FINAL PROGRESS REPORT
Understanding the Factors that Influence Recruitment and Retention in Oncology Nursing

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KEY IMPLICATIONS FOR DECISION MAKERS

From this research project, several key implications emerged that focused on determining workplace strategies to strengthen oncology practice environments and contribute to human resource planning. These messages to decision makers address the need for a national oncology nurse human resource plan and the specific challenges of how to value, retain and maximize the skills and productivity of oncology nurses currently in the system, and how to improve work environments to attract new nurses into cancer care. Competition among organizations to recruit and retain nurses is a real-life phenomena; meeting patient care needs requires organizational investment focused on nurse retention as well as recruitment of new nurses.

POLICY

- Develop an organized national human resource plan directed at oncology nursing as a priority within the Canadian Strategy for Cancer Control national cancer workforce strategy.
- Develop provincial and national registered nurse minimum data sets that include descriptors of nurses’ clinical specialties, so that information can be extracted for human resource planning to meet current and future nursing care demands of specific patient populations. Development of such databases could be established through partnerships between provincial nursing registrars and the Canadian Nurses’ Association.

EDUCATION

- Establish formal partnerships between regional cancer programs and schools and faculties of nursing that focus on student-preceptor clinical experiences leading to full-time employment and continuing professional development through mentorship programs.
- Establish dedicated oncology streams in MScN programs to recruit and develop advanced practice nurses prepared to care for complex cancer patients. Coach and mentor nurses caring for cancer patients and their families in hospitals, cancer care agencies, and the community.
- Invest in cancer nurses already in the system by allocating organizational resources for professional growth and continuing education through paid time for conference or course attendance, or through secondment to participate in special projects.

PRACTICE SETTINGS

- Demonstrate recognition and valuing of nurse specialty certification through strategies such as reimbursement of certification examination fees or salary differentials. Nurse unions should consider such recognition in collective bargaining.
- Establish innovative and flexible work schedules that maximize the expertise of cancer nurses near retirement to mentor novice nurses or casual nurses already employed in the system.
- Develop institutional policies and infrastructures that facilitate rather than restrict enactment of the full scope of practice of registered nurses.
- Include oncology nurses who understand the passion for the specialty as part of recruiting teams, so that an organization’s recruitment efforts are more informative and conducive to meeting the nursing care needs in oncology.

LEADERSHIP

- Allocate funds to develop nurse leaders, managers and decision makers who can create work environments that empower and promote nurses as valued and equal contributors to interdisciplinary cancer care teams.

RESEARCH

- Fund projects to test and evaluate strategies aimed at improving oncology work environments in order to attract and retain nurses.
EXECUTIVE SUMMARY

THE RESEARCH ISSUE:

It is predicted that by 2016, Canada will be short 113,000 nurses and that this shortage will be exacerbated by a potential 53.4% increase in the demand for nursing services. Canadian cancer statistics showing a steady increase in the cancer patient workload strongly suggest that a large part of this demand for nursing services will come from the field of oncology.

Thus, recruitment and retention of nurses is a serious problem confronting decision makers who are responsible for patient care and human resource management. To date, research efforts examining the nursing workforce have focused mainly on nurses as a collective group, and little attention has been paid to nursing specialties such as oncology nursing.

However, it is imperative for decision makers to gain a better understanding of what attracts nurses to oncology in the first place, what workplace and professional practice factors influence their continued employment, and how to improve the working lives of oncology nurses. This research project addressed these challenges by:

- examining the impact of workforce, professional practice and knowledge transition factors on the quality of oncology nurses’ working lives; and
- determining strategies that strengthen oncology practice environments and reflect innovative and collaborative professional practice conducive to building a sustainable and high-quality nursing workforce.

RESEARCH OUTCOMES AND IMPLICATIONS

The findings of this research project can contribute to a national cancer workforce strategy that aims to recruit and retain qualified health care professionals. The project’s design and its national perspective ensure that the outcomes are applicable to cancer care settings across Canada. Using traditional research methods and a participatory action approach, decision makers and oncology nurses were engaged in a process to examine work environments and address recruitment and retention in oncology nursing.

The prospective research design of Phase I provides information about oncology nurse work environments across Canada, oncology nurse retention, and the development of a conceptual
model that predicts nurses’ job satisfaction. In 2004, more than 75% of the 615 oncology nurses surveyed indicated: they had positive relationships with physicians; had freedom to make patient care and work decisions; and were supported by their managers in their nursing decisions. However, 45% of the nurses reported not having opportunities to participate in policy decisions or having administrators who were visible, accessible or responsive to employee concerns. In the 2006 follow-up survey, similar trends were found in how nurses perceived organizational characteristics. The one difference noted was the percentage of nurses who indicated that there were not enough RNs to provide quality patient care, which increased by 10% from 2004 to 2006.

This project was the first longitudinal cohort study of oncology nurses in Canada to capture data about nurse retention. In the 2004 survey, 6.4% (39/615) of the nurses reported an intent to leave their job, whereas in 2006 this number increased to 26% (102/397). Of the 397 participants resurveyed in 2006, 4.3% (17/397) reported they were still a nurse but no longer in oncology, and 2% (8/397) reported that they had left nursing altogether. Of the eight people who left nursing, five retired and the others said their departure was precipitated by “unacceptable working conditions.”

The conceptual model tested showed several factors that directly influenced nurses’ job satisfaction. These factors were: positive physician/nurse relationships; philosophy of nursing; ability to influence patient care; enough RNs to provide quality care; freedom to make important patient care decisions; and supervisor support in managing conflict.

The participatory action research approach used in Phase II contributed information from the perspectives of both oncology nurses and decision makers. The use of focus groups to collect data allowed those affected by change (oncology nurses) and those facilitating change (decision makers) to provide input. Several recommendations emerged from the analysis of focus group discussions. The most compelling recommendation was the need to develop a national health human resource plan for oncology nursing. The participants recognized that models of care and types of roles for nurses need to change to meet the future requirements of care, and that only a national strategy would achieve this end. Other recommendations addressed the need for organizations to recognize and value oncology nursing as a specialty.
The concern was expressed that although there is an increasing incidence of cancer in Canada, there is disproportionate investment in oncology education to prepare novice nurses and facilitate the professional growth of nurses already in the system. Both nurses and decision makers identified the need for mentorship to retain nurses, acknowledging that orientation was not enough. Investment in leadership was deemed essential for creating environments where nurses want to work.

Competition among organizations to recruit and retain nurses is a real-life phenomena; meeting patient care needs requires organizational investment focused on nurse retention as well as recruitment of new nurses. To attract and retain nurses who are qualified to meet the health needs of Canadians living with cancer, recruitment and retention strategies must be both pragmatic and innovative. They need to reflect the social, demographic and fiscal realities of the 21st century. The outcomes of the project will benefit the management of human resources and health services policy for the specialty of oncology nursing. The research findings set the stage for change by providing recommendations and thus laying the foundation for further research focusing on the implementation and evaluation of specific work environment strategies.