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The 70 per cent solution:

A progress report on increasing full-time employment for Ontario RNs

RNAO

Registered Nurses' Association of Ontario

L'Association des infirmières et infirmiers autorisés de l'Ontario

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The 70 per cent solution

EXECUTIVE SUMMARY

> Nurses are the heart of healthcare and they deserve better. We will create a positive, rewarding environment for nurses....Our goal is to have 70% of registered nurses working full-time, up from only 50% today.[1]

Today, 59% of RNs in Ontario work full time -- a level that has not been reached since 1987-- but well below historic norms. The Ontario government has pledged to increase the percentage of registered nurses working full time in Ontario; its specific commitment is to create a nursing workforce in which 70% of all RNs in Ontario work full time. The government is implementing a number of policy initiatives to reach that goal. In the midst of implementing these new policies to increase full-time employment for RNs, the Registered Nurses' Association of Ontario (RNAO) surveyed employers and RNs to see how well and whether those policies are working.

The survey provides a snapshot of the effectiveness of the policy while it is being implemented. This report is not a retrospective evaluation of the policy. Information on the creation of full-time positions is not complete, as respondents continued to add full-time positions after the survey was completed.

The research seeks to raise and answer a number of questions, including: How do we know these policies are effective? Is there evidence that Ontario is moving closer to meeting the goal of 70% full-time employment for RNs? What lessons have we learned during implementation? What are the barriers and opportunities to achieving the 70% goal? What strategies were employed? What are appropriate measures of success? Should the policies be implemented differently or changed to achieve greater or faster success?

Who was Surveyed?

In January 2005, RNAO surveyed RNs and RN employers using parallel questionnaires that made it possible for the perceptions of the two groups to be compared.

We selected RNs to represent all four College of Nurses of Ontario (CNO) sectors: hospital; long-term care (LTC); community care; and other. The response rate was good: 1,515 – or 32% of those surveyed – responded, with good representation from all sectors. Almost all (98%) of RN respondents were still working in nursing, but many of them– 46% – won't be for much longer. Nineteen per cent were planning to retire in the next five years. More (27%) were planning to retire in six-to-ten years. Fifty-four per cent of the RNs in the sample worked full-time – lower than the Ontario average of 59%.

The RN employers were a diverse group whose characteristics varied greatly between sectors. There were 194 respondents in long-term care (70.2% of respondents), far more than the 17 home care respondents (6.2% of respondents) and the 65 hospital respondents (23.5% of respondents). Hospital employers (with an average of 307 RNs per employer) were much larger than their smaller peers (14 in the long-term care sector and 100 in the home-care sector). Hospital employers in the sample were slightly smaller than all Ontario hospital employers, while the respondents in the LTC sector were slightly larger than all Ontario LTC employers.[2] The samples are reasonably representative of the population.

Government Investments to Increase Full-Time Nursing Employment

Throughout 2004, the Ontario government rolled out a multi-faceted program to meet its campaign promise to raise nursing employment by 8,000 and to increase the percentage of RNs working full-time to 70%.[3] That program included the following investments: $50 million to increase the number of full-time positions in hospitals by at least 800 (money flowed in April and September); $191 million to enhance care in the long-term care sector, including about $45 million to create 600 nursing positions (money flowed in October 2004 to April 2005); and $103 million for increasing home-care services, in part to support full-time positions (money flowed in July, and employers were expected to create 200 nursing positions).

Progress on Reaching 70% Full-Time Nursing Employment

The survey showed that the government has made progress in moving towards its goal of 70% full-time employment for Ontario RNs. Forty-five per cent of employer respondents stated that they had increased full-time RN positions over the previous 12 months. Progress was most widespread in the hospital sector, where 86% of employers increased full-time RN positions followed by the home-care sector (65%) and the long-term care sector (29%). These numbers are conservative, as the survey was conducted in January, not long after the long-term care nursing funding flowed, and while some hospitals were still receiving approval for their nursing plans.[4] As expected, the majority of the gains revealed in the survey were in the largest sector – the hospital sector. The percentage gains in each sector reflected their sizes and the different emphases of the funding provided to them.

Three measures of progress were used: new full-time positions; consolidations[5] of part-time or casual positions into full-time ones; and increases in full-time equivalent positions (FTEs)[6]. All sectors showed progress with respect to each of the three measures. The hospital sector employs a majority (64%) of Ontario's RNs, and the largest gains took place in that sector, both because of size and because of the share of new nursing money that went to that sector. There were larger percentage gains in the long-term care and home-care sectors. These sectors were starting from lower employment levels, and the amount of funding they received was proportionately larger, given the relative sizes of the sectors.

Table A compares the gains and goals across sectors, with all figures expressed as shares of sectoral employment to make them comparable. The government's expectations for increased nursing positions were proportionately much higher in the LTC and home-care sectors than in the hospital sector.[7] The gains were proportionately larger in long-term care and home care, but as of the survey date, they fell short of announced expectations, though they did show considerable progress at the time the survey was undertaken in January 2005. The hospitals are projected to have surpassed their target of new full-time nursing positions with their RN hires alone.

Table A. Gains as Shares of Sectoral RN Employment[8]

	Hospital	LTC Sector	Home Care	Total
Survey New FT/ RN	2.0%	2.8%	2.3%	2.1%
Survey Consolidations/ RN	0.8%	1.5%	1.6%	0.9%
Survey FTEs/ RN	1.3%	2.8%	5.7%	1.8%
Government Nursing Goals/RN	1.2%	4.0%	4.2%	1.4%

Projected Gains

Table B shows the increases in full-time RN employment identified in the survey projected over the whole province. The projected gains of 1,098 new full-time RN positions in the **hospital sector** exceed the government's objective of 800 full-time nursing positions. The government full-time funding was intended for all nurses (registered nurses and registered practical nurses), and the inclusion of any registered practical nurse (RPN)[9] hires would raise the projected total. The reported gain in FTEs is much lower – only 714, suggesting that departures (due to retirements/deaths and/or layoffs) may have accompanied the gains made in new full-time positions in the hospital sector.

Table B. Survey RN Gains Projected to Ontario vs. Goals and Reported Outcomes[10]					
	Hospital	LTC	Home care	Not Specified	Total
New full-time RN positions	1,098	205	80	24	1,408
RN Consolidations	439	111	56	0	606
Increase in RN FTEs	714	203	197	5	1,119
Promised New Positions (RN & RPN)	800 FT	600	200		1,600
Reported New Positions (RN & RPN)	1,202 FT	Not Reported	Over 200 FTEs		
Expenditure	$50 million	About $45 million	Unknown portion of $103 million		

In the **long-term care sector,** the survey has projected new full-time positions amounting to 2.8% of all RN positions. However, the projected total of 205 RNs is still well below the 600 nurse goal. Unlike the hospital sector, the rise in FTEs roughly equals the number of new positions, implying less of a problem with offsetting layoffs.

In the **home-care sector,** there were 80 projected new full-time RN positions, short of the promised 200 positions. The survey suggests that the home-care sector added 197 RN FTEs, which implies that many more casual and part-time positions were created than full-time ones. The program in home care was successful in raising RN FTEs and access to RNs, although it may have been less successful in creating full-time employment. The report suggests that the home-care sector did meet its mandated goal of 200 more FTE nursing positions.

Explaining the Differences

There are several factors that could cause observed differences in performance between hospitals, long-term care homes and home care employers: existing budgetary constraints in the sectors, amounts of nursing money allocated; timing of funding announcements and funding flows; differences in staffing mix and the terms of the agreement on the allocated nursing money. An examination of the amounts of nursing money and tight budgetary constraints faced by all employers suggests that the hospitals were at no advantage with respect to those factors. The timing, however, may have favoured the hospitals, as other employers received their money later. Since the LTC homes rely on RPNs for about half their nursing staff, new RPN hires would account for a larger share of gains in this sector. However, projections based on current RN/RPN staffing patterns suggest that this factor can only account for part of the shortfall.[11]

Finally, there was a decided difference between requirements for receiving the nursing money. There was **strong conditionality and monitoring** for the full-time program in the hospital sector, along with explicit **expectations on increasing the percentage of full-time nursing positions** and, there has been more success in that sector to date. In the other two sectors, the conditionality was not as strong nor was there an explicit expectation of increased full-time positions; rather the focus was on enhancing care and increasing services. The success in the **home-care sector** was in increased positions, less in increased full-time positions. While a full assessment of the **long-term care** program depends on further information on hires after the survey, the increase in nursing FTE positions had not yet met the government's expectations.

RN Perspectives

Gains in full-time employment were not yet fully visible to the RNs surveyed. Just 19% of RN respondents observed an increase in full-time positions as compared to the 45% of employers who had reported increases. Improvements in workload and environment associated with increased full-time employment were not yet noticeable to RNs. Only 3.9% reported that their workload had decreased, while 40% said it was unchanged and 57% reported that it had increased. Similarly, just 6.9% stated that their environment had improved, while 56% said it had remained the same and 37% said that it had deteriorated. The timing of the survey would have been a significant factor in the impact felt by RNs employed in the sectors. Given that at the time of the survey, many of these positions would have been recently filled or in the process of being filled, the impact would likely not be felt immediately.

Correlations between these nursing outcome indicators (workload and environment) and indicators of visibility of the full-time program were weak.

What Strategies Were Employed to Increase Full-Time Employment?

In total, 16% of employers reported they had a plan to get to 70% full time for RNs and 23% said they had incentives for RNs to move to full-time employment. A correlational analysis showed a positive relationship between the reported existence of a plan and the following: new positions being created; consolidations of part-time and casual positions into full-time ones; and increases in RN FTEs (see Table A.8 in the appendix). In other words, plans mattered. They may be a proxy for organizational commitment to the 70% goal. In the hospital sector, the positive relationship was with consolidations and FTE increases rather than with new positions. In the home care and long-term care sectors, the relationship was primarily with an increase in RN FTEs (see Table A.5 in the appendix).

A key component of plans to enhance full-time employment was the development or expansion of RN float pools[12] to preserve the scheduling flexibility associated with part-time and casual staff. Organizations also planned to replace job-share positions with single full-time positions. Another approach was modified full-time positions – positions with full-time status and less than full-time hours.

RN Perceptions of Full-Time Planning and Incentives

While 23% of employers stated they had incentives for RNs to move to full-time employment, only 10% of RNs reported that these were in place. It is possible that some RNs are unaware of incentives available from their employers. The most commonly cited incentives were benefits, while both RN and employer respondents identified fiscal constraints and high costs as the most significant barriers facing employers.

Preferences in Employment Status

Most RNs preferred their current employment status, but full-timers were more satisfied with their status (92%) while casuals were the least satisfied (59%). If all respondents had their preferred employment status, there would be shifts between part-time, full-time and casual status. However, there would be a net increase in RNs working full time. Under free choice, the share of full-time employment in the sample would rise from 54% full time to 61%. If the sample preferences reflect those of all Ontario RNs, then the province could move to 64.5% full time by offering RNs the employment status of their choice.[13] This would bring Ontario almost half way to its goal of 70% full-time employment. However, reaching the goal will require changes in nursing work environments.

Conditional Changes in Preference for Full-Time Status

A substantial percentage of RNs who do not prefer full-time employment say they would consider it if appropriate changes in work environment or contract were made: 42% of part-timers and 23% of casuals. In contrast, employers felt that only 15% of these RNs would reconsider.

One potential change was very popular: modified full-time positions (e.g., 80% of an FTE) with full-time status retained. Fully 68% of part-timers and 45% of casuals said they would accept that position if offered. As the proposal was also popular with full-timers, there is the potential for a net loss in FTEs if modified full-time became freely available. Almost 43% of employers reported that they offered modified full-time positions, but employers were not as optimistic about acceptance by RNs: they felt that only 34% of part-timers and casuals would take a modified full-time position, so again they are somewhat sceptical about the conditional willingness of RNs to accept full-time employment.

Survey Results on Changes in Work Environments

Using 11 nurse magnet factors[14] (see Table A.3 in the appendix) , part-time and casual RNs who had indicated that they did not want full-time employment were asked what changes in their work environment would be required for them to accept full-time employment. RNs gave the following factors the highest ranking: work/life balance; flexible scheduling; and supportive environments (see Table C). However, RNs scored all but one factor (more challenging work) as being important, so many factors need to be addressed.

There was not, however, a great deal of concurrence between the conditions RNs identified and those employers felt were feasible. Employers identified respect, a supportive environment, and professional development as most feasible. Generally, employers considered factors that were costly (such as job security, salary/benefits and workload) to be unfeasible (see Table A.1 in the appendix). Nevertheless, with any given factor, a minority of employers considered implementation feasible or very feasible (see Table A.2 in the appendix). This suggests that some employers could move forward on addressing these factors immediately. In the majority of cases, government intervention may be required to address feasibility for employers.

Table C. Magnet Factors: RN Preference vs. Employer Feasibility

RN Ranking of Importance		Employer Ranking of Feasibility	
Work/Life Balance	1	Respect of RN's Knowledge	1
Flexible Scheduling	2	Supportive Environment	2
Supportive Environment	3	Professional Development	3
Salary/Benefits	4	Educational Opportunities	4
Respect of RN's Knowledge	5	Flexible Scheduling	5
Reduced Workload	6	Challenging Work	6
Lieu Time/Banked Hours	7	Work/Life Balance	7
Professional Development	8	Lieu Time/Banked Hours	8
Educational Opportunities	9	Job Security	9
Job Security	10	Reduced Workload	10
Challenging Work	11	Salary/Benefits	11

Potential Gains

Based on this survey, if every Ontario RN were to get her or his preferred employment status, almost 4,500 more RNs would be working full-time, bringing the share to 64.5%. That number could rise to about 16,500 for a resulting 78.4% full-time, if all RNs who would conditionally consider full-time positions were to accept them. This suggests that 70% full-time employment could readily be reached by a concerted effort at employment matching and at addressing factors in the work environment. That is, just 40% of this second group would be sufficient to get Ontario to 70% full-time, once all RNs have their preferred employment status. These findings are consistent with previous reports.[15]

Measures of Progress

Both RNs and employers were asked what indicators should be used to assess success in increasing the share of full-time RN employment. The most obvious ones – measuring the number of new full-time positions against the total number of positions, or measuring the increase in FTEs vs. total FTEs – were suggested by both employers and RNs. Both groups of respondents also suggested the number of agency and overtime hours that organizations use. Others recommended RN job satisfaction rates, vacancies, and workload measures. RNs also proposed looking at outcome measures such as patient outcomes and quality of care.

RECOMMENDATIONS

1. Targeted funding for full-time nursing positions produced significant progress in all sectors. We recommend that the government continue targeted funding for full-time RN employment. This targeted funding should be accompanied by supports for health-care employers in implementing strategies to successfully move to increased full-time RN employment.

2. The strongest full-time RN progress took place in the sector with the strongest conditionality and with the most explicit expectation of gains in full-time nursing employment – the hospital sector. RNAO recommends maintaining that conditionality and clarity of expectations in that sector. We also recommend developing ways of implementing similar conditionality in all other sectors.

3. The survey shows a strong, positive and statistically significant correlation between 70% full-time plans and the likelihood of increases in full-time RN positions. In part, this is a measure of organizational commitment to the 70% goal. We recommend that the government maintain and expand the requirements for health-care institutions to develop full-time implementation plans.

4. We recommend government provide employers with tools for continued success in increasing the share of full-time RNs in their workplaces. These would include sharing and disseminating resources and best practices for successfully increasing the share of full-time nursing employment and strategies to meet special challenges, such as those facing health-care employers in rural settings.

5. The survey results confirm that there are many RNs who want full-time positions and do not have them. And, that the youngest survey respondents overwhelmingly preferred full-time work (94.7%). We continue to call on governments and employers to make available sufficient numbers of full-time RN positions so that all who want them are employed full-time, paying particular attention to the employment needs of newly graduated RNs.

Under the right working conditions, there are more than enough RNs in the current nursing workforce who are willing to work full-time to reach the goal of 70% full-time employment. However, this will only be possible with further efforts on the part of governments and employers to improve the working environment and the potential for work-life balance for RNs.

6. We recommend the government accelerate the rate at which it is creating more full-time RN positions to meet its commitment to add 8,000 new nursing positions by 2007 and to reach its goal of having 70% of RNs working full time. This will help to address key deterrents to RNs seeking full-time work, such as workload and flexible scheduling. Acceleration of the 70% solution will also result in improved retention and recruitment, patient/client/resident health outcomes, and mentorship of a new generation of nurses.

7. We recommend that employers, governments, and nursing organizations work together to implement work place policies that enable full-time RNs to balance work and home life. This could include flexible scheduling and innovations such as modified full-time positions or full-time positions that include a mixture of direct care and other responsibilities. Models are available such as the MOHLTC Late Career Nursing Initiative, where RNs spend 80% of their time on direct patient care and 20% in such roles as educational and/or research activities. The utilization of these models in Ontario is limited to very few employers. We urge government and employers to adopt such models as they impact positively on staff retention and recruitment, patient/client/resident health outcomes, and mentorship of new generations of nurses.

8. We recommend a follow-up survey in 2006 which would include benchmarks of progress identified by respondents to this survey. These benchmarks could include: changes in utilization of agency nurses; changes in overtime hours; changes in absenteeism; number of vacancies; nurse satisfaction; and patient outcomes.

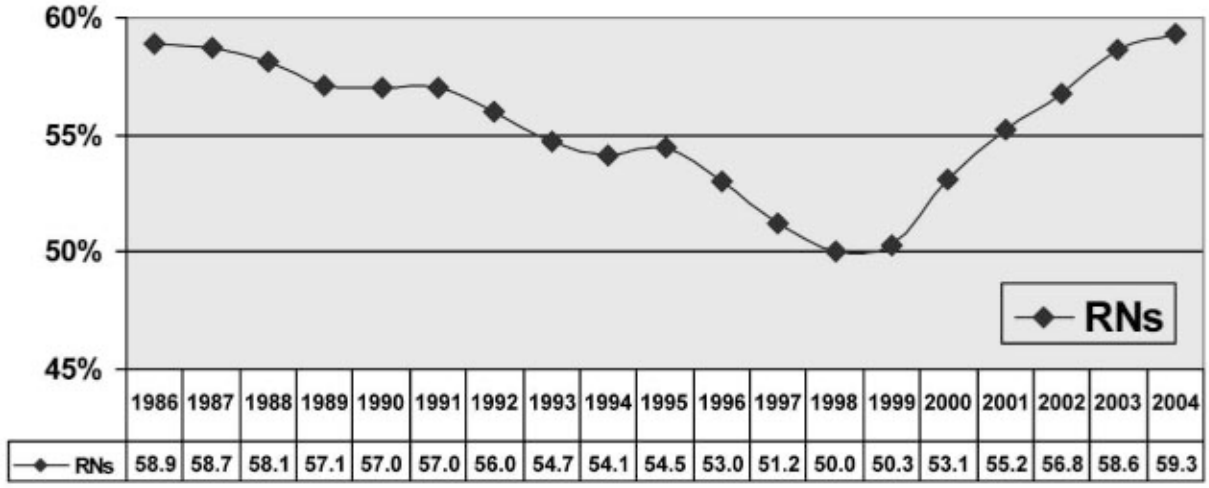
BACKGROUND TO SURVEY

The Need to Increase Full-Time RN Employment

In the 1990s, the share of RNs working full time dropped precipitously to 50% from 59% in 1986 (see Chart 1). The evidence shows that higher proportions of full-time RN staff versus casual or temporary staff are significantly associated with lower mortality rates and improved patient health behaviours.[16,17] Conversely, the negative impact of excessive utilization of part-time and casual employment on nurses, patients and organizations has been associated with decreased morale and disengagement among nurses, and lack of continuity of care for patients.[18]

As a result, nursing organizations have campaigned to raise the rate of full-time employment for RNs to 70%. RNAO first raised this issue in its landmark report entitled: *Ensuring the Care Will Be There*, released jointly with the Registered Practical Nurses Association of Ontario.[19] Other reports have been issued since, recommending "at least 70% full-time employment."[20] These findings were reinforced by RNAO's survey of RNs who left the province of Ontario for employment elsewhere due to lack of full-time employment.[21] RNAO's survey of part-time and casual nurses, released in 2003, again confirmed that many RNs were having difficulty finding full-time employment, while a great many others would work full time if the work circumstances became more sustainable.[22] Governments and employers responded positively, with the consequence that full-time employment among RNs has recovered to 59% (See Chart 1).

Chart 1. The Share of Ontario RN Employment that is Full-Time



	1986	1987	1988	1989	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004
RNs	58.9	58.7	58.1	57.1	57.0	57.0	56.0	54.7	54.1	54.5	53.0	51.2	50.0	50.3	53.1	55.2	56.8	58.6	59.3

Data Source: College of Nurses of Ontario

The Government's Full-Time Nursing Program

Premier McGuinty's government has committed to increasing the percentage of RNs working full time to 70%, and has taken a number of steps towards reaching that goal. These include the following commitments[23]:

- $50 million in conditional funding in the hospital sector targeted at a minimum of 800 full-time positions for nurses;
- $191 million in enhanced care funding in long-term care intended in part to create 600 new nursing positions (about $45 million went to hiring RNs and RPNs[24]); and,
- $103 million in home care (the nursing portion was intended to raise nursing positions by 200 in the sector) to support new full-time positions.[25]

The Hospital Sector

The hospital program started earliest and had a high degree of conditionality. The MOHLTC flowed $25 million in Nursing Enhancement/Conversion Funding for large hospitals (base funding over $100 million) in April 2004 and it flowed $25 million for the rest of the hospitals in September 2005. Nursing plans in large hospitals were required to have nursing input, while plans from small and medium sized hospitals required nursing input as well as, sign off by union representatives.[26] Nursing plans were rolled into the accountability agreements introduced for the 2004-05 fiscal year. The accountability agreements outline the enforcement mechanisms, specific reporting requirements to measure progress toward increased full-time employment, and process requirements for providing nursing input into the plans for hospitals.[27]

Long-Term Care Homes

On October 1, 2004, the MOHLTC amended the service agreement with long-term care homes to flow increased funds to enhance specified service levels in those facilities. The money was to be applied starting October 1, 2004. The Nursing and Personal Care Envelope was immediately increased by $1.60 per resident day, with a further $0.75 promised for April 1, 2005. The required enhancements included increasing nursing and personal support staffing, along with a variety of other services. The requirements in the amended agreement with respect to nursing were to take all reasonable steps to provide a minimum of one RN on site and on duty at the facility 24 hours a day, and to increase registered nursing staff representing new net nursing time per resident. There was no requirement to increase full-time nursing positions. [28] The MOHLTC estimates that about $45 million of the $191 million went for nursing care.[29]

Home Care

In July 2004, the MOHLTC flowed money to Community Care Access Centres (CCACs)[30] to purchase increased levels of post-acute home health-care services. In turn, the CCACs purchased increased service volumes from their service providers. While there was no requirement for gains in full-time employment in the program, MOHLTC receives quarterly reports on hours worked by RNs and RPNs, broken into the following categories: full-time; part-time; casual; and elect-to-work. The MOHLTC verified that the target of 200 more FTE nursing positions was met.[31]

The Current Situation in Ontario

Table 1 below shows the shares of full-time, part-time and casual employment by sector. The data show that all sectors fall short of 70% full-time employment for RNs. The three largest sectors – hospitals, long-term care and the community[32] – all have shares of full-time employment below 60%.

Table 1. Ontario 2004 RN Employment Status by Sector[33]

	Hospital	Long-Term Care	Community	Other	Total[34]
Full-time	59.7%	57.9%	58.2%	63.2%	59.3%
Part-time	32.9%	34.6%	30.5%	25.2%	32.1%
Casual	7.5%	7.5%	11.3%	11.6%	8.6%
Total	100%	100%	100%	100%	100%
RNs/Sector	55,477	7,205	15,088	6,526	86,168

Table 2[35] shows employment status by age category, with the full-time rate per age group ranging from 24.1% to 66.1%. The lowest full-time rates are for the oldest and youngest categories. A recent McMaster report that found 79.3% of new graduates preferred full-time employment.[36] As a result, the low full-time rates for the youngest groups are of particular concern and reflect involuntary part-time and casual employment status. Data from this survey also confirm that young nurses have very strong preferences for full-time nursing positions, yet many lack it.

Table 2. Ontario 2004 RN Employment Status by Age Group			
	% FT	% PT	% Casual
18-24	42.9%	42.3%	14.7%
25-29	63.5%	28.7%	7.9%
30-34	61.8%	30.9%	7.3%
35-39	53.9%	37.9%	8.2%
40-44	56.0%	36.2%	7.8%
45-49	63.2%	30.6%	6.2%
50-54	66.1%	28.5%	5.4%
55-59	61.6%	29.4%	9.1%
60-64	49.7%	31.6%	18.7%
65+	24.1%	35.5%	40.4%
All Ages	59.3%	32.1%	8.6%

SURVEY OF EMPLOYERS AND RNs

In January 2005, RNAO surveyed RNs and RN employers on the issue of full-time employment of RNs. This research provides an early evaluation of the government's policies while they are being implemented. The innovative nature of these policies raised a number of questions. Were they effective in increasing the share of full-time nursing employment? Did they achieve the 70% goal? If not, did they move significantly toward it? What lessons had we learned during the process of the implementation? What were barriers and opportunities to achieving this goal? What strategies were employed? What were appropriate measures of success? What changes do we need to come closer to meeting this goal?

RNAO developed two surveys; one for employers and one for working RNs. Questions on the two surveys allowed comparisons to be made between RNs and employers on some central issues.

Both qualitative and quantitative responses were analyzed and compared between sectors and between employers and RNs.

The survey development process included three focus groups (community and long-term care employers, hospital employers, and staff RNs), and testing of the survey via pilots with employers and RNs.

Employer Sampling

The employer survey was sent to 792 organizations in the hospital and long-term care sectors, and to home-care employers in the community sector. Surveys were to be filled out by a senior manager responsible for nursing services within those organizations.

From the hospital sector, 146 were selected;[37] from long-term care (LTC), 591 were selected;[38] and from the home-care sector, 55 were selected.[39] While surveys continued to arrive after the February 17 cut-off date, RNAO did receive 280 employer surveys by that time. The response rates varied among sectors, with hospitals at 44.5%, long-term care homes at 32.8%, and home care at 30.9%. Surveys were directed to the manager most responsible for nursing services (Chief Nursing Officer, Directors of Care, Directors of Nursing, etc.).

Table 3. Response Rates by Sector[40]

	Sampled	Responded	Rate
Hospital	146	65	44.5%
Home care	55	17	30.9%
Long-Term Care	591	194	32.8%

The target population included three major sectors that are funded by government and employ RNs to deliver health-care services:

1. **Hospitals:** all hospitals for which addresses were available, including 33 large hospitals (budgets over $100 million) and 121 small/medium hospitals.

2. **LTC homes:** the 591 LTC homes which were in existence in October 2004. The mix of LTC homes in Ontario is about 59.4% for-profit homes, with the rest being municipal homes, non-profit homes and charitable homes.[41] All LTC homes offer 24-hour supervision and nursing care.

3. **Home care:** the 55 home-care agencies and branches of home-care agencies that were believed to employ RNs. This represented both for-profit and not-for-profit home-care agencies, which compete for contracts to deliver in-home a range of nursing and personal support services to approved clients.

RN Sampling

The RN survey was sent to a stratified random sample of RNs working in Ontario from the same three sectors as in the employer sector, plus the miscellaneous "other" sector as defined by the College of Nurses of Ontario (CNO).

1,200 RNs who were registered with the College of Nurses of Ontario and had indicated in their most recent registration (2004) that they were currently employed in nursing were randomly selected from each of the four sectors for a total of 4,800 participants. The sectors were based on CNO's employer groupings of 'hospital' (65.8% of RNs), 'community' (17.9%, including home care, public health, community health, community health centres, community care access centres, community agencies and doctors' offices), 'long-term care' (8.5%, including nursing homes, homes for the aged, and retirement homes), and a miscellaneous sector called 'other' (7.7%, including business/occupational, educational institutions, government, associations, self-employed, employment agencies, and nursing stations).[42]

The RNs were selected so that all four sectors would have sufficiently large samples for statistical purposes. The samples thus intentionally under-represent the hospital sector and over-represent the other three sectors. When inferences are made for the overall province, results are weighted to correct for the design bias.[43]

As with the employer survey, responses continued to trickle in past the cut-off date. By that time, a total of 1,515 RN responses had arrived, a response rate of 31.56%. This represents a higher-than-average response rate for Ontario nurses when no reminder card is sent out to bolster response rates. The typical rate noted by CNO for nursing-related surveys with a reminder card is 30-35%. Response rates without the reminder usually fall around 25-29%.

The **distribution of all respondents among sectors** fell fairly close to the sampling: 24.3% hospital; 25.8% community; 23.9% long-term care homes; and 21.3% "other," with 4.6% reporting that they worked in more than one sector. All sectors are well represented and response rates in all sectors were good.

Software for Processing and Analysis of Data

Data from the surveys was entered into an MS-Access database and later transferred to SPSS (a statistical software package) for analysis. As organizations vary greatly in the number of nurses employed, where applicable, the analysis used weighted measures to reflect items that pertain to the nursing population in general. A number of qualitative questions were asked on the two surveys. The numbers of responses were small enough that no software was required for analysis, which was done by hand using standard classification and coding techniques.

RESULTS OF THE SURVEY

Limitations of the Survey

Responses rates for employers and RNs were both very good. For RNs, the overall 95% confidence interval was plus or minus 2.5 percentage points (the sample averages will be within 2.5 percentage points of the overall population averages 19 times out of 20). Within each sector, the 95% confidence interval ranged from 5.1 percentage points to 5.5 percentage points so there is a reasonable level of confidence in the representativeness of the sample for RNs even when broken down into sectors.

Given the smaller population and sample sizes, for employers the overall 95% confidence interval was larger at plus or minus 4.7 percentage points. Sample size is an issue particularly for home care, with a 95% confidence interval of plus or minus 19.9 percentage points. The corresponding figure for long-term care is plus or minus 5.8 percentage points and plus or minus 9.3 percentage points for hospitals.

The survey was anonymous, which means that results could not be verified with respondents. The responses reflect the perceptions of the individual respondents, and as such, are not a substitute for audited reporting. The surveys were sent out in January 2005, and thus reflect respondents' perceptions at that time, and the data do not reflect any positive or negative changes that took place after that time. The nursing funding flowed at different times depending upon the sector (hospitals: April and September 2004; home care: July 2004; and LTC homes: October 2004 and April 2005). Thus, the employers were at different stages of meeting their new nursing obligations, and a full evaluation of the program success cannot be done at this time.

Demographics

RN Survey Demographics[44]

There was a considerable time lag between the most recent registration period and the random sampling procedure for this survey. Registrants for the 2004 season could register anywhere from October 2003 to May 2004. New registrants recently graduated from nursing school may register even later. This means that for most RNs selected in the sampling, their CNO information is more than nine months old. The survey asked questions relating to their current employment situation, which in some cases had changed.

97.9% of respondents (number of responses (N) = 1,498, non-responses (NR) = 17) indicated that they were still **employed as RNs,** which implies a 2.1% shift out of employment over the period – a normal amount for this population. Only six respondents (0.4%, N = 1,471, NR = 44) were working outside of Ontario. The **average age** of respondents was 44.7, which is very close to the average of 45.1 for all CNO nurses. The age of respondents ranged from 22 to 78. The youngest were in the hospital sector (43.6, N = 344), followed by community (46.0, N = 365), long-term care (47.3, N = 338) and other (48.3, N = 301).

Corresponding to the age, the average respondent **first graduated from nursing** 20.8 years ago, implying a high level of experience for many respondents.

18.6% were **planning on retiring** within the next five years and an additional 27.2% were planning to do so within the following five (N = 1,485, NR = 30). This is consistent with other studies showing large potential losses of nursing services in the next five to 10 years, and speaks to the urgency of effective recruitment and retention policies.[45] Respondents in the hospital and community sectors plan to stay longer than those in the long-term care and other sectors.[46] This is consistent with the comparative ages of the two groups.

Survey respondents working within Ontario were slightly less likely to be **full time** than the general population of working RNs as reported to CNO (53.4% vs. 59.3%), more likely to be **part time** (38.7% vs. 32.1%) and marginally less likely to be **casual** (7.9% vs. 8.6%). Full-time respondents were on average 44.6 years old, with part-timers slightly younger (44.1) and casuals the oldest at 48.2 (N = 1,336, NR = 179). The youngest part timers (42.5) were employed in the hospital sector.

On average, respondents reported that they were working **80.8% of a full-time position,** with full-timers working 99.2% of an FTE and part-timers 61.0% of an FTE and casuals working 40.0% of an FTE (N = 1,460, NR = 55). This implies that there is some scope for raising worked hours if part-timers and casuals are able to move to full-time.

Employer Survey Demographics

The hospital sample had the largest share of total sectoral employers (42.2%), but the smallest share of total sectoral RNs (39.2%, See Table 4). The large number of employers in the long-term care sector means that the sample distribution is heavily weighted towards that sector (70.2% of respondents) with 23.5% from the hospital sector and only 6.2% from the home-care sector (N = 276, NR = 4). This report uses weighting by RN staff levels to correct for any resulting bias.

Table 4. The Representativeness of the Employer Sample

	Hospitals	LTC Homes	Home Care
% of Sectoral Employers Represented[47]	42.2	32.3	30.9
% of Sectoral RNs Represented	39.2	43.1	46.1

Most employers surveyed reported they were **funded by the Ministry of Health and Long-Term Care** (97.4%). By sector, all hospital and LTC employers and 58.8% of the home-care employers (10 of 17) identified themselves as funded by the ministry (N = 270, NR = 10).

The **average number of RNs employed** within each organization was 307 for hospitals, 100 for home care,[48] and 14 for LTC (N = 278, NR = 2).[49] Data from the CNO tells us that the average number of RNs per employer in the hospital sector was 360, while it was 11 in the long-term care sector. The sample is thus reasonably representative of the population, although the survey is slightly biased towards smaller hospital employers and larger long-term care employers.[50]

Employment Status

Table 5 shows that respondent employers have disproportionately more part-time and casual RNs than does the overall population of RN employers. They also were more heavily part-time and casual than participants in the RN survey. The discrepancies were the greatest for the community sector, and this could in part have been due to the fact that only home-care employers were surveyed from that sector.

Table 5. Employment Status: Comparing Survey and CNO[51]

		Full-Time	Part Time	Casual
Hospital	Employer Survey	49.5%	35.1%	15.4%
	RN Survey	52.5%	41.1%	6.4%
	CNO	59.7%	32.9%	7.5%
Long-Term Care	Employer Survey	42.7%	36.9%	20.5%
	RN Survey	57.6%	29.9%	12.5%
	CNO	57.9%	34.6%	7.5%
Community	Employer Survey (home care)	25.3%	50.7%	24.0%
	RN Survey	50.9%	41.0%	8.1%
	CNO	58.2%	30.5%	11.3%
Other	Employer Survey			
	RN Survey	54.4%	35.6%	10.1%
	CNO	63.2%	25.2%	11.6%
All Sectors[52]	Employer Survey Unweighted	47.1%	36.4%	16.5%
	Employer Survey Weighted	47.3%	36.3%	16.5%
	RN Survey Unweighted	53.9%	36.9%	9.2%
	RN Survey Weighted	53.4%	38.7%	7.9%
	CNO	59.3%	32.1%	8.6%

Progress

Progress in Increasing Full-Time Employment

An objective of the survey was to provide a snapshot of the effectiveness of the policy while it is being implemented. It is not a retrospective evaluation of the policy. Information on the creation of full-time positions is not complete, as respondents continued to add full-time positions after the survey cut-off date. The surveys were sent out early January 2005, with a cut-off date of February 17.

Our measures of progress included: whether new full-time RN positions were created (by 41.1% of employers); whether full-time RN positions arose from consolidation of part-time or casual ones (24.9% of employers); and whether there was an increase in RN FTEs (25.8%) (N = 271, NR = 9) (See Table A.6 in the appendix). Overall, the reported rise in FTEs was 1.8% of all positions, while the reported new full-time positions were 2.1% of all positions and reported consolidations were 0.9% of all positions.[53] There was a strong positive overall correlation between these three measures of progress, meaning increases in access to RNs were positively correlated with both new full-time positions and consolidations into full-time positions (See Table A.8 in the appendix).

Overall, 44.7% of employers stated that they had increased full-time positions by creating new ones or consolidating existing part-time or casual positions. Progress was most widespread in the hospital sector (85.9% of 64 valid respondents reported either creating new or consolidated full-time positions); followed by the home-care sector (64.7% of 17) and the long-term care sector (29.2% of 192). Since the survey was conducted, more employers have expanded nursing positions. All the hospitals that accepted full-time funding for nurses as of May 2005 had confirmed new full-time positions.

Table 6 shows the distribution of gains by sector. The largest gains were in the hospital sector, followed by the long-term care sector and home-care sector. This would be expected, as the hospital sector is the largest employer of RNs, and was also the recipient of funds earmarked for full-time nursing positions. Progress occurred in all three sectors.

Table 6. Reported Full-Time RN Gains by Sector

	Hospital	Long-Term Care	Home Care	Sector Not Specified	Total
New F.T. Positions	395	78	40	9	522
Consolidations	158	42	28	0	228
Increase in FTEs	257	77	98	2	434
Percentage Reporting Increases in F.T. Positions	85.9%	29.2%	64.7%		44.7%
Governemt promises (RN & RPN)	800	600	200		1,600

Table 7 shows the gains in each sector as shares of RN employment. There were larger gains in the LTC and home-care sectors. These rates may be compared with the government's objectives for each sector.[54] For example, the government goal of 800 full-time positions in the hospital sector (Table 6) translated into a 1.2% of all hospital RN positions, based on 2004 CNO figures for hospital employment. Table 7 shows that the hospital employers exceeded that goal with their RN gains alone (2.0% of sample RNs). In the other two sectors, the much more ambitious goals were not met by RN hiring alone.

Table 7. Gains as Shares of Sectoral RN Employment[55]

	Hospital	LTC Sector	Home Care	Total
Survey New FT/RN	2.0%	2.8%	2.3%	2.1%
Survey Consolidations/RN	0.8%	1.5%	1.6%	0.9%
Survey FTEs/RN	1.3%	2.8%	5.7%	1.8%
Government Nursing Goals/RN	1.2%	4.0%	4.2%	1.4%

Projecting the Results to the Province

Projecting the survey results to the provincial level (see Table 8) allows a comparison between goals and reported outcomes.[56] A limitation on the comparison is that the government's goals were for both RNs and RPNs and the survey results are for RNs. Furthermore, the projections are only tentative, as they are applied to portions of the employer population that were not in the survey.

Table 8. Survey RN Gains Projected to Ontario vs. Goals and Reported Outcomes[57]

	Hospital	Long-Term Care	Home Care	Sector Not Specified	Total
New F.T. Positions	1,098	205	80	24	1,408
RN Consolidations	439	111	56	0	606
Increase in RN FTEs	714	203	197	5	1,119
Promised new Positions (RN & RPN)	800 FT	600 FT	200		1,600
Reported New Positions (RN & RPN)	1,202 FT	Not Reported	Over 200 FTEs		
Expenditure	$50 million	about $45 million	unknown portion of $103 million		

In the **hospital sector,** the projected number of new full-time RN positions exceeds the government goal of 800 full-time positions. The rise in hospital FTEs (714) did not keep pace with the rise in full-time positions (1,098), suggesting that a number of positions were lost – perhaps in the process of consolidation into full-time positions.

The program in the hospital sector was so successful that the projected RN gains alone far exceeded the program goal.

In the **long-term care sector,** the projected gain of 205 new full-time RN positions falls short of the targeted 600 nursing positions, but this does not account for any RPN hires, and the sector is a major employer of RPNs. There was a matching rise of 203 FTEs, suggesting that there was not an off-setting loss of positions in the system, suggesting that any reductions in part-time and casual positions were offset by consolidations into full-time positions.

There are several possible reasons for differences in the relative performance between the two sectors: hospitals faced much stricter conditionality on full-time nursing money; long-term care homes may have faced greater challenges in achieving the goals which were more ambitious in percentage terms than the goals for hospitals; differences in when funding flowed - money for hospitals flowed in April and September 2004, while LTC money started to flow in October 2004; and there is an unknown number of RPN hires whose omission will bias down the results. On the latter point, an allowance for RPN hires based on current RPN usage still leaves the LTC sector projected to be almost 30% short of the new full-time nurse target.

In the **home-care sector,** projection of gains is only tentative, due to sample size and other considerations.[58] Even so, the 80 projected new full-time positions fell short of the targeted 200 positions. However, the projected gain in FTEs of 197 suggests a great many part-time and casual positions were created; this FTE rise was achieved entirely by just three of the 17 employers in the sample. In this sector, the goal of access to nursing services may have been better advanced than that of 70% full-time positions. Based on the survey results, counting RN hires alone, the sector met the requirements it faced, which was to create 200 FTE nursing positions. There was no requirement to hire full-time nurses.

There was strong conditionality and monitoring for the full-time program in the hospital sector, along with an enforcement mechanism if goals were not met. This may help to explain the relative success of the full-time program in that sector. In the other two sectors, the conditionality was not as strong nor was there an explicit requirement to increase full-time positions. The success in the home-care sector was in increasing nursing services, not in increasing full-time positions.

Progress in the Hospital Sector

All but one of the 61 responding hospitals indicated that they had been funded by MOHLTC to create more full-time positions. The conditionality on full-time positions was unambiguous in the hospital sector. At the time of the survey, on average 49.5% of RN positions or 61.6% of budgeted FTEs were full-time in these hospitals.

Among reporting hospitals, new full-time positions represented 2.0% of all current positions, while consolidations and FTE rises represented 0.8% and 1.3% of the same respectively. The one hospital that did not receive/accept funding did not increase its share of full-time positions over the past year. 85.9% of reporting hospitals increased their full-time RN complement either by creating new positions and/or by consolidating existing part-time and casual positions.[59] Of those hospitals reporting an increase, 96.3% created new positions and 68.8% consolidated existing positions.

Progress in the Long-Term Care Sector

Of those long-term care employers responding, the rise in RN FTEs amounted to 2.8% of all positions. Gains included new full-time positions equal to 2.8% of all RN full-time positions, and consolidations amounting to 1.5% of the same.

While all LTC employers received nursing money in October 2004, only 30.1% (49) of the 163 responding LTC organizations indicated that they had been funded to expand the number of full-time nursing positions.[60] The requirements in the amended agreement with respect to nursing were to take all reasonable steps to provide a minimum of one RN on site and on duty at the facility 24 hours a day and to increase registered nursing staff representing new net nursing time per resident. There was no requirement to increase full-time nursing positions. Hence, one must interpret the survey question about receipt of full-time nursing money as one about belief about the funding's purpose.

Bivariate correlations reveal that there is a significant positive relationship between reported receipt of full-time nursing funding and the likelihood of the following gains in full-time employment: an increase in new RN positions ($r = .391$, $p < .01$), consolidations of part-time and casual positions into full-time positions ($r = .306$, $p < .01$), and an increase in budgeted FTEs ($r = .410$, $p < .01$).

On average, 35.4% of those LTC organizations that reported they were funded to increase full-time employment created new full-time positions in the previous 12 months, 26.5% consolidated full-time positions, and 29.8% increased FTEs. LTC organizations that indicated they were not so funded were less likely to do any of these (17.1% creating new positions, 12.4% consolidating, and 8.5% increasing budgeted FTEs).

Thus, where there was an awareness of the money and a belief that it was for full-time purposes, respondents were more likely to have created more full-time positions. However, even when there was a belief that the funds were for full-time purposes, many respondents had not yet used them for those purposes.

Progress in the Home-care Sector

None of the 17 responding home-care organizations indicated that it had been funded to expand the number of full-time nursing positions. The $103 million that included nursing money was flowed in July 2004 to purchase more home health-care services. In the current round, it would appear that there was no requirement for home-care employers to use the nursing money for full-time purposes. However, there were reporting requirements for increases in full-time, part-time, casual and elect-to-work nursing positions. At the time of the survey, respondents had on average 25.3% of RN positions as full time and 30.1% of budgeted FTEs as full time – much lower than in the other two sectors.

Among reporting employers, new RN positions amounted to 2.3% of all RN positions, while consolidations represented 1.6% of all RN positions and increased RN FTEs represented 5.7%. During the previous 12 months (February 2004 to January 2005), 64.7% (11 of 17 reporting) stated that they increased their full-time complement. All 11 created new full-time positions, while five (29.4%) consolidated existing part-time and casual positions to make full-time positions and three (17.6%) increased the number of RN FTEs.

RNs' Perspectives on Progress

These gains were not highly visible to RN respondents. Of those who responded, 19.1% stated that they had noticed more full-time RN positions recently ($N = 1,153$, $NR = 273$), while 44.7% of employers stated that they had increased full-time RN positions.[61] These new positions observed by respondents were more likely to be filled by existing staff (reported by 71.7% of respondents) than by new staff (28.3%) ($N = 159$, $NR = 61$). (By comparison, many more new

full-time positions (522) than consolidations (228) were reported by employers. Perhaps consolidations are more readily visible to RNs). A higher percentage of respondents (25.2%) were aware of full-time vacancies in their workplace (N = 1,421, NR = 94).

Improvements in workload and environment associated with increased full-time employment were not yet noticeable to RNs. Only 3.9% reported that their workload had decreased, while 56.7% reported that it had increased (N = 1,447, NR = 68). Just 6.9% stated that their environment had improved, while 36.8% said that it had deteriorated (N = 1,452, NR = 63). The apparent inconsistency with the extent of progress reported by employers could be due to a variety of factors, including the limited time since the changes and magnitude of need relative to gains already made. In nursing, workloads have been growing and work environments have been growing more challenging for many years.

Other Factors Influencing Success

Full-Time Nursing Plans

The total number of employers reporting plans for increasing full-time employment was 35 (15.5% of the 220 respondents, 44.2% of 52 hospitals, 5.9% of 152 long-term care homes, and 12.5% of 16 home-care employers).[62]

We tested whether there was a relationship between an organization having **a plan in place to increase full-time RNs** and the measures of success. Overall there was a positive correlation between the existence of a plan and the following: new positions being created; consolidations of part-time and casual positions into full-time ones; and increases in RN FTEs (see Table A.8 in the appendix). In other words, plans mattered. In the hospital sector, the positive relationship was with consolidations rather than new positions. In the home care and long-term care sectors, the relationship was primarily with an increase in RN FTEs (see Table A.5 in the appendix).[63]

Across all sectors, 35 organizations stated that they had a plan and 189 stated they did not, 56 did not respond to the question. When asked to describe elements of the plan, 30 of the 35 responded, some with more than one element, yielding 60 responses. The main elements reported were adding to or creating float pools (20.0%) in order to maintain scheduling flexibility that part-time and casual staff enables.

Some organizations also planned to look at job-share positions and replace them with single full-time positions, although others viewed job shares as part of a full-time strategy. Another approach was modified full-time positions, with full-time status and less than full-time hours. Many organizations offer this option to their RNs (55.0% hospital, 43.8% community, 38.9% LTC, and 42.9% overall) (N = 261, NR = 19).

Few organizations revealed in the surveys any plans beyond the number of positions to be created. Just 22.4% indicated that they had incentives for part-time or casual RNs to switch to full-time (N = 242, NR = 38). Very little was said about plans to encourage RNs to accept the full-time positions that were created. This is despite the fact that on average, organizations felt that fewer than 30% (hospital 23.2%, home care 27.4%, and LTC 23.5%) of their part-time or casual RNs were looking for full-time work (N = 228, NR = 52).

What worked in the plans?

Eighteen organizations responded to a question about what worked in their 70% plans yielding 22 valid responses (some respondents gave more than one response). Respondents identified weekend worker positions as successful, as well as composite positions, job shares, scheduling to reduce reliance on casual RNs, advertising in newspapers, and float pools.

What barriers were encountered?

Forty-five employers responded to this question, 31 of them indicated they had a plan. The most common barriers were recruitment and retention (15), the cost in time management and money (12), scheduling challenges (10), and union contracts (10). A few respondents identified the need for financial managers to recognize and understand the need for the 70% program, so that there is the necessary buy-in at the budgetary level.

Incentives to encourage RNs to go full-time

Seventy-nine employers provided information on incentives they offered to RNs to encourage them to take full-time positions, yielding 123 responses (some respondents gave more than one response). The most often cited incentive was benefits (48.1%). Scheduling incentives (29.1%) were also frequently used. Next in importance were educational opportunities (16.5%), the availability of modified full-time positions (9.8%) and job security (7.6%).

Comparing strategies that were identified by employers with those that were identified as successful provides some important insights. Although benefits were cited most often, this strategy was only moderately successful (39.5%, N = 38). Scheduling incentives (82.6%, N = 23) and educational opportunities (92.3%, N = 13) were much more successful. Salary increases (60%, N = 5), retention bonuses (60%, N = 5), and offering modified FT (42.9%, N = 7) were moderately successful.

RN Perceptions of Full-time Planning and Incentives

Most RNs indicated that their employers did not have incentives in place to encourage part-time and casual nurses to accept full-time positions (70.9%). Another 19.6% did not know and only 9.5% indicated that such programs were in place to their knowledge (22.7% of employers reporting that they had such incentives) (N = 1,418, NR = 97). Hospital RNs were less likely to report incentives (6.3%). The most common incentives cited were benefits; not surprisingly, the most common barriers perceived by RNs were fiscal restraints on employers (46.3%, N = 1,178), which is precisely what employers reported. RNs also cited related economic factors, such as the costs of benefits and wages (16.2%). The availability of work to justify creating positions was cited by 18.0% of respondents. Also cited was the availability of nurses, scheduling, and union restrictions.

The majority of the RNs surveyed (57.1%) did not know whether their employers received any funding to expand the number of full-time nursing positions. Only 12.0% thought that their employers received funding and 31.0% felt they did not (N = 1,464, NR = 51). Thus, 27.8% of respondents who expressed an opinion felt their employers were funded for full-time nursing positions. 45.2% of employer respondents believed that they had been funded for full-time nursing positions. In the hospital sector, only 25.7% of hospital RNs reported that their organizations received funding to increase the number of full-time RNs (vs. 98% of hospital employers reporting that they had received funding) (N = 343, NR = 1). It appears that the government has had limited success in communicating its policies to RNs, even in the hospital sector where RN involvement in developing plans is required.

Very few RNs felt that their organizations had plans (7.4%). An additional 34.0% felt there was definitely no plan and 58.6% did not know (N = 1,426, NR = 189). Of those who expressed an opinion, 17.8% felt their employers had plans, which is close to the 15.5% of employers who actually had plans.

In the long-term care sector, 64.6% did not know if their employers received the program funding, 10.2% indicated that their employers did receive it, and 25.2% stated that their employers did not (N = 333, NR = 5). In the latter case, 28.8% of LTC RN respondents who expressed an opinion believed there was funding, which is close to the 30.1% of LTC employers who had the same belief.

Future Strategies to Increase Full-Time RNs

Employers' Perspectives

Both the employer and RN surveys asked about the feasibility (for employers) and the importance (for RNs) of 11 matched nurse magnet factors (the same 11 items appeared in the same order for both RNs and employers). Each respondent was asked to score the items on a five-point Likert scale, with one being least important or feasible and five being most important. (See Table A.1 in the appendix for a breakdown of employer mean responses and rank ings. See Table 9 for a comparison of RN preference rankings and employers' ranked assessments of feasibility.).

Table 9. Magnet Factors: RN Preference vs. Employer Feasibility

RN Ranking of Importance		Employer Ranking of Feasibility	
Work/Life Balance	1	Respect of RN's Knowledge	1
Flexible Scheduling	2	Supportive Environment	2
Supportive Environment	3	Professional Development	3
Salary/Benefits	4	Educational Opportunities	4
Respect of RN's Knowledge	5	Flexible Scheduling	5
Reduced Workload	6	Challenging Work	6
Lieu Time/Banked Hours	7	Work/Life Balance	7
Professional Development	8	Lieu Time/Banked Hours	8
Educational Opportunities	9	Job Security	9
Job Security	10	Reduced Workload	10
Challenging Work	11	Salary/Benefits	11

Although there was some slight difference between sectors, the top three strategies in terms of feasibility were respect of RNs' knowledge, supportive environment, and professional development. Job security and salary/benefits were ranked in the bottom three for all sectors. Long-term care differed from the other two sectors in that its respondents rated lieu time/banked hours also in the bottom three whereas hospital and home care rated reduced workload in the bottom three.

There is an obvious correlation between what organizations see as feasible and what costs the least money. The higher the evident dollar cost to implement, the lower the perceived feasibility for a given strategy.

While the majority of responding employers deem many magnet factors to be not very feasible (particularly where significant cost is concerned), there is a minority with the opposite opinion. For example, 40.4% of all respondents considered improvements in salaries and benefits to be not very feasible, but 9.3% considered them to be very feasible and 12.9% more considered them to be feasible (See Table A.2 in the appendix).

When asked what the main factors that have resulted or could result in part-time or casual nurses moving to full time, employers largely cited from the 11 strategies listed in their surveys. Salaries/benefits (24.0%) and flexible scheduling (17.7%) were seen as the most likely to result in RNs moving to full time. Other factors included stability and assurances around shifts (15.1%), reduced workload (9.4%) and job security (8.8%), N = 192.

When asked what other strategies might work, many employers spoke about enhancing the nurses' experience either through building partnership with other organizations like unions and with other nurses. Improving the working environment was mentioned, with an emphasis on providing training and learning opportunities as well as on addressing the quality of work life. Respondents also cited benefits. Monetary benefits mainly took the form of things like uniform allowances, moving expenses, and gifts. Non-monetary benefits included fitness centres and day care available for staff.

Employers' Policy Suggestions

When employers were asked how MOHLTC policies to raise RN employment to 70% full-time could be more effective, the majority of valid responses for this question indicated that altering the funding formula would allow for non-traditional full-time positions (36.5%). This could include modified full-time, unit weekend scheduling, flex time, individual special circumstances, etc. Some also felt that more time was needed in order to implement their plans (6.4%) and that the policy needed to accommodate the different regions, facility types and organizational needs (5.3%). A few (2.9%) felt that more information or clarity was required. A minority expressed the view that the objective of 70% full-time employment needs to be re-evaluated (7.1%), N = 170.

RNs' Perspectives

Part-time and casual RNs who were not currently interested in full-time work were asked if they would consider full time with the right changes in the work environment or work contract. Those who said yes were asked to rate how certain changes in the working environment (using the above nurse magnet factors) might make them consider full-time nursing.

The most important consideration of those listed was "addressing the work/life balance issues" (mean 4.7) followed closely by "increasing flexibility around scheduling" (mean 4.6) and "making the work environment more supportive" (mean 4.6). The least important consideration in the minds of these nurses was offering more challenging work (mean 3.2). Also ranked low in order of importance were "increasing job security" (mean 4.0), "expanding educational opportunities" (mean 4.0), and "enhancing professional development" (mean 4.1). Even though these ranked low, their mean scores of four or greater suggest that they are still essential components of a full-time RN human resources plan (See Table A.3 in the appendix).

The only unimportant item was offering more challenging work, which suggests that this item is neither an incentive nor a deterrent for nurses when considering full-time work.

Nurses in different sectors rate items of importance differently. In the hospital sector, salary/benefits ranked third instead of supportive environment. In the LTC sector, RNs put reducing workload at number three, replacing scheduling (see A.2 in the appendix for a breakdown of these items by sector for employers).

Unfortunately there is little overlap between RN rankings of importance and employer rankings of feasibility. Most of the items viewed as important by RNs represent significant costs, and are thus not viewed as highly feasible by employers. The only highly feasible and important factor was a more supportive work environment.

Preferences in Employment Status: RN Perceptions

Current Preferences

Respondents were asked their preferred and actual employment status. More respondents wanted full-time employment than had it, while the reverse was true of the other two statuses: 60.8% preferred full time (while 53.9% in the sample actually had full-time); 33.1% preferred part-time (36.9% actually had part time), and 6.0% preferred casual (9.2% actually had casual). The sample is slightly over-represented by part-timers and casuals and under-represented by full-timers, so the results should be interpreted with caution.

Respondents tended to prefer their current employment status, whatever that was. Table 10 compares actual employment status with preferred employment status. Full-timers are most satisfied with their status (91.9%), while part-timers are less so (74.4%) and casuals are the least satisfied (59.4%).

Table 10. Comparing Actual and Preferred Employment Status

		Preferred Employment Status			
		Full-Time	Part-Time	Casual	Total
Actual Employment Status	Full-time	91.9%	7.6%	0.5%	100%
	Part-Time	24.9%	74.4%	0.7%	100%
	Casual	23.3%	17.3%	59.4%	100%
Total		60.8%	33.1%	6.0%	100%

The above holds for the different sectors as well. Full-timers were most likely to prefer that status regardless of sector, with 93.3% in the hospital sector, 94.7% in the LTC sector, and 89.2% in the community sector. Part-time workers were slightly less likely to prefer their status (71.6% for hospitals, 66.9% for LTC, and 84.3% for community). Casual workers were least likely to prefer that status (77.3% in hospital, 55.6% in LTC and 48.9% in community) (see Table A.4 in the appendix).

24.9% of part-time RNs and 23.3% of casual RNs preferred full time, while only 8.1% of full-time RNs wanted to change their status. **If all respondents had their preferred employment status, there would have been a shift within the sample from 53.9% full-time to 60.8%.** There would be a two-way shift of RNs between each of the three employment statuses, but the net shift would have been towards full time. Further efforts would be required to get to 70% full-time employment.

Applying the survey findings to the data gathered by CNO on working status by sector gives approximately a five-percentage-point increase to the full-time share of employment. Table 11 demonstrates how the survey findings would manifest in the Ontario RN workforce if RNs could work in their preferred status.[64] Projecting from the survey results, Ontario's full-time RN employment would rise from 59.3% to 64.5% of total employment. Again, it is clear that current full-time circumstances will have to improve to attract enough RNs to reach 70% full-time.

Table 11. Estimated Ontario Work Status By Sector if all RNs Had Their Preferred Status

N = 1,448, NR=67		Employment Sector				
		Hospital	Community	LTC	Other	Total
New Status	Full-time	65.5%	59.4%	68.2%	65.3%	64.5%
	Part-Time	27.2%	35.0%	27.6%	27.5%	29.9%
	Casual	7.2%	5.5%	4.2%	7.2%	5.7%

Young Nurses' Needs are not Being Met

A variety of evidence above shows that many RNs who prefer full-time employment do not have it. We know that preferences vary by age, but it is the young nurses who face the greatest discrepancy between what they want and what they have. The youngest category overwhelmingly preferred full-time (94.7%), yet it was by far the least likely to have it (38.1%). RNs in their later 20s still strongly preferred full-time (79.8%), yet only 69.1% actually had it. At the upper end, there is a much better matching of status to preference. After age 54, the average respondent was much more likely to prefer part-time or casual, and was much more likely to have it. Table 12 compares preferred and actual employment status by age cohort.

Table 12. Actual vs. Preferred Employment Status by Age Cohort

Age	Full-Time		Part-Time		Casual		Total
	Actual	Preferred	Actual	Preferred	Actual	Preferred	
20 to 24	38.1%	94.7%	57.1%	5.3%	4.8%	0.0%	100%
25 to 29	69.1%	79.8%	27.7%	16.7%	3.2%	3.6%	100%
30 to 34	57.1%	61.0%	34.3%	37.4%	8.6%	1.6%	100%
35 to 39	48.1%	63.2%	45.9%	32.8%	5.9%	4.0%	100%
40 to 44	52.0%	63.9%	42.1%	33.3%	5.9%	2.7%	100%
45 to 49	57.8%	67.2%	35.7%	30.4%	6.5%	2.5%	100%
50 to 54	58.0%	62.0%	33.7%	33.0%	8.3%	5.1%	100%
55 to 59	50.7%	47.1%	36.2%	43.5%	13.0%	9.4%	100%
60 to 64	42.7%	43.6%	36.9%	39.4%	20.4%	17.0%	100%
65+	20.8%	21.7%	37.5%	39.1%	41.7%	39.1%	100%
Total	53.8%	60.5%	37.0%	33.7%	9.2%	5.8%	100%

Conditional Willingness to Move to Full-Time Employment

The survey shows that a **voluntary shift from 53.9% to 60.8% full time** is now possible within the sample. **Of those currently not preferring full time, 42.1% of part-time RNs indicated that they would consider a full-time position** with the right changes made to the work environment or contract (part-time and casual respondents who did **not** want full-time nursing employment were asked if they would consider full-time nursing with the right changes in the work environment or contract). This percentage was higher in the hospital sector (48.5%) and in the LTC sector (41.4%). Only 39.1% of community RNs and 31.3% of RNs in the other sector would consider the change (N = 351).

For casual nurses not preferring full time, only 23.4% would consider full time (11.1% of hospital, 22.2% of LTC, 28.1% of community, and 16.7% of other sector RNs) (N = 86).

When nurses who were part time or casual or nurses who were full time and did not want to work full time were asked what percent of part-time or casual nurses would accept an offer of full-time employment, the mean response was 45.5% across all sectors (N = 257, NR = 13). Hospital RNs felt that fewer RNs would accept (41.2%) than did community RNs (44.7%) or LTC RNs (48.8%).

When the prospect of a modified full-time position was mentioned (such as 80% of full-time hours) with full-time status intact, 68.0% of part time and 44.9% of casual nurses indicated they would accept such a position if offered by their employer.[65] Casual RNs in the hospital (52.6%) and community (51.5%) sectors were more likely to accept the modified position than casual nurses in the other two sectors (39.1% LTC and 34.8% other). (See Table A.7 in the appendix). The figures on modified full-time positions should be interpreted with caution, as many respondents elected not to answer that question. Nevertheless, the survey suggests there could be a significant up-take on modified full-time positions if they were offered.

Potential Gains in Full-Time Employment

Applying the survey results to the overall number of part-time and casual nurses in Ontario[66] suggests just under 4,500 nurses would be willing to change their employment status to full-time at the most conservative estimate (bringing the full-time share to 64.5%). (See Table 11).[67] Including part-time and casual nurses who would consider full-time status with changes in the work environment, the number of potentially willing full-time RNs rises to approximately 16,500.[68] Yielding 78.4% full-time RN employment, this would well exceed the 70% target, but this projection should be viewed with caution. The 78.4% is a ceiling that depends upon substantial change in employment circumstance. However, it is a sufficiently high ceiling that 70% full time must be seen as feasible for Ontario. It would entail winning back 40% of those RNs who would conditionally return to full time.

Preferences in Employment Status: Employer Perceptions

Employers were remarkably accurate in their assessments of how many part timers and casuals were seeking full time: they estimated 23.5%[69] vs. the stated preference of 24.9% for part-timers and 23.3% for casuals.

They were considerably more pessimistic about the possibility of part-timers and casuals who were not seeking full-time but who may reconsider with the right changes: 18.4% vs. 42.1% for part-timers and 23.4% for casuals.

As to RNs' receptivity to modified full-time positions, employers on average estimated that 34.3% of part-timers and casuals would accept (vs. 68.0% reported by part-timers and 44.9% reported by casuals), while they estimated 34.2% of full-timers would do so. These figures are lower than those from the RN survey, but as noted, these RN figures should be interpreted with caution.

Measures of Success:

What indicators should be included in future?

The most obvious ones – measuring the number of new full-time positions against the total positions, or measuring the increase in FTEs vs. total FTEs – were suggested by both employers and RNs. Both groups of respondents also suggested measuring the number of agency and overtime hours that organizations use. Others recommended measuring RN job satisfaction rates, vacancies, and workload measures. RNs also proposed looking at such outcome measures as patient outcomes and quality of care.

The most common indicator suggested was to look at retention and turnover rates, the idea being that more full-time nurses will lead to less workload stress and greater job satisfaction thus reducing absenteeism and boosting retention. In support of this, job satisfaction was another measure frequently suggested (15.5%) as was sick time/absenteeism rates (7.7%). Workload measures (8.4%) and overtime (5.2%) was also suggested. Outcome measures (11.0%) such as patient health and satisfaction, and continuity of care were also seen as important (N = 155).

CONCLUSIONS

Based on the analysis, there has been significant progress in all sectors in moving closer to 70% full-time RN employment. Stronger conditionality on full-time funding is associated with greater and more cost-effective success. Awareness, commitment and planning are also associated with greater likelihood of creating full-time positions.

The absolute gains were largest in the hospital sector, due to its size, although these gains were less than proportionate to the size of the sector. In both the hospital sector and the home-care sector, employers would appear to have met the required gains, based on this survey. The hospitals exceeded their target of full-time nursing positions with RN gains alone. The home-care sector met its target of creating 200 positions, although there was no requirement that those positions be full time and considerably fewer than 200 full-time positions were created. Any evaluation of progress in the long-term care sector is preliminary, as funds flowed later. There appeared to be much greater progress for RNs in the hospital sector.

Employers reported progress in a number of indicators, but that progress is not yet very visible to RNs, nor has it yet changed the workload or work environment of nurses. Given the magnitude of the challenges facing nurses, and the short time that has elapsed since the policies have been introduced, this is not surprising.

Statistics from the CNO show that full-time employment for RNs has risen to more than 59%, which is an improvement, but still a long way from 70% full time. Applying the survey results to RNs' preferences for full-time work provincially, full-time RN employment in Ontario would reach 64.5%. Thus, having sufficient full-time jobs and matching those jobs to RNs would get Ontario closer to 70%, but we would not get there by relying exclusively on RNs who are prepared to change their employment status to full time under current circumstances.

We will also have to rely on RNs who require changes in the work environment or employment contract to accept full-time positions. The changes that are most likely to be successful are addressing work/life balance issues, increasing the flexibility around scheduling, and making the work environment more supportive. These issues, with the exception of a more supportive work environment, rank as only somewhat feasible by employers. And, we would need to aggressively open the doors to the many newly graduated RNs, most of whom want full-time employment but are unable to find it.[70]

Challenges to reaching 70% full-time employment for Ontario RNs remain. Employers say they face fiscal challenges in moving to 70% full time and have difficulty finding enough RNs to accept full time. Employers also say that part-time or casual workers enhance their scheduling flexibility. Some employers have tried creative solutions such as float pools which have allowed them to raise full-time employment while preserving flexibility. However, fiscal constraints may be harder to work around creatively.

While a majority of RNs already work full time, and even more prefer it, a minority has difficulty accommodating it. For many of them, non-full-time work helps them plan their schedule around family obligations. This suggests the need for workplace policies that allow full-time RNs more opportunities to meet their family obligations. This will likely require expenditures that employers currently view as unfeasible. One approach that is very popular among RNs is modified full-time scheduling.

APPENDIX – TABLES

Table A.1 – Employer means and rankings of the feasibility to implement strategies to increase full-time RNs. A score of 1 means not very feasible, while a score of 5 means very feasible.

	Hospital			Home care			LTC			Total		
	Mean	N	Rank	Mean	N	Rank	Mean	N	Rank	Mean	N	Rank
Job Security	2.3	58	10	2.6	15	10	3.0	141	8	2.8	214	9
Salary/Benefits	1.6	59	11	2.9	16	9	2.6	150	11	2.3	225	11
Reduced Workload	2.4	59	9	2.2	13	11	2.6	150	10	2.5	223	10
Work/Life Balance	3.0	58	8	3.5	15	8	3.1	152	7	3.1	226	7
Lieu Time/Banked Hours	3.3	55	5	3.8	13	4	2.9	143	9	3.1	211	8
Flexible Scheduling	3.4	55	4	3.7	15	7	3.3	144	6	3.3	215	5
Challenging Work	3.0	57	7	3.7	15	5	3.4	145	5	3.3	218	6
Educational Opportunities	3.3	58	6	3.7	15	5	3.5	148	4	3.5	222	4
Professional Development	3.5	57	3	3.9	15	3	3.6	147	3	3.6	220	3
Supportive Environment	3.6	58	2	4.0	15	1	3.7	149	2	3.7	223	2
Respect of RN's Knowledge	3.7	57	1	3.9	14	2	3.8	142	1	3.8	214	1

N = number who responded to the question

Table A.2 – Distribution of employer assessment of feasibility to implement specific strategies to increase full-time RNs.

Hospital Sector	Not Very Feasible		Somewhat Feasible		Very Feasible
	1	2	3	4	5
Job Security	43.1%	12.1%	25.9%	13.8%	5.2%
Salary/Benefits	66.1%	15.3%	13.6%	1.7%	3.4%
Reduced Workload	30.5%	27.1%	25.4%	10.2%	6.8%
Work/Life Balance	12.1%	19.0%	34.5%	27.6%	6.9%
Lieu Time/Banked Hours	21.8%	9.1%	14.5%	27.3%	27.3%
Flexible Scheduling	9.1%	9.1%	36.4%	27.3%	18.2%
Challenging Work	8.8%	26.3%	31.6%	19.3%	14.0%
Educational Opportunities	8.6%	6.9%	44.8%	27.6%	12.1%
Professional Development	5.3%	5.3%	38.6%	40.4%	10.5%
Supportive Environment	8.6%	1.7%	29.3%	41.4%	19.0%
Respect of RN's Knowledge	8.8%	3.5%	21.1%	45.6%	21.1%

Home care Sector	Not Very Feasible		Somewhat Feasible		Very Feasible
	1	2	3	4	5
Job Security	33.3%	6.7%	33.3%	20.0%	6.7%
Salary/Benefits	18.8%	18.8%	31.3%	12.5%	18.8%
Reduced Workload	38.5%	23.1%	30.8%	0.0%	7.7%
Work/Life Balance	6.7%	6.7%	40.0%	26.7%	20.0%
Lieu Time/Banked Hours	15.4%	7.7%	15.4%	7.7%	53.8%
Flexible Scheduling	13.3%	6.7%	26.7%	6.7%	46.7%
Challenging Work	6.7%	0.0%	40.0%	20.0%	33.3%
Educational Opportunities	6.7%	6.7%	20.0%	40.0%	26.7%
Professional Development	6.7%	6.7%	13.3%	40.0%	33.3%
Supportive Environment	6.7%	0.0%	13.3%	46.7%	33.3%
Respect of RN's Knowledge	14.3%	0.0%	0.0%	50.0%	35.7%

Long-Term Care	Not Very Feasible		Somewhat Feasible		Very Feasible
	1	2	3	4	5
Job Security	22.0%	13.5%	23.4%	26.2%	14.9%
Salary/Benefits	32.7%	17.3%	22.0%	17.3%	10.7%
Reduced Workload	29.3%	20.7%	21.3%	14.0%	14.7%
Work/Life Balance	13.8%	13.8%	30.3%	29.6%	12.5%
Lieu Time/Banked Hours	23.8%	16.8%	19.6%	22.4%	17.5%
Flexible Scheduling	13.9%	14.6%	16.7%	36.8%	18.1%
Challenging Work	10.3%	12.4%	28.3%	29.7%	19.3%
Educational Opportunities	6.8%	8.1%	31.1%	33.8%	20.3%
Professional Development	4.8%	8.8%	27.2%	38.8%	20.4%
Supportive Environment	8.1%	4.7%	20.1%	45.0%	22.1%
Respect of RN's Knowledge	7.0%	4.9%	16.2%	43.7%	28.2%

All Sectors	Not Very Feasible		Somewhat Feasible		Very Feasible
	1	2	3	4	5
Job Security	28.5%	12.6%	24.8%	22.4%	11.7%
Salary/Benefits	40.4%	16.9%	20.4%	12.9%	9.3%
Reduced Workload	30.2%	22.5%	23.0%	12.2%	12.2%
Work/Life Balance	12.9%	14.7%	32.0%	28.9%	11.6%
Lieu Time/Banked Hours	22.7%	14.2%	18.0%	22.7%	22.3%
Flexible Scheduling	12.6%	12.6%	22.4%	32.2%	20.1%
Challenging Work	9.7%	15.2%	30.0%	26.3%	18.9%
Educational Opportunities	7.2%	7.7%	33.9%	32.6%	18.6%
Professional Development	5.0%	7.8%	29.2%	39.3%	18.7%
Supportive Environment	8.1%	3.6%	22.1%	44.1%	22.1%
Respect of RN's Knowledge	8.0%	4.2%	16.4%	44.6%	26.8%

Table A.3 – RN means and rankings of items important for considering a move to full-time status.

	Hospital			Community			LTC			Other			Total		
	Mean	N	Rank	Mean	N	Rank	Mean	N	Rank	Mean	N	Rank	Mean	N	Rank
Job Security	4.0	54	10	4.2	48	8	3.8	42	10	4.1	33	10	4.0	177	10
Salary/Benefits	4.5	55	3	4.4	49	5	4.5	45	5	4.4	34	5	4.5	183	4
Reduced Workload	4.4	54	5	4.2	50	7	4.6	46	3	4.3	32	8	4.4	182	6
Work/Life Balance	4.8	56	2	4.8	51	1	4.7	45	1	4.5	34	3	4.7	186	1
Lieu Time/Banked Hours	4.3	55	7	4.3	50	6	4.2	43	7	4.2	32	9	4.3	180	7
Flexible Scheduling	4.8	55	1	4.6	51	3	4.5	46	4	4.5	35	4	4.6	187	2
Challenging Work	3.1	53	11	3.4	50	11	3.0	45	11	3.3	32	11	3.2	180	11
Educational Opportunities	4.1	55	8	4.0	51	9	3.9	46	9	4.3	34	6	4.0	186	9
Professional Development	4.0	55	9	4.0	50	10	4.0	45	8	4.3	33	7	4.1	183	8
Supportive Environment	4.5	54	4	4.6	50	2	4.7	44	2	4.6	34	1	4.6	182	3
Respect of RN's Knowledge	4.4	54	6	4.5	51	4	4.4	45	6	4.5	33	2	4.5	183	5

N = number who responded to the question

Table A.4 – Nurses' employment status preference by current status and employment sector

		Preferred Status			
Current Status		Full-Time	Part-Time	Casual	N
Hospital	Full-Time	93.3%	5.1%	1.7%	178
	Part-Time	27.0%	71.6%	1.4%	141
	Casual	13.6%	9.1%	77.3%	22
Community	Full-Time	89.2%	10.8%	0%	203
	Part-Time	15.7%	84.3%	0%	108
	Casual	24.4%	26.7%	48.9%	45
LTC	Full-Time	94.7%	5.3%	0%	170
	Part-Time	33.1%	66.9%	0%	136
	Casual	25.9%	18.5%	55.6%	27
Other	Full-Time	90.7%	9.3%	0%	162
	Part-Time	19.0%	81.0%	0%	105
	Casual	27.6%	10.3%	62.1%	29
Total	Full-Time	91.9%	7.6%	0.5%	713
	Part-Time	24.9%	74.4%	0.7%	490
	Casual	23.3%	17.3%	59.4%	123

N = number who responded to the question

Table A.5 –Correlations between full-time position increases and whether the organization had a plan for increasing full-time RNs

All Sectors Correlations		FT plan	New positions	Consolidations	Increased FTEs
FT plan	Correlation	1	.246(**)	.360(**)	.360(**)
	N	224	221	218	203
New positions	Correlation	.246(**)	1	.536(**)	.623(**)
	N	221	275	264	250
Consolidations	Correlation	.360(**)	.536(**)	1	.459(**)
	N	218	264	269	247
Increased FTEs	Correlation	.360(**)	.623(**)	.459(**)	1
	N	203	250	247	252
Hospital Correlations		FT plan	New positions	Consolidations	Increased FTEs
FT plan	Correlation	1	0.031	.306(*)	0.051
	N	52	51	48	45
New positions	Correlation	0.031	1	.389(**)	.494(**)
	N	51	64	56	56
Consolidations	Correlation	.306(*)	.389(**)	1	0.16
	N	48	56	57	51
Increased FTEs	Correlation	0.051	.494(**)	0.16	1
	N	45	56	51	56
Home care Correlations		FT plan	New positions	Consolidations	Increased FTEs
FT plan	Correlation	1	-0.098	0.207	.775(**)
	N	16	16	15	12
New positions	Correlation	-0.098	1	.522(*)	0.192
	N	16	17	16	12
Consolidations	Correlation	0.207	.522(*)	1	.775(**)
	N	15	16	16	12
Increased FTEs	Correlation	.775(**)	0.192	.775(**)	1
	N	12	12	12	12
LTC Correlations		FT plan	New positions	Consolidations	Increased FTEs
FT plan	Correlation	1	0.111	0.073	.263(**)
	N	152	150	151	143
New positions	Correlation	0.111	1	.450(**)	.566(**)
	N	150	190	188	179
Consolidations	Correlation	0.073	.450(**)	1	.421(**)
	N	151	188	192	181
Increased FTEs	Correlation	.263(**)	.566(**)	.421(**)	1
	N	143	179	181	181

*Correlation is significant at the 0.05 level (2-tailed).
**Correlation is significant at the 0.01 level (2-tailed).

N = number who responded to the question

Table A.6 – Per cent of organizations with full-time gains by sector

	Employment Sector			
	Hospital	Home care	LTC	Total
Created new FT RN positions	81.3%	64.7%	24.2%	41.1%
Consolidations into FT RN positions	57.9%	31.3%	14.6%	24.9%
Created increase in RN FTEs	62.5%	25.0%	13.8%	25.8%

Table A.7 – Per cent of part-time and casual who would consider a modified full-time position such as 0.8FTEs.

	Part-Time	Casual	Total
Hospital	67.0%	52.6%	64.8%
Community	69.3%	51.5%	64.5%
LTC	72.2%	39.1%	65.5%
Other	63.4%	34.8%	57.1%
Total	68.0%	44.9%	65.9%

Table A.8. Correlations between success, funding and planning

		Created new FT RN positions	Consolidations into FT RN positions	Created increase in RN FTEs	Organization reported funding to expand FT	Organization has 70% plan
Created new FT RN positions	Pearson Correlation	1	.536(**)	.623(**)	.391(**)	.246(**)
	Sig. (2-tailed)		.000	.000	.000	.000
	N	275	264	250	239	221
Consolidations into FT RN positions	Pearson Correlation	.536(**)	1	.459(**)	.306(**)	.360(**)
	Sig. (2-tailed)	.000		.000	.000	.000
	N	264	269	247	235	218
Created increase in RN FTEs	Pearson Correlation	.623(**)	.459(**)	1	.410(**)	.360(**)
	Sig. (2-tailed)	.000	.000		.000	.000
	N	250	247	252	220	203
Organization reported funding to expand FT	Pearson Correlation	.391(**)	.306(**)	.410(**)	1	.283(**)
	Sig. (2-tailed)	.000	.000	.000		.000
	N	239	235	220	244	200
Organization has 70% plan	Pearson Correlation	.246(**)	.360(**)	.360(**)	.283(**)	1
	Sig. (2-tailed)	.000	.000	.000	.000	
	N	221	218	203	200	224

** Correlation is significant at the 0.01 level (2-tailed).

N = number who responded to the question

ENDNOTES

[1] Ontario Liberal Party Platform (2003). *The Health Care We Need: The Ontario Liberal Plan for Better Health Care,* p. 13.

[2] The Ontario average number of RNs per employer by sector is based on 2004 CNO membership statistics and the estimated number of employers per sector on January 1, 2004. The figures were 360 RNs per hospital employer (55,477 RNs divided by 154 hospital employers) and 11 RNs per LTC home employer (based on an estimated 6,385 RNs working in LTC homes, divided by the 577 LTC homes reported in existence in March 2004). The CNO no longer breaks down its "LTC" category into homes for the aged, nursing homes and retirement homes, so the estimate is based on the 2002 breakdown and the 2004 total figure for "LTC" RNs. At the time of writing, a reliable estimate of the number of home-care employers who employ RNs in Ontario was not available, so the number of RNs per employer could not be estimated.

[3] Full-time means regularly scheduled and working full-time hours, as defined by the employment contract (e.g., 37.5 hours per week). Part-time means regularly scheduled and working less than full-time hours as specified in the employment contract. Casual means not regularly scheduled.

[4] All of the hospitals that received full time funding were required to increase the number of full time positions in their organization or their funding was pulled back - meaning that 100% of hospitals that receiving funding created positions.

[5] In this report, consolidation means an increase in full-time employment resulting from combining two or more part-time or casual positions into a full-time position.

[6] The number of FTEs equals the number of hours all of an employer's RNs worked in a given year, divided by the number of hours worked per year by a full-time RN, as specified in the employment contract. It differs from total workforce or headcount which adds up all full-time, part-time and casuals RNs without weighting them by the number of hours worked.

[7] The government's goal was to increase staff in multiple sectors. There was no plan to evaluate and measure the various sectors against one another.

[8] Ratios were constructed between the MOHLTC hiring goals and the number of RNs per sector. These ratios were compared with the survey gains per RN in each survey sector.

[9] In Ontario, there are two categories of nurse – RNs and RPNs.

[10] Projections are done on the basis of Ontario RN employment in each sector, using 2004 CNO figures. Rounding errors may cause discrepancy with row totals.

[11] Based on 2004 CNO data of 51.6% RPN employment in the LTC sector, the projected total nursing gain (RN + RPN) would be 424 full-time positions, or 70.7% of the government goal of 600 positions.

[12] Hospital RNs in float pools move from ward to ward on an as-needed basis.

[13] The projection assumes that the preferences by employment status in Ontario mirror those within the survey sample.

[14] Magnet hospitals are those that are able to recruit and retain RNs even in periods of general nursing shortages. See for example: Scott, J. G., Sochalski. J., & Aiken, L. (1999). Review of magnet hospital research: findings and implications for professional nursing practice. *JONA, 29(1)*. Baker, C. M., Bingle, J. M., Hajewski, C. J., Radant, K. L., & Urden, L. D. (2004). Advancing the magnet recognition program in master's education through service-learning. *Nursing Outlook 52(3) 134-41.*

[15] RNAO (2001), *Earning their return: when & why Ontario RNs left Canada, and what will bring them back.* and RNAO (2003), *Survey of Casual and Part-Time Registered Nurses in Ontario.*

[16] Estabrooks, Carole A., Midodzi, William K., Cummings, G. G., Ricker, K. L. & Giovannetti, P. (2005). The impact of hospital nursing characteristics on 30-day mortality. *Nursing Research.* 54(2):74-84.

[17] O'Brien-Pallas, L., Thomson, D., Hall, M. L., Pink, G., Kerr, M., Wang, S., Li, X., & Meyer, R. (2004), *Evidence-based standards for measuring nurse staffing and performance.* Canadian Health Services Research Foundation.

[18] Grinspun, D. (2003) Part-time and casual nursing work: The perils of health-care restructuring. International Journal of Sociology and Social Policy. Vol 23 (8/9) 54-70.

[19] Registered Nurses Association of Ontario & Registered Practical Nurses Association of Ontario (2000), Ensuring the care will be there: Report on nursing recruitment in Ontario.

[20] Canadian Nursing Advisory Committee (2002). *Our health, our future, creating quality workplaces for Canadian nurses.* Final report of the Advisory Committee on Health and Human Resources, p.37, and Walker, Dr. David. (2004) *For the Public's Health-A Plan of Action: Final Report of the Ontario Expert Panel on SARS and Infectious Disease Control.* Ontario: Ministry of Health and Long-Term Care, pp. 15,47,58,195-196,213-214, 257.

[21] RNAO (2001), *Earning their return: when & why Ontario RNs left Canada, and what will bring them back.*

[22] RNAO (2003), *Survey of Casual and Part-Time Registered Nurses in Ontario.*

[23] Unless otherwise specified, all the information on government commitments in this paragraph may be found at: Ministry of Heath and Long-Term Care (2005). *Backgrounder – The McGuinty government's commitment to nurses.*

[24] Communication with Tim Burns, Director, Long-Term Care Branch, MOHLTC, May 10, 2005.

[25] Communication with Vida Vaitonis, Director, Home Care and Community Support Branch, May 2005.

[26] Communication with Sophia Ikura-MacMillan of the Nursing Secretariat, May, 2005.

[27] Ministry of Health and Long-Term Care (2004) 2004-05 Interim Accountability Agreement between Her Majesty the Queen in right of Ontario as represented by the Minister of Health and Long-Term Care and the Hospital.

[28] Ministry of Health and Long-Term Care (2004), *Amending Agreement* [to amend the current Service Agreement between MOHLTC and LTC facility operators], effective October 1.

[29] Communication with Tim Burns, Director, Long-Term Care Branch, MOHLTC, May 10, 2005.

[30] CCACs contract with not-for-profit and for-profit home care providers to deliver a range of health and personal support care to clients in their homes. Contracts for specific service volumes are awarded on the basis of a competitive bidding process.

[31] Communication with Vida Vaitonis, Director, Home Care and Community Support Branch, May 2005.

[32] For the purposes of this survey, the College of Nurses of Ontario definition of sectors is used: hospitals, long-term care facilities (nursing homes, homes for the aged, and retirement homes), community (home care, public health, community health, community health centres, community care access centres, community agencies and physicians' offices) and Other (business/occupational, educational institutions, government, associations, self-employed, employment agencies, nursing stations, etc.).

[33] Data from College of Nurses of Ontario (2004), *Membership Statistics Report at January 1, 2004.* Percentages include only those RNs who declared their employment status.

[34] The total column includes those who did not specify their sector. Thus, its sum exceeds the sum of the sectors because it includes 1,872 RNs who did not specify their employment sectors.

[35] CNO data for 2004. Those for whom employment status is unknown are excluded from the percentages.

[36] Cleverly, K., Baumann, A., Blythe, J., Grinspun, D., Tompkins, C. (2004). *Educated and underemployed: The paradox for nursing graduands.* Nursing Health Services Research Unit, McMaster University, p.12.

[37] RNAO had addresses for Chief Nursing Officers in 146 of the 154 hospitals (those hospitals that had rehab beds). Those who were not contacted did not have rehab beds.

[38] RNAO had addresses for the managers most responsible for nursing care in 591 of the approximately 600 long-term care facilities that existed in Ontario in January 2005. Nine of the facilities had not been established as of October 2004 when the list was constructed.

[39] RNAO was able to directly or indirectly contact 55 employers in the home-care sector. RNAO was unable to verify whether all of these employers employed RNs.

[40] A further three respondents did not indicate sector and one indicated multiple sectors.

[41] Calculated from Smith, Monique (2004), **Commitment to Care: A Plan for Long-Term Care in Ontario,** Spring 2004, p. 9, (Parliamentary Assistant, Ministry of Health and Long-Term Care). Based on March 18, 2004 statistics and 577 facilities.

[42] CNO RN data for 2004.

[43] The sectoral sample results are weighted by the CNO sectoral shares of RN employment for 2004.

[44] For this section, overall percentages are weighted by CNO sector shares to more meaningfully reflect provincial averages.

[45] O'Brien-Pallas, L., Alksnis, C., Wang, S. (2003). *Bringing the future into focus: projecting RN retirement in Canada,* Canadian Institute for Health Information. Registered Nurses' Association of Ontario & Registered Practical Nurses Association of Ontario (2000), *Ensuring the care will be there: Report on nursing recruitment in Ontario and* Canadian Nurses Association (2002), *Planning for the future: nursing human resource projections.*

[46] 58.2% of hospital RN respondents and 58.7% of community RN respondents said they would take more than 10 years to retire, while only 51.5% of long-term care and 45.8% of other RNs respondents planned to stay that long.

[47] Sector sample as shares of: 154 hospitals, 600 LTC facilities and 55 employers believed to employ RNs.

[48] This number should be interpreted with caution, as some employers with multiple branches reported branches as separate employers, while other multiple-branch employers reported all branches as one employer.

[49] The number of survey RNs per sector takes the larger of two numbers: reported total employment or the sum of full-time, part-time and casual employment. In some cases, respondents would only supply partial information for some questions. This methodology makes the projections of gains to the province more conservative.

[50] A comparison is not made for the home-care sector, as there are not reliable figures available for the number of employers in that sector.

[51] Employer percentages weighted by size of organization.

[52] Employer and RN survey percentages for sector totals are weighted by the CNO RN sector breakdown.

[53] The latter two figures are quotients of new or consolidated full-time positions and total full-time employment for employers reporting these variables. 244 employers were included, with 36 employers excluded because they did not supply sufficient information.

[54] The government developed stand-alone targets for each sector. There was no intention to date to compare one sector to the other.

[55] Ratios were constructed between the MOHLTC hiring goals and the number of RNs per sector. These ratios were compared with the survey gains per RN in each survey sector.

[56] The projection is made on the assumption that RNs outside the employers' sample had the same experience as those within the sample, sector by sector.

[57] Projections are done on the basis of Ontario RN employment in each sector, using 2004 CNO figures. Rounding errors may cause discrepancy with row totals.

[58] The sample is very small – just 17 employers – and the respondents are very diverse, with some branches reporting results separately while other multi-branch units submitted single reports.

[59] As noted above, the surveys were completed in early 2005, and some hospitals that did not show increases in RN full-time positions may have done so after that time.

[60] Two MOHLTC media releases refer to the LTC positions as being full time. See *McGuinty government invests in hospitals as part of plan to strengthen community health care* July 26, 2004 and *Backgrounder – The McGuinty government's commitment to nursing* February 14, 2005.

[61] One explanation for the discrepancy could be that any given employer's RNs may not be aware of all new positions, particularly outside of their own units.

[62] This includes one respondent who did not indicate what sector he/she was in.

[63] In general, overall correlations are stronger than those within sectors because of the larger sample size.

[64] These projections from the sample to the province are given with the usual caution that the sample is slightly biased towards part-time and casual RNs.

[65] A majority of full-time respondents who chose to answer this question also indicated that they would accept a full-time position. If this figure were representative of the overall full-time population, then free availability of modified full-time positions would raise the number of reported full-time positions, but could lower the number of paid FTEs if enough full-time RNs took the modified positions.

[66] Based on the College of Nurses of Ontario Membership Statistics Report, January 1, 2004.

[67] This assumes that the full-time, part-time and casual segments of the Ontario RN population have the same preferences as their counterparts in the survey sample.

[68] This assumes that the full-time, part-time and casual segments of the Ontario RN population have the same preferences as their counterparts in the survey sample.

[69] Weighted according to CNO sectoral breakdown.

[70] Cleverly, K., Baumann, A., Blythe, J., Grinspun, D., Tompkins, C. (2004). *Educated and underemployed: The paradox for nursing graduands*. Nursing Health Services Research Unit, McMaster University.

NOTES

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