Assessment and Recommendations for Attracting and Retaining Registered Nurses
Department of Health and Community Services—Newfoundland and Labrador

July 2010

About This Material

The Department of Health and Community Services (DHCS) of Newfoundland and Labrador contracted Hewitt Associates (Hewitt) in April 2009 to: conduct an assessment of the recruitment and retention practices of the four Regional Health Authorities (RHAs) and DHCS pertaining to the recruitment of Registered Nurses (RN); and to provide practical future state recommendations on how to more effectively attract and retain them. While there are also challenges with the Licensed Practical Nurse (LPN) population, the scope of this study does not include LPNs and is focused exclusively on the recruitment and retention of Registered Nurses.

This research study was conducted by reviewing existing data and conducting interviews with individuals from the Central, Eastern, Labrador-Grenfell, and Western Regional Health Authorities (RHA), as well as representatives at the Department of Health and Community Services. Data referenced in tables, charts and commentary were obtained from a variety of sources with different time frames, which may result in some apparent differences in statistics. In all cases, the differences are nominal and should not diminish the observations and conclusions reinforced by these data.

This document summarizes the key findings, key recommendations, and prioritized action plan as a result of the data review and interviews. Recommendations were directly informed by the current state findings and best practices research that was conducted as part of this project.

Contents

Executive Summary 1

Methodology 4

- Table 1.1 – Interviews and Focus Group Participants 5
- Table 1.2 – Key Stakeholders
- Exhibit 1.1 – Project High-Level Timeline 6

Economic Landscape 7

- Exhibit 1.1 – Average Age of the Registered Nursing Workforce, by Jurisdiction and Canada 2003 to 2007 10
- Table 1.2 – Nurse to Population Ratios 11
- Chart 1.1 – Registered Nursing Workforce by Urban/Rural/Remote Designation by Jurisdiction 2009 12
- Chart 1.2 – Registered Nursing Workforce per 100,00 Population Canada 1986 to 2007
- Chart 1.3 – Canadian RN GAP Under Two Needs Scenarios 13
- Table 1.2 – RN Vacancies 14
- Table 1.3 – Projected RN Retirements (RHA Staff)
- Table 1.4 – Registered Nursing Workforce by Jurisdiction and Canada 2003 to 2007 15
- Chart 1.4 – Number of Practicing and Non-Practicing Members Issued by Licensure Year 2008-2009
- Chart 1.5 – Number of Practicing Licenses Issued by Licensure Year 2000-2008 16
- Chart 1.6 – Registered Nursing Workforce by Position Status by Jurisdiction and Canada 2007
- Chart 1.7 – Employment Status of RNs 17
- Exhibit 1.2 – Reasons given for deterioration in quality of patient care in past 12 months, Canada 2005
- Exhibit 1.3 – Percentage of nurses reporting adverse events occurring occasionally or frequently in past 12 months by work setting Canada 2005 18
- Table 1.5 – Nurse Educators
- Chart 1.8 – Percentage of Initial NL Registrants with a Practicing License in the Year Following Graduation 19
- Chart 1.9 – New (Initial) Registrants by Original Jurisdiction and Licensure Year (2000-2008) 20

Key Findings and Recommendations 21

Recruitment Practices, Processes and Policies 23

Workforce Planning and Forecasting Methodologies 33

Recruitment Attraction and Sourcing Strategies 40

Table 1.1 – RN Hiring 43

Table 1.2 – RN Incentives - Central

Table 1.3 – RN Incentives - Eastern 46

Table 1.4 – RN Incentives - Labrador – Grenfell

Table 1.5 – RN Incentives – Western 47

Chart 1.1 – Internationally Educated Registered Nurses in the Workforce by Country of Graduation Canada 2007 53

Table 1.6 – RN Workforce by Location of Graduation and Province/Territory of Registration Canada 2007 54

Exhibit 1.1 – Summary of IEN Applications and Registrations 55

Chart 1.2 – Registered Nursing Workforce by Jurisdiction of Graduation and Registration Canada 2007

Chart 1.3 – Top Three Destinations for Registered Nursing Graduates by Jurisdiction of Graduation Canada 2007 57

Recruitment Retention and Engagement Strategies 60

Table 1.1 – RN Hires and Separations 60

Table 1.2 – Registered Nurses: Rate of New Registrations and Exit Rates, by Age Group, by Jurisdiction and Canada 2003 to 2007 62

Exhibit 1.1 – Budgeted Positions Overtime Hours Sick Leave Hours Workers Comp Leave Hours 2008-2009 63

Exhibit 1.2 – Nurse Span Control 75

Recruitment Organizational Models 78

Prioritization of Recommendations 82

Exhibit 1.1 – Matrix 83

Appendix 86

Executive Summary

Executive Summary

There is a global shortage of nurses and healthcare professionals, specifically Registered Nurses (RNs). This shortage increases the workload and stress of the current workforce, while creating additional challenges for providing high-quality healthcare services. The stressful work environment that many nurses currently face creates a challenge to recruit new nurses into the profession. Newfoundland and Labrador is not immune from this global shortage of nurses and healthcare professionals. This nursing shortage is due to several factors, including an increasing demand for healthcare services due to an aging population. While the demand for services is increasing, the supply of nursing talent is not increasing at the necessary rate to sufficiently close this gap between supply and demand. Although Newfoundland and Labrador is currently experiencing a surplus of applicants for the nursing seats available at post-secondary nursing schools; the current number of available seats is not sufficient to meet the future demand for Registered Nurses and Nurse Educators in Newfoundland and Labrador. The increased demand for Registered Nurses and Nurse Educators has created a challenging environment for both the attraction and retention of nurses across the Province as a whole, although certain regions have been more heavily affected than others.

While this nursing shortage is experienced in many Provinces and across many Western countries, the geographic location of Newfoundland and Labrador provides an additional challenge to recruiting nurses from other Provinces or countries. There has been significant success in recruiting new graduates from provincial nursing schools in some regions; however, additional sources will need to be leveraged in order to effectively address this shortage and be prepared for future healthcare needs. The collective agreement that was recently signed, which includes a significant increase to nurses' wages, should be leveraged as something to advertise to Newfoundland and Labrador nurses living outside of the Province, since they may not be aware of these recent changes that could impact their decisions to return to their home Province.

This document was prepared for the Government of Newfoundland and Labrador's Department of Health and Community Services and provides future state recommendations on initiatives to attract and retain Registered Nurses to the four RHAs. The report is broken up into five key areas of focus:

1. Recruitment Practices, Processes, and Policies;
2. Workforce Planning and Forecasting Methodologies;
3. Recruitment (Attraction) Sourcing Strategies;
4. Recruitment Retention and Engagement Strategies; and,
5. Recruitment Organization Model.

While the recommendations in this report are thought to be important in positively impacting the RN recruitment and retention efforts of the RHAs, it is important to note that implementation of any of these recommendations will require partnering with all stakeholders, including the RHAs, and Newfoundland and Labrador Nurses' Union.

Our research in preparation of this report identified a number of factors that have an impact today, and will continue to have impact in the future, on the healthcare environment in the Province and on the recruitment and retention of RNs specifically. These factors include:

- RHAs, during the past several years, have been consumed with the integration of fourteen Boards into the four Regional Health Authorities. These integration efforts, combined with continued delivery of quality patient care, have stretched the human resources of the RHAs. These integration challenges have likely drawn energy and effort away from improving nurse recruitment and retention practices.

- RHA staff involved with nurse recruitment and retention, we observed, are working hard and are in some cases tapped out, yet they are achieving a level of success that we found surprising considering their general lack of productivity-enhancing resources. Our recommendations, if they are implemented successfully, should not be perceived as being an addition to staff current workload. Improved RN recruitment and retention will result from a combination of freeing staff from some current activities, introducing productivity enhancements, and in some cases actually increasing the number of staff dedicated to nurse recruitment and retention. The current capacity of staff to design, develop and implement these recommendations is severely limited by current demand for them to recruit new and replacement staff.

- There is no single recommendation or “silver bullet” that will improve nurse recruitment and retention in the Province. Our recommendations offer an array of actions that together will contribute to improving RN recruitment and retention. Our recommendations should be addressed through an integrated longer-term plan for change.

- Stakeholders agree that the Province should move quickly to implement a Human Resources Management System in all RHAs in order to provide the technology platform necessary for implementing many of the productivity-enhancing recommendations included in this report.

- Our recommendations address the importance of nurse managers in recruiting and retaining nurses across Newfoundland and Labrador. Further review, analysis and recommendations are required with respect to nurse manager span of control, nurse manager development and nurse managers’ roles in helping create the quality of work environment necessary to maintain and improve nurse engagement and commitment in the Province. This report only touches on this important issue and does not provide detailed recommendations to address this challenge.

- Eastern Health has a significantly broader mandate to deliver healthcare within the Province than do Central, Western and Labrador-Grenfell Health Authorities. This being said, all RHAs face healthcare delivery challenges that impact the recruitment and retention of RNs. We have attempted to reflect these differences in both our observations and recommendations.

Methodology

Methodology

Between April 2009 and October 2009, Hewitt Associates conducted a current state assessment of the practices of Newfoundland and Labrador's Regional Health Authorities (RHA) to attract and retain Registered Nurses (RN). The intent of this assessment was to gain a clear understanding of how effectively the current practices support the RN recruitment and retention needs of the RHAs and to provide future state recommendations so efforts may be improved.

This current state assessment included:

- Review of current state data from all RHAs;
- Interviews and focus groups with the following representatives from each RHA:

Table 1.1—Interviews and Focus Group Participants

Central	Eastern	Labrador-Grenfell	Western	Provincial
■ 1 CNO ■ 1 VPHR ■ 2 Recruiters ■ 4 Nurse Managers ■ 6 New Hires ■ 6 Key Talent/ Experienced Hires	■ 1 COO ■ 1 VPHR ■ 3 Recruiters ■ 8 Nurse Managers ■ 10 New Hires ■ 10 Key Talent/ Experienced Hires	■ 1 CNO ■ 1 VPHR ■ 2 Recruiters ■ 3 Nurse Managers ■ 3 New Hires ■ 2 Key Talent/ Experienced Hires	■ 1 CNO ■ 1 VPHR ■ 2 Recruiters ■ 4 Nurse Managers ■ 4 New Hires ■ 5 Key Talent/ Experienced Hires	■ 1 Assistant Deputy Minister ■ 1 Provincial Chief Nurse ■ Manager of Workforce Planning ■ Workforce Analyst

- Research on best practices reports, articles, and benchmarks; and,
- Interviews with other healthcare organizations, including those using the Magnet Hospital model or the Ottawa Hospital model.

The findings from the current state assessment and best practices research were consolidated into a Key Findings report that was completed in June 2009. This report was then reviewed in a meeting with the project Steering Committee and then in a subsequent meeting with Key Stakeholders. Participants in these meetings reviewed the findings, then provided additional input and feedback. The following list provides the names of those individuals included in each group:

Steering Committee Members

- Joy Maddigan, Assistant Deputy Minister, Dept. of Health and Community Services
- Anita Ludlow, Provincial Chief Nurse
- Stephen Dodge, Vice-President, People and Information Services
- Trudy Stuckless, Vice-President, Professional Standards and Chief Nursing Officer
- Heather Hanrahan, Director of Health Workforce Planning

Table 1.2—Key Stakeholders

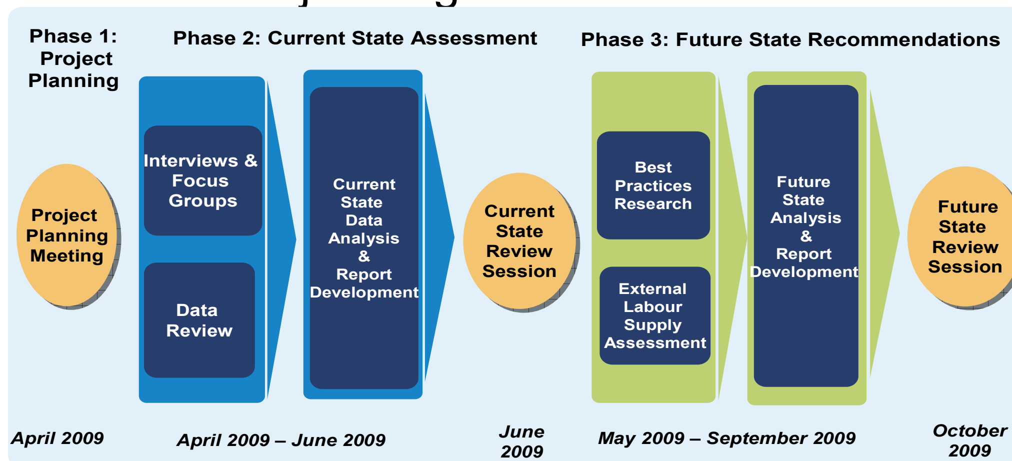
Key Stakeholders

RHA	Name	Title
Central	■ Terry Ings ■ Trudy Stuckless ■ Adam Churchill	■ Vice-President, Human Resources ■ Vice-President, Professional Standards and Chief Nursing Officer ■ Recruitment
Eastern	■ Alice Kennedy ■ Stephen Dodge ■ Kim Blanchard ■ Valerie Butler ■ Janine Hickey ■ Regina Coady ■ Pam King-Jesso ■ Laurie Yetman ■ Tracy Harris ■ Melissa Smallwood	■ Chief Operating Officer, Long Term Care (St. John's), Community Living and Supportive Services ■ Vice-President, People and Information Services ■ Manager of Recruitment ■ Director of HR Client Services ■ HR Strategist for HR Planning ■ Director of HR Program and Policy Development ■ Director for Professional Practice—Nursing ■ Senior Recruitment Consultant ■ Regional Nursing Recruitment Consultant ■ Regional Nursing Recruitment Consultant
Labrador-Grenfell	■ Della Shouse ■ Sam Mansfield	■ Recruitment and Retention Officer ■ Recruitment Director, Human Resources
Western	■ Rob Kenny ■ Catherine McDonald ■ Jennifer Watton	■ Vice-President, Human Resources and Organizational Development ■ Vice-President, Professional Practice and Chief Nursing Officer ■ HR Manager
Provincial	■ Joy Maddigan ■ Anita Ludlow ■ Heather Hanrahan	■ Assistant Deputy Minister, Department of Health and Community Services ■ Provincial Chief Nurse ■ Director of Health Workforce Planning

The current state information and best practices research was used to develop the detailed future state recommendations report included in this report. The initial draft was completed in July 2009 and reviewed by the Steering Committee and Key Stakeholders. Additional interviews were also conducted with 3 of the 4 RHAs to ensure there was a thorough and accurate portrayal of their current state recruitment and retention practices in the final report. The feedback provided from these groups was incorporated into the final recommendations that are delivered in this report.

The following graphic depicts the high-level timeline of this project.

Exhibit 1.1 – Project High-Level Timeline



Economic Landscape

Economic Overview

Newfoundland and Labrador has many economic benefits that play a role in the overall quality of life of individuals, including RNs living in the province. For example, the Province maintains the lowest provincial taxes in all of Atlantic Canada. Newfoundland and Labrador also was an early adopter of the Harmonized Sales Tax (HST). The following information provides some highlights of recent developments in Newfoundland and Labrador:

Oil and Gas Projects

- 80% of discovered petroleum resources in Eastern Canada are located offshore Newfoundland and Labrador.
- Newfoundland and Labrador produce 50% of Canada's conventional light crude oil.
- Hibernia, Terra Nova, White Rose, and Hebron offshore developments are currently in progress.

Lower Churchill River Proposed Hydro Projects in Muskrat Falls and Gull Island

- Hydro's current generating capacity is 7,289 MN, which makes it the 4th largest of all utility companies in Canada.
- Churchill Falls has the world's 2nd largest underground power house. Proposed developments will increase generating power to supply an additional 1.5 million homes.

Additional Noteworthy Economic Factors

- Voisey's Bay is the 2nd largest source of nickel in the world and will require a significant investment to bring into production.
- Hydromet plant.
- Come-by-Chance oil refinery.
- Province is the world leader in marine/ocean technologies.
- The IT industry is growing—particularly in the video game and film sectors.
- Adventure and eco-tourism.

Source: Office of Immigration and Multiculturalism

2009 Highlights

- **Employment:** Employment declined by 2.5%. The unemployment rate increased to 15.5% due primarily to the economic slowdown...

- **GDP:** Real GDP fell by an estimated 8.9%

- **Personal income:** Personal income grew by 3.9%. Personal disposable income growth was stronger at 4.7%.

- **Retail sales** grew by 2.6% the strongest performance in the country.

2010 Expectations

- **Employment:** Employment is expected to increase 2.3% to average 219,900, and the unemployment rate is forecast to decline 0.6% percentage point to 14.9%.

- **GDP:** Overall, real GDP is expected to grow by 4.0% in 2010. This growth is largely the result of an increase in employment, retail sales, housing starts and mineral exports.

- **Personal income:** is forecast to rise by 3.9% and disposable income by 3.3%, aided by wage gains and employment growth.

Source: *The NL Budget 2010.*

Labour Market

The labour market in Newfoundland and Labrador has a direct impact on the availability of RNs in many ways. Assessing the impact of the labour market is quite complex, as there are various data points required for analysis to gain a complete view. For example, population rates are declining, although the nurse-to population ratio remains strong. However, this alone cannot be taken as a positive indicator due to the geographic dispersion and rural coverage across Newfoundland and Labrador. This section provides an overview of the complicated labour market conditions that impact nursing attraction and retention in Newfoundland and Labrador.

- **Labour market conditions:** Throughout 2009 labour market conditions in the Province were weak with employment declining by 2.3%.

- **Employment:** The unemployment rate increased to 15.5% in 2009.

- **Wages:** Wages continued to increase at a solid pace last year. Labour income grew by 4.2%. Another important development for the Province is the significant increase in wages of RNs due to the recent signing of a revised collective bargaining agreement.

Population

The population in 2009 reversed 25 years of decline growing by 0.5% to 508,925 as of July 1, 2009.

While the population of children and youth in the Province has decreased, the population of seniors aged 65+ has increased. In Newfoundland and Labrador approximately 14.78% of the population is aged 65+, versus 13.9% for Canada. However, Statistics Canada predicts that Newfoundland and Labrador will have the highest proportion of individuals over the age of 65 in the country by 2021.

Exhibit 1.1—Average Age of the Registered Nursing Workforce, by Jurisdiction and Canada 2003 to 2007

	N.L.	P.E.I.	N.S.	N.B.	Que.	Ont.	Man.	Sask.	Alta.	B.C.	Y.T.	N.W.T./ Nun.	Canada
Average Age													
2003	41.1	44.7	44.7	43.5	43.5	45.1	44.8	44.9	44.7	45.6	44.0	44.4	44.5
2004	41.6	45.6	45.2	43.7	43.5	45.1	45.0	45.4	44.6	45.8	45.1	43.7	44.6
2005	41.9	45.6	45.5	43.9	43.4	45.2	45.2	45.6	44.6	46.4	44.7	43.8	44.7
2006	42.2	45.8	45.8	44.2	43.5	45.6	45.4	45.9	44.8	46.4	44.7	44.3	44.9
2007	42.5	46.2	46.2	44.5	43.4	45.9	45.9	46.0	44.6	46.2	45.6	44.6	45.1
Annual Increase/Decrease in Average Age													
2003	–	–	–	–	–	–	–	–	–	–	–	–	–
2004	0.5	0.8	0.5	0.2	0.0	0.0	0.2	0.5	0.0	0.2	1.0	-0.7	0.1
2005	0.3	0.0	0.3	0.2	0.0	0.1	0.2	0.2	0.0	0.5	-0.3	0.1	0.1
2006	0.3	0.2	0.3	0.3	0.0	0.3	0.2	0.2	0.1	0.0	0.0	0.4	0.2
2007	0.3	0.4	0.3	0.2	-0.1	0.4	0.5	0.1	-0.2	-0.1	0.9	0.3	0.2

Notes

– Data are not applicable or do not exist.

In 2007, the College of Registered Nurses of Manitoba submitted aggregate tables for average age.

Northwest Territories and Nunavut data are combined, as the RNs did not specify in which territory they worked the majority of the time.

Data released by CIHI may differ from data from other sources due to CIHI's nationally standardized methodology.

See Chapter 5 (Methodological Notes) for more information regarding collection and comparability of data.

Source

Regulated Nursing Database, Canadian Institute for Health Information.

Newfoundland and Labrador's population stood at 508,925 as of July 1, 2009, an increase of 0.47% compared to July 1, 2007. This was the first time in 17 years that the Province recorded an increase in

population. However, natural population change has been negative for the period 2006-2008. Because of the Province's relatively low fertility rate and aging population, it is unlikely that natural population change will contribute significantly to population growth. Given this, population growth in the future will most likely depend on migration to the Province.

Given that population growth of 0.5% is expected, as nursing needs increase, filling nursing vacancies will likely have to focus on talent migration to the Province, in addition to hiring nursing graduates from within the Province.

Source: *ARNNL Environmental Scan, January 2009. Original Source: Newfoundland and Labrador Statistics Agency*

Nurse-to-Population Ratio
Nurse-to-population ratio is an area of concern and evaluation for many Provinces across Canada. Fortunately, Newfoundland and Labrador ranks second highest (after the Northern Territories) compared to other Canadian Provinces, with 1,012 RNs per 100,000 people (Source: CIHI 2008 Regulated Nurses Trends, 2003-2007 – Table 1.2). This is significantly higher than the national average of 683.

This data is challenging to analyze due to the complexity of the ratio, since the ratios are also impacted by small populations in more remote areas such as Labrador-Grenfell. Within the Province, the ratio may differ across each RHA; adding to that complexity, the appropriate ratio for each facility within an RHA also differs. The following table (Table 1.2) provides the nurse-to-population ratio for each RHA in Newfoundland and Labrador. It is important to note that the number of RNs provided in the chart includes those with licenses within the geographic region, but does not indicate whether they work for the Regional Health Authorities or whether they are working elsewhere.

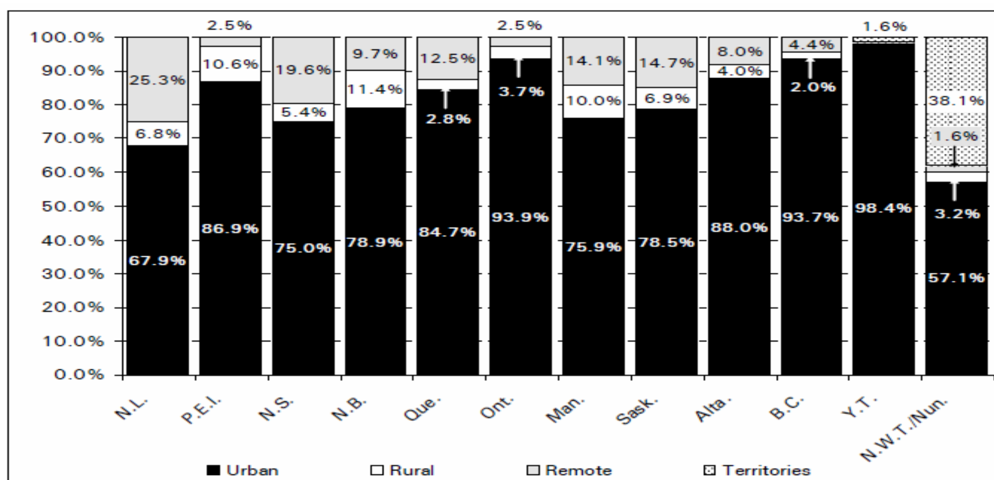
Table 1.2—Nurse-to-Population Ratios

Central	Eastern	Labrador-Grenfell	Western	Province
■ Population: 85,842	■ Population: 295,676	■ Population: 38,137	■ Population: 80,022	■ Population: 509,677
■ RNs: 716	■ RNs: 3,229	■ RNs: 321	■ RNs: 736	■ RNs: 5,008
■ Per 100,000 Population: 746	■ Per 100,000 Population: 1,091	■ Per 100,000 Population: 842	■ Per 100,000 Population: 918	■ Per 100,000 Population: 983

Source: *CIHI 2008 Regulated Nurses Trends, 2003-2007.*

While this ratio is important to consider, it should not be measured exclusively without considering the demographics and healthcare needs of each individual Province, region, and community (i.e., a similarly sized population could have drastically different medical needs, which increases the need for additional nurses). For example, the chart below shows that Newfoundland and Labrador has the second highest percentage of RNs in remote locations with smaller populations than that of other Provinces.

Chart 1.1—Registered Nursing Workforce, by Urban/Rural/Remote Designation by Jurisdiction, 2007

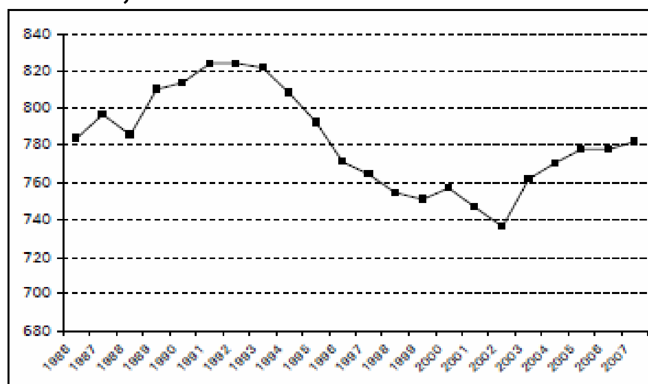


Notes

Totals may not sum to 100% due to rounding. Urban areas are defined as communities with populations greater than 10,000 persons. Rural areas are defined as communities in relatively close proximity to urban areas. Remote areas are defined as those communities with relatively little social and economic interaction with urban areas. Territories are defined as areas outside of Whitehorse and Yellowknife in the northern territories. Northwest Territories and Nunavut data are combined, as the RNs did not specify in which territory they worked the majority of the time. Postal code analysis for Québec RN workforce provided by the Ordre des infirmiers et infirmières du Québec. Data released by CIHI may differ from data from other sources due to CIHI's nationally standardized methodology. RNs employed in a jurisdiction different from their jurisdiction of registration are excluded to avoid duplication. Northern territories data may include inter-jurisdictional duplicates.

Source: *Regulated Nurses Database, Canadian Institute for Health Information.*

Chart 1.2—Registered Nursing Workforce per 100,000 Population, Canada, 1986 to 2007

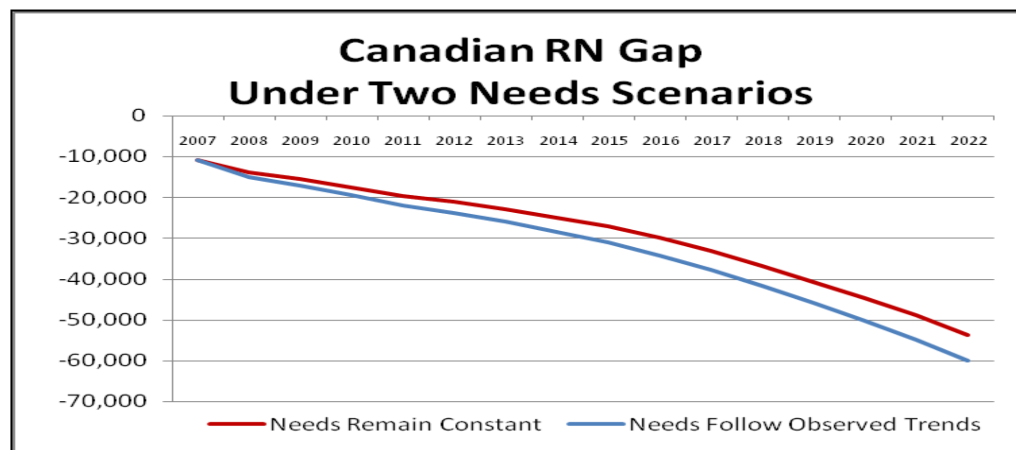


Sources: *Canadian Institute for Health Information; Regulated Nurses Trends, 2003 to 2007.*

Impact on the Attraction and Retention of Nurses

The challenge of finding, attracting, and hiring the best nursing talent is clearly paramount across the globe and Canada due to the increased demand and decreased supply of nurses. If Canadians' health needs follow observed trends, the number of Registered Nurse FTEs required will increase by about 30%, from 198,000 to around 259,000, by 2022.

Chart 1.3 – Canadian RN GAP Under Two Needs Scenarios



Source: Canadian Nurses Association, *Tested Solutions for Eliminating Canada's Registered Nurse Shortage,* 2009.

Newfoundland and Labrador Vacancy Data

As of October 1, 2008, there were RN vacancies of 329 full-time positions and 6 management positions. Of the 329 full-time vacancies, 67% were in acute care settings, 14% in combined facilities, 8% in community care and 11% in long term care. The report indicates there was a decrease in the total number of vacancies for full-time and casual positions from April 2008 to October 2008, which is a positive trend. However, RHAs continue to report challenges in meeting demands for relief, especially during the summer, filling full-time positions, and releasing staff to assume other positions.

Source: DHCS *Vacancies Data Report, 2009*; *ARNNL Environmental Scan, January 2009.*

The following table (Table 1.2) provides a summary of the vacancies within each RHA by sector, from the October 2009 vacancies report. The total provincial vacancies in October 2008 were 329, which was a decrease from the April and July 2008 reports of 463.5 and 428 respectively. Also noted are the overall vacancies for each RHA as of October 2009, which shows a continued decrease in vacancies for all RHAs. While this steady decrease in vacancies for the RHAs is a positive trend, it is expected that this is largely attributable to the sign-on bonuses and incentives that were offered to attract nurses to these roles.

One challenge to the vacancy report is that there are not always vacancies in the areas where nurses want to work, which leads to the sense that the RHAs "do not have any jobs." To recruit externally into one of these areas is difficult due to the seniority provisions in the collective agreement regarding bidding on RN jobs. Internally seniority must first be considered for qualified applicants. The distribution of nurses is a key challenge for some RHAs, which creates even more difficulty filling certain areas than others.

Table 1.2—RN Vacancies

Central	Oct 08	Oct 09	Eastern	Oct 08	Oct 09	Labrador-Grenfell	Oct 08	Oct 09	Western	Oct 08	Oct 09
Acute Care:	51	30	Acute Care:	129	141	Acute Care:	42	26	Acute Care:	0	1
Combined Centre:	8	4	Combined Centre:	10	1	Combined Centre:	5	2	Combined Facility:	22	2
Community Care:	7	0	Community Care:	6	6	Community Care:	12	11	Community Care:	0	1
Long Term Care:	5	1	Long Term Care:	29	27	Long Term Care:	3	5	Long Term Care:	0	1
Total	71	35	Total	174	175	Total	62	44	Total	22	5

Source: *Newfoundland and Labrador Vacancies Data Report, October 2008 and October 2009 Vacancy Report.*

Projected Retirements
In Newfoundland and Labrador, approximately 1,307 RNs employed by regional health authorities (RHAs) are expected to reach average retirement age of 58 between 2006 and 2015. Although the Province's retirement and other attrition rates are lower compared to other health organizations, the need for additional supplies of nursing talent in the Province still remains.

Table 1.3—Projected RN Retirements (RHA Staff)

RHA	RN Workforce Reaching Age 58 by 2015	RN Workforce	Percentage of Total RN Workforce
WRHA	228	801	**28.5%**
ERHA	835	3,296	**25.3**
LGRHA	77	328	**23.5**
CRHA	167	772	**21.6**
Total	**1,307**	**5,197**	**25.1**

Source: Association of Registered Nurses of Newfoundland and Labrador, Registration Statistics, (As of March 16, 2006).

Source: *RN Supply Report, 2005.*

RN Labour Supply
While the supply of RNs in Newfoundland and Labrador increased by 2.7% between 2003 and 2007, this is still below the national average of 6.9%. Fortunately, both the number of licenses issued and the number of RNs practicing are both continuing to increase. However, since the demand for healthcare services will likely increase as the population gets older, it is anticipated that there will still be a significant shortage in nursing talent as the demand grows faster than supply.

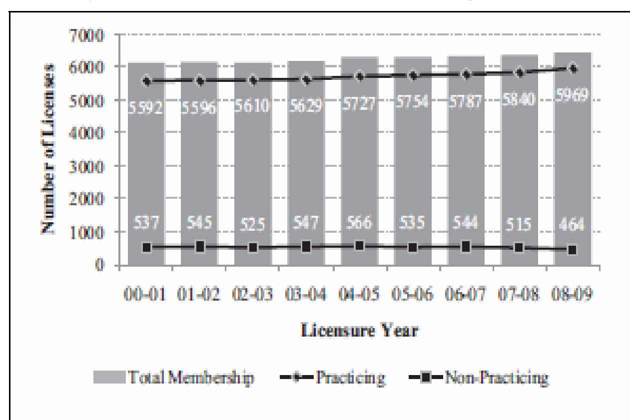
Table 1.4—Registered Nursing Workforce, by Jurisdiction and Canada, 2003 to 2007

Registered Nursing Workforce, by Jurisdiction and Canada, 2003 to 2007

	2003	2004	2005	2006	2007	% Change2003 -2007
N.L.	5,430	5,452	5,496	5,515	5,574	2.7%
P.E.I.	1,373	1,377	1,443	1,428	1,435	4.5%
N.S.	8,498	8,602	8,733	8,790	8,843	4.1%
N.B.	7,186	7,375	7,526	7,680	7,726	7.5%
Que.	62,494	63,455	63,827	64,014	64,955	3.9%
Ont.	85,187	86,099	89,429	90,061	90,978	6.8%
Man.	10,034	10,628	10,811	10,902	10,825	7.9%
Sask.	8,503	8,481	8,549	8,480	8,669	2.0%
Alta.	24,037	25,600	26,355	26,752	27,527	14.5%
B.C.	27,711	28,289	27,814	28,840	30,059	8.5%
Y.T.	290	283	302	324	322	11.0%
N.W.T./Nun.	672	930	957	1,033	1,048	56.0%
Canada	241,415	246,571	251,242	253,819	257,961	6.9%

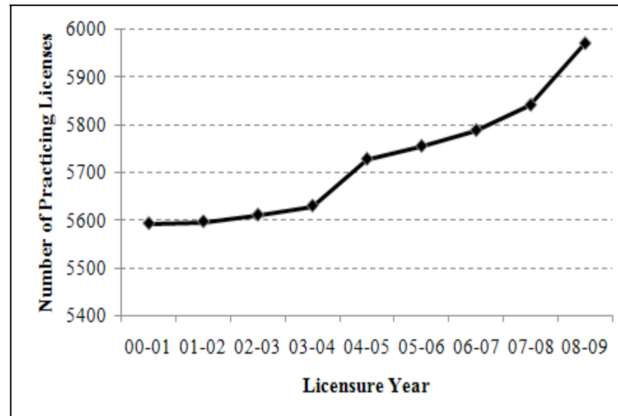
Source: *Canadian Institute for Health Information.*

Chart 1.4—Number of Practicing and Non-Practicing Members Issued by Licensure Year (2000-2008)



Source: *ARNNL Environmental Scan, January 2009*

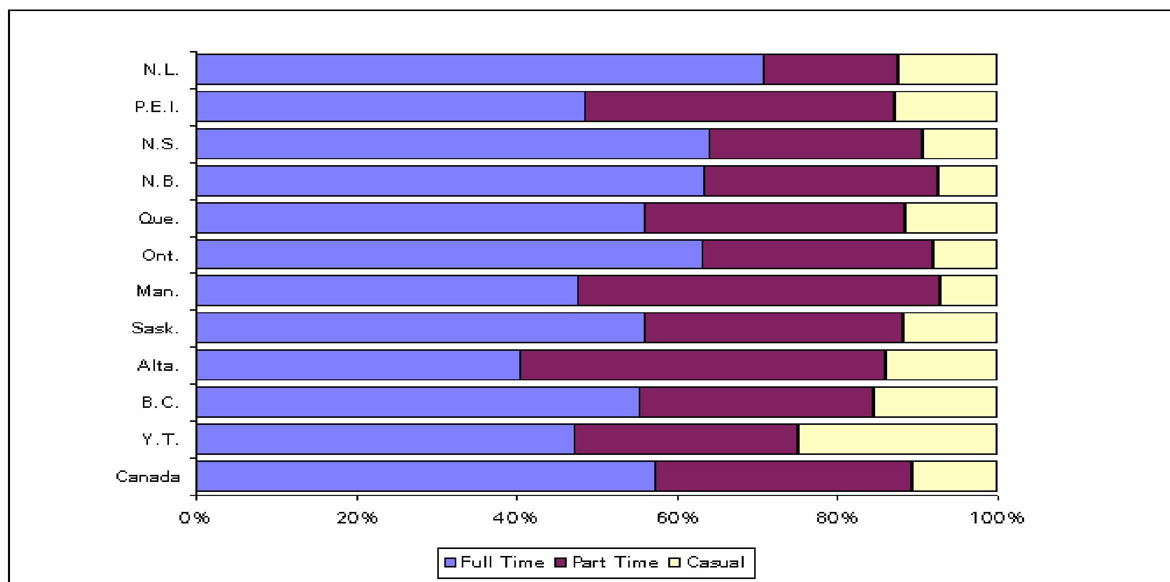
Chart 1.5—Number of Practicing Licenses Issued by Licensure Year (2000-2008)



Source: *ARNNL Environmental Scan, January 2009*

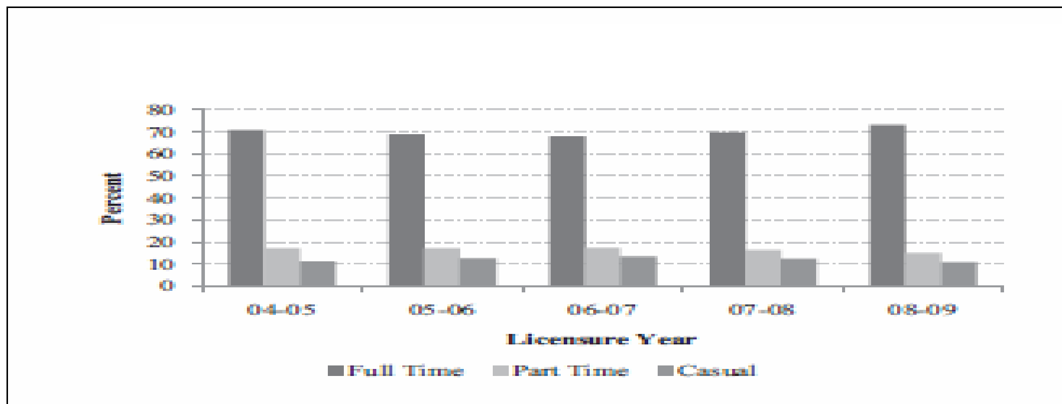
The following chart (1.6) shows that more Registered Nurses in Newfoundland and Labrador had full-time jobs, compared to the rest of Canada. The next chart (1.7) shows a steady increase over the past three years of the number of RNs in full-time positions. Since many nurses from within and outside of the Province report that they prefer full-time over casual or part-time employment, the fact that more nurses are able to go into full-time positions serves as a strength for Newfoundland and Labrador recruitment efforts, and should continue to be advertised by RHAs to attract candidates.

Chart 1.6—Registered Nursing Workforce, by Position Status, by Jurisdiction and Canada, 2007



Source: *Canadian Institute for Health Information.*

Chart 1.7—Employment Status of RNs



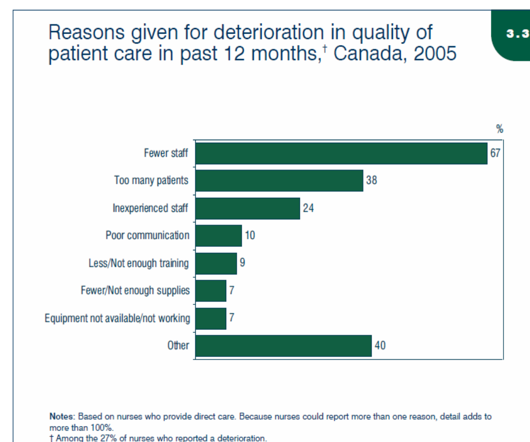
Source: *ARNNL Environmental Scan, January 2009.*

Quality of Patient Care

Perceptions of quality of patient care is another significant concern that is negatively impacted by the shortage of nurses throughout Canada. The chart below, comprised of data from the 2005 National Survey of the Work and Health of Nurses, states that the most cited reason (67%) for deterioration in quality of patient care is due to fewer staff. However, results of feedback from RNs in Newfoundland and Labrador indicate quality of care results higher than the average for Canada:

- Less than one-quarter (24%) of the nurses in Newfoundland and Labrador said that the quality of care had deteriorated, slightly lower than the proportion elsewhere in Canada. The national average was 27%.
- Only 9% said that quality of care had improved, significantly lower than the proportion of nurses elsewhere who reported improvement. Across the country, proportions ranged from 9% to 19%.
- One in 15 nurses in Newfoundland and Labrador (7%) said that in the 12 months before the survey, patients had occasionally or frequently received the wrong medication or dose. This was the lowest reported rate of such errors in Canada. The national figure was 18%.

Exhibit—1.2 Reasons given for deterioration in quality of patient care in past 12 months, Canada, 2005



Source: *ARNNL Environmental Scan, January 2009.*

Exhibit—1.3 Percentage of nurses reporting adverse events occurring occasionally or frequently in past 12 months, by work setting, Canada 2005

Percentage of nurses reporting adverse events occurring occasionally or frequently in past 12 months, by work setting, Canada, 2005

3.3

	In past 12 months, occurred occasionally or frequently				
	Patient received wrong medication or dose	Patient nosocomial infection	Complaints from patients or families	Patient injured in a fall	I was injured while working
	%	%	%	%	%
Total nurses (providing direct care)	17.9	35.2	38.3	31.0	8.9
Work setting					
Hospital	19.2	39.5	39.9	26.1	10.6
Long-term care facility	22.8	36.0	50.7	63.4	9.6
Community health setting	7.8	15.1	23.5	15.4	3.6
Other†	9.3	17.9	23.2	17.4	2.8E

† Physicians' offices, private nursing agencies, educational institutions, governments, associations, etc.
Significantly higher than estimate for the other categories of nurses in the group combined ($p < 0.05$),
Significantly lower than estimate for the other categories of nurses in the group combined ($p < 0.05$).
E Coefficient of variation between 16.6% and 33.3% (interpret with caution).

Data source: *2005 National Survey of the Work and Health of Nurses.*

Source: *ARNNL Environmental Scan, January 2009.*

Nurse Educator Supply

Like the supply of nurses, the supply of nurse educators is diminishing, which impacts the number of nursing students that are able to enroll and successfully become part of the nursing talent pool. The changes to the nursing education curriculum and also the structural changes to how it is governed serve as key factors in the future supply of nurses from nursing schools. Since a key sourcing channel for Newfoundland and Labrador is from universities, the number of nursing educators available to educate nurses directly impacts the number of nurses in the talent pool. At present, nurse educators must obtain their Ph.D qualifications outside Newfoundland and Labrador, which is an additional obstacle to reversing the trend in the supply of nurse educators.

Table 1.5—Nurse Educators

Age Cohorts	Number of Faculty by Age Cohort	Percentage of Faculty by Age Cohort
25-29	1	0.8%
30-34	8	6.0
35-39	12	9.0
40-44	33	24.8
45-49	27	20.3
50-54	33	24.8
55+	19	14.3
Total	**133**	**100.0**

Source: Association of Registered Nurses of Newfoundland and Labrador, Registration Database, (As of October 2005).

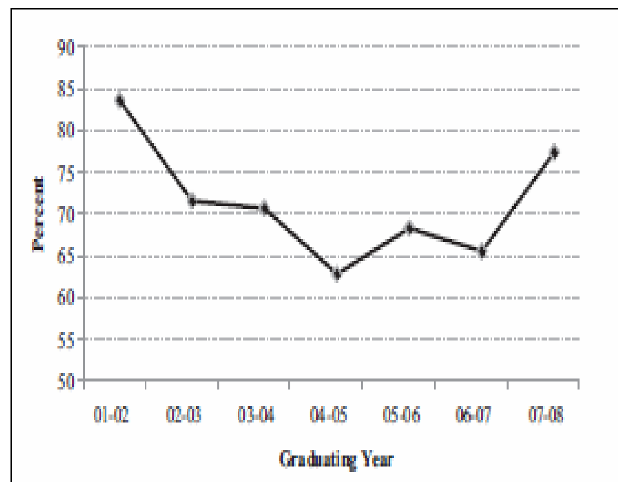
Graduate Retention Rate

Since nursing schools serve as a key sourcing channel for the Province, the graduate retention rate is very important. In Chart 1.8, the graph shows a significant increase in the number of initial registrants with a practicing license in the year following graduation for 2007-2008 compared to the decrease that was experienced with the 2006-2007 graduating class.

While that number has increased, the following chart (1.9) demonstrates a decrease in the number of new (initial) registrants in Newfoundland and Labrador for 2008-2009. While there was a slight decrease this year in the number coming from other Canadian Provinces, this has actually been on the rise over the past four years. However, there has been a steady decrease in the number of new registrants (including new graduates) coming from Newfoundland and Labrador since 2005, which presents a challenge for recruiting efforts of the Province since the majority of new nurses originate from the Province.

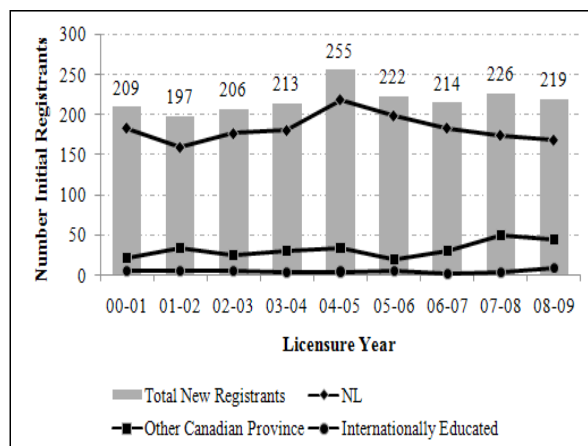
In order to address the challenge of the increasing number of RNs leaving the Province, it is critical to understand what entices nurses to leave in the first place. In focus groups with new hires, they stated that the motivator for many new graduates to move to another Province is for the money or incentives that they receive that they do not receive in Newfoundland and Labrador. In the past, sign-on incentives have proven to be effective for some RHAs; for example, Western Regional Authority in the past offered RNs $5,000 per year for 2 years to go to Stephenville and 17 took the offer and moved to that location.

Chart 1.8—Percentage of Initial NL Registrants with a Practicing License in the Year Following Graduation



Source: *ARNNL Environmental Scan, January 2009.*

Chart 1.9—New (Initial) Registrants by Original Jurisdiction and Licensure Year (2000-2008)[1]



Source: *ARNNL Environmental Scan, January 2009.*

To address the current and future challenges resulting from the nursing shortage, the top priority of each RHA is to create the quality of work environment that will attract RNs, retain RNs and engage RNs. Many Healthcare Providers have realized that there is a direct link between their quality of work environment and the quality of patient care they deliver.

[1] The trend for new registrants shown on 1.9 is not necessarily a true reflection of new graduate retention rate in Newfoundland and Labrador. The number of new graduates varies each year, e.g., 224 in 2005, 190 in 2006, 222 in 2007, and 201 in 2008. The decline in new registrants in NL between 07-08 and 08-09 on Chart 1.9 maybe a result of the decline from 222 to 201 in new graduates between 2006 and 2007 rather than a decline in the retention of new graduates.

Key Findings and Recommendations

Key Findings and Recommendations Overview

This section is organized into the following categories:

- Recruitment Practices, Processes and Policies;
- Workforce Planning and Forecasting Methodologies;
- Recruitment Attraction and Sourcing Strategies;
- Recruitment Retention and Engagement Strategies; and
- Recruitment Organizational Models.

Current state findings and specific, associated recommendations, which include best practices, are provided by RHA within each of these categories.

Recruitment Practices, Processes, and Policies

This section of the report details current state findings and recommendations for improvement in the areas of:

- Needs Identification – includes how specific openings or vacancies are identified;
- Assessment and Selection – includes how nurses are assessed and chosen for a position;
- Offer and Reference Checks – includes how job offers are made and references of employment or character are conducted;
- Recruiting Metrics – includes how recruiting effectiveness is evaluated; and
- Recruiting Technology – includes technology that can be utilized to support the efficiency of the recruiting process.

Needs Identification

Current State Key Findings

During interviews and focus groups, participants stated that they were very satisfied with the process for identifying a vacancy. A consistent form is completed by the Nurse Manager that includes budget approvals and qualifications information, which is provided to HR or the Recruiter to begin the process of finding potential candidates.

Recommendation	Supporting Details
All RHAs	■ Nurse Manager manually completes a Recruitment Request Form and provides it to the responsible Recruiter.

Recommendations

While participants may have reported being satisfied with the current process, the manual nature of the process today causes potential risks. Organizations that do best-in-class recruiting typically use a defined process for the opening of a requisition, incorporating a budget, and the necessary leadership approvals. The benefits of such an automated process include: greater efficiency in obtaining required approvals; insurance that openings are properly funded, as well as a tracking record of approvals and all hand-offs in case questions or errors arise.

Recommendation	Supporting Details
Automate Recruitment Requisition Form	■ **All RHAs:** Create or leverage a technology solution to enable this form to be completed and routed to Recruiters automatically rather than manually.

Assessment and Selection

Current State Key Findings

Nurse Managers and Recruiters conduct 15-20 minute interviews with candidates in some RHAs. Many Nurse Managers stated they did not get involved due to their limited capacity. For those RHAs conducting interviews, interview guides are used and feedback sessions are held to compare notes and opinions on the candidate.

While interviews were conducted in some regions, new hires consistently stated in the focus groups that they would like more thorough information about the region, position, job requirements, and what they should expect in their role. They stated that providing them with this information would provide them with a more realistic idea of what to expect in their roles and would facilitate an easier, higher-quality transition into their new role. This was specifically true for those in the float pools, which are found in some of the RHAs, who often felt that they were not prepared to deal with the variety of situations they encountered on the job. A primary concern was that they often felt that they were told they would be in a "floating" position, but they ended up spending almost their entire time in one unit. Another concern was that they were not often told that they would be the only RN on the floor at times, so this was overwhelming for them.

RHA	Supporting Details
Central	■ Conduct short, structured interviews for most RN positions. The Nurse Manager or Director participates in interview and feedback sessions, as well as makes decisions to hire. The Recruiter is responsible for taking the candidate through the process and also makes a hiring recommendation to the Nurse Manager or Director.
Eastern	■ Conduct structured interviews for most RN positions. The Clinical Manager or Director participates in interview with Recruiter and jointly makes a decision to hire. An exception to the interview process may be made if the candidate is a rehire.
Labrador-Grenfell	■ Conduct structured interviews for RN positions for external candidates, which include both HR and the Nurse Manager. Internal candidates are not always interviewed.
Western	■ Do not conduct formal interviews. The reason given for this is that it does not make sense if the candidate has references and they are from the Western school of nursing. Also, there is a probationary period and orientation once they start. Most candidates have some exposure to the area already, since they are from the area or have been students. To provide information on the area and the RHA, information sessions are held at the school.

Recommendations

Creating a positive candidate experience is something that all best-in-class organizations strive to do. A positive candidate experience includes ensuring that each time a candidate (or potential candidate) interacts with an organization, she or he is building a more positive opinion of the organization. Some of the ways that organizations try to ensure that candidates have this positive experience include: continually building relationships with candidates; sharing candid, realistic information about the job; spending time with candidates; and building a rigorous selection process so candidates believe they are part of something that has a high degree of quality associated with it. The interview process is a touch point in the candidate experience that provides the opportunity to offer a positive candidate experience. This is a time to both ensure that the organization has a complete understanding of what the applicant brings, as well as a time for the candidate to ensure she or he has all the information needed to make the employment decision. During this process, it is important to allow the candidate time to ask questions and also to provide them with a clear and realistic description of their role. Since many individuals are unaware of the compensation information or other features of the region, this is also a time to discuss these things with them to ensure they are aware of the full opportunity and benefits of what they would get if they worked at the organization.

In addition, while nurses are degreed and licensed, there are other job-related factors associated with job success. During the interview, these other factors should be evaluated by the RHAs, as well. In typical healthcare organizations, these may include things such as their organizational skills or other core competencies, along with their fit in the particular unit for which they are being evaluated.

Recommendation	Supporting Details
Ensure interviews are effective and informative to candidates	■ **Western:** In order to provide candidates with a realistic preview of what their role would be, as well as to provide them with the opportunity to ask questions prior to employment, interviews should be conducted. ■ **All RHAs:** Continue interviews, and ensure that information is provided regarding compensation and a realistic preview of the job.

Offer and Reference Checks

Current State Key Findings

The offer process was reported to be consistent across RHAs and was noted as being perceived as an efficient step in the process. Since there is a collective agreement in place, no additional time is required by Recruiters to negotiate salaries or other compensation. This was noted as a positive for Recruiters, but new hires often stated that they did not always feel that the Province's compensation was competitive with those of other Provinces. While the increase that resulted from the collective agreement should help address this, the reinstatement of sign-on bonuses should be considered to further increase the attractiveness of the offers of the RHAs.

During the interviews and focus groups, some Recruiters did mention that they are sometimes not able to communicate with candidates as quickly as they would like to communicate an offer, due to their heavy workloads. They believed that this occasionally results in a candidate accepting a position elsewhere. While many new hires reported that they were satisfied with the recruitment process, several new hires stated that the infrequent or delayed communication caused them concern enough to consider another position somewhere else.

Another reason for delays at this phase of the process is due to candidates discussing the opportunities with their families prior to accepting the position. During this time, it is essential for Recruiters or Nurse Managers to maintain contact with the candidate to answer any questions and provide support as they are making this decision.

The reference check process was consistently noted as time-consuming for all RHAs. This was said to take the most time of any aspect of the recruiting process. For some RHAs, the length of time to complete reference checks has resulted in losing candidates due to the inability to give them a start date with an official offer for employment. This time-consuming process was attributed to the limited resources and capacity of HR or Recruiters to complete these reference checks, since it often takes several attempts to be able to reach the references provided by the candidates.

RHA	Supporting Details
Central	■ Reference checks are done internally and were reported as the most time-consuming step of the recruiting process. The limited time of resources to complete these can also delay the time for a candidate to accept an offer or to start working. Two references are required per applicant. ■ Communication is consistent in the sense that all communication with applicants comes from one Recruiter who has a checklist that covers what needs to be collected and provided. There is not much communication with candidates other than that, outside of brochures and marketing materials that are provided at job fairs.
Eastern	■ Reference checks are now done internally and are reported as the most time-consuming step of the recruiting process. The limited time of resources to complete these can also delay the time for a candidate to accept an offer or to start working. Two references are required per applicant. Some reference checks were outsourced last year, which was helpful to reduce the administrative burden and decrease the time to complete this step in the process. Although there were some issues with provider, they were very minimal, and resolved with provider once feedback was given. ■ Recruiters have limited time due to heavy workloads, which can result in delayed or less frequent communication with candidates than desired. There are checklists and promotional materials that are used. Applicants may be dealing with up to three Recruiters at the same time. There is a central point of intake for applications, but there may have numerous people involved in the process causing confusion.
Labrador-Grenfell	■ Due to the geographic location, it is critical for the RHA to offer additional incentives to attract nurses. ■ Communication with candidates was reported as frequent from RHA to ensure candidates were aware of progress in the recruitment process. Information is provided at job fairs on region, current vacancies, and relocation that is covered (when applicable). The policy information is also included in appointment letters to the candidate. While HR Managers are normally kept current with information, sometimes there are issues when something changes and they may not be aware; for example, when incentives stop being offered. ■ Reference checks are done internally and are reported as the most time-consuming step of the recruiting process. Two references are required per applicant. The limited time of resources to complete these can also delay the time for a candidate to accept an offer or to start working. This is often due to not being able to reach the references provided.
Western	■ Recruiters have limited time due to heavy workloads, which can result in delayed or less frequent communication with candidates than desired. There are consistent promotional materials being used. Recruiters try to have some contact with the scheduling contact to discuss expectations of the process. ■ Reference checks are done internally, but it is not perceived by some to be too challenging. Two references are required per applicant, including their most recent employer or school. At times, it is difficult to get in touch with contacts during the day, so email and reference documents are utilized to help address this challenge. Also, individuals who do reference checks work on a compressed work week and tend to call after hours in order to reach contacts more easily.

Recommendations

Since nurses interact with patients continually on the job, it is probably very important to continue checking references as a safety precaution. However, there is debate among HR professionals about whether reference checks produce enough useful information in the selection process to warrant the investment. It is important for each RHA to evaluate the soft cost that administrative activities of reference checking place on Recruiters. Reference checks are always time-consuming when conducted manually and the internal efforts exhausted can be quite costly.

Many organizations today are finding that outsourcing their reference checks to third parties is actually more cost-efficient than continuing to take their Recruiters away from higher-value activities. In addition, there are new technologies available that require less human interaction to gather references, for example references that are completely conducted online.

Finally, freeing up Recruiter resources from reference checks would allow them to focus more on candidate communication, again ensuring that each interaction with the candidate leads to a greater positive perception of the organization.

Recommendation	Supporting Details
Increase communication with candidates during offer process	■ **Central, Eastern, and Western:** Identify points of process when and how candidate will be communicated with, as well as who will be responsible for this. If possible, leverage technology to automate templates or allow easier communication with candidates, track the dates of when they were contacted, and to set alerts for when they should be contacted in the process. ■ **Labrador-Grenfell:** Consistent communication with candidates, which is important due to recruiting challenges based on geographic location. This was confirmed by new hires during focus groups.
Outsource reference checks	■ **All RHAs:** This can be done for all RHAs through a common provider, which decreases the cost of multiple providers and also additional time of resources to conduct these checks. It is important to make sure to define the time and process expectations with the outsource provider to ensure high-quality and timely reference checks.
Conduct workload study	■ **All RHAs:** Our interviews and observations identified numerous examples of Recruiters doing activities that could be automated or may be of limited value to the recruiting process. Conducting a formal workload study was beyond scope of this project; however, we recommend that such a study be undertaken by each RHA to better quantify the current workload of Recruiters to help identify the potential productivity gains from automation and workload redesign.

Recruiting Metrics

Current State Key Findings

To measure the true efficiency and effectiveness of recruitment efforts, it is critical to consistently track key metrics that serve as a gauge for the recruiting function. The most common metrics being tracked by RHAs are the costs associated with advertising and the number of vacancies. While these are both important to measure, a more robust set of metrics should be identified to provide a true picture of the recruitment strengths and challenges for each RHA.

To limit the resources needed to calculate and report on these metrics, technology should be implemented that will help standardize and automate these reports. There are a variety of software solutions, or Recruitment Management Systems (RMS), that have the capabilities to allow users to quickly create standard and ad hoc reports that also provide automated functionality for the recruiting process. Since these can be hosted by the vendor, this limits the number of resources and time that IT resources need to spend on maintaining the system. At the same time, these systems automate many of the administrative recruiting activities that take time away from Recruiters trying to find and recruit candidates.

RHA	Supporting Details
Central	■ Create vacancy report on a quarterly basis that also identifies reasons for the vacancies. ■ Recently implemented metrics to track time that it takes to fill vacancies. ■ Some data is reviewed to better understand the cost to fill vacancies, but this is not always measured. ■ Track turnover.
Eastern	■ Track time to fill, turnover, attrition/retirement rates, vacancy rates, reasons for vacancies, relocation costs, advertising costs, and internal transfer rates. Currently do not track cost per hire.
Labrador-Grenfell	■ Track number of vacancies quarterly, attrition rate, turnover, and overall advertising costs. ■ Do not track cost per hire, quality of hire, or time to fill.
Western	■ Track time that it takes to fill vacancies. A review was completed of a cross section of nurse competitions for 2008 and 2009. For 2008 a review was conducted of 192 job offers, and for 2009 a review of 62 job offers. This review demonstrated an average of 3.5 weeks to fill a nurse position in 2008, and 2.5 weeks to fill a nurse position in 2009. ■ Use results from staffing analysis to determine short-term and long-term hiring. This also includes a review of potential resignations or retirements, what vacancies/new positions are approved. This is always done before recruitment fair in the fall. ■ Take 15% of accrued FTEs on budget to determine short-term relief. This is determined by time-off averages. ■ Do not track time to fill or cost per hire. However, time to fill is short based on experience with not conducting interviews. ■ Track turnover.

Recommendations

To better understand what areas of the process are working well or where additional support is needed, metrics need to be defined and regularly tracked. These will show any gaps in resources or in the process to provide an ongoing picture of how the organization can adapt to meet recruiting needs. Best-in-class organizations typically measure both quantitative/efficiency metrics, as well as qualitative/effectiveness metrics. We have acknowledged in our introduction the “catch 22” of freeing up the resources needed to gather and analyze these data so that RHAs can use the data to help make decisions about how best to utilize your currently fully busy, and in some cases overstretched, recruiting staff.

While some RHAs currently track limited metrics, the following are those that are typically collected by leading organizations:

- Quality of hire: (e.g., number of candidates receiving same offer prior to acceptance, number of new hires still in position after six months, number of new hires receiving high performance scores)
- Percentages of hires coming from various sources (e.g., advertising, agency hiring, referrals, college recruiting) and the cost for those sources
- Requisitions per Recruiter
- Time to start (i.e., number of calendar days from requisition approval to the employee's first day at work)
- Time to fill (i.e., how long it takes from requisition to acceptance by a candidate)
- Cost per hire (i.e., factors in a number of internal and external costs that go into the recruitment and hiring process)

There are many benefits associated with tracking additional metrics, including:

- Providing data to continuously monitor progress
- Demonstrating the value and impact to the overall organization
- Facilitating decision-making among the organization's leaders
- Allowing for identification and targeting of diverse groups within the workforce, and
- Producing data to inform and drive overall recruiting strategy

Recommendation	Supporting Details
Identify and regularly track key metrics	**All RHAs:** Oftentimes, organizations focus on the quantity of metrics in an attempt to have a thorough understanding of what is happening with their organization. To maximize the value that recruiting and retention provides, it is essential to focus on the "quality" of these metrics to measure only what is relevant and aligned to the organization's business strategy and goals - "Measure what really matters." Metrics should be tracked consistently and reported on a quarterly basis to identify trends and ensure concerns are addressed in a timely manner. **Key Actions** ■ Review organization's strategy and key desired outcomes. ■ Determine what specific metrics will assess how the organization is progressing toward those targets. ■ Confirm availability of data and define process for gathering and analysis, including roles and responsibilities. ■ Roll up recruitment and retention metrics to provincial level on a quarterly basis to continuously track progress and identify improvement opportunities.

Recruitment Technology

Current State Key Findings

There is currently limited technology being used to automate recruitment activities by any of the RHAs. This is identified as a significant gap, since it limits the amount of data storage, candidate tracking, candidate correspondence, automated approvals, and reporting that forces this work to be done manually. This manual work creates a less efficient process and requires more time of the recruiting resources that are available to do this work. While implementing technology will make the process more efficient, it does not mean that additional Recruiters are not needed by the RHAs. Given the volume of vacancies, the lack of a technology solution to support recruiting is likely the root cause of much of the administrative burden placed on Recruiters, which clearly has a negative impact on quality.

RHA	Supporting Details
Central	■ Link to RHA-specific site will be included on the provincial-wide website that will be launched by the end of this year. ■ Occasionally, job boards (e.g., Career Beacon) are used, as well as posting jobs on association web pages. ■ HR Information System (HRIS) is in progress to be implemented.
Eastern	■ Link to RHA-specific site will be included on the provincial-wide website that will be launched by the end of this year. ■ Various job boards are used and contracts are established with each of them. The success of each of these job boards is not measured or tracked. ■ HRIS implemented 2-3 years ago for the region to provide repository for data and reporting capabilities. There is not a lot of historical data available. It also has an eRecruit recruitment module that became available in January 2009 that would allow candidates to apply online; however, this has not been purchased to provide this capability.
Labrador-Grenfell	■ Link to RHA-specific site will be included on the provincial-wide website that will be launched by the end of this year. ■ HR Information System (HRIS) is in progress to be implemented.
Western	■ Link to RHA-specific site will be included on the provincial-wide website that will be launched by the end of this year. ■ Job boards are used to recruit candidates, as well as national websites and publications. ■ HR Information System (HRIS) is in progress to be implemented.

Recommendations

Given the size of the RHAs, individually and as a whole, a Recruitment Management System (RMS) would provide efficient support of the hiring process. While efficient processes are imperative to good recruitment practices, it is difficult to achieve full gains without the use of technology. Leading organizations utilize technology to support their recruiting systems.

Give the associated benefits Government and RHA may wish to consider acquiring a RMS. We do recommend that a robust, centralized RMS will provide many benefits with relatively limited technology investment. Most providers offer solutions that they "host," which removes the burden of managing the technology from the employer. The business case for the investment in technology is often made through the reduction in time required to complete activities, in conjunction with the increased time to hire qualified candidates. A sample of employers using a leading RMS reported a 33% reduction in time to hire and a 10% or greater reduction in total cost per hire.

Some of the benefits of this technology include: applicant tracking, reporting capabilities, correspondence, automatic routing, automated reference checks, storage of notes, etc. While this would increase the efficiency and effectiveness of the recruitment process by decreasing the time required of resources to complete recruiting activities manually, it would also require an investment in the technology that would provide these capabilities. The implementation of an HR Information System (HRIS) is currently in progress for each region, but the recruiting technology capabilities of this system should be evaluated to determine if it could be leveraged for recruiting efforts. If not, then an RMS that can integrate with the HRIS to provide this functionality should be considered.

High-level cost estimates from leading mid-market ASP (vendor-hosted software and hardware support) providers are as follows:

- Vendor implementation/set-up fees range from $20,000 - $55,000 CAD
- Annual costs range from $22,000 - $82,000 CAD
- Costs will vary based on number of employees and/or user licenses, installed modules/application functionality, length of contract
- Internal support fees: TBD—HRMS Administrator Support

Source: *CedarCrestone Research, 2007.*

Some of the benefits of implementing a technology solution include:
- Decreased time spent on recruiting
- More consistent and timely correspondence
- Ability to track and manage candidates
- Better reporting and measurement capabilities
- Easier retention of documents for compliance purposes

Sample Benefits:
- Increase Recruiter & Hiring Manager Productivity
  - Eliminating administrative burden and paperwork from the process allows Hiring Managers and Recruiters to focus more of their time on productive endeavours.
- Move Requisitions Through The Hiring Cycle Faster
  - One-click job requisition creation and approval routing puts job requisitions in front of the people who need to see and approve them in real time. Jobs move through the approval and posting cycle faster.
- Fill Open Positions Faster And More Efficiently
  - Post approved job requisitions to your company career center in real time, without waiting for your webmaster or IT department.
  - Automate and make paperless the job requisition approval process.
- Improve Quality of Hires
  - By increasing the breadth of your applicant pool, you can tailor marketing campaigns to your most productive candidate resources.
- Reduce The Cost Per Hire
  - Advertising and agency costs are dramatically reduced and eliminated.
  - The complete suite of paperless applicant tracking and recruitment tools dramatically reduces your administrative costs.
- Eliminate Costly Agency Fees
  - Eliminate reliance upon outside agencies by utilizing the power of your corporate website as your online career center.
- Increase Your Visibility in The Hiring Process
  - Reporting metrics and analysis help you find bottlenecks within your own process, as well as identify success.
- Improved Overall Recruiting & Hiring Process Efficiencies
  - Hirebridge Recruiter™ helps you focus on the candidate...not the hiring process.
- Showcase The Value of HR
  - The powerful integrated applicant tracking and job requisition management tools help you focus on finding the best talent instead of wasting time and money on administrative activities that deliver no value. That means:
  - Hiring costs are dramatically reduced
  - Hiring times are dramatically reduced
  - HR Value is increased

■ Increased Candidate Sourcing Opportunities
  - Automatic posting of all open positions on your company's career site as well as to a network of external job boards, including Indeed.com, SimplyHired.com, Google and Craigslist dramatically increases your potential applicant pool. Additionally, jobs can be sent to premium job boards like Monster, CareerBuilder, HotJobs, Dice and others (may require 3rd-party posting service provider account).

Source: www.hirebridge.com

Recommendation	Supporting Details
Implement a Recruitment Management System (RMS)	**All RHAs:** ■ Should be investigated as to whether a common system could be implemented, with costs allocated across the four RHAs. ■ Should invite potential vendors to conduct a demonstration of their systems so RHAs will better understand the features and benefits of each of their systems. **Key Actions** ■ Document recruitment processes; identify activities that could be automated via technology, and define technology requirements. ■ Conduct technology vendor evaluation and selection. ■ Implement RMS technology solution. ■ Conduct training and education on new processes and technology. Technology requirements need to be defined first to determine which technology solution will best meet provincial and regional needs.

Workforce Planning and Forecasting

Current State Key Findings

With the effects of the nursing shortage already impacting healthcare organizations, it is imperative that a robust workforce plan be in place to accurately assess, plan, and forecast the critical skills and roles that will be needed in both the near-term and long-term future. In most organizations, workforce planning is short-term focused and primarily focused on more senior level positions. While it is important to understand short-term needs, this is often at the neglect of gaining a longer-term projection of what skills will be needed in the future across all levels of the organization.

There is currently some historical data from 1999 forward that can be leveraged for workforce planning trends and analytics. A tool has been created to consolidate the data collected from each RHA into a provincial-wide report. However, the data-gathering process in each RHA is manual, and analysis has been reported as a very time-consuming process.

To limit the “burden” placed on those doing this, the overall report that is produced is not updated as regularly as would be recommended. The enablement of software to facilitate this process would be an effective way to decrease time spent while increasing the ability to consolidate the data more automatically. This would also provide capabilities to view different cuts of the data in a variety of ways to better understand the critical skills that are available within the RHAs. Finally, this software could help with scenario planning that is based on plausible events (both internal and external), with an assigned probability for their occurrence. This combination of capabilities would decrease the time required, while increasing the visibility to current and future supply and demand of talent.

There is a Steering Committee for workforce planning that includes a representative from each region to promote the various regional perspectives into this overall tool. There are also two resources (residing at the provincial level) dedicated to managing this consolidated effort, who are also responsible for creating regular vacancy reports.

RHA	Supporting Details
Central	■ There is a regional Workforce Planning Steering Committee that meets fairly regularly and has quarterly larger meetings to discuss recruiting efforts. ■ Nursing Planning Committee is in place and includes senior nurses and Professional Practice individuals from across the region to discuss current issues and challenges. ■ Frequency of meetings between HR and budgeting resources is less than desired, since the budget information helps guide hiring decisions. ■ There are staffing consultants who work with the staffing department, but the Recruiter is not heavily involved in any staffing analysis or privy to the information discussed; instead, he is provided a quarterly budget to monitor hiring activity. ■ Workforce planning beyond two years is not regularly done. Analysis of turnover due to retirement looking five years out has been done, but there is no long-term plan. ■ There is no formal approach to identifying and tracking the needs for critical roles and areas. ■ Nurse Managers or Directors are involved in developing the workforce plan. ■ Level of demand is not identified at an RHA level, unless this is done at very senior levels of the organization.
Eastern	■ Nursing Planning Committee is in place to discuss short-term workforce plan that is developed annually. This has been in place for 2-3 years and is managed by HR and Professional Practice. It includes representatives from across regions who meet on a monthly basis. ■ An HR Planning Strategist meets with every Director annually to discuss hiring needs. ■ The region keeps a good headcount record/employee count. ■ Conduct staffing analysis through the budgeting process, which focuses on the next year's growth needs. This includes discussion looking three years out, but doesn't go beyond that time frame. Some longer-term projections have been done regarding retirees looking ten years out. ■ It has been challenging to find 5-year turnover data due to lack of a system to facilitate this and the larger size of the organization. The region is not believed to be well-equipped for anything beyond three years out. ■ There is a need to look at things that happen in the United States, such as 9/11, Iraq War, etc., since these things can have a positive impact on retaining nurses in the Province rather than moving to the U.S. ■ Organization transition, consolidation and recent recruiting volumes have led to the need for analysis to determine new staffing needs to deliver recruitment services. ■ Critical roles and areas are identified and tracked through the vacancy report (e.g., Long Term Care) and these are also tracked by site (e.g., rural or remote locations). ■ A fair amount of new funding has been added to the system in the last five years, so this has caused a great deal of growth. It is difficult to predict demand since only looking out one year. Demand is not clearly defined, so we just focus on hiring nurses and assume there is demand. ■ Supply is primarily based on known educational institutions or pockets of health professionals from outside of the Province that have historically been fruitful. At times the Government provides funding without much notice, which does not allow them to predict hiring. There is no formal supply or demand model at the RHA level.
Labrador-Grenfell	■ Human Resources plan covers the entire organization and is reviewed and updated annually. Have a committee that works with this plan and does a gap analysis of needs, but Recruiter has not been able to meet with them recently. ■ Annual budgeting is primarily done by the Recruiter, who reviews the average cost of hires and projects on that basis. Also, meets with staff managers regularly to understand their staff needs and any changes, such as the introduction of a new service. ■ Over the last several years, region has shifted to a longer-term plan. The reality is that the current situation is constant vacancies. The bursary program helped with long-term planning, as well as looking at anticipated graduates beyond the current year.

Western	■ Recruitment people meet regularly to discuss recruitment strategies in fall of each year. ■ A team also regularly conducts a staffing analysis 3-4 times per year to identify vacancies, discuss potential resignations or retirements, and confirm which vacancies have been approved to be filled for one year into the future. ■ Annual budgeting process is done and departmental recruitment needs, advertising costs, and job fair costs are identified through that process. ■ No resources are currently dedicated to conducting longer-term planning and there is no HRIS or other technology to facilitate the data gathering and analysis, so the cost/benefit analysis of manually doing this isn't justified. ■ Specialty areas are reviewed on a regular basis, such as Intensive Care Units, Emergency, and Dialysis to determine how much, if any, of a need there is in those areas. A staffing survey is also distributed regularly to identify continued employment expectations of nurses. ■ Nurse Managers are provided with information based on scheduling data on the areas for which they are responsible. Nurse Managers are responsible for signing off on vacancies that should be filled, and advising HR. These are then tracked in the staffing analysis, and a percentage of those is taken annually to identify the positions most likely to be filled. There is sometimes a delay in approval from the Government to fill a position even after a vacancy has been identified. ■ Finance is involved on an annual basis to conduct a budget review with managers, update budgets, and add in workloads. For new initiative proposals, a template is provided with a checklist of things that are required by Finance to review these new positions. Once completed, Finance does a cost analysis for the manager.

Recommendations

Accurate and timely supply and demand data are essential for an effective workforce plan. These data need to be provided by all regions within the Province, with a clear and consistent definition of what each of the components of the plan means. This is critical to ensure the data input into the workforce plan is consistent across the regions, so the reports created from that data provide valuable insights into what the current situation is for each region and the Province as a whole.

It is important to note that if either the supply or demand side of the equation is inaccurate or contains limited data, the ability of the tool to accurately reflect the current workforce situation will be negatively impacted. A robust supply analysis can provide predictive insights and analytics that can help organizations be better prepared to address future workforce challenges.

Reporting is also essential to ensure the current and future status of the workforce is understood by all regions across the Province, since there will likely be variations across different locations.

Some of the benefits recognized will include:

- The ability to accurately predict workforce needs and the available supply to meet them
- Agreed-upon definition of key metrics
- The ability to proactively source and prepare for vacancies and growth

This is an area where each RHA is already doing foundational work that will support future efforts. The key difference is that the workforce plan should include both supply and demand data, as well as project out for a longer time duration. What is done today mostly focuses on vacancies and potential retirements.

Recommendation	Supporting Details
Develop a stronger workforce plan and forecast	■ **All RHAs:** Need to ensure they have a well-defined, longer-term workforce plan in place. Consistent technology and templates should be used to decrease the time spent pulling and analyzing this data. **Key Actions** ■ Create a common definition of workforce planning. ■ Confirm data availability and identify issues for the following data elements to be used in the plan. This should be collected as individual-level historical data to build assumptions for actives and terminations over the historical period being collected. This will then be used to baseline workforce planning projections. The following data elements for the workforce plan include: — Employee ID — Business unit — Department/function — Location — Level — Role (aggregation of individual job titles) — Employment status (Regular/Temporary/Contract) — Full-time/Part-time — Union — Date of birth — Date of hire — Date of termination — Reason for termination — Base pay — Sign-on bonus pay — Shift differentials — Overtime pay — Currency for pay data ■ Define process and timeline for supplying and analyzing data to RHAs. ■ Educate appropriate individuals from each RHA on definition, components, and process. ■ Continue to manage the plan from a provincial level, with quarterly data inputs from RHAs. Implement or leverage technology to decrease time required to pull and consolidate data. ■ Analyze data based on variations by scenarios (e.g., staff per bed, productivity) and by type of nurse/unit (e.g., Long Term Care, ICU). ■ Create and distribute quarterly reports to each RHA. ■ Meet quarterly to discuss trends, issues, progress in closing gaps, and how to prepare for any future expected changes. ■ Define process and timeline for supplying and analyzing data to RHAs. ■ Educate appropriate individuals from each RHA on definition, components, and process. ■ Manage the plan from a provincial level, with quarterly data inputs from RHAs. Implement or leverage technology to decrease time required to pull and consolidate data. ■ Analyze data based on variations by scenarios (e.g., staff per bed, productivity) and by type of nurse/unit (e.g., Long Term Care, ICU).

Role of the Registered Nurse

Current State Key Findings

While the actual headcount of nursing staff plays a critical role in ensuring a high quality of care for patients, the utilization of the current workforce should also be addressed to ensure nurses' skills are properly being leveraged to best support the organization. This is not something that is currently sufficiently measured, so it does not provide the necessary data to enhance the current model of care. While some review of skills has been done to try to determine how best to leverage various levels of staff, it is important to develop a robust model of care that is based out of the data collected.

Nurses often report that they are most engaged when they have autonomy to perform actual nursing duties rather than spending time on those tasks that do not require them to utilize their nursing skills. Many times, the administrative and non-nursing activities can become burdensome to nurses and take them away from their intended purpose of providing high-quality care for their patients, resulting in decreased nurse engagement. Leveraging other nursing staff should be considered, who can perform certain activities that do not require a Registered Nurse to complete. This will allow for Registered Nurses to provide more value to the organization by decreasing their time spent on administrative activities.

In order to fully address how best to utilize nurses, the float pool should also be assessed. Oftentimes, new hires feel as though they are unprepared or do not have the necessary experience to work in certain units that are required of them in the float pool. This limitation impacts the confidence and engagement of these nurses, while also decreasing their ability to develop concrete skills within one unit prior to moving into another one. While this impacts new hires, experienced nurses also report feeling increased pressure to both train them while also trying to focus on providing high-quality care to their patients.

Recommendations

In order to accurately depict a model that would work well for the Province, it is imperative that there be a real and accurate understanding of what activities are currently consuming the majority of time and resources. This assessment would inform the organization model and associated roles and responsibilities that would allow nurses to be leveraged in a manner that supports the overall objectives of high-quality care, while developing nursing staff to meet future healthcare needs of the Province.

The Ottawa Hospital (TOH) Model was developed using a Model of Nursing Clinical Practice Work Group (MoNCP), which was formed to study the various "models" of nursing care delivery being utilized locally, nationally and internationally. Those involved in developing the model included: RNs, RPNs, Clinical Managers and Nurse Educators, APNs and Universities, and Patients. The factors for this model include: Nurse autonomy, accountability, and strong interdisciplinary teamwork – lead to better patient outcomes and improved nurse satisfaction.

The focus was on developing one model of clinical nursing practice – paramount to quality care. The project did not begin with focus on recruitment and retention of nurses; rather, focus was on increasing quality of patient care and is based on core values and nursing standards.

After surveying 22 Magnet Hospitals in the U.S. and 6 Academic Teaching Hospitals in Ontario, the TOH work group came to a conclusion that no one cared if the delivery model was suitable or flexible enough to be implemented for all units, and that not one Model had all the desired elements the group was seeking. The group reached a consensus decision to create TOH MoNCP. Funding was attained by the group, and this was the first historical longitudinal study of a Model of Care.

The Model's Guiding Principles

- Direct care: principles focusing on the patient, family, nurse and the organization.
- Supportive structure: positions that provide professional assistance day to day, primarily clinical, educational and administrative, to the RN or RPN as they deliver nursing care.

- Clinical day-to-day: facilitates the novice nurse and values the clinical expertise of each staff member.
- Organizational day-to-day: focuses on clerical support, departmental support such as material resources, hotel services, i.e. linen, housekeeping.
- Educational Support: focuses on staff individual learning needs as well as the unit needs for orientation, policies and procedures, career counseling and professional development.
- Management Support: focuses on the immediate management support required by the direct care providers. In some instances, this may involve not only the Managers but also the Care Facilitator, Project Coordinator, etc.
- TOH Support: focuses on the organizational support required by Clinical Managers to fulfill their roles.
- The model does not account for float pools because these are not utilized. Another channel that is intentionally not used in the recruitment of foreign nurses, since this is viewed as an ethical issue by leadership.
- The implementation leveraged a phased approach.

Study Outcomes

- Increased patient-rated quality of nursing care
- Decreased nurse burnout
- Decreased nurse absenteeism
- Improved organizational climate (Safety & Justice)
- Decreased vacancy rate
- Decreased turnover rate
- Increased nurse satisfaction
- Increased interest in continuing education
- Increased publications and presentations
- Increased leadership building

While this Model has received a lot of recognition recently, it is currently in the process of being published, so there is no detailed information on the implementation process and cost readily available. The Program Manager advised that the process begins by working together to identify a key unit within a facility that would serve as a starting point for the implementation of the model.

Source: Discussions with and information provided by Dr. Ginette Lemire Roger (Principle Investigator) and Salma Debs-Ivall (Program Manager).

As part of the assessment of the skill mix and potential models for the RHAs, float pools should also be addressed. These pools can provide flexibility in staffing across various units within facilities, since nurses are able to “float” across different units as needs arise. Unfortunately, this also brings with it challenges for both experienced nurses and new hires.

Certain hospitals, such as The Ottawa Hospital, do not use float pools because they believe it does not align to their goal of increasing the quality of patient care. Other organizations, such as certain Magnet Hospitals in the U.S. including unionized hospitals, have redefined the levels of the float pool structure and do not include new grads in their float pools for at least 1 year. An example of a float pool structure is as follows: 1) 1 hospital, 1 unit—lowest paid; 2) 1 hospital, multiple units as decided by facility—mid-range pay; 3) System wide/Float between at least 3 hospitals by service line, which is managed by a staffing manager. While the structure that is followed by some Magnet hospitals may not align from a compensation perspective, the various categories of the float pool are something that should be considered. TOH working group concluded that specific structures such as float pools can be part of a hospital's unique model. The fact that TOC and many U.S. hospitals use different float pool models from those used in Newfoundland and Labrador is included only to reinforce that it is important to develop your “TOH Model” based on your unique values and needs.

Recommendation	Supporting Details
Further investigate the cost and process for implementing the Ottawa Hospital Model	**All RHAs:** ■ Support the strategic decision to adopt TOH model and its implementation in all RHAs. ■ Consider organizing and utilizing nursing staff differently. While some of this is currently in progress, there should be more rigour around the assessment and identification of the Model for how nurses will be used. **Additional considerations:** ■ Develop nursing leaders to better manage and support staff to reduce turnover and improve engagement. ■ Focus on development of critical skills that can be transferred across units. ■ Consider utilizing other healthcare staff to perform certain administrative and other activities for which they qualify, to free up time for nurses to focus on "nursing" activities. ■ Incorporate a rotational talent pool to support nurses while they are on leave, to reduce absenteeism, improve engagement, and provide increased flexibility of scheduling. While this is being done in some RHAs by means of a float pool, this should be revisited to assess the effectiveness as well as to identify additional units where a float pool could be implemented.

Recruitment Attraction and Sourcing Strategies

This section of the report details current state findings and recommendations for improvement in the areas of:

- Sourcing Strategy
- Nursing Schools
- Bursaries
- Employment Brand
- Employee Referrals
- Recruitment of Internationally Educated Nurses (IEN); and
- Inter-provincial migration

Sourcing Strategy

Current State Key Findings

An effective sourcing strategy encompasses a variety of sourcing channels. There is not a "one size fits all" approach for attracting talent. In Newfoundland and Labrador, there are significant differences across the RHAs that require consideration of various channels to recruit the talent necessary to fill current and future needs.

Currently, there are a variety of practices being used by the regions within Newfoundland and Labrador to source candidates, including "word of mouth," family members informing others outside of Province, and advertisements to name a few. The cost and benefit of these channels is something that should be considered in the future to ensure those channels are producing the appropriate number and quality of candidates for the cost.

The geographic location of Newfoundland and Labrador, as well as the regional climate, creates an additional challenge for attracting candidates to the Province. The focus on incentives, opportunities, and quality of life of the Province should be emphasized to demonstrate the benefits and positive attributes of the area.

This fall, a provincial-wide recruitment website for nursing was introduced that includes links to the various RHAs, immigration information, video clips of nurses, among other tools that will provide valuable information to nursing candidates. This is a step in the right direction, since it will provide candidates with a more holistic view of the provincial opportunities.

During 2008 and 2009 recruitment sessions were conducted, at the initiative of the Office of the Chief Nurse, with third and fourth year students attending all three Newfoundland schools of nursing.

RHA	Supporting Details
Central	■ Sourcing strategy is loosely defined and not heavily emphasized. Often know the number of students to attract from schools, expatriates, etc., but there is no formal strategy to define targets and any "drives" to find nurses. ■ In process of developing an annual recruitment strategy based on RHA needs.
Eastern	■ Sourcing strategy is defined annually. COOs are actively involved in the creation of the recruitment strategy. The Nursing HR Planning Committee defines anticipated vacancies by program and identifies where to source based on historical hiring.
Labrador-Grenfell	■ An annual targeted recruitment strategy is created, but this is not currently documented.
Western	■ Sourcing strategy is defined annually. For example, RHA representative goes to job fairs during the fourth year of school to hire candidates prior to them being contacted by another employer. Primarily, focus is on nursing schools, but also go to job fairs, Licensed Practical Nurse (LPN) schools, etc.; all of these are planned in advance. It is difficult to have a true sourcing strategy, since the effectiveness of different sources is not measured. ■ RHA conducts an annual recruitment campaign.

Recommendations

In order to promote a steady supply of nursing talent to Newfoundland and Labrador, it is essential that a comprehensive sourcing strategy be developed and implemented. An effective sourcing strategy is a proactive plan that defines what specific sourcing channels will be employed to attract talent. It should be based on past experience and the measurement of how successful various channels have been in the past with regard to volume, quality, and other measures. It includes an evaluation of the financial investment and return of each channel. Based on this data, an organization develops a sourcing strategy that directs its sourcing efforts proactively. It is typically refreshed at least annually.

A sourcing strategy focuses on the most effective sourcing channels by population segment and does not assume there is a "one size fits all" approach to attracting candidates across the Province. The ongoing measurement of these sourcing channels is essential to continuously inform the adjustments that may need to be made to the overall mix of sourcing channels at either the provincial or regional level.

Each RHA would follow these steps to develop a sourcing strategy:

- Gather existing sourcing data, including sourcing channels used, costs, and candidate quality by RHA.
- Identify critical, high-performing talent and identify what sourcing channel was used to attract them to the region.
- Leverage a more targeted mix of sourcing channels that will provide greater alignment between sourcing channels and targeted demographic (e.g., experienced nurses vs. new hires).
- Identify the most effective mix of sourcing channels by RHA (e.g., print ads, campus visits/universities, job fairs).
- Leverage technology to decrease cost of advertising while increasing visibility and access to potential candidates (e.g., social networking sites, Recruitment Management System, Alumni websites, etc.).
- Investigate leveraging advertising or marketing agencies across RHAs to maximize expenditures.

Some of the benefits of a more defined sourcing strategy include:

- Increased likelihood of attracting the right talent (through ROI analysis, greater targeting).
- New sources provide increased avenues/visibility to broader candidate base.
- Financial investments are maximized since the most effective channels are utilized and resources are consolidated.

A partnership between the Province, the RHAs, and the Nurses' Union, will make the implementation of recommendations quicker and more effective.

In addition to the sourcing strategy, RHAs should make sure they are leveraging technology to its full benefit. As the general use of social networking sites increases, so do their use in candidate identification. These sites serve as a more informal method of communication and allow for more "open" discussion about the experience of current employees. While some organizations are apprehensive to use this channel because they cannot control the content, this does not stop the communication that will occur regardless of an organization's involvement. Taking action on this recommendation is an example of a potential initiative for the provincial Recruiter.

The general idea behind using these sites as a recruitment tool is that it is better for an organization to promote its brand and provide information, rather than having others – who may not be representing all that the organization has to offer – manage their recruitment activities.

Newfoundland and Labrador has the opportunity to answer questions, post details and job opportunities to entice individuals to seek more information on what the organization has to offer. Another use of technology that Newfoundland and Labrador should leverage to engage prospects is to develop its own "wiki," which are often used to create collaborative websites or to power community websites. The website currently in place is a good step in this direction.

Some of the benefits of leveraging underutilized technology sources include:

- Provides nurses with easy access to realistic preview of the job
- Supports network for nurses to give advice, answer questions
- Allows access to more candidates

Recommendation	Supporting Details
Develop a comprehensive sourcing strategy	■ **Central:** Continue the work in progress to formally develop a sourcing strategy. ■ **Eastern:** It does not seem that action is needed. ■ **Labrador-Grenfell:** Document the strategy, evaluate it based on results, and ensure that it is as rigorous as needed. ■ **Western:** Continue work already begun, but document that strategy more formally, beyond the focus on job fairs, and including results/outcomes.
Leverage underutilized sources of technology	**All RHAs:** ■ Identify multiple social networking sites that should be leveraged, such as Facebook, MySpace, LinkedIn, etc. ■ Develop a Newfoundland and Labrador-specific wiki site to allow for sharing of pictures, nurses' experiences, question and answer forum, etc. ■ Create an alumni website for nurses to share information and experiences, as well as incorporate a link to refer someone to the provincial website. Site content should be monitored to determine the type and location where materials should be posted to gain maximum positive exposure.

Nursing Schools

Current State Key Findings

For all regions, the predominant and most effective sourcing channel has been through schools of nursing. The classroom presentations that many regions have been using have been a very effective way to demonstrate the opportunities and offerings of the Province. The number of seats that are allowed in these programs is increasingly important to the overall number of nursing candidates that come into the labour pool. For some regions, such as Central and Labrador-Grenfell, this is an even more difficult challenge since there is not a nursing school in the area, thus increasing the need for an even more robust sourcing campaign to ensure a steady supply of talent. While this channel has served the Province well for a continuous stream of nurses, the current number of graduates from the Province will not meet the increasing future demand needs of the population. The CNA and Canadian Association of Schools of Nursing (CASN) 2008 report *Nursing Education in Canada Statistics 2006-2007* showed:

- The number of students admitted into entry to practice programs increased 7.9% to 12,877 in 2006-07.
- In 2007 the number of graduates reached a high of 9,477 - the first time in 30 years that this number exceeded 9,000. This represents an increase of 11.6% from the 8,379 graduates in 2006.
- The number of graduates will have to increase a further 27% to meet the 12,000 graduates that the CNA 2002 document *Planning for the Future: Nursing Human Resources Projections* suggests are needed to address the nursing shortage.
- With last year's increase in funded seats at the schools of nursing, for a total of 291 entrants, the DHCS has been advised further increases will require substantive infrastructure changes at both Corner Brook and St. John's sites.
- The Committee established to address the *White Paper on Post-Secondary Education* has recommended that the most effective way to support interdisciplinary education and research at MUN is to establish a College of Interprofessional Health and Community Services, led by a Principal reporting directly to the Vice-President (Academic). A proposal for funding the establishment of the College has yet to be funded by government.
- Memorial University has also established a steering committee to work with stakeholders to consolidate the CNS with MUNSON within MUN to create a Faculty of Nursing and to consolidate WRSON within Sir Wilfred Grenfell College (SWGC) to create a School of Nursing. This consolidated model was recommended by the *White Paper on Post-Secondary Education.*

Source: *ARNNL Environmental Scan, January 2009.*

Recruiting nurses from Memorial University of Newfoundland School of Nursing and The Centre for Nursing Studies, St. John's, and Western Regional School of Nursing, Corner Brook, has been a strong source of nursing talent for these RHAs. During interviews, several new hires mentioned that the onsite classroom presentations were very helpful and informative. The following table shows that 42% of all nurses hired after April 1, 2008, came from the May and October 2008 graduate classes. Not surprisingly, the largest percentage of hires occurred in Eastern (115 hires or 43% of hires) and Western (20 hires or 63% of hires).

Table 1.1—RN Hiring

Questions	Eastern	Central	Western	Labrador-Grenfell	Total
NL nursing graduates hired from the May and October 2008 classes.	115	14	20	12	161
Registered nurses hired, excluding NL graduates from May and October 2008 classes, since April 1, 2008, including experienced Registered Nurses from other jurisdictions and countries.	155 (includes 13 retirees)	29 (includes 3 retirees)	12	3 + 21 Temporary locums	220

RHA	Supporting Details
Central	■ No nursing school is in the RHA. ■ Preceptorships are offered to nursing students and between 15-20 are given annually.
Eastern	■ Have Centre of Nursing Studies and MUN School of Nursing that provides the majority of candidates to the region. There is a current strategy in place to try to entice students from other Provinces to do their clinical placements in the RHA, which has resulted in 4 new graduate hires from outside the Province. ■ Nursing Professional Practice is responsible for preceptorships. There are 100+ participants per year. ■ There are frequent visits to nursing schools to develop relationships with students. Hosted an "open house" to give students the opportunity to speak with representatives from various program areas.
Labrador-Grenfell	■ No nursing school is in the RHA. ■ Preceptorships are offered and RHA reimburses ARNNL fees for experienced nurses who preceptor in Labrador-Grenfell.
Western	■ Have own nursing school and about 60-70% of hires come from this source. Individuals from all over the region, and sometimes from other regions, attend this school for four years and establish relationships that give them a stronger desire to stay. Last year, sign-on bonuses were not offered because the RHA was so confident that they would remain in the region. ■ Preceptorships are offered to about 50 students per graduating class, for a total of about 200 annually. One challenge is that in the current state nurses often do not want to be involved due to the time required without additional compensation.

Recommendations

Since Nursing Schools are beyond the purview of this report, we have made no recommendation with regard to Nursing Schools.

Recommendation	Supporting Details
None	■ **Eastern, Western:** This is currently working well for Eastern and Western, since they have schools within their regions. ■ **Central, Labrador-Grenfell:** Not applicable.

Bursaries

Current State Key Findings

Sign-on bonuses, housing allowances, and retention bonuses were all mentioned by nurses and recruiters during interviews as key incentives to attracting and hiring nursing talent to each of the RHAs. The following table provides a summary of the incentives previously offered by the Province and each RHA, which were discontinued in February of 2009. Serious consideration should be made to reinstate these sign-on bonuses, specifically for rural locations that have a challenging time filling their positions. Without these incentives in place, this increases the gap of what Newfoundland and Labrador provides monetarily to candidates compared to other Provinces, which also increases the likelihood that new graduates will leave the Province for another opportunity.

Provincial-level Incentives

Incentives	Description	Amount
Rural Nursing Student Incentive Program	The objective of the Rural Nursing Student Incentive Program is to provide travel-related funding assistance (up to $1,500) to nursing students in their fourth year of studies, to undertake community placements in rural areas of the Province during their four-week course: 4512 - Community Health Practicum. Funds must be used for student travel-related costs only, and cannot be used for supplies, capital expenditures, faculty travel, meals, etc.	Maximum $1,500
Grant Program	This grant is provided to assist Bachelor of Nursing (Collaborative) students with tuition and practice-related expenses for two practice courses, NURSE 3523 Extended Practice III and NURSE 4514/4516 Consolidated Practicum. These courses must be completed in NL.	$750 for each of the two courses
Bachelor of Nursing Bursary Program	The goal of this program is to provide financial assistance to students who commit to work in Newfoundland and Labrador for one year as a registered nurse, upon completion of a Bachelor of Nursing Program. Eligible students include those in year 3 or year 4 of the Bachelor of Nursing (Collaborative) Program, those in year 1 or year 2 of the Fast Track option of the Bachelor of Nursing (Collaborative) Program, residents of Newfoundland and Labrador who are enrolled in a Bachelor of Nursing program in another Canadian jurisdiction.	$2,500 per academic year
Sign-On Bonuses	This allowance is for a minimum year in service for a total of 2 years with a regional health authority.	Stopped at February 2009; New proposal being formulated
Re-Entry Program	The RN Re-Entry Bursary Program provides nurses enrolled in the RN Re-Entry Program a $2,500 bursary. In return for this assistance, a bursary recipient must commit to one year of worked service as a RN with a RHA in NL upon completion of the RN Re-Entry Program.	$2,500
Nurse Practitioner Bursary Program	The goal of this program is to provide financial assistance to nurse practitioner students in the amount of $5,000, to increase the number of nurse practitioners in Newfoundland and Labrador. This policy applies to RNs enrolled in an accredited nurse practitioner program in Canada who sign a one-year service agreement in NL as a RN.	$5,000
Relocation Allowance	Financial support for relocation is available through RHAs. This allowance has a minimum one-year service agreement with a RHA.	50% of the amount paid by RHAs to a maximum of $5,000 per RN
New Graduate Orientation	The goal of this policy is to support quality orientation for newly graduated RNs and LPNs. Eligible orientation programs are between 4-8 weeks for newly graduated RNs and 2-3 weeks for newly graduated LPNs. During the orientation period, salary for the newly graduated nurse will be cost shared by employers and the Department in a 50% cost-shared arrangement. Employers will be responsible for payment of benefits for the new graduate.	■ 8 week - $3,344.58 ■ 6 week - $2,508.43 ■ 4 week - $1,672.29

The following Incentives (Tables 1.2 and 1.3) were in place until February, 2009. A market adjustment process was negotiated in each collective agreement in the past year. The Government is using this as a basis for developing a future Market Adjustment Process. Once this new process is in place it will provide a vehicle to propose a provincial sign on bonus process.

RHA	Supporting Details

Table 1.2—RN Incentives

Discipline	Amount	Type	Return in Service
Registered Nurses, experienced	$10,000 or $20,000	Sign-on bonus	1 or 2 years
Registered Nurses, new graduate	$5000 or $10,000	Sign-on bonus	1 or 2 years

Central

In addition to the above incentives, Central Health offers Registered Nurses:

- Relocation reimbursement to a maximum of $15,000 for experienced RNs.
- Housing allowance of $500 per month for six months.
- New Grads can receive relocation reimbursement to a maximum of $5,000.

Table 1.3—RN Incentives

Area	EH/Signing Bonus (New Grads) for 1 or 2 yrs of service	EH Sign-on Bonus for Ex-pats/Out of province RNs for 1 or 2 yrs of service
St. John's – Long term care	$3,000 or $6,000	$10,000 or $20,000
Carbonear – Long term	$3,000 or $6,000	$5,000 or $10,000
Old Perlican/Carbonear	$5,000 or $10,000	$5,000 or $10,000
Clarenville	$3,000 or $6,000	$5,000 or $10,000
Burin	$5,000 or $10,000	$5,000 or $10,000
Grand Bank	$5,000 or $10,000	$10,000 or $20,000
St. Lawrence	$5,000 or $10,000	$10,000 or $20,000
Bonavista	$5,000 or $10,000	$10,000 or $20,000
Placentia	$5,000 or $10,000	$10,000 or $20,000

Eastern

In addition to the above sign-on bonuses, Eastern Health offers:

- Full relocation reimbursement to all external hires, typically between $5,000 and $15,000. Policies cover limited expenses, and an RFP process is followed for moving expenses greater than $10,000.
- Housing allowance of $500 per month for 6 months is also provided to some occupational groups including Registered Nurses and some Allied Health professionals in certain parts of the region.

RHA	Supporting Details
Labrador-Grenfell	Table 1.4—RN Incentives (see below)

Table 1.4—RN Incentives

Discipline	Incentive	Comments
Nursing	**All Nurses:** 1. For 2008-09: Student bursary of $5,000 per year up to a maximum of $10,000 for up to a 2-year RIS. Note - in 2007-08, student bursaries were offered to a maximum of $15,000 for a 3-year RIS. 2. Summer student employment for nursing students ($15-$19/hr) including accommodations and transportation. 3. Experienced nurses who preceptor student nurses during their clinical placements will be reimbursed the cost of their ARNNL fees. 4. 100% relocation assistance. 5. Bursaries to staff RNs and LPNs completing their BN degree on a part-time basis. They can avail of the lesser of their actual course costs or $2,500 in a one-year period. They have to provide a 6-month return in service. We have only offered this for a 1-year period and will re-evaluate in 2009. We had at least 15 RNs/LPNs signed up. **Nurses working in Coastal Labrador:** 6. Retention bonus of $5,000 per year. 7. Two return trips from worksite to nearest regional centre (HVGB or St. Anthony). 8. Fuel allowance of $1,800 per year for nurses who own and reside in their own homes. 9. Rent subsidies for housing – different amounts ranging from full to partial subsidy depending on location. 10. $1,000 annual food subsidy in select locations.	LG Health awaiting confirmation of current enhanced nursing incentives from other RHAs with the intent to match. Incentives #6, 7, 8, and 9 have been offered historically to Nurses on the Coast of Labrador due to increased cost of living.

Because of the increased difficulty for Labrador to recruit nurses due to the remote geographic location, there are additional incentives provided by Labrador from the other RHAs within the Province.

Western

Table 1.5—RN Incentives

Discipline	Amount	Type	Return in Service
Registered Nurses	$5,000 or $10,000	Sign-on Bonus	1 or 2 years

As mentioned earlier in the report, sign-on bonuses enabled Western Health Authority to successfully fill 18 of 20 difficult-to-fill positions in Stephenville, Bonne Bay and Port Saunders. A housing allowance in the amount of $500 per month for a maximum of 6 months is also applicable only to these positions.

Source: *Health Workforce Recruitment and Retention Newfoundland and Labrador, February 2009.*

Recently, the Government placed all incentives on hold throughout the Province, which has created an additional challenge for attracting nurses to the RHAs. For one reason, this creates a sense of inconsistency and unfairness since some nurses received a sign-on bonus or other incentive since they were able to receive it prior to the payments being placed “on hold.” Several nurses cited this as a feeling that they were given an “empty promise” because they were initially informed they would receive an incentive before they started.

Another challenge is the incentives provided by other Provinces may entice newer graduates to go to another part of Canada. A report by the ARNNL provides the following highlights of other Provinces' incentives:

- BC invested $28 million to help increase the number of practicing RNs – bringing the total since 2001 to $174 million. Efforts focus on recruitment of aboriginal students into nursing programs and the addition of 326 new basic program nursing seats in 2008.
- Alberta released a 9-year health workforce plan. An immediate investment of $30 million will focus on creating a health career and skills assessment network, increasing clinical training capacity (258 postsecondary seats, of which 209 are for nursing) and attracting health professionals working abroad. An additional $27.5 million in capital funding has been allocated for lift systems aimed at reducing and avoiding workplace injury. $1 million has been made available for an aboriginal nursing program.
- Saskatchewan accelerated efforts to keep and attract nurses with $500 million committed over 3 years, with a goal of doubling its nursing recruitment target from 400 to 800 RNs. Strategies include a nursing retention grant program; a mentorship and job guarantee program (new RNs guaranteed a position to work beside experienced nurses and experienced nurses will have their workloads reduced so they can mentor new graduates); and an increase in funds to health authorities for nursing professional development. Return-service bursaries are also available to health profession students. Beginning in the 2008 academic year, basic nursing education seats will increase by 70. In addition, Saskatchewan has announced 600 bursaries for students studying health disciplines who are willing to sign a return-in-service agreement. The bursaries, rebating up to $20,000 in post-secondary education, are open to students in a large number of fields including primary care nurse practitioners, midwives and MRI technologists.
- Ontario invested $5 million for a 50-seat expansion of the Nurse Practitioner education program beginning in fall 2008, and $5 million in salary and benefits to immediately support the recruitment and retention of NPs. A new Nursing Graduate Guarantee program was introduced, ensuring full-time work for all 2007 Ontario nursing graduates. $7 million was invested into critical care training for RNs to improve access to services.

Source: *ARNNL Environmental Scan, January 2009.*

The current constraint on Newfoundland and Labrador to use incentives to recruit and retain nurses should be addressed immediately in order for the RHAs to be able to compete with what is offered from other Provinces. The effectiveness of these bursaries should be tracked and assessed to determine if the financial investment is being used in the best way possible.

Recommendations

As the competition for nursing talent continues across Canada, it is imperative that the compensation provided by Newfoundland and Labrador be competitive. The future use of incentives should be considered in the light of the New Collective Agreement that was negotiated in May of 2009, which provides increases to each step of the existing salary scales as follows: a retroactive increase of 8% effectively July 1, 2008, plus increases of 4% effective July 1, 2009, 4% effective July 1, 2010 and 4% effective July 1, 2011, as well as dropped steps 1 and 2 of the July 1, 2008 salary scale and moves employees on steps 1, 2, and 3 of the July 1, 2008 salary scale to step 1 of the June 20, 2009 salary scale. Effective on the date the contract was signed an additional step was added to the July 1, 2008 salary scales, which was 4.5% above the July 1, 2008 step 7 salary scale. The results is a compound pay increase of 21.5 percent, plus new step increases for new nurses and senior nurses representing a total pay increase of 31% and 27% respectively for these groups by the end of the contact.* It was also stated in focus groups that the payment of the incentives was occasionally delayed, which was frustrating for new hires; however, this was likely due to the extensive time that it took to process these incentives.

The process for distributing these incentives should be evaluated to ensure it is not requiring heavy amounts of time from Recruiters.

* News Release, Government of Newfoundland and Labrador, Tentative Agreement Reached; Nurses' Strike Avoided, 2009 05 20

Recommendation	Supporting Details
Reinstate incentives	■ **All RHAs:** New hires stated during focus groups that they did not always feel that Newfoundland and Labrador's compensation was as good as that of other Provinces. They specifically noted that the sign-on bonuses and relocation allowance were key drivers in them accepting their positions. They also stated that they may have considered moving to another Province if they had not received this incentive, since this additional money helped them pay for their student loans. In order for the RHAs to be competitive with what is offered by other Provinces, incentives should be reinstated.

Employment Brand

Current State Key Findings

Some regions in Newfoundland and Labrador are beginning to incorporate features specific to their areas into their advertisements and recruitment efforts. This is important to advertise what is offered and what a candidate can expect from an employer and lifestyle perspective. Each RHA has a look and feel that they use in their materials, and they all typically employ templates and common materials within the RHA.

RHA	Supporting Details
Central	■ There is no slogan currently, but Communications is looking into standardizing the website and creating more consistent documents, to have more control over the image that is portrayed. This is in progress, but needs additional work to be as effective as it could be for the region.
Eastern	■ "Think Eastern" is the slogan for the new RHA brand and includes all groups—not only for nursing. This is included on the website, correspondence, and advertisements.
Labrador-Grenfell	■ Created an employment brand that includes pictures and descriptions of the lifestyle in Labrador. ■ Labrador-Grenfell uses "It's also a great place to work" as a tag line.
Western	■ Logos are used and recruitment displays at job fairs include this, as well as pictures and descriptions of the region's lifestyle (e.g., Marble Mountain ski hill).

Recommendations

We recommend that all RHAs define an effective Employment Value Proposition (EVP), which is a specific "promise" of value to prospective and current employees that is delivered in a unique and differentiating way; in essence, what do they get out of working here. It describes what employees can expect from their employer, as well as what is expected of them – the employment "deal." An Employment Value Proposition provides a foundation to which other programs are aligned to ensure what is being promised is also being delivered.

A "culture of caring" provides a framework for how patients, candidates, and all employees should be treated. The RHAs' brands should be incorporated into things such as logos on business cards, communications, etc. This branding is one way to ensure the EVP is communicated and reinforced.

There are often inconsistencies between what an employer promises and what it actually delivers, which decreases the trust and engagement of employees. It is imperative that this “promise” be seen as an integral part of the culture, since authenticity is what produces the feeling of trust in the employer. While individual recognition programs and practices may come with good intentions, the lack of integrating these into an overall brand often decreases their influence and success with nursing staff.

Some of the things that could be highlighted in the provincial brand and advertisements are to describe the lifestyle of the Province, which could highlight features such as: outdoor activities; low crime; and community. Some of the benefits that should be targeted directly to nurses are: higher average of full-time positions compared to the rest of Canada; lower levels of overtime than other Provinces in Canada. The focus on both the personal and professional opportunities in the Province provides a more appealing, holistic picture of what nurses should expect.

Since each RHA is unique, it is important that the employment brand for each RHA reflects these differences and allows for some variety depending on the geographic location and roles available in each facility. The creation and maintenance of templates for advertisements, communications, and other tools should be managed at a centralized regional level to promote a consistent brand across the various locations of the RHA. The centralization of these administrative tasks will also increase efficiency by decreasing the time required by each facility to create these on their own.

While the majority of candidates come from the Province, this effort should be relatable to nurses in other Provinces, new graduates, recent retirees, as well as Internationally Educated Nurses to "advertise" the benefits of both living and working in Newfoundland and Labrador for a variety of audiences. Recruiters should take an approach that focuses on the things that are most desirable by a segment of nurses, while still maintaining the overall employment brand. The ability to appeal to a wide variety of individuals is increasingly important since the workforce spans four generations for the first time in recent history. For example, younger nurses may like opportunities to learn that are faster-paced and provide development opportunities, compared to a more experienced nurse who is more concerned with stability in his or her career. While there are always exceptions to what is deemed important at an individual level, the RHAs should promote the opportunities within their regions that may appeal to different segments of the population.

Source: *Regulated Nurses Trends, 2003-2007.*

Recommendation	Supporting Details
Strengthen Employee Value Proposition	**All RHAs:** While some branding is currently being done by RHAs, we suggest the following recommendations: **Key Actions** ■ Review core values of the RHA and describe what it has to offer from both a personal and professional perspective to reflect those core values. ■ Incorporate brand and demonstrate EVP in all phases of the Talent Lifecycle, while using current employees for stories and advertisements. ■ Develop consistent messages and materials across the RHA, while allowing for local customizations to accurately reflect the variations of the region. ■ Conduct an alignment audit across employment practices (e.g., total rewards, work/life programs, etc.) and communication to ensure they reflect the EVP and employer brand. ■ Deploy base communication and templates to all Recruiters, interviewers and Nurse Managers with the RHA's employment value proposition, to ensure this is consistently incorporated in advertisements and programs.

Employee Referrals

Current State Key Findings

Some RHAs in Newfoundland and Labrador have used employee referrals as a source for finding candidates, and have provided a "finder's fee" to those individuals who referred someone who maintained employment for at least six months.

RHA	Supporting Details
Central	■ This was being utilized prior to incentives being placed on hold. Many people have asked about the status of this program and are hoping that it will be reinstated. This is a program that helps serve as an incentive for nurses to reach out to friends in other Provinces to inform them of news, such as the recent wage increase, that may bring them back to the Province.
Eastern	■ Only done in some exceptional circumstances, but was not found to be overly successful. A more structured approach was developed, but in the end decided not to implement due to the labour situation.
Labrador-Grenfell	■ Has a finder's fee program of $500.00 for each successful referral.
Western	■ This was done several years ago with an incentive in place, but was not overly successful. Individuals would approach HR once someone was already hired and say that they referred the new hire in order to get the incentive.

Best Practices and Recommendations by RHA

The use of employee referral programs is a consistent practice across many organizations and across industries. While this is a common approach, the degree of formalization of this program is often not as consistent as it could be. An increased focus on creating an employee referral program would serve as a centralized point for employees to refer individuals who they believe may be interested in a position.

This approach provides a sort of informal "reference" or "screening" for the prospective candidate, since a current employee is submitting them as a good fit for the organization. It also provides an additional channel for sourcing candidates, since no cost of advertisement is necessary, except for the payment to the employee who referred the new hire. The referral payment given to those referring a nurse who is hired also provides an incentive for them to help source potential candidates.

While the financial incentive is quite effective at increasing referral rates, it is important that the process be easy to use; if it is perceived as cumbersome, nurses may delay the referral to when they have more time to deal with the process.

The savings that can be expected from an employee referral program can be calculated by taking the advertising costs associated with filling a requisition compared to the cost paid out for the employee referral. This provides a savings amount that does not include savings due to productivity from time not spent sourcing candidates, so should be considered a conservative estimated savings.

Some of the benefits of an employee referral program include:

- Leveraging the networks of current nurses who are often difficult to formally reach—more candidates
- Increased credibility of both the candidate and the organization due to the current nurse serving as a "reference"
- Providing a means of identifying people most like your successful employees

Recommendation	Supporting Details

Formalize the employee referral program	**All RHAs:**
	■ Define policies, rules, and processes, including the amounts for referral payments to employees who refer someone who is hired or retained. Program should be managed at a provincial level to encourage nurses to make referrals across the various regions.
	■ Advertise the program and incentive payments on websites, flyers, and at the facility level, while incorporating the employment brand.
	■ Leverage technology (e.g., Recruitment Management System) to make it easier for employees to refer candidates and also receive payments.
	■ Identify metrics and regularly track progress and trends of the program (i.e., does it work better in certain regions or units?).
	■ Compare the results of this sourcing channel against the other channels employed to evaluate continuation of the program.
	    ■ Ensure referral payments are made in an accurate and timely manner.
	    ■ Referral payments may not be consistent across regions or roles, so rationale should be provided for this.

Recruitment of Internationally Educated Nurses (IEN)

Current State Key Findings

Increasingly, healthcare professionals live in a global workplace. Trends in world migration show that nurses, like other immigrants, move from less- to more-developed regions. Many countries are working to take advantage of the increased flexibility and willingness to relocate by recruiting nurses from foreign countries. In Canada, the Federal Government funding of $65 million over five years to support/accelerate the integration of internationally educated health professionals has resulted in the implementation of numerous programs. Select examples follow:

- British Columbia is offering a 16-week course to ease the transition into the workplace for internationally educated nurses (IENs) at the post-licensure stage. The program is funded to 2009 at a cost of $1.5 million. In addition, BC plans to implement a fast-track assessment service for IENs by the fall 2008 at a cost of $1/2 million (15.3% of BC's current RNs were educated abroad - twice the national average).
- Alberta has received over $1/2 million to pilot an offshore program to assess IENs immigrating to Canada. Instead of having to travel to Calgary for assessment, candidates will be able to do this where they live (i.e., U.K, Ireland, Qatar, Dubai and other locations in the United Arab Emirates).

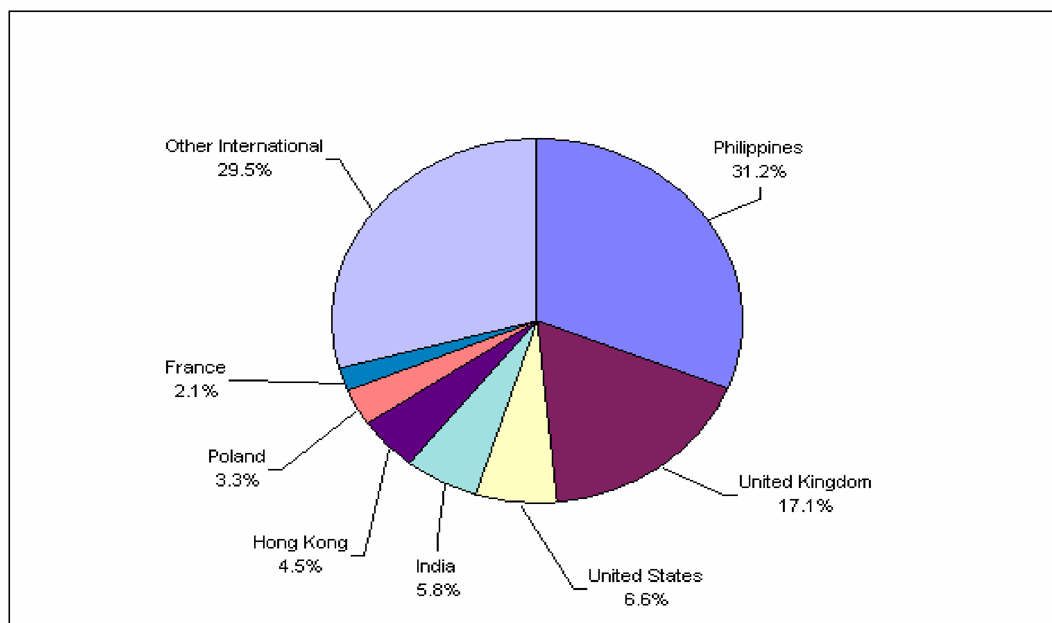
- Ontario has received almost $16 million to open a Centre to support internationally educated health professionals who are living in Ontario during their process of seeking eligibility for licensure. While the Centre provides support to all of its 23 regulated health professionals, its main focus is to provide support for 8 key groups, one of which is nursing.

Source: *ARNNL Environmental Scan, January 2009.*

In 2007, 31.2% of IENs came to Canada from the Philippines and 17.1% came from the United Kingdom. Recently, a provincial committee has been formed with representation from each RHA, with the focus on streamlining the process for recruiting IENs to the Province. While the RHAs are not yet seeing big results in terms of hires, the number of license applicants for 2009 has almost already matched the total number of applicants from the entire year of 2008. This has led to the licensing of 11 international nurses for the Province within the past 5 years, most of whom were from the United Kingdom. Typically, the number of international nurses is higher in Labrador-Grenfell than in other regions of the Province, and a recent job fair in the United Kingdom has led to five hires currently in progress.

However, the following chart demonstrates that the percentage of IENs for Newfoundland and Labrador was 1.6% of the total RN workforce compared to an average of 7.9% for Canada. British Columbia has the highest percentage of IEUs in a Province with 15.6%, followed by Ontario with 12.4%. While the percentage for Newfoundland and Labrador is significantly below the national average, consideration should be given at a regional level to the need for international recruitment. For example, Western has a limited number of vacancies, so international recruitment may not be as high of a priority as it may be for Labrador-Grenfell, due to their difficulty recruiting nurses because of their geographic location.

Chart 1.1—Internationally Educated Registered Nurses in the Workforce, by Country of Graduation, Canada 2007



Source: *Canadian Institute for Health Information.*

Table 1.6—RN Workforce by Location of Graduation and Province/Territory of Registration, Canada, 2007

Table H.RN.1

RN Workforce by Location of Graduation and Province/Territory of Registration, Canada, 2007

	N.L.	P.E.I.	N.S.	N.B.	Que.	Ont.	Man.	Sask.	Alta.	B.C.	Y.T.	N.W.T.	Nun.	Canada
							(counts)							
Canadian-trained	**5,481**	**1,404**	**8,631**	**7,613**	**63,425**	**79,521**	**10,103**	**8,341**	**24,628**	**25,247**	**296**	**946**	**^**	**235,636**
Retained Graduates	5,165	986	6,852	6,632	62,382	73,337	9,110	7,074	17,669	17,070	0	90	^	206,367
Interprovincial Graduates	316	417	1,779	981	1,043	6,184	993	1,267	6,959	8,177	296	855	^	29,267
Canadian-trained (location unknown)	0	1	0	0	0	0	0	0	0	0	0	1	^	2
Internationally Educated	**91**	**29**	**212**	**107**	**1,528**	**11,320**	**722**	**240**	**1,259**	**4,686**	**25**	**100**	**^**	**20,319**
Philippines	1†	0	19	*	302	3,217	361	7†	709	1,608	*	2†	^	6,331
United Kingdom	53	8	82	33	114	1,928	89	46	65	1,025	8	32	^	3,483
United States	10	16	60	54	57	763	65	35	0	268	*	*	^	1,333
India	0	0	0	0	11	797	28	*	141	177	0	15	^	1,173
Hong Kong	0	0	*	0	5	51†	10	0	9	383	0	0	^	920
Poland	0	0	*	0	9	53†	15	0	39	73	*	0	^	67†
Australia	*	*	*	0	8	76	9	17	70	184	*	9	^	382
Other international	15	*	44	1†	1,022	3,491	145	64	226	968	9	18	^	6,022
Not Stated	**2**	**2**	**0**	**6**	**2**	**137**	**0**	**88**	**1,640**	**126**	**1**	**2**	**^**	**2,006**
Total RN Workforce	**5,574**	**1,435**	**8,843**	**7,726**	**64,955**	**90,978**	**10,825**	**8,669**	**27,527**	**30,059**	**322**	**1,048**	**^**	**257,961**

Notes

* Value suppressed in accordance with CIHI privacy policy; cell value is from 1 to 4.

† Digit suppressed to ensure confidentiality.

^ Northwest Territories and Nunavut data are combined, as the RNs did not specify in which territory they worked the majority of the time.

Northern territories data may include inter-jurisdictional duplicates.

Statistics released by CIHI will differ from statistics released by provincial/territorial authorities due to CIHI's collection, processing and reporting methodologies.

Please review the Methodological Notes for more comprehensive information regarding the collection and comparability of nursing data.

Additional methodological information is available upon request to nursing@cihi.ca.

Source: Regulated Nursing Database, Canadian Institute for Health Information.

Source: *Canadian Institute for Health Information.*

The following exhibit (1.1) provides the number of those applying to practice with ARNNL, the number of licenses offered, the number taking and passing the Certified RNE, as well as their country of origin by license year (March 31 to April 1). This shows that while there are not a lot of applications from Internationally Educated Nurses, the Province has received almost twice as many applicants in the first three months of 2009 as for the full 2008 year. This is likely due to the work of the Office of the Chief Nurse with the IEN working group.

Exhibit 1.1—Summary of IEN Applications and Registrations

ARNNL Summary of IEN Application and Registration Information
Based on ARNNL Registration years 2004-05 to 2008-09
Analysis as of July 20th, 2009

		Licensure Year									
		2004-05		2005-06		2006-07		2007-08		2008-09	
Applicants	Country of Origin [1]	Not Available		Not Available		Not Available		Nigeria	7	Nigeria	21
								United States	4	Kenya	2
								United Kingdom	2	United States	3
								Philippines	1	India	2
								Sierra Leone	1	United Kingdom	4
								Thailand	1	Lebanon	1
								India	1	Dominica	1
								Iran	1		
	Number of Applicants	Total	11	Total	5	Total	25	Total	18	Total	34
Obtaining a License	Country of Origin	United Kingdom	2	United Kingdom	1	Albania	1	Guyana	1	Nigeria	2
		Uganda	1	United States	1	United States	1	New Zealand	1	Philippines	2
		Tanzania	1	Nigeria	1			Nigeria	1	Australia	1
		South Africa	1	Jamaica	1			United Kingdom	1	South Korea	1
		Nigeria	1	Germany	1					United Kingdom	1
		United States	1	Australia	1					United States	1
		Africa	1								
	Number Obtaining Initial NL License [2]	Total	8	Total	6	Total	2	Total	4	Total	8
CRNE	Number Writing [3]		7		4		0		4		2
	Percent Pass		57%		100%		0%		50%		50%

Notes:

1 IEN applicant information is not available prior to 2007-08 as files are closed after 2 years from date of receipt at ARNNL.

2 The number of applicants and the number of IENs obtaining an initial license may differ as applicants do not necessarily obtain a license in the year in which they apply for registration.

3 Not all applicants are required to write the CRNE to obtain an initial NL license. IENs who were registered in another Canadian jurisdiction prior to applying for registration in NL are not required to write the CRNE to register in NL as they had written the exam in another Canadian jurisdiction.

While this sourcing strategy is increasingly being utilized, there are several considerations that should be made. The cultural fit and language barriers have not thoroughly been studied to gain a true understanding of the impact of the differences on the quality of care provided to patients. The other possible challenge is the fit in both the geographic environment of Newfoundland and Labrador due to the vast differences in the region, as well as the limited diversity of ethnicities in the region.

Another challenge for recruiting Internationally Educated Nurses is the additional certifications and training that are required for many Internationally Educated Nurses to meet Canadian standards. The United Kingdom, for example, has changed its approach to educating nurses based on area of specialty, and it often does not provide nurses with the same qualifications required of nurses in Canada.

To assist with the assimilation of Internationally Educated Nurses to Newfoundland and Labrador, each participating RHA offers a comprehensive orientation program to the workplace and communities, preparation tools to prepare for the Canadian Registered Nurse Examination, courses on the Canadian healthcare system, and settlement and immigration services through the Association for New Canadians.

RHA	Supporting Details
Central	■ This has been used as a sourcing channel in the past, but just recently have started focusing on identifying the best strategy and process to begin using this sourcing channel. ■ Previously would advertise to Newfoundlanders who were in Alberta, but do not currently focus on this anymore. ■ Involved in provincial committee that is strategizing on how to approach this for the Province. Since the Province uses BestPersonnel as an agency to hire IENs, this makes it difficult for the RHAs to select another agency that may be more beneficial or cost effective.
Eastern	■ Involved in provincial committee that is strategizing on how to approach this for the Province. ■ Trips are made to the U.S. and other parts of Canada to attract Newfoundlanders back to the Province. Attracting them "home" is also done through job fairs and radio ads directed at family members of nurses in other Provinces, to ask them to inform that individual of new opportunities. Also, have gone to London to target nurses, but the most success is found when there is a connection to Newfoundland.
Labrador-Grenfell	■ IENs are recruited more frequently to this RHA than any other due to geographic location, critical vacancy rates and success of rebate program.
Western	■ No IEN recruitment is done, since most vacancies are filled through the local nursing school. For the same reason, there is not much of an effort to go to other areas of Canada to recruit.

Recommendations

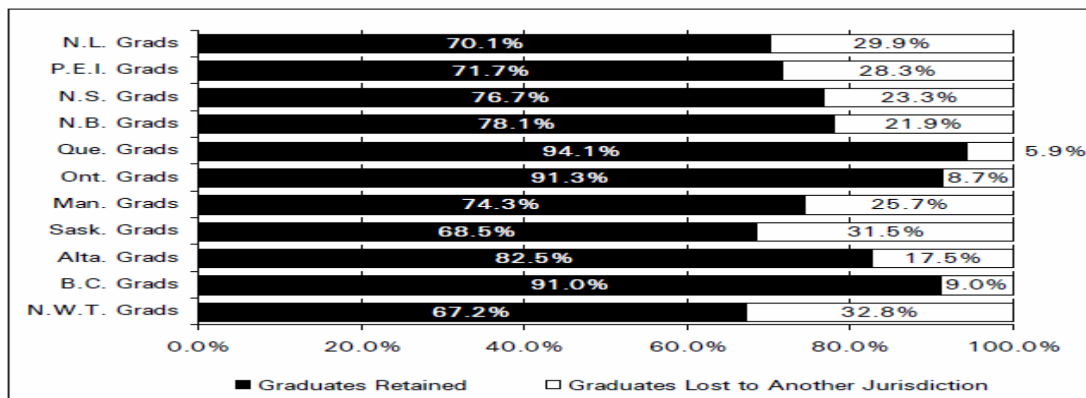
Recommendation	Supporting Details
Continue working at a provincial level to recruit IENs	■ **Eastern, Labrador-Grenfell, and Central:** The strategy to recruit IENs is often a challenging one due to cultural and educational requirements that differ by country. To promote the efficiency and effectiveness of this effort, this should continue to be analyzed at a provincial level in order to leverage learnings, time, and trips to foreign countries to minimize costs. Consideration should be made to determine if a single agency should be used for the Province, rather than having various agencies that can be utilized by each RHA. ■ **Develop and Fund Programs** that support the recruitment, orientation, and adjustment into the Newfoundland and Labrador work environments and culture.

Inter-provincial migration

Current State Key Findings

While sourcing from foreign countries and from other Provinces is increasingly common, the controversy regarding "poaching" from other areas is also an ethical dilemma that many organizations are facing today. The historical retention rate for new nursing graduates is approximately 70% with wide fluctuations from year to year. In 2001/02, the Province retained approximately 84% of new graduates with the aid of provincial bursaries. These bursaries were a one-time offering and, in 2004/05, the Province retained only 54% of new graduates. The total number of nursing graduates for 2008 was 201. The retention rate for these graduates was 162/201 or 81%. This success is mostly attributable to sign-on bonuses for difficult-to-fill positions and offers of full-time employment. The hiring of 220 experienced registered nurses for 2008 is significantly higher than previous years; on average, NL hires approximately 50 external nurses per year. This huge success for 2008 may be attributed to the incentives offered to experienced nurses this year, including sign-on bonuses and relocation allowances, as well as other targeted recruitment efforts by RHAs.

Chart 1.2—Registered Nursing Workforce by Jurisdiction of Graduation and Registration, Canada, 2007

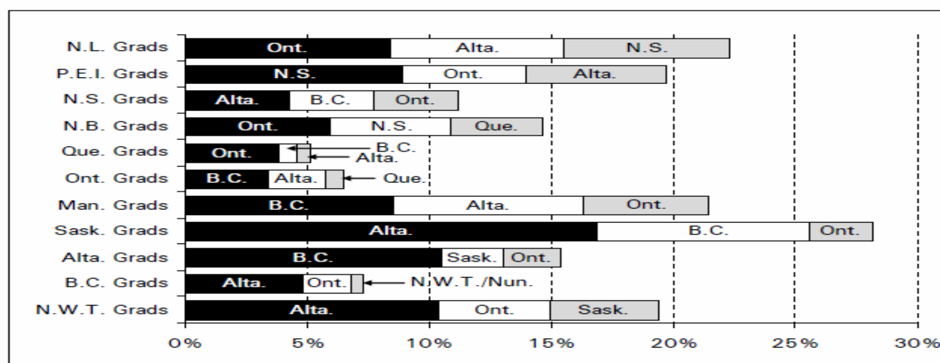


Notes
Includes only graduates of Canadian nursing programs employed in Canada in 2007 (N = 235,634).
Totals may not sum to 100% due to rounding.
Northwest Territories and Nunavut data are combined, as the RNs did not specify in which territory they worked the majority of the time.
Data released by CIHI may differ from data from other sources due to CIHI's nationally standardized methodology.
RNs employed in a jurisdiction different from their jurisdiction of registration are excluded to avoid duplication.
Northern territories data may include inter-jurisdictional duplicates.
See Chapter 5 (Methodological Notes) for more information regarding collection and comparability of data.

Source
Regulated Nursing Database, Canadian Institute for Health Information.

Most registered nurses stay in their Province of graduation. Registered nurses, however, are slightly more mobile, with Alberta, British Columbia, Nova Scotia, and Ontario having the highest immigration rates. This is consistent for Newfoundland and Labrador, which loses nurses most frequently to Ontario, Alberta, and Nova Scotia. Interestingly, while higher salaries are not reported as a major reason for migration, the Provinces where nurses earn the most had the highest rates of migration. Most nurses who move are younger than 25 years of age, so are usually new graduates. Many RHAs make regular trips to other Provinces, such as Alberta, to participate in career fairs and also post advertisements to provide visibility to opportunities for natives of Newfoundland and Labrador to "return home."

Chart 1.3—Top Three Destinations for Registered Nursing Graduates by Jurisdiction of Graduation, Canada, 2007



Notes
Includes only graduates of Canadian nursing programs employed in Canada in 2007 (N = 235,634).
Totals may not sum to 100% due to rounding.
Northwest Territories and Nunavut data are combined, as the RNs did not specify in which territory they worked the majority of the time.
Data released by CIHI may differ from data from other sources due to CIHI's nationally standardized methodology.
RNs employed in a jurisdiction different from their jurisdiction of registration are excluded to avoid duplication.
Northern territories data may include inter-jurisdictional duplicates.
See Chapter 5 (Methodological Notes) for more information regarding collection and comparability of data.

Source
Regulated Nursing Database, Canadian Institute for Health Information.

Recommendations

Recommendation	Supporting Details
Measure retention of graduates recruited from other Provinces	■ **All RHAs:** To ensure efforts are worth the cost to recruit and relocate nurses from other Provinces, metrics should be in place to assess how long they stay in Newfoundland and Labrador once they start. This analysis will also help identify when these individuals leave, in order to begin targeting other non-Newfoundland and Labrador nurses with similar years of service, to identify ways to retain them in the Province.

Sourcing Metrics

Current State Key Findings

While utilizing a variety of channels to source candidates is a critical part of an effective sourcing plan, the measurement of the effectiveness of these channels should also be done to ensure the financial investment is paying off with the expected number of nurses. One example of this is print ads. During the interviews and focus groups, several individuals mentioned that they did not believe the investment in print ads was providing the number of nurses they would expect from the investment.

Print ads may be effective in certain regions, but may not work as well for others. Comparing the amount spent on these print advertisements to the number of nurses hired will help ensure that the RHA's money is being spent in the best place to source future nurses. If another channel is deemed to provide a higher quantity of RNs, then the additional financial investment can be reallocated to the more effective sourcing channel.

RHA	Supporting Details
Central	■ Source effectiveness has not been tracked, but this was just started for the region.
Eastern	■ Tracking is done only for expatriate nurses and nursing students, who are tracked through the HRIS. This does not track the effectiveness of sourcing channels, just the number of hires coming from those channels.
Labrador-Grenfell	■ Cost of sourcing channels is tracked.
Western	■ Cost of sourcing channels is tracked.

Best Practices and Recommendations by RHA

While some RHAs do track the cost of sourcing channels, they do not track the effectiveness of the source as it relates to quality or the hire, tenure of the hire, or other qualitative metrics.

In general, utilizing a variety of sourcing channels is a good approach to sourcing candidates, since it diversifies the investment while leveraging multiple options to find qualified candidates. However, it is important to consider the financial and resource investment going into each of these channels, as well as the return, to make accurate decisions about where to source candidates. For Newfoundland and Labrador, it is important to track the investment, number of qualified candidates yielded from each sourcing channel, and quality of candidates at both regional and provincial levels.

Since the effectiveness can also change over time, it is also advised that these metrics be reviewed on a quarterly basis so that adjustments can be made as needed. These sourcing effectiveness reports should be shared across the regions to build awareness with Recruiters and Hiring/Nurse Managers for where they should focus their efforts to attract qualified candidates. In some cases, certain channels can be leveraged across regions to consolidate the costs and save money by advertising in "bulk." A good example to consider for this is print advertisements.

Some of the benefits of measuring the effectiveness of sourcing channels include:

- Resource investment is directed at the channels most likely to be effective
- Potential cost savings with centralizing or consolidating some advertising efforts
- Proactive ability to control your expenses and understand the results.

Recommendation	Supporting Details
Measure the effectiveness of sourcing channels	**All RHAs:** ■ Identify metrics and a tool to accurately measure the number of qualified candidates by type of hire (e.g., new graduate, experienced nurse, by unit, etc.). ■ Gather the financial investment in each sourcing channel or individual ad. ■ Measure the Return on Investment and effectiveness of each sourcing channel by comparing the number of qualified candidates with the financial investment. ■ Measure the quality of candidates based on interview feedback, ratings, tenure, or successfully completing onboarding. ■ Adjust financial investments and sourcing channels as needed to increase effectiveness and number of qualified candidates. ■ Conduct quarterly cross-region meeting to discuss what is working, what is not working, as well as opportunities to collaborate and share resource investments. ■ Metrics should be reviewed regularly to identify any changes in trends so that targeted channels can be adjusted accordingly.

The ability to retain current nursing talent has become an increased focus for healthcare organizations in light of the current and future nursing shortage across the globe. Healthcare organizations not only need to focus on attracting new talent and increasing the supply of nurses, but also on ensuring that their current talent is not leaving, which would further broaden the gap between the supply and demand.

Given this increased demand for nurses, "poaching" has become more common. There are various reasons that experienced nurses give for why they leave Newfoundland and Labrador; the most predominant are:

- Better monetary incentives in other Provinces or countries;
- Better salary or hourly rates in other Provinces or countries;
- Flexible/alternative work schedules;
- Followed spouse for a job; or,
- Retirement.

This section of the report examines the following areas:

- Turnover
- Retention Rates
- Onboarding and New Hire Assimilation
- Mentoring Program
- Recognition Programs
- Flexible Scheduling and Time-Off
- Nurse Managers
- Performance Management

Turnover

Current State Key Findings

The following table provides the turnover rate for the RHAs in Newfoundland and Labrador:

Table 1.1—RN Hires and Separations

Unionized Registered Nurses
Hired and Separated April 1, 2008 to December 5, 2008 (eight months)
Data provided by RHAs
9-Dec-08

RHA	Hired	Separated (eight months)	Annual Separations (estimated)	Unionized RNs	Turnover
Eastern	245	99	148.5	3360	4.4%
Central	37	34	51	785	6.5%
Western	34	24	36	746	4.8%
Labrador-Grenfell	30	17	25.5	299	8.5%
Total	**346**	**174**	**261**	**5190**	**5.0%**

For comparison, a report by the Canadian Nurses' Association states that the average annual turnover rate in Canada was 19.9 percent, with the highest turnover occurring in intensive care units where the rate was 26.7 percent. The average cost associated with nurse turnover was $25,000, largely attributed to the cost of hiring temporary replacements and the lower productivity of new hires. With an average of only 5 percent turnover, Newfoundland and Labrador is significantly below the national turnover average. It is important to note that benchmark data are only directional, due to the variances that exist in other provinces and Health Authorities across Canada and North America.

Higher nurse turnover was associated with lower job satisfaction, higher probability of medical errors and increased overtime hours. Role conflict in the unit was associated with higher nurse turnover rates and prolonged length of stay, especially for those receiving rehabilitation, long-term care and care in geriatric units. A higher proportion of full-time hours worked were associated with lower nurse turnover, and more experience in the units was associated with fewer patient falls with injuries. Better leadership in patient care units was associated with improved mental health among nursing staff, increased job satisfaction and higher staff productivity.

Source: *Costs and Implications of Nurse Turnover in Canadian Hospitals, 2009.*

Recommendations

With regards to turnover, the RHAs are doing quite well, with turnover below the average. That being said, further reducing the turnover will additionally continue to lessen the high volume of vacancies and replacements. Note that the Labrador-Grenfell Health Authority and other rural parts of the Province face unique turnover issues due to the very low staffing levels at many points of healthcare delivery. For example, in one Labrador-Grenfell unit of 9 RNs, 5 have resigned.

Recommendation	Supporting Details
None	■ Currently experiencing low turnover in all RHAs.

Retention Rates

Current State Key Findings

In Newfoundland and Labrador, new registration rates were highest in 2007 for those <30 years of age, at 29.4% compared to 25.6% for Canada. All age groups had a higher new registration rate compared to Canada, except for the 40-49 age group.

In 2006, higher exit rates were seen in both the youngest and the oldest age groups. The exit rate was higher for all age groups when compared to the rates of Canada.

Table 1.2—Registered Nurses: Rate of New Registrations and Exit Rates, by Age Group, by Jurisdiction and Canada, 2003 to 2007

	Age Groups		N.L.	P.E.I.	N.S.	N.B.	Que.	Ont.	Man.	Sask.	Alta.	B.C.	Y.T.	N.W.T./ Nun.	Canada
New Registration Rates	<30	2004	27.1%	20.8%	31.8%	16.0%	25.9%	31.1%	35.6%	20.7%	31.6%	29.4%	42.9%	69.6%	28.6%
		2005	25.1%	43.9%	39.1%	31.2%	24.1%	29.5%	31.4%	32.6%	33.9%	20.7%	51.9%	42.3%	27.9%
		2006	27.0%	31.2%	36.6%	24.9%	24.4%	20.1%	28.9%	27.0%	30.9%	33.5%	42.4%	44.5%	25.5%
		2007	29.4%	27.7%	28.7%	24.2%	21.3%	22.1%	22.0%	28.2%	34.5%	36.9%	44.0%	52.1%	25.6%
	30–39	2004	7.0%	8.6%	9.5%	6.5%	5.0%	8.4%	9.2%	6.1%	11.6%	12.7%	17.5%	47.0%	8.4%
		2005	9.0%	11.5%	10.4%	6.5%	5.6%	10.6%	8.7%	7.3%	12.8%	12.9%	16.7%	22.3%	9.5%
		2006	8.3%	10.7%	10.2%	7.7%	6.2%	5.6%	8.7%	7.9%	11.0%	13.5%	16.2%	28.9%	7.7%
		2007	9.9%	15.6%	11.7%	9.0%	7.0%	4.5%	7.6%	9.4%	14.2%	16.0%	17.6%	23.4%	8.3%
	40–49	2004	1.9%	4.8%	3.5%	2.5%	1.6%	3.4%	3.7%	3.0%	4.5%	4.3%	6.7%	36.7%	3.2%
		2005	2.5%	5.5%	3.7%	2.5%	1.7%	4.8%	3.0%	2.9%	4.6%	3.9%	10.6%	20.7%	3.7%
		2006	1.8%	4.0%	3.6%	2.3%	1.7%	2.5%	2.5%	3.3%	3.9%	4.3%	14.0%	21.5%	2.8%
		2007	2.3%	4.6%	3.1%	2.6%	1.9%	2.1%	2.4%	2.7%	5.8%	5.2%	10.9%	17.8%	2.9%
	50–59	2004	1.3%	3.0%	3.0%	2.1%	0.9%	1.3%	2.0%	1.8%	2.8%	2.4%	8.2%	38.3%	1.7%
		2005	1.3%	3.8%	3.0%	1.8%	0.7%	1.8%	1.5%	1.9%	2.1%	2.5%	9.5%	16.6%	1.7%
		2006	1.5%	2.1%	2.4%	1.6%	1.2%	1.3%	1.4%	1.5%	2.3%	2.4%	17.7%	20.0%	1.7%
		2007	1.8%	4.2%	2.4%	1.8%	1.0%	1.1%	0.9%	1.8%	3.3%	2.9%	8.9%	20.1%	1.7%
	60+	2004	3.1%	6.1%	4.8%	2.5%	2.2%	1.0%	2.4%	1.2%	2.1%	2.8%	6.7%	19.2%	1.8%
		2005	1.6%	3.1%	2.5%	1.9%	1.4%	1.2%	1.4%	1.2%	1.8%	2.5%	12.5%	15.7%	1.6%
		2006	5.4%	3.5%	2.8%	2.1%	4.5%	1.3%	1.2%	1.7%	1.7%	2.2%	8.3%	23.0%	2.1%
		2007	5.6%	3.6%	1.9%	3.3%	2.9%	1.2%	1.2%	1.2%	2.2%	2.8%	4.8%	18.6%	1.9%
Exit Rates	<30	2003	14.2%	19.0%	11.6%	7.9%	4.3%	4.3%	4.3%	8.1%	9.6%	11.4%	30.0%	23.0%	6.4%
		2004	12.1%	8.3%	14.9%	11.1%	4.5%	4.6%	5.8%	9.9%	9.0%	9.8%	19.0%	25.0%	6.5%
		2005	15.0%	18.2%	13.7%	8.4%	4.8%	4.6%	8.8%	8.2%	11.9%	10.8%	14.8%	24.3%	7.0%
		2006	14.5%	19.6%	15.7%	8.0%	5.5%	4.3%	4.6%	6.4%	10.8%	9.6%	36.4%	21.8%	6.9%
	30–39	2003	6.2%	7.3%	6.3%	4.1%	2.9%	2.7%	2.8%	5.7%	7.3%	9.4%	13.1%	21.9%	4.4%
		2004	5.1%	7.6%	6.4%	4.9%	2.9%	2.9%	3.6%	6.7%	7.5%	8.4%	9.5%	19.7%	4.4%
		2005	5.8%	6.9%	7.3%	5.0%	3.2%	2.6%	6.3%	6.1%	8.2%	8.0%	7.6%	24.7%	4.6%
		2006	6.1%	9.6%	7.9%	3.7%	3.6%	2.5%	3.1%	4.3%	9.5%	6.7%	18.9%	25.6%	4.5%
	40–49	2003	2.4%	3.7%	3.0%	2.6%	1.2%	2.0%	1.8%	3.2%	3.1%	3.1%	11.2%	18.9%	2.2%
		2004	2.8%	3.7%	2.7%	1.9%	1.2%	2.1%	2.0%	3.1%	3.3%	2.6%	5.7%	19.6%	2.2%
		2005	2.3%	4.3%	3.1%	2.1%	1.1%	1.8%	2.8%	2.7%	3.8%	3.2%	11.5%	19.3%	2.2%
		2006	2.5%	5.8%	2.6%	2.7%	1.4%	1.6%	1.9%	2.3%	3.7%	2.5%	10.0%	23.6%	2.1%
	50–59	2003	5.9%	4.2%	5.1%	5.4%	5.9%	3.1%	3.2%	4.1%	3.5%	4.6%	11.8%	20.6%	4.2%
		2004	5.5%	5.1%	4.9%	4.3%	7.9%	3.2%	3.7%	4.1%	4.2%	4.5%	12.9%	15.9%	4.8%
		2005	6.9%	6.7%	4.1%	5.7%	6.8%	2.9%	4.4%	3.8%	4.7%	4.5%	10.7%	16.6%	4.5%
		2006	5.8%	6.3%	4.8%	4.5%	7.1%	2.4%	3.2%	3.6%	5.1%	3.7%	7.3%	17.5%	4.3%
	60+	2003	18.5%	10.9%	13.8%	18.3%	17.7%	11.3%	12.6%	15.4%	12.3%	18.4%	0.0%	18.6%	13.7%
		2004	19.1%	6.1%	15.0%	16.7%	23.8%	11.6%	13.0%	13.5%	12.3%	15.7%	26.7%	30.1%	14.5%
		2005	27.4%	15.4%	13.5%	17.3%	20.3%	11.5%	15.7%	18.0%	13.8%	16.2%	29.2%	12.9%	14.3%
		2006	18.2%	14.1%	15.0%	14.9%	20.9%	9.9%	14.0%	14.7%	16.6%	15.4%	20.8%	26.0%	13.6%

Source: *Regulated Nurses Trends 2003-2007.*

Exhibit 1.1—Budgeted Positions, Overtime Hours, Sick Leave Hours, Workers Comp Leave Hours 2008-2009

Source: Teledata System, Department of Health and Community Services

1. Budgeted Positions

	Unionized RN		
RHA	Acute Care	Community	Long Term Care
Eastern	2,128	221	291
Central	428	109	91
Western	476	73	72
Labrador Grenfell	220	35	20
Total	**3,252**	**437**	**474**

2. Overtime Hours (Fiscal 2008/09)

RHA	**Unionized RN**	**Estimate FTEs (1950)**
Eastern	182,993	93.8
Central	67,325	34.5
Western	52,100	26.7
Labrador Grenfell	42,926	22.0
Total	**345,345**	**177.1**

3. Sick Leave Hours (Fiscal 2008/09)

RHA	**Unionized RN**	**Estimate FTEs (1950)**
Eastern	333,716	171.1
Central	71,991	36.9
Western	72,476	37.2
Labrador Grenfell	29,035	14.9
Total	**507,217**	**260.1**

4. Workers Comp Leave Hours (Fiscal 2008/09)

RHA	**Unionized RN**	**Estimate FTEs (1950)**
Eastern	121,798	62.5
Central	9,217	4.7
Western	28,893	14.8
Labrador Grenfell	1,776	0.9
Total	**161,684**	**82.9**

Source: *HRIS data.*

RHA	Supporting Details
Central	■ On occasion in special circumstances, exit interviews are conducted. These are not done on a regular basis due to limited resources to do them.
Eastern	■ Exit interviews are only conducted on exceptions; for example, if there are a high number of exits from a certain unit.
Labrador-Grenfell	■ Conduct exit interviews.
Western	■ Exit surveys are sent out to those who have exited, but time constraints make it difficult to analyze the data. There is not much turnover—mostly due to retirements.

Recommendations

In order to identify the reasons that individuals are leaving the organization, exit interviews are often conducted. Without measuring this, an organization has no clear understanding of why people are leaving — they only have speculation. Since the person is leaving, this is often the time to gain their honest, candid feedback about their employment experience at the organization.

Recommendation	Supporting Details
Conduct exit surveys	■ **All RHAs:** An exit survey should be implemented to better understand why individuals are leaving or to gain insight into what may encourage retirees to stay. Retirees and older nurses are a generally untapped source and should be assessed to determine how best to retain this key talent. RHAs should investigate outsourcing exit interviews and surveys. ■ **Central, Eastern:** Conduct for all, not just special circumstances. ■ **Labrador-Grenfell:** Continue current practice. ■ **Western:** Continue current practice, but allow time for analysis.

Onboarding and New Hire Assimilation

Current State Key Findings

The communication between the time of accepting the offer to the actual first day was mentioned by many new hires as being very limited. Some stated that they had to call to find out the location of where they should report for their first day. Upon arrival, some new hires also added that they were not greeted by anyone, so they had to try to figure out where to go on their own. Since the onboarding process is not consistent across all RHAs, the challenges that new hires face also vary by location.

New hires in all RHAs are provided with an onboarding checklist to follow to ensure successful completion of all onboarding activities, including an orientation. For 2007, funding was approved to extend this orientation from 4 to a minimum of 6 to 8 weeks and will be a competency-based model. A survey is given to all new hires after their orientation for some RHAs.

After completion of the orientation, some regions ensure either a Nurse Manager or Recruiter check in with the new hire after the first few days to ensure they are having a smooth transition into their work. Some Recruiters mentioned during the interviews that they do not feel that there is a personal touch given to help new hires move from orientation to the actual start of their positions. This is consistent with opinions of some new hires that they did not know who to go to with questions or how to find their way around their units.

Other new hires stated that they were told they would be part of a "float pool," but that they were instead assigned to a unit, where they would spend the majority of their time, that was often not where they wanted to work. One other area of concern for new hires was that they were not told during the interview process that they would be the only RN on the floor on some occasions. Many new hires mentioned that this made them feel overwhelmed because they had just started the job and did not feel they had the necessary support to perform well in their roles.

RHA	Supporting Details
Central	■ There is a general, one-day orientation and one specific to appropriate unit. There is also an 8-week orientation for new graduates and the length of the unit orientation depends on needs of the individual (i.e., length could be one week up to two months). The focus is to ensure the nurse does not feel left on his or her own, but is comfortable in their new role. ■ eLearning systems are accessible by nurses to develop professional skills. A module for H1N1 was just implemented for nurses.
Eastern	■ There are some things available to nurses for eLearning, but this is not really executed due to funding constraints. ■ The region has a very sophisticated orientation program. In most areas there is a general orientation, a site orientation and a formal nursing orientation. The 6-12 week orientation program is tailored to nurses.
Labrador-Grenfell	■ An 8-week orientation program is conducted.
Western	■ eLearning is relatively new. Programs can be added for all employees, including nurses, to learn online. ■ There is an 8-week orientation program that includes a general hospital orientation, a general nursing orientation, and a unit-specific orientation. After this, the new hire moves into the mentoring program.

Recommendations

Once candidates have gone through the recruitment process and have accepted a position with the RHA, it is very important for them to experience an orientation and onboarding process that is aligned to the overall employer brand and that continues their overall, positive experience. This should be a reinforcement of the candidate experience initially established in the recruitment phase, since this is their first experience as a new hire actually "on the job." A focus on the onboarding experience is the first step in engaging nurses early in their careers. Finally, while turnover is low overall, typically, enhancing the onboarding process can positively impact engagement, as well as retention.

To promote a consistent, high-quality experience for candidates, orientation and onboarding materials should accurately reflect the Employment Value Proposition. Materials should be leveraged by the regions to create a local feel for the candidates, since this is where delivery occurs.

To help ensure new hires are receiving what they need after their offer acceptance, RHAs should distribute surveys to them after orientation to gain feedback on what is working well and what could be improved in the onboarding experience.

Onboarding does not end with orientation, so it is also critical that there be someone available to help the new hire get to the next phase of the onboarding process. To address this, a "buddy" should be assigned to new hires to provide them with a primary contact for questions or concerns. This also decreases the amount of time Nurse Managers will need to spend answering questions, while still ensuring the new hires are sufficiently supported.

Since the new hire participated in a group orientation, this provides a great opportunity to facilitate team building amongst the members of that cohort. Define team-building activities that can be done after orientation to further strengthen their relationships to promote a positive, team-oriented work environment from the start.

After the first 90 days, a “check in” by HR is also a good way to promote a smooth assimilation into the work environment for the new hire, while also allowing HR to gain insights into improvements that can be made.

Some of the benefits of enhancing onboarding programs include:

- Increased new hire engagement
- Reduced risk of early leavers
- Ability to be productive more quickly
- Decreased ongoing time required of Nurse Managers

Variations may be required at the regional or facility levels, but should maintain the overall brand and approach developed at the provincial level.

Recommendation	Supporting Details
Enhance the onboarding process	**Central and Eastern:** Should enhance onboarding process to be more comprehensive. **Labrador-Grenfell and Western:** Should continue program and evaluate for effectiveness. **At all RHAs, consider providing the following:** ■ Document process, including roles and responsibilities. ■ Provide “new hire packet” with all pertinent information to new hires prior to Day 1, including what they can expect after their first 30 days and information on the region. ■ Introduce new hires to co-workers and assign “buddy” to answer questions. ■ Develop team-building activities for each cohort of new hires. ■ Check in with new hires after 90 days to answer questions or address concerns. ■ Create and implement, or continue providing, an orientation survey. ■ Assess feedback to measure effectiveness and make updates as needed.

Mentoring Program

Current State Key Findings

A mentoring program is currently in place for most RHAs. Central and Western RHAs have received funding to formalize the programs for their regions. The idea that this is offered has received positive feedback from new hires, but the execution of the programs received mixed reviews. New hires noted that there should be a clearer process for how the mentoring process will work and how they can work best with their mentors.

One challenge that was noted by some Nurse Managers was the additional time that it takes for them to participate in this program. While some were eager to get involved with the younger nurses, many felt that they should receive additional compensation for taking on this responsibility.

RHA	Supporting Details
Central	■ There is a formalized mentoring program.
Eastern	■ No formal mentoring program is offered. A program was launched by the Province, but there were not sufficient resources to implement it in the region. There is a preceptorship program in place in some areas and a competency based orientation in one area of the region.
Labrador-Grenfell	■ A mentoring program was established for regional nursing in community clinics. "We put one nurse through it and the feedback was excellent, and another will start in the next few months." No other area has a formalized mentor program; however, this past summer we did bring in one of our senior experienced RNs for 3 months to run a very structured orientation program for the 8 or 9 new grades we hired. This went extremely well, excellent feedback, and the nurses were much better prepared to work independently.
Western	■ Mentoring program began two years ago. It is a 4-month program. Mentors are given a $250 professional development bonus and 11.25 hours paid leave in recognition of the valuable role they play with new graduates. Graduates also receive an 8-week orientation.

Best Practices and Recommendations by RHA

Mentoring and buddy programs have mixed results in organizations, depending on culture, objectives, incentives and rewards, and structure. In general, informal mentoring has been found to be most successful due to commitment by both mentor and mentee. However, there are many effective mentoring programs, even within the healthcare field. Design of programs varies across the board, but program design should reflect the organization's objectives and goals, as well as development strategy.

Recommendation	Supporting Details
Evaluate the effectiveness of existing mentoring programs and clearly define the programs	■ **Central, Labrador-Grenfell, and Western:** Each of these RHAs currently has a program in place to varying degrees. We recommend evaluation of the effectiveness of the program in detail from participants and mentees. In addition, clear objectives of the programs should be defined, and roles and expectations should be shared with mentors and mentees. Mentors should be asked to participate on a voluntary basis and should receive some type of reward or recognition for doing so (does not need to be monetary). ■ **Eastern:** Based on current development strategy and business objectives, investigate the possibility of introducing mentoring. Do not introduce it simply because all others are conducting.

Recognition and Retention Programs

Current State Key Findings

Compensation and time-off are key items that nurses identify as being important to them. However, recognition and appreciation are two notable factors for increasing engagement, job satisfaction, and also help drive retention of employees.

During interviews and focus groups, some nurses across all RHAs mentioned that they work long hours and sacrifice their schedules and personal time for work. While they say that they understand that there is a current challenge with consistently having enough resources available to provide high-quality healthcare services, many indicate that they do not have a sense that the organization truly values their contributions and sacrifices. Some of the common themes of the interviews and focus groups include:

- Overtime is very high in certain units, which negatively impacts nurse engagement and cost to regions.
- Payment of incentives is often delayed, which impacts engagement of nurses.

  - "Very frustrating" for new hires who need the money to pay off loans – begins to feel more like "misrepresentation" and decreases trust.
  - Housing bursaries are often paid all at once versus distributing across paychecks as expected– increases bulk payment of taxes.
- Nurses often do not feel appreciated or recognized for the work that they do, the overtime they put in, or the vacations they delay.
- Communication of processes, expectations, or career development opportunities is lacking due to limited number of managers to cascade information to staff.
- Workload is very high for both new and experienced nurses.
- Nurse Managers' span of control is too broad and doesn't allow them to spend time with their staff.
- Nurses do not feel like they have the time they need to spend with patients and also have too many responsibilities that pull them in too many directions.
  - High amounts of time spent on non-nursing activities
- New hires often feel overwhelmed because they are "thrown into the fire" to learn even if they are not at all familiar with the particular unit (e.g., Intensive Care Unit).

The cost to address this challenge is one that does not require significant financial support; rather, a little bit of time that is taken to recognize nurses. To facilitate the increase in recognition, a common process should be administered for each region. A variety of methods can be used depending on what is preferred and available to the various facilities. The difference is not made by the fact that these programs exist, but in “how” they are being used.

RHA	Supporting Details
Central	■ There is a ceremony that the CEO attends and recognizes service of those completing 10, 25, and 30 years of service. A gift is provided based on number of years and a memo is circulated to recognize them. ■ Retirement galas are done annually. Managers, spouses and family members are invited to participate in the evening events. ■ Employee Assistance Programs are available to support nurses. ■ Site-specific and regional nursing councils are currently in place. They meet regularly to discuss issues and include a mix of all levels of nursing.
Eastern	■ Small presentation and cake is provided in each department for those completing 10 and 20 years of service. For those completing 25-40 years of service, there are ceremonies. These are well-received, but the problem is that when consolidation into Eastern Health occurred there were many different programs. This caused some people to feel that they gained something, and others to feel like they were not being recognized enough. ■ Retirement celebrations are organized by HR policy department. Usually, there are afternoon teas to recognize the retiree with their spouse, along with food and a gift presentation. There is also often recognition within departments on a more informal basis. Currently being reviewed to determine how to make this recognition more in line with actual retirement date rather than waiting to recognize in the next calendar year. ■ An engagement survey is currently conducted to understand what are the key drivers and challenges for nurses based on their survey input. This can then be used to develop an action plan to address the analysis. ■ Employee Assistance Programs are available to support nurses. This is a comprehensive program that is sourced by 2 employee and family program coordinators. ■ Healthier meal choices are offered in cafeterias to promote healthy lifestyles. ■ Nursing council is organized by Professional Practice Department. They meet regularly, and include all levels of nurses to provide forum to give input. ■ The RHA is working toward incorporating the employment brand into recognition programs.
Labrador-Grenfell	■ Service awards are provided at 5-year intervals and celebrated on an annual basis with a formal recognition event. ■ An accreditation work/life survey is planned for the Fall 2009 to gain all staff, including nurses', feedback. ■ Retirement teas and farewell events held for any staff member leaving after 10 years of service. ■ Employee and Family Assistance Program available 24/7 for all staff. ■ Effective organization survey also just completed as part of Accreditation Canada Program. Results will be available soon. ■ An all-staff BBQ held at most sites annually. ■ Nursing staff organize their own "nursing week" activities.
Western	■ Previously had service awards and pins were presented for those completing 5 and 10 years of service, but currently revisiting to see if it will be reinstated. There were also service awards for perfect attendance, but this was discontinued due to cost constraints. ■ A watch is provided on retirement from the department, along with a small party and cake. Previously had big dinners, but this is now cost prohibitive due to backlash that came from the Auditor General's report stating that taxpayer money was going toward gifts instead of patient care. ■ Employee Assistance Program services are offered that include wellness coordinators, workplace health and safety, etc. ■ Healthier meal choices are offered in cafeterias to promote healthy lifestyles. ■ Professional Practices Committees are available and meet once a month. These usually include managers and union representatives, but nurses are able to tell them their issues in order to be represented in meetings.

Recommendations

Across all RHAs, various recognition and retention programs exist, which is a great foundation. It will be important moving forward to measure engagement, and what motivates and retains nurses, to be more strategic in what programs are offered and to ensure that programs that are created are valued. The analysis of the effectiveness of these programs is also important to ensure the funding that goes into each of them is being used to provide the things that are most important to the various populations of nurses within each RHA.

Engagement

The engagement of nurses plays a critical role in the overall effectiveness of healthcare facilities, including high-quality patient care. Low engagement has frequently been tied to increased absenteeism, increased turnover, decreased productivity, and overall lower job satisfaction.

Organizations across industries are increasingly recognizing the importance of engagement and the effects it can have on their business—both positive and negative. While this is important in all industries, the engagement of nurses has emerged with greater importance specifically in healthcare due to the global nursing shortage. This current challenge increases the overall stress and workloads of nurses, which can lead to lower engagement levels without the necessary support. It is imperative that organizations gain clear understanding regarding what they can do to support their nurses and help to increase their overall job satisfaction.

To truly determine what is most important to nurses, an engagement survey is the suggested approach to gain these insights. The outputs of this survey identifies the key drivers and also the key detractors of nurse engagement, which can be used to develop a clear, prioritized action plan of what nurses across various segments want and need to be more engaged. The implementation of initiatives to address the challenges can lead to increased engagement, lower turnover, decreased absenteeism, among other things that promote a positive work environment.

Recommendation	Supporting Details
Conduct an engagement survey	**Central, Western, and Labrador-Grenfell*:** Conduct a standardized engagement study at least annually. **Eastern:** Continue conducting engagement survey and conduct action planning. ■ Conduct engagement survey of nurses to gain their feedback. ■ Analyze results based on segmentation of various groups (e.g., Nurse Managers, nurse staff, regions, etc.). ■ Compare results across years to gauge progress and identify changes. ■ Create an action plan to address results. ■ Analysis should be conducted on various audience segments. * Labrador-Grenfell plans to conduct a survey in the fall of 2009. If this is done, then recommendation is to continue this practice on an annual basis.

Nursing Councils

One of the key drivers for nurses' engagement is the ability for them to practice their profession without barriers. Since they are the ones who know best what may be obstructing them from providing the care they desire, they also prefer to have input into what happens within the organization. Both the Magnet Hospital and Ottawa Hospital models were based on this principle—allowing the opportunity and providing a forum for nurses to share their thoughts and opinions on their practices.

The development of formal nursing councils, including both experienced and new graduate nurses, provides a forum for these nurses to feel heard as well as helps the organization truly understand the reality of their work. This is invaluable insight for the organization and also promotes a more trusting and team-oriented approach to resolving some workplace challenges.

These meetings should occur on a regular basis with a specific agenda for what will be discussed, as well as updates to non-council staff to inform them of the progress that has been made.

Some of the benefits of implementing a Nursing Council include:
- Providing a "voice" to nurses
- Giving valuable insights to the organization from the nurses' perspectives
- Encouraging problem-solving and idea generation

Labrador-Grenfell has structured the nursing service to function under a shared governance model. Management and unit councils are in place, but experience some challenges with the practice due to shortages of staff. Professional practice committees are in place.

Recommendation	Supporting Details
Develop Nursing Councils	**Labrador-Grenfell:** Other regions have found success in Nursing Councils. Consider potentially augmenting current shared governance model, Management and unit councils with Nursing Councils where shortages of staff permit. ■ Identify nurses from various units and backgrounds to participate in Nursing Council who will provide diverse perspectives to address nursing challenges. This should be done at a regional level, while ensuring communication with the other regions to discuss potential collaboration or the sharing of ideas. ■ Communication should be provided to all nursing staff describing the general agenda and outcomes of these meetings. ■ Nurses should be from a diversity of units, experience levels, and backgrounds to ensure representation of all populations.

Formalize Recognition Programs

Compensation and time-off are key items that nurses identify as being important to them. However, recognition and appreciation are two notable factors for increasing engagement and job satisfaction.

Many nurses work long hours, sacrifice their schedules and personal time, and state that they understand that current healthcare challenges have created this difficulty. While this is true, many nurses across regions indicate that they do not have a sense that the organization truly values their contributions and sacrifices. This is a common problem in healthcare organizations, but one that can be addressed in a variety of ways.

The cost to address this challenge is one that does not require significant financial support; rather, a little bit of time that is taken to recognize nurses. A variety of methods can be used for recognition purposes, but these should be decided at the RHA level, and the specific actions based on what is preferred and available for each of the various facilities or units. The difference is not made by the fact that these programs exist, but in "how" they are being used.

Recommendation	Supporting Details
Formalize Recognition programs	**All RHAs:** While all RHAs have some great programs in place, all could benefit from implementation of a more formal process for determining which programs to utilize, as well as to determine effectiveness. ■ Define possible ways to recognize nurses by segment (e.g., nurses, Nurse Managers). — Create a quarterly nursing newsletter with appreciations/recognition. — Distribute handwritten appreciation notes from leadership and/or Nurse Managers to nurses' homes. — Incorporate team-building activities (e.g., pizza night, potlucks, team outings). — Create contests for innovative ideas or ways to become more efficient. ■ Align recognition programs to the Employment Value Proposition to ensure recognition practices support overall employment brand and culture of recognition. ■ Create and communicate a process for nurses to acknowledge each others' contributions and celebrate team successes. ■ Track metrics to determine effectiveness of programs through annual nurse survey.

Flexible Scheduling and Time-Off

Current State Key Findings

One of the key challenges noted during interviews and focus groups was the inability for some nurses to take time off. Many stated that this is often due to the limited relief nurses who are available, which makes them feel "forced" to take sick time in order to be able to take time off.

Another challenge that was mentioned was the ability to get time off to attend some of the Education and Professional Development courses. They stated that they appreciate these courses being paid for on their behalf, but the issue is really about them actually being able to attend them versus the courses being offered.

RHA	Supporting Details
Central	■ Piloting the 80/20 model of care in one site, Carmelite in Grand Falls. Currently in progress, so success has not been measured. ■ Self-scheduling is done in some units, such as ICU and ER. This works well, but would not work well in all units due to variation in size and their scope. ■ In some units, there is a pilot to allow for a day off after a certain number of weeks of work. ■ Job / work-sharing is available in some circumstances.
Eastern	■ Self-scheduling is offered in some units. This works well in those units and has been requested in other units. There is currently no scheduling software in most units, although some use MedTec—Peninsula and Long Term Care. This software was reviewed 2-3 years ago, but was not implemented. ■ NLNU quality of work/life is being piloted. ■ Job / work-sharing is available in some circumstances, but this is not extensive. This is not provided as an option to all nurses, since it depends on the unit.
Labrador-Grenfell	■ Use of "smoothing" to allow for a longer period of consecutive days off. ■ Quality of Work/Life initiatives through ARNNL has been implemented in select sites and units.
Western	■ There is a rehab unit that allows self-scheduling. This was tried in the past in ICU, but hadn't taken off. Self-scheduling creates a lot of work for them to do themselves, so it's tough to implement. Many people carpool, so difficult for them to schedule for the same time. In a larger, more complex unit, they don't have time to spend on this. There is no software currently available to assist. ■ Flexible scheduling is very difficult to manage. Have incorporated a "days off" model that allows for an additional two days off for every two weeks of work. To get 75 hours, nurses work 6, 12-hour shifts and 1, 8-hour shift. After 12 weeks there are 2 additional weeks built up in their bank, which gives 4 weeks a year of extra time-off. Some units get 1 week off every 8 weeks. This works well because it is always pre-scheduled and is part of the core schedule. This schedule is offered in most units that want it. ■ Work-sharing is offered based on availability and need of each year. During peak summer hours this is not available due to need for resources. Job-sharing is done consistently across units. Since this allows for time-off during weekends, this is well-received by senior nurses.

Recommendations

The majority of nurses are women who are also the primary caregivers for children or elderly parents, which requires more time for them to spend away from work. Since nurses often feel they have limited flexibility with their schedules, they instead feel forced to take sick time, which results in higher costs to the organization. In many cases, nurses only require several hours off as opposed to a full day, but indicate they do not feel this is an option realistically available to them. While implementing some of these programs requires additional funding, the business case is often made by the financial savings that comes from the decrease in cost for absenteeism and sick time.

Self-scheduling provides flexibility for nurses, but also requires a "team" approach so that the flexibility is spread across the nurses. This approach often gains positive feedback, but individual unit considerations should be made to determine if this is desired by nursing staff. If so, policies should be developed to address issues or concerns and to provide objective oversight to the administration of these schedules.

To facilitate easier scheduling capabilities for nurses, implement technology that can be leveraged across the Province for scheduling, patient classification, real-time staff management, and workload/safety forecasting (e.g., Optilink). This is frequently done in Magnet Hospitals and was reported to be well-received by nurses.

Recommendation	Supporting Details
Implement flexible schedules and self-scheduling, where able	**Central:** Continue and measure 80/20 pilot. Continue self-scheduling in some units, and determine where else it can be implemented. Continue job/work-sharing where in place, and look for other opportunities for implementation. Continue pilot for day off after weeks worked. Evaluate success of all programs. **Eastern:** Continue self-scheduling in some units, and determine where else it can be implemented. Investigate implementation of scheduling software. Continue work/life pilot, as well as job/work-sharing, and look for areas in which to expand use. Evaluate success of all programs. **Labrador-Grenfell:** Implement flexible schedules and self-scheduling, where able. Consider implementation of the 80/20 pilot. **Western:** Continue self-scheduling in some units, and determine where else it can be implemented. Continue job/work-sharing, and look for areas in which to expand use. Consider implementation of the 80/20 pilot. Evaluate success of all programs.

Nurse Managers

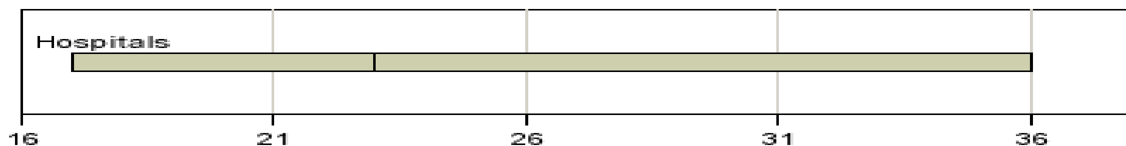
Current State Key Findings

Nurse Managers reported that they often felt like they had very limited time to spend with staff due to their large span of control. They also reported frustration that nurses working overtime could make more money than they could in their position. While a point of irritation for Nurse Managers, this also serves as a disincentive for nurses to move into management positions.

RHA	Supporting Details
Central	■ The tracking of Nurse Manager span of control is not formalized. In facilities, Directors manage their workloads, but this is not something that is measured at the RHA level.
Eastern	■ Nurse Manager span of control is an issue because some have 100 direct reports while others may have 10-20. This is monitored, but it is still an issue and the averages do not tell the true story due to wide range of number of direct reports across facilities.
Labrador-Grenfell	■ There is only one Nursing Site Manager for each of the three main hospital sites. There are no other Nurse Managers. The level below them is union unit coordinators. ■ Nursing Site Managers have up to 80 direct reports. ■ Several Nurse Managers, in senior leadership positions, are due to retire over the next 1-2 years, leaving significant vacancies that will be very challenging to fill. ■ Due to the pay and benefits provided under the collective agreement (both former and new agreements) there are no incentives for unionized nurses to leave the bargaining unit to take leadership positions.
Western	■ The measurement of Nurse Manager span of control is not monitored, but is an internal initiative currently in progress. Currently, the span of control is very high for true Nurse Managers who can handle issues, compared to other positions in leadership (e.g., Patient Care Coordinators) who cannot handle all of them.

Recommendations
The following graph provides a benchmark for Nurse Manager Span of Control based on nursing-specific data pulled from the Saratoga Human Capital Effectiveness Report from 2008. This measures the number of Nurses reporting to each Nurse Manager. The following are the percentiles for this graph: 10th=16, 25th=17, Median=23, 75th=36, 90th=61.

Exhibit 1.2—Nurse Span of Control



While the span of control benchmark is important, there is not one concrete number that is optimal. The span of control that is most useful for each RHA is found when the results of patient satisfaction, turnover, nurse engagement, and other associated factors are high. Rather than incorporating a span of control number that seems to work well for other organizations, it is critical for each RHA to assess and define what number of direct reports Nurse Managers can manage without experiencing adverse effects in patient care, nurse satisfaction, turnover, or retention.

Another issue that was identified by Nurse Managers during interviews and focus groups was regarding their compensation. While Nurse Managers have greater responsibility than other nurse staff, they are often paid less due to their limitations for receiving overtime. This creates a challenge on both the engagement as well as the recruitment sides of the equation. For Nurse Managers, the perception is often “more work and less money,” which serves as a negative factor for their engagement. It does not seem “fair” that they take on additional responsibilities but are not compensated in a way that reflects that.

At the same time, this factor also contributes to the challenge of recruiting current nurses into management positions. Since they can often make more money through overtime while having few management responsibilities, there is not a clear incentive for them to move into management roles. As more Nurse Managers retire this will likely create an even wider gap and perpetuate the challenge of an increased span of control for Nurse Managers.

In order to close the gap that currently exists, it is important to differentiate Nurse Managers from other nurse staff. The cost of these options should be weighed by the benefits they provide to both the Nurse Managers and the organization. It is important to create programs and practices that recognize the contributions made by Nurse Managers, as well as ensure they have an overall picture of what they are receiving in return – their total rewards. This is not focused only on base salary, but also additional benefits that are available to them, such as: financial incentives, retirement, health plans, disability, spending accounts, service credits and awards, vacation, holidays, tuition reimbursement, etc.

Benefits associated with communicating total rewards include:
- Increased engagement of Nurse Managers.
- Incentive for other nurse staff to move into Management roles—steadier supply of talent.
- Ensures compensation is competitive and fair.

Recommendation	Supporting Details
Measure Nurse Manager span of control	■ **All RHAs:** Due to the variation of span of control of the regions, a provincial span of control number would be deceiving. This metric should be tracked in each facility and then rolled up to the RHA level in order to have a realistic view of this ratio.
Assess and communicate Nurse Manager total rewards	**All RHAs:** ■ Identify options for Nurse Manager differentiation. These could include things like: additional development opportunities, additional days off as recognition after a certain number of years of service (Splash concept). ■ Conduct cost/benefit analysis to create business case for these programs. ■ Conduct a competitive market analysis for base pay of Nurse Managers to confirm that pay is still market competitive. ■ Communicate total rewards to Nurse Managers. ■ Cost/benefit analysis should be done to determine which option is mutually beneficial to the business and to Nurse Managers.

Performance Management

Current State Key Findings

For some RHAs, there is a performance evaluation form in place for managers to complete for their direct reports. Unfortunately, there is not a high rate of completion for all regions. The limited time that Nurse Managers have contributes to the challenge of completing these forms, and the lack of definition of the process also contributes. During focus groups, new graduates and experienced hires stated that they would find a performance management process very helpful to let them know what is expected of them as well as how they are performing in their roles.

RHA	Supporting Details
Central	■ Some performance management forms are regularly completed, but this is not a formalized or mandatory process.
Eastern	■ A performance management program is currently in place and there is a form that is completed via email or manually. A committee is currently working on enhancing this process, so the current form is an interim version. Since merging into Eastern Health, the committee is working to integrate the various performance management programs into one. From an accreditation perspective, there are not enough forms being completed currently.
Labrador-Grenfell	■ There is a performance appraisal and there is a very high rate of completion. These are completed through a software package.
Western	■ A performance appraisal form is in place. The process and form is undefined, consistent implementation is lacking, and a high level of them are not completed by managers due to the high number of direct reports they have.

Recommendations

To ensure proper alignment between organization objectives and employee expectations, it is essential to implement a consistent performance management appraisal process. This process clearly ties the individual nurse's goals to the objectives that the overall organization is trying to achieve.

Many nurses identified the lack of this process as a key concern for them, since it does not provide them with clear line of sight to their goals. Much of the job satisfaction comes from providing high-quality patient care, so individuals are motivated by understanding how they are contributing to the broader organizational goals.

Clearly-defined expectations were consistently identified as being important to nurses, but also currently lacking for them. A formally-defined process should be implemented, including roles and responsibilities, to ensure nurses and Nurse Managers have the same expectations for the nurse's role.

One challenge that Nurse Managers have is their limited time to spend on performance evaluations. It is important that the Nurse Managers clearly understand the importance of their role in managing performance and delivering recognition, since they have a direct line of communication to demonstrate to their nurse staff the commitment and appreciation of their leadership. Consistent processes and forms, as well as the use of technology, would provide a more streamlined process for completion and lighten the burden that many Nurse Managers currently feel with this process.

Key benefits of a consistent performance management process include:
- Clear expectations for nurses.
- Increased engagement by focusing time on nurses' development.
- Provides dedicated time for nurses to hear their challenges, while providing them with feedback.
- Greater opportunity for high performance.

Recommendation	Supporting Details
Formalize goal-setting and performance evaluation process	**Central and Western:** ■ Create consistent performance appraisal forms that directly inform development needs. ■ Document process, including roles and responsibilities. ■ Train Nurse Managers on effective performance management and coaching. ■ Use metrics to track that performance goals/expectations and reviews are being conducted. ■ Change management is necessary to promote compliance and consistency with new process. **Eastern and Labrador-Grenfell:** Continue to expand and formalize your performance management processes.

Recruitment Organization Models

Recruitment Organization Model

Current State Key Findings

Organization structure relates to the pattern of relationships among positions in the organization. The structure creates a framework of order and command through which the activities of the organization can be planned, organized, directed, and controlled.

Currently, there is some inconsistency across the regions within Newfoundland and Labrador regarding some of the recruitment practices. The level of involvement of Nurse Managers tends to fluctuate and recruiting resources tend to be stretched across various HR efforts, which do not allow them to focus on the imperative issues of recruitment and retention.

Some of the benefits of clearly-defined roles and responsibilities, as well as the centralization of some recruiting activities, include:

- Provides clear accountability for all involved in the recruiting process.
- Creates an opportunity to communicate how all parties are involved in the process.
- Sets expectations regarding individual behaviour and results.
- Ensures new programs and practices are optimized through appropriate roles/staffing.
- Increased efficiency requiring less time from strategic resources (e.g., Recruiters).
- Cost reduction due to lower-cost activities being performed by lower-cost resources.

RHA	Supporting Details
Central	■ There is a dedicated Recruiter for the region. He recruits for nurses about 80% of the time, but also recruits for hard-to-fill positions. The requisitions that he has to fill fluctuate between 25 and 30 at any point in time. ■ There are 4-5 individuals between 2 locations who oversee all of recruitment. ■ Roles and responsibilities for the region are clearly defined for recruitment activities. ■ Recruiters perform own administrative activities frequently, which can add up to a lot of time spent on these tasks. Meditech is a database that is currently in place in the RHA that allows for the recruiter to do some tasks and report creation, but it is not used extensively.
Eastern	■ There are 2 dedicated Recruiters in St. John's who only do external recruiting—one has an HR background and another has a Bachelor's degree in Nursing. There are also 5 other individuals who do external recruiting as a part of their roles. There are another 4 individuals who do internal recruitment as part of their portfolio of responsibilities. ■ Roles and responsibilities for recruiting are clearly defined and understood internally, but not to applicants. Applicant may send information to various individuals, so the same candidate could be in the queue in 3 different locations. Sometimes one location will make an offer, but another one could be unintentionally competing and extending an additional offer to the same individual. ■ There is one support person who supports 2 regional people on a full-time basis. This one support person does not provide sufficient support to remove the administrative tasks for all recruiters. Outside of student recruitment, relocation is the most time consuming for Recruiters. Since this is a highly-sensitive process due to the personal decision for nurses to move, clerical support is not asked to do this work. Last year, 270 nurses were hired and almost 200 relocated, which required extensive amounts of time to spend on the coordination.
Labrador-Grenfell	■ Dedicated Recruitment / Retention Officer who is formally responsible for more than the nursing roles; however, the demand of the work required for nurse recruiting alone does not allow time for effort to be given to the non-nursing roles.
Western	■ In recruitment divisions, have Nurse Managers dedicated to recruiting but not specifically for nurses. Additional Recruiters have been requested, but have not been approved. Currently only have 2 dedicated Recruiters, but they are not only focused on nurse or hard-to-fill recruitment. These Recruiters are responsible for about 1,200 jobs per year, as well as for other recruitment initiatives. There are also 2 clerical people who help with some administrative activities. ■ Roles and responsibilities for recruiting are clearly defined.

Recommendations

The efficient delivery of recruitment activities is essential to effectively attracting and recruiting nursing talent to the RHAs. To achieve this, the activities within the recruitment process, as well as roles and responsibilities, must be clearly documented and communicated to individuals involved in the process. When roles are not clearly defined, diffusion of responsibility can occur, which diminishes accountability for results; this also helps ensure that resources are focused on the right activities to fulfill the RHA's needs. These processes should be clearly defined in order to ensure all resources are being appropriately leveraged, but the need for additional recruiting resources will likely still remain in some RHAs.

While certain recruiting activities are more effective by being centralized, that is not true for *all* recruiting activities. Those activities, such as interviewing, require “high touch” with candidates and should be delivered at a local level. In order to promote a culture of appreciation and caring for the organization, these in-person interactions with candidates require local resources. The number of Recruiters needed to effectively manage the recruitment process depends on their work activities and responsibilities, as well as the positions for which they are hiring. The Adler Group, who specializes in hiring and staffing, says that the average requisition load is between 17 and 22* when hiring for positions with a specialty (e.g., nursing). The following table provides a breakdown of key activities by roles that are currently used for many leading organizations. It is important to note that regional considerations should be made when determining appropriate recruitment staffing organization roles and resource levels, since there is significant variance in the number of vacancies as well as the number of resources currently available to perform recruiting activities.

* Benchmark comparisons such as The Adler Group are based on factors that may or may not be applicable in Newfoundland and Labrador. When using benchmark comparisons they should be considered as directional at best.

Recruiters	**Clerks and Administrative**	**Nursing (Hiring) Managers**
■ Develop initial draft of annual sourcing plan and work with Recruiting Leadership to finalize ■ Meet with Nursing Manager to level set recruiting activities needed to fill open position (position requirements, posting options, and sourcing plan) ■ Create requisition on Applicant Tracking System (ATS) and route for approval ■ Oversee execution of sourcing plan and activities ■ Interview candidates ■ Extend job offer to external candidates ■ Coordinate candidate survey for all candidates who decline job offers ■ Finalize start dates with Nursing Manager and candidate ■ Schedule new hires for assimilation activities ■ Review new hire preparation tasks with Nursing Manager ■ Update ATS with start/transition date information ■ Follow up with new hire/transfer at three-month mark to measure onboarding experience ■ Regularly update provincial workforce planning team regarding workforce plan and goal progress ■ Maintain centralized position templates (job posting descriptions)	■ Execute sourcing plan and activities ■ Schedule candidate travel and interview logistics ■ Send interview preparation materials to interviewers ■ Send interview logistics and benefits overview to candidates ■ Coordinate candidate’s relocation activities ■ Initiate and administer background checking, reference checking, and drug testing ■ Notify Recruiter when candidate fails background check or drug test ■ Administer welcome packets ■ Initiate badge notification data feed ■ Create personnel file ■ Trigger payroll new hire/internal transfer data feed ■ Measure customer satisfaction surveys (candidate, manager, employee) ■ Manage ad hoc reporting and design/develop new reports ■ Provide administration and counseling for cases related to relocation policy	■ Identify need to fill a position and notify HR/Recruiter ■ Approve requisitions (via email) ■ Participate in local sourcing activities (e.g., job fairs, campus recruiting, associations) ■ Conduct technical pre-screening (as needed) ■ Participate in interviews, including delivering role overview to the candidate ■ Make hiring decision ■ Extend offers to internal candidates ■ Extend offers to external candidates (optional) ■ Confirm and communicate start date for internal transfers ■ Implement new hire assimilation / onboarding plan ■ Contact new hires to welcome them onboard (prior to start date)

- Maintain and validate job-specific, interview questions
- Manage College Recruiting Program and campus schedule

<table>
<tr><th>Recommendation</th><th>Supporting Details</th></tr>
<tr>
<td>Document recruitment process and roles and responsibilities at the Provincial, RHA, and role levels</td>
<td>
All RHAs: Further work will need to be done in the RHAs to determine specific role, region, and departmental responsibilities. The following bullets should be followed to effectively implement this recommendation:

Document current state recruitment processes, including roles and responsibilities of all individuals involved in the process (e.g., Nurse Manager, Recruiters, Directors, etc.).
Identify processes or activities that can effectively be centralized, such as: reference checks, generation of correspondence, onboarding, checklists/agendas, marketing materials. This includes the consideration of where certain activities are designed versus where they are delivered (e.g., RHA level designs communications, but they are distributed at a facility level).
Prioritize areas for centralization or outsourcing (e.g., reference checks).
Document redesigned processes, including roles and responsibilities of all individuals involved in the process. This may include “new” roles that are needed to implement the ideal process, as well as things that are managed at a provincial level.
Develop implementation plan for each process impacted.
Conduct training with appropriate parties to ensure common understanding of the new process.
Ensure effective change management for all involved stakeholders through communications and expectations setting.

The following table provides a breakdown of Hewitt’s recommended responsibilities at the RHA and Provincial levels for key areas of recruiting:
<table>
<tr><th>RHA</th><th>Provincial</th></tr>
<tr>
<td>
Identify vacancies
Develop sourcing strategy
Extend offers to candidates
Deliver all candidate communications
Welcome new hires
Provide data for vacancy report
Participate in RMS vendor evaluation and selection process
Participate on IEN steering committee
Develop employment brand
Manage employee referral program
Manage candidate relocation and travel
</td>
<td>
Own vacancy report creation
Coordinate logistics and information for International recruitment fairs—ensure all RHAs are aware of trips
Lead RMS vendor evaluation and selection
Manage vendor relationship with reference check outsource provider and maintain technology
Manage IEN recruitment process
</td>
</tr>
</table>
Other actions that are recommended to be taken at the specific RHA level include:

Dedicate resource specifically to planning, implementing, tracking recruiting, and engagement/retention efforts.
Dedicate Recruiters at a regional level for interviewing, communication, and high-touch, candidate-focused process, as well as engagement/retention efforts

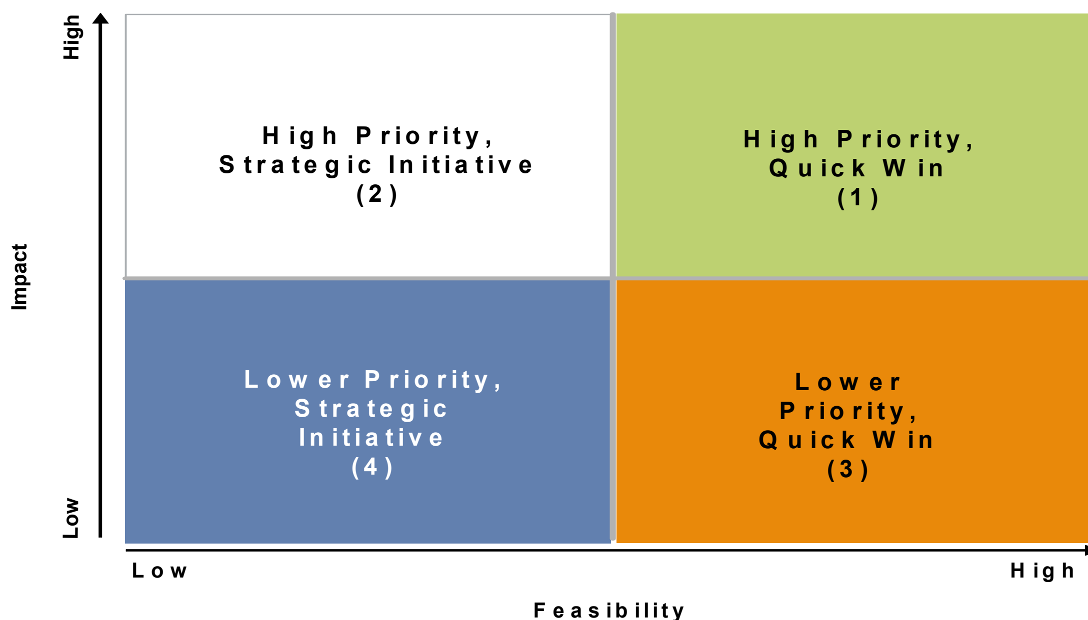
</td>
</tr>
</table>

Prioritization of Recommendations

Prioritization of Recommendations

The following matrix is a tool we use to prioritize recommendations based on the impact they can have combined with the feasibility of their success. Of the fifteen recommendations we have made, those we recommend for immediate address are listed below, along with those that are more strategic and impactful but will take longer to implement. Since many efforts require additional funding, the recommended priority of these recommendations will need to be revisited and reconfirmed with the appropriate decision-makers. This tool should serve as a helpful guide that can be used as additional budgetary and strategic decisions are made.

Exhibit 1.1—Matrix



Definitions

- **Quick Wins:** High-impact, relatively low-effort initiatives that can be implemented within 1-12 months.
- **Strategic Initiatives:** High-impact, higher-effort initiatives that can be implemented in more than 12 months.

Impact: Means *importance* and *urgency.*

- Importance: The potential benefits and value of proposed course of action
  - Probable top-line growth (e.g., revenue share)
  - Probable bottom-line growth (e.g., process efficiency, cost reduction)
  - Strengthen strategic positioning (e.g., organizational capability/vitality)
  - Extent course of action is only way to achieve these gains

- Urgency: How necessary it is to move quickly
  - Big gains can accrue sooner
  - Window of opportunity will soon close
  - Action is overdue, beyond promised deadlines

Feasibility: Means *affordability* and *certainty*.

- Affordability: The degree to which the probable costs of this action/option are bearable
  - Direct capital investment and expense
  - Staff time dedication (hours, FTEs)
  - Probable negative outcomes (e.g., relationship/reputation "chips" spent)
  - Opportunity costs (e.g., inability to do something else)

- Certainty: Likelihood that this action can be accomplished as intended
  - Extension of familiar or similar work
  - Been done by others
  - Can really map out project plan, contingencies, controls
  - Stability of support and resources (e.g., dedicated staff)

High Priority, Quick Wins

These are recommendations that we believe should be considered immediately. There are not listed in order of priority; but rather classified by those that we believe are "quick wins" versus those that, although high priority, will take some time to implement.

1. **Reinstate incentives.** This recommendation is obviously controversial, given that incentives have currently been stopped. From all sources, incentives are a powerful tool that both help attract nurses, and help to fill vacancies in a timely manner.

2. **Ensure interviews are effective and informative to candidates.** This is a relatively easy fix that would address many of the concerns that came up regarding candidates not knowing what to expect on the job, as well as candidate's fit for the job and/or location.

3. **Increase communication with candidates during the offer process.** This recommendation is tied to the first recommendation. Specific time commitments should be defined and spelled out to all candidates regarding when and from whom communication will be received. A positive candidate experience should be the goal, supported by metrics and a well-defined communication process.

4. **Outsource reference checks.** Recruiting resources are spending too much time on administrative activities, and this activity in particular is the culprit of much of the time commitment. This should be outsourced to a third party, fully automated online, or centralized in an administrative pool for the entire Department.

5. **Implement the Ottawa Hospital Model.** While sourcing and attracting nursing talent serves as one way to increase the number of available nurses, another important approach is to understand how the nurses currently available are being used. With this model, there are anticipated results that would have a major impact on the RHAs for which it is implemented.

6. **Formalize employee referral program.** Referrals are a great source for candidates that are currently underutilized. This recommendation can address two separate issues – 1. providing a great, new candidate pool; and 2. increasing engagement of those nurses who refer others and receive the money. This must be executed flawlessly, or the same noise regarding bonus or incentive payouts will be reported.

7. **Conduct an engagement survey.** This practice provides the necessary input from nurses to better understand where to leverage funding in order to invest in programs that will provide the most impact. From this, other strategies can be developed to address the outcomes. This is a foundational part of the recommendations.

8. **Assess the role of Nurse Managers and associated total rewards, including span of control.** To address the current challenges Nurse Managers are facing, as well as to encourage other nurses to move into management positions, this is a critical issue that should be addressed.

9. **Document recruitment process and roles and responsibilities at the Provincial, RHA, and role levels.** The documentation of these processes is very important to help identify roles, responsibilities, and appropriate staffing levels of the recruitment organization. These processes can be mapped during dedicated sessions and could be completed within the next several months, assuming resource availability.

High Priority, Strategic Initiative

These are recommendations that we believe should be planned for now, but implemented as budget and resources allow. The remainder of the recommendations should be considered as each RHA develops a plan from 2 – 5 years out.

10. **Formalize recognition programs.** After an initial engagement study is conducted, each RHA should develop a strategic recognition plan based on the results. In addition, programs, their associated objectives, and key measures for each should be defined.

11. **Implement a Recruitment Management System (RMS).** The recruitment management system or some form of HR technology is required to both eliminate administrative tasks, as well as to track and measure program effectiveness.

12. **Identify and regularly track key metrics.** The following recommendations all address some form of measurement infrastructure. It is imperative that each RHA defines key measures and has access to the data necessary to support them. Some exist today, but enhancements are required at all RHAs.

13. **Measure the effectiveness of sourcing channels.** In order to develop a sourcing strategy, it is imperative to understand the cost and outcomes of the investments that are being made into the various sourcing channels. This can be done relatively easily since it requires minimal resources and would provide each RHA with valuable information about current sourcing efforts.

14. **Measure retention of graduates recruited from other Provinces.** This recommendation is in line with the recommendation above. The effectiveness of this tactic needs to be evaluated to make ongoing decisions about sourcing.

15. **Develop a stronger workforce plan and forecast.** All RHAs complete some component of a workforce plan today. The workforce plans should be enhanced with the recommendations contained in this document. This effort will best be conducted across the Department with inputs from all RHAs.

In conclusion, the Department and the RHAs individually have made great efforts toward effective nursing attraction and retention. Implementing these recommendations will help close the nursing gap, provide key data to make informed decisions, and establish an infrastructure to deliver programs and processes in the most efficient manner.

Appendix

References

1. *The NL Economy, 2009.*
2. *NL Registered Nurse Supply Report 2004/2005.*
3. Canadian Institute for Health Information.
4. *Regulated Nurses: Trends, 2003 to 2007.*
5. *ARNNL Environmental Scan, January 2009.*
6. Memorial University website.
7. Data from Newfoundland and Labrador's Regional Health Authorities.
8. *Health Workforce Recruitment and Retention Newfoundland and Labrador, February 2009.*
9. *Saratoga Human Capital Effectiveness Report, 2008.*
10. *http://www.adlerconcepts.com/resources/column/newsletter/the_year_of_the_racerecruiting.php.*
11. *CedarCrestone Research, 2007.*