Tracking the Nursing Task Force (1999): RNs Rate Their Nursing Work Life

October 2002

Speaking out for Health. Speaking out for Nursing.

RNAO
Registered Nurses Association of Ontario

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

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Acknowledgements

RNAO greatly appreciates the time taken by nurses to complete this survey and share their perceptions. The research committee wishes to acknowledge Kim Jarvi, Jacqueline Choiniere, Doris Grinspun, and Leda Grovestine for their help in the survey construction, data collection, data entry, and analysis. The Research Committee Members from 1999-2001 completed the majority of this work. They include Lesley Young-Lewis, Terry Howard, Wendy Moulsdale and Donna Ciliska. The assistance of the new Research Committee Members (2001-2003) in reviewing the final product is greatly appreciated. They include Manon Lemonde, Kathy White-Williams, Irene-Buckland-Foster and Lesley Young-Lewis (second-term). Dr. Linda O'Brien-Pallas, former Member at Large Nursing Research, chaired both committees.

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Background

In January 1999, the Nursing Task Force presented its report, *Good Nursing, Good Health: An Investment for the 21st Century*. The Ontario government accepted all the recommendations of the Task Force and moved to implementation. The Nursing Research Committee of RNAO decided to find out nurses' perceptions of changes in practice settings since the release of the report.

Purpose

The purpose of this survey was to determine the extent to which registered nurses have seen specific changes in their work environments since the task force recommendations were released. This report focuses on the findings to the following research objectives:

1) Determine the extent to which additional nursing positions have been created and the nursing budget has changed since March 1999.

2) Determine the extent to which nurses and nurse managers have experienced increased opportunity to participate in decision making that directly influences practice since March 1999.

3) Identify the presence and accessibility of a senior individual accountable for nursing resources at the senior management level.

4) Assess nurses' perceptions of changes in flexibility of work hours, in overall professional satisfaction, in opportunities for continued and advanced education, and for the expansion of clinical expertise and professional recognition in the practice setting.

5) Determine nurses' perceptions of the quality of orientation programs and the extent to which changes have been noted in the practice environment.

Method

Data was collected through a survey circulated in the *Registered Nurse Journal*, September/ October 2000 and posted on the RNAO Web site. A second notice was posted in the RNAO Journal in January/February 2001. While the primary target group was RNAO members, these members in turn were asked to give copies of the survey to non-member registered nurses and encourage them to reply.

The research committee developed the survey tool. Several iterations of the survey were generated to enhance the sensitivity, specificity and reliability of the survey questions. Nurse experts evaluated the face and content validity of the measure and the scales were revised accordingly. A pilot study was completed and final revisions to the survey were made prior to going to the field.

Data analysis was completed using *SPSS* software version 8. Data were initially cleaned and negatively framed items were recoded prior to analysis. The "do not know" responses were merged with "missing values" to facilitate analysis. Descriptive, correlation, and regression analyses were completed.

Results

Sample
The convenience sampling framework limits the generalizability of the results in two ways. First, the extent to which the views expressed by this sample reflect the total nursing population is not known. Also, respondents who are RNAO members may have received more information about, and have a greater awareness of the task force than non-RNAO members. There were 549 responses in total, giving a fairly broad representation of nursing opinion. RNAO members comprised 93.1% (511) of the sample, 36 (6.6%) of the respondents indicated they were non-members, and 2 (0.4%) did not respond to the question of membership.

Profile of Respondents
Age: The age distribution ranges from 23 to 67 years, with an average of 44.2 years. This is close to the average of 45.7 years for RNAO's membership and close to the provincial RN average of 44.3 years (CNO, 2000). The number of respondents per year of age rises until the late 40s and then declines beyond that age.

Length of Service: Respondents have a reported average length of service of 20.7 years. When asked how long they had been working in their present job, answers ranged from three weeks to 38 years. The average was 7.8 years. The most common responses were in the range of two to four years.

Employment Status: 67.6% of those responding declared themselves to be full-time permanent. This is significantly higher than the 53.1% of full-time RNs registered with the College of Nurses of Ontario (CNO). Also, 1.8% cite full-time employment, but on a contract basis. 21.7% state that they are part-time permanent, while 2.0% declare themselves to be employed on a part-time contract basis. This is significantly lower than the 35.8% part-time figure for CNO-registered RNs. Finally, 6.2% state that they are employed on a casual basis, which is much lower than the 11.1% for CNO-registered RNs. Of course, because the survey is directed at RNs working as nurses, it misses the 10.4% of RNs who are not working in nursing.

Reflecting a relatively fortunate position, 86.5% of respondents stated that their employment status was their choice. Those with full-time permanent positions were much more likely to declare their status to be of their own choosing. (Only 30.3% of those whose employment status was not of their choosing had full-time permanent status). On the other hand, those who were part-time, contract or casual were over-represented among those who stated that their employment status was not of their choosing.

The major reason given by all respondents for not having the preferred employment status was the lack of full-time employment (36 or 48.6%). Next was the lack of part-time employment (9 or 12.2%). A further 7 (9.5%) indicated that they were working full-time, but were not happy with the arrangement. Eight (10.8%) were disappointed in the lack of permanent employment. These findings are consistent with others that suggest a significant proportion of nurses working part-time and/or casual, would rather work full-time (RNAO/RPNAO, 2000; RNAO, 2001, Grinspun, 2002).

*Sector of Employment***:** A majority of respondents (360 or 65.5%) listed hospitals as their employers. This is slightly higher than the 59.5% for CNO-registered RNs. One hundred and twenty-eight (23.3%) listed themselves as working in the community. This is higher than the 14.5% for CNO-registered RNs.

Position: When asked for their position or title, respondents gave a broad range of answers. A total of 134 (24.4%) respondents called themselves staff nurses or staff RNs. Many others are staff nurses, and identified particular specialties. A further 77 (14.0%) simply identified themselves as RNs. RNAO's membership is roughly 60.0% staff nurses, while 16.8% work in administration, 8.1% work in education, 1.6% work in research, 2.7% are clinical nurse specialists, 2.7% are nurse practitioners, and 8.1% work in other areas.

1. Meaningful Participation

We have considerable evidence of the importance to nurses of being valued, of having their knowledge, skill and expertise recognized (Kramer & Schmalenberg 1988; Buchan 1999; Mason 2000). It is important for nurses to be able to practice to their full scope and to contribute in an appropriate way to the well–being of patients and their families. This is strongly related to job satisfaction for the nurse (Baumann et. al, 2001).

On average, survey respondents indicated they had fair to good opportunities to participate in decisions that directly influence their practice (staffing, workload, support services, etc.) ($M = 2.51$, $SD = 1.04$, Range = 1-4, where 1 = Poor and 4 = Very Good). Over half (283 or 51.5%) rated these opportunities as good or very good. In contrast, 144 (26.2%) consider their opportunities in this regard to be fair, while 116 (21.1%) consider them to be poor (Non-responses = 6 (1.1%)).

Respondents generally did not perceive improvements in their decision-making opportunities since March 1999. The majority (317, 57.7%) perceived no change. The number of those stating that opportunities had worsened (92, 16.8%) almost equaled those stating they had improved (88, 16.0%). Non-responses = 10 (1.82%).

Almost half of the respondents (260, 47.4%) were not hopeful that these opportunities would improve in the next six months. Importantly, a positive correlation was found between perceived opportunities to influence and optimism that things would improve in the next six months ($r = .529$, $p < .0001$). This suggests those respondents who had more positive experiences in influencing decision-making since 1999 were also more optimistic of having future opportunities to influence decision-making about practice.

When asked if there was a person accountable for professional nursing resources at the senior level, 454 (82.7%) respondents said yes. Of that 82.7%, the vast majority – 406 – indicated that the person responsible was a registered nurse. As an indicator of the degree of meaningfulness of participation, respondents were asked the number of times since March 1999 that they had been able to discuss practice issues affecting them with this individual. The majority 39.2% (215) responded that they had between 1 and 5 opportunities for this discussion, with 20.9% (115) reporting more than 5 discussions. Approximately a third of respondents (30.4% or 167) stated that they had no such discussions. A further 52 (9.5%) did not answer this question.

2. Work Environment

Recent research has suggested that workload and control over practice significantly influence nurses' overall job satisfaction, health, and freedom from injury (Aiken, 2001; Bauman et al., 2001; Shamian & O'Brien-Pallas, 2001; Registered Nurses Association of Ontario & Registered Practical Nurses Association of Ontario, 2000). Flexible working practices consistently appear as key to attracting and retaining nurses (Buchan, 1999). Creating work environments that promote reasonable workload demands and that facilitate control over practice are important strategies to retain the workforce. The nurse in turn will experience greater loyalty to his/her employers (Baumann et al, 2001). This section outlines responses to questions about work environment.

*Flexibility***:** Respondents were asked to rate flexibility in three key areas: shift pattern, shift length/hours worked, and job sharing. Table 1 provides responses.

Table 1. Flexibility Ratings

Issue	*N*	*Not Flexible*	*Somewhat flexible*	*Flexible*	*Very flexible*	*Missing*
Shift Pattern	549	28.1%	34.8%	18.6%	13.5%	5.1%
Shift Length/Hours Worked	549	38.1%	29.0%	17.7%	10.6%	4.7%
Job Sharing	549	43.9%	18.9%	10.4%	4.9%	21.9%

A minority of the respondents reported flexible or very flexible work environments in choice of shift pattern (32.1%), shift length/hours worked (28.2%), or job sharing (15.3%). 30.2% reported that they had self-scheduling, while 63.9% did not. The most flexibility was noted in choice of shift pattern. When asked about improved ability to choose hours since March 1999, most (366, 66.7%) stated that there was no improvement. Only 9.3% (51) of respondents indicated there were promising initiatives in store over the next six months to improve ability to chose working hours or shifts.

*Professional satisfaction***:** This factor was rated fairly highly with 112 (20.4%) of 538 respondents rating it very good, and 239 (43.5%) as good. The largest number of respondents (242 or 44.1%) indicated no change in professional satisfaction and approximately one third (180, 32.8%) indicated a decline since 1999. Unfortunately, 215 (39.2%) did not anticipate initiatives over the next six months that would improve their professional satisfaction. Only 144

Comment: Page: 39.9% not majority

(26.2%) did anticipate such initiatives, while many more were uncertain: 176 (32.1%) answered "Don't know".

There was a reasonably positive assessment of the commitment to nursing in their current work environments with 206 (37.5%) rating it as good and 139 (25.3%) rating it as very good. It is important to note that overall professional satisfaction and assessed commitment to nursing in the current work context were moderately highly correlated ($r = .62$, $p < .0001$).

Table 2: Satisfaction re: Nurse-Patient Ratios & Continuity of Care Provider

Job aspect	*N*	*Poor*	*Fair*	*Good*	*Very Good*	*Missing*
Nurse-patient ratios	549	19.7%	24.8%	31.9%	14.0%	9.7%
Continuity of patient assignment	549	17.7%	26.4%	32.2%	13.5%	10.2%

More respondents rated the nurse-patient ratios and continuity of patient assignment as "good" than any other single category. For both aspects, the majority rated them as fair or good. An important finding was a moderate positive correlation between overall job satisfaction and ratings of satisfaction with nurse patient ratios ($r = .46$, $p < .0001$ and continuity of patient assignment $r = .42$, $p < .0001$). A similar relationship was noted between the nurse's perception of the organization's commitment to nursing and continuity of patient assignments ($r = .41$, $p < .0001$). These findings suggest that when nurses have satisfactory workload and work with the same patient their overall job satisfaction improves. The findings also suggest that consistency in patient assignment is linked to nurses' perceptions of improved organizational commitment to nursing.

In the set of questions directed at the home health nursing sector, remuneration was seen as increasing by 47 (42.7%) of the 110 individuals who responded to this question, while no change was noted by 53 (48.2%) and as decreasing by 10 (9.1%). Of the 118 who rated items describing the extent to which their organizations had taken steps to improve remuneration and other working conditions, the majority 72 (75.8%) indicated nothing had been done or what was done was not extensive.

Two hundred and one (36.6%) respondents stated that their organization was involved in the development, implementation, and evaluation of best practice guidelines, while 250 (45.5%) replied negatively (98, or 17.9%, were coded as missing).

3. Continuing Education

Continuing education opportunities have been reported as important workplace benefits for nurses. It is also one of the most important retention strategies with many nurses leaving employers because of the lack of access to continuing education (Kramer & Schmalenberg, 1988; Pierce et al, 1991; Buchan, 1999).

Opportunities: In our survey, the single largest response category was "fair" in the rating of opportunities for continuing education in their institution/agency and at the unit/workgroup.

Generally each of the categories "poor", "fair" and "good" were fairly evenly split. The fewest respondents rated these opportunities as "very good" (Table 3).

Table 3. Opportunities for Continuing Education in the Institution/Agency or Unit/Workgroups, Rating of Changes Since 1999 & Future Opportunities

Opportunities for Continuing Education	*N*	*Poor*	*Fair*	*Good*	*Very Good*	*Missing*
In Respondent's Institution/Agency	549	26.4%	31.9%	26.0%	13.8%	1.8%
In Respondent's Unit/Workgroup	549	26.6%	29%	26.4%	13.5%	4.6%
Change since 1999	*N*	*Worsened*	*No change*	*Improved*	*Significantly Improved*	*Missing*
	549	9.8%	59.4%	19.3%	3.1%	8.4%
Opportunities in next six months	N	Poor	Fair	Good	Very Good	Missing
	549	24.0%	20.0%	25.5%	10.4%	20.0%

When asked if opportunities had changed, 59.4% suggested they remained unchanged and 19.3% stated they had improved since the nursing task force recommendations in 1999. Regarding future opportunities, more respondents selected "good" (25.5%) than the other three categories. There was very little difference between the number of respondents who selected "poor" (24%), "fair"(20%) or "good". Only 10.4% rated future opportunities as "very good".

Clinical Expertise/Recognition of Clinical Excellence: The greatest proportion (34.1%) rated these opportunities as good. Only 17.3% of respondents rated the potential for opportunities to gain clinical expertise in their nursing unit as poor. The greatest proportion of respondents (64.1%) indicated that since 1999, the opportunities for gaining this experience had remained the same, while 20.6% indicate it has improved. Only 116 (21.1%) anticipated their chances of being able to gain this expertise in the future six months as poor.

Sadly, 42.1% (231) responded they had poor opportunities of receiving recognition for their clinical excellence, while 27% (148) rated their opportunities as fair. The majority of respondents (401, 73%) cited no change in the opportunities to be recognized for their clinical excellence since 1999, while 204 (37.2%) indicated that chances to receive this acknowledgement was poor and 135 (24.6%) as fair in the next six months.

Orientation: Of the 470 who rated the orientation for new staff to their institution/agency, there was almost an equal split between ratings of sufficient (233, 49.2%) and insufficient (237, 50.4%). Slightly more favorable responses were given when the question was asked at the unit/workgroup level. Of the 489 nurses who responded to this question, 258 (52.7%) indicated orientation was sufficient, while 231 (47.2%) rated it as insufficient. At the institution or agency level, no change was reported by 39.0% of respondents and somewhat to greatly improved by

31.3% when asked if orientation programs had changed since 1999. 13.1% of respondents indicated the orientation programs in their institution had worsened since 1999. At the unit level, more respondents (194, 39.6%) indicated no change in orientation programs since 1999. Some improvements (24.2%) or great improvements (9.5%) at the unit level were noted by 33.7% of the respondents, while 59 (12.1%) felt programs had worsened.

4: Employment Opportunities and Budget Changes

Responses to questions on employment opportunities are not presented because they are not particularly reliable due to the high number of "do not know" and non-respondents to this set of questions. There were also a large number of "do not know" and non-respondents to the set of questions examining perceptions of changes in unit and institutional budgets. Since there are no other reliable sources of information for questions 4(c) and (d), they are presented in Table 4. These results must be viewed with caution.

Table 4. Perceptions of Nursing Salary Budget Changes since 1999 at Institutional and Unit Level

Organizational Level	*N*	*Decreased*	*No Change*	*Increased*
Institutional	322	28 (8.7%)	122 (37.9%)	172 (53.4%)
Unit	329	31 (9.4%)	147 (44.7%)	151 (45.9%)

The perception of nursing salary budget changes is an interesting one. Although a majority of nurses perceive salary budget increases at both the institutional and unit levels, this perception sharpens in relationship to the institution. Additionally, nurses agree that there has been no decrease in salary budgets allocated to nursing at both levels.

5. Nurses' Perceptions of Organizational Commitment & Overall Job Satisfaction

Little is known about nurses' perception of organizational commitment to nurses. To help us understand these phenomena, a multiple regression analysis was completed to determine which survey factors significantly influenced nurses' perceptions of their organizations' commitment to nursing (Table 5).

Table 5. Nurses' Perceptions of the Commitment to Nursing of the Current Organizations in which they Work

Factor	*B*	*t*	*P*
Rating of opportunity to participate in decisions that influence day to day practice decisions	.17	2.5	.012
Opportunities to participate have increased since 1999	.22	3.11	.002
Satisfaction with continuity of patient assignment	.16	3.5	.001
Ratings of orientation of new staff to your unit	.17	2.1	.04
$R^2 = .34$			
Adjusted $R^2 = .31$			

$F = 13.12$ (DF = 21:527), $p < .00001$

Four factors explained 31% of the variation noted in nurses' perception of their organizations' commitment to nursing. A positive perception of the ability to influence day-to-day decision-making about patient care decisions, and a perception that these opportunities had increased since 1999 positively influenced nurses' perceptions of the organizations' commitment to nursing.

Nurses who were satisfied with the continuity of patient assignment and who had positive ratings on the orientation to their unit perceived the organizations' commitment to nursing as higher.

Summary

- Most respondents stated that their employment status was of their own choosing. Respondents with permanent full-time positions were less likely to be dissatisfied with their employment status, while those with part-time, contract or casual positions were more likely to be dissatisfied.

- Over half of the respondents rated as good to very good their opportunities to control day-to-day nursing practice.

- A majority of those responding indicate they have witnessed no change in opportunities to participate in decision-making that influences patient care since March 1999. About the same proportion indicated that these opportunities had improved as stated they had worsened. Just under half of the respondents (47.4%) were not optimistic that opportunities to participate in decision-making that influences patient care would improve in the next six months.

- Importantly, the findings suggest that those who had more positive experiences in influencing decision-making since 1999 were more optimistic about having future opportunities to influence decision-making about practice.

- The great majority of respondents reported having an individual accountable for professional nursing resources in their agency, and this was very likely a registered nurse.

- Access, since March 1999, to the individual accountable for nursing resources, was taken as the measure of meaningfulness of participation. A majority of respondents reported contact. Just less than 40% had engaged in 1 to 5 discussions with this individual while approximately 21% reported more than five discussions during this time frame. Around 30% reported having no discussions at all.

- Overall, the respondents are not experiencing a high degree of control through flexibility of the work schedules - and most reported no improvement from March 1999. Very few expected improvements in the short-run.

- Professional satisfaction was rated quite highly, with the majority of respondents (64%) rating it as good or very good. The largest proportion (44.1%) indicated that professional satisfaction had stayed the same and 32.8% indicated it had declined since 1999. Of

those responding, 39.2% do not anticipate improvements to their professional satisfaction levels over the next six months, while 26.2% do.

- Most (62.8%) rated the commitment to nursing in their current work environment to be good or very good. Of note, the survey responses suggest that as the commitment to nursing within the work environment increases, so does the individual's professional satisfaction level.

- The findings indicate that when nurses have satisfactory workloads and continuity of patient assignment, their overall job satisfaction improves. The great majority of respondents rated nurse-patient ratios (70.7%) and patient continuity (72.1%) as fair, good or very good.

- The survey results suggest that consistency in patient assignment is linked to nurses' perceptions of improved organizational commitment to nursing.

- In the rating of opportunities for continuing education, 71.1% responded they were fair, good or very good in the agency, while 68.9% responded they were fair, good or very good in their unit/workgroup. As for any change since 1999, a majority responded that opportunities had stayed the same. Responses were split among poor, fair and good when asked to rate opportunities over next six months.

- The potential opportunities to gain clinical expertise were rated as good by 34.1% and fair by 30.6%. Most (64.1%) perceived no change since March 1999, with 20.6% seeing improvement.

- The ratings for potential recognition of clinical excellence were less favourable: 18.8% good, 27% fair and 42.1% poor. 73% saw no change in opportunities since March 1999, and only 7.1% saw any improvement. Respondents were not overly optimistic about the chances of improvement in the next six months: 16.2% good, 24.6% fair and 37.2% poor.

- There was a rough split in assessments of the adequacy of orientation in the workplace. Slightly more rated orientation as sufficient (52.7%) than as insufficient (47.2%) in their unit/workgroup. Again, there was a mixed assessment of changes since March 1999, with a plurality saying "no change" (39% agency and 39.6% unit/workgroup). However, more saw improvements (31.3% and 33.7%) than saw deterioration (13.1% and 12.1%).

- In spite of the extra money flowing into nursing, only about half (53.4% at the institutional level and 45.9% at the unit level) felt that their budgets for nursing salaries had risen since 1999. Almost as many observed no change (37.9% and 44.7%), while some actually believe nursing budgets had dropped (8.7% and 9.4%).

- Multiple regression analysis found positive correlations between perceived organizational commitment to nursing and the following variables: nursing control over decision-

making; improved decision-making opportunities; satisfaction with continuity of patient assignment; and ratings of new staff orientation programs.

Discussion

This survey captures some of the complexity of the situation RNs face following the government's acceptance of the Nursing Task Force recommendations. While respondents tended to be drawn more from RNs who are fortunate enough to have full-time employment and are satisfied by that, they still reflect a diversity of experience. There is diversity in levels of satisfaction with work circumstances, perceptions of changes since March 1999 and optimism about possibilities for the future.

While individual RNs may perceive situations differently, differing perceptions also reflect different underlying realities. RNs generally work in challenging and often very difficult circumstances. It is widely recognized that circumstances have become more difficult over the past 15 years, as RN: population ratios have fallen (Baumann et al, 2001). For example, if Ontario maintained the RN: population ratio that prevailed in 1986, we would have had more than 14,500 additional RNs in the year 2001.

Yet, according to the survey, a surprising number of respondents are reasonably satisfied with their work situation. On the one hand, this is a good-news message that many are finding satisfaction in difficult circumstances (or despite of them). But it is important to recall that those responding appear to be more fortunate than the average RN. If this group is experiencing problems, it is likely less positive for nurses who are less fortunate. It is also clear that we cannot push these RNs much further. A substantial number are not satisfied -- a fact that has significant implications for retention and recruitment.

With respect to varied nursing perceptions of changes since March 1999, we must acknowledge the limited time between the acceptance of Task Force recommendations and the survey distribution. It is possible that the full impact of change had not been fully experienced by nurses. On the other hand, since we know that nursing employment fell in 2001 after a rise in 2000, it may be that a follow-up survey now would uncover less optimistic responses. At the very least, these are warning signs that things were not improving enough for many RNs.

It is clear that the Task Force recommendations were on the right track. They were designed to meet the very problems that survey respondents identified. Perhaps the Task Force could have asked for greater financial commitments, given the seriousness of the situation in 1998. In any case, to keep pace with population growth and aging, more resources must be devoted each year to staffing by nurses. Furthermore, given that nurses are aging, staffing patterns must be designed with decreased workloads in mind.

Concerning optimism about the future, we observe the same diversity of perceptions. One can understand the reticence of nurses who have experienced difficult working conditions over an extended period of time. While some are optimistic about improvements, many are not.

To win confidence, verbal commitments to nursing must be backed by consistent delivery. Confidence is not built overnight, but by on-going proof of commitment.

Rebuilding good work environments will not only help to win back the confidence of nurses. It will also promote the kind of high quality knowledge work and critical thinking that is expected of RNs in an era of complexity of care and rapid change. Control over practice and reasonable autonomy are very important to nurses, and they are key components of a healthy work environment.

Policy Implications and Recommendations

Recommendations appearing here reinforce those included in the *Good Nursing, Good Health: An Investment for the 21st Century*, (Nursing Task Force,1999*), Ensuring the Care Will Be There* (RNAO and RPNAO, 2000), *Earning their Return* (RNAO, 2001), *Commitment and Care* (Bauman et al, 2002), and *Our Health, Our Future: Creating Quality Workplaces for Canadian Nurses* (Canadian Nursing Advisory Committee (CNAC), 2002). These survey results show not only the continued relevance of the recommendations, but also that with passing time the urgency grows to act fully on these recommendations.

Consider the evident desire for quality work environments. The case for quality work environments is buttressed by an abundance of research on their importance for recruitment and retention (for example, see RNAO & RPNAO, 2000; RNAO, 2001; Bauman et al 2002; CNAC, 2002) as well as the magnet hospital literature). Keeping nurses is not merely good human resource policy; it is a matter of life or death. Studies show the importance to reducing mortality rates of having a skill mix rich in RNs and in experienced RNs (Aiken et al, 2002; Needleman et al, 2002; Tourangeau, 2002). This makes a full commitment to the ideals of the Nursing Task Force all the more pressing.

A major policy challenge is to ensure satisfactory working conditions for all nurses because we need all of them, and because difficult work situations lead too many nurses to work reduced hours, to leave the province, or to leave the profession. Furthermore, we cannot attract people into nursing in the province if they see unhappy nurses or weak commitment to nursing. These findings demonstrate very clearly that nurses' satisfaction improves with reasonable workloads and continuity of patient assignment. In addition, consistency of patient assignment is linked to the perception of greater organizational commitment to nursing. We cannot afford to ignore these very important signs. It is ominous that, since 1994, more RNs have left the profession than joined in every year except 2000.

Key to healthy working conditions is sufficient RN staffing. The government's 1999 commitment to more nursing positions did help to reverse a serious decline in staffing, but it was only a one-time commitment, and does not deal with ongoing population growth, increasing patients' needs, and an aging nursing workforce. The gap in 2000 between nursing need and employment was still larger than it was in 1997 before the Nursing Task Force.

The gap worsened in 2001 as nursing employment resumed its long-term decline. This survey reflects the concern that many respondents had about staffing levels.

We know that meeting anticipated nurse retirements, an aging nursing workforce, and the needs of a growing and aging population will require a substantial effort to recruit nurses, and to keep those nurses we have. RNAO's report, *Ensuring the Care Will be There* estimated that Ontario would have to recruit more than 5,000 RNs and RPNs per year in order to meet these needs. The one-off hiring spurt Ontario experienced will not do the trick.

> **Recommendation 1.** The government must allocate sufficient, targeted resources to restore nursing staffing levels to safer levels. Employers can assist in ensuring the ratio of RNs to population should – at minimum - return to the 1986 level. For the year 2001, we estimate the shortfall over 1986 standards to be greater than 14,500 RNs. This commitment is needed to meet the needs of a growing population and to begin to address the detrimental overtime/sick-time cycle. And – this is a conservative estimate given that no allowance is made for population aging, only for population growth.
>
> **Recommendation 2.** The government, employers and associations must continue to strive to increase the share of full-time positions in nursing to 70%. This includes converting more casual and part-time positions into full-time. Positive gains have been realized in this area in 2000 and in 2001 (Joint Provincial Nursing Committee, 2001). It is essential that we continue this trend.
>
> **Recommendation 3.** The government must act to address the very de-stabilizing reality of wage inequities across the health-care spectrum. Registered nurses practising in the home-care and long-term care sectors are earning considerable less than their hospital counterparts, a fact that exacerbates sectoral nursing shortages and undermines continuity of care.

While restoring staffing to former levels would go a long way to alleviating excessive workloads for nurses, their work environment must also be addressed directly.

> **Recommendation 4.** Employers must develop guidelines to assist in determining adequate nurse: patient ratios and proper RN/RPN/NP mixes. Aiken et al (2002) and Tourangeau et al (2002) have provided yet more evidence of the critical impact of nurse-patient ratios on mortality levels.
>
> **Recommendation 5.**
> We recommend that nursing care be organized around models that ensure continuity of assignment. The survey findings were clear that with satisfactory workloads and continuity of patient assignment, nurses overall job satisfaction improves. The survey results also suggest that consistency in patient assignment is linked to nurses' perception of organizational commitment to nursing.

Recommendation 6. We encourage RNAO's Centre for Professional Nursing Excellence to continue its work on the *Healthy Work Environment Guide* in support of Healthy Work Environments. We also urge MOHLTC, once the guide is completed, to fund the distribution of this resource in order to promote healthier nursing work environments province-wide.

Recommendation 7. We urge employers to develop mechanisms and programs that will result in greater flexibility in work scheduling. Better staffing ratios will allow more flexibility, but lack of flexibility must also be addressed directly through such programs as varying shift lengths and patterns and job sharing.

One route to safer, healthier workplaces is through greater integration of nursing into decision-making at all levels of health-care organizations. As our survey shows, many nurses do not feel they have adequate input into decision-making. Yet – nursing is in a key and privileged position to understand the obstacles and challenges to delivering the care their clients need and deserve.

Recommendation 8. We urge employers to continue their efforts to establish mechanisms to facilitate staff nurse participation in key organizational and unit committees.

Recommendation 9. We acknowledge the work by MOHLTC and OHA to increase the number of Chief Nursing Officer positions. We strongly urge MOHLTC to ensure that this position is a reality in **all** sectors.

Recommendation 10. While we acknowledge the gains made in reinstating the role of the RN as first-line manager in most settings, we are concerned that some settings have been slower to act on this recommendation. We urge MOHLTC through the IMS subcommittee of the JPNC to insist on this accountability mechanism. In this way, the Nursing Task Force recommendations will continue to receive priority focus across all health-care sectors.

Nurses expect support in life-long learning, from orientation and mentoring through ongoing education and upgrading as essential to skills development in a continuously changing environment. It is precisely in this area that cutbacks have been so severe. The survey finds many respondents still unsatisfied with opportunities for continuing education. The government has taken very important steps to support formal nursing education, such as allocating $10 million annually to nursing education and training. We urge further steps:

Recommendation 10. We recommend that government provide adequate resources for a province-wide approach to the development of prior-learning assessment credits for mature students.

Recommendation 11. We urge the government to expand its support for formal nursing education at the baccalaureate (including clinical education) and graduate levels.

Recommendation 12. We recommend greater employer support for orientation, mentoring, on-the-job training and academic upgrading.

Conclusion

People enter the nursing profession because they want to help others. This can be highly rewarding, when circumstances allow them to do this effectively. However, too many nurses have the experience of one respondent who wrote:

> *"…over the past 5 years, workload issues and lack of support and understanding from management have reduced my ability to provide the holistic quality of care I am accustomed to providing for my patients…I likely will never return to a career that I have loved and enjoyed for 28 years – when nursing/staff ratios were appropriate and excellent care was provided."*

It may be too late to win back some nurses, but it is not too late for most and it is imperative that we not lose more. It will take a serious commitment – a commitment so serious that nurses will be convinced it is real. It will take nothing less than the kinds of steps recommended above. Together – nursing associations, employers and government - we can make sure we do not further jeopardize the very critical resource that is nursing.

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