you do?

- Stay informed of policy and regulation activities as they relate to professional practice, on a regular basis.
- Regarding issues of liability and scope of practice, ensure that you explore how working in interprofessional teams is or is not shaped by these factors.
- If you have concerns or questions about accountability issues, follow up with other leaders within your organization or within the nursing community.

Work Environment and Organizational Culture

The quality of an organization’s culture and management has a significant impact on nursing staff and patient outcomes (Aiken et al., 2002a; Clarke & Aiken, 2006). In the 1980s, researchers identified a group of organizations that were able to successfully recruit and retain nurses – “magnetized”/“magnet organizations.” Currently, the American Nurses’ Credentialing Centre maintains a Magnet Recognition Program. These organizations have turnover rates that are below the national average, that attract new staff, and that offer a positive work environment with which to retain their staff (Lavoie-Tremblay et al., 2006).

Researchers have studied the elements of effective nursing work environments, concluding that interprofessional teams, nurse decision-making, and effective communication strategies are required for nursing managers and staff to clarify roles and relationships. Strong nursing leadership that is responsive to changes in staffing, care delivery, and
changes in technology and treatment modalities are essential for positive staff and patient outcomes (Tourangeau et al., 2002; Tourangeau et al., 2005).

Nursing managers must develop structures, processes and expectations for staff nurse input and involvement throughout the organization. As a result, nurses throughout the organization must perceive that their voices are heard, their input valued and their practice supported (ANCC, 2008).

Realistically speaking, healthy work environments involve action at a variety of levels, including the individual and the team level. Ensuring that a variety of team members work together in a supportive manner ultimately ensures a heightened level of patient care. In addition, working together is also a fundamental step to ensuring the safety, as well as recruitment and retention levels of nurses (RNAO, 2007b). The RNAO notes that a healthy workplace for nurses must address nurses’ needs at the individual, the social, and the physical levels. (RNAO, 2007b)

**Educational Opportunities & Professional Development**

A dynamic work environment with rich educational and staff development opportunities fosters professional satisfaction. Efforts through educational strategies must be made to enhance professional practice. Continuous professional development, working with other nurses that are clinically competent, and support for education, are all factors that have been directly related to nurse job satisfaction (Kramer & Schmalenberg, 2002). Continuing education, development and training are opportunities that must be made available to nurses over the course of their entire career (RNAO, 2006; RNAO, 2007b). Nursing managers can promote staff competency by providing regular feedback on performance, supporting career paths, and offering professional development activities to their staff. They can facilitate access to quality education and development opportunities, such as orientation, preceptorship, attendance at workshops, conferences and other educational programs available to novice, mid-career and late-career nurses.

To learn more about these key areas, please consult *Appendix 6.2* for a list of relevant literature addressing the following topics:

- evidence-based guidelines for fostering a healthy work environment (focus on collaborative practice);
- barriers and enablers in increasing interdisciplinary collaboration in primary health care;
- regulatory barriers and facilitators to collaborative patient-centred practice;
- liability concerns of health professionals in interdisciplinary collaborative practices;
- impact of team-building on communication and job satisfaction within organizations;
- essential attributes of magnetism that attract and retain nurses in an organization;
- evidence-based guidelines for fostering a healthy work environment (focus on professionalism in nursing); and
- philosophies and driving forces behind educational institutions in regards to collaborative care and practice.
Step 3: Select Strategies for Enhancing Professional Practice

Once you have established areas in which you could enhance professional practice, it is time to create a plan. We have compiled a list of actions or activities recommended in the literature for each of the 4 key areas. You do not need to complete all of the items (in some cases, they are not relevant for nursing managers or organizations). Instead, select the ones that offer the most value to your organization and meet your current needs. Use the other items to inform your potential activities.

Key Area #1: Nursing Leadership & the Context of Practice

These actions/activities were compiled from the following references: Mathews & Lankshear, 2003; AANC, 2002; Kramer & Shmalenberg, 2004; RNAO, 2006.

- Emphasize quality, safety, interprofessional collaboration, continuity of care and professional accountabilities in the nursing vision, philosophy, the professional nursing practice model and related documents for clinical care; ensure that the nursing vision, philosophies and model are clearly linked to the organizational mission and vision as well.
- Recognize and promote executive level nursing leadership, and link it to the executive level via indirect and direct reporting relationships.
- Encourage nurse leaders to use transformational leadership practices to create and sustain healthy work leadership practices environments.
- Ensure that organizational practices and policies support nurses acting within their full scope of practice.
- Ensure that someone within the organization advocates for, establishes and/or accesses processes that provide nurses with a means to influence policy and practice.
- Include nurses in corporate committees, make sure nurses lead performance reviews for clinical care systems; review system for errors/safety concerns; and make sure that staff nurses have the authority to develop and implement nursing care plans and to control their practice.
- Ensure that nursing practice is based on the most current evidence, that staff nurses have input and representation in the development of new policies, and that nursing maintains responsibility and accountability for its own practice.
- Acknowledge patients and families as the primary clients, with attention to individuality and uniqueness – reflected in the approach/relationship and in the documentation.
Key Area #2: Interprofessional & Collaborative Practice

These actions/activities were compiled from the following references: AANC, 2002; Roberts et al., 2007; Kramer & Shmalenberg, 2004; Mathews & Lankshear, 2003; RNAO, 2007b; RNAO, 2006.

- Strengthen and enhance relationships between different professions that work on the same team; this may mean developing values, structures and processes that foster effective intra- and interprofessional collaborative relationships.
- Design, implement and support processes for team development, respecting colleagues and acknowledging achievements.
- Initiate and participate in cross-organizational networks of professionals.
- Initiate and participate in interdisciplinary rounds and team meetings.
- Engage in interprofessional relationships and activities that enhance the quality of patient care.
- Encourage regulators to take a proactive approach to enhancing collaboration.
- Become more involved with the professional organization and the regulatory body.
- Read the literature received from professional and regulatory bodies.
- Increase knowledge about rights and responsibilities of self-regulation.
- Improve the quality of care through dialogue with experts and seek evidence of best practices.
- Become aware of and integrate current legislation into practice.

Key Area #3: Work Environment & Organizational Culture

These actions/activities were compiled from the following references: Amos et al., 2005; Roberts et al., 2007; Kramer & Schnalenberg, 2004b; RNAO, 2007b; RNAO, 2006.

- Recognize nurses’ contributions to the quality of patient care and clinical outcomes.
- Enable nurses to participate in clinical decision making and the organization of care systems.
- Support nurses when they choose to question organizational processes that do not support quality patient care.
- Recognize the impact of the work environment on nurses’ ability to meet the needs of the patients as well as their professional accountabilities.
- Be sure that staffing patterns are appropriate to the needs of the organization and patient populations.
- Provide technology that supports documentation and execution of patient care.
- Provide appropriate equipment and supplies; quantify and monitor resource requirements to assure appropriate allocation.
- Support clinical team performance at the unit level.
- Cater to the team’s needs by using a variety of communication strategies.
- Regularly conduct staff surveys to learn about the issues that staff members are facing.
- Recognize nursing excellence and professional practice through peer review, recognition, or reward programs.
Key Area #4: Educational Opportunities & Professional Development

These actions/activities were compiled from the following references: Borduas et al., 2006; Kramer & Schnalenberg, 2004a; RNAO, 2007b; RNAO, 2006.

- Provide orientation activities for new staff.
- Provide support for education (e.g., tuition reimbursement for nursing staff pursuing an undergraduate or graduate degree).
- Support and encourage attendance at patient care conferences, grand rounds, or larger conferences.
- Champion and disseminate what team members have learned (e.g., presenting at workshops, etc.).
- Advocate for and ensure access to educational resources (i.e., conferences, workshops, clinical instructors, library, electronic databases, journal clubs and electronic access).
- Provide orientation sessions for all new staff.
- Create preceptorship or mentorship programs.
- Provide clinical scholarship opportunities (e.g., journal clubs, research initiatives).
- Invest in ongoing career path development.
- Provide staff nurses with paid attendance for conferences and workshops.
- Participate in continuous education strategies for life-long learning.
- Use performance management tools/systems and provide opportunities for regular feedback on performance that reflects both clinical and professional practice expectations.
Step 4: Monitor Your Activities

As the needs of your organization or team change, it is important to monitor your professional practice activities and revise your plan as required. One important thing to consider is the data or information that you will need to gather in order to adopt your desired strategy, and to evaluate its success and/or barriers. Some strategies will not require any data whatsoever, whereas others will.

A professional nursing practice program needs to fully describe the nature and contribution of nurses. Monitoring indicators of successful professional practice include:

- data about HR metrics;
- occupational health information;
- quality assurance targets;
- safety/risk incidents;
- salient nurse-sensitive outcomes;
- unit information; and
- selected strategic program outcomes.

The data should logically fall from the corporate objectives, the nursing vision and the professional practice model. Table 13 identifies various questions and provides examples of indicators for data collection in a professional nursing practice program.
Table 13: Creating a Professional Nursing Practice Program - Guiding Questions & Indicators for Data Collection

<table>
<thead>
<tr>
<th>Question</th>
<th>Indicators/Outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td>What is the composition/characteristics of the nursing department?</td>
<td>Number of nurses – full-/part-time</td>
</tr>
<tr>
<td></td>
<td>Number of nurses per program, unit, department</td>
</tr>
<tr>
<td></td>
<td>Age</td>
</tr>
<tr>
<td></td>
<td>Total years of nursing experience</td>
</tr>
<tr>
<td></td>
<td>Number of years at organization</td>
</tr>
<tr>
<td></td>
<td>Educational preparation (RN, BScN, graduate degree)</td>
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<tr>
<td></td>
<td>Number of nurses in the leadership infrastructure (CNE, Directors, Nursing Managers,</td>
</tr>
<tr>
<td></td>
<td>other leadership positions, e.g., quality improvement, safety/risk, infection</td>
</tr>
<tr>
<td></td>
<td>control, bed management</td>
</tr>
<tr>
<td></td>
<td>Number of nurses in professionally supportive role (Nurse Educators, Nurse</td>
</tr>
<tr>
<td></td>
<td>Researchers, CNS, APN, consultants)</td>
</tr>
<tr>
<td></td>
<td>Annual certification (CNO)</td>
</tr>
<tr>
<td></td>
<td>Number with other certifications</td>
</tr>
<tr>
<td>How healthy are our nurses?</td>
<td>Sick time and over-time hours</td>
</tr>
<tr>
<td></td>
<td>Sick/stress leaves</td>
</tr>
<tr>
<td></td>
<td>EAP utilization</td>
</tr>
<tr>
<td>Is the setting for nursing care a quality work environment?</td>
<td>Occupational accidents/lost time/WSIB</td>
</tr>
<tr>
<td></td>
<td>Staff satisfaction</td>
</tr>
<tr>
<td></td>
<td>Documented complaints</td>
</tr>
<tr>
<td></td>
<td>Workload issues</td>
</tr>
<tr>
<td></td>
<td>Equipment integrity issues: functioning, availability</td>
</tr>
<tr>
<td></td>
<td>Vacancy and Turnover rates (and reasons for attrition) – all levels</td>
</tr>
<tr>
<td></td>
<td>Educational programming in place</td>
</tr>
<tr>
<td></td>
<td>Recruitment/retention/succession planning</td>
</tr>
<tr>
<td>How does nursing contribute to student development?</td>
<td>Total number of student nurses (and university affiliation)</td>
</tr>
<tr>
<td></td>
<td>Number of senior preceptored practicum students</td>
</tr>
<tr>
<td></td>
<td>Number of placements for continuing education certification</td>
</tr>
<tr>
<td></td>
<td>Number of graduate students using organization as their clinical research setting</td>
</tr>
<tr>
<td>How participative are nursing staff in unit, program or corporate work?</td>
<td>Staff representation: unit councils, committees, program groups, corporate projects,</td>
</tr>
<tr>
<td></td>
<td>Board</td>
</tr>
<tr>
<td></td>
<td>Leaders: evaluated on participatory management style/effectiveness</td>
</tr>
<tr>
<td>How effective is nursing care?</td>
<td>Unit-based selected metrics and workload measurement data/trends</td>
</tr>
<tr>
<td></td>
<td>Length of Stay targets</td>
</tr>
<tr>
<td></td>
<td>Readmissions (same/similar morbidity)</td>
</tr>
<tr>
<td></td>
<td>Patient incident reports: medication administration errors/near misses, falls,</td>
</tr>
<tr>
<td></td>
<td>accidents, codes (by colour), patient/family complaints</td>
</tr>
<tr>
<td></td>
<td>Nursing sensitive outcomes, e.g., nosocomial infections, decubitus ulcers</td>
</tr>
<tr>
<td></td>
<td>Performance appraisals: are up-to-date and include staff strengths/goals</td>
</tr>
<tr>
<td></td>
<td>Credentials: regularly monitored and recorded</td>
</tr>
<tr>
<td>Are unit/program standards and objectives set and reported?</td>
<td>Unit/program goals and objectives set with specific attention to aspects and</td>
</tr>
<tr>
<td></td>
<td>outcomes of nursing care</td>
</tr>
<tr>
<td></td>
<td>Regular reporting on unit/program goal achievement</td>
</tr>
<tr>
<td>How effective is the education program?</td>
<td>Orientation hours</td>
</tr>
<tr>
<td></td>
<td>Continuing education hours</td>
</tr>
<tr>
<td></td>
<td>Number of supported/unsupported conference leaves</td>
</tr>
<tr>
<td></td>
<td>Mechanism for formal educational support: scholarships, bursaries</td>
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<tr>
<td></td>
<td>Leadership development: all levels</td>
</tr>
<tr>
<td>Are nurses rewarded and recognized?</td>
<td>Number/nature of staff recognition events</td>
</tr>
<tr>
<td></td>
<td>Staff involved in organizational media events and reports</td>
</tr>
<tr>
<td>Is there a research infrastructure?</td>
<td>Roles/supports in place</td>
</tr>
<tr>
<td></td>
<td>Nursing research strategic plan evident and communicated</td>
</tr>
</tbody>
</table>

Source: Professional nursing program indicators and outcomes: a nursing professional practice model (Mount Sinai Hospital, 2007).
Working in an organization that is supportive of staff members on a variety of levels has many benefits. Not only will it make for a happier and more successful team, but it will also help with retention efforts and recruitment strategies. Christine incorporates a variety of strategies to create a healthy workplace structure.

These strategies include:

- promoting open lines of communication between different health professionals on the team;
- giving guidance and sufficient training opportunities to new nurses who have just joined;
- being approachable and responsive to the needs and sensitivities of all members of the team;
- organizing social activities for the team; and
- supporting and informing team members wanting to pursue new educational opportunities (these include continuing education opportunities, development and training).

Not only does Christine try to be approachable and responsive to needs, as a nursing manager, she makes sure that staff members provide feedback about their satisfaction levels on a routine basis. Taking this step is a significant way to identify changes in professional needs and preferences among staff members.
Appendix 6.1
Additional References for Professional Practice


Arford PH, Zone-Smith L (2005). Organizational commitment to professional practice models. JONA 35 (10), 467-472.


The following provides an overview of some resources and tools related to professional practice that have been reported in the literature:

### Nursing Leadership and the Context of Practice

<table>
<thead>
<tr>
<th>Title</th>
<th>Developing and sustaining nursing leadership</th>
</tr>
</thead>
<tbody>
<tr>
<td>Author(s)</td>
<td>Registered Nurses’ Association of Ontario</td>
</tr>
<tr>
<td>Year</td>
<td>2006</td>
</tr>
<tr>
<td>Source</td>
<td><a href="http://www.rnao.org">http://www.rnao.org</a></td>
</tr>
<tr>
<td>Description</td>
<td>The RNAO has released a series of evidence-based practice guidelines for fostering a healthy work environment. Each guidebook is built on a conceptual model that was created to allow users to understand the relationships between and among the key factors involved in healthy work environments. The guidebook “Developing and Sustaining Nursing Leadership” organizes recommendations for nursing leadership through 3 main categories: physical/structural and policy, cognitive/psychosocial and cultural, and professional and occupational. The recommendations are explored on 3 levels—the individual, the organizational and the external—and include advice regarding educational requirements and strategies, policy change, implementation strategies and tools, evaluation criteria and tools, as well as future research opportunities.</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Title</th>
<th>Hallmarks of the professional nursing practice environment.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Author(s)</td>
<td>American Association of Colleges of Nursing (AACN)</td>
</tr>
<tr>
<td>Year</td>
<td>2002</td>
</tr>
<tr>
<td>Source</td>
<td><a href="#">Journal of Professional Nursing 18(5), 295-304</a></td>
</tr>
<tr>
<td>Description</td>
<td>Report of the AACN taskforce identifies the environmental characteristics or hallmarks of the practice setting that best supports professional nursing practice and allows nurses to practice to their full potential. Identified Magnet Hospital Recognition®, preceptorships and residencies; differentiated nursing practice and interdisciplinary collaboration as key factors in quality practice environments.</td>
</tr>
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<table>
<thead>
<tr>
<th>Title</th>
<th>The transformational model for professional practice. a system integration focus.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Author(s)</td>
<td>Wolf GA, Hayden M, Bradle JA</td>
</tr>
<tr>
<td>Year</td>
<td>2004</td>
</tr>
<tr>
<td>Source</td>
<td><a href="#">JONA 34 (4), 180-187</a></td>
</tr>
<tr>
<td>Description</td>
<td>Wolf et al. describe a transformational professional practice model that was used by the University of Pittsburgh Medical Center to integrate 19 different hospitals. They describe 3 major challenges from a patient-care perspective experienced in integrating a system: 1) developing a sense of “systemness” while maintaining a local identity, 2) achieving consistency of patient care within hospitals, and 3) developing staff to meet future challenges. The article also describes how the University of Pittsburgh Medical Center is meeting these challenges through the use of their strategic framework. The framework is designed to be used, adapted, and customized by other health care organizations or systems, and shows others how to plan for system integration, to balance competing priorities, to develop and maintain cultural identity, all the while maintaining focus on an organization’s values or goals.</td>
</tr>
</tbody>
</table>
### Describing the essential elements of a professional practice structure

**Title:** Describing the essential elements of a professional practice structure  
**Author(s):** Mathews S, Lankshear S.  
**Year:** 2003  
**Source:** Canadian Journal of Nursing Leadership 16 (2), 63-71  
**Description:** The authors reviewed professional practice models used in Ontario hospitals. Models consisted of professional nursing models and interprofessional practice models. They identified themes and key factors common to these models.

### Pursuing a strategic framework for engagement: overview of key elements

**Title:** Pursuing a strategic framework for engagement: overview of key elements  
**Author(s):** The Advisory Board Company  
**Year:** 2007  
**Source:** Contact the authors  
**Description:** The Advisory Board provides key elements to consider for organizations considering the pursuit of a cohesive strategic framework. These include: a readiness audit for the pursuit of a strategic framework, information on how to deploy a strategic framework in your organization, information on how to implement the framework, etc. This toolkit provides a sample framework, and also weighs out the benefits and risks of pursuing a strategic framework.

### Professional practice in nursing: a framework

**Title:** Professional practice in nursing: a framework  
**Author(s):** Girard F, Linton N.  
**Year:** 2005  
**Source:** [http://www.longwoods.com/website/NL/onlineExclusive/NL0605Girard.pdf](http://www.longwoods.com/website/NL/onlineExclusive/NL0605Girard.pdf)  
**Description:** Girard et al. explore the process of developing a mission, vision, and professional practice framework for nurses in one of western Canada’s health regions. The authors stress the importance of professional practice environments conforming to the philosophy of care held by the nursing profession. This paper describes the process used to solicit the input into the development of the framework, explores dissemination strategies that were used, and discusses current and future implementation efforts adopted by nurses and nursing management in western Canada who seek to bring the framework to life.

### Interprofessional Care

#### Barriers and facilitators to enhancing interdisciplinary collaboration in primary health care

**Title:** Barriers and facilitators to enhancing interdisciplinary collaboration in primary health care  
**Author(s):** Enhancing Interdisciplinary Collaboration in Primary Health Care Initiative (EICP)  
**Year:** 2005  
**Source:** [http://www.eicp.ca/en/](http://www.eicp.ca/en/)  
**Description:** The EICP explores current barriers and enablers in increasing interdisciplinary collaboration in primary health care. The paper addresses barriers/enablers having to do with funding flows, e-health records, regulation, liability and HHR.

#### Achieving public protection through collaborative self-regulation—reflections for a new paradigm.

**Title:** Achieving public protection through collaborative self-regulation—reflections for a new paradigm.  
**Author(s):** Roberts GJ, Martin JC, Douglas A  
**Year:** 2007  
**Description:** This report explores regulatory barriers and facilitators to collaborative patient-centred practice. Based on information gathered during a 2-day workshop with regulators from a variety of Canadian jurisdictions and professions, the report identifies key issues in the current state of regulation, and advice for the future role that legislation and regulation could play in enhancing collaborative practice and improving HHR management. The need for regulators to take a more proactive (as opposed to neutral) approach in furthering the cause of collaborative practice is identified.
<table>
<thead>
<tr>
<th>Title</th>
<th>Liability risks in interdisciplinary care: thinking outside the box</th>
</tr>
</thead>
<tbody>
<tr>
<td>Author(s)</td>
<td>Prada G, Swettenham J, Ries N, Martin J</td>
</tr>
<tr>
<td>Year</td>
<td>2007</td>
</tr>
<tr>
<td>Source</td>
<td>Conference Board of Canada: <a href="http://www.conferenceboard.ca">http://www.conferenceboard.ca</a></td>
</tr>
<tr>
<td>Description</td>
<td>Prada et al. explore the liability concerns of health professionals in interdisciplinary collaborative practices. Their report provides 1) an analysis of Canadian and US court cases that address negligence in health care services, 2) a literature review, 3) an examination of malpractice patient compensation systems, and 4) consultations with Canadian stakeholders about patient compensation systems. Their research suggests that interdisciplinary collaboration’s legal risks can be overcome or controlled, and that easy-to-implement solutions to liability concerns are possible.</td>
</tr>
</tbody>
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<table>
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<tr>
<th>Title</th>
<th>Collaborative practice among team members</th>
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</thead>
<tbody>
<tr>
<td>Author(s)</td>
<td>Registered Nurses’ Association of Ontario</td>
</tr>
<tr>
<td>Year</td>
<td>2006</td>
</tr>
<tr>
<td>Source</td>
<td><a href="http://www.rnao.org/">http://www.rnao.org/</a></td>
</tr>
<tr>
<td>Description</td>
<td>The RNAO has released a series of evidence-based practice guidelines for fostering a healthy work environment. Each guidebook is built on a conceptual model that was created to allow users to understand the relationships between and among the key factors involved in healthy work environments. The guidebook “Collaborative Practices Among Nursing Teams” organizes recommendations for collaborative practice through 3 main categories: physical/structural and policy, cognitive/psychosocial and cultural, and professional and occupational. The recommendations are explored on 3 levels—the individual, the organizational and the external—and include advice regarding educational requirements and strategies, policy change, implementation strategies and tools, evaluation criteria and tools, as well as future research opportunities.</td>
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</tbody>
</table>

**Work Environment and Organizational Culture**

<table>
<thead>
<tr>
<th>Title</th>
<th>The impact of team building on communication and job satisfaction of nursing staff</th>
</tr>
</thead>
<tbody>
<tr>
<td>Author(s)</td>
<td>Amos MA, Hu J, Herrick, C</td>
</tr>
<tr>
<td>Year</td>
<td>2005</td>
</tr>
<tr>
<td>Source</td>
<td>Journal for Nurses in Staff Development 21 (1), 10-16</td>
</tr>
<tr>
<td>Description</td>
<td>Amos et al. address the impact of team building on communication and job satisfaction within organizations. Findings from a series of team-building activities conducted on a medical-surgical unit suggest that such activities increase communication and job satisfaction. It was also suggested that such activities enable leaders and nursing managers with more effective leadership skills. The article provides tips for staff development consultants interested in organizing team activities, as well as strategies to use during the program. The authors suggest that building a successful team is paramount to creating/maintaining a healthy work environment.</td>
</tr>
</tbody>
</table>
### Development and evaluation of essentials of magnetism tool

**Title:** Development and evaluation of essentials of magnetism tool  
**Author(s):** Kramer M, Schmalenberg C  
**Year:** 2004  
**Source:** Journal of Nursing Administration 34 (7-8), 365-378  
**Description:** Through a series of participant observations and interviews with over 289 nurses from 14 magnet hospitals, Kramer and Schmalenberg identify 8 essential attributes of magnetism (EAM) that attract and retain nurses in an organization, provide job satisfaction, and enable quality care. The authors believe previous attempts to capture such attributes (e.g. Nursing Work Index) are now outdated, and there is a need for update. The EOMs include: building and maintaining good RN-MD relationships; autonomous working practice; having a culture that finds concern for patients paramount; working with clinically competent coworkers; controlling nursing practice; perceived adequacy of staffing; support for education; and, nurse management support.

### Educational Opportunities and Professional Development

#### Professionalism in nursing

**Title:** Professionalism in nursing  
**Author(s):** Registered Nurses’ Association of Ontario  
**Year:** 2007  
**Source:** http://www.rnao.org/  
**Description:** The RNAO has released a series of evidence-based practice guidelines for fostering a healthy work environment. Each guidebook is built on a conceptual model that was created to allow users to understand the relationships between and among the key factors involved in healthy work environments. “Professionalism in Nursing” puts forth a set of key attributes that define professionalism in nursing, provides evidence from reviews and literature; outlines knowledge, competencies and behaviours of effective nurses; and, discusses organizational structures, key elements, and processes that support the development of effective professional practices in nursing.

#### Facilitating the integration of interprofessional education into quality health care: strategic roles of academic institutions

**Title:** Facilitating the integration of interprofessional education into quality health care: strategic roles of academic institutions  
**Year:** 2006  
**Source:** http://www.cihc.ca/projects/complementary/2006-10-31%20AICC_Facilitating%20IPE_Finalpdf.pdf  
**Description:** Borduas et al. have written a paper that examines the current philosophies and driving forces behind educational institutions in regards to collaborative care and practice. The paper also examines the best ways to partner with academic/educational institutions in facilitating the paradigm shift towards interprofessional education. The paper is intended for senior decision-makers in academic institutions, and provides evidence-based recommendations for the support and advancement of IPE. Recommendations and strategic tactics are given at the individual, faculty, institution and academy level.
Chapter 7
Customizing the Toolkit to Your Setting

Introduction

Effective nursing HR planning is a cornerstone of healthcare quality. It is multi-faceted process where each element or building block is interconnecting such that deficits and/or improvements in one element impact on other elements. Much of what has been written to date discusses nursing HR planning from the perspective of the broader healthcare system (McGillis-Hall. 2006; Malloch et al., 2003). The complexity of nursing HR planning requires changes at all levels including the organizational and nursing manager levels. Nursing managers are central to creating healthy work environments where staff wish to work and patients receive quality care.

We believe, and the results of our data collection show that nursing managers need access to ready-to-use resources to support them to better plan for, recruit, orient, integrate and retain staff. This Toolkit bridges the gap between what is known in the literature about nursing HR planning and what organizations and nursing managers can do to improve the HR planning process using a subset of the building blocks identified by the MOHLTC HealthForceOntario.

1. HHR Planning
2. Nursing Manager Interventions
3. Recruitment
4. Retention
5. Professional Practice

This Toolkit has presented a snapshot of current knowledge and practice about nursing HR planning in seven academic acute care settings. While the experience and findings listed here may not be reflective of those that could be found in other settings, regions and sectors, we believe that they resonate sufficiently with current literature to be a fair approximation of current practice.
Implementing and Sustaining the Toolkit Recommendations

This Toolkit may be used by organizations, as a catalyst to review their current practices and develop or enhance their strategic HR plan. It may be used to help build capability in nursing HR planning among their nursing managers. Individual nursing managers wishing to improve their knowledge and skills in nursing HR planning may also benefit from using this Toolkit.

The Toolkit Introduction noted that each Building Block Chapter is designed to be practical, so that you can follow a series of steps to nursing HR planning. Each chapter follows a similar outline:

- Introduction and definition of the building block
- Discussion of the similarities and differences comparing the literature and findings from our data collection activities
- Common Steps to take to achieve the chapter’s goals
- A Case Study to help you interpret and apply the content in each chapter
- Sample tools/resources to help you in your planning activities

Here are some suggested steps to help you with implementing and sustaining the recommendations, as they relate to applying the information presented within this Toolkit:

1. Reflect on your current needs related to effective nursing HR planning. Review the building blocks and framework provided within this Toolkit. This Toolkit highlights the factors, tools and processes that impact on decision-making about nursing resource planning. It identifies challenges that nursing managers face in operationalizing their HR plans and it offers potential tools and resources to mitigate these challenges.

2. Select an area that you believe requires changing. Read the summary of evidence and recommendations that are provided. Understand the support for these recommendations and the challenges that have been faced by others in these areas and how they have been overcome.

3. Adapt the recommendations to your setting. Consider how the tools, processes and recommendations presented in this Toolkit may be adapted to your setting. How do your current processes match up to those in the recommendations? Where there is a mismatch, could and should you change? Is it feasible or desirable to adopt the recommended changes? (Gomm, 2000)

4. Assess the barriers to implementing these recommendations. Discuss these changes with others, get input, and seek engagement especially from those who will be critical to your success (e.g., staff nurses, bargaining unit representatives, senior nursing leaders, HR and finance departments).

5. Develop a plan to begin implementing the recommendations. Outline what you hope to achieve, what you will do and how you plan on evaluating whether you have been successful. Identify who needs to know about the plan and how you will communicate the changes you plan to make. Some changes may have a greater impact than others, depending on the degree of change you will need to ensure effective communications (Kotter, 1996).
6. *Monitor your plan by developing and measuring outcomes.* How will you know you have been successful? What indicators will you use to evaluate success? Reflect on the planning tools that helped you to identify the initial problem. What indicators currently exist in your organization that you can use to monitor success? Monitoring activities should occur every 3 to 6 months until your desired HR criteria/goal is achieved (Malloch et al., 2003).

7. *Sustaining success requires long-term commitment to change and improvement.* Communicating success helps to sustain commitment (Kotter, 1995). Making the change part of the ‘way we do things here’ or routinizing the change, are ways of sustaining success (Gustafson et al., 2003; Rogers, 2003).
References


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