



Canadian Foundation for  
**Healthcare  
Improvement**

# Moving to Action: Evidence-Based Retention and Recruitment Policy Initiatives for Nursing

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## MAIN MESSAGES

- ▶ the majority of Canadian RNs in this study migrated to the US to obtain work, although some did so for the opportunity to travel or for personal reasons
- ▶ high levels of work satisfaction were noted by Canadian-educated nurses working in the US
- ▶ over a third of Canadian nurse respondents who are currently working in the US are Baccalaureate-prepared
- ▶ close to a quarter of Canadian-educated nurse respondents working in the US plan to return to Canada to work
- ▶ the number of Canadian nurses (both RNs and LPNs) who migrate across Canada for work is not large
- ▶ the majority of nurses who migrate across Canada for work do so for personal reasons
- ▶ challenges with reciprocal licensing across Canada's provinces/territories have been noted that impede mobility across the country
- ▶ few incentives are offered to Canadian nurses who migrate internally to different provinces/territories for work

## EXECUTIVE SUMMARY

The *Moving to Action: Evidence-Based Retention and Recruitment Initiatives for Nursing* study was a program of research designed to develop a comprehensive understanding of Canadian nurse migration and mobility. The program was comprised of three interrelated studies whose findings were converged to develop policy strategies to improve nurse retention in the country. The studies aimed to determine the reasons why Canadian nurses migrate to the US for work, the drivers of nurse mobility across the provinces/territories (P/T) in Canada, and the challenges that they have experienced with seeking employment in Canada that could be addressed through changes to policy.

The studies in this program of research were conducted using primary data collected from 4,295 Canadian-educated registered nurses living and working in the US, as well as 2,675 registered nurses (RNs) and licensed practical nurses (LPNs) who had moved across Canada to work. The studies involved survey questionnaires, focus groups, and geographic mapping data. The surveys contained substantial additional information in the form of comments from participants that provided the opportunity for a more in-depth qualitative understanding of nurses' perceptions of migration and mobility issues in Canada.

### Canadian Nurse Migration to the US

Nurses from Canada continue to migrate to the US at a rate that has remained consistent over the latter part of the past decade. Much of the migration was a result of nurses seeking employment, although some moved because of a desire to travel and others for personal reasons. Over a third of the respondents were Baccalaureate-prepared, suggesting that Canada is losing our degree-educated nurse to the US. At the same time, the US offers a number of incentives to recruit nurses from Canada, including financial and material inducements often targeted at advancing educational opportunities. Canadian nurses working in the US feel highly valued by their workplace, and report high levels of work satisfaction. In addition, they report concern with the work environment for nurses in Canada and the scope of practice in nursing roles in this country, in comparison to those they have experienced in the US.

### Nurse Mobility Across Canada

While there is some mobility of nurses across Canada's P/T, the percentages of nurses who move to take jobs elsewhere in this country are not high. In addition, the motives for nurses to move across Canada appear to differ somewhat from those seen with nurses who migrate to the US. For the most part, nurse migration across Canada occurs for personal reasons, such as moves with one's family. It was evident however, that close to a third of the study respondents had sought work in their own P/T prior to moving to another. This suggests that Canada's nurses are moving around the country to find employment, similar to what was seen with those who migrated to the US. At the same time, it is clear that the incentives provided within Canada to recruit nurses from across the P/T are limited in comparison to those offered to Canadian nurses who migrate to the US. As well, findings from this study highlight the complexity of nurse licensing between the P/T that are a particular challenge in facilitating nurse mobility across the country.

## Summary

In summary, the results of this program of research suggest that while nurses can be expected to migrate to the US in the future, changes to existing policy and practices within Canada have the potential to decrease the rate of out-migration. Specifically, the availability of nursing jobs in Canada, and the scope of practice of roles for nurses in Canada in comparison to those in the US should be addressed. In addition, this research has demonstrated that both RNs and LPNs will move across Canada for work, and policy changes that enhance opportunities to promote this internal mobility could be beneficial to nurse recruitment and retention in this country. For example, efforts to ensure portability of nurse licensure across the P/T and attention to incentives to support nurse mobility are key policy initiatives. Finally, the need for clear and precise information about available nursing positions as well as related organizational practices and policies related to nursing was articulated. This combined with broader information about the community and family/caregiving supports available to nurses seeking to move, have the potential to promote nurse mobility from abroad as well as within the country.

## PROGRAM CONTEXT

Policy makers globally have directed a great deal of attention towards the shortage of nurses. Initial work in this area has focused predominantly on issues related to the supply and demand for health human resources (HHR). Little attention has been given to the issue of nurse migration, which presents a growing concern in Canada. As well, limited focus has been aimed at retention to the profession, or on recruitment into nursing in this country. The objectives of this research program conducted through three interdependent projects relate to the issue of nurse retention and recruitment in Canada, information related to Canadian nurse migration and the policy directions that can be developed to make effective change in this area. Specifically, the research questions addressed the reasons why nurses migrate both to the US as well as across Canada, the barriers and facilitators to their remaining in Canada and/or in their home province or territory (P/T) to work, and the information needed to inform policy related to improving nurse retention in the country.

The programmatic approach employed in this research provided the opportunity to build on information collected from a number of studies, thus strengthening our knowledge base in this field. The survey employed in Study 1 was adapted for use in Study 2 with nurses migrating to different P/T in Canada. This effectively built a comprehensive understanding of multiple aspects of nurse migration in the Canadian context. Finally, the survey, focus group and geographic mapping data were all integrated to capture the scope of Canadian nurse migration issues. The cohesive approach of the program provided results that go beyond those possible from a single study. The results when grouped together provide the necessary information to generate substantive policy strategies. These are described briefly in this report and in detail in the forthcoming manuscript led by (Ms. MacDonald-Rencz) the policy leader on this study.

In addition, one of the foci of this research program was capacity development with doctoral students (Dr. Peterson, Dr. Price and Ms. Lalonde) who are working with the research lead embedded in each of the individual studies, each with specific sub-research questions targeted towards their individual interests. This work is related to their doctoral studies, but separate work from their individual doctoral theses. In addition, two newer doctoral students, Ms. Johnson and Ms. Harris became involved in the program of work. As a result, each of these students is leading a manuscript that is forthcoming in a 'special issue' of a nursing journal that will be used to further disseminate the technical study results. Commentaries to the articles in this issue will be provided by decision makers or policy leaders who are the end-users of the evidence produced from this program of work.

## STUDIES UNDER THIS PROGRAM OF RESEARCH

### Study 1: Stemming The Flow Of External Nurse Migration To The US: Creating Policies To Retain Canadian Nurses.

#### *Context*

Nurses are a fundamental building block in the health care system in Canada because of their central role in the provision of quality care and patient safety. Throughout the late 1990's, restructuring initiatives in health care settings resulted in redeployment and reductions in nursing resources.<sup>1,2</sup> Little attention was focused on retention to the profession, or on recruitment into nursing. As a result, an unstable workforce has emerged, with Canada facing a nursing shortage as nurses have migrated to other countries such as the US for full-time work.<sup>2,3</sup> A number of market forces and generational differences have emerged in the work environment, and evidence suggests that new nursing graduates are not being retained in their jobs<sup>4,5</sup> and in the country.<sup>5-8</sup>

Preliminary work by McGillis Hall et al.<sup>7,8</sup> identified that substantial increases in Canadian nurse migration to the US occurred between 1990 and 1999. A study of international mobility trends<sup>9</sup>, reported that recent graduates employed in the US were most likely to come from Canada. US licensure data indicate that most Canadian nurses reside in Texas [TX], Florida [FL], North Carolina [NC], California [CA], New York [NY] and Michigan [MI]<sup>10</sup>. Despite national attention to HHR, quality of worklife and the work environment for nurses in Canada, data from the US National Sample Survey of Registered Nurses conducted in 2004 indicated that 20% (20,359) of the 100,791 foreign-educated nurses working in the US were from Canada.<sup>6</sup> Of critical importance to Canadian policy makers, was evidence that the number of Canadian nurses in the US had risen from 16% in 2000 to 20.2% in 2004.<sup>6</sup> This suggests the need to identify what factors are contributing to the continuing migration of Canadian nurses to the US and to determine the implications for policies to address nurse retention in this area and explore ways to facilitate their return. The objective of the first research study in this program was to identify why nurses leave Canada to work in the US, the barriers and constraints related to returning here to work, and policies that could be implemented related to these.

#### *Implications*

The high response rates achieved for the mailed surveys from this research indicated that Canadian nurses were eager to participate in a study led by Canadian nurse researchers on this topic, and provide information about their decision to leave the country. This was confirmed verbally in the focus groups and in written comments on a number of the surveys that were returned. In addition, the reasons that Canadian nurses gave for going to the US to work suggest that some migration will always occur for personal or family reasons. Further attention needs to be directed to the implications of the findings related to the levels of job satisfaction reported by Canadian nurses working in the US, and how their perceptions of the work environment here in Canada contribute to their decision to leave or return.

A subset of Canadian nurses working in the US may be induced to return to Canada. It has been projected that the US will face a shortage of over a million nurses by the year 2020.<sup>11</sup> These numbers are staggering and affirm the urgency with which the US is recruiting foreign-educated nurses to cope with the nursing shortage. As Canadian nurses continue to migrate to the US, the need for Canadian healthcare policy-makers to act immediately on the loss of nurses becomes more urgent. Prior to this research policy leaders and decision-makers had limited reliable information on factors that have contributed to Canadian nurse migration, and the specific actions related to the work environment and workforce planning that can be taken from a practice and policy perspective to retain Canada's nurses in this country.



## *Approach*

A mixed method design consisting of surveys and focus groups was used in the first study in this research program. Canadian RNs who have migrated to US states known to employ the majority of Canada's nurses were surveyed (i.e., TX, FL, CA, NY and MI). The sample came from US state registration databases, facilitated by a nurse researcher or policy maker from each state who had agreed to serve as a consultant on the study. The decision-maker lead on the study liaised with US policymakers to assist in this process. Attempts to access Canadian nurses in Michigan were unsuccessful as the licensing board was unable to provide the contact information needed to reach them, therefore two other states were approached to participate (i.e., MN, NC). The sample requirements for the study were surpassed and completed survey responses were received from 4,295 Canadian nurses working in the US for a 39% response rate. The most recent data available from the US NSSRN indicates that number of Canadian-educated nurses working in the US remained stable, thus the sample attained for this study can be considered representative of the population of Canadian nurses working in the US.<sup>12</sup>

SPSS Version 19 software was used to both enter and complete the data analysis of the survey data. Descriptive statistics were used to characterize the sample of Canadian-trained RNs in different states, and comparative data analysis conducted. Multivariate analyses were used to explore the opinions and beliefs of the respondent RNs. Focus groups were held with a random sample of survey nurse participants to gain a better understanding of the factors influencing migration of Canadian nurses to the US. Data collected from the focus groups were content analyzed and themes identified, prior to triangulating and integrating it with the survey data to enhance our understanding of the overall study results.

Preliminary findings from the study were shared with the Advisory Committee that had been set up to work with the study team throughout the duration of this program of research. The Advisory Committee was comprised of decision-makers who were asked to provide project updates to relevant stakeholder groups that each represented such as the Academy of Canadian Executive Nurses [ACEN], the Canadian Healthcare Association [CHA], provincial nursing leadership and policy groups (i.e., Advisory Committee on Health Delivery and Human Resources [ACHDHR]) and their professional annual meetings – nationally, regionally and locally (i.e., Biennial Convention of the Canadian Federation of Nurses Unions, Canadian Nurses Association Annual Nursing Leadership meeting, National Healthcare Leadership Conference).

Further dissemination of detailed technical information from study one is underway with the papers led by the lead investigator (Dr. McGillis Hall) in a 'special' journal issue disseminating the findings from this program of research. In addition, Dr. Peterson's paper in that journal provides insight on newly graduated nurses transitions to practice in the US, based on qualitative data gathered from study one.

## *Results*

The majority of Canadian educated registered nurses who responded to this survey worked in California (48%) and Texas (28%), while the remainder came from other states. The timing of nurse migration to the US varied over the years and across the different US states, with just over 5% of the overall study respondents migrating from Canada since 2005. Most of the participants were female (90%), with close to two-thirds married (60%) and now settled in the US with families there. Just over a third of the respondents were diploma-prepared (41%) while another third were baccalaureate-prepared (40%).

The main motives for leaving Canada were to find employment or were travel-related, while some participants migrated for personal reasons. Over half of the nurses who migrated to the US received incentives to move, and the majority worked full-time in direct patient care positions. Respondents identified a number of work-related reasons why they chose to stay employed in the US, with the majority (80%) indicating high levels of work satisfaction. Despite this, close to a quarter (23%) of the participants indicated that they planned to return to Canada to work in the future, and close to a third (29%) had explored this option already.

Qualitative data obtained from the focus groups provided further context on why Canadian nurses migrate and stay in the US. Participants consistently commented on moving to the US because there were no nursing jobs available in Canada, particularly full-time positions. A number of different incentives were provided to nurses to entice them to move to the US including signing bonuses and relocation assistance. In addition, nurses described feeling highly valued by managers in the US, and were provided with a wide variety of opportunities for career advancement and educational enhancement. They also expressed concern that the scope of the practice roles that they had attained while working in the US are not available in Canadian work environments, and that the enhanced skill-levels are not convertible or transportable if they came home to work.

## Study 2: Internal Nurse Migration: Keeping Them Within Our Borders

### *Context*

Recent workforce projections identify that there are currently 354,910 nurses employed in Canada.<sup>13</sup> A report released by the Canadian Nurses Association in 2002 predicted a nursing shortage that would reach 78,000 by 2011 and increase to 113,000 by 2016.<sup>14</sup> A national committee aimed at developing policy directions for the future of nursing in Canada suggested that some of the causes for the shortage were reductions in the number of seats in nursing educational programs, an aging workforce, human resources management issues including part-time employment and insufficient funding for hiring nurses as needed.<sup>4</sup>

Workforce data trends demonstrate that enrollment and graduating nurse numbers have been increasing across Canada.<sup>15</sup> Enrollment for diploma, baccalaureate and post-RN baccalaureate programs increased over the years, while the numbers of graduates from these programs have also increased.<sup>15</sup> In the latest figures released based on 2010 data, the Canadian Association of Schools of Nursing reported there were 10,074 graduates from Canadian entry-to-practice programs, an increase of 4.3% from the previous year.<sup>16</sup> At the same time, the most recent report from the Canadian Nurses Association suggests a substantial improvement in nursing HHR needs from the earlier 2022 report, yet still predicts a nursing shortage of almost 60,000 registered nursing positions by 2022, providing the trends in health care needs of Canadians remain unchanged.<sup>17</sup> Mechanisms for dealing with this projected shortage that go beyond increasing enrollment and graduate rates are needed.

Much of the work regarding nurse migration focuses on the movement of nurses from one country to another. Little attention has been directed towards internal migration in a country, such as between the provinces/territories (P/T) in Canada. While the movement of nurses across P/T represents a loss to one jurisdiction, efforts to facilitate this mobility have the potential to retain Canada's nurses within our borders. At the beginning of this study, data indicated that the majority of nurses graduating from programs in Quebec (93.9%), Ontario (91.4%) and British Columbia (90.4%) are employed in their province of graduation.<sup>15</sup> In contrast, the majority of nurses working in the territories (81.5% - 92.1%), and moderate percentages in PEI (31%), BC (28.2%), Alberta (25.7%), and Nova Scotia (20.1%) migrate in.<sup>15</sup> Preliminary work by CIHI described limited nurse mobility in Canada<sup>13</sup> and these data highlighted the need to develop mapping of migration patterns across Canada. As well, a better

understanding of the factors contributing to the internal migration of nurses across the country is needed to develop realistic recruitment and retention policy for nurses. The objective of the second study was to explore the migration patterns and identify the basic motivations for movement of Canadian nurses across the P/T to work.

### *Implications*

Data from study two provides the first evidence of the types of initiatives that can be implemented to facilitate internal nurse migration, while ensuring Canada's nurses remain employed in this country to work. Based on the findings from the first study, one of the reasons reported for nurse migration is the opportunity for travel. The small percentage of nurses who migrate between the P/T in Canada suggests that there may be a role for better advertising opportunities for jobs within the country, to capture the interest of those who are interested in travel. This should be considered by decision-makers and system leaders as the implications of inter-provincial/territorial recruitment need to be balanced with the internal HHR demands and needs of the P/T. In addition, study one demonstrated that the US provides considerable incentives to entice Canada's nurses to migrate. Canadian policy-makers should consider what incentives could be implemented to motivate Canadian nurses to stay within this country to work.

### *Approach*

The second study used surveys of a purposive sample of RNs and LPNs who had migrated between Canadian P/T to determine their reasons for moving. As little or no research of this nature had been conducted with LPNs in Canada prior to this, the decision-maker lead on the program saw this as an excellent opportunity to include LPNs in the study. The sample was drawn from the registration databases of the regulatory licensing bodies for nurses (RNs and LPNs) from across Canada, facilitated by CIHI, one of the decision-makers on this study through their annual meeting with regulatory bodies.

While most P/T regulatory groups (n=10) participated in the study, some chose not to be involved for individual reasons including registrants not wanting their contact information released for use in research, and not having the information requested. One regulatory group had several changes in personnel during the timeframe of the study with none of the contact people providing the information requested. Despite these challenges, the overall sampling requirements for the study were exceeded, and completed surveys were received from 2,675 nurses who had migrated to a different P/T in the country, for a 50% response rate. The quantitative survey data was analysed using SPSS Version 19 software, and descriptive and comparative statistics of the sample were conducted.

Geographical mapping was also completed using geographical information systems (GIS) to determine patterns of nurse migration in Canada. ArcView 9.2 GIS software was used to visualize, explore and analyze from a geographic context, nurse mobility within Canada, to reveal patterns, relationships, and trends. These mapped schemas were described and integrated with the quantitative and qualitative data obtained from the surveys. Further dissemination of detailed information from study two is underway with the papers led by Dr. Andrews mapping nurse mobility across Canada; Dr. McGillis Hall on the challenges found related to cross-Canada mobility; Dr. Price on the factors that influence career decisions in Canada's nurses; and Ms. Lalonde, on the influence of education on nurses' decisions to migrate. In addition, Ms. Johnson's paper examines the perspectives of newly graduated critical care nurses on nurse mobility and migration across Canada, while Ms. Harris is describing LPN perspectives on nurse mobility in this country.

## Results

The majority of respondents to study two were RNs (70%), while the remainder were LPNs. Most were female (93%), and close to two thirds (60%) were married. Responses were received from nurses working in most provinces and territories, although representation from northern Canada came from the Yukon only. In addition, representation from one of the larger provinces in Canada, which has a substantial nurse registrant base, was quite low due to challenges accessing registrants through the regulatory body. Similarly, one of the smaller provinces in Canada could not provide access to nurse registrants as they did not wish to be contacted by researchers.

The percentages of nurses who moved across the P/T in Canada to work was not high, and for those that did, the majority moved for personal reasons (74%). Close to a third (30%) had tried to find work in the P/T where they were initially educated, and had to leave to find work elsewhere. Qualitative data demonstrated that some of the key reasons identified by participants for their mobility included moving with their husbands who were in the military and being actively recruited by a particular province where shortages were a particular problem. Less than a third of respondents had received any form of incentive for moving.

In addition, information obtained from the qualitative data highlighted some of the challenges Canadian nurses faced when trying to move to different P/T to work. These included licensing and relocation issues, both of which are key policy considerations.

## Study #3: Developing Research Informed Policy Strategies For Canadian Nurse Retention

### Context

An earlier study of Canadian nurses employed in the US identified that some nurses would return to work in Canada if they knew they had jobs to move in to.<sup>7,8</sup> However, there was no mechanism in place to facilitate their repatriation to positions in Canada. While generic internet job sites existed, the research team believed that they lack the type of specific information of interest to nurses, including key aspects about nursing careers available and supports needed to return to work as a nurse in Canada. The research team also suggested that one strategy to improve repatriation may be to ‘match’ potential returners career interests and expertise with needs in specific regions of the country, specific settings (i.e., acute care, long-term care, home care) and specialty areas (i.e., pediatrics, mental health). The objective of the third study was to integrate the material obtained from Studies 1 and 2 describing the information and support needs of potential ‘returner’ nurses for use in an on-line job-matching program.

### Implications

This research program is of importance both to nurse leaders and to chief executive officers, who must address “the bottom line” issues related to nursing resource availability on a daily basis, and to policy-makers who must shape policy based on the best available evidence. Information provided by participants in these studies provides current, relevant data on factors that are of importance to Canada’s nurses when they are seeking positions, as well as key information regarding incentives they seek for retention in their work roles and workplaces.

## *Approach*

This research team had planned to develop and test an on-line process for Canadian nurses employed outside the country to match them with existing work opportunities here in Canada. A number of issues emerged during study completion that made this option not feasible. First, during study one it became apparent that while close to a quarter (23%) of the study participants who were currently living and working in the US had indicated an interest in returning to Canada to work, no one would commit to participating in an on-line program to match them to a current job vacancy in Canada. For the most part, study participants indicated that they were not ready to return to this country for work at this time, with few indicating a desire to return within the next two years. In addition, study participants identified that a number of on-line websites currently exist that include nursing positions on them, and queried whether a new or separate website would be utilized. They indicated that they were unclear how a new on-line program or website would differ from what was currently available to them through other sources (i.e., Monster, Workopolis).

## *Results*

Participants from study one, who had moved from Canada to the US for work provided suggestions about the types of information sources that they would seek should they choose to return to Canada at a later date, as well the types of incentives and disincentives that would be important considerations to them. Similarly, respondents from study two described information that would be useful to them as they seek different nursing job opportunities across the country.

Participants suggested that the content and specificity of information about available nursing positions in Canada is lacking, and identified a desire to know more about the work environment such as model of care and nurse-patient ratio levels as well as the types of educational opportunities available for nurses. In addition, participants highlighted an interest in knowing more about the community where the job was available, and related housing and child care options available to them. This information was shared with the decision-maker advisory committee from the study and utilized by the study team in the articulation of policy strategies resulting from this program of research.

## ADDITIONAL RESOURCES

A 'special issue' comprised of a number of substantive research articles from this program of research with corresponding commentaries, as well as two policy papers is forthcoming in 2013 in the Canadian Journal of Nursing Leadership. The issue is titled Migration and Mobility: Informing Nursing Health Human Resources Retention and Recruitment Policy.

### Relevant Websites

#### Health Canada – Office of Nursing Policy

<http://www.hc-sc.gc.ca/ahc-asc/branch-dirgen/spb-dgps/onp-bpsi/index-eng.php>

#### Health Canada (Advisory Committee on Health Delivery and Human Resources)

<http://www.hc-sc.gc.ca/hcs-sss/hhr-rhs/committee-comite-hdhr-ssrh/index-eng.php>

#### International Centre for Human Resources in Nursing (ICN)

<http://www.icn.ch/pillarsprograms/international-centre-for-human-resources-in-nursing-ichrn/>

#### Canadian Nurses Association (CNA)

<http://www.cna-aiic.ca/>

#### Canadian Nurses Association (CNA) knowledge portal

<http://www.NurseONE.ca/>

## FURTHER RESEARCH

While this research provided key information regarding nurse migration from Canada to the US and nurse mobility across Canada, it also highlighted some key gaps in our knowledge that would benefit from additional study including:

- What are the scope of practice differences between Canada and the US for RNs?
- Why did nurses who had indicated the intent to return to Canada to work show no interest in pursuing this option when offered it?
- What strategies are needed for making nursing in Canada more attractive?
- How do perceptions of the work environment here in Canada contribute to RN decisions to leave?
- What are the implications of the findings related to the levels of job satisfaction reported by Canadian nurses working in the US?
- What are the intentions related to mobility for nurses at different stages of their careers?
- What are the advanced educational/career opportunities required to effectively curb the flow of nurses to the US?
- Why do nurses choose to migrate across Canada, rather than to the US or other countries?
- What are the implications on Canadian nurse migration to US of adoption of US NCLEX as licensure exam for entry-to-practice here in Canada?

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