Nursing Health Services Research Unit

Health Human Resources Series 33

November 2012

Retaining RPNs: Impact on Quality Care

Dianne Martin, RPN, RN, BScN, MA

Annette Weeres, RN, BScN, MN

Retaining RPNs: Impact on Quality Care

RPNAO Recruitment and Retention Project: Focus Group Analysis

November 2012

Dianne Martin, RPN, RN, BScN, MA

Executive Director

Registered Practical Nurses Association of Ontario (RPNAO)

Annette Weeres, RN, BScN, MN

Recruitment, Retention and Professional Practice Project Leader

Registered Practical Nurses Association of Ontario (RPNAO)

Acknowledgements

We would like to acknowledge our partners, Dr. Andrea Baumann, Mary Crea-Arsenio and the research team at the Nursing Health Services Research Unit, McMaster University site, Hamilton, Ontario.

TABLE OF CONTENTS

INTRODUCTION

A paucity of research on the work experiences of registered practical nurses (RPNs) in Ontario prompted the Registered Practical Nurses Association of Ontario (RPNAO) to conduct a province-wide study of RPNs in 2010. The research study used a mixed methods design that included surveys and interviews with a select number of survey respondents. This report presents the results of the interview phase of the study. Five focus groups were held with 31 RPNs across Ontario. Nurses were interviewed about their work experiences and asked to identify key factors that affect their ability to provide high-quality care.

BACKGROUND

There is an extensive body of literature on the factors associated with retention among nurses. While some studies include RPNs as part of the sample, very little research focuses on RPNs specifically. As a result, there is a broad understanding of nurse retention, but there is very little understanding of it among RPNs. The sections that follow provide a review of the general literature on nurse retention and turnover.

There is an established relationship between job satisfaction and turnover among nurses (Coomber & Barriball, 2007; Tourangeau & Cranley, 2006). Numerous studies have reported that a nurse's level of job satisfaction is a predictor of intention to quit (Hayes, 2006; O'Brien-Pallas, 2010; Parry, 2008; Zeytinoglu, Denton, & Plenderleith, 2007). According to Kuokkanen, Leino-Kilpi and Katajisto (2003), nurse job satisfaction is influenced by professional factors (e.g., autonomy), work environment factors (e.g., management support) and patient care factors (e.g., nurse expertise). Sellgren, Kajermo, Ekvall and Tomson (2009) conducted focus groups with nursing staff at a university teaching hospital in Sweden to identify influences on nursing

turnover. The nurses reported a lack of positive acknowledgment and respect for their opinions as key factors affecting their intention to quit. Not feeling valued has been associated with a lack of autonomy in nursing practice (Kramer & Schmalenberg, 2004). Workload and group cohesion were also identified as factors of importance related to staff turnover (Sellgren et al., 2009).

A key concept in understanding job satisfaction is empowerment. According to Laschinger, Finegan and Shamian (2001), employees who perceive their work environment as empowering experience higher levels of job satisfaction. Kanter's (1993) theory of empowerment posited that in order for employees to be productive, they must have access to support, opportunities, resources and information. A study on nurses' perceptions of empowerment and respect in long-term care settings found that nurses who felt empowered had positive attitudes toward their work, including feelings of respect and organizational commitment (DeCicco, Laschinger, & Kerr, 2006).

McGillis Hall, LaLonde, Dales, Peterson and Cripps (2011) examined retention among mid-career registered nurses (RNs) and licensed practical nurses (LPNs) across healthcare sectors in Ontario. They found that mid-career nurses were generally very satisfied with their jobs. There were no significant differences between RNs and LPNs. In addition, the majority of nurses indicated they intended to stay in their current position. Again, there were no significant differences between RNs and LPNs. Some of the reasons mid-career nurses provided for staying with their current employer included good salary and benefits, good mentors and colleagues to work with, having positive work relationships, and managers that accommodate nurses' schedules and continuing education opportunities. One notable difference between RNs and LPNs was the perception of work quality, with RNs reporting higher perceptions of work quality

than LPNs. When asked specifically about retention, both RNs and LPNs identified a positive work environment as the most important factor.

The existing research provides important data about potential factors that can affect nurse retention however few studies focused specifically on the work experiences of RPNs and the impact on RPN retention. The purpose of the current study was to examine retention among RPNs in Ontario. The primary research question guiding the analysis was, "What are the factors that affect the retention of RPNs in the workplace and their ability to provide high quality care?" There were two secondary questions of interest: 1) "What are the work experiences of RPNs?" and 2) "What are the key experiences of nurses in terms of barriers to practice?"

METHODS

A qualitative research design using interviews was employed. Five focus groups were conducted with RPNs across geographic regions in Ontario. Two of the five focus groups were targeted toward a specific population of RPNs: one for internationally educated nurses (IENs) and one for mid-career nurses (defined as nurses between the ages of 40 and 54). A semi-structured interview guide was created (see Appendix A). It included general questions about the working environment, barriers to providing quality care and issues related to health and safety at work. Questions specific to IENs and mid-career nurses were added to the general guide (see Appendix B and Appendix C). Questions specific to IENs focused on the challenges of working as an IEN in Ontario, transitioning to the Canadian healthcare system and areas where further supports for IENs are needed. Questions specific to mid-career nurses focused on supports required to facilitate professional development and factors that impact the nurses' intent to stay in their current position.

Focus group participants were chosen using a convenience sampling approach. In the summer and fall of 2010, the RPNAO distributed a survey to RPNs in Ontario. Survey respondents were asked if they would be interested in participating in an interview as a follow-up to the survey. Of those who responded affirmatively to this question, a sample was chosen. Respondents were sent an email inviting them to participate in one of five focus groups. The focus groups were held in four Local Health Integration Networks (LHINs) in Ontario, including the Hamilton-Niagara-Haldimand-Brant, North East, Toronto Central and South West LHINs.

Focus groups were conducted by Dianne Martin, Executive Director of RPNAO, and Annette Weeres, Project Leader, Retention, Recruitment and Professional Practice, RPNAO. Each focus group session began with an introduction to the research project, followed by explanation and signing of the consent to participate. Participants were then asked to complete a demographic questionnaire (see Appendix D).

Interviews were audiotaped and transcribed verbatim. Interviews were coded into QSR NVivo version 10.0. Texts were interpreted through thematic analysis (Boyatzis, 1998). Two research analysts carried out preliminary coding by each independently reviewing two transcripts. Each analyst then coded two texts independently using detailed codes from the preliminary coding. The texts were compared for consistency in coding. Key themes were refined through discussion, reflection and consensus. The resulting thematic scheme was used to code the remaining texts. However, additional codes were assigned as new themes emerged. Major themes were highlighted, and key findings categorized appropriately under each thematic heading (see Appendix E).

FINDINGS

Description of Sample

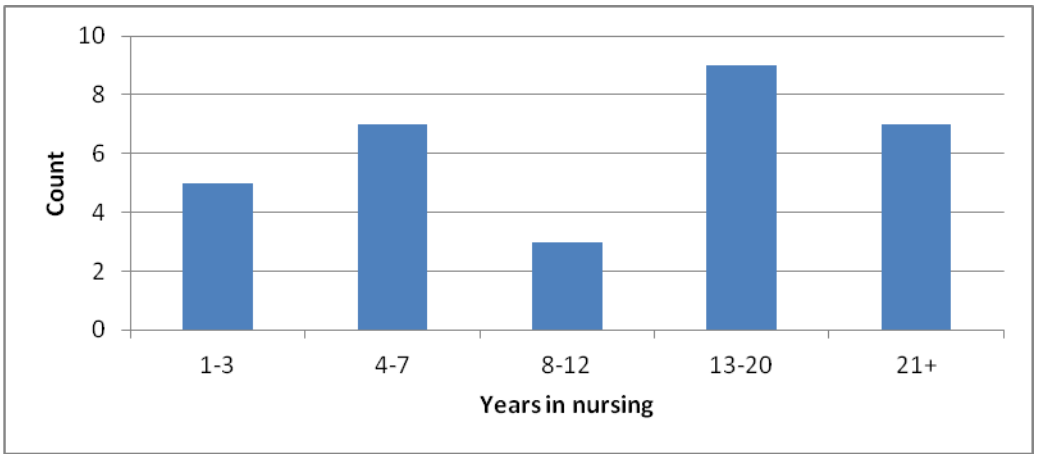
Thirty-one participants were interviewed: five RPNs and one student RPN from Hamilton-Niagara Haldimand-Brant, eight RPNs from the North East, five RPNs from Toronto Central, six RPNs from the South West and six IENs. All participants were female and their ages ranged from 25 to 60 years (see Table 1). Fifty-five percent of participants were diploma-prepared RPNs and 45% held certificates. Participants had a variety of work experiences (see Figure 1). Half of the participants (51%) had at least 13 years experience in nursing, while 38% had less than seven years experience.

Table 1. Demographics (age and sex) of focus group participants, 2010

Age Categories	**Frequency**	**Percentage**
20–25	0	0
26–30	4	12.9
31–35	5	16.1
36–40	0	0.0
41–45	2	6.5
46–50	9	29.0
51–55	5	16.1
56–60	6	19.4
61+	0	0.0
Total	**31**	**100.0**
Sex		
Male	0	0
Female	31	100.0
Total	**31**	**100.0**

Source: Juice Intelligent Energy, 2011.

Figure 1. Frequency of RPN number of years in nursing, 2010



Source: Juice Intelligent Energy, 2011.

Themes

Three main themes emerged from the focus group analysis:

1) The changing role of the RPN, which focuses on changes to the RPN scope of practice and role within the healthcare team;

2) The changing nature of the work environment, which includes issues related to increased workload, health and safety and organizational support; and

3) The changing profession, which explores nurses' experiences working as an RPN in today's work environment.

Changing role of the RPN. One of the barriers identified by RPNs was that many organizations were not using them to their full scope, which they believed affected their ability to provide the best possible care to their patients. Other identified areas of concern included patient assignments that centered around "RPN-appropriate" patients, role confusion among members of the healthcare team and RPNs perception of RN responses to the change in scope of practice.

Organizational policy, scope of practice and quality care. According to RPN interviewees, a significant barrier to providing quality care was related to their inability to

practice at full scope. One nurse explained, "Because the policy is not available or the organization [does] not have a policy in place, [RPNs] can't perform procedures that are within [their] scope." As a result, RPNs have to "find RNs to do things for [them]," which "[isn't] providing safe care in a timely fashion." Another RPN commented that there was inconsistency in her organization regarding what RPNs were allowed to do. She reported that "on one floor . . . practicing to full scope [is considered giving] meds, on another floor they [follow the] College of Nurses standards." She believed that overall there was a "lack of knowledge on [the part of] RPNs themselves of what they consider full scope, which is an issue."

According to RPNs who worked in the community sector, service contracts stipulate that certain tasks must be performed by an RN even if they are within the scope of practice of an RPN. One RPN explained,

> Policies and procedures based on the CCAC [Community Care Access Centre] contract [stipulate tasks to be performed by an RN] . . . [even though they are] well within the scope of an RPN…so a lot of our current policies are [not] based on current practice from the College, [but rather] based on the CCAC contract. It has proven to be a huge barrier for the RPN staff.

Assigning RPN-appropriate patients. RPNs reported that patients were unfairly assigned due to a lack of understanding concerning which patients could be cared for by RPNs. Some of the RPN interviewees who worked in the community sector reported that there were "tools" used by management to allocate patients, but they were often not used accurately. One RPN noted that RNs were trusted to "hand down" clients to the RPNs when appropriate, but often they did not. Another RPN commented that if there were no "appropriate" clients, her shift would be cancelled.

Role confusion. Many of the RPNs interviewed indicated there was some role confusion among members of the nursing team. One RPN commented, "It is [because of] the system. The system has to change. Everybody only knows their own role." One nurse identified the extended scope as a major factor in role confusion. She stated, "The role has changed. If you were an RNA you didn't have these troubles because it was [a] very different role. Now we are kind of encroaching [on the RN] role and it is kind of complicated."

RPN perception of RN responses. Some of the RPNs interviewed indicated they think RNs feel threatened by them "because it is more costly to have RNs [when] RPNs can be trained to do [an RN's role]." One RPN commented, "It has come down to dollars. They get a lot more bang for their buck from RPNs." According to the interviewees, the tension between RNs and RPNs was related to cost and the RPN expanded scope of practice. RPNs indicated that "since they have changed the RPN course, some of the RNs are feeling threatened [about losing their jobs]." Others believed that if RPNs made more money, "healthcare couldn't afford [them]."

The changing work environment. RPNs indicated that work environment is an important factor in their intention to stay in their current position. Some of the main issues were increased workloads, health and safety concerns, support from management and teamwork.

Increased workload: Barrier to providing safe quality care. Many interviewees commented that they felt their workload had expanded along with their role. RPNs attributed the increase in workload to two factors: extra tasks that arise during a workday and a shortage of staff. They believed that this increased workload resulted in a lack of time to provide safe quality care to their patients and to care for their own well-being. In addition, there was an overall sense of frustration with the lack of response from management to concerns related to workload.

Extra tasks in addition to ordinary care. In addition to their regular workload, nurses described frequently having to deal with unexpected events that affected their daily work. One nurse reported, "It is almost predictably unpredictable." RPNs indicated that these extra tasks could be stressful. One nurse who worked in long-term care described her usual workload as busy, so when there was a day that "RAI assessments needed doing, doctors' orders needed carrying out and people became sick and needed extra attention . . . it [was] too much." Another nurse commented, "It feels unsafe sometimes because it is so chaotic and you don't feel like you are able to give the care that you want, especially for that group of people that need a little extra care and attention."

Staffing shortages. A few nurses described being short staffed as a barrier to providing quality care. A nurse who was working in an acute care rural hospital said that she had worked several 24-hour shifts because they were so short staffed. She reported that, "as well as supervising the inpatient area, we were also responsible for helping the [emergency room]. . . . If a trauma came in, [that patient would] take precedence." When a colleague called in sick and there was no replacement, nurses had to care for that colleague's patients in addition to their own. One nurse admitted that "she [felt] sorry [for] the clients" because she has 30 to take care of and does not think it is safe practice.

Lack of time to care for patients. Many of the RPNs reported that increased workloads have resulted in time constraints that impact on patient care. RPNs described having difficulty completing daily tasks, which affected their ability to care for their patients. One nurse commented that she "works a lot of time beyond the end of [her] shift . . . because [she wants] to provide the best care." Another RPN who worked in a long-term care facility reported that her

perception of nursing as a "caring field" has changed "because the time you [need] to care for people is not there."

Lack of time to care for self. RPNs indicated that increased workloads meant they had little time to care for themselves. One nurse commented that "nine times out of ten [she doesn't] get a break . . . because [they] are so piled up with work." Another nurse stated that she "barely [has] time to take a break so that [she] can eat." A few nurses described coming home feeling exhausted or "physically done" from the day's work.

Management response. Some nurses reported that there was a lack of response from management regarding issues with increased workload. One RPN noted that in her facility, there used to be a support nurse who would work when extra tasks like "RAI assessments" were needed, but she was "taken away" by management. The RPN likened the situation to "being out in the ocean and screaming for help, and instead of throwing you the buoy, they are throwing you the anchor." Other interviewees noted that when their role was extended, their paperwork increased, but no staffing changes were made to help support the increase in work demands.

Workplace safety. Almost all the RPNs talked about issues related to workplace safety. Some shared stories of violence by patients while others described an overall "fear of harm" at work. A few RPNs indicated that because of this fear, they wanted to "get out of the profession and into something else."

Fear of harm. RPNs identified three main sources of their fear of harm: patients, patients' families and visitors to the hospital. Some nurses, particularly those working in long-term care, identified a change in patient population as the main cause of concern for their safety at work. One nurse said, "In long-term care, we are not just getting the sweet old ladies anymore; we are getting a lot of mental health." While some nurses cited patients with mental health as a

safety issue, others emphasized that workplace violence could come from typical patients as well. One nurse described "a little lady who was five foot tall and 80 pounds . . . tak[ing] out three staff members, one of them with a severe head injury." RPN experiences ranged from patients who did not want them to provide care because they objected to the nurses accent or skin colour to a patient who "tore a sharps container off of the wall and stabbed a nurse with a handful of needles." One nurse who worked in the community remarked, "You never know what you're getting yourself into" when visiting a client. This RPN had once gone to the house of patient who had a gun behind the door.

In addition to the patients, some RPNs described a fear of harm from the patients' families. One nurse observed that the "patients' families can do a job on you. They can . . . be manipulative . . . bullying and that kind of thing." Another nurse mentioned that at her workplace, the surnames of employees had to be removed from their nametags because family members were harassing staff at their own homes.

Nurses commented on the additional risk presented by hospital visitors. One nurse described being a student in oncology and witnessing an individual who threatened one of the nurses. Another nurse described a situation where a young man who came in to be treated was accompanied by three friends, all of whom were "high." The three friends were wandering through the hospital and the nurses had to call the police.

Lack of employer support. When describing the potential risk of harm associated with being a nurse, some RPNs indicated that management was not supportive in ensuring a safe work environment. A nurse recounted a situation in which there was no security in the facility and she was responsible for ensuring one of the male patients did not "escape." When she told management that she would "not get in his way" if he tried to escape but would call the police

instead, she could tell they were unhappy. Not only were RPN interviewees frustrated by the lack of employer support, but some were also concerned by management's unwillingness to make accommodations when personal safety was at risk. One RPN in long-term care was pregnant and working on a floor that she felt was low risk, then management began scheduling her on a floor with a higher risk of violence. During one shift, she was pushed and subsequently fell on her "belly." She tried to speak with management about not being scheduled to work on that floor. When management refused to listen to her request, she was left to manage a situation that was potentially unsafe for her and her baby.

Strategies to manage risk of harm. RPNs indicated that the risk of harm was "part of the profession." One RPN commented, if there is a difficult patient "somebody has to go in so [we] do." She explained that it is the responsibility of the nurse to provide care to all patients. Some of the nurses talked about different strategies they used to mitigate the risk of harm. One nurse reported that "sometimes families are not very satisfied with the care, [so she] tries to figure out the problem . . . to work with the families to make them happy and satisfied." Another nurse indicated that if a patient was being difficult, she would not "let it get under [her] skin." An additional approach was identified by a nurse who was a "safe management trainer" and worked with nurses to teach them how to diffuse situations.

Organizational support. Working in an organization that engages in practices to support nurses was identified as critical to an RPN's job satisfaction and their ability to provide quality care. RPN interviewees related varied experiences of organizational support. The majority of RPNs reported that management had an impact on their ability to provide quality care.

Supportive management. The RPNs who described having supportive management believed that their voices were heard, their opinions were respected and their role was valued.

They reported feeling validated when they could approach their managers to discuss issues in the workplace or aspects of patient care. They also described their work environment as one that supported inter-professional collaboration and empowered RPNs in decision making. One nurse mentioned the importance of "just being recognized" when photos of her were put up around the department after she had published in the RPNAO journal. It was this recognition, along with other support from management, which encouraged her to participate in different leadership opportunities.

Impact of management on quality care. The RPNs reported that management could affect the type of care a nurse is able to provide on a daily basis. One nurse indicated that management could make a nurse's workload more or less easy. She used staffing as an example, noting that a manager's lack of response to an increase in patient census can affect patient care:

> It comes down to if she got the extra staff we would be able to provide better patient care. Because the workload is so heavy that once you get that [extra] staff member, you are better able to focus on the patient.

Another nurse described a similar experience of how management can influence quality of care. In her organization there had been a number of issues identified related to skill mix, which was beginning to impact patient care. In response, management created and implemented a new model of care, which clarified the role of RNs and RPNs as per their scope of practice and enabled them to better collaborate in providing care. Since the change was implemented, they have been able to maintain an environment of collaboration in which "inter-professional practice amongst [RNs and RPNs] is very good."

Teamwork. How RPNs experienced teamwork varied depending on the workplace. Some nurses felt that they were "not alone" in caring for patients. One nurse said, "RNs were assigned

patients and we were assigned patients . . . we monitored theirs when they went to coffee and they monitored ours when we went to coffee." Another RPN commented that if she found something challenging with a patient, she could discuss it with the RN on staff and they would "work it out together."

In contrast, some RPN interviewees described a work environment in which RNs would "report off" to nurses (does this mean RN's) closest to them without acknowledging the RPNs. RPNs noted, "RNs . . . worked exceptionally together." However, it was a challenge for the RPNs to get certain things done such as "a second-check [by an RN] on a medication." The RPNs recognized that collaboration was vital to providing high-quality care. As one nurse said, "It is not just leadership and administration, it is the actual team" that makes the work environment positive.

A changing profession: The experience of being an RPN. With the recent changes to the RPN scope of practice and the increased demands of the current work environment, RPNs believed they should be respected as valuable members of the healthcare team. However, they reported feeling devalued professionally in various ways. For example, perceived societal stigma associated with being an RPN, lack of respect from clinical team members, lack of leadership opportunities and lack of autonomy in their everyday practice.

Perceived stigma related to being an RPN. RPNs described feeling that there is a stigma related to being an RPN. One nurse reported feeling "embarrassed . . . because of everything in the media saying that RPNs are incompetent." Another RPN reported that she perceived advertisements that describe RNs as "real nurses" as "hurting the profession." RPNs felt they were not being recognized for their worth. Many of them believed that these messages have negative implications for RPNs and their ability to provide quality care.

Lack of respect. RPNs also reported feeling a lack of respect from members of the healthcare team including doctors, RNs and personal supports workers (PSWs). It was identified that some doctor's document "care to be given by RN" on patient charts, while others prefer not to have RPNs on their unit. Interviewees also indicated that there is a lot of belittling from RNs because they do not "truly understand the full scope of an RPN." A nurse described that in her workplace "one [RN] in particular . . . would send RPNs off to get her a cup of tea and things like that." Other nurses identified "getting it from both ends" as RNs and PSWs devalued their role within the team. One nurse described a situation in which a PSW would ask her a question and then without really considering her response ask the RN on staff.

Not being recognized as a nurse. Some RPNs observed a lack of respect for their profession. Not being acknowledged as a "nurse" by an RN was one example given by RPN interviewees. An RPN described an experience where she was working in the emergency room with an RN when a woman came in with her daughter who was in respiratory distress. The RN was on the phone and told the person on the other end that she was "the only [nurse] in the building." The daughter then asked if she was the only nurse, what the role of the RPN was. This left the RPN in the awkward position of explaining that she was also a nurse. Another nurse had overheard comments such as "I only have an RPN back, there I don't have a nurse" or "there is an RPN back there, there isn't a nurse to take care of the patient." One nurse reported that she had been told the difference between RNs and RPNs was that "RPNs just do a certain job, they don't know why they are doing it, they just do it, [but] RNs know why they are doing it." Some of the interviewees commented that RPNs internalize these negative comments and "will refer to themselves [as] 'only an RPN.'" One frustrated RPN described that she responds to these comments by saying "No, you're a nurse. You should be able to say that and be proud."

Not feeling valued. Some of the RPNs indicated their education was not valued and that they needed to go back to school in order to have opportunities available to them. A new graduate RPN commented, "I am at the top of my class and I have heard 'you should really go for your RN, you're too smart to be here. You could go to the RN; you could do so much more.'" Nurse interviewees agreed that there is little support for RPNs and pressure on newer RPNs from management to "upgrade" by going back to school to become an RN. They believed this would result in the loss of young RPNs in the workplace and to the profession.

Other RPN interviewees described feeling that their experience was not valued. They indicated that there should be certain leadership opportunities open to them because of their level of experience and regardless of their academic qualifications, but that this was often not the case. One nurse recalled,

> I wanted to do a project, so I spoke with the manager and told her that I needed some time off because I was going to teach across the organization. Seven shifts I needed replaced . . . and she said "why did they ask you?". . . what do you mean why did they ask me? Because I am a leader too. RPNs aren't thought of [as] leaders because we aren't in formal leadership roles, but I am a leader, an informal leader in a different way. That's where recognition needs to be brought forward for RPNs to be considered leaders; they need to be given opportunities.

Some of the nurses believed it was up to RPNs to "advocate for themselves" in obtaining leadership roles within their organizations. One nurse related her experience of being in a supervisor role in her organization when a corporate position opened up that was advertised to RNs only. She applied to the position, got an interview and then "advocated [her] butt off." She ended up getting the position. However, the organization wanted to give her a lower rate of pay

because she was an RPN. Her response was firm, "[If] I am showing you I have the skills and ability [to do this job], then I expect that pay rate." In the end, the organization agreed to give her the higher rate of pay. Another nurse asserted that RPNs "have to take ownership and advocate for the profession," rather than accepting senior management statements such as "she is a great person, she is a great one for the job, but she is only an RPN."

Autonomy. Some nurses believed that they had the freedom and flexibility to make decisions based on the best interest of the patient, while others did not. This variability in responses was related to differences in the workplace, employer policies and limitations imposed by frontline management. Some RPNs indicated that if they believed something was not working for a client, they were able to tell the doctor who would then make the necessary changes. In contrast, other RPNs experienced a lack of autonomy in their workplace. Some RPNs described situations in which they should have been able to provide care according to their scope of practice, but they were not allowed because of workplace policy. One RPN described this experience as "taking the wind out of [the RPNs'] sails."

Advocating for the patient's best interest. RPNs maintained they had an "obligation" to advocate for patients and what is best for their care. Accordingly, they did various things that they believed were in the best interest of their patients, for example allowing visitors outside of visiting hours or allowing patients to rest in their rooms instead of going to the dining room when they were not feeling well. One RPN stated, "To be patient focused, sometimes it is hard to follow the book exactly." Another said that it is because of a "nurse's passion for what they do that they go above and beyond to meet the patients needs."

Having the support of an organization like the RPNAO. Some of the RPNs indicated that they really appreciate having the support of an organization like the RPNAO, especially for

insurance and liability reasons. One nurse spoke about a situation in which she suspected financial abuse in the home and had to report it. The individual named in the report took issue and reported the RPN to the College of Nurses of Ontario (CNO). The RPNAO helped the RPN obtain counsel and she was found innocent of all claims. She later received a letter from the individual commending her for raising the matter and recognizing the public's responsibility to do so.

Targeted Groups: Mid-Career Nurses and IENs

The following sections report on findings from the two focus groups that were targeted: mid-career nurses and IENs. Mid-career nurses were asked to comment on the factors that affect retention of RPNs in Ontario. IENs were asked to identify challenges they have faced while working as an RPN in Ontario.

Mid-career nurses. Findings from the mid-career nurse focus groups were categorized under two main themes: reasons to stay and reasons to leave. A key factor underlying both these themes was the relationship between retention and age. Almost all of the respondents prefaced their comments with the phrase "as an older nurse."

Reasons to leave. Mid-career nurses identified a number of factors that affect nurse retention, including the physical nature of nursing work, the potential risk of harm, the uncertainty of the RPN role and working shift work. One nurse said, "As you get older you have to consider your [physical well-being] . . . and I think for a lot of older nurses that is a big concern. . . . The potential to be hurt is a reality." Mid-career nurses also indicated that alternative dreams or goals such as starting "an adult day care centre" or "travelling and volunteering" would prompt them to leave their current position. Additionally, some nurses suggested they might leave their current position so that they could make more money.

RPNs reported that support for professional development was another factor that impacted nurse retention. One nurse described being well supported in her current position because she could take time off from work for "anything education-related." Some RPNs commented that feeling valued in their current role influenced whether nurses would consider a career change.

Reasons to stay. Interviewees indicated that as nurses age, they may not necessarily be looking to make a career change. One nurse noted, "Changes on the whole are not easy . . . and with age it doesn't get easier." Another nurse agreed that certain circumstances common for mid-career nurses (e.g., family issues and caring for aging parents) made it difficult "to make a lot of changes." Some nurses said they did not know what options were available to them and even if they did know, there could be other barriers such as not having the prerequisites for a course when considering further schooling.

IENs: A Perspective on CARE. The IENs who were interviewed at the CARE (Creating Access to Regulated Employment) Centre for Internationally Educated Nurses reported on workplace factors that affected retention. A number of challenges were identified such as cultural differences and language barriers. However, many interviewees found success through various supports.

Challenges. One challenge interviewees faced was communication problems. One nurse commented that it is not the medical terminology but the everyday terms and common jargon used by patients and coworkers that she has difficulty understanding. Some IENs asserted that cultural differences are also a challenge they must overcome in their practice. Some IENs described the difficulty of getting a job as a primary challenge facing IENs. One IEN observed, "Job opportunities seem to be [limited] because [IENs] don't have Canadian experience. . . .

Some [IENs] have 10 or 12 years experience, but not Canadian experience so . . . it is hard to get that first job."

Desired supports. Interviewees indicated that the development of additional CARE Centres would be beneficial for IENs located outside larger cities. IENs highlighted the importance of a supportive environment to their success in areas such as passing the registration exam and taking courses. They believed that the CARE Centre and their counsellors provided that much-needed support. One nurse recalled that "when [she] was unsuccessful in [passing the] RPN [registration exam] . . . [her] counselor gave [her] a lot of support" and encouraged to retake the exam.

There was an identified need for more information for nurses immigrating to Canada to help with their transition. One nurse described the documents she received from CNO before immigrating:

> Before I came here . . . [CNO] gave me a package [with details regarding the documents required]. I think it is much more than just the documents, everyone knows about the documents, it is all over the Internet. Maybe even tell us about how long registration [takes], how much money you should have just in case you are not eligible for [a] bursary . . . the hardship if you have kids, then you have to think about the day care. It is more [about] balancing your life and pursuing your dream . . . than just the documents that you need . . . the day-to-day realities.

Another IEN suggested it would be helpful if IENs were provided jobs in their field (e.g., PSW positions), so they could gain experience within the Canadian healthcare system. Some interviewees indicated that language supports are also helpful for IENs. One nurse described coming to Canada and barely speaking any English. However, through Language Instructions for

Newcomers and courses provided by the CARE Centre (e.g., English for Nurses and Documentation Skills), she was able to learn the language. Interviewees also commented on the importance of having support from teachers and counsellors.

DISCUSSION

A paucity of research on the work experiences of RPNs prompted the RPNAO to conduct a study of RPNs employed in nursing in Ontario. The purpose of the study was to identify factors that affect the retention of RPNs in the workplace and their ability to provide high-quality care. Findings from the focus groups indicate that numerous changes over the past decade have influenced how RPNs perceive their work. Interviewees identified changes in the RPN role, the work environment and the nursing profession. These themes provide important data about potential factors that can affect the retention of RPNs in the workplace and their ability to provide quality patient care.

According to the RPNs, the most significant change has been the expanded scope of practice for RPNs. Effective January 1, 2005, the basic educational requirements to become an RPN changed from a three-term certificate program to a two-year diploma program from a Community College of Applied Arts and Technology (CNO, 2011). This change has significantly impacted the role of RPNs in the healthcare team. It was evident from the interview data that RPNs were interested in working to their full scope of practice, but they were limited by organizational policies that set parameters on their role. RPNs believed that these constraints affected their ability to provide safe quality care to their patients.

A study by White et al. (2008) investigated the perceptions of RNs, LPNs and registered psychiatric nurses concerning the extent to which they were able to work to their full scope of practice. Less than 20% of LPNs reported working to their full scope and some felt frustrated by

the disconnect between what they were educated to do and what they were permitted to do. Similarly, Aiken et al. (2001) found that a nurse's inability to provide the required level of patient care was linked to staff retention and lower job satisfaction for both RNs and LPNs. Duffield et al. (2011) found that nurses (RNs and RPNs) were more productive if they felt a sense of control over their practice, which positively affected patient outcomes while Oelke et al. (2008) argued that an important retention strategy for RPNs is to ensure that nurses are able to work to their full scope of practice.

A second major theme that emerged from the interviews was the effect of a changing work environment on the ability of RPNs to provide quality care. RPNs identified workplace factors that affected their practice and ultimately their job satisfaction. According to the RPNs, increased daily tasks and increased workload due to staff shortages resulted in a lack of time to care for patients and themselves. In a study by Barba, Hu and Efrid (2011), nurses working in acute care and long-term care facilities identified staff shortages and not enough time as the greatest barriers to providing quality care to older adults.

Work environment has also been linked to nurse turnover in a number of research studies. For example, Spetz, Rickles, Chapman and Ong (2008) found that burnout/stressful work environment and a lack of communication/collaboration among health professionals affected a nurse's decision to leave. Sellgren et al. (2009) found that heavy workload was an important factor related to staff turnover. In a study of nurses working in long-term care facilities, employee turnover was associated with lower job satisfaction, higher levels of emotional exhaustion, more outside job opportunities, weaker work group cohesion, lower feelings of personal accomplishment at work and higher feelings of depersonalization burnout (Tourangeau, Cranley, Laschinger, & Pachis, 2010).

According to the RPNs in our sample, management support could positively affect nurses' job satisfaction. The RPNs felt supported when their voices were heard, their opinions were respected and their role was valued. In Oelke et al.'s (2008) study, LPNs indicated that "good" managers were accessible, approachable and listened to staff concerns. Interview findings indicated that having supportive managers meant that RPNs felt comfortable pursuing leadership roles and engaging in professional development. There was an overall sense among the RPN interviewees that these types of opportunities were limited for RPNs, which frustrated many of them.

The third major theme that emerged from the focus group data was related to the changing nurse profession and what it means to be an RPN in today's healthcare system. RPNs perceived a stigma related to being an RPN. They reported not being recognized as a nurse, not feeling valued and lacking respect and autonomy. All of which are important factors for practice and understanding the experience of being an RPN. With recent changes to the RPN scope of practice and the increased demands of the current work environment, RPNs perceived their role on the healthcare team as invaluable. However, many of them cited a lack of acknowledgement intra- and inter-professionally. There is a need for further research to examine these issues and identify strategies for employers to better support RPNs in the workplace.

CONCLUSION

Findings from this study provide insight into the experiences of RPNs working in Ontario. It was evident that the changing context within which RPNs practice has impacted their ability to provide quality care. In addition, workplace factors contribute to RPN job satisfaction and ultimately their intention to remain in their current position. This study was limited in the small sample size and qualitative nature of exploration. Nonetheless, it highlights some of the

key issues facing RPNs today. The findings have important implications for policy and practice. Employers should develop retention strategies that focus on supporting RPNs to work to their full scope of practice, enhance professional development and leadership opportunities for RPNs and facilitate work group cohesion among members of the nursing team.

REFERENCES

Aiken, L. H., Clarke, S. P., Sloane, D. M., Sochalski, J. A., Busse, R., Clarke, H., Giovannetti, P., Hunt, J., Rafferty, A., & Shamian, J. (2001). Nurses' reports on hospital care in five countries. *Health Affairs, 20*(3), 43–53.

Barba, B. E., Hu, J., & Efrid, J. (2011). Quality geriatric care as perceived by nurses in long-term and acute care settings. *Journal of Clinical Nursing, 21,* 833–840.

Boyatzis, R. (1998). *Transforming qualitative information: Thematic analysis and code development.* Thousand Oaks, CA: Sage.

College of Nurses of Ontario. (2011). *Entry to practice competencies for Ontario registered practical nurses.* Toronto, Ontario: Author.

Coomber, B., & Barriball, K. L. (2007). Impact of job satisfaction components on intent to leave and turnover for hospital-based nurses: a review of the research literature. *International Journal of Nursing Studies, 44*(2), 297–314

DeCicco J., Laschinger, H. K. S., & Kerr, M. (2006). Perceptions of empowerment and respect: Effect on nurses' organizational commitment in nursing homes. *Journal of Gerontological Nursing, 32*(5), 49–56.

Duffield, C., Diers, D., O'Brien-Pallas, L., Aisbett, C., Roche, M., King, M., & Aisbett, K. (2011). Nursing staffing, nursing workload, the work environment and patient outcomes. *Applied Nursing Research, 24,* 244–255.

Hayes, L. J. (2006). Nurse turnover: A literature review. *International Journal of Nursing Studies, 43*(2), 237–263.

Juice Intelligent Energy. (2011). *RPNAO focus group summary.* Toronto, Ontario: Author.

Kanter, R. M. (1993). *Men and women of the corporation* (2nd ed.). New York, NY: Basic Books.

Kramer, M., & Schmalenberg, C. (2004). Essentials of a magnetic work environment. *Nursing, 34*, 50–54.

Kuokkanen, L., Leino-Kilpi, H., & Katajisto, J. (2003). Nurse empowerment, job-related satisfaction and organizational commitment. *Journal of Nursing Care Quality, 18,* 184–192.

Laschinger H .K. S., Finegan J., & Shamian, J. (2001). The impact of workplace empowerment, organizational trust on staff nurses work satisfaction and organizational commitment. *Health Care Management Review, 26*(3), 7–23.

McGillis Hall, L., LaLonde, M., Dales, L., Peterson, J., & Cripps, L. (2011). Strategies for retaining mid-career nurses. *The Journal of Nursing Administration, 41*(12), 531–537.

O'Brien-Pallas, L. (2010). Impact and determinants of nurse turnover: A pan-Canadian study. *Journal of Nursing Management, 18(8),* 1073–1086.

Oelke, N., White, D., Besner, J., Doran, D., McGillis Hall, L., & Giovannetti, P. (2008). Nursing workforce utilization: An examination of facilitators and barriers on scope of practice. *Nursing Leadership, 21(1),* 58–71.

Parry, J. (2008). Intention to leave the profession: Antecedents and role in nurse turnover. *Journal of Advanced Nursing, 64(2),* 157–167

Sellgren, S. F., Kajermo, K. N., Ekvall, G., & Tomson, G. (2009). Nursing staff turnover at a Swedish university hospital: an exploratory study. *Journal of Clinical Nursing, 18,* 3181–3189.

Spetz, J., Rickles, J, Chapman, S., & Ong, P. M. (2008). Job and industry turnover for registered and licensed vocational nurses. *Journal of Nursing Administration, 38(9),* 372–378.

Tourangeau, A. E., & Cranley, L. A. (2006). Nurse intention to remain employed: Understanding and strengthening determinants. *Journal of Advanced Nursing, 55(4),* 497–509.

Tourangeau, A., Cranley, L., Laschinger, H. K. S., & Pachis, J. (2010). Relationships among leadership practices, work environments, staff communication and outcomes in long-term care. *Journal of Nursing Management, 18(8),* 1060–1072.

White, D., Oelke, N., Besner, J., Doran, D., McGillis Hall, L., & Giovannetti, P. (2008). Nursing scope of practice: Descriptions and challenges. *Nursing Leadership, 21(1), 44–57.*

Zeytinoglua, I., Denton, M., & Plenderleith, J. M. (2011). Flexible employment and nurses' intention to leave the profession: The role of support at work. *Health Policy, 99,* 149–157.

APPENDIX A. GENERAL FOCUS GROUP INTERVIEW GUIDE

Focus Group Questions
Each of us approaches our work with goals for what we wish to achieve each day.

What are your work goals within your organization?

Do you experience barriers to achieving your goals?

Open Ended Focus Group Questions
Now I would like to ask you a few questions that will help me understand your experiences.
1. In the survey it was identified that RPNs value the ability to provide high quality care above all else. When providing care, do you face any barriers to providing the best care possible? If so, could you describe those barriers using examples from your work experience.

2. In what way does your manager support you to provide the best care possible? Include a description of how you are involved in decision making, both formal and informal in your practice.

3. Do you feel you are rigidly required to follow policies and procedures, or do you feel a level of flexibility within those elements of your unit? If possible, share an example with me. (Some nurses will be triggered by the phrase "breaking a rule when it is in the best interest of your patient").

4. In the survey it was identified that RPNs face barriers in their workplace, one common barrier was described as a lack of respect. Could you elaborate on how you are not respected in your workplace? (Other triggers: Do you have examples, what specific situations does this occur, when do you feel a lack of respect, can you describe what relationships lack respect amongst your team members)

5. In the survey it was identified that the political environment is a factor that results in RPNs considering leaving the profession, could you tell us more about that? (Other triggers: Do you have examples, what specific situations does this occur, when do you feel the environment is more political)

6. In the survey it was identified that workplace violence has been experienced by RPNs, can you provide an example of a situation where you felt vulnerable. (Describe workplace violence - bullying, isolation,
segregation or physical, either threats or actual occurrences, staff model changes RN/RPN/UCP)

7. Do you have any further thoughts you wish to share with us before we conclude our session?

APPENDIX B. MID-CAREER RPN INTERVIEW GUIDE

Open Ended Questions

Now I would like to ask you a few questions that will help me understand your experiences.

1. What kind of change of role or job do you wish you could take part in, if any, at this point in your career?

2. How easy is it to consider a change in career form clinical settings, across sectors or domains of practice?

3. What supports would you like to see you help you in that transition?

4. Describe the current supports that you have for professional development and continuing education needs at the individual level (e.g. financial assistance, flexible scheduling, career advancement opportunities) and/or unit/program level (e.g. practice specific continuing education, professional development)

5. Do you access the Nursing Education Initiative through RPNAO for financial support with your continuing education?

6. What keeps you in practical nursing and what would make you leave?

Thank you for your participation in this portion of the project. I appreciate your willingness to share your experiences in a way that will help develop meaningful understanding of the specific needs of mid career RPNs. If there is something that you wished you shared, upon reflection, please feel free to email or call me.

APPENDIX C. INTERNATIONALLY EDUCATED RPN INTERVIEW GUIDE

Our focus groups are open to all RPN that have worked in a RPN role in Ontario as we are exploring the barriers and facilitators in the workplace, therefore we can only include those of you that are currently employed in Ontario as an RPN, if you are working in a different role such as a care aid or PSW we will not be able to include you in our focus group at this time but do have some general questions that we would like to ask all of you. (Ask for a show of hands)

Ask for consents to be signed.

We will begin by asking you 3 general questions related to recruitment as an IEN to the entire group.

1. What are some of the challenges that you face as an IEN in Ontario?

2. What supports have made your transition to the Canadian Health Care system easier?

3. What support do you think are needed to support IEN nurses?

Thank you for your general participation, we will now ask for only those currently employed as a RPN to stay for the remainder of the focus group questions.

APPENDIX D. DEMOGRAPHIC QUESTIONNAIRE

Please complete this short questionnaire to help us understand your role as well as your background.

1. Select the age group that you represent
   - ☐ 20-25
   - ☐ 26-30
   - ☐ 31-35
   - ☐ 36-40
   - ☐ 41-45
   - ☐ 46-50
   - ☐ 51-55
   - ☐ 56-60
   - ☐ 61+

2. Gender
   - Male
   - Female

3. What health care sector do you work?
   - ☐ Acute Care
   - ☐ Long Term Care
   - ☐ Community
   - ☐ Complex Continuing Care
   - ☐ Other (specify)_____
   - ☐ Self Employed

4. What is your role?_____

5. How long have you been nursing?
   - ☐ 1-3
   - ☐ 4-7
   - ☐ 8-12
   - ☐ 13-20
   - ☐ 21+

6. Highest level of education (certificate/diploma)?
   - ☐ Certificate
   - ☐ Diploma
   - ☐ Other

7. How long have you worked at your current employer?

APPENDIX E. CODING SCHEME

Changing Role of the RPN

- Organizational policy, scope of practice and quality care
- Assigning "RPN-appropriate" patients
- Role confusion
- Issues related to expanded scope of practice

The Changing Work Environment

- Increased workload: Barrier to providing safe, quality care
    - Extra tasks in addition to ordinary care
    - Staffing shortages
    - Lack of time to care for patients
    - Lack of time to care for self
    - Management response

- Workplace safety
    - Fear of harm
    - Lack of employer support
    - Strategies to manage risk of harm

- Organizational Support
    - Supportive management
    - Impact of management on quality of care

- Teamwork

A Changing Profession: The Experience of Being an RPN

- Perceived stigma related to being an RPN
- Lack of respect
    - Not being recognized as a nurse
- Not feeling valued
- Autonomy
    - Advocating for the patient's best interest
- Having the support of an organization like the RPNAO

Mid-career Nurses

- Reasons to leave
- Reasons to stay

IENs: Perspectives on CARE

- Challenges
- Desired supports