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Keeping our nursing and midwifery workforce: Factors that support non-practising clinicians to return to practice

Lorraine J. McMurtrie [a,*], Michelle Cameron [a,1], Dr Padraig OLuanaigh [c,3], Dr Yvonne T. Osborne [b,2]

[a] Reconnect Project Manager, Nursing and Midwifery Office, Department of Queensland, Australia
[b] School of Nursing, Queensland University of Technology, Australia
[c] Nursing and Midwifery Office, Department of Health, Queensland, Australia

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SUMMARY

Background: Within Australia and internationally (Health Workforce Australia, 2012) an increasing and on-going nursing workforce shortage is documented. Recent international estimates indicate that there will be ongoing and significant gaps in the supply of a nursing workforce; the United Kingdom is predicted to have a reduction of 12.12% nurses over the coming eight years if a current 'steady state' is maintained (Buchan and Seacombe, 2011); Canada is predicted to have a shortage of 60,000 nurses by 2022 (Tomblin et al., 2012) with Australia's anticipated nursing shortage reported as over 90,000 by the year 2025 (Health Workforce Australia, 2012). Queensland Health in response to their tracked emerging nursing and midwifery workforce shortages developed a nursing and midwifery refresher programme to return registered staff back to the workforce. A study was undertaken between 2008 and 2010 to provide an understanding of how non-practising nurses and midwives maybe supported back into the workforce.
Methods: Programme applicants (444) were invited to respond to an on-line survey designed to understand what aspects of the programme supported their learning and ability to return to the workforce. This number represents those who applied but not all completed or commenced the programme.
Descriptive statistics (Polit and Beck, 2008) were used to collate quantifiable survey responses and free text and unsolicited responses were themed.
Results: The survey received a 35.5% response rate (n = 158) with a return of 20% of unsolicited comments in the form of e-mail responses which were included in the themed results.
Key themes supporting participants' learning and ability to return to the workforce were:

* programme structure and content,
* preferred flexibility in employment status,
* preceptor and educator support,
* learning contract, and
* supernumerary supervised clinical time.

Respondents were 94% female and 6% male, with 37.7% >51 years of age. Child rearing was the foremost reason for female staff relinquishing workforce roles (36.6%). The primary reason for returning to the workforce was maintenance of registration (40.5%).
Both theory and clinical placement components were seen by participants as contributing to their confidence to return to the health workforce.
Conclusion: The Queensland Nursing and Midwifery Refresher Programs provided a structured programme for registered, non-practising nurses and midwives to return to the Queensland Health workforce. Responses indicated that clinical supervision and contract learning should be central to a return to workforce induction programme for registered but non-practising nurses and midwives. The majority of nurses and midwives returning to the workforce were approaching retirement age in 10–15 years.

* Corresponding author at: P.O. 585, Cleveland, Brisbane, Australia. Tel.: +61 418726687; fax: +61 73488 3560.
E-mail addresses: lorraine_mcmurtrie@health.qld.gov.au (L.J. McMurtrie), michelle_cameron@health.qld.gov.au (M. Cameron), Y.Osborne@qut.edu.au (D.P. OLuanaigh), Padraig_Oluanaigh@health.qld.gov.au (D.Y.T. Osborne).
[1] Tel.: +61 447025320(mobile).
[2] Tel.: +61 731383833; fax: +61 731383814.
[3] Tel.: +61 7 3234 1020; fax: +61 7 3234 0762.

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Introduction

Australia's national agency for health and welfare identified that the proportion of nurses and midwives aged 50 years or over increased from 28% to 33% over the 2003 to 2007 period (Australian Institute for Health and Welfare, 2010). This age group is expected to retire in the next two decades with impending attrition exacerbating nursing shortages within Australia (KPMG, 2009). This workforce trend in Australia is also reported internationally for example in Canada (Tomblin et al., 2012) and the UK (Buchan and Seacombe, 2011). The retirement of existing nursing and midwifery workforce may result in a loss of experience and organisational knowledge. This has the potential to impair workforce capacity and capability. Brown and Waddell (1988) recommended a structured approach to provide nurses with knowledge, skills and confidence to return to practice to address workforce shortages. Evaluation of such programmes is important if participants are to be work effective and retained in the workforce.

In 2008 a study was undertaken to evaluate a refresher programme that assisted nurses and midwives returning to the public health workforce following a period of absence from nursing and midwifery employment of less than five years (Queensland Health, 2008). The refresher programme consisted of the following learning elements:

- three core theory modules:
  - Professional Issues in Nursing and Midwifery,
  - Medication Safety, and
  - Orientation and Environmental Safety.
  - Support for module completion was provided by nursing and midwifery educators as negotiated in the learning contract
- elective modules (two) relating to specialised clinical practice e.g. heart failure
- clinical practice placement/supervised clinical practice (minimum of 120 h)
- development of a learning contract which articulated expectations based upon individual participant learning needs. This contract did not extend beyond the programme but successful participants would transfer to the Queensland Health performance appraisal and development process.

Literature Review

A search of the literature was performed to identify the effectiveness of existing and previous programmes designed to return nurses and midwives to the workforce and reasons for them leaving and returning. Reasons for midwives and nurses leaving and returning to the workforce were found to be similar (Yancy and Handley, 2004) (see Table 1). According to Yancy and Handley, approaches to address why staff leave the workforce should also be considered in addressing nursing workforce shortages when developing refresher style programmes. Nursing and midwifery staff who returned to work always intended to do so when their life circumstances changed e.g. children growing up. A number of studies (Bentham and Haynes, 1990; Currie, 1995; Williams et al., 2006) found that part-time employment was a strong influence on registered nurses and midwives returning to the workforce. Part-time work was preferable for returning staff due to their personal commitments or parenting responsibilities (Porta and Pearson, 1997; Williams et al., 2006).

Table 1
Study participant's reasons for leaving and returning to the workforce linked to literature.[a]

Reasons for leaving the workforce	% of responses in this study	Reasons for returning to the workforce	%
1 Childrearing	33.1	Maintenance of registration/ enrolment	41.1
2 Other	28.9	Children are older	33.6
3 Personal circumstances	27.5	Extra Income	32.2
4 Work hours	22.5	Contribute to society	29.4
5 Lack of support from peers	12.0	Personal circumstances	25.3
6 Lack of confidence in own skill mix	11.3	Other	15.1
7 Salary	9.2		

[a] Percentages exceed 100% due to participants having the option to select more than one response.

The literature highlighted the variability of nomenclature, programme structure and content associated with programmes designed to return non-practising registered nurses and midwives to the workforce. The variability in nomenclature made searching the literature challenging and increased the difficulty of establishing trends within programme structure, content and study designs. Terms such as refresher (Ferris and Brown, 1992; Flowers and Carter, 2004; Long and West, 2007; Hammer and Craig, 2008), inactive (Williams et al., 2006; Tanaka et al., 2008), returning (Currie, 1995; Nottingham and Foreman, 2000; Roberts et al., 2003; Burns et al., 2006) and re-entry (Maxwell, 1994) were used interchangeably to describe programmes for registered nurses and midwives returning to the workforce.

Returning refresher programmes demonstrated a variety of theoretical and practical assessments which included portfolio development and performance of clinical procedures (Nottingham and Foreman, 2000; Blankenship et al., 2003; Bullen, 2003). Goal development, orientation and skills assessment and clinical placement were reliant on direction from the preceptor (Blankenship et al., 2003; Bouwman and Kruithof, 2004; Davidhizar and Bartlett, 2006; Tanaka et al., 2008). Roberts et al. (2003) stated that programme developers needed to recognise that refresher participants are registered and are not seeking state licensure. Therefore, overly formalised education programmes similar to the existing Queensland Health programme should not be required for refresher nurses. Teaching methods in the programmes varied; these included face to face classroom instruction (Brown and Waddell, 1988; Bouwman and Kruithof, 2004; Huggins, 2005), web-based (Blankenship et al., 2003; Roberts et al., 2003) and hard copy modules with self-direction. Other programmes used a blended approach to instruction (Cundall et al., 2004; Burns et al., 2006; Hammer and Craig, 2008; Tanaka et al., 2008; Bernardo et al., 2009).

Registered but non-practising nurses and midwives in the wider literature who sought to undertake refresher programmes were reported as experiencing high levels of anxiety, a lack of self-confidence and a fear of not being accepted by nursing staff already employed (Sharp and Frederick, 1990; Bullen, 2003; Bouwman and Kruithof, 2004; Burns et al., 2006; Davidhizar and Bartlett, 2006; Tanaka et al., 2008). Clinical supervision was provided in the form of preceptorship or buddying in these programmes to provide nurses and midwives with clinical support to assist with confidence building (Nottingham and Foreman, 2000; Bouwman and Kruithof, 2004; Flowers and Carter, 2004; Huggins, 2005; Hammer and Craig, 2008).

In some cases, universities and health services jointly conducted refresher programmes, in others it was the individual domain of either the university or health service (Sharp and Frederick, 1990; Bullen, 2003; Blankenship et al., 2003; Bernardo et al., 2009). Universities tended to provide programme participants with access to clinical laboratory time, lecture and tutorial access often with undergraduate students, to reduce costs. Health services provided clinical supervision and often paid participating nurses and midwives during supernumerary placements.

The United Kingdom Nursing and Midwifery Council (NMC) and some states in the United States of America, have formalised return to work and practice programmes under the umbrella of nursing professional authorising bodies or government health departments (NMC, 2010). Universities participating in these types of arrangements often provided participants with units for credit into undergraduate or post-graduate programmes (Flowers and Carter, 2004; Davidhizar and Bartlett, 2006).

The literature reviewed demonstrated a variability of educational approaches and models to re-engaging registered, non-practising nurses and midwives into the workforce, these included face to face