

THE NURSING SITUATION
IN
HAMILTON:
RECRUITMENT
&
RETENTION

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ABSTRACT

The issue of "nursing shortages" is not new, as it is often discussed by both the media and nursing journals. The emphasis of this research paper is to establish the presence or absence of a nursing shortage in Hamilton. The primary concern is to present strategies for recruitment and retention that have been implemented by area nursing employers. This survey's attention was focused on the registered nurse population in hospital and community clinical areas.

The majority of those interviewed, with one exception, believed that Hamilton was not experiencing a nursing shortage at this time, especially when statistics are compared with those of Toronto. Many suggestions were put forth regarding recruitment strategies. Among them have been the establishment of the Hamilton Recruitment Group. Co-operative programs for high-school students have been limited to a small number, but this strategy has had some success. Strategies for retention of nursing staff include education opportunities, changes in work schedules and improvements in communication consisting of involvement in policy decisions.

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CHAPTER ONE

A great deal of interest has been directed towards the nursing profession. This attention, which has come mostly from the media has indicated to the public that there exists a nursing shortage with the result that beds are being closed in hospitals, waiting lists are developing and health care is deteriorating. What is really happening? Where are the major problems located, both from a geographical and specific clinical areas. Once a problem has been isolated, strategies are being implemented to reduce the initial problem. The following attempts to establish the presence or absence of a nursing shortage in Hamilton and then proceeds to discuss what strategies for recruitment and retention of nurses have been suggested in an attempt to correct the situation.

INTRODUCTION:

The purpose of this research paper is to determine what strategies employers in the Hamilton area have developed in an attempt to recruit and retain their nursing staff. Interest in this subject has resulted from increased attention in what has been termed, "the nursing shortage in Ontario".

Many reasons have been given in various reports in an attempt to explain the decreasing number of available

nurses. Some of these explanations include: low moral among nurses, burnout, a lack of professional recognition, and the unsociable shifts nurses are expected to work. The outcome of these causes has been that nurses are either leaving the hospital environment or the nursing profession. The end result has been the closure of hospital beds and an increase the workload of nursing staff who continue to work in their chosen profession. As a result this paper will focus on the RN situation, which is the health care professional of interest. Special attention will be made regarding the recruitment and retention of RNs by local employers.

The area hospitals to be considered are: The Hamilton General Hospital (Ham. G. H.), The Henderson General Hospital (Hen. G. H.), St Joseph's Hospital (St J. H.) and the McMaster division of the Chedoke-McMaster Hospitals (MCM. U. M. C.). The Hamilton Psychiatric Hospital (H. P. H.) will also be included in the list of interviews because this area is also a major employer of nurses. The Victorian Order of Nurses (VON), St. Elizabeth's Nurses (SEN) and Public Health Nurses (P.H.) will also be included in the study because they provide an alternative to the shift work, that is required in hospitals. Appendix A provides a complete list of abbreviations used in this paper. Figure 1.1 provides an

indication of the number of registered nurses (RNs) employed by the employers being considered in this study. The number of hospital beds and visits made by the VON and SEN illustrates the extent of health care provided to the public of Hamilton.

Figure 1.1 Hamilton Employers and Registered Nursing Numbers.

Employer	Full-time RNs	Part-time RNs	Patient Beds
Hamilton General Hospital	468	300	424
Henderson General Hospital	373	328	614
St Joseph's Hospital	550	275	600
McMaster University Medical Centre	328	359	409
Hamilton Psychiatric Hospital	150	43	368
Victorian Order of Nurses	47	62	169451 visits
St Elizabeth Nurses	50	62	70000 visits
Public Health	80*	40*	n/a

*approximate figures
n/a not available

Other areas of interest when discussing nurses, are the licencing board and associations whose membership are composed of registered nurses. Representatives from The College of Nurses of Ontario (C.O.N.), Registered Nurses

Association of Ontario (RNAO) and the Ontario Nursing Association (ONA) will all be interviewed to obtain their input on this potential for a nursing shortage problem. Another area involved in the nursing situation is education and for this reason someone in this field will be included in the interviews.

CHAPTER TWO

LITERATURE REVIEW:

Many published articles dealing with the nursing shortage problem provide information about the situation in the United States and Great Britain. Both of these countries have different health systems from Ontario, but nursing shortages, according to the literature appear to be almost universal. This includes, what is perceived as problems within the different health systems, in relation to nursing and what nurses see as wrong within their system. Published reports containing information about Ontario concentrate on the nursing situation in Toronto because this appears to be the area experiencing the greatest shortage of any community in Ontario.

Prescott (1987) provides an introduction to the nursing shortage problem and background information. This paper compares the shortage of nurses that developed in the United States during the late 1970's with the current problem. An economic model used to illustrate the supply of nurses has not kept pace with the demand. A discussion is then presented on the differences between a nursing shortage (not enough nurses to meet the demand) and turnover rates (where nurses leave one nursing position for another). The

paper presents data and conclusions from a survey carried out from 1980 to 1984. The results from this analysis were similar to that found in a survey carried out in two English hospitals and published in a British nursing journal (Bamber, 1988). The conclusion that can be drawn from these two papers is that nurses, on both sides of the Atlantic, are looking for job satisfaction and that money is not necessarily the main reason for leaving the profession or even changing nursing positions.

Helmer and McKinght (1989) looked into the area of recruitment and retention in the United States. They analyzed data from a survey carried out by the Hawaii Nurses Association and presented recommendations based on these results. Again, it was stated that even in Hawaii, where "salaries have historically been low"(p. 74), this low pay has not even been the only or the main issue concerning practicing registered nurses. Included in this paper are some of the conclusions of a 1983 study that was published by the American Nursing Association. Many of these results coincide with conclusions from previously mentioned studies. One aspect of nursing included by Helmer and McKnight is the role of agency nurses in the hospital setting. The positive and negative impact of these temporary nurses is an indication that these nurses do not represent a solution to the nursing shortages in either selected areas of a hospital

or regions within a state.

Another study presented in an article by Neathawk et al (1988)) asked nurses from five general, non-profit hospitals their views on what factors they believed were important to recruitment and retention of nursing staff at their hospitals. The results presented in the article indicate that salary is a major factor in job satisfaction. From the data analyzed, nurses indicated what they thought should be improved to make nursing more attractive. Again, higher pay and benefits were of major concern to those respondents. One of the conclusions presented by the authors was that answers to the developing shortage problem in nursing is very complex.

A different approach to the problem of nurse retention in hospitals was illustrated by Hutchinson (1987). Nurses working in stressful environments were asked in a survey what they did to prevent the 'burnout' phenomena. Many forms of self-care were presented which ranged from physical exercise, both individually and in groups, to withdrawal. This withdrawal, in the extreme, can be realised as resigning from the nursing unit. Some of the self-care strategies may be a consciously thought out process to relieve tension, but some are unconsciously expressed.

Closing beds in critical care areas is the focus of

the paper presented by Allman (1989). The implementation and implications of this strategy are thoroughly examined in this article. According to the author, the closure of beds is usually a short-term option available when there are not enough nurses to supply the nursing and educational care of patients in this area.

The reports by Meltz (1988) and Murray et al (1988) were published recently in Ontario. Both reports discussed the nursing situation in Ontario, but concentrated their research to the Metro Toronto area. Meltz discusses his research with reference to the economic model of supply and demand. In his conclusion, the author provides recommendations that he believes will alleviate the nursing situation in Toronto. Murray et al has published multiple segments of a collective report that was commissioned by the HCMT. These reports support results from other published work about the nursing shortage and the problems facing hospitals in Toronto at the time of the report. The future of other hospitals in the province may develop similar problems.

An unpublished report by the nursing departments in the six Hamilton and district hospitals was recently prepared (1989) for the Hamilton Hospitals Trustees. This document reports the Hamilton situation within a provincial context and also compares it with Metro Toronto. This

report includes an overall synopsis of the recommendations made by the published nursing reports. A survey of nurses working within the hospitals involved with the report was made dealing with specific areas of interest. The results from this survey will be included in the analysis portion of the paper either to supplement the information obtained from interviews or to show the contrasts of opinions. This report also included information dealing with agency nurses, this was not a topic included in this research article.

CHAPTER THREE

DATA COLLECTION:

3.1 Description:

The method used to collect data for this research was by conducting interviews. The list of those interviewed is presented in Appendix B. As can be seen, the list is not an exhaustive one. Each hospital was represented by the Director of Nursing, except for St Joseph's Hospital, where the Director of Nursing was new to the hospital and the recruitment officer was interviewed in her stead.

Community based nursing was also included in this survey because it offers an alternative to the shift-based hospital work. Again, the Directors of Nursing were approached. The Dean of Nursing Studies at McMaster University was included because education of registered nurses is an important factor in the supply side of the supply-demand ratio. An executive of the RNAO was interviewed to obtain input from an organization that is interested in the opinions of registered nurses. Finally, a representative of the C.O.N. was included, as this is the license granting agency in Ontario.

The same basic questions, were asked of everyone, but additional questions related to the specific person were

also included. The list of questions are provided in Appendix B. They have been divided into four sections, each dealing with factors that would affect the nursing situation to varying degrees.

The first section was included to establish the presence or absence of a shortage or potential for the development of a problem. The questions are related to a geographic content to obtain the extent of a perceived shortage. Turnover rates indicate a movement of nursing staff, which may imply that the potential is there as nurses are dissatisfied with the jobs they are presently in.

The next set of questions deal with the satisfaction of nurses. Included in this section was a question dealing with alternatives to the heavy duties of bedside nursing for the older nurse. The recruitment of foreign nurses question was included to ascertain the opinions of this type of strategy to a perceived problem.

The education of nurses has an effect on the quality and quantity of nurses available. The question dealing with the 'AIDS Epidemic' was presented to those being interviewed as an interest question that may have a profound influence on the decision to enter the nursing profession in the future.

Finally, the section containing questions related to government involvement, was presented to establish their

effectiveness. Governments, both federal and provincial, control the amount of money available to the health system. The budgets of many health institutions is related to this monetary amount.

Specific questions were often asked of individuals in an attempt to relate the survey to their work area. An open-ended question was asked at the end in an attempt to offer the interviewee an opportunity to present any further information that had not been included with the other question. The answers did not necessarily have to be related to their own area, but to nursing in general.

3.2 Problems:

Many problems can be associated with this type of survey. One of the major difficulties was the type of questions that were asked. As can be seen by the question list (Appendix A), indepth analysis is not possible because the questions lack the quality to provide such answers. The problems faced at the beginning of this research indicated that if questions were too searching they would not be answered.

Another difficulty is the analysis of a qualitative study. Individuals have presented their perceptions of the situation, but the answers are still primarily personal opinions. The level of management interviewed, usually the Director of Nursing, was chosen in an attempt to attain a

high level of accuracy, especially in the assessment of their own individual situations.

There are many clinical areas employing RNs which have been excluded from this study. Some of them include doctors offices, nursing homes, chronic care and rehabilitation facilities. Agency nurses, although not directly included in the questions asked during the interviews, are mentioned during some of them. A portion of the nursing care team, the Registered Nursing Assistant (RNA), was also not addressed during the interviews. Consequently the select population of interest limits the scope of any findings in this study.

CHAPTER FOUR

ANALYSIS:

4.1 Background:

Background questions, as stated previously, were asked in an attempt to establish whether those being interviewed perceived a nursing shortage in Hamilton. Many of those interviewed believed that Hamilton was not experiencing a shortage problem. The representative from MCM. U. M. C. was the only person who perceived a shortage existing in Hamilton, but she did qualify this statement by saying that she did not foresee the situation deteriorating. It was stated that there was a sufficient number of nurses available for vacant positions, but not as many as in previous years. Figure 4.1 indicates the major categories nurses gave for leaving the job. Community nursing agencies, which includes P.H., VON and SEN all stated that they were not seeing a shortage of those applying for positions with their agencies, but that there had been a reduction in numbers.

Vacancy rates are an indication of the need for qualified registered nursing staff that have not been filled. The report for the Hamilton Hospital Trustees (1989) included the following information about the rates:

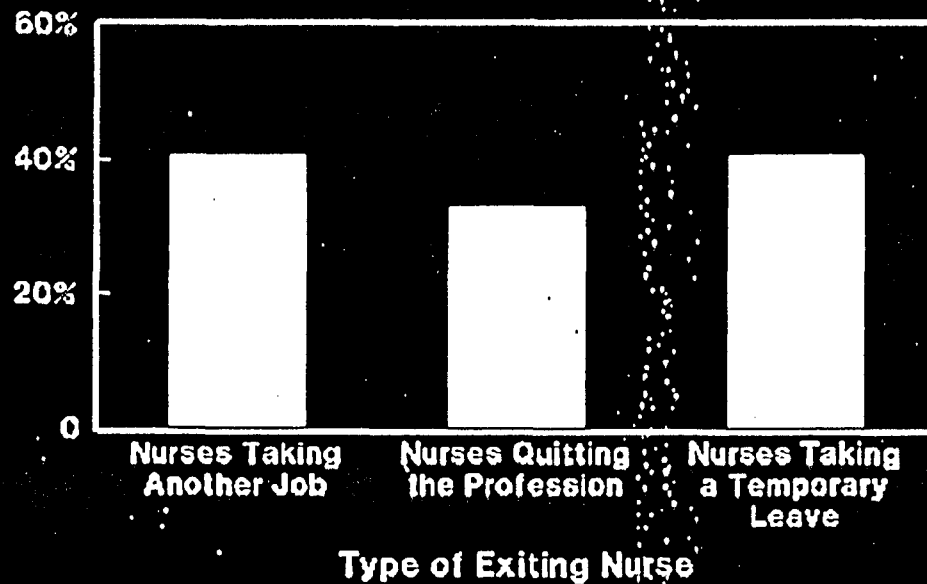
Figure 4.1 Retention Level of Exiting Nurses if Hospital Changes Were Made

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RETENTION LEVEL OF EXITING NURSES IF HOSPITAL CHANGES WERE MADE



Province-wide	3.4%
Toronto	7.1%
Hamilton	2.3%

The rates for the Hamilton area were further divided into specific areas within the hospital setting. There were no individual hospitals named, but the rates can isolate where a shortage problem can originate. The clinical areas and rates are:

Critical Care	3.0%
Acute Care	0.93%
Psychiatry	3.0%
Long-Term Care	4.0%
Other	7.0%

Toronto and Northern Ontario were listed as the two locations where nursing shortages were believed to exist in this province. Different reasons were suggested as being the cause for the problem. The reason often given as the primarily cause of Toronto's problem was economic. The high cost of living, especially in the downtown core was most often cited, as the area primarily affected. Of those who presented this point of view, many believed nurses who remained in Toronto for a few years left after gaining the nursing experience in the clinical areas they were interested in and moved either to return to their own home towns or married and moved to affordable housing.

Northern Ontario's shortage was believed to have developed for a different reason. As many nurses in the profession in general are females, it was believed that

those female nurses who were married moved away from Northern Ontario towards the cities because of a lack of employment opportunities for their spouses. There were no suggestions, by those interviewed as to how to alleviate this particular problem.

Shortages and difficulty in recruitment was mentioned in relation to particular clinical areas. Those areas most often mentioned were psychiatry, long-term and critical care areas. As can be noted above the vacancy rates support this view. The spokesperson for St J. H. stated that there were no shortages in any of their clinical areas and that they were managing to maintain staffing levels. The representative for the Hen. G. H. stated that recruitment of qualified management nurses was the most difficult position for that hospital to fill.

High turnover rates was another area of interest, as an indication of the shortage or potential shortage of nurses. These rates reflect the movement of nursing staff within an employing agency. The hospitals have higher turnover rates among their part-time staff. The rationale behind this movement of nurses was that they had found full-time employment, often with their present employers. The Hen. G. H. mentioned they had higher rates of movement from the medical clinical areas where patients had various types of medical problems including long-term geriatric patients.

This situation has since been rectified by re-allocating medical beds to specific clinical areas. This adjustment allowed nurses who are employed for certain clinical areas to work with patients in their area of interest. This solution has been successful at the Hen. G. H. in solving this identified problem.

The representative from Mc. U. M. C. was the only person who believed that there was a nursing shortage in

4.2 Nursing:

Many of those interviewed believed that nurses in general were satisfied with their job situation. Although it was thought that there were occasions when nurses would be dissatisfied with their working environment. The unpublished results from a survey, done by the nursing departments in the Hamilton area hospitals, indicate that career satisfaction is lower than what was believed by those interviewed. When asked if they would encourage someone to enter the nursing profession, a total of 52% of those responding stated that they would not. Another question posed was to assess if respondents would enter nursing again, here only 19% stated that they would. This low result can also be considered as 81% of responding nurses would not consider nursing as a career, and may be of significance. Only 24% of those who replied stated that they were satisfied with the nursing profession. If this is

true, then the other 76% are either indifferent or dissatisfied.

Another indicator used in the unpublished report presented to the Hamilton Health Trustees, considered the satisfaction with their employing hospital. Only 23% indicated in a positive reply. Again those surveyed were asked if they were satisfied with their job, and the results indicate that only 25% of them were. The results, from this aspect of the survey is not encouraging. The report also included the following list:

TOP 10 CORRELATIONS TO HOSPITAL SATISFACTION

1. Quality of care
2. Use of skills and abilities
3. Ethical/Moral standards
4. "Listened To" by administration re patient care
5. Physical condition of work place
6. Training/Updating re technical aspects of job
7. Leadership from Head Nurse
8. Training/Updating re clinical skills/knowledge
9. Time and leave benefits
10. Advancement within staff nurse role

All of the above were considered to differing degrees influential in satisfaction with the work place environment.

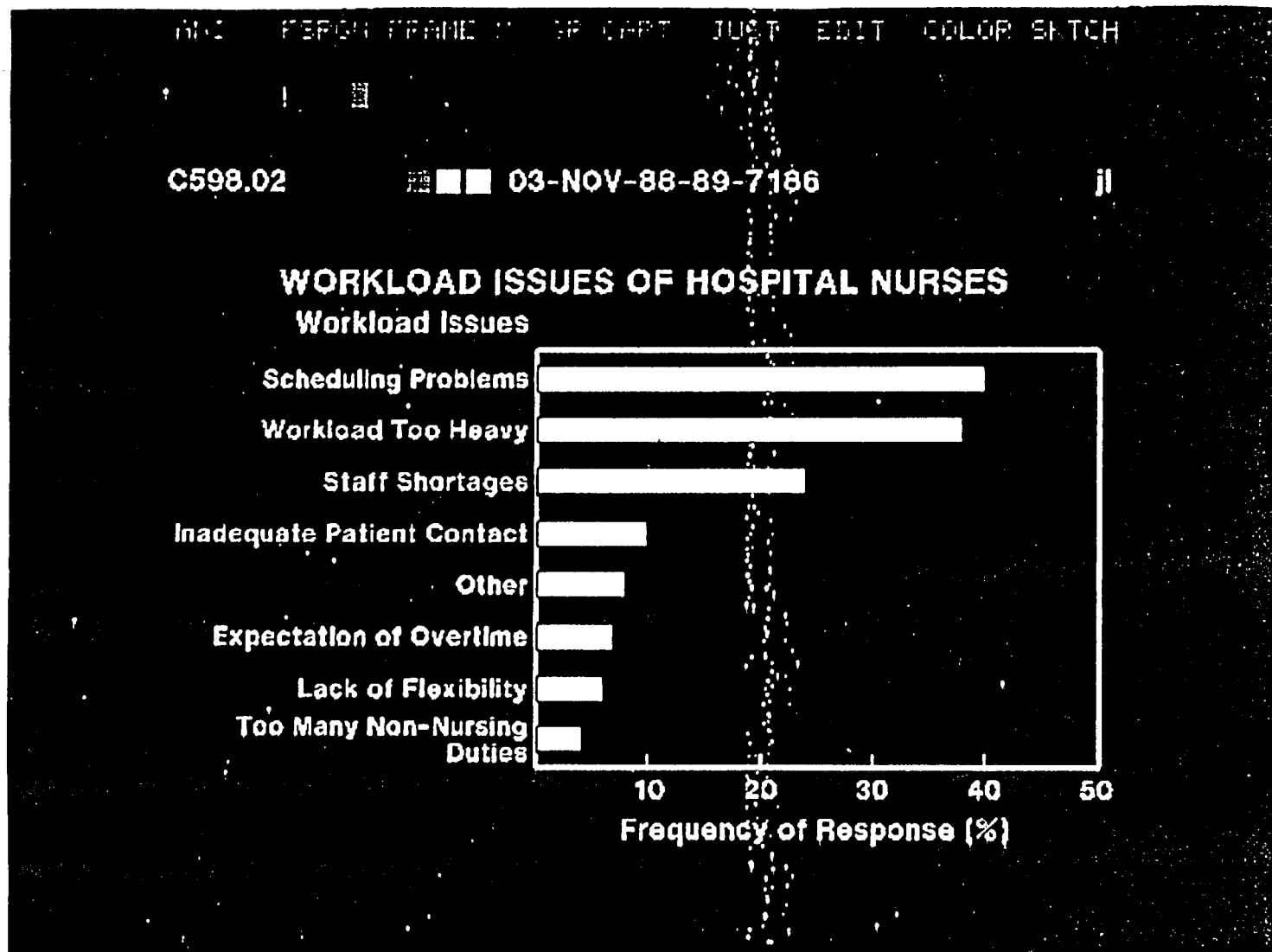
The reasons previously given can be considered as the majority of reasons for job dissatisfaction. Figure 4.2

represents the results from the unpublished report mentioned above. Nurses present the main issue for them is the problems associated with scheduling of shifts. This was considered by those interviewed as a major reason for nurses leaving the profession, especially married women with young children who want to be with them to provide a stable home environment. Community nursing was considered by many as an alternative to the shift work.

Other replies during the interviews indicated that communication and involvement in decision-making were also considered factors in relation to job dissatisfaction. Nurses wanted to be involved in the discussions and decisions that would have an impact not only in their working environment, but also patient care. Nursing contributions to patient care is beneficial as they are the ones who provide 24 hour care, and so are able to understand the needs of the patients better than others in the health care system.

The recruitment of foreign nurses was not a satisfactory answer to the shortage situation in nursing. Many of those interviewed believed that this alternative was only a temporary measure and the Dean of Nursing Studies suggested that many of the nurses are recruited from third world countries, who need these services much more than Canada. Another aspect of this foreign nurse issue is that

Figure 4.2 Workload Issues of Hospital Nurses



there are time constraints on this strategy. Nurses accepted from other countries either require a work permit or may be allowed to immigrate, which all take time to accomplish. Qualifying for registration in Ontario can be a lengthy process, as qualifications for individual nurses have to be investigated. If this solution was considered feasible, it would not be a quick and easy one.

4.3 Education:

Not one person interviewed believed that the implementation of the BScN requirement in nursing was a feasible plan. Everyone stated that it was not possible by the year 2000. The disagreement arose in the belief that the baccalaureate requirement for all registered nurses was not necessary. The Dean of Nursing Studies stated that if one-tenth of all practicing diploma nurses applied for admission into the degree program the university would not be able to accommodate them. This fact illustrates the need for increased budget allocation from the government that would allow expansion of the intake of students. It was suggested that the degree for all registered nurses was not necessary, but that a two tier system might be an alternative. The RNA segment, although not included in this study, was mentioned regarding their place in the community hospitals. Many of those interviewed believed that providing opportunities for RN programs for the RNA and

recognizing their past experience would also help increase the number of RNs available to employers. The representative from the C.O.N. did not think that it was necessary for all RNs to have university degrees. This opinion was further expanded by the suggestion that the nursing requirements may not change, but that the direction of care may be undergoing alterations in structure. The emphasis discussed was the **quality** rather than **quantity** of the care provided by all levels of nursing.

When discussing the number of places open to students entering nursing at the university level, it was unanimously agreed upon that there was not enough spaces available to supply the number of qualified staff to maintain adequate staffing levels.

There were a few suggestions made when discussing the education system. Among the opinions, some of those interviewed believed that there was too much emphasis on the community aspect of nursing. A change, it was believed, in this would present the nursing student with a better understanding of the need for experience in the acute care field. The reasoning for this opinion is that degree graduates tend to work in community nursing areas. The RNAO representative thought that combining the college and university courses, so that different components were taught at the different locations. This might solve part of

the problem of limited spaces available at the university level. Co-operation between both the colleges and the universities would be necessary in order to accomplish this, but so far this is not feasible.

The question related to the 'AIDS epidemic' received the same negative response from all of the people interviewed although they all stated that they had not considered the question before it was put to them. It was suggested by many that this disease had no influence on the ultimate decision of whether to enter nursing or not, but that there had been no evidence published to support their opinion. A reason given for this opinion, was that sexual practices among the young people, who are in the age group under consideration, had not changed drastically since the discovery of the AIDS virus.

4.4 Government Involvement:

Much of the discussion dealing with possible solutions that the government could implement included, making available for larger budgets to expand programs that would be beneficial in the recruitment and retention of nurses. Many of the suggestions for decreasing dissatisfaction include the participation of nurses in the decision making team. This strategy presents the nurse with the opportunity to provide the input of her opinions and she will also exert some control over her working environment.

The government has made it compulsory for nursing staff to be represented on hospital committees.

Elinor Caplan in an interview given to The Registered Nurse (February 1989), stated that any changes in the health care system should be the result of co-operation between the various components. The Health Minister informed the interviewer that there would be no increase the number of students accepted into both the colleges and universities. The reason given by Caplan for her decision was that she felt there were enough places available to provide an adequate number of qualified staff. The nurses in Toronto staged a protest march against the health ministry and the recent contract that had been accepted by the union and other registered nurses in the province. Figure 4.3 illustrates the wording of the protest signs, which expresses the feelings of the crowd.

When asked about the money that the Health Minister had allocated for use in recruitment and retention of nurses, there was not a lot of response. Much of the reaction to this question was not applicable to the Hamilton area, as it was thought the money would be directed towards Metro Toronto where the greatest need existed. Elinor Caplan has stipulated that a portion of the money was to be allocated to supply bursaries for assistance in further education in nursing

Figure 4.3 Sign Posts

SIGN POSTS

Signs were blooming during the march on Queen's Park by about 400 hospital nurses in January. Some of the better and more pointed messages:

- ☐ *Have your heart surgery at the Dome Stadium, it's better funded*
- ☐ *If only Florence knew what she was getting us into*
- ☐ *Elinor stop playing with people's lives. Who elected you God?*
- ☐ *Critical care in critical condition*
- ☐ *Where have all the nurses gone?*
- ☐ *No more pushing heavy equipment 24 hours a day*
- ☐ *Decrease patient loads and we'll provide better care*
- ☐ *OHA reopen negotiations*
- ☐ *A Band-Aid won't fix our system*

4.5 Individual Questions:

Although a variety of solutions were presented many of them were often repeated by those interviewed. The formation of the Recruitment Group was instrumental in reducing the budgets for sending representatives to job fairs. Another positive aspect of the group is the members discuss various problems with each other, as a result a

variety of solutions might be suggested. From this collection an answer to individual and group related problems can be thought out. This co-operation among health care employers is a positive feature of the Hamilton area nursing employers.

Communication between employer and employee were often given as solutions to the retention of nurses. Representatives from nursing have been elected, by their peers, to positions on hospital committees. This strategy was implemented in an attempt to involve the nursing staff with decisions related to the nursing care of patients.

Educational opportunities were often highlighted, as a result of the growing sophistication of equipment and knowledge that nurses were required to maintain. Nursing in different clinical areas necessitate the utilization of various skills and nurses need to upgrade and update these skills. Some nurses, it was suggested, recognized that to improve their career opportunities participated in some form for further education. From the report prepared by the Nursing Departments of Hamilton Hospitals, 64% of nurses surveyed saw their promotional opportunities as poor. This is indicative of the fact that many nurses see their career moves as longitudinal.

Another suggestion for alleviating the dissatisfaction among RNs was that increasing the number and

availability of ancillary staff would reduce the non-nursing duties performed by RNs. Although this was not considered a major issue the time spent on non-nursing duties could be better utilized in caring for patients. A different mix of RN and RNA ratio might relieve some of the pressure but there are some nursing duties that legally must be done by RNs.

Remuneration is not included very often in the reports that have been recently published, but the money issue was thought to be important by some of the representatives who were interviewed. The H. P. H.'s funding for services is provided differently than other members in the interview list. As a result the contract between union and staff has been negotiated differently. Problems might arise because the RNS working in psychiatry (H. P. H.) earn the same annual salary but are required to work a forty hour week instead of the reduced work-week in other clinical areas.

The Dean of Nursing Studies, during the questions pertaining to her specialized area, she mentioned that there had been a slight decrease in the number of applications received from secondary education facilities. This, she explained was often observed to be cyclical, and that there had been, on the other hand, a slight increase in post-diploma student applicants. The drop-out rate that was

given was about 2%, which is quite low. Another question of interest, concerned the issue of the type of ties that were in existence between the department and the clinical nursing areas in Hamilton. The connections are close, with hospitals being given the opportunity for places in the post-diploma courses in exchange for teaching contributions from the hospital staff. Another important change that has been made recently is the university courses being offered off campus at local hospital locations.

CHAPTER FIVE

SUMMARY:

The problems associated with nursing shortages can be divided into the recruitment of nurses and the retention of the nursing staff already employed. Early recognition of signs of job dissatisfaction can result in a solution being introduced before the situation deteriorates.

5.1 Recruitment:

There are many strategies that have been implemented in an attempt to recruit nurses for the employing agencies in the Hamilton area. These include:

1. Introducing a co-operative work program in the high-school system. The students work in different areas of a hospital and receive credit towards their high-school diploma. The one problem is that there are only a few places available for the numbers who apply.
2. A collaboration among the employing recruitment personnel has resulted in the formation of a Recruitment Group. This group meet once a month to discuss problems and possible solutions. Another aspect is that one representative from the group visits job

fairs on behalf of the whole group. This was initiated in an attempt to save money, as they are restricted by budgets. The booklet enclosed on the back cover is a sample of the information they distribute to prospective employees. Each area employer is represented at local job fairs.

Figure 5.1 A Problem for the Future?

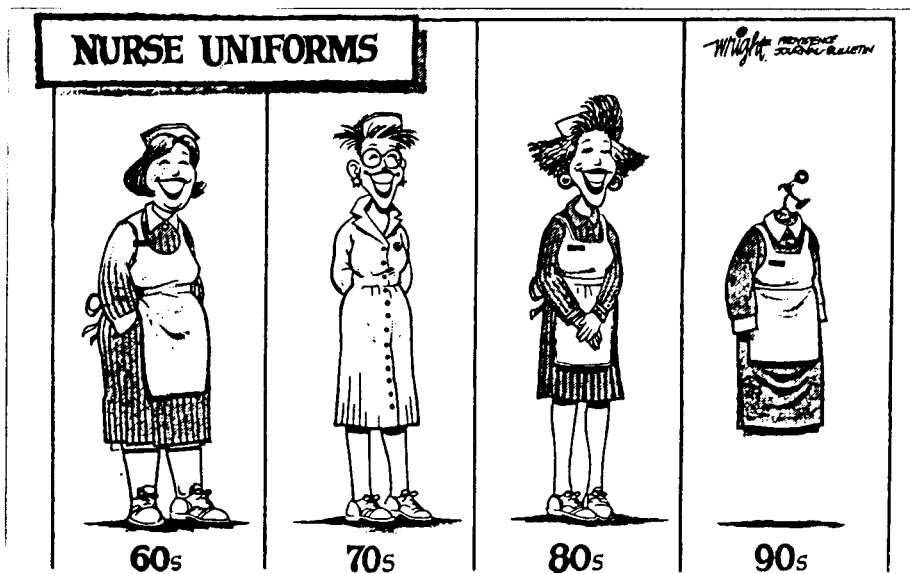
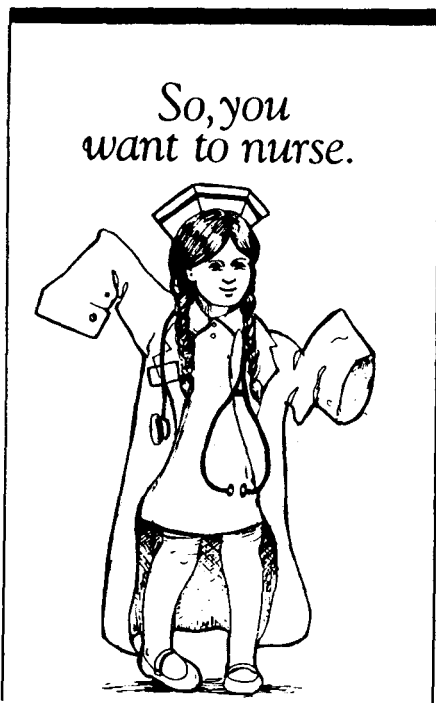


Figure 5.2 A Possible Solution?



3. Positive advantages of the living and working in Hamilton are presented to potential employees, in an attempt to make the city more attractive to those considering a move.

5.2 Retention:

There are many possible solutions to the question of retention, the following are some of the major ones:

1. Changes in schedules to accommodate the needs for nurses. These alternatives include the introduction of twelve-hour shifts, job sharing, two-shift schedules, and the ability

Figure 5.3 The Short Shrift of Shiftwork

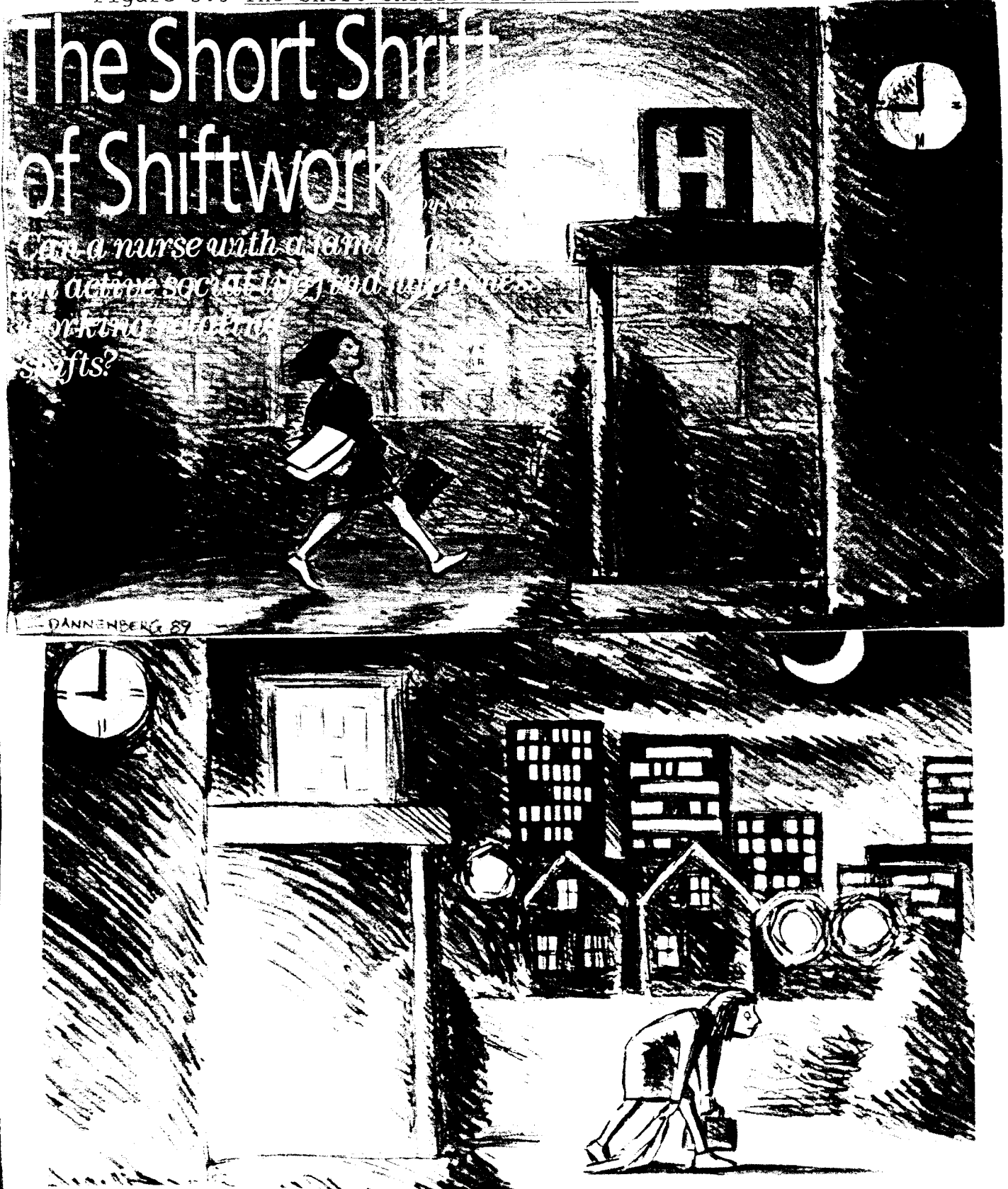
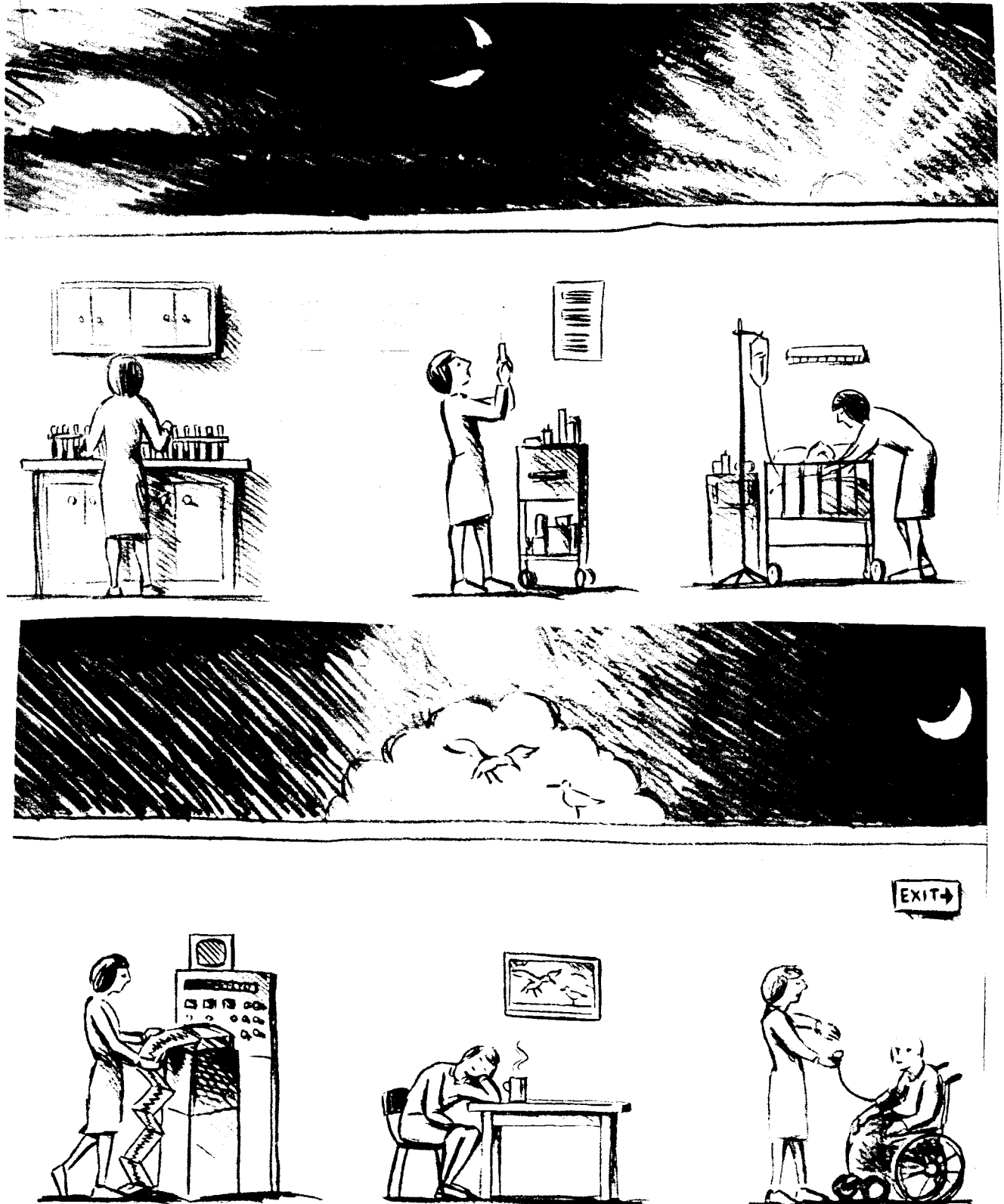


Figure 5.4 Twenty-Four Hour Health Care



to transfer between full-time and part-time employment.

2. Including the nurses in decision making committees. Regular staff meetings, with the nurses deciding on the issues to be discussed allows the nurses to have some input into their working environment.
3. Involving the nurses in decisions concerning what nursing skills are necessary for their particular units. This allows the nurses to present their point of view and participate in deciding policy for their own units.
4. Education programs are made available to nurses working for employers associated with the McMaster University Nursing Department. Assistance with both the schedule of classes and location has provided the RNs wishing to continue their education.

CHAPTER SIX

CONCLUSION:

The consensus of the health care professionals interviewed would indicate that Hamilton is not experiencing a nursing shortage at the present time. The above data provides a vacancy rate of 2.3% which supports this general conclusion. Toronto, as previously mentioned, was believed to be the major area for concern. Again the data indicates that, with a vacancy rate of 7.1%, which is twice the rate for Ontario, the health care providers face an increasingly difficult situation. Although Hamilton has a low vacancy rate when compared to that of Toronto, the data confirms the opinion.

The recruitment and retention strategies previously mentioned have successfully reduced the shortage of RNs in Hamilton. Potential employees might view Hamilton as an alternative to the lifestyle in Toronto, with the result that this migration can only be beneficial to the area. A group approach provides a unique network which can utilize information about each other and so recommend other employers to potential staff. This form of support for each other has been successful in the past and will continue into the future. One aspect of the group approach was the

similar replies made to the various questions during the interviews.

APPENDIX A

LIST OF ABBREVIATIONS

RN.....	Registered Nurse
Ham. G. H.....	Hamilton General Hospital
Hen. G. H.....	Henderson General Hospital
St J. H.....	St Joseph's Hospital
MCM. U. M. C.....	McMaster University Medical Centre, division of Chedoke-McMaster Hospitals
H. P. H.....	Hamilton Psychiatric Hospital
VON.....	Victorian Order of Nurses
SEN.....	St Elizabeth's Nurses
P.H.....	Public Health
C.O.N.....	College of Nurses of Ontario
RNAO.....	Registered Nurses Association of Ontario
ONA.....	Ontario Nursing Association
RNA.....	Registered Nursing Assistant

APPENDIX B

LIST OF INTERVIEWSDirector of Nursing:

Hamilton General Hospital

Henderson General Hospital

St Joseph's Hospital*

McMaster University Medical Centre

Hamilton Psychiatric Hospital*

Victorian Order of Nurses

St Elizabeth Nurses

Public Health

(*interviewed Recruitment Officer)

Nursing Education:

Dean of Nursing Studies, McMaster University

Associations:

College of Nurses of Ontario

Registered Nurses Association of Ontario

Ontario Nurses Association (unable to interview, attempted to
contact several members but
unsuccessful)

APPENDIX C

LIST OF INTERVIEW QUESTIONSBackground:

1. Do you believe that Hamilton is experiencing a nursing shortage?
2. Do you believe that there are high turnover rates in nursing? Who do you feel are leaving the profession at a higher rate, the new graduate with a few years experience or the older, more experienced RN?
3. Which specific areas do you feel are most affected either by an actual shortage or high turnover rates?
 - (a) in a geographical context
 - (b) in a departmental (within the hospital area) context?
4. What do you believe has been the main cause or causes for the nursing shortage or potential for a shortage to develop?

Nursing:

5. Do you Believe that nurses are satisfied with:
 - (a) their job situation in general?
 - (b) their working environment?
6. What do you believe are the major complaints nurses have for job dissatisfaction?
7. Do you have any suggestions for providing older nurses with alternatives to the heavy duties of bedside nursing?
8. Do you think recruiting foreign nurses is a satisfactory answer to fill the shortage gap?

Education:

9. Do you think it is a feasible plan to implement the baccalaureate requirement by the year 2000?
10. Do you think there are enough places open in universities to supply the number of nurses necessary to maintain staffing levels?

12. Do you believe the 'AIDS epidemic' has had a negative influence on a person's decision on whether to enter nursing?

Government Involvement:

13. What suggestions or strategies do you believe would alleviate job dissatisfaction:
(a) to be carried out by the employer?
(b) to be carried out by the government?
14. Elinor Caplan has announced that the provincial government is going to supply \$12.5million to assist employers to recruit and retain nurses, what would you suggest be done with this money?

Individual Questions:

Directors of Nursing:

1. Has your hospital attempted to implement strategies to recruit and retain nurses for certain areas?
2. What problems do you think hospitals face in the future in maintaining staffing levels?
3. Is there anything else you can add that might provide some insight to the shortage problem or the prevention of this problem from developing?

Community Nursing Agencies:

1. Do you believe that the nursing situation in Ontario has had a detrimental effect on the quality of health care being provided to the community?

Dean of Nursing Studies:

1. Have you received an increase in the number of students applying to do their BScN, including those applying as post-diploma students?
2. What kind of drop-out rate do you have?
3. What are the main reasons given for students wanting to enter your nursing program?
4. Have many of your graduates returned or informed you if they have continued further for their masters or if after a few years they left the nursing profession?

5. Does this department have close ties with the Hamilton Hospitals?
6. Do you have any idea the percentage of graduates who remain in Hamilton compared to the numbers who leave?

Recruitment Group Spokesperson:

1. Can you explain how the group came together?
2. How does your group measure its success?
3. Can you explain the strategies you have implemented?
4. Can you tell me about your relationship with the Board of Education?
5. Do you have any other comments that might provide further information about the future of the nursing situation in Hamilton?

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