Mid-Career Nurses in Ontario

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Key Messages

- Mid-career nurses who participated in this study [RNs and RPNs] reported being very satisfied with their work overall.
- RNs in this study reported higher levels of job satisfaction than RPNs.
- Home care nurses in this study reported higher levels of job satisfaction than acute and long-term care nurses.
- The majority of mid-career study respondents plan to continue working in their current job until retirement.
- A positive work environment was identified as the most important retention factor for Ontario mid-career nurses who participated in this study, while a negative work environment was the most frequently cited retention disincentive.
- Strategies currently utilized by employers to retain mid-career nurses include the provision of financial (e.g. reimbursement for courses) and personnel (e.g. nurse educators) supports.
- Opportunities for preceptoring and/or mentoring of new staff and students were identified as key mid-career nurse recruitment and retention strategies for the future.
- Good salary and benefits and access to good mentors and colleagues are key retention factors for Ontario's mid-career nurses.
- Mid-career nurses were most frequently informed about changes to their work environment through unit-based meetings, with few indicating being involved in these changes.
- This study highlights the importance of implementing proactive retention policies that focus specifically on the needs of the mid-career nurse.

Executive Summary

The aging nursing workforce has led to concerns regarding the nursing shortage. One method of reducing this shortage is to retain more experienced nurses. While some work has been conducted on retaining new graduates and late-career nurses, few studies have examined the unique needs of mid-career nurses. This study examined the recruitment and retention of mid-career nurses in Ontario. The *objectives* of this research study were to: (1) determine the unique career, work and work environment needs of mid-career nurses – registered nurses and registered practical nurses (RNs and RPNs) – across different health care sectors in Ontario; and (2) identify recruitment and retention strategies for mid-career nurses (RNs and RPNs) in Ontario. The study was conducted from April of 2008 to March 2010, and employed surveys and focus groups. The 995 participants came from across the 14 LHIN regions of Ontario and represented the sectors of acute care, long-term care, and home care.

Current Supports for Mid-Career Nurses

Financial supports for mid-career nurses include the provision of incentives for furthering their education, such as: financial reimbursement for specialty courses and/or certification; time off to attend classes and; primarily in the case of RNs, financial reimbursement for degree courses. Nurse educators were the most frequent form of personnel support reported in all sectors by mid-career nurses. Nurse practitioners were reported as a source of personnel support by respondents in the acute care sector, while case managers were supports reported most frequently in the community sector.

Work Environment Factors: Why They Stay?

Factors that have contributed to the retention of mid-career nurses in Ontario to date include: good salary and benefits, and having good mentors and colleagues. In addition, positive work relationships, management accommodation of schedules and the provision of continuing education opportunities were important factors.

Mid-Career Nurse Outcomes

Overall, mid-career nurses participating in this study were very satisfied with their jobs. RNs had higher levels of job satisfaction than RPNs, and home care nurses reported higher levels of job satisfaction than acute and long-term care nurses.

The majority of the mid-career nurses in this study planned to stay in their current job, with most planning to continue to work until their retirement. Overall, the study participants' perceptions of the quality of their work environment were above average.

Future Retention Considerations

Factors that the study participants considered essential for the retention of mid-career nurses in Ontario, in order of importance, were a positive work environment, improved pay and/or benefits, opportunities for continuing education, and flexible scheduling. A lack of these things was considered a retention disincentive.

Engaging Mid-Career Nurses

When changes were being made to their work environments, the majority of nurses were informed of them at unit-based meetings. Some study participants had been involved in these changes as a committee member, while others got the information through the organization's newsletter or by participating in organization-wide information sessions.

Recruitment and Retention Strategies Used for Mid-Career Nurses

When asked about recruitment and retention strategies for mid-career nurses, nurse participants [RNs and RPNs] and managers identified the various strategies with a fairly consistent frequency. Preceptoring/mentoring of new staff or students was the most frequently identified recruitment and retention strategy by all groups, however, managers identified this strategy with a much larger frequency than nurses. Other strategies included: access to devices for patient handling and lifting, replacement of staff members due to illness, providing part-time or casual opportunities, and ongoing education on-site.

Conclusion

The findings from this study highlight the importance of giving adequate consideration to work environments in the health care system in Ontario, and suggest that both recruitment and retention opportunities can be explored for mid-career nurses in order to alleviate the nursing shortage. It is clear, from this study, that Ontario's mid-career nurses are interested in staying in nursing, and in their current jobs. Proactive retention policies that focus specifically on the needs of the mid-career nurse would demonstrate a commitment and interest in keeping them in their work positions in the province.

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Introduction

A great deal of policy attention in Ontario has been directed towards the recruitment and retention of nurses. Initial work in this area has focused predominantly on initiatives to provide newly graduated nurses with full-time positions on graduation, as well as options for nurses over the age of 55 to work in less physically demanding roles. Limited focus has been directed towards the needs of the mid-career nurse.

Background

The well documented aging of the nursing workforce and the simultaneous decrease in new entrants to the profession have led to concerns regarding the nursing shortage. Increasingly, efforts are being made to reduce the consequences of this shortage by developing interventions aimed at retaining more experienced nurses. While some work has been conducted on late-career nurses, research on mid-career nurses is less evident.

Recruitment of Mid-Career Nurses

Asselin, Osterman and Cullen[1] found that nurses in their mid-life stage reported various reasons for returning to acute care after a period of absence including needing to make a difference, finances, and wanting a change. Barriball, Coopamah, Roberts and Watts[2] echo these findings, stating that personal and domestic conditions play a significant role in influencing nurses' decisions to return to practice. The work environment played a role in either aiding or hampering the transition to acute care for returning nurses. Inflexibility in scheduling, floating to other units, and a lack of welcoming behaviours by current staff were all reported as environmental hindrances.[1] Nurses returning to practice after a period of absence from nursing cite flexible scheduling as one of their key requirements in a job. Flexibility in scheduling is considered so important to some that they state, without it they would or could not return to work.[2]

Asselin et al [1] emphasize the orientation period as crucial to the success of the returning nurse, while nurses are acquiring new skills, as they wrestle with the realities of the clinical setting. The authors suggest that the orientation program should focus not only on clinical skill proficiency, but also on strategies aimed at coping with change, interpersonal communication skills, organization, delegation, prioritization, and time management.[1] Additionally, preceptor education is also important for the successful re-entry of mid-career nurses to acute care, with preceptor training including teaching strategies, learning styles, role transition, reality shock, and the prevention of burnout among the topics.[1] They also suggest that preceptors with an understanding of generational issues in the

workplace and interpersonal skills will serve as good teachers for nurses re-entering acute care practice. Barriball et al[2] highlight the need to establish a balance between initial support and supervision by preceptors and appropriate independence in relation to the returnees previous nursing experience. Initiatives that create a supportive and caring environment, such as flexible scheduling and models of care that promote the most positive patient outcomes, will ease the transition to acute care for returning nurses.[1]

Retention of Mid-Career Nurses

Hader, Saver, and Steltzer[3] reported strategies that have been implemented by Magnet hospitals in the US aimed at retaining mature nurses, include creating more supportive environments through the use of technology, having flexible benefit packages, having wellness programs including massage and alternative therapies, and providing continuing education and training. The majority of the literature however, focuses on older nurses, suggesting that older nurses are reliable, loyal, less often to be absent, and have a strong work ethic.[4] Much less attention has been paid to the mid-career nurse in the workplace. Chang, Chou and Cheng[5] suggest that a nursing career involves exploring, establishing, maintaining and disengagement. Mid-career nurses, in the maintenance stage of their careers have clinical experience of between 5 and 15 years, and often hold the responsibility for the coordination and integration of care.[5] Chang et al. suggest that these nurses often serve as preceptors for new staff while maintaining a desire for high job performance and expanded work roles. They are also most likely to re-evaluate the direction of their careers and seek other employment alternatives.[5] Duffin[6] suggests that nurses over the age of 35 feel their prospects of achieving a promotion were lower than more junior colleagues.

In a study comparing the views of different generations of nurses, mid-career nurses between the ages of 40 and 49 suggested that improving the work environment, improving wages and benefits, increasing the status of nurses in the hospital, improving work hours, and increasing the capacity to educate and train nurses were the key actions needed to solve the nursing shortage and improve retention.[7] Uhrenfeldt and Hall[8] describe the clinical wisdom attained by proficient nurses in practice settings where they made decisions based on changes in patients' conditions, assessing patients' potential and evaluating care policies. Donner and Wheeler[9] point out that mid-career nurses have the professional memory and expertise needed by patients as well as the experience and wisdom that new nurses depend on. A report released by the Canadian Institute of Health Information identified that substantial numbers [i.e., 42% RNs and 41.6% LPNs] of Ontario nurses are mid-career between the ages of 35-49 years.[10] Despite the concerns emerging in the literature, initiatives to acknowledge the experience, proficiency and decision-making capabilities that emerge with the clinical wisdom of mid-career nurses have not yet been undertaken.

Summary

It is evident from the paucity of literature in this area that research examining the unique needs of mid-career nurses has not been conducted. This study addresses this gap by identifying best practices in the recruitment and retention of mid-career nurses in Ontario.

Objectives

The *objectives* of this research study were to: (1) determine the unique career, work and work environment needs of mid-career nurses – registered nurses and registered practical nurses (RNs and RPNs) – across different health care sectors in Ontario; and (2) identify recruitment and retention strategies for mid-career nurses (RNs and RPNs) in Ontario.

Design

The study was conducted in three phases extending over 24 months from April of 2008 to March 2010. A mixed method approach was used including surveys of 75 managers, and 993 nurses (RNs and RPNs) and focus groups with a random sample of 56 of the participating nurses employed in the 14 LHINs across health care sectors in the province of Ontario. Participants represented the health care sectors of acute care, long-term care, and home care.

Study Phases

In *phase one*, a stratified random sample of regulated nursing care providers (RNs and RPNs) across health care sectors in the 14 LHIN regions of Ontario were surveyed to identify the work and work environment needs of mid-career nurses. Following this, in *phase two*, survey participants were invited to participate in focus groups. Six focus groups were held, one each for RNs by sector (i.e., acute care, long-term care and home care) and a similar set for RPNs within the sectors.

In *phase three*, health care nursing leaders across health care sectors (i.e., acute care, long-term care, and home care) in the 14 LHINs were surveyed to identify strategies currently used for the recruitment and retention of mid-career nurses, and the mechanisms used to determine the needs of mid-career nurses in their settings. This survey, an adaptation of one used by the principal investigator in a previous study, was pre-tested with four nurse executives to ensure the relevance of the data items. Information obtained from this survey was triangulated with the survey and focus group data acquired from nurses (RNs and RPNs) in the earlier study phases. Prior to initiating the study, approval was received from the Research Ethics Board of the University of Toronto for the study.

Study Variables

Job Satisfaction

A measure of the overall job satisfaction of nurse participants (RNs and RPNs) was obtained using the global satisfaction measure from the Job Diagnostic Survey (JDS).[11] This overall measure captures whether employees are satisfied and happy in their work, and has been widely used in health care and nursing with high reliability and validity. The instrument developers indicate that this measure has been known to predict turnover and absenteeism, with more turnover and absenteeism being seen in workers with lower satisfaction.[11] Cronbach's alpha in this study sample was .83.

Intent to Stay

Intention to stay was measured using an adaptation of McCain's Behavioural Commitment Scale.[12] This global scale which has been widely used in nursing asks respondents how likely they are to remain in their jobs or leave, and was adapted to capture current employment. Cronbach's alpha in this study sample was .88.

Work Quality

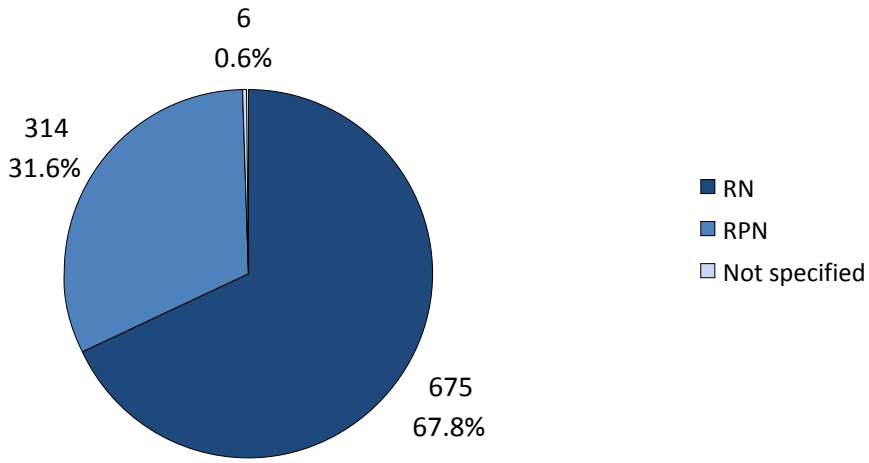
A measure of nurses' perceptions of the quality of their work and their work environment was obtained using the Work Quality Index (WQI). [13] The scale contains 38 Likert-like items with seven response categories ranging from 'not satisfied' to 'satisfied'. The scale items are coded such that a 1 is equal to 'not satisfied' and a 7 is equal to 'satisfied'. A high score on this scale indicates a higher perception of work quality. Cronbach's alpha was reported by the instrument developers as .94, and in this study it was .96.

Sample

A stratified random sample of RNs and RPNs drawn from the College of Nurses of Ontario registration database[14] formed the basis the study. The sample was stratified according to place of employment: 1) acute care, 2) long-term care, and 3) home care. Nurses (RNs and RPNs) who were employed in Ontario in direct practice and were between the ages of 35 and 49 years were included. Responses were received from 995 nurses (RNs and RPNs) from across different sectors in the province. Over two thirds of respondents were RNs while close to a third were RPNs as outlined in Figure 1. Six participants did not indicate their occupational group (RNs or RPNs). In addition, 75 nurse leaders from

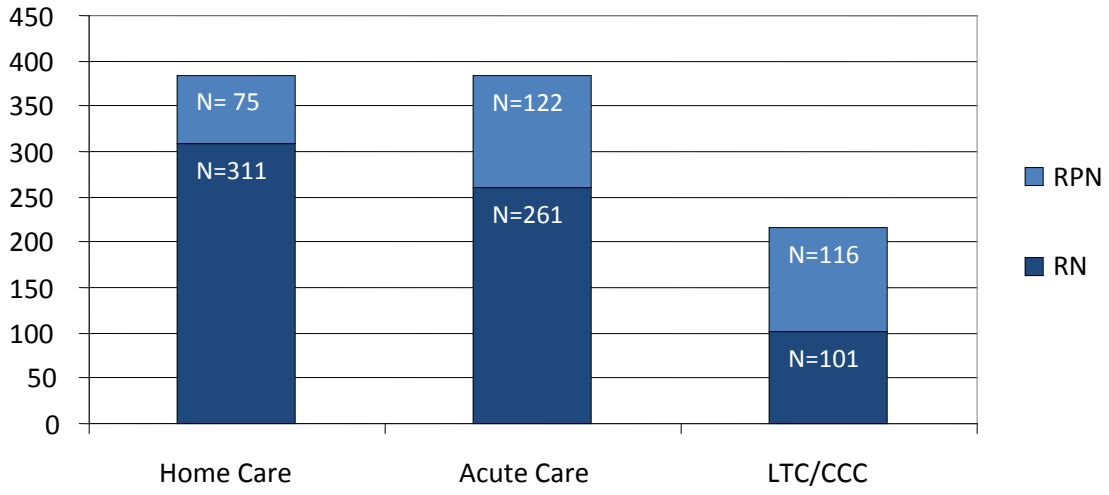
across the LHINs were surveyed to determine current strategies being employed for the recruitment and retention of mid-career nurses.

Figure 1: Responses by Occupational Group



Overall, similar numbers of respondents came from home care and acute care, while fewer worked in long-term care as demonstrated in Figure 2. Home care and acute care respondents were primarily RNs, although both acute care and long term care had similar numbers of RPN participants in this study (N=116 and 122 respectively).

Figure 2: Responses by Sector



The majority of respondents were female (see Table 1). All of the participants had over ten years of experience, with over one quarter having more than twenty years of experience. The majority had 15 to 20 years of experience and close to a quarter had between 10 and 15 years of experience. Three quarters of the respondents were over the age of 40, while a quarter were between 35 and 39 years old and a few respondents did not indicate their age. Close to two-thirds of the study respondents (63%) were employed full-time, while just over one quarter (26%) worked part-time, and the remainder held casual or contract positions. More than half of the participants were educated at the diploma level (52%), while close to a quarter (23%) held baccalaureate degrees, and a similar number (22%) held certificate credentials while few were prepared at the graduate masters level (2%). The majority of study respondents were not enrolled in ongoing education towards degree preparation (90%).

One quarter of study participants held a second job (25%), where they picked up one-to-two additional shifts a week of 12 to 24 hours in duration. Over half of those who held a second job were employed full-time (N=141; 57%), with home care nurses more likely to pick up shifts in acute care hospital settings ($\bar{x}$=.081; SD=.032; p = .033).

Table 1: Demographics by Occupational Group: RN and RPN

	RNs		RPNs		Overall	
	#	%	#	%	#	%
Gender						
Female	647	95.9	300	95.5	952	95.7
Male	26	3.9	13	4.1	39	3.9
Missing	2	0.3	1	0.3	4	0.4
Experience						
10 – <15 years	155	23.0	69	21.9	224	22.5
15 – <20 years	284	42.1	160	51.0	445	44.7
20 years and above	200	29.7	71	22.6	272	27.3
Missing	36	5.3	14	4.5	54	5.4
Age						
35 - 39 years	172	25.5	61	19.4	234	23.5
40 years and above	492	73.0	250	59.6	746	75.0
Missing	11	1.6	3	1.0	15	1.5
Employment Status						
Full-time	415	61.5	206	65.6	626	62.9
Part-time	180	26.7	79	25.2	259	26.0
Casual	53	7.9	22	7.0	75	7.5
Contract (full or part time)	25	3.7	6	1.9	31	3.1
Missing	2	0.3	1	0.3	4	0.4
Education						
Certificate	11	1.6	211	67.2	223	22.4
Diploma	412	61.0	102	32.5	518	52.1
Baccalaureate	226	33.5	0	0.0	227	22.8
Masters	25	3.7	0	0.0	25	2.5
Missing	1	0.1	1	0.3	2	0.2
Currently Enrolled						
Yes	81	12.0	7	2.2	88	8.8
No	589	87.3	305	97.1	900	90.5
Missing	5	0.7	2	0.6	7	0.7
Second Job						
Yes	165	24.4	83	26.4	249	25.0
No	494	73.2	227	72.3	725	72.9
Missing	16	2.4	4	1.3	21	2.1

Current Supports for Mid-Career Nurses

Financial

Half of the study respondents (50.6%) indicated that their employer provided them with incentives for furthering their education (see Table 2). Responses were quite similar for both RNs and RPNs. Less than half of the participants indicated that attendance at these educational programs was a requirement of employment (46%). The incentives provided by different settings took the form of reimbursement for specialty courses and/or certification, and time off to attend classes. In addition, RNs were more likely to receive financial reimbursement for degree courses leading to a baccalaureate.

Table 2: Financial Supports Provided

	RNs		RPNs		Overall	
	#	%	#	%	#	%
Employer Provides Educational Incentives						
Yes	335	49.6	166	52.9	503	50.6
No	331	49.0	139	44.3	474	47.6
Missing	9	1.3	9	2.9	18	1.8
Incentives Provided						
Financial reimbursement - specialty courses and/or certification	178	26.4	93	29.6	273	27.4
Time off to attend class	164	24.3	97	30.9	263	26.4
Financial reimbursement - baccalaureate degree courses	90	13.3	16	5.1	107	10.8

Personnel

The majority of respondents reported having nurse educators (44%) in place while fewer identified case managers, professional practice leaders, nurse practitioners, and clinical nurse specialists in roles to support practice. Some differences were apparent between the sectors as outlined in Table 3. For example, nurse practitioners were more evident in acute care while home care utilized case managers most, and long-term care settings along with all of the sectors was more likely to receive support from a nurse educator.

Table 3: Personnel Supports Provided

	Home Care		Acute Care		LTC/CCC		Overall	
	#	%	#	%	#	%	#	%
Nurse educator	130	33.5	246	64.2	61	28.0	438	44.0
Case manager	107	27.6	87	22.7	26	11.9	220	22.1
Professional practice leader	79	20.4	91	23.8	28	12.8	199	20.0
Nurse practitioner	68	17.5	102	26.6	26	11.9	197	19.8
Clinical nurse specialist	86	22.2	85	22.2	19	8.7	191	19.2

Work Environment Factors: Why They Stay?

Mid-career nurses in this study provided insight into the reasons that they have stayed with their current employers to date (see Table 4). Similar responses were provided by RNs and RPNs. Specifically, good salary and benefits were identified by 39.6% of respondents, followed closely by having good mentors and colleagues to work with (38.9%). Positive work relationships and having management that accommodates nurse schedules were also noted by over a quarter of respondents. Finally, continuing education opportunities have been an important retention factor for almost a quarter of respondents.

Table 4: Reasons for Retention to Date

	RNs		RPNs		Overall	
	#	%	#	%	#	%
Good salary and benefits	276	40.9	116	36.9	394	39.6
Good mentors and colleagues	252	37.3	133	42.4	387	38.9
Positive work relationships	186	27.6	97	30.9	284	28.5
Management accommodates schedule	196	29.0	87	27.7	284	28.5
Continuing education opportunities	134	19.9	76	24.2	211	21.2

Feedback from participants in the focus groups highlighted how some of these factors contribute to their ongoing retention as a mid-career nurse.

> *"What they have done at our facility and it has helped is they've allowed us to cut our shifts back from ten in a two-week period to either, nine, eight or seven – and I think this has really helped with nurses who are mid-career because it gives you a little bit more balance in your life. At the same time, if you've been there for a long time it works out advantageously to both parties then." (Focus group, long-term care)*

> *"In community nursing we have phenomenal education opportunities. They're always coming out with courses and anyone that hasn't done the 'wound vac' for awhile, it's 'let's get you re-certified, let's review that so that you're up on your skills' There are always courses on palliative care education, anything like that. They are always constantly advertising that they're holding some course, please come." (Focus group, home care)*

> *"I find at our hospital now they're very good to listen to you. They understand how busy it is. They really try to help you problem solve." (Focus group, acute care)*

Mid-Career Nurse Outcomes

Job Satisfaction

Overall, the mid-career nurses who participated in this study were very satisfied with their jobs (N = 754; 76%). No significant differences in job satisfaction were found between RNs and RPNs in this study. However, statistically significant differences were noted between sectors with home care nurses reporting higher levels of job satisfaction than both acute care nurses ($\bar{x}$=.480; SD=.031; p = .000) and long term care nurses ($\bar{x}$=.470; SD=.036; p = .000). Comments from the focus groups highlighted this further.

> *"I love my job. I work in a hospital part-time. I work when I want. I love it. I love the work. I do any shift if needed as my kids are all grown, so I can be flexible. I love what I do. And, at the end of the day, I do this because I love delivering babies. It's almost like the institution is like a separate entity, and yeah, I could take that or leave that, but I have to be there to do what I love to do. Do I stay because of my manager? Do I stay because of the corporation? Absolutely not! It's the same here, the same down the road at the next hospital, but I stay because I love what I do." (Focus group, acute care)*

Intent to Stay

The majority of the mid-career nurses in this study planned to stay in their current job (73%) with most planning to continue to work until their retirement (72%). No significant differences in intent to stay were found between RNs and RPNs, or across sectors. This perception was reflected in the focus groups.

> *"I've been in the community for over ten years and I can't imagine doing anything else. I love my job, I love the people that I work with in the community and outside the community and I think it's such an awesome place to be. I can't imagine being anywhere else." (Focus group, home care)*

Work Quality

The mean scores for mid-career nurses perceptions of work quality were above the midpoint of the scale, which ranges from 1-7. Statistically significant differences in the mean scores between provider groups were noted with RNs reporting higher perceptions of work quality ($\bar{x}$=4.70), compared to RPNs who averaged 4.42 (F = 9.85; p = .002). Differences in mean scores were also visible between the sectors with home care nurses having significantly higher mean scores ($\bar{x}$=4.90) for work quality than acute and long-term care respondents (both 4.40) (F = 24.84; p = .000).

Future Retention Considerations

Retention Incentives

RN and RPN participants identified a number of key factors that they consider essential for the retention of mid-career nurses in Ontario as presented in Table 5. By far the most important factor that over two thirds of study respondents felt was an incentive for retention was a positive work environment (67.8%), followed by improved pay and/or benefits (58.6%), opportunities for continuing education (54.7%), and flexible scheduling (53.4%). Fewer respondents identified career advancement opportunities (29.8%), full-time work opportunities (22.8%), and opportunities for specialization (19.8%).

Table 5: Retention Incentives

	RNs		RPNs		Overall	
	#	%	#	%	#	%
Positive work environment	467	69.2	204	65.0	675	67.8
Improved pay and/or benefits	383	56.7	199	63.4	583	58.6
Continuing education opportunities	371	55.0	169	53.8	544	54.7
Flexible scheduling	401	59.4	128	40.8	531	53.4
Career advancement opportunities	220	32.6	77	24.5	297	29.8
Opportunities to work full-time	133	19.7	91	29.0	227	22.8
Opportunities for specialization	145	21.5	51	16.2	197	19.8

Comments from focus group participants provided additional context regarding retention incentives that should be considered for mid-career nurses in work settings in Ontario.

> *"They are [management] starting to, even verbally, to come up to you and thank you for working two floors or doing some extra work, or working short – which happens a lot. They're making an effort which before they never used to and you always thought 'management doesn't really care about me and I'm just another number to them' – but they're trying to just thank you for the job that you've done, for the help that you've given." (Focus group, long-term care)*

> *"It's not something personal we're gaining from the continuing education but it's also valuing that what we do and what we know is important. Because if it is important then keeping up to date and widening your skills would be so valuable that there would be time built in for it and money built in for it." (Focus group, acute care)*

"As I'm getting older I'm finding it is harder and harder to work twelve hours on my feet and my body's starting to fall apart, despite being taken care of. It would be nice to work something other than twelve hour shifts, 'cause I work 10 twelve hours shifts in a pay period, in two weeks and it takes a toll. So, flexibility of scheduling, so that the hours, the number of days that you work, the number of days you have off could be flexible – that's what is needed." (Focus group, acute care)

"If there is any type of injury or old age issues creeping up on you – if you could have your job modified to suit you and let some of these younger bucks that the government is paying for to come work at your facility, do a bit more of the heavier end of things. And allow more sort of modifications, you could still do your job but you need more incentives for helping out with modified duties, or encouraging some of the jobs that could be done at the desk more for mid-life nurses." (Focus group, long-term care)

"It would be nice to travel throughout the hospital once in awhile and do something different. I think that it would be great for everybody to be able to move from location to location on a regular basis, because now it seems if you want to change locations you have to go through a whole training process. I got into nursing because I wanted variety and I don't seem to be getting that." (Focus group, long-term care)

"I'm full time in the community so we have to work every third weekend but once we're assigned our weekend (we work every third), we can schedule around our appointments so we can pick a day off during the week – which day we need off, like if we have an appointment on Wednesday. It may change the next time you do the schedule so that flexibility is quite nice." (Focus group, home care)

"In particular, in my organization, just simply having a variety of roles for nurses with a bit more experience would be great. Like teaching roles, or similar things, or specific project management roles. In addition to that I think that with greater experience and greater responsibility, there should be an increase in your pay as well." (Focus group, acute care)

Retention Disincentives

Many of the incentives for retention were identified as potential disincentives if they were not provided for mid-career nurses in Ontario in the future. Table 6 shows that two thirds of the participants considered a negative work environment to be a key problem in retaining mid-career nurses (62.5%), followed by just less than half of respondents indicating that lower pay and/or benefits could be a disincentive (47.5%). Close to a third felt that lack of flexible scheduling, continuing education and career advancement opportunities were a concern for mid-career nurse retention in the future. Fewer indicated lack of jobs and specialization opportunities as a concern.

Table 6: Retention Disincentives

	RNs		RPNs		Overall	
	#	%	#	%	#	%
Negative work environment	432	64.0	187	59.6	622	62.5
Lower pay and/or benefits	302	44.7	167	53.2	473	47.5
Lack of flexible scheduling	273	40.4	91	29.0	364	36.6
Lack of continuing education opportunities	248	36.7	109	34.7	357	35.9
No career advancement opportunities	211	31.3	106	33.8	317	31.9
Lack of jobs available	119	17.6	59	18.8	178	17.9
Lack of opportunities for specialization	111	16.4	47	15.0	158	15.9

"I just find they're adding more and more stuff to the workload. We're now doing the MDS-RAI – we have to fit that in somewhere during the day. We didn't used to accept patients with PICC lines and now we have to. And now we've got IVs and there's going to be more coming now too because hospitals are saying they don't have the beds. It's just more and more and more added to the workload already, and I think people have just reached the point where they're going to say 'I can't take this anymore'!" (Focus group, long-term care)

"I would like to leave my job – for pay – definitely. I wish I had more pay and I wish I had a more interesting job. But, I am stuck."(Focus group, home care)

"I would love my institution to offer different roles so you don't feel stagnated, but when you're unionized it doesn't matter if you have those qualifications or not, it goes by seniority, and you could take all the courses you want but if you don't have enough seniority you won't get the position." (Focus group, acute care)

"Most of the full timers have been here close to thirty years (and) they would love to job share but the union won't allow it. I probably will never get full-time days and we're not allowed to work share. That would probably really help a lot. And that's another reason that people don't stay longer." (Focus group, long-term care)

"They do offer a lot of educational things. Number one is being able to get the time off to do them and to be honest with you, I am so exhausted by the time I'm done the work week that I really have no interest in going anyplace else to learn anything else. I just want to sort of relax at home because it's just so hectic through the week that you can only just take so much and you need your time at home as down time, not as pursuing other things. Maybe if you were younger, that would be an option, but I'm forty-four now and I really have no interest in that once my shift is done." (Focus group, acute care)

"I have been trying to take an emerg(ency)course to become certified. I'd like to carry an emerg(ency) certificate, and when I approached middle management and upper management, I basically got told 'you're on your own – contact the RNAO in regards to assistance in payment of the course'. In getting time off to attend the course – there really is no initiative, no incentive to do so. Yeah, okay – you're mid-career, but we're not going to help you try to keep your skills and knowledge up." (Focus group, acute care)

"Self-scheduling does not exist, and when they did use it, it was hard on people because you could be mid-career with tons of experience, but because you don't have the seniority within the corporation, you get the worst shifts at the end of the day, so it really has not worked well." (Focus group, long-term care)

"It seems like 'oh well, you don't need to know anything more. You don't need to update any skills because you are so unimportant'. It's about valuing that what we do and what we know is important. And because if it is important, then keeping up to date and widening our skills would be valuable as well. Completing any degree – Masters or Bachelor's or whatever." (Focus group, acute care)

"The incentives aren't there – we have one nurse who came from a downtown core hospital. She is an amazing, amazing fountain of knowledge. Thirty-two years in the emerg(ency) department and she came to our facility and went straight down to the bottom of the seniority list. There is no incentive to move to another site – it might be better to just retire." (Focus group, long-term care)

Engaging Mid-Career Nurses

Study respondents were asked to provide examples of current mechanisms that were made available to them to participate in changes being made to their work environments in the province. The majority of nurses were informed of changes at unit-based meetings (73.6%) as outlined in Table 7. Over half identified being involved in these changes as a committee member (59.6%). Close to a third got the information about changes through the organization's newsletter (39%) or by participating in organization-wide information sessions (30.4%).

Table 7: Mechanisms Used to Involve Nurses in Changes to Work Environment

	RNs		RPNs		Overall	
	#	%	#	%	#	%
Informed at unit-based meetings	476	70.5	250	79.6	732	73.6
Involved as a committee member	428	63.4	159	50.6	593	59.6
Informed in organization newsletter	285	42.2	102	32.5	388	39.0
Participation at organization or system-wide information session	227	33.6	73	23.2	302	30.4

"Basically the facility that I work in – we have monthly nursing practice rounds, meetings where people can express their opinions. But basically the managers determine everything. Although recently I was trained to do RAI documentation and I do get about three shifts a month doing that, and I am on a charting committee, so I do feel that I have a little bit of input." (Focus group, long-term care)

"I don't feel we're engaged at all. There's nothing. They don't ask us for feedback at all. I have been involved on a few committees, but between the rules that the union sets down and management, you don't really have a lot to say. Most of the committee meetings go on forever, and nothing ever comes of it. You say what could be done to improve the quality of care, and then that's as far as it goes, because again, management and unions make the decisions." (Focus group, acute care)

"Often times the RPNs are not included in the changes that are happening. I know for instance that we will be presented by management or the educator or the clinician that we're going to be going to this model of care versus another model of care. They tell us that they want our feedback, but you have to wonder to yourself – like who's really hearing us, and where is the feedback going? Because even though we may feel that this might not be the right direction to go, or the safest direction to go, for both ourselves and our patients, they will continue to go ahead and do what they have planned anyhow. So then you wonder to yourself, why do they bother to ask? Because at the end of the day we are the front line workers and if we don't have a say in how care is going to be delivered to the patients, then what's going on?" (Focus group, acute care)

"I've been on a committee to change the model of care but it was a surprise when they came out with the final decision or final 'improvements', and it's not what the nursing staff had discussed. It almost seems as if they had an agenda at the very beginning, and they went with it, sort of a 'let's see what they have to say, but we're going to do what we want anyway'. That's tough. I think that's something that we all feel and it's very frustrating." (Focus group, long-term care)

"In public health there's lots of opportunity to participate in lots of committees. I'm on several, but each committee is headed by a supervisor, and you make decisions, you give suggestions, and then that supervisor takes it away, and then when it comes back, it is 'oh, we couldn't do this because of that – we couldn't do this because of that'. Or sometimes they say, 'Okay, well you can make a plan to deal with whatever change it is, but these are the rules, and don't fall outside of these rules'. So your path is already set out for you. So it seems like a superficial attempt to involve staff, but not very serious". (Focus group, home care)

"It's a decision that's made pretty much behind closed doors if there's going to be any change in the care or our role. They do generally hold a review session, usually about six weeks post the change, and everybody generally does give input, but I think only the smaller things could be changed, and the overall decision has already been pre-decided." (Focus group, home care)

"I think the boss just gets overwhelmed, and just doesn't know what to do with the information that we give her. And it's usually not taken anywhere. So, after (sigh) repeated efforts, you just sort of give up." (Focus group, long-term care)

Recruitment and Retention Strategies Used for Mid-Career Nurses

Nurse participants (RNs and RPNs) as well as managers were asked to identify the types of strategies that were currently used by their workplace to recruit and retain mid-career nurses. The majority of strategies were ranked in a similar order by the three groups, although there was some degree of discord between staff and management responses for all of the strategies (see Table 8). Specifically, preceptoring and mentoring of new staff and students was ranked as a strategy by 61.7% of nursing care providers, whereas 93.4% of managers indicated that this strategy was in place. Similarly, having patient handling and lifting devices, replacing staff members off due to illness, and offering on-site continuing education opportunities were identified as strategies by just under half of the nursing respondents, compared to close to 90% of the managerial responses. In addition, opportunities for part-time or casual work and flexible scheduling had vastly different responses, with 41.6% of the nursing staff acknowledging these strategies to be in place, compared with 80% of managers indicating they are currently in use for mid-career recruitment and retention in Ontario. Similar disparity was noted with a number of the other strategies, including opportunities for temporary leaves of absence from work, tuition reimbursement, access to health promotion activities, job sharing, improvements in senior staff roles to support mid-career nurses and scholarships for formal education.

Table 8: Current Recruitment and Retention Strategies

	RNs		RPNs		Overall		Managers	
	#	%	#	%	#	%	#	%
Precept/mentor new staff or students	426	63.1	185	58.9	614	61.7	71	93.4
Devices for patient handling and lifting	291	43.1	184	58.6	478	48.0	69	90.8
Replace staff members off due to illness	284	42.1	170	54.1	455	45.7	69	90.8
Part-time or casual opportunities	278	41.2	133	42.4	414	41.6	61	80.3
Ongoing education on-site	274	40.6	127	40.4	403	40.5	68	89.5
Opportunities for temporary leaves	256	37.9	133	42.4	391	39.3	43	55.3
Flexible scheduling	256	37.9	114	36.3	372	37.4	56	73.7
Tuition reimbursement	185	27.4	83	26.4	269	27.0	47	61.8
Access to health promotion activities	177	26.2	64	20.4	241	24.2	44	57.9
Job sharing opportunities	172	25.5	49	15.6	222	22.3	40	52.6
Increase senior support staff roles	99	14.7	34	10.8	134	13.5	35	46.1
Scholarships for formal education	87	12.9	34	10.8	122	12.3	30	39.5

"I think they need to recognize the experience and start to feed off mid-career nurses such as ourselves for getting, and trying to bring in more nurses. Management needs to start to recognize our years of experience that we do have, and what we have to offer." (Focus group, acute care)

"We actually have a lot of lunch 'n learns. They're inservices given on our lunch hour and the facilitators of the facility provide the lunch. These lunch 'n learns, they've actually had quite a few good speakers, and they're really condensed, not dragging it out for a whole day. And it's kind of nice because we're all off the floor at the same time, which usually we can't be. So I think that they've really helped to get people to attend, because you can eat your lunch at the same time". (Focus group, long-term care)

"I like it when the workshops are in the workplace. You know where you're going, you know the people there, you know what's to be expected. I find that if you have to pull out a map or GPS and try to find where you're going on the morning of a meeting, it can be a little hectic, so at least if it's in your workplace you know where to go, and where to park". (Focus group, home care)

"There is not anything being done to recruit anyone in their mid-nursing career, because most of us are in place and we don't want to leave. Either in hopes of getting a full-time line on the schedule - or something like that. So, we don't want to leave, because the benefits have kicked in, the holidays have kicked in, most of us have small kids or children at home, we have mortgages, marriages that we have to look after, so we're already settled into a job and we may not like it, but we have to stay there, because there's nowhere else". (Focus group, long-term care)

"I think government and management really needs to look at the retention of your qualified, your experienced, mid-career nurses – instead of just looking at new grads. We need to be recognized for what we have – the knowledge, skill, wisdom, and flexibility. I mean, I've got twenty years of nursing and I'm not fifty yet. You know – I've still got a few years left to go before I hit that mark, and I've got alot to offer". (Focus group, acute care)

Discussion

The ultimate purpose of this study was to contribute to the field of nursing administrative research by conducting one of the first studies in Canada examining the work and work environment needs of mid-career nurses. While the literature provides examples of work environment studies on new graduates and nurses over the age of 55 years, there has been limited research on mid-career nurses. Given the aging workforce, mid-career nurses are a cohort that bears further attention and effort to ensure retention efforts are directed towards them.

Addressing Mid-Career Nurse Retention

Mid-career nurses in this study provided an understanding of the key factors that have contributed to them staying in their positions thusfar, as well as their perceptions of what needs to be done to retain them in the future. While salary and benefits were identified as key facets of their retention to date, having good mentors and colleagues and positive working relationships were also highly important. In addition, accommodation and flexibility in scheduling was noted, as was the opportunity for continuing education. In moving forward in the future, by far the most important feature identified by these study participants was having a positive work environment. Similarly, the absence of a positive working environment was considered the leading disincentive for retention.

Many of the other aspects that have contributed to retention thusfar were also perceived as important retention considerations for mid-career nurses in the future. Specifically, improved pay and benefits, flexibility in scheduling, having opportunities for continuing education and, to a lesser extent career advancement, were all identified as key retention incentives. Opportunities to work full-time and to gain specialty experience were also noted.

It is clear that Ontario's mid-career nurses are interested in staying in nursing, and in their current jobs. In addition they are highly satisfied with their work, although they articulate a need for greater recognition of the experience, knowledge and expertise that they bring to the work setting. It is evident that they are interested in mentoring new staff and students as they enter the workforce and providing them with the support and guidance they need as they develop in their roles. Health care managers and policy leaders should ensure that efforts are directed at determining ways to ensure that mid-career nurses are offered opportunities to be engaged in mentoring initiatives with new staff. In addition, opportunities to acknowledge their expertise through organizational leadership awards, peer education initiatives, and others, should be sought out.

Numerous references to flexible scheduling and accommodating individual scheduling needs were made by study respondents, both in the surveys and focus groups. It is evident that health care managers need to focus attention on schedules that are more adaptable for this group of health care workers in the future in an effort to promote retention. Study participants also identified the need to create more opportunities for modified work for nurses as they move along the age continuum. Mid-

career nurses are looking for ways and means of staying in the workforce, and have substantial intellectual capital to contribute to Ontario's health care settings.

Mid-career nurses in this study were less likely to pursue formal education. Instead, they indicated a greater interest in continuing education opportunities that would update them on new areas of practice. In addition, a preference in having these continuing education options provided on-site at their workplaces was identified. These findings suggest that nursing and health care leaders could focus their efforts on providing education incentives within their work settings for this cohort of nurses.

Engaging Mid-Career Nurses

Mid-career nurses in this study identified a positive work environment as the single most important retention incentive. Findings from this study demonstrate that respondents perceive that limited real efforts have been made to engage them in key changes to their work environments in the past. While opportunities are provided for mid-career nurses to be involved in committees that would theoretically have an influence on practice environment changes, for the most part the study participants found their voices were not heard. Regardless of whether this perception is accurate or not, it highlights a need for focussed attention in the future in an effort to move forward.

Conclusion

These findings highlight the importance of consideration to work environments in the health care system in Ontario. Findings from this study suggest that both recruitment and retention opportunities can be explored for mid-career nurses. Recruitment opportunities may exist with the many mid-career nurses who are seeking opportunities to return to work following taking time off to have a family. At the same time, proactive retention policies that focus on the needs of the mid-career nurse would demonstrate a commitment and interest in keeping them in their work positions in Ontario. Such initiatives are consistent with the health human resources strategy of Ontario's Ministry of Health and Long-Term Care.[15]

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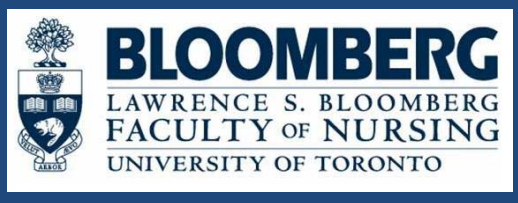
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