



Job Stickiness of young nurses in Ontario: Does the employer organization participation in the Nursing Graduate Guarantee initiative make a difference?



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ABSTRACT

This study assesses the long-term impact of the Nursing Graduate Guarantee (NGG) initiative using the concept of “stickiness” to examine the employment trends of young nurses in Ontario and evaluate the effect of employers’ participation in the NGG on the full-time (FT) employment patterns of young nurses and whether this effect varies by category of nurse and sector of employment.

A quantitative analysis of a de-identified linked subset of the College of Nurses of Ontario nursing registration database for years 2000–2014 and data collected from the NGG employment portal for years 2007–2014 was performed. One-year and two-year transition matrixes were generated to examine the stickiness trends of young nurses across the sectors of employment and the effect of the employing organization’s participation level on those trends.

The NGG initiative contributed to an improved FT employment and stickiness of the young nurses in hospitals and the young RPNs in LTC institutions. A higher participation level in the NGG initiative contributed to an enhanced full time employment of the young nursing graduates only in the hospitals sector. The effect of employer participation on the stickiness of young RNs and RPNs in FT jobs in the Community sector requires further investigation.

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1. Introduction

1.1. Downsizing era of nursing in Canada

Healthcare in Canada is a responsibility of the provincial/territorial governments. Canada employs a ‘public contract’ model; providers are largely private, but there is universal publicly-funded coverage for all legal residents of that province/territory for all ‘insured services’, which are defined as including all medically necessary services provided in hospitals or by physicians. These single-payer plans can, but are not required to, cover Long Term

Care (LTC) or home and Community care (Community) services. The downturn in the world economy in the 1990s had a significant influence on the Canadian health care sector [1–3]. Most provincial governments attempted to constrain their health spending [2–4], which included efforts to contain hospital budgets [3,5]. Consequently, a proportion of hospitals were dramatically downsized, re-engineered, closed or merged [2,5].

The downsizing era caused a destabilization in Ontario’s (Canada’s most populated province) nursing labor market; rather than moving to other sectors, many nurses left the nursing profession [2,6]. Other consequences for the nursing workforce included: reduced salaries, deteriorated quality of work environment, heavy workload, inappropriate staffing, decreased job satisfaction as well as high-scale involuntary unemployment [2,3]. New graduates showed consequently less interest in joining the nursing profession, further decreasing the supply of nurses, while many other

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practicing nurses left voluntarily [3]. Coupled with an aging workforce with many people moving towards retirement, subsequent policy initiatives have tried to reverse these trends and encourage new nurses to join the workforce.

Ontario has two categories of nurses, Registered Nurses (RNs) and Registered Practical Nurses (RPNs). RNs are holders of a baccalaureate degree in nursing after pursuing a 4-years program in nursing, and RPNs are holders of a two-year practical nursing diploma [4]. Thus, because of the existence of some differences between these two categories of nursing programs in terms of the competencies developed, the knowledge aspects covered and the type of clinical duties performed in each [4], analyses are often performed for each of the categories separately. Between 1993 and 2000, Ontario witnessed reductions in its hospital nursing workforce of 8.4% for RNs and 14.3% for RPNs [7,8]. The sector also witnessed increased casualization of the nursing workforce where job opportunities became tilted towards part-time (PT) employment [9].

1.2. Policy initiatives to stabilize nursing in Ontario

In 1998, the turbulence and destabilization of the nursing workforce led to the establishment of the Nursing Task Force (NTF) by Ontario's Minister of Health and Long-Term Care [10,11]. The NTF was assigned to evaluate the impact of these healthcare reforms on the nursing profession in Ontario generally and on the delivery of and access to good quality nursing services specifically [10,11]. The NTF was also mandated to provide recommendations in regards to strategies that would improve the quality of services provided by Ontario's health system through efficient and effective use of the nursing workforce [10,11]. In turn, this led to several initiatives that sought to improve recruitment and retention of nurses. These initiatives were largely funded by the provincial government; they focused on programs which attempted to encourage employers, particularly hospitals, to improve the labor market by creating new positions. One ongoing issue was whether these initiatives should be restricted to full-time positions, or also include part-time positions in recognition of the fact that nurses might have familial responsibilities [12].

In 1999, Ontario's Minister of Health and Long-Term Care established an earmarked fund, the Nursing Enhancement Fund (NEF), aiming to create new permanent full-time and part-time employment opportunities for nurses [13]. The fund was created in response to the recommendations raised by the NTF and as part of the governmental commitment to create new positions for nurses. There was an initial 50 million dollars invested between 2004 and 2006 to create a minimum of 800 full-time positions for nurses in the hospital sector [12].

In 2005, Ontario's Minister of Health and Long-Term Care created the "70% Full-Time Commitment" as part of its Nursing strategy, aiming to generate and maintain full-time positions for RNs and RPNs [12]. Ultimately, the "70% Full-Time Commitment" initiative intended to reach a minimum level of 70% full-time positions in the nursing labor market [12].

In the period extending from 2004 to 2006, and in response to evidence revealing that more than 60% of new nurse graduates were employed in part-time or casual positions [14], the Ontario's Ministry of Health and Long-Term Care (MOHLTC) initiated further investments to encourage employers to offer full-time positions for new nursing graduates [14].

1.3. The nursing graduate guarantee

This paper examines the impact of the most recent of these policies, the Nursing Graduate Guarantee (NGG). The NGG was established in 2007 as an incentive to employers to offer full-time

employment. The initiative is a multi-year provincial investment launched by Ontario's MOHLTC and designed to support Ontario's new RN and RPN graduates [15]. The NGG was launched in 2007 with an initial investment of \$89 million; the 2014–2015 investment was \$84.6 million [9]. The initiative aimed at supporting the integration of new graduate nurses into the workforce, improving their full-time employment, facilitating their recruitment and promoting their retention across healthcare sectors [15]. The NGG is a financial incentive for employers through the provision of salaries for temporary full-time, supernumerary (i.e. exceeding the budgeted numbers) positions for newly recruited nursing RNs and RPNs graduates for the first six months [6]. It uses the Health Force Ontario Nursing Graduate Guarantee Portal to link potential employers with registered new nursing graduates via a matching process using an online application. Orientation and mentorship of the new graduate nurses was mandated during the first six months [16], and employers were further expected to maximize their effort to transfer the new graduate nurses into permanent full-time positions within this period of time [17]. In cases where transition to full-time employment within the six months does not occur, employers are required to fund additional six-weeks of extended orientation to provide the graduate with additional job experience [15].

A total of 18,416 graduate nurses were enrolled in the NGG between the years 2007 and 2014 [18]. The number of new nurses enrolled in the NGG program annually ranged from a minimum of 1800 in the year 2010 to a maximum of 2839 in the year 2008. The number of nurses enrolled in 2014 was 1951 and the average of nurses enrolled was 2302 nurses between 2007 and 2014 [18]. With respect to participating healthcare employers, the number ranged from a low of 175 in 2008 to a high of 236 in 2013 with an annual average of 216 participating institutions between 2007 and 2014 [18]. Depending on the year, the Acute Care Hospital Sector organizations formed 40% (2014) to 52% (2008) of the total proportion of participating organizations and matched 72% (2014) to 90% (2008) of NGG nurses. On the other hand, the Long Term Care sector organizations formed 37% (2008) to 44% (2011) of the total proportion of NGG participating organizations and matched 5% (2008) to 14% (2013 and 2014) of NGG nurses. Lastly, the Community Sector organizations formed 10% (2011) to 19% (2013 and 2014) of NGG participating organizations and matched 3% (2011) to 14% (2014) of NGG nurses [19].

Quantitative and qualitative studies evaluating this targeted policy initiative indicate that the NGG contributed to increased full-time employment for new nurses, better integration of the new nursing graduates into the workforce as well as improved planning, streamlined matching and enhanced orientation and mentorship [18–20]. While these findings were overwhelmingly positive, these findings were generated on a yearly basis. The assessment of the longer-term impact of the NGG initiative on new graduate nurses' retention and full-time employment is crucial for evaluating the effectiveness of the initiative.

1.4. The concept of 'stickiness'

"Stickiness" is defined as the transition probability that the same nurse working in a specific sector/subsector of employment in year "t", remains working in the same sector/subsector in the year "t + 1" [21]. It has been previously used in several studies as a proxy measure of the relative attractiveness of various healthcare sectors of nursing employment over time [7,21].

1.5. Objectives

Using the concept of stickiness, this study assessed the long-term effect of the NGG initiative by examining the employment

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