In 2006, the percentage of RNs working full-time in Canada was 56%, while the percentage of RNs working full-time in Ontario was 62% (CIHI, 2006a). This shows the effectiveness of the Ministry’s initiative in moving toward the recommended 70% full-time nurse employment target.

70% Full-time Nursing LHIN Engagement Initiative
Examines the MOHLTC priority theme of a 70% full-time commitment via an analysis of nurse employment in 4 collaborating LHINs in Ontario: Hamilton Niagara Haldimand Brant, Central West, South East and South West
• Overall, LHIN full-time nurse employment averages are good & they are high compared to the national average (CNO, 2008). But in examining individual organizations, these ratios drop.
  • Given the limitations of some organizations in reaching the 70% target & nurse preferences for part-time work, it may be more realistic to focus on achieving a 70% average by sector, rather than by organization within each LHIN

70% FT Nursing Local Health Integration Network (LHINs) Initiative
Nursing Health Services Research Unit (McMaster site) www.nhsru.com

“Organizations faced unique challenges related to their size, geographic location and employment sector. Smaller organizations in rural areas had difficulty recruiting nurses because they were not able to offer full-time positions. In larger organizations, more opportunity for full-time employment existed because of higher turnover rates and greater numbers of nurses looking for work.”
Dr. Andrea Baumann, Co-director, Nursing Health Services Research Unit (McMaster site)

Ideal Ratio 70:30
• Since 2000, the MOHLTC has introduced strategies to attain a higher ratio of full-time nurses
  • Specifically, a 70:30 full-time to part-time ratio was identified as the goal in as many organizations as possible

Changing Demands
• Many organizations have concerns about reaching the 70% full-time ratio
  • There may be a need for smaller organizations to maintain lower full-time to part-time ratios to meet changing demands

Strategies for Policy
• Shared LHIN resources to assist with applications, templates and structures
• Interactive website/portal for all available monies, grants, initiatives
• Communications strategy i.e. e-mail alerts for notification of RFP’s
• More feedback from funders (transparency)

Enhancing Research Productivity
Supporting research that aligns and supports our research priorities

Capacity Building
Supporting people and their potential to maintain and grow Ontario’s research enterprise

Knowledge Exchange
Strengthening the uptake and use of evidence to inform policy and decision-making

Evidence-informed decision-making and care delivery

Made-in-LHIN Solution
• Strategies identified by organizations were used as a starting point for the creation of a nursing health human resource planning strategy geared toward meeting the local needs of the 4 participating LHINs. A tool-kit was developed providing province-wide strategies that represent a made-in-LHINs solution. These strategies include:
  • Cross-training nurses to work in multiple units within one organization
  • Combining two part-time positions into one full-time line (in larger hospitals)
  • Offering nurses the opportunity to work in a specialty area (e.g., surgery) across a number of sites (in smaller hospitals)
  • Job sharing and creating modified full-time positions for older nurses

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