



2006 STATUS REPORT

**PHASE 2: IMPLEMENTING THE RECOMMENDATIONS OF THE 2004 REPORT ON
RURAL AND REMOTE NURSING RECRUITMENT AND RETENTION**

RURAL AND REMOTE STEERING TEAM

May 12, 2006

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The Rural and Remote Steering Team gratefully acknowledges the participation and advice of:

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- team members from around the province who participated in the Education, Marketing, and Quality Work Environment Working Groups.
- Martha MacLeod, PhD, University of Northern British Columbia, Sponsored by the CHSRF and the NSHRF, for her presentations on May 30 and 31, 2005.
- Martha MacLean, Cape Breton District Health Authority, for facilitating the staffing workshop.
- Anne Duncan, Pictou District Health Authority and College of Registered Nurses of Nova Scotia, for coordinating the Rural and Remote telehealth sessions May 30, 2005.

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Introduction

The Phase 2 Report is an overview of the work of the Rural and Remote Steering Team conducted between October 2004 and March 2006. The Rural and Remote Steering Team was charged with the task of implementing the recommendations of the Rural and Remote Nursing Working Group whose report was submitted to the Provincial Nursing Network March 29, 2004.

Background

In 2003, a provincial committee was established through the Nova Scotia Department of Health's Nursing Strategy to begin examining issues and strategies that would help us to attract and retain nurses in our rural communities. The committee comprised managers, practising nurses, and educators in the community, as well as in the continuing and acute care sectors.

Since the initial Rural and Remote Working Group Report was released in fall 2004, it has received widespread support. A Rural and Remote Steering Team was established to implement the recommendations identified by the Rural and Remote Nursing Working Group. The Terms of Reference for the Steering Team are appended (Appendix A). Broadly stated, the recommendations address issues related to enhancing the quality of nurses' work life, marketing rural nursing opportunities, and supporting the education (undergraduate and continuing education) and professional development of rural nurses, and identifying actions to implement the recommendations.

Prioritizing the Recommendations of the 2004 Rural and Remote Report

Prior to the Steering Team implementing the recommendations, the seven recommendations which were approved by the PNN were prioritized. The broad headings for the recommendations were recruitment, retention, and renewal.

RECOMMENDATIONS OF THE 2004 REPORT

RECRUITMENT

Recommendation 1: Develop and implement marketing strategies through partnerships between health providers, educational institutions, and communities to support the recruitment of nurses to rural areas

Recommendation 2: Support new recruits in transition to rural settings

RETENTION

Recommendation 3: Support employer initiatives that enhance quality of work life with regard to work environments, continuing education, and scopes of practice

Recommendation 4: Support creative contingency planning

RENEWAL

Recommendation 5: Support interdisciplinary and other collaboration

Recommendation 6: Support leadership education for rural managers and nursing staff

Recommendation 7: Monitor and evaluate indicators to support planning for recruitment and retention of nurses in rural areas

The Steering Team received direction from the Provincial Nursing Network to implement recommendations 1, 3, 6, and 7 within existing resources before proceeding with recommendations 2, 4, and 5. This decision was made based on criteria such as urgency and sequencing (i.e., the identification that some recommendations would need to be implemented before others).

Implementation Plan

- The Steering Team clustered the recommendations and formed sub-groups to manage each cluster. These were the Marketing Sub-Working Group, Quality Work Environments Sub-Working Group, and Education Sub-Working Group, each of which was co-chaired by Steering Team members. In recognition of the significance of partnerships with stakeholders in implementing the recommendations and consideration of the resources required, representatives from organizations throughout the province were sought to join the sub-groups and begin implementation of the recommendations. The Report of each of the Sub-Working Groups is appended (Appendices B,C, and D).
- The Steering Team arranged for dissemination of the research findings "The Nature of Nursing Practice in Rural and Remote Canada". Martha MacLeod, University of Northern British Columbia, was the principle investigator. The Nova Scotia data was extrapolated and compared to the Canadian data. Three sessions were arranged: one with the Provincial Nursing Network; a second with nurses from across the province via the Nova Scotia Telehealth Network; and a third session with administrators, managers, regulators, and practicing nurses.
- A forum was held in Truro on May 31-June 1, 2005, for senior managers to focus on resolving staffing challenges in rural areas of the province. A summary of the proceedings is appended (Appendix I).
- In follow up to the staffing challenges workshop, focus groups were held across the province to further solicit input from other managers and direct care/point-of-practice staff. The staffing focus groups were held for nurses from all sectors in Sheet Harbour, Kentville, Tatamagouche, Baddeck, and Guysborough September 1-9, 2005. The comments and ideas generated by the participants are appended (Appendix J). Participants at each of the staffing sessions were asked to identify three priorities for implementation. There was very strong support for continued efforts to promote existing programs and successes that give strength to nursing in rural areas of the province, including Nursing Strategy Programs, the Practice Environment Collaboration Program, and Telehealth.

- The following action plan identifies the priorities which are a synthesis of the original recommendations of the Rural and Remote Working Group and the further exploration of the sub-working groups which were established as part of the implementation plan of the Rural Steering Team.

Action Plan

Each of the sub-working groups identified actions related to the recommendations, which are listed below. A detailed Action Plan is appended to this report (Appendix K).

Education Sub-Working Group:

1. The cooperative education, continuing education and bursary policies were revised (Appendix B, C) and will be presented for approval by the Provincial Nursing Network and the Department of Health.
2. The competencies necessary to work in rural Nova Scotia be developed which would form the basis of a performance-based program to assist nurses in rural settings to develop the competencies and confidence to meet the practice demands.
3. That the competencies be validated by nurses working in rural settings and that one vehicle for validation of the competencies be the provincial preceptor educator group.
4. That continuous learning initiatives and networks be included as integral components to the education program.
5. That the mode of delivery incorporates e-learning technologies, including telehealth.
6. That the transition needs for new LPN graduates and continuing education needs for LPNs in the system be assessed with a specific focus on further developing competencies acquired in the LPN program.
7. That there be concurrent work with managers and preceptors in the rural settings to ensure that they have the knowledge about the standards of practice and skills needed to facilitate the transition of new graduates – both RNs and LPNs.
8. That the Steering Committee recommend that CRNNS and CLPNNS develop documents or position statements describing the transition of new graduates to rural nursing practice to assist employers to meet their accountabilities in assisting graduates with a satisfactory transition.

Marketing Sub-Working Group:

1. Examine/compile Nova Scotia rural specific “predictors of intent to leave”. Sociodemographic and professional predictors, and those related to satisfaction with work and community. From these predictors, strategies need to continually evolve to address the issues identified.
2. Disseminate the knowledge obtained from the working group to managers in medium and small organizations (for example, continuing care homes, mental health group homes). Utilize existing human resources professionals within DHAs as corporate

experts to validate resources.

3. Investigate possibilities of list serves, web page access, chat rooms for dissemination and ongoing discussion of material.
4. Link educators and key community stakeholders to determine best practices for student placements early in academic year.
5. Establish relationship with Community Health Boards to provide potential link between community stakeholders, educators, human resources personnel, and students.

Quality Practice Environments Sub-Working Group:

1. That employers invite presentations on scopes of practice by the Colleges of Licenced Practical Nurses and Registered Nurses of Nova Scotia
2. That demonstration projects be developed for designated areas to implement staffing innovations to guarantee part-time or full-time hours and benefits for casual nurses.
3. That committees with nurses and management be developed to ensure open communication and shared responsibility for problem solving (e.g., the Practice Environment Collaboration Program).
4. That forums be developed for sharing of innovative ideas (e.g., electronic list serve or discussion forum)
5. That employers recognize the value and contribution that experienced nurses make to the profession and health care in Nova Scotia and provide incentives to retain them in the work force (such as flexible shifts or reduced hours without affecting pension benefits) while involving them in identifying and mentoring nurses for all aspects of nursing career development (skilled clinicians, leadership, management, etc.).

Staffing Sessions:

1. That access to rural nursing opportunities be promoted through: (1) mail out of printed Nursing Strategy materials, (2) a provincial nurse employment liaison professional, and (3) partnerships between employers and community organizations/members to market specific opportunities.
2. That recruitment be enhanced and exposure to rural nursing competencies increased through: (1) improved access to rural cooperative education opportunities and (2) larger bursaries (with longer return-in-service periods) for employed nurses.
3. That demonstration projects be implemented to evaluate innovative staffing strategies to improve availability of full time positions/hours and relief staff (to allow for vacations and education).
4. Recognize the valuable contribution and experience of near- or post-retirement nurses and offer them greater flexibility with regard to their hours and the opportunity to mentor less experienced nurses (in all aspects of nursing career development: skilled clinicians, leadership, management, etc.).

Summary and Conclusions:

The Rural and Remote Steering Team Report is evidence of the need for ongoing attention to address issues faced by rural nurses. Nova Scotia, in the next few years, will face significant shortage in nursing staff to meet the health system needs. Rural Nova Scotia is anticipated to experience the greatest impact of the nursing shortage given recruitment to rural settings. In order to maintain the health of our communities, it is imperative that Nova Scotia implement the Rural and Remote Nursing plan, monitor the progress, and evaluate the results.

The Implementation Team addressed recommendations 1, 3, and 6 which relate to education needs, marketing and quality practice environments. Recommendation #6 which addresses support for leadership education for rural managers was addressed in the Leadership Report (April 2006). In addition, the Implementation Team addressed recommendations 2 and 4 which include the transition of new graduates and contingency planning through the Staffing Workshop held in May 2005. Work on recommendation #7, which addresses monitoring and evaluating indicators to support planning, will begin internally with the Information Management Department. All of the 7 recommendations were addressed with the exception of #5, which states "Supports interdisciplinary and other collaboration". This recommendation needs to be considered as the action plan moves forward and may indirectly be addressed through the quality practice environment work.

Next Steps:

The Rural and Remote Steering Team would like to commit to continue to be a vehicle to monitor progress on the action plan and provide ongoing advisement twice a year. A yearly progress report will be presented to the Provincial Nursing Network and to Senior Leadership Team, Department of Health.

APPENDIX A

Terms of Reference

RURAL AND REMOTE NURSING STEERING TEAM

Purpose of Steering Team

To oversee development of an implementation plan for the recommendations outlined in the Rural and Remote Working Group Report (2004).

Objective

Work with existing resources to implement recommendations 1, 3, 6, and 7 before proceeding with recommendations 2, 4, and 5

Functions

The Steering Team will:

- Prepare a work plan to reflect the project purpose and objective
- Oversee the development of plans for implementation of the prioritized recommendations
- Determine the most appropriate people to lead work group.
- Receive regular reports from the work groups
- Ensure appropriate interface among groups and others
- Discuss progress of each work group to ensure proper interface of implementation plans
- Consider and identify impact in areas of service delivery, human resources, costs, risk management, information systems and communication
- Submit regular reports to the Provincial Nursing Network
- Evaluate the project process
- Ensure all relevant information is compiled

Membership

Clare MacQuarrie (Chair), Facility Manager, Inverness Consolidated Memorial Hospital
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Resource Support

Evelyn Schaller, Vice President, Patient Care Services, DHA 8, CBRH Site

Mode of Operation

- A representative from Nursing Advisory Services will act as secretariat.
- The Steering Team will complete its mandate by March 2005.
- The budget for the Steering Team will be covered by the Nursing Strategy.

Reporting Relationship

The Steering Team will make regular reports to the Provincial Nursing Network.

Meeting Frequency

The Steering Team will meet face to face and conduct additional business via conference calls, fax, mail, and e-mail, as determined by the Steering Team.

Date: October 13, 2004.

APPENDIX B

EDUCATION SUB-WORKING GROUP REPORT

Purpose and Objectives:

- To revise existing Nursing Strategy policies on cooperative education, 4th-year bursaries, continuing education, and orientation to promote nursing recruitment and retention in rural areas; and
- To provide support for new recruits to attain rural competencies by:
 - identifying entry-level rural competencies
 - using information about rural competencies to plan rural approaches to undergraduate, orientation, preceptorship, and continuing education for nurses (including the development of preceptor and mentor supports)

Process:

Through a series of meetings, revisions were identified for the cooperative education, continuing education, and bursary policies within the Nursing Strategy (Appendix D, E, F)

In addition, an environmental scan was conducted of entry-level rural competencies and a discussion paper submitted as part of this report (Appendix H).

Action Plan:

The following recommendations are to form the basis of an implementation plan to ensure planning of evidence-based rural approaches to undergraduate, orientation, preceptorship, and continuing education for nurses (including the development of preceptor and mentor supports):

1. That competencies necessary to work in rural Nova Scotia be developed which would form the basis of a performance-based program to assist nurses in rural settings to develop the competencies and confidence to meet the practice demands.
2. That the competencies be validated by nurses working in rural settings and that one vehicle for validation of the competencies be the provincial preceptor educator group.
3. That continuous learning initiatives and networks be included as integral components to the program.
4. That the mode of delivery incorporates e-learning technologies, including telehealth.
5. That the transition needs for new LPN graduates and continuing education needs for LPNs in the system be assessed with a specific focus on further developing competencies acquired in the LPN program.
6. That there be concurrent work with managers and preceptors in the rural settings to ensure that they have the knowledge about the standards of practice and skills needed to facilitate the transition of new graduates – both RNs and LPNs.
7. That the Steering Committee recommend that CRNNS and CLPNNS develop documents or position statements describing the transition of new graduates to rural nursing practice to assist employers to meet their accountabilities in assisting graduates with a satisfactory transition.

APPENDIX C

MARKETING SUB-WORKING GROUP REPORT

Purpose and Objectives:

To enhance employment marketing, the following objectives were identified:
Outline the process for community development and other associations to partner with recruiters and identify innovative strategies for:

- Return-in-service bursaries
- Advertising
- Encouraging nurses and their families to return home

Process:

The group discussed the following:

- Return-in-service bursaries were seen as a key issue. The priority is to not only encourage students to come to rural areas, but also to initiate and enable the process. Partnerships between community groups, education institutions, and employers need to be forged in order to enable students to be reimbursed financially, and supported locally. Community groups could be informed about the value of both their support and the rewards that such an investment would mean. As part of this strategy, refer to Appendix x.
- Advertising is the cornerstone of the marketing initiative. All of the elements essential to recruitment revolve around the ability to disseminate information (work life, educational opportunities, scope of practice, available openings). Smaller centers, especially those without a large administrative component (often in the smaller population areas) struggled with finding both the time and the resources to effectively communicate their recruitment needs. In consultation with nursing and administrative professionals, there was a common thread: there were some areas, both clinical practice and geographic, that had consistent success at specific recruiting strategies. In developing a tool box approach to amalgamate all the strategies used throughout the province, a comprehensive list can be developed and shared. Furthermore, creating provincial fora to share lessons learned about successful and time/resource-sparing strategies will be helpful.
- Encouraging experienced nurses and their families to return home (word of mouth): Recognizing that nurses are aging and that during the era where nursing jobs were difficult to come by, many nurses left the province for western regions and the United States. To continue to develop the supply of experienced nurses, these nurses need to be encouraged to return. By incorporating the marketing strategies already discussed, this can be accomplished. Using the relationships identified, we can target both reciprocity agreements for our students/locum coverage nurses, but also provide help with relocation and establishment of a new home. In addition, establishing links for spouses/families in terms of educational, recreation, and employment abilities can be accomplished in this manner.

Strategies:

The following key recommended strategies were identified:

1. Examine/compile Nova Scotia rural specific "predictors of intent to leave". Sociodemographic and professional predictors, and those related to satisfaction with work and community. From these predictors, strategies need to continually evolve to address the issues identified. Those most likely to leave (identified in research conducted by Martha MacLeod, PhD, RN, on The Nature of Nursing in Rural and Remote Canada, and validated by working groups) include:
 - Male gender (males four times as likely to leave than women)

- Increased workplace stress
 - Nurses with no children
 - Higher level of education
 - Short term employment
 - Decreased satisfaction with community
 - Increased dissatisfaction with scope of practice
 - Decreased satisfaction with autonomy of practice
 - On-call requirements
 - Advanced decision making/settings
2. Disseminate the knowledge obtained from the working group to managers in medium and small organizations (for example continuing care homes, mental health group homes). Utilize existing human resources professionals within DHAs as corporate experts to validate resources.
 3. Investigate possibilities of list serves, web page access, chat rooms for dissemination and ongoing discussion of material.
 4. Link educators and key community stakeholders to determine best practices for student placements early in academic year.
 5. Establish relationship with Community Health Boards to provide potential link between community stakeholders, educators, human resources personnel, and students.
 6. Advertise unfilled vacancies with no end date.
 - Financial implications: nil
 - Workforce implications: HR workload, requires better mechanisms to compile and disseminate vacancy data
 - Action required: add to suggested strategies, create online access to employers in all sectors
 - Demonstrated success: Yarmouth Regional Hospital
 7. Establish links with community/municipal stakeholders to provide accommodations, transportation subsidies, meal vouchers, and other return-in-kind incentives to nursing students and professional nurses alike.
 - Financial implications: to be determined
 - Workforce implications/actions required: presentations to Chambers of Commerce, Tourism Associations, etc.
 - Utilize marketing "forging alliance tool" and "draft letter" described at end of this section
 8. Succession planning.
 - Financial implications: to be determined
 - Workforce implications: HR, middle managers
 - Action required: retrieve information from existing resources on projected retirement dates, mechanisms to provide and analyze HR data

9. Distribute “how to” guide for postings on existing Department of Health Nursing Strategy employment web sites.
 - Financial implications: nil
 - Workforce implications: identified as one of the strategies with potentially the most impact – may have large implications, especially within smaller facilities
 - Action required: Compilation of current advertising avenues (web sites, magazines etc., and the price/mechanism for submission) along with lessons learned information; provide in an interactive format for employers to access when required.

10. Advertise bilingually for positions within Francophone communities.
 - Financial implications: to be determined
 - Workforce implications: match linguistic skill with position/culture
 - Action required: investigate French language opportunities/schools

11. Bursaries for students (in addition to Nursing Strategy 4th-year bursaries).
 - Financial implications: Dependent on interest among employers and community groups
 - Workforce implications: continue to develop relationship with future workforce, build lasting relationships within communities most in need
 - Action required: Needs Assessment of students, information (letter) to employers discussing demonstrated success with initiative encouraging financial support for students not covered by provincial bursaries; linkages to other institutions
 - Demonstrated success: DHA2 provides bursaries for **ALL** RN students who apply, regardless of budget amount received via official program.

12. Community interest groups.
 - Workforce implications: Potential significant gains in providing housing and lifestyle donations to attract/retain students and employees
 - Action required: compile generic and community-specific list(s), information to applicable groups (letter/presentation), education/recruiter and student/employee matching process
 - Demonstrated success: MEDIC provides housing allowance for MDs in Digby, relocation assistance, familial support

13. Encourage mentors/preceptors.
 - Financial implications: employee time in lieu/replacement cost to attend preceptor workshops
 - Workforce implications: enable rural areas to utilize community donations to attract students
 - Action required: compile list of current preceptors in rural areas to include scope of practice (education sub group – this may already be done); identify areas that require workshop and recruit nurses to take program; education/inform managers/employers of importance and demonstrated successes/potential future impact; communicate with regulatory bodies/educational institutions who may offer workshops

14. Perception of LTC nursing change.
 - Workforce implications: potential for significant improvements to recruiting if

- perception changes
 - Action required: educate new nurses/students about realities including success stories and demonstrated positive positions
15. Work to full scope of license.
- Workforce implications: Increased morale, confidence in practice, create new and expanded roles/clinical ladders
 - Action required: increase awareness of scopes of practice and models of care delivery
 - Demonstrated success: Well-Woman Clinic run by RNs; PHC NP Long Island DMFs ACLS Drugs/Intubation; Life Flight RNs DMF – emergency procedures
16. Have practicing nurses throughout the region do presentations (of their practice, projects, etc.) to student nurses or to senior high school students.
- Financial implications: replacement costs
 - Workforce implications: volunteer nurses
 - Action required: employer should provide time and encouragement for this
17. Create more flexible full-time entry-level positions.
- Action required: for example, create a one-year rural practice internship with flexibility to meet the learner's needs and the employer's needs. In rural settings have this internship include experiences in all the sectors so nurses can participate in holistic comprehensive care. This extended period will enable the nurse to really interact with the community. Have this one year lead to a certificate in rural practice. This provides the nurse with a concrete connection and a sense of expertise in rural health.
18. Whenever possible create practice settings that allow two or more students to be in the same community together.
- Demonstrated success: with a friend, the students are more likely to get out and explore the community
19. Allowance should be made (in terms of time, cost, etc.) to enable rural nurses to travel to urban centres for education or to participate on provincial committees. Recognizing and valuing the extra effort rural nurses expend to participate on provincial committees and associations is important.

Tool 1

Marketing Strategy: Forging Alliances

This document provides a guide for recruitment within each community. It is suggested that employers use the enclosed documents as a starting point for discussions, recruiting efforts, and community relations. The document is intended to list types of contacts that could be beneficial to support advertising and strategies to raise funds (e.g., for staff housing, return-in-service bursaries, or cooperative education funding) to improve opportunities for potential recruits that wish to explore nursing in rural areas. District-specific lists could be developed to support organizational partnerships. The intention is for the list to be continually amended and added to over time based on feedback from those involved.

Community Interaction:

Involve the following groups in recruitment activities:

- Regulatory Bodies
- Community Health Boards
- Community Medical Action Groups
- Hospital Auxiliary
- Hospital Foundations
- Service Groups (i.e., Rotary, Knights of Columbus)
- Chambers of Commerce
- Development Association(s)
- Municipal Councillors, Provincial MLAs, Federal MPs
- HRSDC Officers
- Employment Assistance Officers
- Learning Assistance Officers

Advertise with:

- Nursing Strategy employment web sites
- Nursing publications(i.e., Nursing Journals)
- Word of mouth – works in rural and remote Nova Scotia
- Professional groups
- Universities
- National, provincial, and community media
- Tourism associations

Information to include in promotional materials:

- Nursing Strategy programs (employer and government contact information, including phone numbers, email and land addresses, and websites)
- Employers
- School boards
- Post-secondary institutions
- Recreation departments
- Public transport/transportation contact
- Housing Association
- Coastal Communities Networks
- Libraries

Tool 2

Draft Letter Requesting Partnership with Community Groups or Agencies

Rural and Remote Nursing Steering Team

Department of Health

(DRAFT LETTER)

Date

Interested Community Partner

To Whom It May Concern:

Thank you for your strong and continued interest in community development. Community health and the health of our nursing workforce are issues of which you are no doubt aware.

Recently a provincial committee was established by the Department of Health to begin examining methods to recruit and retain professionals in our rural communities. One of the strategies that received widespread support was the involvement of community and business members in recruiting efforts. Given that students and locum replacement professionals have identified that housing is one the greatest difficulties in securing clinical placement in rural areas, your group is being asked to consider in-kind donations to assist in our efforts. We know that if individuals are shown the warmth, hospitality, and sense of community for which we are well known, our retention efforts will be significantly strengthened.

A demonstrated success would be to look at [INSERT LOCAL SUCCESS STORY HERE]

For example, a commitment to providing accommodation in a bed and breakfast, motel, or hotel for clinical placement for these students and locums would ensure that our community receives the opportunity to introduce skilled health care professionals from across the province to our area. Commitment to providing no charge access to recreation facilities or transportation services are other ways community groups can assist in improving our marketing proposals.

Thank you for your interest in strengthening our community. Together we can achieve health and well being for all. Please feel free to contact me at your convenience to discuss the issues and the joint opportunities they may create.

SIGNED

APPENDIX D

QUALITY PRACTICE ENVIRONMENTS SUB-WORKING GROUP REPORT

Purpose and Objective:

- Work with employers to support accreditation standards that foster quality work life (i.e., open communication, role clarity, participation in decision making, learning environment, well being)
- Encourage professional regulatory bodies to work with employers to support role clarity initiatives that harmonize variances between professional and employer scope of practice
- Encourage innovative strategies to resolve staffing shortages
- Support quality practice environments through enhancing scope of practice

Process:

Three meetings were held at Cumberland Regional Health Center. Discussions focused on:

- CCHSA Work Life Quality of Work Life Indicators
- Healthy work environments
- CRNNS Practice Environment Collaboration Program
- Entry-level competencies
- Fundamentals for professional practice education sessions (provided by regulatory bodies)

Action Plan to enhance quality practice environments

1. Staffing:

- Make a commitment to casual nurses for guaranteed part-time or full-time hours and benefits
 - We need help from unions, employers, and government to develop and implement a demonstration or pilot project (to include smaller organizations).
 - Share employees to equal guaranteed hours. Share benefits in relation to hours worked at each facility.
 - Develop a float pool for designated areas for shared positions within defined area.
 - Staffing over core – hire FTEs over the designated core staffing.
 - Nurses work in different parts of Nova Scotia during high replacement times – offer lodging (cottages, etc.)
 - Share success stories (of LPNs working at full scope of practice)

2. Collaboration and Communication:

- Develop a committee with nurses and management to ensure open communication and shared responsibility for problem solving. Recommend implementing the Practice Environment Collaboration Program through the CRNNS. This approach has worked in the Annapolis Valley District Health Authority, resulting in a Nurse Council
- Develop ways of communicating and sharing of innovative ideas (develop an electronic list serve or discussion forum)

3. Succession Planning Strategies

- Recognize the value and contribution that experienced nurses make to the profession and health care in Nova Scotia. Provide incentives to retain experienced nurses in the work force, (such as flexible shifts or reduced hours without affecting pension benefits) and involve them in identifying and mentoring nurses for all aspects of nursing career development (skilled clinicians, leadership, and management, etc.).

Outcomes

1. Fundamentals for Professional Practice Education Session with CRNNS and CLPNS
2. Tentative agreement for pilot project between Lillian Fraser Hospital and Willow Lodge to enter into Practice Environment Collaboration Program with CRNNS
3. May 30-June 1, and September 1-9, 2005: Planning and Telehealth Sessions on Rural Staffing with Martha MacLeod (UNBC), nurses and managers from organizations throughout the province
4. Information sessions between CRNNS and LPNS on scopes of practice
5. Focus groups with practicing nurses – fall of 2005

APPENDIX E

Recommended Revisions to Nursing Strategy Cooperative Learning Policy:

Nova Scotia Department of Health

Subject: Nova Scotia's Nursing Strategy
Co-operative Learning Experience Program

Effective date: April 1, 2005
Review date: March 2007

Approved by: _____
Nursing Policy Advisor

I. POLICY STATEMENT

The Nova Scotia Department of Health is committed to addressing the health human resource requirements for a quality health care system. The Nova Scotia Department of Health supports *Nova Scotia's Nursing Strategy, April 2001*, and is committed to the implementation of initiatives identified in that document.

The Department will support the Co-operative Learning Experience Program for eligible nursing students participating in university basic nursing programs in Nova Scotia. The Co-operative Learning Experience Program is not just a work experience, but it is also an opportunity for learning and reflection on nursing.

II. DEFINITIONS

- 2.1 Co-operative Learning Experience: Employment experience designed for students to enhance transition from theory to practice, and promote integration of students into the workplace culture.
- 2.2 Preceptor: Term used to express the relationship when an inexperienced individual works with an experienced person. The relationship is task oriented, short termed, assigned, and less intense than mentoring. The outcomes are skill and knowledge attainment, anxiety reduction, and safe practice.

III. POLICY OBJECTIVES

The objectives of this policy are to:

- 3.1 support nursing students in acquiring practical skills based on theoretical training
- 3.2 promote integration of students into the workplace culture
- 3.3 increase the likelihood that new graduates will remain in the province, **especially in rural areas that have previously had difficulty attracting new graduates**
- 3.4 decrease workplace orientation costs
- 3.5 provide an opportunity for nursing students to better understand the role and responsibilities of those in the nursing profession, as well as introducing the students to a range of practice options
- 3.6 improve communication and facilitate collaborative university/health care institution efforts
- 3.7 create a liaison relationship between the university and health care institutions to facilitate exchange of up-to-date practical and theoretical information

IV. APPLICATION

This policy applies to:

- 4.1 Third-year students in the Bachelor of Science in Nursing Programs at Dalhousie University, St. Francis Xavier University, and Cape Breton University
- 4.2 Eligible employers, including District Health Authorities (DHAs); IWK Health Centre; and Long Term Care facilities funded by the Department of Health

V. POLICY DIRECTIVES

- 5.1 University Responsibilities
 - 5.1.1 Eligibility criteria for nursing students will be determined by the university (educational institution).
 - 5.1.2 The university will be responsible for informing the student population about the Co-operative Learning Experience Program and providing encouragement and support in the application process.
 - 5.1.3 The university will be responsible for the selection of students based on the eligibility criteria and the number of positions predetermined as per 5.3.1.
 - 5.1.4 The university will be responsible for negotiating appropriate employment settings.
 - 5.1.5 The university will be responsible for identification of a "contact person" available during the planning process and throughout the Co-operative Learning Experience Program work term. The contact person will be responsible for facilitating problem resolution for the duration of each Co-operative Learning Experience Program period.
- 5.2 Employer Responsibilities
 - 5.2.1 Eligibility criteria for preceptors will be determined by the employer (health care institution).
 - 5.2.2 Individual employers will be responsible for identification of potential preceptors based on eligibility criteria.
 - 5.2.3 The employer will be responsible for the provision of preceptor orientation and training to define their tasks and expectations. Guidelines for preceptor orientation and training will be provided to participating employers on request.
 - 5.2.4 Selected preceptors will be responsible for completion of student evaluation and ensuring tasks assigned contribute to completion of the skills competency assessment tool.
 - 5.2.5 Nursing student employee benefits will be administered by the employer as per the Labour Standards Code.
 - 5.2.6 The employer will be responsible for completing a report (Appendix I) and appending it to an invoice for billing the Department of Health for eligible and appropriate costs as outlined in section 5.3.1. This report must be submitted to the Department no later than September 15 each year.
- 5.3 Nursing Policy Advisor Responsibilities
 - 5.3.1 The Nursing Policy Advisor will be responsible for the determination of the following on a yearly basis:
 - the number of positions from each eligible educational institution for which funding will be provided by the Department
 - the hourly rate of pay

- the length of the program, including the number of weeks, hours per week, as well as minimum and maximum number of hours required

5.3.2 The Nursing Policy Advisor will be responsible for providing to the university and employer, in writing, information as per 5.3.1.

VI. POLICY GUIDELINES

- 6.1 In their selection of an appropriate contact, participating universities will consider the importance of consistency throughout each Co-operative Learning Experience Program cycle.
- 6.2 Individual employers may choose to develop a contract of employment with the employee; most employers will complete a letter of appointment as a term employee outlining the terms and conditions of employment.
- 6.3 In determination of student/employer matching, the Nursing Policy Advisor will work with the university to ensure to the extent possible:
- geographic distribution of students
 - appropriate mix among acute care, mental health, and long term care service areas at a level appropriate to students completing third year and preparing for fourth-year training
- 6.4 To support the placement of students in rural areas of the province, the Nursing Policy Advisor, Department of Health, will work with employers to identify, to the extent possible, non-transferable co-operative placement positions in rural areas. Selection criteria will include facilities that have: previously had difficulty attracting students; preceptor supports; a well-developed succession plan; and, facilities anticipating above-average retirement rates.**
- 6.5 The Nursing Policy Advisor will participate in the Department of Health Business Planning process and provide recommendations for the Departmental contribution to the Co-operative Learning Experience Program in support of the Provincial Nursing Strategy. Determined on a year-to-year basis, recommendations will be based on review of yearly program results and provincial health human resources planning strategies.

VII. ACCOUNTABILITIES

- 7.1 The Nursing Policy Advisor is responsible for ensuring that the determination of the number of positions, hourly rate of pay, length of program, as well as the determination of geographic distribution and program mix are updated on a yearly basis in accordance with up-to-date health human resource requirements and other relevant documentation.
- 7.2 The university and the employer (health care institution) are responsible for the consistent implementation of the program according to Departmental policy in support of objectives of the policy.

VIII. MONITORING

- 8.1 Participating universities are responsible for evaluation of the Co-operative Learning Experience Program, reporting on the educational benefits for students, preceptors, and agency administrators; results to be shared with the Department of Health and employers.
- 8.2 The Nursing Policy Advisor is responsible for monitoring program implementation compliance with Departmental policy.

- 8.3 The Nursing Policy Advisor is responsible for monitoring effectiveness of program and policy implementation on positive movement toward objectives, reporting on the effect of the program on standards of care, retention, and recruitment.

IX. REFERENCES

Labour Standards Code
Registered Nurses Act

X. ENQUIRIES

All enquiries relating to the interpretation and application of this policy should be referred to:

Nursing Policy Advisor
Department of Health
P.O. Box 488
Halifax, NS B3J 2R8

Phone: 424-0122
Fax: 424-6690
E-mail: NursingStrategy@gov.ns.ca

APPENDIX F

Recommended Revisions to Nursing Strategy Continuing Education Policy:

Nova Scotia Department of Health

Subject: Nova Scotia's Nursing Strategy
Continuing Education

Effective date: April 1, 2005
Review date: March 2007

Approved by: _____
Nursing Policy Advisor

I. POLICY STATEMENT

The Nova Scotia Department of Health is committed to addressing the health human resources requirements for a quality health care system. The Nova Scotia Department of Health supports the *Nova Scotia Nursing Strategy, April 2001*, and is committed to the implementation of initiatives identified in that document.

Support for a wide range of education opportunities is essential to the development of a strong work force of nursing professionals. To encourage the maintenance and enhancement of nursing competencies and the pursuit of career opportunities, the Department will support ongoing staff development of Registered Nurses and Licensed Practical Nurses through Continuing Education opportunities.

II. DEFINITIONS

2.1 Continuing Education: Learning activities for Registered Nurses (RNs) and Licensed Practical Nurses (LPNs) designed to maintain and enhance knowledge, skills and competencies.

III. POLICY OBJECTIVES

The objectives of this policy are to:

- 3.1 maintain and enhance individual nursing competencies
- 3.2 enhance integration of changes in society, health care needs, new knowledge, and evolving practice environments
- 3.3 support ongoing education and training in support of commitment to lifelong learning in an environment with rapidly changing knowledge, technologies, and pharmaceuticals
- 3.4 support continuous quality improvement in nursing care
- 3.5 support retention of nursing professionals working in the province
- 3.6 support the recruitment and retention of nurses in rural areas of Nova Scotia**

IV. APPLICATION

This policy applies to:

- 4.1 Eligible employees including RNs and LPNs
- 4.2 Eligible employers including District Health Authorities (DHAs), IWK health Centre; VON; Department of Health Home Care Nova Scotia, as well as Long Term Care (LTC) facilities funded by the Department of Health

V. POLICY DIRECTIVES

5.1 Employer Responsibilities

5.1.1 The employer will be responsible for determining the educational needs of their staff and for the administration of the Continuing Education fund in accordance with this policy.

5.1.2 The employer will be responsible for completing a semi-annual report (Appendix I) and appending it to an invoice for billing the Department of Health for eligible and appropriate costs. Reimbursement will be to the approved funding limit established for each employer at the start of the fiscal year. Reports will be due within 30 days from the end of the second and final quarters of the fiscal year (due October 31 and April 30). Reports will include:

- Name of facility
- Type of education/training program (university course, conference, workshop, certification program)
- Topic (or name) of education/training program
- Number attending and position type (RN, LPN)
- Tuition/registration cost per person
- Additional costs
- Length of training

5.1.3 Employers are responsible for allocating continuing education funds to meet the educational needs of both entry-level and experienced nurses in rural areas of the province. Whereas Nursing Strategy funding is allocated to employers according to their overall nursing FTEs, employers are responsible for ensuring proportionate allocation of continuing education funds based on the number of nurse FTEs in rural facilities (i.e. facilities other than regional health centers).

5.2 Nursing Policy Advisor Responsibilities

5.2.1 The Nursing Policy Advisor will be responsible for determining an annual approved spending limit for each employer and for communicating this limit to employers in writing at the start of the fiscal year.

5.2.2 The Nursing Policy Advisor will be responsible for the review of semi-annual reports and timely reimbursement of employers' continuing education costs to a maximum of the total funding available for each employer, outlined as per 5.2.1.

5.2.3 The Nursing Policy Advisor will be responsible for the collation of information provided by employers through the semi-annual reporting process and for the development of an annual report based on that information.

VI. POLICY GUIDELINES

6.1 Learning activities will generally be competency based and job specific and may be directed to the individual nurse's personal and professional goals for career enhancement.

6.2 The employer may choose to develop a framework for determination of broad-based learning needs, application process for employees, eligibility, and approval criteria, as well as tracking and evaluation methods.

6.3 The Nursing Policy Advisor will participate in the Department of Health Business Planning process and provide recommendations for the Departmental contribution to Continuing Education in support of the Provincial Nursing Strategy. Determined on a year-to-year basis, recommendations will be based on review of yearly program results and provincial health human resources planning strategies.

VII. ACCOUNTABILITIES

- 7.1 The Nursing Policy Advisor is responsible for ensuring the determination of the funding methodology on a yearly basis in accordance with up-to-date health human resource requirements and other relevant documentation.
- 7.2 Employers are responsible for the equitable access to RNs' and LPNs' continuing education opportunities in clinical practice, management, and specialty practice among its employees, based on identified competency needs and eligibility criteria.

VIII. MONITORING

- 8.1 Participating employers are responsible for monitoring Continuing Education efforts supported through Nova Scotia Nursing Strategy funding.
- 8.2 The Nursing Policy Advisor is responsible for monitoring program implementation compliance with Departmental policy.

IX. REFERENCES

Registered Nurses Act
Licensed Practical Nurses Act

X. ENQUIRIES

All enquiries relating to the interpretation and application of this policy should be referred to:

Nursing Policy Advisor	Phone: 424-5881
Department of Health	Fax: 424-6690
PO Box 488	E-mail: nursingstrategy@gov.ns.ca
Halifax, Nova Scotia B3J 2R8	

APPENDIX G

Nova Scotia Department of Health

**Subject: Nova Scotia's Nursing Strategy
Bachelor of Science in Nursing, Student Bursary Program**

Effective date: April 1, 2005

Approved by: _____

Review date: March 2007

Nursing Policy Advisor

I. POLICY STATEMENT

The Nova Scotia Department of Health is committed to supporting initiatives addressing the health human resource requirements for a quality health care system. To support efforts in recruiting new Nova Scotia graduates from a Bachelor of Science in Nursing (BScN) program to remain in Nova Scotia following graduation, and retention efforts through enhanced opportunities to develop competencies and confidence immediately following graduation, the Department will support the Bachelor of Science in Nursing Bursary Program for eligible Nursing students.

II. DEFINITIONS

- 2.1 Bursary: A monetary grant awarded to an eligible student selected from among those completing the application process.

III. POLICY OBJECTIVES

The objectives of this policy are to:

- 3.1 support eligible employers across the province in recruiting new nursing graduates to their organization
- 3.2 support eligible employers across the province in improving their retention efforts of new Nursing graduates through enhancing the development of early-career nursing competencies
- 3.3 support students in their final year of the Bachelor of Science in Nursing program by offsetting some of the costs of education

IV. APPLICATION

This policy applies to:

- 4.1 Eligible Nursing students:

- 4.1.1 in their 4th year of a Bachelor of Science in Nursing program or in their final year of an accelerated BScN program including:

- **Nursing students at Dalhousie University, St. Francis Xavier University, and University of Cape Breton**
- Nova Scotia Nursing students in their final year of a BScN program in another province and who intend to return to Nova Scotia upon graduation

- 4.1.2 hired to work in entry-level positions within Nova Scotia immediately following graduation

- 4.2 Eligible Employers:

- 4.2.1 including District Health Authorities (DHAs), IWK Health Centre, Department of Health Home Care Nova Scotia, as well as Long Term Care facilities funded by the Department of Health

- 4.2.2 able to provide beginning nurses with work in entry-level positions where they will have access to and be able to work with experienced nurses in similar positions.

V. POLICY DIRECTIVES

- 5.1 Employer Responsibilities
- 5.1.1 Once notified by the Department of Health of the approved number of bursaries for their organization, eligible employers will be responsible for managing the student application and selection process of 4th-year BScN students.
- 5.1.2 Eligible employers will be responsible for informing successful 4th-year BScN students in writing.
- 5.1.3 Eligible employers will be responsible for developing and managing the return-in-service agreement. The agreement must include:
- Twelve-month return-in-service period.
 - Requirement to repay all funds for students who fail to meet the requirements of the Bachelor of Science in Nursing program or who withdraw from that program.
 - Requirement to repay funds on a pro-rated basis for students who fail to complete the required return-in-service period.
- 5.1.4 Eligible employers will be responsible for the transfer of funds to the student upon acceptance of the award and signing of the return-in service agreement.
- 5.1.5 The employer will be responsible for the application of repayment procedures if the student (or employee) does not meet the terms and conditions of the return-in-service agreement as described in 5.1.3. The employer will notify the Department of Health of each breach of contract and pro-rated amount charged the employee - refer to Appendix I, Bachelor of Science in Nursing, Student Bursary Program - Annual Report.
- 5.1.6 The employer will be responsible for submission of annual reports to the Department of Health in request for reimbursement of bursary funds provided to students in January/February, to a maximum of the predetermined allotment (Appendix I). Reports in request for funding will be due March 31. Reports will include:
- Name of facility
 - Name of employee
 - Duration of return-in-service agreement
 - Amount of funds returned by new graduates not completing requirements of return-in-service agreement for previous year, including reason (did not graduate, did not begin employment, left employment prior to completion of term)
- 5.2 Nursing Policy Advisor Responsibilities for 4th-Year BScN Bursary
- 5.2.1 The Nursing Policy Advisor will be responsible for the determination of the amount of each bursary and number of bursaries that will be made available to employers throughout the province. The Nursing Policy Advisor will be responsible for written communication to all employers and universities (Dalhousie University and St. Francis Xavier University/University of Cape Breton Schools of Nursing) on a yearly basis outlining this information.
- 5.2.2 The Nursing Policy Advisor will be responsible for informing successful

employers in writing of the number of bursaries available for their facility and the provision of a list of eligible employers province wide to Dalhousie University and St. Francis Xavier University/University of Cape Breton Schools of Nursing.

- 5.2.3 The Nursing Policy Advisor will be responsible for the collation of information provided by employers through the annual reporting process and for the development of an annual report based on that information.
- 5.3 Nursing Policy Advisor Responsibilities for Final-Year Accelerated BScN Bursary
 - 5.3.1 The Nursing Policy Advisor will be responsible for the determination of the amount of each bursary and number of bursaries that will be made available.
 - 5.3.2 The Nursing Policy Advisor will be responsible for managing the student application and selection process of the final-year accelerated BScN students.
 - 5.3.3 The Nursing Policy Advisor will be responsible for informing successful final-year BScN students in writing.
 - 5.3.4 The Nursing Policy Advisor will be responsible for developing and managing the return-in-service agreement. The agreement must include:
 - Twelve-month return-in-service period.
 - Requirement for students who fail to meet the requirements of the BScN program or who withdraw from that program to repay all funds.
 - Requirement for students who fail to complete the required return-in-service period to repay funds on a pro-rated basis.
 - 5.35 The Nursing Policy Advisor will be responsible for the transfer of funds to the student upon acceptance of the award and signing of the return-in-service agreement.
 - 5.36 The Nursing Policy Advisor will be responsible for application of repayment procedures if the student (or employee) does not meet the terms and conditions of the return-in-service agreement as described in 5.3.4.
- 5.4 University Responsibilities
 - 5.4.1 The Dalhousie University School of Nursing, St. Francis Xavier University School of Nursing, and the University of Cape Breton Nursing faculty are responsible for informing students about the Nursing Bursary Program and provision of the list and contact information of eligible employers.

VI. POLICY GUIDELINES

- 6.1 In determination of eligible employers, the Nursing Policy Advisor will ensure, to the extent possible, geographic distribution of 4th-year BScN bursaries throughout the province.
- 6.2 The Nursing Policy Advisor will participate in the Department of Health Business Planning process and provide recommendations for the Departmental contribution to the Bachelor of Science in Nursing, Student Bursary Program in support of the recruitment and retention objectives of the Provincial Nursing Strategy. Determined on a year-to-year basis, recommendations will be based on review of yearly program results and provincial health human resource planning strategies.

VII. ACCOUNTABILITIES

- 7.1 The Nursing Policy Advisor is responsible for ensuring the determination of the amount and number of bursaries that will be made available to eligible employers on a yearly basis in accordance with up-to-date health human resource requirements and other relevant documentation.

VIII. MONITORING

- 8.1 Participating employers are responsible for monitoring 4th-year BScN new graduates' completion of the terms of the Nursing Bursary Program award, including completion of the university program, attainment of a license to practice, and completion of the requirements outlined in the return-in-service agreement.
- 8.2 The Nursing Policy Advisor is responsible for monitoring accelerated BScN new graduates' completion of the terms of the Nursing Bursary Program award, including completion of the university program, attainment of a license to practice, and completion of the requirements outlined in the return-in-service agreement.
- 8.3 The Nursing Policy Advisor is responsible for monitoring program implementation compliance with Departmental policy.
- 8.4 The Nursing Policy Advisor is responsible for monitoring effectiveness of program and policy implementation on positive movement toward objectives, reporting on the effect of the program on standards of care, retention, and recruitment.

IX. ENQUIRIES

All enquiries relating to the interpretation and application of this policy should be referred to:

Nursing Policy Advisor	Phone: 424-5881
Department of Health	Fax: 424-6690
PO Box 488	E-mail: nursingstrategy@gov.ns.ca
Halifax, Nova Scotia B3J 2R8	

APPENDIX H

Report to Rural and Remote Steering Team Education Sub-Group Competency Development

Background

The Education Sub-Working Group identified a need to explore competencies for nurses working in rural Nova Scotia under the broad recommendations to support employer initiatives that enhance quality of work life. The issue of continuing education that addresses the unique role, experience requirements, and skill development for rural nurses was identified as an important initiative to support nurses working in rural Nova Scotia – both from a recruitment and retention perspective. There is growing recognition of the complexity of rural nursing practice and the need to fill the gap from transition from entry-level competencies to independent practice within the respective scopes of practice for registered nurses and licensed practical nurses, and specifically as it relates to challenges faced by nurses and employers within rural Nova Scotia. In addition, there is a concurrent need to look at the developmental needs of preceptors to assist them in working with new staff members and students who choose rural Nova Scotia for clinical placement. This paper will explore the current status of competency development for nurses working in rural and remote settings, a review of the entry-level competencies for both RNs and LPNs, and an analysis of the challenges based on the intelligence gathered from the work of the Steering Team. Recommendations will conclude the report. The competency development work is aimed at Registered Nurses and Licensed Practical Nurses who are working to full scope of practice, and not those nurses working in advanced practice roles.

Literature Search

A CINAHL search was completed using the terms Rural Nursing, Rural Nursing Competencies, Rural Nursing Practice, using the database, up to present with a focus on the past five years. Pre-CINAHL search was also completed. The literature related to expanded scope; advanced nursing practice and nurse practitioner were not reviewed.

Report and Document Reviews

Nursing Practice in Rural and Remote Canada, CHSRF (Sept. 2004)

The analysis of the findings identified issues around access. Entry-level competencies are based upon generic competencies, and not specific for rural, which is consistent with Nova Scotia. Most of the literature in remote areas focuses on advanced practice and various educational undergraduate programs located in rural settings have curriculum geared for rural settings. At this time, a program review has not been conducted, but it is recognized that the University of Northern British Columbia has a post entry-level program geared for rural as a specialty. No government documents addressed the need to provide additional opportunities and assistance to rural students, and there is little recognition of the complexity of rural nursing. Some suggestions for how to approach education for rural nursing practice were included.

A Review and Synthesis of Strategies and Policy Recommendations on Rural Health Workforce (2003) was silent on any specific recommendations for rural nursing and only made recommendations for continuing medical education.

Competency Assessment Program for Community Health Nurses Working with First Nations and Inuit Health Branch Self-Study Guide, and Self-Assessment Tool (2001) Publication of Health Canada (613) 954-5995 ISBN 0-662-29907-8 and 0-662-29909-4 or www.hc-sc.gc.ca/msb/fnip. A multi-stage Competency Assessment Program has been developed for Community Health Nurses working in First Nations and Inuit Communities. The three-part program consists of: Part

I Self-Assessment, Part II Multiple Choice Examinations, and Part III Clinical Skills Assessment for Expanded Scope of Practice. The Self-Assessment Guide uses a level of proficiency description of none, novice, competent, and proficient. This approach used by Health Canada has the greatest relevance to the work of RN-PDC than any other programs reviewed to date. The program does not include an assessment level which addresses the highest level of assessment, that being assessment in the real work situation.

Internet Search Findings and Peer Reviewed Journals

A Certificate Program in Rural and Northern Nursing from University of British Columbia was described of 30 credit hours, one year of study in the specialty for experienced registered nurses to pursue post-diploma undergraduate studies through a concentrated program. A description of the Rural Nursing Course can be found online. It describes rural nursing as a generalist role with certain components of specialized skills such as emergency, obstetrics, and trauma based upon primary health care. Practicum experience is provided in hospital in rural settings of less than 25 beds, clinic, or health centre <http://www.unbc.ca/calender/certificate/nursing/>.

Nursing BC: An article "*Setting the Bar for Rural Nurse Practice.*" October 2004 described work by Eileen MacDonald and Bev Grossier, two Nurse Educators who were looking at developing competencies for nurses working in small acute care facilities in British Columbia. The article described typical experiences faced by rural nurses, highlighting the unpredictability of the clinical situations and the lack of administrative, educational, and resource support. The project will document the rural competencies and build a professional development framework around the competencies. Three key questions will be addressed: "What is an acceptable standard of practice?"; "What competencies are required to achieve an acceptable standard of practice?" and "What level of education is required for rural nurses to achieve these competencies?"

Their intent is to have the framework relevant for novice to expert practitioners. An e-mail message was forwarded to the publisher and the request was forwarded to the two nurses. There has been no correspondence yet. Several attempts have been made, leaving voice message and no return calls.

<http://ruralnursing.unbc.ca> web-link provides a wealth of international web pages that may prove useful for the future. Nothing specific to competency development was found upon first review.

Rural Nurses: Knowledge and Skills Required to Meet Challenges of a Changing Work Environment in the 21st Century: A Review of the Literature.

http://www.dest.gov.au/archive/highered/nursing/pubs/rural_nurses/

This site provided an excellent summary of the issues and challenges faced by nurses in rural Australia. It raised the issue – should rural nursing be an undergraduate preparation or graduate level? The competencies described are encompassing, but not well developed for application to a Nova Scotia program. Re delivery options, nurses indicated they preferred face-to-face, hands-on skill development, not distance modality and not computer-based, and that the educator should visit the work place. Worth noting were attributes characteristic of rural practice: knowing the community, caring for relatives and friends, lack of anonymity, isolation from support services, and a broad range of knowledge and skills. Assessment skills framework specific to factors impacting on health behavior of rural people was referenced and needs to be a component of a rural competency development for Nova Scotia. The challenges of continuing learning were also detailed. The references are dated up to 2001. The web page was last updated December 2001. An update from this organization might be useful as we progress with

the work and look more closely at the level of evidence in the information provided; i.e., evidence based on research or best practices.

Paliadelis, P and Cruickshank, MT. (2003). *An exploration of the role that expert knowledge plays in the assessment of undergraduate clinical competence: registered nurses experiences*. International Electronic Journal of Rural and Remote Health Research, Education, Practice and Policy <http://rrh.deakin.edu.au>. The study was a phenomenological study examining the experiences of expert registered nurses in assessing clinical competence in undergraduate students working in rural settings. The study concluded that expert nurses underestimate uses for their clinical expert knowledge in assessing clinical competence and that the process needs to be made more explicit.

Thomlinson, T; McDonough, M; Crooks, K. and Lees, M. (2004). *Health belief of rural Canadians: Implications for practice*. Australian Journal of Rural Health, 12, 258-263
Provides some insight into knowledge necessary to work with health beliefs of Canadians in rural settings and provides recommendations for health care professionals for practice.

Crooks, K. (2004). *Is rural nursing a specialty? Online Journal for Rural Nursing and Health Care*. http://www.rno.org/journal/issues/Vol-4/issue-1/crooks_column.htm.
An editorial commentary that describes the paradox of rural nurses needing to be proficient in multiple areas, but cannot be considered a specialist in any one area. An interesting perspective is the statement that rural nurses need to be recognized not for their generalist knowledge but their unique relational knowledge.

Lee, H and Winters, C.(2004). Testing rural nursing theory: perceptions and needs of service providers. *Online Journal of Rural Nursing and Health Care* http://www.rno.org/journal/issues/vol-4/issue-1/Lee_aricle.htm
A qualitative study that describes perceptions of health. It also indicates need to explore perceptions in other rural populations. Useful in that it provides information that might be useful in developing competencies.

Personal Communications

Earlier in the deliberations of the Rural and Remote Working Group, Michele Brennan, Nursing Policy Consultant, CRNNS, shared the draft changes to the entry-level competencies and welcomed input from the group. She was contacted again in January 2005 to discuss the challenges faced by nurses working in rural Nova Scotia. Michele contributed to the final submission of this paper and is supportive of the recommendations being brought forward in this paper. The CRNNS in 2004 prepared a background document "Bests Practices in Competence Assessment for Health Professionals" which supports in principle the future direction of competence assessment of practitioners and the challenges for entry-level graduates to maintain their competencies.

Martha MacLeod (Co-Investigator of Nature of Nursing Practice in Rural and Remote Canada). E-mail January 29, 2004. Martha indicated in her email, and which was further reiterated during a teleconference presentation, that she did not envision developing a list of competencies because the range of practice settings was too wide for there to be a single set of competencies. Donna Bentham, one of the research coordinators, is looking at competencies for new nurse practitioners in rural settings and referenced work of RNABC's Practice Consultant who is working with two nurses from Salmon Arm on competencies for nurses working in small facilities. Ensuring linkages with the research initiatives under Martha MacLeod will be critical as we move forward.

Ann Mann, CLPNNS, forwarded the newly revised entry-level competencies, which were approved by the Board of Directors in February. Ann was very interested in keeping informed of this work and suggested meeting with Albert MacIntyre. A meeting with Albert identified the challenges of new LPN graduates in rural settings and the need to ensure new LPNs have an opportunity to practice to full scope after graduation so they do not lose the skills acquired in the program.

Joyce Black, Nursing Education Consultant at RNABC, was not able to contribute any further re: the issue of rural competencies, but provided suggestions to follow up with the Nurses from BC Interior working on rural competencies. RNABC is not engaged in developing Rural Competencies.

Findings from Entry-Level Competency Review for Registered Nurses, CRNNS

The Entry-Level Competencies (2004) provide direction for educational programs in preparing registered nurses, and assists employers and the individual nurse in identifying their transition needs from newly graduated registered nurse to an independent practitioner who is able to meet all the competencies and meet the standards of practice and Code of Ethics. The length of the transition period from entry level is defined by CRNNS as up to one year. It can be assumed that new graduates entering rural facilities will need additional assistance with transition given the nature of rural practice.

The assumptions upon which the entry-level competencies are based are very specific and provide a foundation from which to interpret the entry-level competencies. It would seem to indicate Rural Nursing requires additional support given what is known about the current context of practice in rural Nova Scotia in order for new graduates to take on an entry-level position. The following assumptions contained within the entry-level competency document would seem to support the challenges faced by rural nurses.

- "Practice autonomously and collaboratively in stable situations, and collaboratively and with direction in unstable situations." (CNA Blueprint, 1999)
- "Practice as generalists" There has been discussion whether a rural nurse is a specialist in being a generalist.
- "Require support and guidance from colleagues and employers to obtain and learn from experience for more independent practice."
- "Entry-level nurses lack experiential knowledge necessary to understand and manage complex clinical situations with unstable and/or unpredictable clients."
- "Demonstrate beginning skills in critical thinking and clinical decision making, and with experience and support will develop skills in interpreting situational and contextual variables." (CRNNS, page 3)

The above are just some of the assumptions listed in the entry-level competency document, which provide background to appreciate the expectations for a newly graduated nurse and for colleagues and employers to support the new graduate. The CRNNS further states that "the increasingly rapid pace of change in the health care system is creating increased accountability for the practice employer in the preparation of the new graduate in the workplace" (CRNNS, pg 4). Based on the findings of the working group, the challenge is not in recognizing the employer's accountability, but in finding ways to support new graduates in times of fiscal constraint and limited health human resources, and hence the commitment of the working group in finding creative, responsive, solutions.

The critical inquiry framework has the potential to be a very useful tool to create useful dialogue for new graduates in rural settings to enhance their critical thinking and clinical reasoning skills. This tool can be used in a more organized way when attempting to optimize the process of learning and experience through thoughtful reflection, dialogue, and guided learning experiences.

In reviewing the 102 Entry-Level Competencies (CRNNS 2001), several competencies, by nature of the support required, need further development in the new graduate nurse which would be over and above a nurse working in a larger facility based upon the unpredictability of the client population and the availability of supports 24/7.

Competency 10; 23; 48 a) and b) or portions of ; 55 a), b), c), and d) or portions of ; 59 a), b), c), and d) or portions of; 64; 65; 67 a), b), c), and d) or portions of ; 74; 86 a), and b) or portions of; 93; 96; 97; 98; 99; 101; and 102.

The discussion has moved away from questions with regards to rural nursing being an entry-level position. There seems to be support that it can be an entry-level position with the appropriate environmental supports. The problem arises in some settings where the practice is to staff with only one RN per shift. This exploration has not answered the question around where it is appropriate to hire new graduates, it only reinforces the need to support new grad transition.

Findings from Entry-level Competency Review for Licensed Practical Nurses, CLPNNS

A new graduate Licensed Practical Nurse would have similar challenges as a new graduate RN in relation to requiring support and access to resources should the patient moved from stable to unstable. During the transition period while the LPN is acquiring the experience to develop beginning-level competency, he/she requires assistance in discriminating stable and unstable patient populations. The entry-level competency document for LPNs has similar language in relation to the need for consultation and direction. In speaking with Albert MacIntyre, the challenges seem to be in the support available, as well as an understanding of the scope of practice of LPN by employers, other LPNs, and RN staff. If the LPN does not get an opportunity to further develop his/her skills after graduation, then the proficiency may be lost or not develop. The current LPN program prepares the LPN to provide a wide range of care independently and/or with consultation and/or direction of the RN or designated medical personnel.

A collaborative approach with educators, employers, and regulatory bodies with regard to assisting with the transition periods for both RN and LPNs is needed.

Summary and Conclusions

The literature review on rural nursing competencies focused on the competencies of nurses working in an advanced practice role, nurse practitioner level, and roles similar to "Out-Post Nursing". There was very little literature found in relation to nurses working in small rural facilities which would seem to be the target population for Nova Scotia. No programs or literature reviewed have addressed the challenges in assessing and maintaining competence in rural settings and in assisting with new graduate transition in rural settings. By defining the competencies necessary to practice in rural Nova Scotia, an educational program aimed at competency development can assist nurses and employers in recruiting and retaining nurses in rural settings.

Recommendations

- That competencies necessary to work in rural Nova Scotia be developed which would form the basis of a performance-based program to assist nurses in rural settings to develop the competencies and confidence to meet the practice demands.
- That the competencies be validated by nurses working in rural settings and that one vehicle for validation of the competencies be the provincial preceptor educator group.
- That continuous learning initiatives and networks be included as integral components to the program.
- That the mode of delivery incorporates e-learning technologies, including telehealth.
- That the transition needs for new LPN graduates and continuing education needs for LPNs in the system be assessed with a specific focus on further developing competencies acquired in the LPN program.
- That there be concurrent work with managers and preceptors in the rural settings to ensure that they have the knowledge about the standards of practice and skills needed to facilitate the transition of new graduates – both RNs and LPNs.
- That the Steering Committee recommend that CRNNS and CLPNNS develop documents or position statements describing the transition of new graduates to rural nursing practice to assist employers to meet their accountabilities in assisting graduates with a satisfactory transition.

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APPENDIX I

PROCEEDINGS OF THE RURAL AND REMOTE NURSING STAFFING WORKSHOP MAY 31-JUNE 1, 2005 TRURO, NOVA SCOTIA

The Steering Team was asked by the Council of Vice Presidents of Patient Care and Clinical to hold a forum to focus on resolving staffing challenges in rural areas of the province. Approximately 30-40 nurses were in attendance which included nurse managers, human resource personnel, and VPs Patient Care Services. The session was facilitated by Martha MacLean, Cape Breton District Health Authority, and the session was preceded by a presentation from Martha MacLeod, University of Northern British Columbia, in which she shared the Nova Scotia data on the research "The Nature of Nursing Practice in Rural and Remote Canada".

Participant Expectations of the Rural and Remote Staffing Workshop

- Seizing the opportunity presented by resource scarcity to learn about solutions/innovations in other jurisdictions (e.g., facilitating deployment across sectors, identifying staff interested in recruitment to rural areas, support for quality of work life, and empowering staff as professionals to work with workplace demands, form and enhance partnerships between Practice and Education)
- Involvement of the community, LPNs, and smaller facilities
- Identifying structural barriers that can be overcome (e.g., money for innovative projects for recruitment and retention)
- To understand roles of regulators and educators with regard to rural nursing

CURRENT STAFFING PROBLEMS/CHALLENGES	NOT WORKING WELL
Need to value rural nursing: Nurses want recognition for the value of their work	Present: our response has been abysmal - "eat young", "poor morale", "lack of personal power", habit of thinking like a victim Predict 2-5 years: Negativity garners recognition/attention of media
Work life – Need for Supports	Present: perception of staff that their responsibilities and abilities have changed, Professionals doing non-nursing duties (e.g., making beds) prevent nursing role, no sense of autonomy Predict 2-5 years: Working with LPNs and RNs to work within their full scope of practice
Manager/leader availability	Present: poor availability due to span of control; lack of sponsorship and mentorship Predict 2-5 years: difficulty recruiting leaders or managers

CURRENT STAFFING PROBLEMS/CHALLENGES	NOT WORKING WELL
Availability of casual and relief staff	<p>Present: Limited relief staff/casual staff at the times needed, therefore difficult to retain: Casual = no benefits; no flexibility; no support, no regular schedule for relief, hard to say no</p> <p>Predict 2-5 years: lack of "casual pool" for vacation/sick/CE increased potential for current staff to retire early. Impact of retirements on replacement needs</p>
Recruitment	<p>Present: Not many/lack of vacant full-time positions (i.e. grads unable to go to rural sites even though they may want to):</p> <ul style="list-style-type: none"> · small core staff: · no permanent position to offer (full time or part time) · lack of staff to train new grads · potential lack of jobs for new grads wanting to return home · fewer professional staff at bedside <p>Predict 2 to 5 years: No community interest in nursing at rural sites</p>
Aging of nurse population	<p>Present:</p> <p>Aging staff:</p> <ul style="list-style-type: none"> - only one nurse/shift; rotating shifts very difficult - workload too heavy – overtime/call backs, multi-tasking, and burnout from juggling roles (nurse, family, community) - harder to travel distances to work <p>Predict 2 to 5 years:</p> <p>Increased retirement (staff, managers): people are leaving their positions Replacement nurses have different values, expectations, and lack of rural experience</p> <ul style="list-style-type: none"> - lack of preceptors/mentors - educational needs massive
Population health needs (i.e., health status and expectations)	<p>Increased Consumer Expectations Lack of personal privacy can be very stressful (e.g., confidentiality compromised in rural areas) Growth in aging population with chronic illness</p>

SUCCESSES: STAFFING STRATEGIES THAT ARE WORKING WELL

The successes were grouped according to strategies that addressed retention, recognizing and valuing staff, rural practice incentives, providing rural experiences, bringing education closer to home, creativity in staffing, intersectoral collaboration, communication, and role of facility in community.

Retention through Staff, Team, and Facility Development

- Education via telehealth, teleconference, or government sponsored program (e.g. PIECES very valuable to frontline staff; feel connected and opportunity to get education)
- Positive focus on staff education (e.g., sending staff to regional hospital for professional development in ER Nursing)
- Preceptor training
- Practice Environment Collaboration Program (PECP)
- Federal grant (Healthy Workplace Grant) – Development of staff and the creation of a healthy safe environment through culture change (organizational health)
- In-house experts (e.g., Clinical leader position)
- Physicians working more collaboratively; senior management setting expectations (accountability) for a collaborative environment
- Full scope of practice for LPNs, including non-traditional practice areas (i.e. Renal, ICU)
- Team building investment; revitalizing workforce as a health care team (housekeeping can make beds)
- Good leadership skills
- Nurses' involvement in district decision making (i.e. inviting nurses to board meeting so they feel part of the organization; committee work and service teams)
- Involve staff; inform them about organizational issues. Often they want to get involved in the projects (e.g., supply issues, palliative care).
- Nursing strategy funds have been hugely valuable

Recognizing and Valuing Staff

- Valuing staff as people
- Staff appreciation activities (meals for staff)
- Invite all nurses in the community to one event
- Give managers days off with pay, allow them autonomy
- Your staff have to be the ones making the decisions (they have to identify what they want)
- Recognize grief and loss

Rural Practice Incentives

- Housing: Provide accommodations in the facility or surrounding community
- Financial incentives (e.g. paid registration, signing bonuses)
- Bursaries (Nursing Strategy and organizational bursaries)
- Matching bursary program between DHA and foundations (4 per year) – “Grow your Own”
- Recruitment and retention incentives, give \$500 annually
- Pay benefits to casual staff
- Pay levels (creative scales for N/E, W/E)

Providing Rural Experience to Potential Recruits

- Nursing Strategy Co-op Program – assists with recruitment; contact co-op students to thank and encourage to return
- Co-op funding from employer for all students who apply
- Outreach Continuing Care Assistant Program
- Entry Level Positions

Bringing Nursing Education Closer to Home

- Education in place (i.e. LPN Project in Canso)
- Collaborative BN with Dalhousie in Yarmouth
- Second and third year nursing students coming to rural areas for experience

Creativity and Flexibility in Staffing within Sites

- Flexibility regarding family commitments - accommodate staff by creating part time positions
- Reduced hours with full pay (e.g., work 60, paid 75)
- Conversion of casual hours to regular positions
- Self-scheduling
- Partnerships between organizations for scheduling part-time staff (e.g. shared shifts)
- Benefit week position (additional staff that help with planning for vacations and time off or staffing above core) – recruit staff and provide relief
- Weekend nurse positions
- Entry level RN positions - Above core over-hire
- Flex positions
- Locums
- Managers and clinical leaders, who are also nurses and able to provide coverage, work as core staff or supervisors as required
- Have staff from services/departments provide coverage (e.g. Palliative Care and DEC)
- Cumberland South Rural Practice Network – (PT, 3NPs, 3MDs, allied health professionals)

Intersectoral Collaboration

- Sharing staff and managers by agencies/facilities and sectors to create full time positions
- Nursing Strategy funds used for education/orientation/relocation
- Cooperation among community, sectors, and agencies to support education
- Developing partnerships with local vendors and community agencies used as resources to provide accommodation, and education
- Memo of agreements for flex positions which are outside the collective agreement

Communicating Opportunities for Rural Practice

- Taking recent grads to job fairs
- Go into schools
- Use every opportunity for recruitment (e.g. internet)
- Best selling feature for a facility is the staff (word of mouth)

Role of Facility in Community

- Sense of community, welcoming environment and community
- Invite the public in: Provide the rooms in your facility to the public

SUGGESTED SOLUTIONS: RESOLVING RURAL NURSING SHORTAGES

SOLUTION	SHORT TERM: 6 TO 18 MONTHS	LONG TERM: 18-24 MONTHS
<p>Systemic measures to improve staffing</p>	<ul style="list-style-type: none"> · Focus groups across the province to identify actions to improve staffing · Disseminate and build on findings from focus groups · Conference to continue the dialogue (incl. students) · Communicate success to date through PNN, Nursing Strategy updates · Ensure managers and administrators (all sectors) understand dire situation regarding nursing shortage and availability of nursing strategy funding · Allocate non-transferable coop and continuing education funds for rural areas with worst shortages) · reimburse nursing strategy money to specific areas rather than global budgets · Develop discussion paper linking work life and scheduling, describing nursing work through rural lens · Explore enhanced co-op program, student employment, and locums to increase recruitment opportunities - feasibility, facilitators, barriers 	<ul style="list-style-type: none"> · Consult with stakeholders to address provincial issues (e.g., intersectoral collaboration in rural communities, provincial rural strategy)
<p>Develop organizational supports to enhance staffing</p>	<ul style="list-style-type: none"> · Dialogue/consult with staff extensively in place of work to identify actions to improve staffing · Reframe negative energy (where possible), recognizing why staff are engaging in negativity and provide recognition for contribution to patient care and/or workplace · Involve staff in open discussion about the costs (\$, otherwise) of overtime · Rural and remote team building activities in local areas (e.g., workshops on loss) · Continue providing education sessions to optimize scope of practice of LPNs and RNs · Continue dialogue to demonstrate 	<p><u>Valuing nurses:</u></p> <ul style="list-style-type: none"> · Communicate successes to decrease false assumptions/negative images and improve awareness among nurses and public regarding supportiveness of environments <p><u>Team building:</u></p> <ul style="list-style-type: none"> · coordinate scope of practice improvements · support development of leadership capacity in nurses and other health providers · sharing of staff leadership and education opportunities and resources (employment, orientation, education, staff

SOLUTION	SHORT TERM: 6 TO 18 MONTHS	LONG TERM: 18-24 MONTHS
	<p>optimized scope of practice (e.g., use discussions, examples, and case studies) of LPNs and RNs: challenges, strengths, opportunities for autonomy and use of advanced skills</p> <ul style="list-style-type: none"> · Collaboration by employers and unions to enhance flexibility of collective agreements regarding hours, benefits, and pay for long term care or shared part-time and casual staff. · Equal compensation across sectors: Determine feasibility of offering one pay and benefits package across the province to all nurses · Provincial EAP access in LTC facilities · Appropriate compensation for flex positions 	<p>exchanges) across facilities/sectors (requires partnerships - i.e., more concentrated effort, better coordination, openness and flexibility, new models of care)</p> <p><u>Enhance support:</u></p> <ul style="list-style-type: none"> · enhance visibility of managers among isolated staff · Recommend implementing the PECP (Practice Environment Collaboration Program) · provide tools (equipment) and resources for safe care · Enhance supports for transition to NShIS/PCS (work with nurses to plan transition) <p><u>Increased staffing:</u></p> <ul style="list-style-type: none"> · Hire additional core nursing staff (including clinical leaders) to decrease overtime · Fill term positions · Hire retired staff as casual relief staff (to allow for continuing education, vacations). · Extend locums to make relief available during shoulder season; evaluate locum experiences; Revise registration process to facilitate summer employment (out-of-province nurses, locums) · Hire support staff 24/7 (i.e., clerical staff, housekeeping and CCAs) · Support development of capacity in other health provider groups <p><u>Innovative staffing solutions:</u></p> <ul style="list-style-type: none"> · Develop rural staffing framework (process, methodologies) for building capacity · Explore current best practices re core staffing levels (rural areas). · Test innovative staffing models (e.g., flexible scheduling, casino shifts, reduced hours with full

SOLUTION	SHORT TERM: 6 TO 18 MONTHS	LONG TERM: 18-24 MONTHS
		pay; conversion of casual positions (with full-time hours) to regular positions with benefits, self-scheduling (including self-scheduling workshops), central scheduling (between organizations for sharing and scheduling casual or part-time staff), benefit week position, weekend nurse positions, above core entry-level RN positions, flex positions, Locums).
Education for rural nursing practice	<ul style="list-style-type: none"> · Access to co-p for all students who want it; mandatory exposure to rural competencies; students need more clinical experience to be practice ready; better coordination of student schedules (students unavailable for summer employment because of intersession); feed evaluations back to facilities · Explore student employment (feasibility, facilitators, barriers) to improve recruitment. · Transition new staff into rural setting - Defined transition period 	<ul style="list-style-type: none"> · Student exposure to rural nursing/competencies: integrate rural nursing into nursing education programs; work with university faculty to develop research and acquire clinical experience in rural competencies · Bring continuing education closer to home. Educate in place (e.g., more telehealth sites; record telehealth sessions; educators travel to sites); revisit Virtual Model
Market rural nursing opportunities	<ul style="list-style-type: none"> · Hire a provincial recruitment liaison nurse to make accurate, real-time information available about vacancies (one-stop shop) · Market information about nursing strategy initiatives (e.g., relocation funding) · Market rural nursing successes and strengths · work with communities to integrate new staff and their families into the communities 	<ul style="list-style-type: none"> · Long term nursing human resource planning: Develop concurrent approaches to the issues to prepare for the next 2-5 years · Build support for provincial databases

APPENDIX J

Focus Group Practising Nurses September 1-9, 2005

Sheet Harbour: September 1, 2005

Challenges:

- There are no casuals for replacement staff,
- Nurses come in even when they are sick
- It's hard to maintain competencies (when you haven't seen it in years)
- Educators/education not available in rural areas
- Colleagues at other end of phone need to understand each other's practice settings and the need for information or advice
- Boundary issues: at any time at least one person has a relative and it affects issues related to confidentiality
- Security is an issue at all hours; e.g. with drug seekers
- Students leaving; they can't get full-time work.
- Don't abuse nurses who want to retire and just pick up a few shifts

Successes:

- Have short-term accommodation for any staff (trailer) e.g. Nurses, local doctors
- Existing nurses encourage nurses to join facility. It's easier to get two.
- Recruiting nurses through co-op program
- Sharing staff among sites as casuals
- Offer high school grads opportunity to tour facility

Strategies:

- Enhance bursary program: i.e., partnering with community, return-in-service agreement when new grad becomes a full RN, can bursaries be for more than one year
- Offer late-career nurses scheduling incentives; e.g. fewer night shifts and "on-site on-call"
- Monitor who is coming into neighbourhoods
- Making nurses understand rural nursing
- Exposure to rural benefit prior to practicing – transition from urban to rural, daunting when students "practice" in urban
- Equipment different
- Rural hospitals – floors are general, not specialized
- Central registration – someone visiting from other areas – pick up extra shifts – may help find nurses to do casual shifts in rural areas
- Community values – what can happen in rural
- awareness of ability, relative of a nurse often a patient
- boundary issues – different in rural areas because of realities
- confidentiality a different dynamic – move outpatient away from resuscitation room
- Mentoring/adopt a student throughout nursing program
- Offer full-time jobs – needs to happen to maintain new nursing grads
- Invest to increase staff per shift so not an emergency situation if one calls in sick
- Hire part time and share casual among 3 sites

Kentville: September 6, 2005

Challenges

- Rural competencies
- Added workload deters mentorship/preceptorship
- Continuing education – move education away from Halifax
- Support new grads on floor – takes more time to orient to become a generalist specialist; orientation costs increase in rural areas; i.e., specialist at being generalist
- Equipment issues directly related to Rural and Remote; frustrated if lack of resources
- Even experienced nurses need the orientation from urban to rural
- Coordinate efforts for employers to get together
- Provincial Nurse Educator Network (listserve)
- Interdisciplinary work
- Leadership, succession planning – leave of absence, reduced hours to support work with return-to-service agreement in same capacity
- How do rural nurses stay connected?

Successes

- VON – A Day in the Life – program to help develop understanding of what we do
- Allow other professionals understand what you do; e.g. Paramedic traveled with VON – better understanding, greater rapport, advertising to nurses about Nursing Strategy
- Continuing Education through telehealth

Strategies

- College, website, posted on bulletin board
- Look at bigger picture – across community
- Look at grads and determine what they know about rural nursing (practice setting and geographic location)
- Increased opportunities for clinical placements in rural areas
- Accommodation for students
- Rural nursing – presentation in classroom- something this group able to do?
- LPNs need to be able to work to full scope

Tatamagouche, Sept 7, 2005

Challenges

- Safe practice and cost (orientation)
- Staff replacement costs to attend education sessions
- Usually just no staff to replace with
- Community nurses very much alone; leads to increased stress
- Community nurses' caseloads very different from institution with fluctuating case loads- makes it difficult trying to predict scheduling
- Multiple work sites results in difficulty balancing among the sites- also it seems all sites need the nurse at the same time
- Funding is a big issue in Long Term Care - no pocket of money to even play with
- Lack of budget/resources for preceptorship education and positions to mentor co-op students
- RN work load – doing non-nursing duties; i.e., clerk, laundry, admin
- Nursing Strategy relocation money not available for casual positions
- Lack of support for legislated "jobs"; i.e., infection control, safety; bureaucracy part of the problem
- Lack of communication about Nursing Strategy, especially from the District level
- Housing is difficult in some rural areas

Successes

- Staff are dedicated and reliable
- Re-entry program helps for recruitment
- Very good staff morale- VON has social committee
- Education opportunities incorporated into work day
- Retention not so much an issue
- No age restriction in LTC
- Hiring newly retired nurses who want to come home or live at cottage
- Nursing Strategy money for education and orientation
- Flexible scheduling

Strategies

- Recruitments – support for casuals
- Pilot a centralized scheduling pool; i.e., Pictou, Tatamagouche, Pugwash LTC facilities
- Retain older nurses – job share, cut hours but not benefits, make benefits portable from one sector to another, generally make it easier for these nurses to work such as no heavy work and picking the shifts
- Eliminate non-nursing jobs
- Improve quality of work life by honoring booked vacation, not having to fear calling in sick, providing full-time on-site managers
- Nurses need to market and value themselves as professionals
- Integrated Human Resources within the health care system
- Support for managers
- Support a "staff exchange"

Inverness, Cheticamp, Baddeck & Neil's Harbor Sites **(this also included Long Term Care Sites)**

Challenges

- Team work has been identified as a challenge with respect to new graduates. There is some question in terms of the amount of clinical time in the nursing program.
- The expectations regarding time spent utilizing technology is increased with the introduction of NSHIS. This has led to concern regarding time spent on non-nursing activities and patient contact. There is also a concern with the comfort level and knowledge about computers and technology.
- Concern was identified with the number of students at some rural sites, i.e. preceptor needs to have time for students.
- There is a perception regarding a lack of relief and casual staff which negatively impacts staff morale.

Successes

- CBDHA has implemented a committee for continuing education; e.g. nursing strategy.
- CBDHA has successfully implemented a "Benefit Week" position to cover requests for vacation.
- A District-wide website which posts all vacancies is in existence.
- Staff still identify that nursing is a caring profession and remain committed to quality patient care.

Strategies

- To provide support for new graduates, staff have identified that the preceptor program is important to provide a comprehensive orientation for new grads. This program is also important to the preceptors.
- To invite university professors to make rural site visits. This would enhance understanding of the role of nurses working in rural practice.
- To tailor strategies that will enhance the utilization of retired nurses, e.g. providing inservices, flexibility in scheduling, mentoring new grads/new hires. These efforts could potentially keep nurses from retiring.
- To provide an exchange program for nurses to gain expertise in other work environments, e.g. urban vs. rural experience.
- To further promote the nursing profession in the high school and university levels.
- To hire a regular position to cover vacation time.
- To examine licensing issues for nurses to do seasonal employment from out of country.
- To network with CRNNS regarding prioritizing of licensing fees.
- To work with unions to explore options that relate to cross sector boundaries, seniority, and pensions.

Guysborough

Challenges

- Resources are different in rural versus urban
- Scopes of practice/employment vary, examples: addiction nurses scope of practice, CCA moving into acute care will affect workload for LPNs and RNs in continuing care
- Full-time flex nurses – was meant to be available for back fill for staff to enable committee exposure- cannot free them up as they are covering shortages and are needed because of increased workload
- Transition period for new grads/recruits is extensive. If new grad does not do their co-op experience in the facility it is questionable if it is worth investing in them for a rural site
- No one knew what the Nursing Strategy entailed; i.e., re-entry fund
- Succession planning for leadership positions
- Salary levels lower in Continuing Care
- Managers have increased pressures and demands, but salaries tend to decrease
- Salary compression is an issue
- Management is often on call 24/7, committee work takes them off site
- Difficult to develop leaders if there is no back fill to send staff off for education
- No flexibility to staff over complement based on funding arrangements with Government

Successes

- Casual conversions to allow full-time flex positions
- Co-op nursing program
- Word of mouth

Strategies

- Support for transition nurses grads/recruits; i.e., buddy system, orientation, and formalized support – on-going example is the use of cell phones. Case debriefs, pool clinical leaders as backup, include LPNs to orientate RNs
- Permanent jobs, develop an understanding of job openings across the province including casual
- Commitment would reduce OT. Staff over complement for education, staff development, and succession planning. Liaison navigator to help those away to navigate job opportunities through Nursing Strategy
- Share positions across employers with centralized scheduling with time off coordination
- Need to integrate NSNU and NSGEU
- Incentives – if a grad is willing to stay in rural area, look at ways to reduce student loan
- Value older nurses: work life balance, flexibility, work schedule, support attendance at ongoing education, develop as mentor

APPENDIX K

ACTION PLAN
Rural and Remote Implementation

EDUCATION				
Action	Activities	Lead	Time line	Indicator of Success
That the revisions identified for the co-operative education, continuing education, and bursary policies within the Nursing Strategy receive acceptance and approval by the Provincial Nursing Network and the Department of Health.	-Policies will be submitted to PNN for approval -Letters to be sent to DHA facilities who implement the policies; i.e., VPs Patient Care, Community, LTC, VON, Home Care, etc.	Nursing Advisory Services, DoH (NAS)	May 2006	-Increase number of nurses' and students' access to the policy -Increased awareness of the policies across sectors
That competencies necessary to work in rural Nova Scotia be developed which would form the basis of a performance-based program to assist nurses in rural settings to develop the competencies and confidence to meet the practice demands.	-Consult with RN-PDC to develop competencies and deliver Rural Program -Make linkages with Med-Surg program under development at RN-PDC	RN-PDC	-January 2007 -Interim Report June 2006	-Number of applicants -Satisfaction of learners -Employers indicate increased satisfaction with performance of staff who have participated in program
That the competencies be validated by nurses working in rural settings and that one vehicle for validation of the competencies be the provincial preceptor educator group.	-Establish an advisory committee to RN-PDC with representation from small rural facilities and continuing care sector -Focus groups to validate competencies and program	RN-PDC	-April-June 2006 -Report June 2006	-Advisory Committee is relevant and contributes to decision making around program development
That continuous learning initiatives and networks be included as integral components to the program.	-Continuing education sessions necessary to maintain competency are identified and offered on a regular schedule -A network for rural nurses be established	RN-PDC with NAS	January 2007	-A number of sessions are planned for delivery to rural nurses

EDUCATION

Action	Activities	Lead	Time line	Indicator of Success
<p>That the mode of delivery incorporates e-learning technologies, including telehealth.</p>	<p>-RN-PDC develop an e-learning strategy for delivery -Maximize current faculty resources and develop contract as necessary re NSCC Work with Anne Duncan, CRNNS, in coordinating telehealth sessions</p>	<p>RN-PDC</p>	<p>Sept 2007</p>	<p>-Increased number of rural nurses are accessing CE sessions through alternate delivery methods -There is increased satisfaction with delivery methods -Nurses report sessions are relevant and they are supported in accessing and/or barriers are identified -Nurses report a commitment to change practice and report actual change in 6 months</p>
<p>That the transition needs for new LPN graduates and continuing education needs for LPNs in the system be assessed with a specific focus on further developing competencies acquired in the LPN program.</p>	<p>-Coordinate an initial meeting between the NSCC and CLPNNS with RN-PDC to identify relevance, transferability of specific topics, skills, etc., for LPNs</p>	<p>NAS</p>	<p>Sept 2006- June 2007</p>	<p>-LPNs report a successful transition in their role -The partners RN-PDC, CLPNNS, NSCC report collaborative working relationships -Opportunities for sharing are created. Clarity around scope of practice is achieved through the process -# of preceptors report increased satisfaction</p>
<p>That there be concurrent work with managers and preceptors in the rural settings to ensure that they have the knowledge about the standards of practice and skills needed to facilitate the transition of new graduates – both RNs and LPNs.</p>	<p>-Collaborate with employers, educators, CRNNS, CLPNNS to establish standards for a transition plan recognizing the challenges in rural NS -Managers be invited to attend a workshop or telehealth session in which the transition needs of new nurses and strategies/ resources/supports needed are explored</p>	<p>Establish a small working group -CRNNS -CLPNNS -Educators</p>	<p>January 2007</p>	<p>-New graduates describe their transition as positive</p>

EDUCATION

Action	Activities	Lead	Time line	Indicator of Success
<p>That the Steering Committee recommend that CRNNS and CLPNNS develop documents or position statements describing the transition of new graduates to rural nursing practice to assist employers to meet their accountabilities in assisting graduates with a satisfactory transition.</p>	<p>-Letter to be forwarded to CRNNS and CLPNNS</p>	<p>Nursing Policy Advisor</p>	<p>May 2006</p>	<p>-Transition document is produced and is useful to employers and new grads during transition period</p>

MARKETING

Action	Activities	Lead	Time line	Indicator of Success
<p>Examine/compile NS rural specific "predictors of intent to leave", Sociodemographic and professional predictors, and those related to satisfaction with work and community. From these predictors, strategies need to continually evolve to address the issues identified.</p>	<p>-Validate extent to which "leaving" is due to relocation, exiting the profession versus retirement. Gather data from Late Career Nurses Report and CIHI, other reports, etc. -Use data from PECP Program to work on quality practice environments -Utilize findings from Focus Groups -Contact HR departments/HR Director Group to determine if data is currently collected and if info can be accessed -Develop an exit interview tool for employer consideration and/or survey tool to assess predictors to leave -Access retrospective data on job postings in hard to fill vacancies</p>	<p>-NAS and Information Management, DoH in collaboration with HR Directors</p>	<p>September 2006</p>	<p>-Decrease in number of nurses exiting the workforce in rural Nova Scotia -Increased awareness of predictors to leave -Indicators for high-need areas are identified, are relevant/appropriate; are useful in planning for recruitment to rural areas</p>

MARKETING

Action	Activities	Lead	Time line	Indicator of Success
Disseminate the knowledge obtained from the working group to managers in medium and small organizations (for example continuing care homes, mental health group homes). Utilize existing human resources professionals within DHAs as corporate experts to validate resources.	-Forward report to facilities and request agenda time on Provincial Human Resource Directors, VPs Patient Care, and Community and Continuing Care meetings, Academic Health Council of CEOs and Deans	NAS	Sept-Nov 2006	-Participants state increase information, knowledge, understanding of issues
Investigate possibilities of list serves, web page access, chat rooms for dissemination and ongoing discussion of material.	-Establish list serve and monitor its use. -Work with DoH Communications to develop user friendly web-page.	NAS	November 2006	-Website and list serve utilization tracked
Link educators and key community stakeholders to determine best practices for student placements early in academic year.	-Facilitate meetings between Educators and work sectors -Evaluate the HSP Net Pilot to assist in coordinating and showcasing clinical placements -Complete an intake survey for facilities -Evaluation of new clinical placements in rural and long term care settings done in conjunction with Universities and NAS	-HSP Net working group -Small working group of University, NSCC Educators and rural facility managers, staff educators	March 2006-Feb 2007	-Increased communication and number of new clinical placements. -Initial work started with Long Term Care Sector, and VP Patient Care fall 2005-winter 2006 and ongoing

MARKETING

Action	Activities	Lead	Time line	Indicator of Success
Establish relationship with Community Health Boards to provide potential link between community stakeholders, educators, human resources personnel and students.	<ul style="list-style-type: none"> -Refer to Marketing Tools page 17-18 of report -Work with DOH Communications to develop marketing packages -Review current job fairs to increase access for employers and student involvement -Develop a rural approach/presentation for job fairs 	-NAS with Universities, HR Directors, HHR Working Group DoH	Sept 2006-March 2007	-Increase number of students choose rural sites for Intercession and Co-op experience May-August 2007

QUALITY PRACTICE ENVIRONMENTS

Action	Activities	Lead	Time line	Indicator of Success
That employers invite presentations on scopes of practice by the Colleges of Licenced Practical Nurses and Registered Nurses of Nova Scotia.	-Report shared with employers highlighting the strength of the collaborative presentations	CRNNS and CLPNS	On-going	<ul style="list-style-type: none"> -Evaluation of sessions indicate increased understanding -Employers utilize RNs and LPNs to full scope of practice
That demonstration projects be developed for designated areas to implement staffing innovations to guarantee part-time or full-time hours and benefits for casual nurses for new grads and new hires of experienced staff	<ul style="list-style-type: none"> -Identify location with chronic hard to fill vacancies -See if there is an interest in one or two facilities working on an innovation -Work collaboratively with employers, unions, and nurses. -See Staffing #3 			

QUALITY PRACTICE ENVIRONMENTS

Action	Activities	Lead	Time line	Indicator of Success
<p>That committees with nurses and management be developed to ensure open communication and shared responsibility for problem solving (e.g., the Practice Environment Collaboration Program).</p>	<ul style="list-style-type: none"> -Work with the CRNNS to identify a number of sites who are interested in PECP -Support CRNNS in its recruitment and marketing initiatives -Develop a fact sheet around benefits of PECP and connect to Rural Initiative -Evaluate PECP and identify barriers/challenges and resources required specific to Rural Nova Scotia -Coordinate a forum for managers from rural sites to meet and discuss/share successes/challenges/problem solutions 	<p>CRNNS and NAS partnership</p>	<p>January 2007</p>	<ul style="list-style-type: none"> -Increase number of PECP sites -Evaluations provide evidence necessary to support PECP in rural settings
<p>That forums be developed for sharing of innovative ideas (e.g., electronic list serve or discussion forum).</p>	<ul style="list-style-type: none"> -Establish list serve for sharing innovation; post web-site successful projects -Establish policy for posting of information and process for submitting; example Cumberland Health Authority 	<p>NAS working with DoH Communications.</p>	<p>April 2007</p>	<p>Sharing of innovation is tracked on list serve and web page has increased content re innovation</p>

QUALITY PRACTICE ENVIRONMENTS

Action	Activities	Lead	Time line	Indicator of Success
<p>That employers recognize the value and contribution that experienced nurses make to the profession and health care in Nova Scotia and provide incentives to retain them in the work force (such as flexible shifts or reduced hours without affecting pension benefits) while involving them in identifying and mentoring nurses for all aspects of nursing career development (skilled clinicians, leadership, management, etc.).</p>	<p>-Adopt recommendations of Late Career Nurses Report, CRNNS -Collaborate with employers, unions, and NSAHO -Monitor progress in implementing the strategies -Data base and tracking of mentorship activities</p>	<p>PNN</p>	<p>June 2007</p>	<p>-Employers are able to identify specific initiatives that target valuing of experienced nurses -Nurses in a district are retained and feel valued for their contribution</p>

STAFFING CHALLENGES

Action	Activities	Lead	Time line	Indicator of Success
<p>That access to rural nursing opportunities be promoted through: (1) mail-out of printed Nursing Strategy materials, (2) a provincial nurse employment liaison professional, and (3) partnerships between employers and community organizations/members to market specific opportunities.</p>	<p>-See Marketing #5</p>	<p>NAS</p>	<p>October 2006</p>	<p>-Increase awareness of the Nursing Strategy for Rural Nursing</p>

STAFFING CHALLENGES

Action	Activities	Lead	Time line	Indicator of Success
<p>That recruitment be enhanced and exposure to rural nursing competencies increased through: (1) improved access to rural co-operative education opportunities and (2) larger bursaries (with longer return-in-service periods) for employed nurses.</p>	<ul style="list-style-type: none"> -Develop a survey description of clinical placements learning experiences for co-op -Use HSP Net to post clinical placements -Include community description and any incentives/community supports provided for living accommodations, etc. -Establish a targeted bursary program (increase to \$6,000) if sign a return to service agreement for 18 months 	<p>NAS</p>	<ul style="list-style-type: none"> -Spring 2006 for New Grad Bursaries 2006 -Spring 2006 for Co-op 2006 	<p>-Increased number of students accessing rural and increase return to service agreements for new grads</p>
<p>That demonstration projects be implemented to evaluate innovative staffing strategies to improve availability of full time positions/hours and relief staff (to allow for vacations and education).</p>	<ul style="list-style-type: none"> -Put out a call for interested facilities to experiment with innovative staffing schedules -Provide one week nurse salary to develop proposal -Establish criteria for facilities to identify challenges in relation to vacations and relief issues for managing education needs -Have the facility submit a budget for associated costs related to the innovation -Develop an evaluation tool to evaluate the benefits and any cost savings through the innovation (cost benefit analysis; i.e., compare sick time, increased nurse satisfaction) 	<p>NAS</p>	<p>-April 2007 for summer 2007 2 Pilots</p>	<ul style="list-style-type: none"> -Innovation is replicable across unionized environments -Affordable -Has a demonstrated cost benefit analysis

STAFFING CHALLENGES

Action	Activities	Lead	Time line	Indicator of Success
Recognize the valuable contribution and experience of near- or post-retirement nurses and offer them greater flexibility with regard to their hours and the opportunity to mentor less experienced nurses (in all aspects of nursing career development: skilled clinicians, leadership, management, etc.).	-See Quality Practice Environments # 5	RN-PDC to track through implementation of Rural Program and work with preceptors	September 2007	-Increased number of late career nurses who indicate satisfaction in mentoring

Rural & Remote Nursing

The Final Report of the Rural and Remote Working Group (2004) may be found on the Nursing Strategy website at: www.gov.ns.ca/health/nursing. For print copies please contact the Office of Nursing Advisory Services, Department of Health by phone (902-424-0122) or email (nursingstrategy@gov.ns.ca).



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