

**Insights from Nurse Leaders to Optimize Retaining Late Career Nurses**

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**Abstract**
In an effort to stem the loss of Ontario’s late career nurses, the Ontario Ministry of Health and Long-Term Care introduced the Late Career Nurse Initiative (LCNI) to implement a 0.20 full-time equivalent reduction of physically or psychologically demanding duties of nurses aged 55 or over and repurposing this time to enriching and less demanding activities. Fifty-nine nurse leaders were interviewed to explore their perceptions associated with implementing the LCNI in their respective organizations. Following a qualitative directed content analysis approach, three themes emerged: (1) having a strategic approach, (2) leveraging staff expertise and (3) securing organizational support.
Introduction
The aging population is having a significant impact on the healthcare system not only by increasing the demand of healthcare services, but by a corresponding aging nursing workforce. From 2008 to 2012, the proportion of regulated nursing workforce age 60 or older increased from 9.2% to 11.3% in Canada, and by three percentage points reaching 14.1% in Ontario (CIHI 2013). Older nurses are a vital component of our healthcare system and their retention presents part of the solution to offset the workforce shortages that currently exist (Bell 2013). However, the older nursing workforce (55 and older) are the most vulnerable to declining health status, cognitive functioning and physical and mental strain due to increased patient acuity, heavy workload, greater impact of workplace injuries, constant change and adverse outcomes associated with shift work (Bell 2013; Clendon and Walker 2013; Keller and Burns 2010; Spiva 2011;). Collectively, these vulnerabilities present a risk for earlier retirement and a loss of the most experienced nursing personnel (Collins-McNeil et al. 2012; Keele and Alpert 2013; O’Brien-Pallas et al. 2003).

To retain the older nursing workforce, leaders need to create supportive environments and implement tailored strategies to minimize the vulnerabilities experienced by this cohort (Bellefontaine and Eden 2012; Collins-McNeil et al. 2012; Lane and Kingma 2009; Letvak et al. 2013; Littlejohn et al. 2012; Spiva 2011; O’Brien-Pallas et al. 2004). Strategies that are known to combat mental and physical fatigue and influence retention of the older nursing workforce include valuing their clinical expertise, engaging them in unique roles, having supportive management, designing ergonomic work environments to minimize fatigue and injury and implementing flexible scheduling and reduced work hours for late career nurses (LCNs; Armstrong-Stassen 2005; Cohen 2009, Kirgan and Golembeski 2010; Friedrich et al. 2011). In Canada, several initiatives focusing on retaining the older nursing workforce were conducted, including initiatives in Alberta (Weidner et al. 2012), Nova Scotia (Bellefontaine and Eden 2012) and Ontario (Doran et al. 2014).

In 2004, the Ontario Ministry of Health and Long-Term Care (MOHLTC) introduced the Late Career Nurse Initiative (LCNI) to assist healthcare organizations in developing approaches to retain Ontario’s late career nurses. Over the past decade, the LCNI has provided funding to individual organizations to implement a 0.20 full-time equivalent reduction of physically or psychologically demanding duties for nurses aged 55 and over. This time would be repurposed to engage these nurses in enriching and less demanding employment activities. Each year, organizations are invited to submit a proposal and detailed work plan for the LCNI that is reviewed and approved for funding by the MOHLTC. In 2012/2013 LCNI, the nature and types of projects varied including projects that focused on
patient-centred care (e.g. smooth coordination of patient care transitions, family engagement project) leadership at the point of care (skin and wound prevention, hand hygiene), innovative nursing education (pain management in ER education, sepsis protocol), system integration (preventing hospital readmissions, integrated assessment record implementation) and optimal use of nurses (e.g., mentorship of nurses, enhancing work schedules).

Leaders play an important role in the development and success of the LCNI, as they are responsible for facilitating decisions about which projects to implement, filling out the application, reporting to the ministry and planning the projects from start-up to completion. However, the focus of the empirical literature to date on the LCNI has been predominately on the perceptions and experiences of the older nursing workforce participating in province-wide initiatives that have yielded favourable outcomes for the participating nurses and organizations (Doran et al. 2014; Tomblin-Murphy et al. 2012; Weidner et al. 2012). Given the key role of leadership in creating environments to retain the older nursing workforce, factors that enable the implementation of strategies from the leadership perspective to retain the older nursing workforce in the practice settings are not fully understood. In this context, this paper reports on the perceptions and experiences of nurse leaders of the key enablers associated with implementing the LCNI in Ontario. This qualitative exploration is one component of a multi-pronged approach systematically evaluating the impact of the 2012/2013 LCNI on the retention of late career nurses in Ontario. Other methods included a document analysis of the 2012/2013 LCNI applications, and a survey of late career nurses in Ontario’s healthcare organizations.

**Methods**

**Study design**
A qualitative directed content analysis approach was used to answer the following evaluation objective: Characterize employer-perceived facilitators and recommendations for successful implementation of the LCNI across healthcare facilities from participating in the LCNI. Ethics approval was obtained by the University of Toronto and by institutional research ethics boards, when it was required.

**Data collection**
In the context of the evaluation of the 2012/2013 LCNI, a purposeful sampling strategy was used involving contacting nursing leaders (chief nurse executives and officers and directors of care) from the organizations that received MOHLTC’s LCNI funding for 2012/2013. They were asked to participate in the study or to recommend nurse leaders who were responsible for the implementation of the LCNI in their respective organizations. The mean average duration of the telephone interviews was 31 minutes with a range of 14–47, and the interviews were
conducted between July 2013 and January 2014 using a semi-structured interview
guide. To ensure consistency in data collection, the same set of questions was
asked of nurse leaders and is included in Box 1. Written consent was obtained
before the interviews. Each interview was digitally recorded and transcribed
verbatim.

Data analysis
Data were analyzed using a directed content analysis (Hsieh and Shannon, 2005).
This analytical approach involved three researchers and trainees independently
reviewing the transcripts line-by-line to identify codes. The team then met and
developed an initial list of codes by consensus. The codes were then grouped
under categories (sub-themes) that were then collapsed into two broader themes.
This was an iterative process whereby the team members would review tran-
scripts and the emerging coding schema separately and then would meet to refine
the coding schema until consensus was reached with all researchers agreeing on
themes and sub-themes. To ensure methodological rigour, one researcher applied
the emergent coding schema to the original transcripts to create a revised coding
schema that was compared with the NVivo software (version 10) data set. This
revised coding schema was then reviewed and consensus was achieved among the
three researchers.

Findings
Sample characteristics
The final sample consisted of 59 nurse leaders from 47 (out of 184) organizations
located across 14 Ontario’s Local Health Integrated Networks (LHINs), ensuring
a broad representation of participating sites. The majority of participating nurses
leaders worked in organizations located in the following LHINs: Champlain
(n=7); South West, Toronto Central and North East (n=5 in each); Central East
(n=3); Erie St Clair, Waterloo Wellington, Mississauga Halton, Central and South
East (n=2 in each); and, finally, Central West and North West (n=1 in each). This
number included 33 leaders from the hospital sector (4 teaching hospitals and
29 community hospitals), 23 from long-term care sector and 3 from home care
sector. The positions of interviewed participants included VP/CNO (n=6), direc-
tor (n=27), manager (n=19), educator/APN (n=3) and RN (n=4).

Emergent Themes
Three dominant themes emerged from interviewees’ responses pertaining to
the implementation of the LCNI within their organizations: having a strategic
approach, leveraging staff expertise and securing organizational support.

Having a strategic approach
This first theme reflects study participants’ comments regarding the importance
of a multi-pronged, thoughtful and proactive plan for the successful implementation of the LCNI in healthcare organizations. It includes several sub-themes: (1) aligning the LCNI goals with organizational and MOHLTC priorities; (2) setting clear goals and monitoring progress; and (3) starting a small, scoping project and starting early.

The first sub-theme of strategic planning identified by participants was the alignment of local and corporate project topics with organizational and MOHLTC priorities. Several participants described projects that aligned with organizational goals and MOHLTC Action Plan priorities, including Keeping Ontario Healthy and Access to the Right Care at Right Time and Place. Being able to align projects was seen as a “win-win” strategic approach with many linking projects to the provincial and organizations’ quality agendas. The following narratives provide examples of this subtheme:

At the time we looked at the Ministry requirements, making sure what you’re doing correlates with that because that’s the whole point, they didn’t just have extra money that they would throw [around]. There actually was a purpose piece behind it so making sure what you want to do correlates with them. (Home Care 01)

I think it’s a great opportunity for us to look at some of the key strategies as an organization that we want to initiate and support and certainly a lot of them are in alignment with the healthy Ontario strategy, the senior strategy, those are actually some of our corporate goals. (Hospital 23)

The second sub-theme that participants described as a key enabler was the need to monitor progress for the successful implementation of the LCNI in their organization. Part of this proactive planning involves setting goals and targets with measurable deliverables and timelines for each corporate or local-level project that is viewed as important for benchmarking and ensuring that LCNI leaders and late career nurses were accountable for the projects. Monitoring the progress of the LCNI projects through discussions at one-on-one, group meetings, or webinars (home care sector) with late career nurses and auditing of practice changes associated with the LCNI projects were also identified by study participants. Obtaining feedback on the projects facilitated the corporate project leaders to reassure and support the nurses or address problem areas early and make improvements to the project plan. The following excerpts illustrate this sub-theme:

While the projects were underway and then shortly thereafter, we talk to staff “how is it working? Is there anything else that needs to be changed? Is there something additional that maybe we should look at in the future for
projects for someone?” Staff have the opportunity to provide lots of feedback and input into the current projects and projects for the future. Even in our daily huddles you know, people will bring up little issues about certain things and someone will take it on and fix it. It’s an ongoing reassess and plan. (Hospital 11)

I think implementing the auditing process, it’s just such a great tool in every aspect, you can quantify your improvements right? It’s measurable then. We have some of our staff that have taken the lead facilitator training, they can really measure for us our improvements and they use the audits to do that. It reaffirms to the staff why we are investing this time and money. (Long Term Care 04)

The third sub-theme reflects how several participants emphasized that starting small and scoping the projects were integral to effectively manage the LCNI within their respective organizations. Some participants commented that people are not aware of the amount of work required until they get started, which results in challenges relating to availability of time and resources. In addition, participants suggested that planning well in advance is of critical importance, including selecting projects and arranging resources for every step of the implementation. Planning also included being organized and anticipating potential pitfalls or roadblocks to implementation. The following excerpts illustrate this sub-theme:

I would start small with one or two projects and really get the feel of how it works, what work is involved. People don’t realize how much work it is, until they start. If they are not really prepared for that, if you’ve got one or two projects, that’s probably plenty for your first year. (Hospital 17)

We received the funding last year, this year we’re a lot more confident with the fact that we’ll receive the funding. We actually started a lot of the preliminary work and getting the nurses organized and getting their schedules organized a lot earlier and that’s definitely decreased some of the stress that we had last year with having people offloaded for their caseload. (Home Care 03)

Leveraging staff expertise
The second theme described by participants was leveraging staff expertise for the projects. The importance of recognizing the knowledge and expertise of late career nurses was emphasized and, where possible, matching late career nurses’ interests and skills to corporate and local projects. Participants reported that a more positive experience was created when late career nurses were allowed to utilize their strengths and individual skills. This theme also reflects how participants described the importance of getting buy-in from late career nurses as a key
enabler to the successful implementation of the LCNI. Nurse buy-in and a sense of ownership were more likely if nurses were involved from the start by providing input to a project topic and its implementation methods. These factors were perceived as facilitating late career nurses to take ownership in and feel proud of their LCNI projects, which in turn contributed to successful implementation. The following excerpts illustrate this sub-theme:

Looking at your organization as a whole and figuring out where you could use those staff members is key. For us we have certain areas where we find the late career nurses have greater strengths than in other areas and just utilizing those staff members to their strengths so that it’s a good experience for them too. (Long Term Care 09)

Ask for staff input because if they ask for staff input the staff will feel like they own whatever the initiative is that they’re working on and they’ll be more interested in wanting to continue. Let them own it. Let the ideas that are coming forward be their ideas and let them know that they have full autonomy with regards to what they want to do and how they want to do it. (Hospital 33)

Don’t have the manager pick what it needs to be, it needs to be the nurses. Have the nurses decide because they need to want to be able to do this. It needs to be beneficial to them, they need to feel good about what they’re doing. We develop that together so they’ve already got the buy in. (Long Term Care 08)

Securing organizational support
This theme reflects how study participants described the need for leadership to secure organizational support to leverage resources to ensure successful implementation of the LCNI in healthcare organizations. Leaders described how they engaged support from senior management and collaborated with union representatives as key to the successful implementation of the LCNI at their respective organizations. Participants reported checking in regularly with the managers and late career nurses to make sure there was support throughout project implementation. By gaining organizational support, these leaders were able to leverage resources including protected time for the late career nurses to implement their project and organization-wide LCNI activities; education on project planning, project topic, data collection methods (e.g. chart audit) and using computers (e.g. Excel spreadsheets, PowerPoint); and space away from the unit to work on the project. Several participants also commented on the importance of recognizing achievements of late career nurses at special events with other staff invited to join the celebration. Many participants described collaboration with other stakeholders within the organization, such as utilizing the expertise of other interdisciplinary team members to assist with skills that the nurses did not possess (e.g.
computer skills). Additionally, nurse leaders reported the benefits of consulting with other organizations to discuss lessons learned and offer support to each other. The following excerpts illustrate this sub-theme:

As a manager, I’ve always received support from my director to utilize this opportunity. Where we’ve had to work with other colleagues, other stakeholders, whether it’s projects that require input from physicians, or pharmacies in the case of the project that we’re doing now, or educator, or patient education specialist, people have been very receptive when you ask them for their input and involvement. (Hospital 30)

We actually had everybody endorse this initiative from our CEO to our middle management, to our union rep to our HR. The implementation team individually went out and presented to the leadership, to the middle management, to the client services, to the HR as well, so they really understand the benefits for all the organization, the nurses as well as the clients. We needed to get the leadership on board, including nursing supervisors and managers [and] disseminate information more to the nurses at the point of care. There was definitely a lot of stakeholder consultation that happened. (Home Care 03)

Giving lots of flexibility to our staff to ensure that we provide constant client coverage in areas that have very small teams. To have that one person relieved the whole day might not be an option for them. We were flexible with hours and said that they have to attend a meeting, either in person or call in for 3 hours, or 3.5-4 hours for that scheduled day and then the other 3.5 or 4 hours depending on the project, they actually had to work on their own, so they were assigned with readings, or they had to collate information and that could be done from their home. (Home Care 03)

Discussion
Our study findings highlight the importance of having a strategic approach that aligns with organizational and government priorities with clear goals, scoped projects and accountability mechanisms including ongoing monitoring and feed-back. Our first theme is consistent with literature emphasizing the importance of: proactive planning to ensure adequate resources (e.g., staff, equipment) are available; a gradual and flexible implementation approach; a plan in place for setbacks to ensure continued progress and achievement of project outcomes; and an evaluation that includes key performance indicators, baseline data and monitoring mechanisms (Cortelyou-Ward et al. 2011; Spetz et al. 2012; Weidner et al. 2012).
In addition, our study finding around matching expertise and interests of the late career nurses in corporate and local projects echoes management practices identified in another study on retention of the older nursing workforce including recognition and respect and receiving ongoing feedback regarding one’s performance (Palumbo et al. 2009). Creating new career paths for the aging nursing workforce and promoting an organizational culture valuing the knowledge, experience and skills of the older nurse are essential in building an environment that fosters the satisfaction and retention of older nurses (Collins-McNeil et al. 2012; Spiva 2011). Further, the overall strategic plan of an organization should include retention of older nurses and creation of the opportunities for them to utilize their talents and experience through new or modified roles (Klug 2009).

In our study, nurse leaders were able to leverage resources, provide additional support (e.g. computer skills, project planning skills) and create flexible conditions to support the late career nurses in their projects. Preparation and ongoing support for nurses are imperative in successful project implementation, particularly for those late career nurses lacking confidence and skills to participate in project development (Gould et al. 2007; Leiter et al. 2009; Pool et al. 2013). In one initiative, the 80/20 Late Career Nurse Strategy Mentorship Program in Nova Scotia, education and tools to build their own leadership capacity and contribute to their practice settings were provided to late career nurses (Bellefontaine and Eden 2012).

Our results also elucidate the key role that leaders play in engaging and getting buy-in from a variety of stakeholders (late career nurses, middle and senior management, unions) to implement the LCNI in healthcare organizations. In our study, nurse leaders described creating a culture for learning and improvement where late career nurses were (1) involved in selecting their topic area, (2) provided learning opportunities and (3) recognized for their achievements. This finding adds to the literature emphasizing the importance of an integrated approach to stakeholder engagement involving transparent, coordinated, communication and hands-on education to prepare people for change (Carr et al. 2009). Older nurses feel more autonomous and valued for their expertise if they are involved in roles such mentoring, committee work and formulation of policies or practices directly impacting patient care (Jeffers et al. 2008; Voit and Carson 2012). Further, engaging stakeholders early in the implementation process increases the likelihood of feeling ownership that motivates them to follow through with the implementation and achieve project outcomes (Chou et al. 2011).

A key limitation of the qualitative design used is that although our sampling strategy aimed to capture geographical and sectoral variations, the perceptions of nurse leaders in one province may not be transferable to other provinces or coun-
tries. Further, data were analyzed from self-report interviews, thus social desirability bias may have influenced participant responses.

**Conclusion**

Given the key role of leadership in creating environments to retain the older nursing workforce, understanding the factors that enable the implementation of strategies to retain the older nursing workforce in the practice settings is paramount. Our findings elucidate the value of having a strategic approach, engaging nurses and securing organizational support as key strategies for successful implementation of the LCNI in healthcare organizations. Underpinning these three themes was the key role leaders played in spearheading the LCNI in their organization. Insights gained from our study findings may provide nurse leaders with strategies to enhance the uptake of professional development initiatives designed to retain the late career nursing workforce.

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