MAINTAINING ONTARIO'S NURSING WORKFORCE:
EVALUATING THE IMPACT OF ONTARIO'S LATE CAREER NURSE INITIATIVE
(LCNI) 2012-2013

FINAL REPORT
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EXECUTIVE SUMMARY

In 2004, the Ontario Ministry of Health and Long-Term care (MOHLTC) introduced the Late Career Nursing Initiative (LCNI) to assist healthcare organizations develop approaches to retain Ontario’s late career nurses. Over the last decade, the LCNI has provided funding to individual organizations to implement a .20 full-time equivalent reduction of physically or psychologically demanding duties of nurses aged 55 or over and repurpose this time to engage the nurses in enriching and less demanding employment activities. Each year organizations are invited to submit a proposal and detailed work plan for the LCNI that is reviewed and approved for funding by the MOHLTC. Refer to the following website link for more information on the LCNI: http://www.healthforceontario.ca/en/Home/Employers/Late_Career_Nursing_Initiative  At the request of the MOHLTC, an evaluation of the 2012-2013 LCNI was undertaken.

1.2. Purpose and Objectives

The purpose of the 2012-2013 LCNI Evaluation was to evaluate the impact of the MOHLTC LCNI on the retention of late career nurses in Ontario, as well as explore the degree to which it is impacting nurses’ job satisfaction and feelings of organizational commitment. In addition to evaluating indicators of the LCNI’s success (e.g. retention rates), the evaluation also explored the secondary benefits including capacity building and its impact on patient care. The specific objectives of the 2012-2013 LCNI Evaluation were to:

1. Assess the extent to which special projects align with MOHLTC action plans.
2. Characterize employer-perceived barriers and facilitators to implementation of the LCNI across healthcare facilities and benefits resulting from participating in the initiative.
3. Characterize and quantify specific project characteristics and nurse experiences with the LCNI and determine the extent to which they vary at the individual and organizational levels.
4. Evaluate the effect of LCNI participation, project characteristics, nurse experiences with the LCNI and nurse demography on self-reported outcome measures including job satisfaction and career intentions.
5. Evaluate the effect of LCNI participation, project characteristics, nurse experiences with the LCNI and nurse demography on administratively-recorded absenteeism and turnover.

METHODS

This study employed a mixed-methods approach. The quantitative arm included analyzing data from a cross-sectional survey (closed-ended questions) completed by nurses 55 and older in Ontario and frequency distribution from document analysis of the LCNI Applications submitted by nurse leaders to MOHLTC. The qualitative arm included analyzing data from interviews with nurse leaders in Ontario and a cross-sectional survey (open-ended questions) completed by nurses 55 and older in Ontario.
KEY MESSAGES

The 2012/2013 LCNI Evaluation provides details on LCN projects (nature and alignment with MOHLTC Action Plan priorities) and highlights the enablers, challenges, and outcomes as reported by nurse leaders and late career nurses working in Ontario. From the 2012/2013 LCNI evaluation, a series of recommendations are put forward to enhance the LCNI.

Nature and Alignment of LCN Projects with MOHLTC Action Plan Priorities
The document analysis of the LCNI Applications revealed that the majority of LCN projects were aligned to 1) Access to the Right Care at Right Time and Place, 2) Keeping Ontario Healthy, and 3) Faster Access and Stronger Links to Family Care MOHLTC Action Plan Priorities. Within these priorities, projects were further described, in order of most frequently to least frequently reported as 1) Patient-Centered Care oriented (e.g. smooth coordination of patient care transitions, family engagement project), 2) Leadership at the Point of Care (skin and wound prevention, hand hygiene); 3) Innovative Nursing Education (pain management in ER education, sepsis protocol); System Integration (preventing hospital readmissions, integrated assessment record implementation); and Optimal Use of Nurses (e.g. mentorship of nurses, enhancing work schedules).

Enablers for Successful LCNI Implementation
The following two overarching themes were identified by the nurse leaders as key enablers to ensuring the successful implementation of the LCNI within their organizations.

Having a good plan
This theme reflects study participants’ view that a multi-pronged, thoughtful and proactive plan was a key facilitator to successful implementation of the LCNI in healthcare organizations. Key aspects of having a good plan included 1) starting small and scoping projects; 2) leveraging staff expertise and resources to undertake local LCNI projects; 3) setting goals and monitoring progress; and 4) aligning the LCNI goals with organizational and MOHLTC priorities.

Engaging stakeholders
This theme reflects how study participants described the need to engage stakeholders at all levels in an ongoing manner to ensure successful implementation of the LCNI in healthcare organizations. Key aspects of engaging stakeholders included 1) having strong leadership to create a culture of learning, improvement and collaboration and 2) getting nurse buy-in and instilling a sense of ownership.

Barriers to Successful LCNI Implementation

Experiencing barriers
This theme included barriers associated with all steps in the LCNI process: 1) getting nurse buy-in as some nurses did not want to participate due to perceived lack of interest or skills to engage in a LCN project in a meaningful way; 2) the application, notification, and funding processes set...
out by MOHLTC were time consuming with tight turnaround times or delayed funding; 3) implementation of projects within short time frames and staffing issues and unique challenges experienced in the home care sector; and 4) reporting requirements being time consuming and lack of follow-up with organizations after they submitted their report. Nurse leaders from non-participating sites identified the following barriers to applying for the 2012-2013 LCNI funding: 1) they did not have nurses who met the eligibility criteria; 2) nurses who were 55 or older were not interested in participating in the LCNI; or 3) there were no available nurses to backfill the 0.2FTE of the LCN to participate.

**Outcomes Associated with LCNI Implementation**

Participants reported achieving outcomes for the organizations, nurses, and patients as key benefits of the LCNI.

**Benefits to the Organization**

At the organizational level, a key benefit associated with the LCNI described by nurse leaders included being able to complete projects aligned with their corporate and unit goals and accreditation standards with help of the LCNI funding. Nurse leaders also shared another key benefit which was that the LCNI and LCN projects enhanced their work environments, which in turn, was attributed to retaining nurses in their organizations.

**Benefits to Nurses**

Key benefits associated with the LCNI described by nurse leaders included that the nurses involved in the LCNI experienced a sense of accomplishment, pride and job satisfaction in successfully implemented projects. Several nurse leaders indicated that their LCN experienced a sense of achievement as they developed a greater understanding of their workplace and were able to experience a difference perspective, while decreasing the physical demand on LCNs in the context of their daily practice. Nurse leaders shared that late career nurses in their organizations have a variety of experience, knowledge, and skills, and that others could benefit from this wealth of expertise. Survey responses from LCNs revealed that the more positive experience they had with LCNI and the LCN projects implemented at their organization, the greater their job satisfaction was and the more likely they perceived the LCNI to have a positive influence in retaining LCNs. Further, the more times the LCN participated in the LCNI and when they volunteered to participate (compared to being asked to participate by their manager) in the LCNI, the more job satisfaction they reported.

**Benefits to Patients**

Key benefits to the patients associated with the LNCI described by participants including improving quality of care by increasing patient and family satisfaction and enhancing communication and coordination of care.
Other Key Results from the Survey

In addition to the survey results highlighted in the benefits to nurse section, the following results also were statistically significant:

- A significant number of non-participants regarded coworkers as one of the most important factors influencing their decision to stay or leave an organization.
- LCNs with higher scores were more likely to cite work environment as an important factor influencing their decision to remain in their organization.
- LCNs in older cohorts were significantly more likely to report their intent to remain in their profession for a shorter period of time as opposed to younger cohorts which reported their intent to stay in the profession for more years.
- A larger proportion of nurses with full-time status reported that they anticipate remaining in the profession for at least 5 more years.
- Retirement was the most frequently cited reason for leaving the organization or profession, especially among nurses who were approached by their manager to participate in the LCNI.

Recommendations

Based on key findings from the 2012/13 LCNI Evaluation, the following recommendations are put forward to MOHLTC, health care organizations, and NHSRU KTEP for consideration to guide future LCNI implementation and evaluation efforts.

MOHLTC

- Provide an earlier notification and have a longer deadline for LCNI proposals to be submitted to mitigate the challenges experienced by some organizations around scheduling difficulties and having insufficient time to roll-out the proposed LCNI projects.
- Streamline the application, notification, and reporting requirements to mitigate the redundancy of information required.
- Create a tip sheet that outlines all the relevant deliverables and timelines associated with the LCNI.
- Follow-up on the LCNI progress and final reports that are submitted by health care organizations.
- Allow flexibility to health care organizations in scheduling of LCNI participants including 1) being able to schedule the LCN time in weeks rather than shifts; 2) ensure coverage by a staffing plan that includes part-time and casual nurses; and 3) have flexible scheduling to increase availability of LCNI participants to work on their projects.
- Showcase nurse leaders and LCNs who have and continue to successfully implement and leverage the LCNI at their respective organizations.
- Require participating health care organizations to submit absenteeism and turnover data on nurses 55 and over to enable the data analysis needed for meeting Objective # 5 of the 2012/2013 LCNI evaluation.
Health Care Organizations

- Have a good plan including 1) starting small and scoping projects; 2) leveraging staff expertise, interest, and resources to undertake local LCNI projects; 3) setting goals and monitoring progress; and 4) aligning the LCNI goals with organizational and MOHLTC priorities.
- Engage stakeholders by having strong leadership to create a culture of learning, improvement and collaboration and getting nurse buy-in by instilling a sense of ownership.
- Celebrate and showcase LCNs and their LCNI projects, key strategies, and lessons learned both at the unit/community district and organization levels.

Nursing Health Services Research Unit Knowledge Translation and Exchange Program

- Conduct next evaluation using retrospective and prospective designs and mixed methods to gain further insight into the impact and experiences associated with the implementation of the LCNI in Ontario at the micro (LCNs and other age cohorts of Registered Nurses and Registered Practical Nurses); meso (nurse leaders within health care organizations); and macro (provincial decision makers and associations) levels.
- Revise the survey item inventory by eliminating the items that may be measuring the same construct as the results indicated that there was not a presence of factor structure specific to the LCN project characteristics.
INTRODUCTION

1.1. Background

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Table 1 Data Sources, Data Collection Methods and Analytical Plans

<table>
<thead>
<tr>
<th>Objective</th>
<th>Data Sources and Methods</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Assess the extent to which special projects align with MOHLTC action plans.</td>
<td>A document analysis was conducted on the 2012-2013 LCNI application forms obtained from the MOHLTC. Specifically, these documents were analyzed using descriptive statistics on the compiled data on the proportion and types of projects encompassed within each of the three Action Plan priorities (Keeping Ontario Healthy, Faster Access &amp; Stronger Links to Family Care and Access to the Right Care at Right Time and Place). In addition, an employer interview (see Appendices A and B) and LCNI survey (see Appendix C) contained open-ended questions that were analyzed using a direct content analysis approach.</td>
</tr>
<tr>
<td>2. Characterize employer-perceived barriers and facilitators to implementation of the LCNI across healthcare facilities and benefits resulting from participating in the initiative.</td>
<td>Semi-structured interviews were conducted with nurse leaders from the hospital, long-term care and home care sectors to delineate their perceptions and experiences associated with the LCNI with a focus on barriers, facilitators and benefits (see Appendices A, B, D, E and F). The interviews were digitally recorded and transcribed verbatim. Data was analyzed using a directed content analysis involving two researchers and trainees.</td>
</tr>
<tr>
<td>3. Characterize and quantify specific project characteristics and nurse experiences with the LCNI and determine the extent to which they vary at the individual and organizational levels.</td>
<td>Surveys (online and paper) were sent out to eligible nurses 55 and over in the organizations that agreed to participate in the survey (see Appendices C and G) A principle components method was employed to assess the presence or absence of specific project characteristics and outcomes from the LCNs perspective. Items from the</td>
</tr>
</tbody>
</table>
4. Evaluate the effect of LCNI participation, project characteristics, nurse experiences with the LCNI and nurse demography on self-reported outcome measures including job satisfaction and career intentions.

Project characteristics questionnaire were examined for underlying factor structure. As the objective was to reduce dimensionality, the principal components method was used with both varimax orthogonal rotation and direct oblimin oblique rotation; and checked for simple structure with a high leading set at >0.40 in one factor only.

An examination of the univariate associations between each of the independent variables and each of the dependent variables was done. The association between two categorical or binary variables was evaluated using the chi-square or Fisher’s exact test, while the Pearson or Spearman correlation coefficient estimated the correlation between two continuous variables. The association between continuous and binary variables was tested using t-test or the non-parametric Wilcoxon rank-sum test, and between continuous and categorical variables using F-test from ANOVA or the non-parametric Kruskal-Wallis test.

5. Evaluate the effect of LCNI participation, project characteristics, nurse experiences with the LCNI and nurse demography on administratively-recorded absenteeism and turnover.

Absenteeism and retention data for the four fiscal quarters (i.e. Q4 2012, Q1 2013, Q2 2013 and Q3 2013) for all nurses over 55 years of age stratified by nurses’ LCNI participation status (participated/did not participate) was to be collected from organizations. Only 21 of 47 (44.68%) organizations submitted the absenteeism and turnover data. Further, within this dataset there were the following noted missing datasets: 10 (47.61%) organizations did not report on turnover; six (28.57%) organizations did not report for all four quarters requested; and two (9.52%) organizations did not report absenteeism in hours, as requested. Despite numerous efforts by the project coordinator to collect the complete datasets from all participating organizations, there was insufficient data to run analysis to answer the evaluation objective.
RESULTS

3.1. Participating Organizations Characteristics: Overall 2012-2013 LCNI Evaluation Participation

Of the 184 organizations that received the LCNI funding from MOHLTC, 47 organizations participated in the LCNI evaluation, representing a participation rate of 26%. Of the 47 sites that had agreed to participate, 16 sites required the submission of individual ethics applications. The low participation rate was despite the Principal Investigator initially contacting each organization to inform them that an evaluation of the 2012-2013 LCNI was going to be conducted, followed by the project coordinator attempting to contact the leads identified by the MOHLTC three times in a three month period (June-August 2013). A small number of organizations who did not want to participate responded that they were not able to participate due to lack of time or staffing. In addition, nurse leaders from 17 organizations that did not receive LCNI funding in 2012-2013 participated in the interviews only. Table 2 provides a breakdown of the sample that participated in the 2012-2013 LCNI evaluation.

Table 2 Overall 2012-2013 LCNI Evaluation Sample Description

<table>
<thead>
<tr>
<th>Participating</th>
<th>Acute Care</th>
<th>Long-Term Care</th>
<th>Home Care</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Participating</td>
<td>24</td>
<td>20</td>
<td>3</td>
<td>47</td>
</tr>
<tr>
<td>Not participating</td>
<td>14</td>
<td>3</td>
<td>0</td>
<td>17</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>64</td>
</tr>
</tbody>
</table>

3.2. Document Analysis of Application Forms

The document analysis included the review of 188 application forms the organizations submitted to MOHLTC for 2012/2013 LCNI. In total, we have received from the MOHLTC 188 LCNI applications, out of which 183 applications were from the organizations that have received the Ministry’s funding (1 application was not received) and 5 applications that have received the Ministry’s approval but have not received funding due to other factors (e.g. not returning the agreement). The Table 3 provides breakdown of submitted projects by sector:

Table 3 Projects by Sector

<table>
<thead>
<tr>
<th>Sector</th>
<th>Number of projects</th>
</tr>
</thead>
<tbody>
<tr>
<td>Home Care</td>
<td>11</td>
</tr>
<tr>
<td>Hospital</td>
<td>533</td>
</tr>
<tr>
<td>Long-term Care</td>
<td>352</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>896</strong></td>
</tr>
</tbody>
</table>
3.3. Interviews with Nurse Leaders

The final sample consisted of 59 nurse leaders from the 47 organizations located across 14 Ontario's Local Health Integrated Networks (LHINs) with 33 from acute care hospitals, 23 from long term care (LTC), and 3 from the home care sector. See Figure 1.

Figure 1 Breakdown of Participating Sites by LHIN and Sectors

In addition, interview participants (in some cases two or more participated in an interview at one organization) described what position they held in their respective organizations as outlined in Table 4.

Table 4 Position in Organization

<table>
<thead>
<tr>
<th>Position in Organization</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Director</td>
<td>14</td>
</tr>
<tr>
<td>Director of Care</td>
<td>13</td>
</tr>
<tr>
<td>Manager</td>
<td>13</td>
</tr>
</tbody>
</table>
3.4. Surveys with Late Career Nurses

In total, 761 surveys were received (404 paper-based and 357 online-based surveys) from a total of 2,153 surveys sent out, representing a 35% response rate. Out of the total number of received surveys, 98 were incomplete, which represents 87% completion rate. The majority of respondents were from the acute care sector including 325 (42.71%) from non-teaching hospitals and 262 (34.43%) from teaching hospitals. This was followed by 58 (7.62%) from home care and 47 (6.18%) from long term care sectors. Sixty-nine (9.07%) of LCNs did not provide a response to which sector they were employed in. The sample consisted of 579 Registered Nurses (76.08% of LCNs); 92 Registered Practical Nurses (12.09%), 5 (0.66%) Registered Nurses Extended Class; and 85 (11.17%) who did not specify designation. In terms of employment status, of those that responded (677), 448 (66.32%) were full-time; 160 (23.63%) were part-time and 68 (10.04%) were casual. Table 5 provides a breakdown of the age range of the participants.

<table>
<thead>
<tr>
<th>Range</th>
<th>Number (Percent)</th>
</tr>
</thead>
<tbody>
<tr>
<td>55-60</td>
<td>377 (57.29%)</td>
</tr>
<tr>
<td>60-65</td>
<td>211 (32.07%)</td>
</tr>
<tr>
<td>65-70</td>
<td>44 (6.69%)</td>
</tr>
<tr>
<td>50-55</td>
<td>17 (2.58%)</td>
</tr>
<tr>
<td>&lt;50</td>
<td>5 (0.76%)</td>
</tr>
<tr>
<td>70-75</td>
<td>4 (0.61%)</td>
</tr>
</tbody>
</table>
3.5. Objective 1: Assess the extent to which special projects align with MOHLTC action plans

3.5.1. Completed LCNI applications obtained from MOHLTC

The 188 participating organizations proposed 896 individual projects, out of which 568 (63.39%) were aligned to the Access to the Right Care at Right Time and Right Place, 290 (32.37%) to the Keeping Ontario Healthy, and 86 (9.60%) to Faster Access & Stronger Links to Family Care. The majority of LCNI projects were described as Patient-Centered Care oriented, 323 (36.05%). These types of projects were followed by Leadership at the Point of Care – 213 (23.77%), Innovative Nursing Education – 208 (23.21%), System Integration – 181 (20.20%), Optimal use of Nurses – 176 (19.64%), and Other 43 (4.80%), which represented projects that did not fit under the other categories. Table 6 illustrates the full list of types of projects under each MOHLTC’s action plan priority.

Table 6 Type of Project Aligned with MOHLTC Action Plan Priorities

<table>
<thead>
<tr>
<th>Type of project</th>
<th>Keeping Ontario Healthy</th>
<th>%</th>
<th>Faster Access &amp; Stronger Links to Family Care</th>
<th>%</th>
<th>Access to the Right Care at Right Time and Place</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Leadership at the Point of Care</td>
<td>69</td>
<td>18.16%</td>
<td>16</td>
<td>14.16%</td>
<td>143</td>
<td>19.48%</td>
</tr>
<tr>
<td>System Integration</td>
<td>32</td>
<td>8.42%</td>
<td>39</td>
<td>34.51%</td>
<td>127</td>
<td>17.30%</td>
</tr>
<tr>
<td>Patient Centered Care</td>
<td>119</td>
<td>31.32%</td>
<td>18</td>
<td>15.93%</td>
<td>211</td>
<td>28.75%</td>
</tr>
<tr>
<td>Optimal use of Nurses</td>
<td>51</td>
<td>13.42%</td>
<td>15</td>
<td>13.27%</td>
<td>120</td>
<td>16.35%</td>
</tr>
<tr>
<td>Innovative Nursing Education</td>
<td>97</td>
<td>25.53%</td>
<td>15</td>
<td>13.27%</td>
<td>108</td>
<td>14.71%</td>
</tr>
<tr>
<td>Other</td>
<td>12</td>
<td>3.16%</td>
<td>10</td>
<td>8.85%</td>
<td>25</td>
<td>3.41%</td>
</tr>
<tr>
<td>Total</td>
<td>380</td>
<td>100.00%</td>
<td>113</td>
<td>100.00%</td>
<td>734</td>
<td>100.00%</td>
</tr>
</tbody>
</table>

In addition, Table 7 provides a few examples of project topics aligned with MOHLTC Action Plan Priorities and Project Categories.

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Note: applicants were allowed to check more than one option for the Ministry priority as well as to describe each individual project using one or more categories (e.g. the applicants could describe the project by checking both Patient-Centered Care and Leadership at the Point of Care). For that reason, all percentages regarding the project alignment and project types refer to the total number of a priority and/or project category use rather than the number of projects.
<table>
<thead>
<tr>
<th>MOHLTC Action Priority</th>
<th>Project Category</th>
<th>Project Examples</th>
</tr>
</thead>
<tbody>
<tr>
<td>Access to the Right Care at Right Time and Right Place</td>
<td>Optimal use of Nurses, Innovative Nursing Education</td>
<td>Diversification in normal work schedule/unit</td>
</tr>
<tr>
<td></td>
<td>Patient Centred Care</td>
<td>Clinical support to ensure timely and smooth coordination of services offered on site to eliminate the need for transfers</td>
</tr>
<tr>
<td></td>
<td>System Integration</td>
<td>Pain management for palliative and acutely ill patients</td>
</tr>
<tr>
<td></td>
<td>Leadership at Point of Care</td>
<td>Provide clinical support to ensure staff utilizes their critical thinking skills to the best of their abilities. Mentorship</td>
</tr>
<tr>
<td></td>
<td>Innovative Nursing Education, Leadership at the Point of Care</td>
<td>Sepsis Protocol</td>
</tr>
<tr>
<td>Keeping Ontario Healthy</td>
<td>Innovative Nursing Education</td>
<td>Pain Management in ER</td>
</tr>
<tr>
<td></td>
<td>Leadership at the Point of Care</td>
<td>Skin care and wound prevention</td>
</tr>
<tr>
<td></td>
<td>Leadership at the Point of Care</td>
<td>Client safety: Hand hygiene and infection control</td>
</tr>
<tr>
<td></td>
<td>Optimal Use of Nurses</td>
<td>Mentorship of employees</td>
</tr>
<tr>
<td></td>
<td>Optimal Use of Nurses, Patient Centred Care</td>
<td>Continence care</td>
</tr>
<tr>
<td></td>
<td>System Integration</td>
<td>Scheduling manual for the self-scheduling committee</td>
</tr>
<tr>
<td>Faster Access &amp; Stronger</td>
<td>Optimal Use of Nurses</td>
<td>Vaccination Program</td>
</tr>
</tbody>
</table>
3.5.2. Interviews

During the interviews, several nursing leaders described projects that aligned with organizational goals as well as MOHLTC strategies including *Keeping Ontario Healthy* and *Right Care, Right Time, Right Place*. Being able to implement projects aligned with organizational and MOHLTC priorities was seen by participants as a ‘win-win’ strategic approach with many linking projects to the provincial and their organization’s quality agenda. Out of 47 interviewed organizations, 40 described their projects and their alignment with MOHLTC’s priorities. One hundred and twenty five projects were identified by participants with 68 (54.40%) implemented in hospitals and 57 (45.60%) in LTC facilities. The majority of projects in the hospital sector or 51 (59.30%), were aligned to the Access to the Right Care at Right Time and Place, followed by Keeping Ontario Healthy with 11 projects (34.38%), and the Faster Access & Stronger Links to Family Care with 8 projects (72.73%). Similarly, in the LTC sector, the largest number of projects or 35 (40.70%), were aligned to the MOHLTC priority the Access to the Right Care at Right Time and Place, followed by Keeping Ontario Healthy with 21 (65.63%), and the Faster Access & Stronger Links to Family Care with 3 (27.27%). Examples of project topics reported by nurse leaders are provided in Table 8.

Table 8 Project Examples - Interviews

<table>
<thead>
<tr>
<th>MOHLTC Action Priority</th>
<th>Project Examples</th>
</tr>
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<tr>
<td>Keeping Ontario Healthy</td>
<td>Running education sessions for staff</td>
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<td>Conducting flu shot initiatives to ensure that all staff and patients/residents have up-to-date immunizations</td>
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<td>Fall prevention and management program</td>
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<td>Smoking Cessation programs</td>
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<td>Implementation of incontinence best practice guidelines</td>
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<td>Faster Access and Stronger Links to Family</td>
<td>Working on the switch to electronic documentation (designing the format, etc for</td>
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<td>hold process, etc)</td>
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<td>Health Care</td>
<td>Meditec, E-care, online order sets</td>
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<td>Developing patient handouts/teaching tools</td>
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<td>Updating charting forms</td>
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<td>Creating new wound care processes/protocols</td>
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<td>Staff training – education booklets, binders, checklists, modules,</td>
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<td>conducting training sessions</td>
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<td>Access to the Right Care at Right Time and Right Place</td>
<td>“Work well audit” – working on</td>
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<td>health and safety bulletin boards</td>
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<td>Behaviour Prevention Programs</td>
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<td>Follow up phone calls with patients post-discharge (e.g. Call back</td>
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<td>program)</td>
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<td>Addressing areas for accreditation</td>
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<td>Staff training – education booklets, binders, checklists, modules,</td>
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<td>Policy development (Redesigning, updating and/or computerizing policy</td>
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<td>manuals to meet Ministry standards)</td>
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### 3.5.3. LCNI Surveys

The most commonly reported type of project reported by survey respondents was Data Collection and Analysis (n=32). The survey included projects such as: Documentation/Chart audits (n=6), Patient satisfaction surveying (n=6), Infection Control Audits (n=5). In addition, several projects we categorized as Miscellaneous (n=15). The next type of projects were categorized as Education and included: Staff teaching/training (n=31), Developing and Updating Directives, Policies and Procedures (n=18), Developing Clinical Tools and Resources for Staff (n=14), Being a Resource/Creating Resources for Patients and Families (n=11), Program/Initiative Implementation (n=10), Documentation/Paperwork/Care Planning Catch Up (n=9), Reorganizing materials and Resources on the Unit (n=8), Updating files and resources online (n=4), Job Shadowing (n=3) and Other (n=3). LCNs worked on the projects related to Improving Care Quality and Patient Satisfaction (n=25), Improving Care Access/Coordination (n=24), Knowledge Transfer (n=10), Patient Safety Improvements (n=9), and Identifying and Addressing Gaps in Care (n=6).
3.6. Objective 2: Characterize employer-perceived barriers and facilitators to implementation of the LCNI across healthcare facilities and benefits resulting from participating in the initiative.

From the interviews conducted with nurse leaders across the province, the following themes emerged around the barriers, facilitators and benefits: 1) having a good plan; 2) engaging stakeholders; 3) experiencing barriers; and 4) achieving outcomes. Each is described in more detail under this objective.

3.6.1. Having a Good Plan

The theme reflects study participants’ view that a multi-pronged, thoughtful and proactive plan was a key facilitator to successful implementation of the LCNI in healthcare organizations. Key aspects of having a good plan included starting small and scoping projects; leveraging staff expertise and resources to undertake local LCNI projects; setting goals and monitoring progress; setting clear goals and targets; and aligning the LCNI goals with organizational and MOHLTC priorities.

3.6.1.1. Starting Small, Scoping Projects and Starting Early

Participants recommended to ‘start small’ and ‘scope’ the projects compared to trying to implement multiple projects at once in an organization so they can be effectively managed within their respective organizations. Some participants identified that people often do not realize how much work it is until they get started which results in challenges relating to availability of time and resources. Planning also included being organized and anticipating potential pitfalls or roadblocks to implement the LCNI projects in the organizations. For example, participants reported that planning well in advance is critical, including project selection and ensuring resources are in place for every step of the implementation. The following excerpts illustrate this sub-theme.

“I would start small with one or two projects and really get the feel of how it works, what work is involved. People don’t realize how much work it is, until they start. If they are not really prepared for that, if you’ve got one or two projects, that’s probably plenty for your first year.” (Hospital 17)

“We received the funding last year, this year we’re a lot more confident with the fact that we’ll receive the funding. So we actually started a lot of the preliminary work and getting the nurses organized and getting their schedules organized a lot earlier. So that’s definitely decreased some of the stress that we had last year with having people offloaded for their caseload.” (Home Care 03)

“Start early, try to figure out who are going to be your successful people early and try to involve them in the planning.” (Long Term Care 07)
3.6.1.2. Leveraging Staff Expertise and Resources to Undertake Local LCNI Projects

A key component of having a good plan described by participants was the importance of leveraging staff expertise and resources to undertake LCNI projects at their organizations. Participants described the importance of recognizing the knowledge and expertise of late career nurses (LCNs) and where possible matching expertise and interests of the LCNs to corporate and local projects. Participants reported that late career nurses have particular strengths in certain areas which they try to utilize so the project can be a positive experience for the nurses. In addition to staff expertise, another facilitator for LCNI implementation was the ability to leverage resources to support LCNs in implementing their projects. Resources ranged from the funding for protected time for the LCN to implement their project and organization-wide LCNI activities; education on project planning, project topic, data collection methods (e.g. chart audit), using computers (e.g. Excel spreadsheets, PowerPoint); and space away from the unit to work on the project. The following excerpts illustrate this sub-theme.

“Looking at your organization as a whole and figuring out where you could use those staff members is key. For us we have certain areas where we find the late career nurses have greater strengths than in other areas and just utilizing those staff members to their strengths so that it’s a good experience for them too.” (Long Term Care 09)

“Have a very well put together game plan prior to initiating the actual proposal, and make sure that you have enough resources to support the proposal. If we don’t have the resources for the staff when they need it then the project won’t succeed. Similarly if you don’t dedicate the time to good preparation of how the proposal is going to get laid out, like an actual good game plan, chances are the end results are not going to be very successful.” (Hospital 08)

“Giving lots of flexibility to our staff to ensure that we provide constant client coverage in areas that have very small teams. To have that one person relieved the whole day might not be an option for them. So we were flexible with hours and said that they have to attend a meeting, either in person or call in for 3 hours, or 3.5-4 hours for that scheduled day, and then the other 3.5 or 4 hours depending on the project, they actually had to work on their own, so they were assigned with readings, or they had to collate information and that could be done from their home, so we were quite flexible.” (Home Care 03)

3.6.1.3. Setting Goals and Monitoring Progress

Several of the study participants described the necessity of monitoring progress as a key facilitator for successful implementation of the LCNI in their organization. Part of this proactive planning included having goals and targets with measurable deliverables and timelines for each of the LCNI projects being undertaken at the corporate or local levels. This key activity was viewed by participants as important for benchmarking and ensuring that LCNI leaders and
participating LCNs were accountable for the projects. Monitoring the progress of the LCNI projects through discussions at one-on-one meetings, group meetings, or webinars (home care sector) with LCNs and auditing practice changes associated with the LCNI projects was also identified by study participants. Obtaining feedback on the projects facilitated the corporate project leaders to reassure and support the nurses or address problem areas early and make improvements to the project plan. The following excerpts illustrate this sub-theme.

“Having a set plan with timelines and set days as much as possible to really plan out that 10 to 16 weeks to ensure that you are utilizing the most amount of time that has been allocated to you and having certain things that you’d like to achieve for each week.” (Home Care 03)

“While the projects were underway and then shortly thereafter, we talk to staff about, you know, ‘well, how is it working? Is there anything else that needs to be changed? Is there something additional that maybe we should look at in the future for projects for someone? So staff have the opportunity to provide lots of feedback and input into the current projects and projects for the future. Even in our daily huddles you know, people will bring up little issues about certain things and someone will take it on and fix it. It’s an ongoing reassess and plan.” (Hospital 11)

“I think implementing the auditing process, it’s just such a great tool in every aspect, so that you can see, that you can quantify your improvements right? It’s measurable then. We have some of our staff that have taken the lead facilitator training, they can really measure for us our improvements and they use the audits to do that. It reaffirms to the staff why we are investing this time and money. This is where we were before, this is where we are now and this is what we’re maintaining, look at the great work we have done because of it.”(Long Term Care 04)

3.6.1.4. Aligning the LCNI Goals with Organizational and MOHLTC Priorities

Another key facilitator identified in the interviews is alignment of the local and corporate project topics with organizational and MOHLTC priorities. Several participants described projects that aligned with organizational goals as well as MOHLTC strategies including Keeping Ontario Healthy and Access to the Right Care at Right Time and Right Place. Being able to implement projects aligned with organizational and MOHLTC priorities was seen by participants as a ‘win-win’ strategic approach with many linking projects to the provincial and organizational quality agendas. The following narratives provide examples of this sub-theme.

“At the time we looked at the Ministry requirements, I think you referred to it as the action plan [and] making sure what you’re doing correlates with that because that’s the whole point, they didn’t just have extra money that they would throw [around]. There
actually was a purpose piece behind it. So making sure what you want to do correlates with them. If it doesn’t match up, there’s no point to doing it.” (Home Care 01)

“I think it’s a great opportunity for us to look at some of the key strategies as an organization that we want to initiate and support and certainly a lot of them are in alignment with the healthy Ontario strategy, the senior strategy, those are actually some of our corporate goals.” (Hospital 23)

“To really figure out and look at projects that are of interest to your residents and your staff and that align you with the Long Term Care Act and the initiative put forward through the LHIN. You need to look at initiatives that are of genuine interest and will bring more, better, positive outcomes to your residents.” (Long Term Care 16)

### 3.6.2. Engaging Stakeholders

This theme reflects how study participants described the need to engage stakeholders at all levels in an ongoing manner to ensure successful implementation of the LCNI in healthcare organizations. Key sub-themes included having strong leadership and getting nurse buy-in.

#### 3.6.2.1. Having Strong Leadership

Participants identified having strong leadership as another key enabler for successful implementation of the LCNI in healthcare organizations. Key activities of the leaders included creating a culture for learning, improvement and collaboration. Participants described checking in regularly with the managers and LCNs throughout the LCNI to make sure there was support for project implementation. Some participants discussed presenting LCN project outcomes to the LCNs and managers which reaffirmed to staff why they had participated and invested in the LCNI. Further, some participants also described that they recognized the achievements of the LCNs during special events and inviting other staff to join the celebration. Many participants discussed collaborating with other stakeholders within the organization to set the LCN projects up for success. This included utilizing the expertise of other interdisciplinary team members to assist with skills that the nurses did not have themselves (e.g. computer skills). Leaders also described collaborating with union representatives to keep them informed about the LCNI and promote a professional relationship. Nurse leaders also reported the benefits of consulting with other organizations to discuss lessons learned and offer support to each other. The following excerpts illustrate this sub-theme.

“As a manager, I’ve always received support from my director to utilize this opportunity. Where we’ve had to work with other colleagues, other stakeholders, whether it’s projects that require input from physicians, or pharmacies in the case of the project that we’re doing now, or educator, or patient education specialist, people have been very receptive when you ask them for their input and involvement”. (Hospital 30)
“We actually had everybody endorse this initiative from our CEO to our middle management, to our union rep to our HR and etc. Even before involving nurses in our late career initiative we, the implementation team, individually went out and presented to the leadership, to the middle management, to the client services, to the HR as well, so they really understand the benefits for all the organization, the nurses as well as the clients. There’s definitely a lot of information sharing that happened initially because we needed to, first of all, get the leadership on board as well, including nursing supervisors and managers, as well as to disseminate information more to the nurses at the point of care. There was definitely a lot of stakeholder consultation that happened”. (Home Care 03)

“So meeting with them [nurses] is important and the managers of resident care they would be able to tell you better how involved they are with that. It was really important I found that I needed to check in with them, did they need anything. It’s really important to have those conversations with them.” (Long Term Care 03)

3.6.2.2. Getting Nurse Buy-In

Several participants described the importance of LCNs being involved in developing the LCNI project, including the topic, and being interested in their projects. These factors were perceived by participants to contribute to LCNs taking ownership and pride in their LCNI projects, which, in turn contributed to successful implementation of their projects. Nurse buy-in and a sense of ownership was more likely if nurses were involved from the start by giving an input about a project topic and its implementation methods. The following excerpts illustrate this sub-theme.

“I had a teleconference with all nurses who were eligible and how we started was looking at some areas that had come up in previous conversation or through previous surveys plus they had an opportunity to put any other ideas forward. Participation was voluntary and people got to choose which projects that they wanted to work on and how much support they needed.” (Home Care 02)

“Ask for staff input because if they ask for staff input the staff will feel like they own whatever the initiative is that they’re working on and they’ll be more interested in wanting to continue. Let them own it. Let the ideas that are coming forward be their ideas and let them know that they have full autonomy with regards to what they want to do and how they want to do it.” (Hospital 33)

“Don’t have the manager pick what it needs to be, it needs to be the nurses. Have the nurses decide because they need to want to be able to do this. It needs to be beneficial to them, they need to feel good about what they’re doing. We develop that together so they’ve already got the buy in” (Long Term Care 08)
3.6.3. Experiencing Barriers

This theme refers to experiencing barriers associated with all steps in the LCNI process including getting nurse buy-in; the application, notification, and funding processes; implementation; and reporting requirements and follow-up. In addition, barriers to participating in the LCNI were also identified by non-participating sites.

3.6.3.1. Barriers with Getting Nurse Buy-In

Getting nurse buy-in from the LCNs for some organizations was challenging. In some situations, nurse leaders perceived that the LCNs did not want to participate as they were uncomfortable with learning new skills, not wanting to be identified as in the late career age cohort due to the stigma attached; or not interested in leaving the bedside or clinical care environments. Participants also indicated that some late career nurses are uninterested in becoming involved in the LCNI because they are counting the days until retirement. Further, promoting nurse buy-in presented unique challenges in the home care sector as it is not as convenient to meet as a group in the same location. The following excerpts illustrate this sub-theme.

“They’re not thinking about, "Oh, well, you know maybe I could stay a bit longer because now it's more interesting...” It's heavy, it's hard and their bodies aren't working well. Their minds aren't working like they used to, and it's too stressful. They couldn’t begin to do a project, that's not their forte, that's not their skills. No one ever taught them how to do a project. They're good at nursing.” (Hospital 12)

“In the homecare setting, the nurses practice is quite isolated practice because they are one on one with the client, right? The only time you see your colleague is if you go to team meetings, and that’s in between your other clients, and it’s busy so... for our nurses in a way it was good because they had that protected 7.5 hours a week, or the whole day allocated without worrying about seeing other clients.”(Home Care 03)

“Trying to decide what nurse could do it, some of them just don’t have the knowledge base so that’s difficult at times because then it requires someone else to teach them and you know we are all very constricted on our time, but it’s kind of a catch 22 at times.” (Long Term Care 01)

3.6.3.2. Barriers with Application, Notification and Funding Processes

Key barriers associated with the application process identified by participants in the hospital and long term care sectors included being a time consuming and detailed application process and timing regarding the application call to receiving funding. Several participants identified that it was time consuming to meet all necessary requirements (e.g. undertake consultation with the union, staff nurses and administrators) of the LCNI application. Related to this challenge was the tight turnaround to complete and submit the LCNI application over the summer months where many are off on vacation. The final barrier was around the delay from the time when organizations apply with proposed projects and the time when they receive
notification of the approval and the funding itself. The following excerpts illustrate this sub-theme.

“It was in the worst possible time during vacation time. For everyone. Key players were away on vacation. The timeline was absolutely narrow given also that I was going away on vacation for two weeks as well. So, not only was the organization on vacation but I was going away and I ended up staying up all night trying to finish it.” (Hospital 12)

“It’s a crunch time, vacation time in the summer everybody is off, of course my full time, high senior nurses that might be involved in this have 7 weeks of holidays and are invariably off when I am trying to plan this, so they aren’t even here to help with the planning process. It’s always in the summer, half your staff are gone. So that’s a challenge too. That you’re trying to get it in in that specific amount of time. It’s a little more specified, like I say, so it takes a little longer to do that and then we wait, you know, to hear whether or not we’ve been accepted or not.” (Long Term Care 07)

“If I could start this project tomorrow they are on board. They’re thinking about their projects, they’re coming to visit me. They’ve got all these great ideas. But, the fact that it’s so long before they can actually start them. They lose their ambition. So, what I’ve had to do on the evaluation from last year is I’ve actually had to just write in the box, No, the outcomes were not achieved for the project that we originally submitted. But, this late career nurse decided to do this project instead and it still fits within the criteria, and so we supported her to do that. And, these were the objectives. There needs to be some flexibility there for real life. I have a huge issue with the timelines.” (Hospital 10)

“I find it very cumbersome, I find that a lot of the questions are repetitive, I am find that it is really difficult to say this is what the project is going to be when we are looking at months from now, that’s really difficult, I think that who is going to learn from this, and why is everyone doing this and if you ask that question once it would be great but it seems that with every project and with every nurse you are asking the same questions. I just find it very cumbersome, find it very challenging to fill out, extremely time consuming and it is really a deterrent almost to applying.” (Long Term Care 23)

3.6.3.3. Barriers with the Implementation Process

Key barriers associated with the implementation process identified by participants included having a short time to complete projects; lacking flexibility in implementing the LCNI projects; and being short-staffed. Participants also described a key barrier to implementation of the LCNI at their organization was the short time frame from getting notification and funding late in the fiscal year and having to spend all LCNI funding by the end of the fiscal year. As a result of this barrier, challenges were experienced by some organizations around scheduling difficulties and having insufficient time to roll-out the proposed projects. Further, despite the funding available for protected time for LCNs to participate, some organizations experienced challenges when they were short staffed due to sick calls and/or union constraints. In this situation, the LCNs were pulled from working on their projects and back to their staff nurse
position with the priority being on patient care. In the home care sector there were unique staffing and resource challenges with LCNI participation as nurses are reimbursed on a per visit basis while the LCNI is funded per hour. Home care nurses sometimes visit more than one client in an hour therefore there was the potential for actual loss of income while participating in the LCNI project. The following excerpts illustrate this sub-theme.

“I think the criteria for how it works could be a little bit more adaptable and flexible. It’s all very well and good to say that you are replacing them for 20% of their full time position, or of their hours of work. It would be much easier for me as a manager, for example, if I could pull a Late Career nurse to work on a project, Seniors Friendly, whatever, I could pull her for a 3 month period of time or however much time the funding would cover. She would work on that project diligently, and only on that project for that period of time and I would actually be able to temporarily replace her for a 3 month period of time. So that she wouldn’t be at risk of coming in to work today in dress clothes to work on the project and finding that she has to get a uniform and come back to work.” (Hospital 20)

“We generally get to start it around January, and that’s a challenge because we only have then until March 31st to use that money and to get our projects going. We may start them in December, December-January, and we don’t have a lot of time, and we feel that if we had more time, you know, if it were integrated throughout the year, we would be able to actually use the money in a better way.” (Long Term Care 10)

“So, with those nurses, they have that, three or four hours that they’re committed to the phone conference or coming into the office and doing some work and the other 3.5 hours were really flexible Because if we’re asking them to come into the office from their home, and our nurses can be, you know, living in Whitby, and coming into Toronto office, once again we would have to cut down on the hours that they can actually do something active, to cover their mileage. I think their reimbursement model that works for the hospital does not really work for the community setting just because of the difference in reimbursement for their salary is all the mileage issues.” (Home Care 03)

To mitigate these challenges, participants emphasized that the LCNI should be given protected time and offered the following three strategies: schedule the LCN time in weeks rather than shifts; ensure coverage by a staffing plan that includes part-time and casual nurses; and 3) have flexible scheduling.

“I understand that the criteria says that the nurses have to be scheduled 1 7.5 hour shift per week for the maximum number of weeks that you’ve applied, and we’ve asked for 12 weeks. But we have lots of innovative scheduling now with the majority nursing working 12 hour shifts, if we have nurses who are late career who their master schedule is a 12 hour shift and we’re putting them on late career for 7.5 hours, then we’re either having to have them come back to the unit for the last 4 hours of their shift or they’re having to take vacation for that 4 hours. It would be nice if there was more flexibility in how we’re
able to schedule the late career hours. So if I had somebody who is a 12 hour shift employee, then I’m not, now, changing them to 8 hours on the day that they have to do late career. So that they’d actually be able to do an 11.25 shift of late career. I’m not asking for an increase in hours, but it’s just the flexibility around scheduling.” (Hospital 23)

“We do have some nurses who are casual with us, but they’re still doing part time or full time hours. So, I wonder if that could be something of an option as well. For home care organizations that don’t have 20 nurses that are part time or full time nurses who are willing to commit if looking at casual nurses who have been on service with us for a long time, who are doing a set of part time or full time hours could participate in the initiative. So maybe having a little bit more flexible inclusion criteria, but definitely, you know, not allowing those casuals who are once a month, but who are casual on paper but who are doing full time or part time hours.” (Home Care 03)

3.6.3.4. Barriers with Reporting Requirements and Follow-Up

Key barriers associated with the reporting requirements identified by participants in the hospital and long term care sectors included it being time consuming, missing sections of the reporting requirements, and receiving no feedback on their submitted report. The following excerpts illustrate this sub-theme.

“It [reporting requirements] is very laborious, so to try to pull the hours and then the actual summary of what the project was, put it in a template, so for instance I had to report on schedule A and it’s arduous to link every project back with nurse number 1, nurse number 2, and fill the template back in again and it will truncate on and only allow a certain number of elements in every box.” (Hospital 18)

First of all I never had the schedule A that I needed to have, and I never had any signed off documentation, then the ministry stamps it approved and sends back a copy with approval back to the hospital, and ours sits within our CEO office. We never got that sent back to us this time. So, I was actually quite concerned, because I thought to myself, here we’ve gone ahead and done this initiative, based on the fact that we were given approval via email, but we’ve never received that copy back to say approved. (Hospital 08)

“I think this is something that we are actually still working on, because I have submitted the report, that piece of the process was unclear. I only knew what to do as I started to receive emails and I almost wished I had a tip sheet almost, like this month you would be required to do A, B, and C. For myself I like to plan well ahead of time, so if I know for a certain month I have to report, financial reports, ahead of time I would be prepared for that, as opposed to be reactive. So I found that I didn’t know what was going on until it was due at the time. So that was challenging, because of course we are busy and we plan our time accordingly. I’m still waiting day-by-day to see what I will have to do next.” (Long Term Care 18)
3.6.3.5. Barriers to Applying

Nursing leaders from sites that did not participate in the LCNI identified several barriers for which they chose not to participate in the 2012-2013 LCNI. Key barriers included that organizations did not have nurses over the age of 55 (an eligibility requirement for LCNI funding); not having nurses over the age of 55 interested to participate; or not having additional staff to backfill the late career nurses (LCNs). Some participants suggested that they had “overlooked” the initiative due to negative past experiences with limited timelines; the tedious application and reporting process; and challenges with implementation of the initiative within the organization. The latter barrier was often a result of an imbalance between the amount of work and resources required to acquire funding and implement the project and the value of the funding and the work that would be accomplished in a short time frame. Despite barriers that prevented many organizations from participating in the 2012-2013 fiscal year LCNI, most of the participants expressed the value that the LCNs bring to the workforce and many described their willingness to participate at a later date.

3.6.4. Achieving Outcomes

Participants reported achieving outcomes for the organizations, nurses, and patients as key benefits of the LCNI.

3.6.4.1. Benefits to the Organization

At the organizational level, a key benefit associated with the LCNI described by participants included being able to complete projects aligned with their corporate goals with help of the LCNI funding. For example, some of the hospital-based participants reported being able to address organizational or unit-specific gaps in preparation for their accreditation process. Nurse leaders also shared that another key benefit was that the LCNI and LCN projects enhanced their work environments, which in turn, was attributed to retaining nurses in their organizations. The following excerpts illustrate this sub-theme.

“So for the nurses, well definitely, you know the feedback that we received, the fact that the job satisfaction went up and the stress level went down, and all of the nurses that had participated in the initiative initially said that they would be interested in participating in the initiative again. So there was definitely a lot of demand for us to reapply the second time around, and I think that was one of the factors that influenced us reapplying was the fact that our nurses said that they would like to continue with it as well.” (Home Care 03)

“As an organization, we’re confident that the people who do participate in the program benefit from that experience and for that in itself we feel that the organization benefits. If we have 35 or 40 individuals who albeit are in a better place, mindset, satisfaction, health, whatever it happens to be as a result of it, we feel that that’s good.” (Hospital 26)
“It shows that as an organization we’re trying to be innovative, we’re looking for other ways to, you know, add staff back to the floor. So, we’re really trying to do different things and look outside the box. I think without this initiative, you know, having it for so many years, it’s just engrained into our culture. This is who we are. Without it, it would be quite detrimental I think.” (Long Term Care 08)

“Preparing for accreditation, a lot of the outcomes I’m seeing are gaps being addressed, by the late career nurse initiative. They’ve really jumped in and said, “We need discharge resources for this!” or “We need to do a better job on that.” We’re seeing a lot of those gaps that were identified either just by the nurses on the floor, or through accreditation, being addressed very quickly.”(Hospital 10)

3.6.4.2. Benefits to Nurses

Key benefits associated with the LCNI described by participants included that the nurses involved in the LCNI experienced a sense of accomplishment, pride and job satisfaction in successfully implemented projects. Several nurse leaders indicated that their LCN experienced a sense of achievement as they developed a greater understanding of their workplace and were able to experience a difference perspective, while decreasing the physical demand on LCNs in the context of their daily practice. Participants shared that late career nurses in their organizations have a variety of experience, knowledge, and skills, and that others could benefit from their wealth of expertise. For example, in many organizations the mentorship relationships established between -LCNs and new nursing staff resulted in the new nursing staff acquiring knowledge and skills and a positive change in workplace environments. The following excerpts illustrate this sub-theme.

“It [LCNI] gives them a sense of accomplishment [and] the opportunity to step back from the bedside and look at things a little differently. So, we often bring them to meetings and committees when they’re in the role. They give them the opportunity to look at their area, or their units a little bit differently…. their eyes totally get widened and they really do get an appreciation of, sometimes how difficult things can be.” (Hospital 10)

“It is a great opportunity for the nurses at the end of their career to be able to share their knowledge and expertise and be able to participate in quality improvement initiatives or little project on the floor, they are often able to identify improvements and it’s nice for them to really be able to contribute and feel part of something very productive and it takes away from that arduous schedule of shift work.” (Hospital 18)

“There was definitely a lot of demand for us to reapply the second time around, and I think that was one of the factors that influenced us reapplying was the fact that our nurses said that they would like to continue with it as well. One of the projects that we had was leadership at the point of care. So, we were trying to build the capacity of the late career nurses to be preceptors and mentors to both new nurses coming in, like new grads, and students, as well as new hires. So basically the booklet that we now deliver to
our new preceptors was as a result, from the late career nursing participating in the initiative.” (Home Care 03)

“Some have been here for twenty some-odd years, and so, they don’t want to retire but they are getting older and they really do want to be involved in nursing. They have a wealth of experience and knowledge and everything else, and so, by allowing them to take part in this initiative it really helps them stay on, and gives them a break a little bit, for the year, and they’re able to do less strenuous things than on-the-floor nursing, and of course we really benefit, everybody benefits from their knowledge and their experience.”(Long Term Care 10)

3.6.4.3. Benefits to Patients

Key benefits to the patients associated with the LCNI described by participants included improving quality of care by increasing patient and family satisfaction and enhancing communication and coordination of care. The following excerpts illustrate this sub-theme.

We looked at discharge phone calls. After patients had left the hospital we called them to make sure that they knew what to do with follow up etc. and if they could give us any feedback and we learned from that. And you know if we can make improvements to patient outcomes ultimately because we have late career nurses who are able to participate in projects I think we should use those opportunities. (Home care 02)

“I mean we see it as an opportunity for our senior nurses and it’s kind of a win-win, it’s an opportunity for the late-career nurse herself as well as getting some additional items done sometimes for our patients that we couldn’t ordinarily do within our limited budget.” (Hospital 05)

We’ve come up with some really great projects that have really helped the residents, and helped the staff. And, so it becomes sort of a, sort of a team that really is working together, and, you know, the outcome is better care for the resident, and more happy residents. So it works all around I think. (Long Term Care 10)

“They [nurses involved in the LCNI projects] share with us that like the residents are happier, and in particular cases the families are happier. So this is based on the satisfaction level at this point because it is such short term so it’s more like subjective opinion instead of more.” (Long Term Care 02)

“The outcomes are tremendous. We’ve got quality of care, best practice, residents are happy with their care, families are happy with their care, the staff feel very important, they feel like they’ve done a good job. The culture changes in the home, as well. (Long Term Care 10)
3.7. Objective 3: Characterize and quantify specific project characteristics and nurse experiences with the LCNI and determine the extent to which they vary at the individual and organizational levels.

As a factor analysis did not indicate the presence of any clear factor structures, items on the project characteristics were summed and treated as a continuous variable for this analysis. To this end, LCN participants who agreed or strongly agreed with the project characteristics item inventory (i.e. had a more positive view on their project characteristics) were more inclined to report that the LCNI influenced their job satisfaction (p<0.0001). Similarly, a positive correlation was found between the scores on project characteristics questions inventory with job satisfaction (p<0.0001). Participants who had a less positive view of their project were less likely to believe that the LCNI aids in the retention of late-career nurses than those who had higher scores in the project characteristics inventory (p<0.0001). Participants with higher scores were also more likely to cite work environment as an important factor influencing their decision to remain in their organization (p=0.0383). See Table 9 for analysis.

3.7.1. LCNI Participation Characteristics

Similar to the project characteristics, higher scores in this inventory (indicating a more positive experience in the initiative), were associated with reports that the LCNI affected their job satisfaction (p<0.0001), job satisfaction score (p<0.00001), and view that the LCNI helps to retain late-career nurses (p<0.0001). See Table 9 for analysis.

Table 9 Effect of LCNI Participation and Project Characteristics on Job Satisfaction and Career Intentions in LCNs: Value and Level of Significance

<table>
<thead>
<tr>
<th>Project Characteristics</th>
<th>LCNI Participation Characteristics</th>
</tr>
</thead>
<tbody>
<tr>
<td>Did participation in the LCNI influence your job satisfaction?</td>
<td>-7.06 p &lt;0.0001**</td>
</tr>
<tr>
<td>Did participation in the LCNI influence your retirement intentions?</td>
<td>-1.58 p= 0.1175</td>
</tr>
<tr>
<td>Job satisfaction scale</td>
<td>0.4483, p&lt;0.0001**</td>
</tr>
<tr>
<td>Approximately how much longer do you believe you will remain with your organization?</td>
<td>0.74 p= 0.4775</td>
</tr>
<tr>
<td>What is the single most likely reason you will leave your organization?</td>
<td>-0.24 p= 0.8115</td>
</tr>
<tr>
<td>Approximately how much longer do you believe you will remain in the profession?</td>
<td>0.36 p= 0.6988</td>
</tr>
<tr>
<td>What is the single most likely reason you will leave the profession?</td>
<td>0.85 p= 0.3977</td>
</tr>
<tr>
<td>Select the three most important factors contributing to your decision to leave or remain with your organization.</td>
<td>-2.11 p=0.0383*</td>
</tr>
</tbody>
</table>
Further work ought to be conducted to revise the item inventory, probably eliminating some of the items and revising the list. For instance, when investigating the inter-correlation matrix, several items are correlated above 0.8. If 2 items are highly correlated, it is possible that both items may be measuring the same construct so for future iterations, one may want to eliminate redundant inventory items. This redundancy may have contributed to the ambiguity in the current factor structure analysis.

3.8. Objective 4: Evaluate the effect of LCNI participation, project characteristics, nurse experiences with the LCNI and nurse demography on self-reported outcome measures including job satisfaction and career intentions.

3.8.1. Participation in the LCNI. When comparing survey participants who joined the LCNI versus those who did not, statistical significance was only observed between groups in two of the outcome measures. Participants and non-participants differed in the ratio that selected “coworkers” as one of the three most important factors contributing to their decision to leave or remain in the organization. A larger proportion of participants who were not part of the LCNI initiative regarded “coworkers” one of the most important factors influencing their decision to stay or leave an organization (p= 0.0495). LCNI participants and non-participants also differed in their perception that the LCNI assisted in the retention of late career nurses, with a higher proportion of non-LCNI participants selecting either that they did not know if the LCNI would be effective in retaining late career nurses compared to those who did participate in the LCNI (p<0.0001). See Table 10 for analysis.

Table 10 Comparison Between LCNI Participants and Non-Participants on Outcome Indicators

<table>
<thead>
<tr>
<th></th>
<th>Value , Level of Significance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Job satisfaction scale</td>
<td>0.60, p= 0.5478</td>
</tr>
<tr>
<td>Approximately how much longer do you believe you will remain with your organization?</td>
<td>1.202, p= 0.4008</td>
</tr>
<tr>
<td>Approximately how much longer do you believe you will remain in the profession?</td>
<td>1.421, p=0.1159</td>
</tr>
</tbody>
</table>
Select the three most important factors contributing to your decision to leave or remain with your organization.

<table>
<thead>
<tr>
<th>Factor</th>
<th>Coefficient</th>
<th>p-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Work environment / job satisfaction</td>
<td>0.954</td>
<td>0.8254</td>
</tr>
<tr>
<td>Health</td>
<td>1.077</td>
<td>0.7022</td>
</tr>
<tr>
<td>Personal</td>
<td>1.048</td>
<td>0.8127</td>
</tr>
<tr>
<td>Financial</td>
<td>0.730</td>
<td>0.1148</td>
</tr>
<tr>
<td>Patients/residents</td>
<td>0.899</td>
<td>0.6532</td>
</tr>
<tr>
<td>Coworkers</td>
<td>0.4255</td>
<td>0.0495*</td>
</tr>
</tbody>
</table>

Do you believe that LCNI aids in the retention of late-career nurses? 1.3503 p<0.0001**

** = p <0.01
* = p <0.05

3.8.2. Professional Designation. LCN participants’ professional designation did not influence any outcomes of job satisfaction or retirement intent outcomes in this study. Although there appears to be differences in the proportion between RNs and RPNs in some outcomes, the relatively low response rate from LCN participants rendered the sample size too small to test for statistical significance. See Table 11 for analysis.

3.8.3. Age. Significance was detected between age cohorts when testing for the number of years LCNs expect to remain in their organization. Participants who were older anticipated remaining in the organization for a shorter time than their younger counterparts (p<0.0001). Likewise, LCNs in older cohorts were significantly more likely to report their intent to remain in their profession for a shorter period of time as opposed to younger cohorts which reported their intent to stay in the profession for more years (p=0.0004). A significant difference was detected in mean age associated with job satisfaction (p=0.02) and the perception that the LCNI would aid in the retention of LCNs (p=0.03). Note that the mean age differed slightly for both of these variables (e.g. the mean age of participants who reported that the LCNI influenced their job satisfaction was 60.74 years versus those who did not report such an influence having a mean age 59.61 years) and thus the results need to be interpreted with caution. See Table 11 for analysis.

Table 11: Effect of LCNI Demography on Job Satisfaction and Career Intentions in LCNs: Value and Level of Significance

<table>
<thead>
<tr>
<th>Professional designation</th>
<th>Age</th>
<th>Employmen t status</th>
<th>Years participated in the LCNI</th>
<th>Selection for the LCNI</th>
</tr>
</thead>
<tbody>
<tr>
<td>Did participation in the LCN influence your job satisfaction?</td>
<td>0.0026</td>
<td>-2.30</td>
<td>4.3622</td>
<td>1.3987</td>
</tr>
<tr>
<td></td>
<td>p= 0.96</td>
<td>p= 0.02*</td>
<td>p= 0.1129</td>
<td>p= 0.4969</td>
</tr>
<tr>
<td>Did participation in the LCN influence your retirement intentions?</td>
<td>0.19</td>
<td>-1.28</td>
<td>0.2365</td>
<td>3.7976</td>
</tr>
<tr>
<td></td>
<td>p= 0.57</td>
<td>p= 0.20</td>
<td>p= 0.8885</td>
<td>p= 0.1497</td>
</tr>
<tr>
<td>Job satisfaction scale</td>
<td>-0.12</td>
<td>0.1586</td>
<td>1.47</td>
<td>3.36</td>
</tr>
<tr>
<td></td>
<td>p=0.90</td>
<td>p=0.052</td>
<td>p=0.2334</td>
<td>p=0.0374*</td>
</tr>
</tbody>
</table>
Approximately how much longer do you believe you will remain with your organization? 2.34 p=0.31

What is the single most likely reason you will leave your organization? 2.68 p= 0.22

Approximately how much longer do you believe you will remain in the profession? 1.34 p=0.75

What is the single most likely reason you will leave the profession? 2.9 p=0.37

Select the three most important factors contributing to your decision to leave or remain with your organization.

<table>
<thead>
<tr>
<th>Work environment/job satisfaction</th>
<th>Health</th>
<th>p=0.86</th>
<th>0.03 p=0.86</th>
<th>0.3568 p=0.8366</th>
<th>-0.0372 p=0.9704</th>
<th>3.3846 p=0.1841</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Personal</td>
<td>0.082 p=0.77</td>
<td>0.082 p=0.8624</td>
<td>0.5723 p=0.7511</td>
<td>0.5798 p=0.5629</td>
<td>3.9075 p=0.1417</td>
</tr>
<tr>
<td></td>
<td>Financial</td>
<td>0.35 p=0.55</td>
<td>0.35 p=0.55</td>
<td>0.5009 p=0.5009</td>
<td>1.3578 p=0.5072</td>
<td>-0.6032 p=0.5473</td>
</tr>
<tr>
<td></td>
<td>Patients/residents</td>
<td>3.47 p=0.09</td>
<td>3.47 p=0.09</td>
<td>-1.77 p=0.789</td>
<td>3.1340 p=0.2087</td>
<td>1.1579 p=0.2488</td>
</tr>
<tr>
<td></td>
<td>Coworkers</td>
<td>0.03 p=0.86</td>
<td>0.03 p=0.86</td>
<td>-0.47 p=0.6409</td>
<td>3.5971 p=0.1655</td>
<td>-0.9156 p=0.3614</td>
</tr>
<tr>
<td></td>
<td>Do you believe that LCN aids in the retention of late-career nurses? (categorical)</td>
<td>0.02 p=0.99</td>
<td>0.02 p=0.99</td>
<td>3.68 p=0.0276*</td>
<td>5.6652 p=0.2632</td>
<td>4.5136 p=0.1047</td>
</tr>
</tbody>
</table>

*p = p <0.05
** = p <0.01

3.8.4. Employment Status. With regard to the employment status of LCN nurses, significant differences (p=0.0282) were detected between full-time, part-time and casual nurses’ number of years that they plan to remain in the profession. When comparing full-time versus part-time or casual LCN participants, a larger proportion of nurses with full-time status reported that they anticipate remaining in the profession for at least five more years. See Table 11 for analysis.

3.8.5. Number of Years Participated in the LCNI. Significant differences were detected for LCN participants’ belief that the initiative helped to influence their job satisfaction (p= 0.0284). Specifically, participants who had participated more frequently in the LCNI were associated with reports that the initiative influenced their job satisfaction compared to LCN nurses who participated in the LCNI less frequently. See Table 11 for analysis.

3.8.6. Method of Selection for LCNI Participation. When comparing participants who either volunteered to participate, were asked to participate, or both, significant differences were observed between these groups and their reported job satisfaction, reason for leaving the
organization (retirement, leave for a different organization in nursing, or leave the profession), and single most likely reason to leave the profession (retirement or leave for a different profession/different organization). Participants who volunteered to join the LCNI were more likely to experience higher job satisfaction than those who were asked by their manager to join (p= 0.0374). With regards to LCNs’ reasons for leaving the organization or profession, retirement was the most frequently cited reason for both, especially among nurses who were approached by their manager to participate in the LCNI (p=0.0204 and 0.0244 respectively). See Table 11 for analysis.
RECOMMENDATIONS

Based on key findings from the 2012/13 LCNI Evaluation, the following recommendations are put forward to MOHLTC, health care organizations, and NHSRU KTEP for consideration to guide future LCNI implementation and evaluation efforts.

MOHLTC

- Provide an earlier notification and have a longer deadline for LCNI proposals to be submitted to mitigate the challenges experienced by some organizations around scheduling difficulties and having insufficient time to roll-out the proposed LCNI projects.
- Streamline the application, notification, and reporting requirements to mitigate the redundancy of information required.
- Create a tip sheet that outlines all the relevant deliverables and timelines associated with the LCNI.
- Follow-up on the LCNI progress and final reports that are submitted by health care organizations.
- Allow flexibility to health care organizations in scheduling of LCNI participants including 1) being able to schedule the LCN time in weeks rather than shifts; 2) ensure coverage by a staffing plan that includes part-time and casual nurses; and 3) have flexible scheduling to increase availability of LCNI participants to work on their projects.
- Showcase nurse leaders and LCNs who have and continue to successfully implement and leverage the LCNI at their respective organizations.
- Require participating health care organizations to submit absenteeism and turnover data on nurses 55 and over to enable the data analysis needed for meeting Objective # 5 of the 2012/2013 LCNI evaluation.

Health Care Organizations

- Have a good plan including 1) starting small and scoping projects; 2) leveraging staff expertise, interest, and resources to undertake local LCNI projects; 3) setting goals and monitoring progress; and 4) aligning the LCNI goals with organizational and MOHLTC priorities.
- Engage stakeholders by having strong leadership to create a culture of learning, improvement and collaboration, and getting nurse buy-in by instilling a sense of ownership.
- Celebrate and showcase LCNs and their LCNI projects, key strategies, and lessons learned both at the unit/community district and organization levels.

Nursing Health Services Research Unit Knowledge Translation and Exchange Program

- Conduct next evaluation using retrospective and prospective designs and mixed methods to gain further insight into the impact and experiences associated with the implementation of the LCNI in Ontario at the micro (LCNs and other age cohorts of Registered Nurses
and Registered Practical Nurses); meso (nurse leaders within health care organizations); and macro (provincial decision makers and associations) levels.

- Revise the survey item inventory by eliminating the items that may be measuring the same construct as the results indicated that there was not a presence of factor structure specific to the LCN project characteristics.
Appendix A
Nurse Leaders Interview Guide (for organizations participating in the LCNI)

1. Did your organization participate in the Late-Career Nurse Initiative (LCNI) in 2013?

2. Why did your organization decide to participate/not participate in the initiative?

3. Comment on the application process. Was the application process clear? Were there any concerns? Were there any specific difficulties in completing the application?

4. Comment on the process of reporting. Were there any difficulties in reporting results to the Ministry of Health and Long-Term Care? Did the material that you were required to report accurately account for the successes of the initiative at your organization? Do you feel that any additional items should have been reported to provide a better description of the initiative to the Ministry?

5. Comment on your experience consulting with internal stakeholders e.g. staff, management and unions (if applicable). What went well or what were the positive opportunities? Were there any difficulties or challenges to the consultation?

6. How were participating Late-Career Nurses selected? Were they selected randomly, based on merit or reward, potential for extended retirement, those determined to be most in need of added support, etc.?

7. What were some of the outcomes you observed from participating in the initiative? Indicate outcomes for the participating nurses themselves and/or for the organization as a whole. How are you monitoring progress of the LCNI project outcomes? Are you evaluating the initiative from an organization wide approach, if yes please describe your methods and results. How did the projects and their outcomes align with the MOHLTC Action Plan Priorities (Keeping Ontario Healthy; Faster Access and Stronger Links to Family Health Care; or Access to the Right Care, at the Right Time in the Right Place)?

8. What would you do the same in your implementation of the LCNI at your organization and why?

9. What would you do differently in your implementation of the LCNI at your organization and why?

10. What advice would you give to other agencies developing these initiatives?

11. Do you have any recommendations for how the Ministry might improve the LCNI in future years?
Appendix B
Nurse Leaders Interview Guide (for organizations not participating in the LCNI)

1. Was your organization aware of the Ministry of Health and Long-Term Care’s Late Career Nurse Initiative this year? If yes, when did you became aware of the LCNI for this year? What was the first year they became aware of the LCNI?

If not aware, describe the initiative to the participant, and ask if their organization would be interested in participating in future years.

2. Did your organization discuss participating in the LCNI before choosing not to submit a proposal? If it had been discussed, what were the primary reasons or considerations that ultimately led to your organization’s decision not to participate in the Initiative?

3. How many late career nurses do you have in your organization?

4. Has your organization had difficulty retaining your late career nurses? If so, please describe some of the issues that contribute to this difficulty.

5. Do you think your organization will put in an LCNI proposal in future years of the Initiative?
Part A: Demographic Questionnaire

1. What is your professional designation?
   - Registered Nurse
   - Registered Practical Nurse
   - Registered Nurse, Extended Class (EC)

2. How old are you? _______ years

3. What is your current employment status?
   - Full-Time
   - Part-Time
   - Casual

4. Have you ever participated in the Late-Career Nurse Initiative (LCNI)?
   - Yes
   - No

   If no, please select the reason why.
   - I have never heard of the LCNI
   - I was never offered the opportunity to participate
   - I was offered the opportunity to participate but declined. Please indicate why:

If you answered “Yes” to question 4 please complete Part B. If you answered “No” to question 4 please skip ahead to part D.

Part B: LCNI Participation Questionnaire

5. Please indicate in which years you participated in the LCNI. You may select more than one.


6. How were you selected to participate in the LCNI? (check all that apply)

   - I volunteered to participate
   - I was asked to participate by my manager/supervisor
7. Briefly describe your most recent LCNI project. What was the goal of your project? What duties did you perform?


8. Regarding your most recent participation in the LCNI only, please indicate whether or not you agree with the following statements.

<table>
<thead>
<tr>
<th>Statement</th>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Neither Agree nor Disagree</th>
<th>Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>My project allowed me to engage in research</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>My project helped update policies and procedures within the organization</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>My project helped my organization start or complete an important special project</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>My project allowed me to improve my knowledge</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>I was given adequate time/resources for my project</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>My project enhanced my nursing practice</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>My project helped me to learn new skills or improve skills I already have</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>My project improved patient/resident education</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>My project improved patient/resident outcomes</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>My project helped train or educate new nurses</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>My project improved the culture or morale in the organization</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>My project gave me a break from my usual work</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>My project decreased the workload of my coworkers</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>My project improved patient/resident satisfaction</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>My project allowed me to provide recommendation about organization policy or clinical practice to my organization</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>I was provided with adequate training/guidance for my project</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
</tbody>
</table>
My managers were supportive of my project  
I was given the opportunity to provide input in the development of my project  
My project was beneficial to my organization as a whole  
My project improved relations between my coworkers  
My project improved patient/resident quality of care  

9. Regarding your most recent participation in the LCNI only, please indicate whether or not you agree with the following statements.

<table>
<thead>
<tr>
<th>Statement</th>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Neither Agree nor Disagree</th>
<th>Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>I enjoyed the time I spent working on my project</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>My project was successfully completed</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>My project reduced my stress level</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>I was interested/engaged in my project</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>My project made me feel valued or recognized by my organization</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>I feel that my project was important</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
</tbody>
</table>

10. Did participation in the LCNI influence your job satisfaction or your retirement intentions?

You may select more than one.

☐ Participation in the LCNI influenced my job satisfaction

☐ Participation in the LCNI influenced my retirement intentions

☐ Participation in the LCNI influenced neither my job satisfaction nor my retirement intentions

If the participation in the LCNI influenced either your job satisfaction or retirement intentions, please indicate how: __________________________________________

______________________________________________________________

______________________________________________________________
Part C: Alignment with the Ministry of Health and Long Term Care Action Plan Priorities

As part of this year’s LCNI, the Ministry of Health and Long Term Care outlined the requirement to have projects aligned with their action plan priorities. These four priorities include: 1) Keeping Ontario Healthy; 2) Faster Access and Stronger Links to Family Health Care; or 3) Access to the Right Care, at the 4) Right Time in the Right Place.

11. Check which of the four priorities your LCNI experience and project addressed:

☐ Keeping Ontario Healthy
☐ Faster Access and Stronger Links to Family Health Care
☐ Access to the Right Care
☐ Right Time in the Right Place

12. Please describe below how your LCNI experience and project addressed the MOHLTC Action Plan Priorities.

_____________________________________________________________________________________

_____________________________________________________________________________________  

_____________________________________________________________________________________  

_____________________________________________________________________________________  

_____________________________________________________________________________________  

_____________________________________________________________________________________  

13. Given that the goal of the LCNI is to maintain Ontario's nursing workforce, do you have any other comments evaluating the impact or effectiveness of the LCNI?

_____________________________________________________________________________________  

_____________________________________________________________________________________  

_____________________________________________________________________________________  

_____________________________________________________________________________________  

_____________________________________________________________________________________  

_____________________________________________________________________________________  

_____________________________________________________________________________________  

_____________________________________________________________________________________
**Part D: Job Satisfaction and Career Intentions**

14. Regarding your current employment, please indicate whether or not you agree with the following statements.

<table>
<thead>
<tr>
<th>Statement</th>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Neither Agree nor Disagree</th>
<th>Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>I feel very satisfied with my job</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>I feel that my co-workers are satisfied with their jobs</td>
<td></td>
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<tr>
<td>I feel I would be happy to work here until I retire</td>
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<tr>
<td>I feel that the organization provides a supportive work environment</td>
<td></td>
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<td></td>
<td></td>
</tr>
</tbody>
</table>

15. Approximately how much longer do you believe you will remain with your organization?

- o Less than 1 year
- o 1 to 2 years
- o 2 to 5 years
- o 5 to 10 years
- o More than 10 years

16. What is the single more likely reason you will leave your organization?

- o Retirement
- o Leave for a different organization/position in nursing
- o Leave for a different organization/position in non-nursing
- o Other, please describe: ______________________________________________________

17. Approximately how much longer do you believe you will remain in the profession?

- o Less than 1 year
- o 1 to 2 years
- o 2 to 5 years
- o 5 to 10 years
- o More than 10 years

18. What is the single most likely reason you will leave the profession?

- o Retirement
- o Leave for a different organization/position in non-nursing
19. Select the three most important factors contributing to your decision to leave/remain with your organization.

☐ Work Environment/Job Satisfaction
☐ Health
☐ Personal
☐ Financial
☐ Patients/Residents
☐ Coworkers
☐ Other: ________________________________

20. Do you believe the LCNI aids in the retention of late-career nurses?

☐ Yes
☐ No
☐ I don't know

Thank you for participating! 😊
Appendix D
Recruitment Letter for Participating LCNI Sites – Nurse Leaders

Chief Nurse Executive/Officer or equivalent
Organization
Address

Dear [insert name],

On behalf of research team at the Nursing Health Services Research Unit, Bloomberg Faculty of Nursing University of Toronto site, I would like to invite your organization to participate in a research study related to Ontario’s Ministry of Health and Long Term Care’s Late Career Nursing Initiative (LCNI). The study is being conducted at the request of the MOHLTC to explore organizations experience with the initiative, assess the initiative’s success of improving the retention of late career nurses, and determine whether there are ways that the Ministry can build on successes and improve the initiative in future years.

Study researchers will be asking you to share your insights about the impact and effectiveness of the LCNI. Researchers are also interested in your retention and recruitment data for late career nurses employed in your organization. Finally, researchers will be requesting cooperation of your late career staff nurses to participate in a survey developed to assess job satisfaction, burnout and their experiences and impressions regarding the LCNI.

Your input and unique perspective is of tremendous value to our research and ensuring that the MOHLTC is provided with the most accurate and up-to-date information possible when evaluating and planning for the future of Ontario’s LCNI. While your organization’s participation is encouraged, you are free to participate or decline to participate in the study. All information gathered as part of the study will be strictly confidential and at no time will any identifying information about you, your organization, or your nursing staff be shared with anyone outside of the NHSRU’s research team. Participation in this study is entirely voluntary, and the organization may withdraw at anytime.

A member of the NSHRU’s research staff will contact you within a few days to follow up on this introductory package and hopefully discuss scheduling an interview at that time.

If you have any questions about the study, please contact Vera Nincic at the NSHRU, Bloomberg Faculty of Nursing University of Toronto site by phone at 416-946-8394 or by email at vera.nincic@utoronto.ca.

Thank you for your time and consideration.

Lianne Jeffs
Principal Investigator
Appendix E
Recruitment Letter for Non-Participating LCNI Sites – Nurse Leaders

Chief Nurse Executive/Officer or equivalent
Organization
Address

Dear [insert name],

On behalf of research team at the Nursing Health Services Research Unit, Bloomberg Faculty of Nursing University of Toronto site, I would like to invite your organization to participate in a research study related to Ontario’s Ministry of Health and Long Term Care’s Late Career Nursing Initiative (LCNI). The study is being conducted at the request of the MOHLTC to explore organizations experience with the initiative, assess the initiative’s success of improving the retention of late career nurses, and determine whether there are ways that the Ministry can build on successes and improve the initiative in future years.

Although your organization did not participate this year, study researchers are interested in your insights about the impact and effectiveness of the LCNI. Researchers are also interested in your retention and recruitment data for late career nurses employed in your organization.

Your input and unique perspective is of tremendous value to our research and ensuring that the MOHLTC is provided with the most accurate and up-to-date information possible when evaluating and planning for the future of Ontario’s LCNI. While you organization’s participation is encouraged, you are free to participate or decline to participate in the study. All information gathered as part of the study will be strictly confidential and at no time will any identifying information about you, your organization, or your nursing staff be shared with anyone outside of the NHSRU’s research team. Participation in this study is entirely voluntary, and the organization may withdraw at anytime.

A member of the NSHRU’s research staff will contact you within a few days to follow up on this introductory package and hopefully discuss scheduling an interview at that time.

If you have any questions about the study, please contact Vera Nincic at the NSHRU, Bloomberg Faculty of Nursing University of Toronto site by phone at 416-946-8394 or by email at vera.nincic@utoronto.ca

Thank you for your time and consideration.

Lianne Jeffs
Principal Investigator
Appendix F
Consent Form for the Interviews with Nurse Leaders

**Study Purpose**
You are being invited to take part in a nursing research study related to the Ontario Ministry of Health and Long Term Care’s Late Career Nursing Initiative (LCNI). This study is being conducted by Dr. Lianne Jeffs and her research team at the Nursing Health Services Research Unit (NHSRU), Bloomberg Faculty of Nursing, University of Toronto site. The study is being conducted at the request of the Ontario Ministry of Health and Long-Term Care to explore the impact of the LCNI on job satisfaction and retention of late career nurses (nurses aged 55+).

Before agreeing to participate in this study, it is important that you read and understand the following explanation of the proposed study procedures.

**Procedures**
If you agree to participate, a one-time telephone interview (approximately 45 minutes) will take place at your convenience. The interview will be conducted by a member of the NHSRU’s research team and the discussion will be audiotaped. The taped discussions will then be transcribed. During the interview you will be asked questions about your experiences and impressions of the LCNI.

If you wish to participate in the interview, please complete the information at the bottom of this form. Completed forms may be returned to the NHSRU offices using the self-addressed stamped envelope that accompanied the study materials.

**Risks**
The risks to participants in this study are minimal. Some participants may experience some emotional distress when speaking about workplace concerns they may have. Should you experience any emotional distress due to participation in this study, please contact Vera Nincic at the NHSRU, Bloomberg Faculty of Nursing University of Toronto site by phone at 416-946-8394 or by email at vera.nincic@utoronto.ca for support services.

**Benefits**
Study participants may not directly benefit from participation, however, your insights into the nursing work environments and job satisfaction for Late Career Nurses may have a positive impact on policy decisions and working conditions for nurses.

**Confidentiality**
All information obtained during the study will be held in strict confidence. Only members of the research team will have access to the study data. No names (or other identifying information) of individual participants or employers will be used in any publication or presentation of the study results. The information shared during the course of the interview will not be shared with the nurse leader in your organization.
Voluntary Participation
Your participation in this study is voluntary. You can choose not to participate or you may choose to withdraw at any time without it affecting you adversely in any way. In addition, your decision to participate in no way will affect your employment, nor will your employer be aware of your decision to participate.

Questions
If you have any questions about the study, please contact Vera Nincic at the Nursing Health Services Research Unit, University of Toronto site 416-946-8394 or by email at vera.nincic@utoronto.ca

If you have any complaints or concerns about how you have been treated as a research participant, please contact Rachel Zand, Director, University of Toronto Office of Research Ethics, rachel.zand@utoronto.ca or 416-946-3389 or [Site-specific REB contact], [site-specific email] or [site-specific phone].

Consent
I have had the opportunity to review the study purpose and my questions have been answered to my satisfaction. I consent to take part in this study with the understanding that I may withdraw at any time without affecting my employment status.

________________________________    __________________________
Name and job title (please print)    Date

________________________________
Participant Signature

________________________________
Contact Information (telephone no. or email address)
Appendix G
Information Sheet for Late Career Nursing Initiative Survey

Dear [late career nurse]:

You are being invited to take part in a nursing research study related to the Ontario Ministry of Health and Long Term Care’s Late Career Nurse Initiative. This study is being conducted by Dr. Lianne Jeffs and her research team at the Nursing Health Services Research Unit (NHSRU), University of Toronto site. The study is being conducted at the request of the MOHLTC to explore the effectiveness and potential benefits of participating in the Initiative. The study will involve completing several short surveys pertaining to the issue of job satisfaction, burnout and retention of late career nurses.

An envelope containing this letter of introduction and a survey has been sent to you along with the postage-paid return envelope. It would be greatly appreciated if you could review these contents and find the time to complete either the online or paper and pencil surveys. Participation in this study is entirely voluntary. Your employer will not be informed whether or not you consent to participate. Furthermore, your decision to participate in no way affects your employment.

The study will involve completing a survey that you may fill out at your convenience. The survey may be accessed online at [information to be provided here] If you are unable to complete the survey online but still wish to participate in the study, a paper version of the survey has been provided with this letter along with a postage paid return envelope. Completing and returning the attached surveys or online will imply consent to participate in the study. In addition, should you decide to participate you are free to withdraw from the study at any time. Should you decide to withdraw, any and all of the information that you have provided to NHSRU will be destroyed.

Your input and unique perspective is of tremendous value to our research and to ensuring that the Ministry of Health and Long Term Care is provided with the most accurate and up-to-date information possible when evaluating and planning the future of the Ministry of Health and Long Term Care’s Late Career Nursing Initiative.

If you have any questions about the study, please contact Vera Nincic at the NSHRU, Bloomberg Faculty of Nursing University of Toronto site by phone at 416-946-8394 or by email at vera.nincic@utoronto.ca.

Thank you for your time and consideration.

Lianne Jeffs
Principal Investigator