

UNDERSTANDING DETERMINANTS OF HOME CARE NURSE RETENTION

Final Report
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KEY MESSAGES FOR DECISION MAKERS

This research aimed to identify factors influencing home care nurse intention to remain employed. Study findings are useful for home care stakeholders, decision-makers and policy-makers interested in strengthening home care nurse intention to remain employed in Ontario home care organizations. To develop retention-promoting strategies that impact home care nurse intention to remain employed, it is necessary to first understand the reasons why home care nurses choose to remain in or leave their employment. Overall, findings from home care nurse focus groups and a home care nurse survey indicate the following nurse-identified factors that influence home care nurse intention to remain employed. Intent to remain employed was associated with:

- Increasing age
- Longer job tenure
- Experiencing better work-life balance through manageable workloads
- Finding greater meaning in home care nursing work
- Greater nurse perceived organizational support and positive professional practice environments
- Lower self-rated health status
- Greater flexibility in nurse scheduling
- Greater continuity of care
- Higher nurse evaluated quality of care
- Having autonomy, independence and influence over client related care decisions
- Positive relationships with supervisors, physicians, case managers, nurse colleagues and home care clients
- Having access to adequate human and physical resources
- Greater income stability and adequate pay and benefits
- Caring for a greater variety of patients and using a wide breadth of nursing knowledge and skill

Implications of Study Findings

1. Retention of Ontario home care nurses is a serious concern with growing consequences. Organizational leadership needs to be active in planning and implementing targeted strategies to strengthen retention of home care nurses at the organization level.
2. Home care nurse retention requires a multilevel strategy including attention at the organizational, regional and provincial levels. Regional and provincial policy changes are necessary to allow operational changes at the organizational level for a number of key structural factors influencing home care nurse intention to remain employed (i.e. pay inequity and income stability, client variety, and continuity of care).
3. We recommend that home care leaders at the organizational, regional and provincial levels recognize the importance of creating and enabling supportive, flexible, competitive, and meaningful work environments that encourage the ongoing development of knowledgeable and capable home care nurses. This will strengthen organizational commitment among nurses and improve home care nurse intention to remain employed.

KNOWLEDGE DISSEMINATION ACTIVITIES

Publications (to date)

Tourangeau, A.E., Patterson, E., Rowe, A., Saari, M., Thomson, H., MacDonald, G., Cranelly, L. & Squires, M. (in press – March 2013). **Factors influencing home care nurse intention to remain employed.** *Journal of Nursing Management*. DOI: 10.1111/jonm.12104

Presentations

Tourangeau, A.E., Patterson, E., Saari, M., & Thomson, H. (Nov. 13, 2012). **Factors Influencing Home Care Nurse Intention to Remain Employed.** International Nursing Administration Research Conference, Baltimore, MA.

Knowledge transfer and exchange (KTE) and other activities

Knowledge translation forums were conducted with leaders from Ontario home care organizations and with home care nurses in Ontario to validate findings from Phase 1 (focus groups) and Phase 2 (nurse survey). The purpose of the sessions was to stimulate discussion and encourage action (such as utilization of findings, etc.). Sessions took place at the following locations:

- Paramed Muskoka, Huntsville, ON - November 4th, 2013
- St. Elizabeth Ottawa Nursing Team Meeting, Ottawa, ON - November 25th, 2013
- St. Elizabeth Burlington Nursing Team Meeting, Burlington, ON - December 4th, 2013
- Victorian Order of Nurses Executive Directors' Meeting, Toronto, ON - March 3rd, 2014
- Victorian Order of Nurses Nursing Team Meeting, Peterborough, ON - March 17th, 2014
- Victorian Order of Nurses Nursing Team Meeting, Windsor, ON (Chatham and Sarnia offices via Ontario Telemedicine Network) - March 19th, 2014

Further information about the study and a full copy of this report are available at:

<http://www.tourangeauresearch.com>

EXECUTIVE SUMMARY

Context

Quality home care is dependent on an adequate supply of competent nursing personnel. By 2022, it is projected that Canada will have a shortfall of 60,000 registered nurse full-time equivalents (Tomblin Murphy et al, 2012). This problem is exacerbated by (1) an aging workforce with many nurses approaching the normal age of retirement, (2) nurses who opt for early retirement, and (3) early exit from the nursing workforce by younger nurses pursuing other opportunities (CIHI, 2003; O'Brien-Pallas et al., 2003).

The retention of competent, knowledgeable, and experienced home care nurses as well as training and retaining newer nurses in the home care sector are necessary steps to stabilize the home care nursing workforce. In an attempt to promote nurse retention in Ontario, a number of initiatives have been undertaken, such as the Nursing Graduate Guarantee and the Nursing Career OriENTation (Ministry of Health and Long Term Care, 2014). However, these retention-promoting strategies were not developed for or targeted to the unique context of home care nursing. Understanding factors that encourage home care nurses to remain employed is essential before home care specific retention-promoting strategies can be developed. This research addresses a gap in the literature surrounding knowledge of factors influencing home care nurse intention to remain employed (ITR).

Approach

Investigators employed a mixed-methods non-experimental design utilizing a three-phase approach. In Phase 1, focus groups were conducted with home care nurses (Registered Nurses and Registered Practical Nurses) across Ontario to develop a broader understanding of factors influencing their intention to remain in or leave employment. A hypothesized model of factors influencing home care nurse intention to remain employed was developed from Phase 1 focus group findings and existing literature. Phase 2 consisted of a mailed survey to Ontario home care nurses designed to

test and refine the hypothesized model developed from Phase 1. In Phase 3, knowledge translation forums were conducted to disseminate and validate findings from Phase 1 focus groups and the Phase 2 home care nurse survey.

Key Findings

Findings from focus groups and the home care nurse survey provide Ontario home care stakeholders, decision-makers and policy-makers with important information about factors influencing home care nurse ITR. These findings can be utilized to develop targeted retention-promoting strategies to strengthen Ontario home care nurse intention to remain employed.

1. Address issues impacting nurse work / life balance

Focus group and survey findings indicated that home care nurses perceive their workloads to be unmanageable. Nurses indicated workloads were affected by inadequate nurse staffing levels and the consistent need to engage in unpaid work. Often, home care nurses felt it was necessary to complete administrative and reporting tasks from home, which negatively impacted their work / life balance. To address home care nurse work / life balance the issue of unmanageable workloads needs to be addressed.

Organizational leaders should support home care nurses to maintain balance between work demands and outside of work interests. Providing administrative support for non-nursing activities such as ordering supplies can facilitate improved home care nurse work / life balance. Home care agencies may also consider providing home care nurses with time-management strategies to help them effectively manage increasing workloads. Ensuring adequate nurse staffing may also address increasing workloads. While it is acknowledged that maintaining adequate numbers of nurses can be challenging due to fluctuating demand, home care organizations in collaboration with home care decision-makers and policy-makers (i.e., Community Care Access Centres, Local Health Integration Networks and the Ministry of Health and Long-Term Care) may consider

developing strategies to ensure adequate staffing levels across the home care sector regardless of demand.

2. Address pay inequity and income instability

Income instability and inadequate pay and benefits were selected among the top five reasons for home care nurses to consider leaving their current home care organizations. Additionally, inequality of pay and benefits compared to nurses working in other sectors (i.e., institutional care) was discussed in all focus groups as a reason to leave home care. Furthermore, almost half of nurse survey respondents felt their income was neither stable nor predictable.

Home care agencies can address nurses' income instability by offering opportunities for full-time employment, guaranteed hours or salaried pay. To facilitate improvements in home care nurse remuneration, home care decision-makers and policy-makers (i.e., Community Care Access Centres, Local Health Integration Networks and the Ministry of Health and Long-Term Care) should ensure contracts incorporate increases in cost-of-living and mechanisms to offer home care nurses greater stability in their income.

3. Facilitate continuity of care

Home care nurses value relationships with clients and families. In focus group sessions, home care nurses indicated that being able to provide care to the same client over their episode of care facilitated the development of therapeutic nurse-client relationships. Nurses indicated continuity of care positively influenced their ITR as well as the quality of patient care provided by their agency.

To facilitate continuity of care, home care leaders should implement nursing care models that allow nurses to care for a client consistently over an episode of care while being cognizant of the need to provide all nurses with stable client loads to maintain consistency in home care nurse income.

4. Improve effectiveness of home care nurse leadership

More positive relationships with supervisors and greater nurse perceived organizational support were found to be predictors of home care nurse ITR. The preparation of home care nurse leaders to take on leadership roles likely varies across leadership positions and organizations. As

such, some home care nurse leaders may lack the tools necessary to provide effective leadership. Additionally, having home care nurse leaders who are available and capable of addressing nurse issues and concerns is important for home care nurse retention.

Ensuring that managers and supervisors are provided appropriate education and training to effectively support nursing staff is essential to creating supportive home care nurse work environments. Home care organizations can demonstrate their commitment to developing home care nursing leaders through offering leaders training and support for advanced education.

5. Promote use of a variety of nursing knowledge and skills

Home care nurses reported that the opportunity to use a variety of nursing knowledge and skills while working with clients was an important factor influencing their ITR. By assigning nurses clients that vary in age, diagnosis and care needs, nurses are able to use a variety of skills and thus will be more likely to remain employed.

Home care agencies should remain cognizant of nurses' desire to care for a variety of patients when creating nursing care models and client scheduling protocols. Additionally, home care agencies need to ensure that home care nurses have appropriate education and training to provide care for clients with a variety of care needs. Home care decision-makers can facilitate client variety by offering agencies contracts encompassing a variety of client diagnoses.

6. Strengthen positive feelings nurses have about the meaning of their work

Home care nurses reported valuing the meaningfulness of their work. The meaningfulness of home care work positively influenced nurse ITR. Implementing home care nurse recognition and reward programs at the agency level to further strengthen the positive feelings nurses have about the meaning of their work is suggested to improve home care nurse ITR. Additionally, recognizing agencies providing high quality home care at the regional and provincial levels may increase pride in home care organizations resulting in improved ITR for home care nurses.

7. Facilitate flexibility in nurse scheduling

Having flexibility in scheduling was identified as a significant positive predictor of home care nurse ITR. Two thirds of nurses surveyed agreed they have flexibility in their scheduling. As this was often seen as a positive aspect of home care nursing work, home care leaders should work to implement and modify scheduling models to facilitate flexibility in nurse scheduling.

Key Messages and Implications

Intent to remain employed was associated with:

- Increasing age
- Longer job tenure
- Experience better work-life balance through manageable workloads
- Finding greater meaning in home care nursing work
- Greater nurse perceived organizational support and positive professional practice environments
- Lower self-rated health status
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Implications of Study Findings

1. Retention of Ontario home care nurses is a serious concern with growing consequences. Organizational leadership needs to be active in planning and implementing targeted strategies to strengthen retention of home care nurses at the organization level.
2. Home care nurse retention requires a multilevel strategy including attention at the organizational, regional and provincial levels. Regional and provincial policy changes are necessary to allow operational changes at the organizational level for a number of key structural factors influencing home care nurse intention to remain employed (i.e. pay inequity and income stability, client variety, and continuity of care).
3. We recommend that home care leaders at the organizational, regional and provincial levels recognize the importance of creating and enabling supportive, flexible, competitive, and meaningful work environments that encourage the ongoing development of knowledgeable and capable home care nurses. This will strengthen organizational commitment among nurses and improve home care nurse intention to remain employed.

FULL REPORT

CONTEXT

The rapid expansion and demand for home care services over the past two decades has been driven by many forces including constraints on supply of other healthcare services, technological advances, and consumer preferences to receive care at home (Canadian Home Care Association [CHCA], 2003a; CHCA, 2003b; Canadian Institute for Health Information [CIHI], 2007; Roos et al., 2010). Over 600,000 Ontarians receive home care services yearly with more than 8.2 million nursing visits provided in 2013-2014 (OACCAC, 2014). Ontario represents the largest home care program in Canada with a budget of 2.2 billion dollars for the 14 Community Care Access Centres (CCACs) that coordinate access to home health and support services (Ontario Association of Community Care Access Centres [OACCAC], 2014).

Quality home care, including quality home care nursing services, is dependent on an adequate supply of competent nursing personnel. By 2022, it is projected that Canada will have a shortfall of 60,000 registered nurse full-time equivalents (Tomblin Murphy et al, 2012). This problem is exacerbated by (1) an aging workforce with many nurses approaching the normal age of retirement, (2) nurses who opt for early retirement, and (3) early exit from the nursing workforce by younger nurses pursuing other opportunities (CIHI, 2003; O'Brien-Pallas et al., 2003).

The retention of competent, knowledgeable, and experienced home care nurses as well as training and retaining newer nurses in the home care sector are necessary steps to stabilize the home care nursing workforce. In an attempt to promote nurse retention in Ontario, a number of initiatives have been undertaken, such as the Nursing Graduate Guarantee and the Nursing Career OriEntation (Ministry of Health and Long Term Care, 2014). However, these retention-promoting strategies were not developed for or targeted to the unique context of home care nursing. Understanding factors that encourage home care nurses to remain employed is essential before home care specific retention-promoting strategies can be developed. This research addresses a gap in the literature surrounding knowledge

of factors influencing home care nurse intention to remain employed (ITR).

As the delivery of health care shifts from hospitals into the community, the demand for home care nurses and community nursing will increase (OACCAC, 2013). In Ontario, the number of nurses working in the home care / community sector has fluctuated over the past decade. Currently, Ontario home care nurse employers are challenged to recruit and retain adequate numbers of nursing staff due to wages and benefits below other sectors, as well as other important influencing factors. A significant strategy to stabilize the home care nurse workforce is to promote home care nurse retention among home care organizations in Ontario. Understanding those factors that encourage home care nurses to remain employed and discourage them from leaving their jobs is essential before significant investments in home care retention-promoting strategies can be made.

Study Objectives

The main focus of this research was to identify broad and generation-specific factors influencing home care nurse ITR and to identify strategies that promote home care nurse retention. As home care nurse work environments and nurse responses to these work environments were hypothesized to contribute to home care nurse ITR, we investigated home care nurse work environments and nurse responses to their work environments. Two primary research questions were addressed:

1. For each generation of home care nurses and for the home care nurse population as a whole, what work-related factors, life circumstances, and external conditions encourage nurses to remain in or leave home care employment?
2. What strategies are appropriate to promote home care nurse retention?

If determinants of ITR vary in nature for nurses across generational cohorts, then strategies needed to promote home care nurse retention will also need to vary. Currently there are three dominant generations of nurses in the workforce: Baby Boomers (born 1946-1964), Generation

X nurses (born 1965-1979), and Generation Y nurses (born 1980-2000) (Santos et al., 2003). A fourth generation, Veterans, born before 1945, have surpassed the normal age of retirement though some continue to engage in the nursing workforce. Each generation has different values, goals, priorities, expectations, and perceptions of work. Veterans, the oldest generation, are characterized as being loyal and respectful of authority, cautious, conservative, and adjusting slowly to technology. *Baby Boomers*, the largest cohort of nurses, are characterized as workaholics and being concerned with work performance, promotions, and titles (Hu et al., 2004). They value creativity, life-long learning, are risk-takers, and are motivated by appropriate compensation. Baby Boomer home care nurses are at risk for taking early retirement. Members of *Generation X* have attitudes and values toward work and career that differ from previous generations. They are comfortable with change, technology, and diversity. They are self-directed and are motivated by working conditions that value their expertise and abilities. Generation X individuals value career security over job security and organizational commitment (Kupperschmidt, 1998). *Generation Y*, the youngest nurse cohort, has a collective, cohesive, and collaborative approach to work. They expect technology, are confident, desire immediate feedback and recognition, and strive to balance work and family (Santos et al., 2003). This generation is also at risk for leaving the workplace early and possibly terminating their careers as nurses.

Appropriate and effective strategies for retention of nurses in each generation must be based on evidence that identifies those factors that influence nurses' intentions to remain employed and that discourage them from prematurely separating from home care employment.

Research Design

The study incorporated a mixed-method non-experimental design using a three-phase approach.

Phase 1: Focus Groups

In Phase 1, six focus groups were conducted with Ontario home care nurses to broaden understanding of factors influencing their decisions to remain in or leave home care employment. Strategies that encourage their retention were also identified. The ultimate goal of Phase 1 focus groups was to integrate focus group findings with existing

literature to identify a theoretical model explaining the determinants of home care nurse retention and to generate a list of incentives that promote retention of home care nurses.

Phase 2: Home Care Nurse Survey

Phase 2 consisted of a mailed survey to Ontario home care nurses designed to test and refine the hypothesized model developed during Phase 1. The home care nurse survey also collected information about generational affiliation to inform the development of strategies to promote home care nurse retention across generations.

Phase 3: Knowledge Translation Forums

In Phase 3, knowledge translation forums were held to disseminate and validate findings from Phase 1 focus groups and the Phase 2 home care nurse survey. Feedback was sought regarding survey findings as well as broad and generation-specific retention promoting strategies.

Ethical Considerations

Ethical approval was received from the University of Toronto Research Ethics Review Board and, when required, the ethics review boards of participating home care organization in study Phase 1.

PHASE 1: HOME CARE NURSE FOCUS GROUPS

Sample

A convenience sample of registered nurses (RNs) and registered practical nurses (RPNs) employed by for-profit and not-for-profit home care organization operating in urban and rural settings across Ontario were invited to participate in focus group sessions. The focus groups aimed to identify factors influencing home care nurse ITR. Six focus groups were completed to achieve data saturation. Participants were recruited through purposive sampling methods. Nurse participants had to meet the following inclusion criteria:

- Provided nursing care in clients' homes
- Able to participate in a 60-90 minute focus group session
- Able to read and speak English
- Able to provide informed and written consent

Through a home care nursing organization association regular meeting in Ontario, which included leadership from most home care nursing service providers, the research team invited home care leaders to consider endorsing organization participation in the study. Recruitment was conducted through those leaders at Ontario home care organizations who agreed to endorse the study. Recruitment posters were distributed to potential participants via e-mail through organizational leadership. Posters contained information on the study purpose, inclusion criteria, times and dates of focus group sessions, as well as contact information for receiving additional information or for registering for focus group participation. Over the six focus groups, there were a total of 52 participants, 26 RNs, 23 RPNs and 3 whose professional designation was unknown (average of 8.2 participants per group; range 4-10). A light lunch and a 20-dollar gift card were provided to participants as a token of appreciation for participating. Gift cards were distributed to participants at the beginning of the focus group sessions following the consent process. Gift cards were also provided to the home care organization organizer of each focus group for their assistance.

Data Collection

Two members of the research team, the principal investigator and a research assistant, led focus group sessions. The principal investigator moderated the focus groups using a semi-structured discussion format. The research assistant obtained informed consent, distributed gift cards, facilitated audio recording and recorded field notes.

A semi-structured discussion format was used to guide Phase 1 focus groups. An interview guide was developed and one central question was posed at the beginning of each focus group: 'What factors in your work or life influence your decision to stay or leave your position as a home care nurse?' Probing questions were prepared but rarely used to clarify points of discussion and enhance researchers understanding of nurse-reported factors affecting home care nurse ITR.

Data Analysis

To maintain methodological congruence with a qualitative descriptive design (Sandelwoski, 2000), qualitative content analytic strategies were used to analyse focus group data (Kondracki, et al., 2002, Graneheim &

Lundman 2003, Hsiesh & Shannon 2005). Data from focus group transcripts were examined and coded without preconceived codes or categories. Seven research team members independently read and re-read transcripts to gain an initial understanding of the content. Codes were assigned to words, sentences or paragraphs containing key thoughts or concepts reflecting influencing factors (Hsiesh & Shannon 2005). A final list of codes reflecting participant-identified factors influencing home care nurse ITR was established by comparing and contrasting each researcher's codes. Categories were created by grouping codes with similar or related meanings. These analytic activities resulted in identification of those factors that home care nurses reported as influencing their intent to remain employed in home care.

Methodological coherence was established by continually validating that the research methods (e.g., focus groups) were appropriate to answer research questions. Appropriate sampling was achieved by recruiting both RN and RPN participants and participants from all generational cohorts. This sampling approach allowed researchers to achieve data saturation. Data was analyzed concurrently while data collection was underway to inform future focus groups. This allowed researchers to clarify and validate nurse-reported factors affecting their ITR. Finally, theory development was established through the creation of a hypothesized model that was subsequently tested and refined in study phase 2.

Results

Focus group analysis yielded six categories of factors influencing home care nurse ITR: job characteristics, work structures, relationships / communication, work environment, nurse responses to work and employment conditions. Categories and related concepts are listed below.

Job Characteristics

The following job characteristics were identified in focus groups as influencing home care nurse ITR:

- Skill Variety
- Patient Variety
- Autonomy
- Decision Authority

Nurse Responses to Work

The following nurse responses to work were identified in focus groups as influencing home care nurse ITR:

- Work / Life Balance
- Meaningfulness of Work
- Quality of Nursing Care

Work Structures

The following work structures were identified in focus groups as influencing home care nurse ITR:

- Continuity of Care
- Flexibility in Scheduling
- Workload
- Client Expectations
- Technology

Work Environment and Organizational Characteristics

The following work environment and organizational characteristics were identified in focus groups as influencing home care nurse ITR:

- Professional Practice Environment
 - Orientation
 - Education and Training
- Access to Human Resources
- Access to Physical Resources
- Travel Demands
- Personal Safety

Relationships and Communication

The following factors related to relationships and communication were identified in focus groups as influencing home care nurse ITR:

- Relationships with Clients and Families
- Relationships with Physicians
- Relationships with Nursing Colleagues
- Relationships with Supervisors
- Relationships with CCAC Case Managers

Conditions of Employment

The following conditions of employment were identified in focus groups as influencing home care nurse ITR:

- Employment Status
- Union Status
- Pay and Benefits
- Unpaid Work

- Work-related Expenses
- Income Instability

For a more in-depth description of focus group results please see Tourangeau et al. (2013). Across focus groups, home care nurses identified and discussed a number of factors influencing their decisions to remain in or leave employment with their current home care employer specifically and in the home care sector in general. These factors, along with others, identified through a review of the literature, were included in the hypothesized model of factors influencing home care nurse ITR (please see Figure 1). This model was tested in study Phase 2.

PHASE 2: HOME CARE NURSE SURVEY

Sample

In Phase 2, a sample of Ontario home care nurses was surveyed to test and refine the theory developed based on Phase 1 focus groups findings and previous research literature. The survey was 20 pages in length. The study sample was drawn from the 2011 registration list from the College of Nurses of Ontario (CNO) registration database. The survey was administered in English and respondents had to meet the following inclusion criteria:

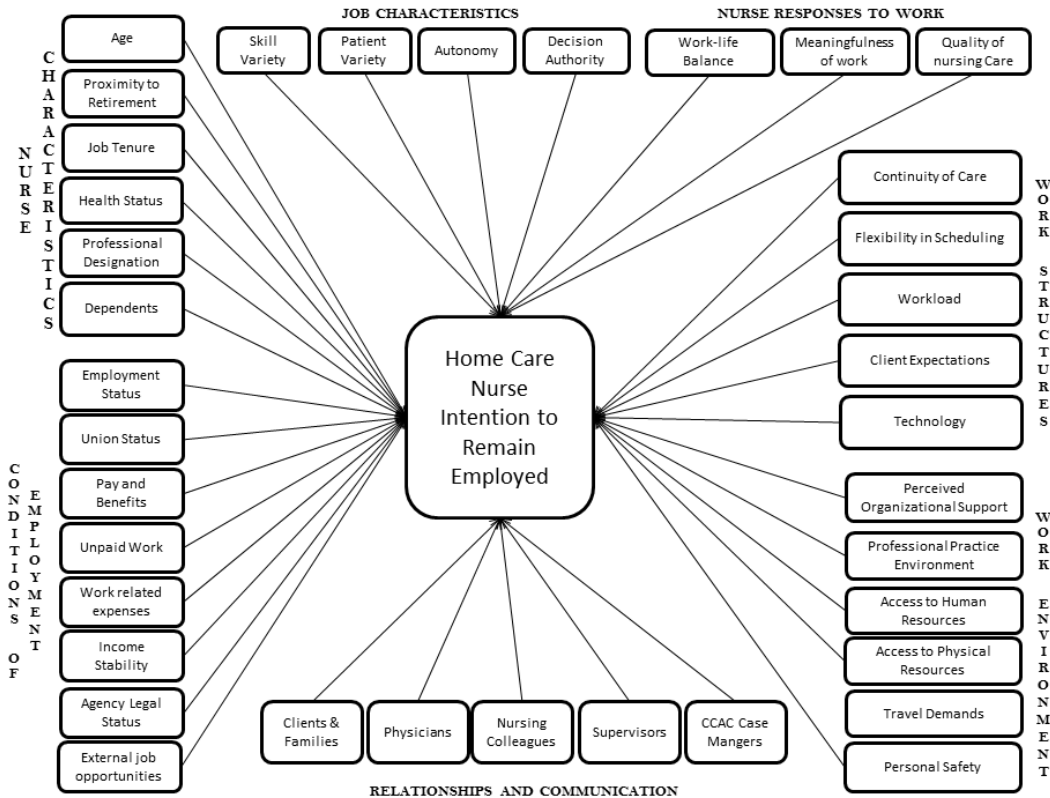
- Registered Nurse (RN), Registered Practical Nurse (RPN) or Nurse Practitioner (NP)
- Reported employment with an Ontario home care organization
- Agreed to participate in research on their CNO registration

A total of 1,734 nurses were identified from the 2011 CNO registration list that satisfied the inclusion criteria listed above. Two additional home care nurses, not identified through the CNO registration list, requested to participate in the survey resulting in a total of 1,736 mailed surveys.

Data Collection

Based on findings from the Phase 1 focus groups and previous research literature, the Phase 2 home care nurse survey was developed to test and refine the hypothesized model and to identify both broad and generation-specific strategies to promote home care nurse retention. Instruments selected for inclusion in the nurse faculty survey measured concepts such as job satisfaction

Figure 1. Hypothesized Model of Factors Influencing Home Care Nurse Intention to Remain Employed



(including various components of job satisfaction), work group functioning, condition of the nursing work environment, manager / leadership relationships and support, burnout, stress, organizational characteristics, access to resources and home care nurse characteristics.

Potential participants were invited to participate via survey packages mailed to their home address. A modified Dillman (2009) approach was used to administer the survey and consisted of a maximum of four mailings to potential participants (maximum two surveys and two reminder cards) over a ten week period (mailing of information letter and survey in week one, reminder card in week three, reminder information letter and survey in week seven to non-responders, and reminder card in week nine also to non-responders). To encourage participation, a modest incentive, a ten dollar gift card was included in all surveys mailed in the first mailing. Study investigators and research staff completed preparation and administration of the survey on site at the University of Toronto.

Data Analysis

A codebook was developed alongside the survey instrument outlining data coding and data entry rules to

ensure consistency and accuracy of data entry. Research assistants were trained to ensure reliable and consistent data coding and entry. Data were analyzed using PASW Statistics 18 ® (SPSS Inc, Quarry Bay, HK) which included descriptive statistics, bivariate analyses to test relationships between variables, and multiple linear regression.

Results

Demographics / Nurse Characteristics

A total of 887 useable surveys were returned yielding a response rate of 57.3%. As the outcome of interest was intention to remain employed (ITR) for the next five years, only those respondents who were five years or more away from their desired age of retirement were included in the final analysis. The sample of home care nurse respondents had a mean age of 45.6 years (range 23 years to 73 years) with an average proximity to retirement of 17.7 years (range 5 years to 42 years). The mean job tenure for home care nurse respondents was 8.4 years (range less than 1 year to 37 years). The majority of home care nurse respondents were female (94.5%) with nearly half (46.6%) identifying as belonging to the Baby Boomer generation. The majority of home care nurses (66.8%) cared for dependents. Dependents included children and

dependent adults. Only 17.9% of respondents reported being unionized and while just more than half (52.5%) of respondents worked full time, 79.8% were working their preferred employment status. Finally, half (50%) of all home care nurse respondents rated their health status either very good or excellent when compared to others their age (please see Table 1, Sample Description, for a summary of home care nurse demographics).

Table 1. Sample Description

Characteristic	Mean (SD) or Frequency (%)
Age	45.6 (9.9)
Proximity to retirement (years)*	17.7 (9.3)
Job Tenure (years)	8.4 (5.6)
<i>Generational Affiliation</i>	
Veterans	4 (0.5%)
Baby Boomers	341 (46.6%)
Generation X	291 (39.8%)
Generation Y	96 (13.1%)
<i>Sex</i>	
Female	692 (94.5%)
Male	40 (5.5%)
<i>Professional Designation</i>	
RN	431 (58.9%)
RPN	301 (41.1%)
<i>Employment Status</i>	
Full-time	384 (52.5%)
Part-time	174 (23.8%)
Casual	77 (10.5%)
Elect-to-work	97 (13.3%)
<i>Working Preferred Employment Status</i>	
Yes	584 (79.8%)
No	148 (20.2%)
<i>Unionized</i>	
Yes	131 (17.9%)
No	601 (82.1%)
<i>Health Status</i>	
Poor	15 (2.0%)
Fair	71 (9.7%)
Good	280 (38.3%)
Very Good	246 (33.6%)
Excellent	120 (16.4%)

Intention to Remain Employed

Respondents were asked to rate their intention to remain employed (ITR) with their current home care organization and in the home care sector for one year, three years, five years, and until the normal age of retirement (65 or 67 years). Overall, respondents indicated they were likely to remain employed with their current employer for the next

five years but were uncertain if they will remain until retirement age (please see Figure 2, Home Care Nurse 5-year Intent to Remain Employed with Current Employer). Similarly, respondents indicated they were very likely to remain employed in the home care sector for the next five years but were uncertain if they will remain until they retire (please see Figure 3, Home Care Nurse 5-year Intent to Remain Employed in the Home Care Sector).

Figure 2. Home Care Nurse 5-year Intent to Remain Employed with Current Employer

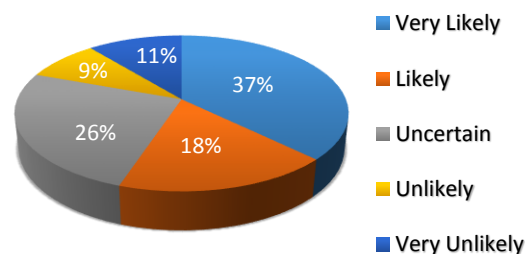
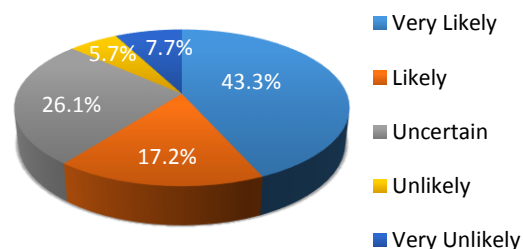


Figure 3. Home Care Nurse 5-year Intent to Remain Employed in the Home Care Sector



Home care nurse ITR with their current home care organization differed significantly between generations ($p < 0.05$). Baby Boomer and Generation X nurses indicated they were likely to remain employed with their current home care organization for the next five years, while Generation Y nurses indicated they were uncertain if they would remain employed for the same time period (please see Table 2, Home Care Nurse Intention to Remain Employed with Current Employer by Generation). A similar pattern emerged when examining ITR with their current home care employer until the normal age of retirement. Baby Boomer and Generation X nurses indicated they were uncertain if they would remain employed, while Generation Y nurses felt it was unlikely they would remain with their current home care employer until retirement.

Table 2. Home Care Nurse Intention to Remain Employed with Current Employer by Generation

	5 Years*	Retirement*
Veteran (n = 4)	Likely	Likely
Baby Boomers (n = 341)	Likely	Uncertain
Generation X (n = 291)	Likely	Uncertain
Generation Y (n = 96)	Uncertain	Unlikely

*Generations differ significantly at the .05 level

Similarly, home care nurse ITR in the home care sector differed significantly between generations ($p < 0.05$). Generation X and Baby Boomer nurses indicated it was very likely they would remain employed in the home care sector, while Generation Y nurses were uncertain if they would stay. Baby Boomers, likely due to their proximity to retirement, also indicated they were very likely to remain employed in the home care sector until the normal age of retirement, while both Generation X and Generation Y nurses were uncertain if they would remain employed as home care nurses until they retire (please see Table 3, Home Care Nurse Intention to Remain Employed in the Home Care Sector by Generation).

Table 3. Home Care Nurse Intention to Remain Employed in Home Care Sector by Generation

	5 Years*	Retirement*
Veteran (n = 4)	Uncertain / Very Likely (tied)	Very Likely
Baby Boomers (n = 341)	Very Likely	Very Likely
Generation X (n = 291)	Very Likely	Uncertain
Generation Y (n = 96)	Uncertain	Uncertain

*Generations differ significantly at the .05 level

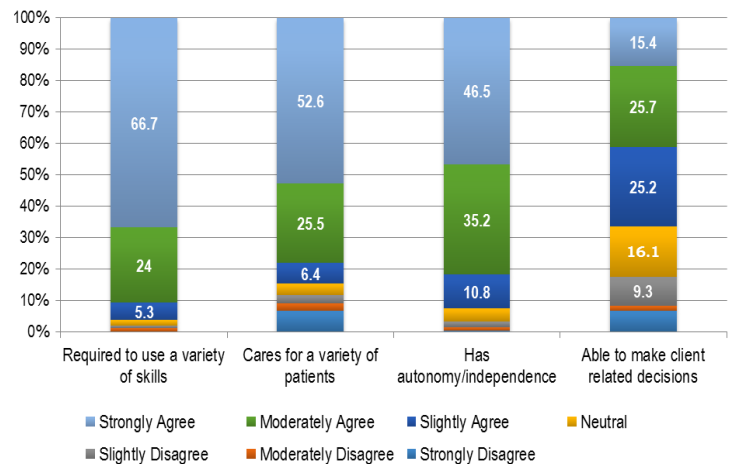
Additional Model Variables

Job Characteristic Variables

Four job characteristics were included in the model including skill variety, patient variety, autonomy and decision authority. The majority of nurses (66.7%) strongly agreed that they were required to use a variety of nursing knowledge and skills in their day-to-day practice. Similarly, 52.6% strongly agreed they were required to care for a variety clients in their home care nursing work.

The majority of home care nurse respondents (81.7%) either moderately agreed or strongly agreed their home care jobs allow them to have autonomy or independence, while 41.1 % at least moderately agreed that they have influence over client related care decisions (please see Figure 4, Job Characteristic Model Variables).

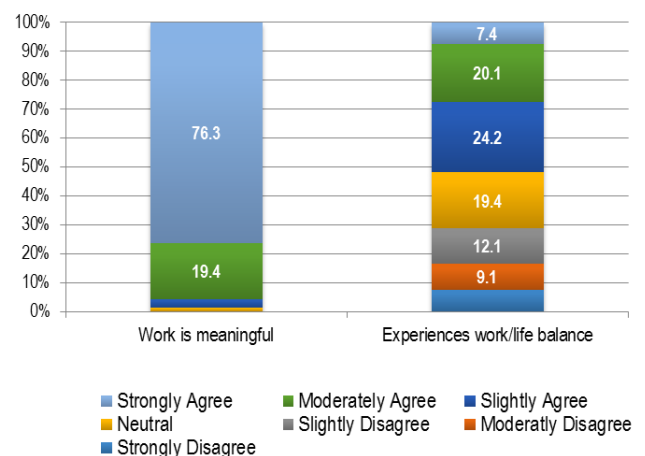
Figure 4. Job Characteristic Model Variables



Nurse Response to Work Variables

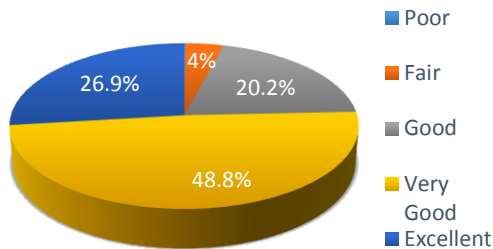
Three nurse responses to work were included in the model: work / life balance, meaningfulness of work, and quality of nursing care. The majority of nurse respondents (76.3%) strongly agreed that the work they do is meaningful. Just over half (51.4%) agreed they experienced work / life balance (please see Figure 5, Nurse Response to Work Model Variables) and 75.5%

Figure 5. Nurse Responses to Work Model Variables



rated the quality of nursing care provided by their home care organization as either very good or excellent (please see Figure 6, Nurse Response to Work Model Variables: Quality of Nursing Care).

Figure 6. Nurse Responses to Work Model Variables: Quality of Nursing Care



Work Structure Variables

Five work structure variables were included in the model. These variables reflected the following concepts: continuity of care, flexibility in scheduling, workload, client expectations and technology. The majority of respondents (70.8%) agreed their organization fosters continuity of care. The majority (66.4%) also agreed their home care job allows for flexibility in their day-to-day schedule. In contrast, 58.3% disagreed their home care workloads were manageable, although 68.3% agreed that the use of technology improved their workloads. Most respondents (73.6%) agreed their clients had reasonable expectations of the care home care nurses provide (please see Figure 7, Work Structure Model Variables).

Work Environment and Organizational Characteristic Variables

Six work environment and organizational characteristic variables were included in the model. These variables were related to the professional practice environment, access to human resources, access to physical resources, travel demands and personal safety. More than half of all respondents (55.2%) felt their home care employer had inadequate nurse staffing, although 55.7% agreed their organizations offered professional practice environments. Similarly, 54.7% agreed they worked for supportive organizations (please see Figure 8, Work Environment and Organizational Characteristic Model Variables). Respondents, on average, had access to 7.5 physical resources out of 13 identified by home care nurses as beneficial to their work. On average, respondents traveled 74.6 kilometers per day and experienced an average of 4.4 personal safety issues at least regularly (please see Tables 4 – 6, Work Environment Model Variables)

Relationship and Communication Variables

Five variables related to relationships and communication were included in the model: relationships with clients and families, relationships with physicians, relationships with nursing colleagues, relationships with supervisors, and relationships with case managers. The majority of respondents (89.2%) at least slightly agreed they were able to develop therapeutic relationships with clients.

Figure 7. Work Structure Model Variables

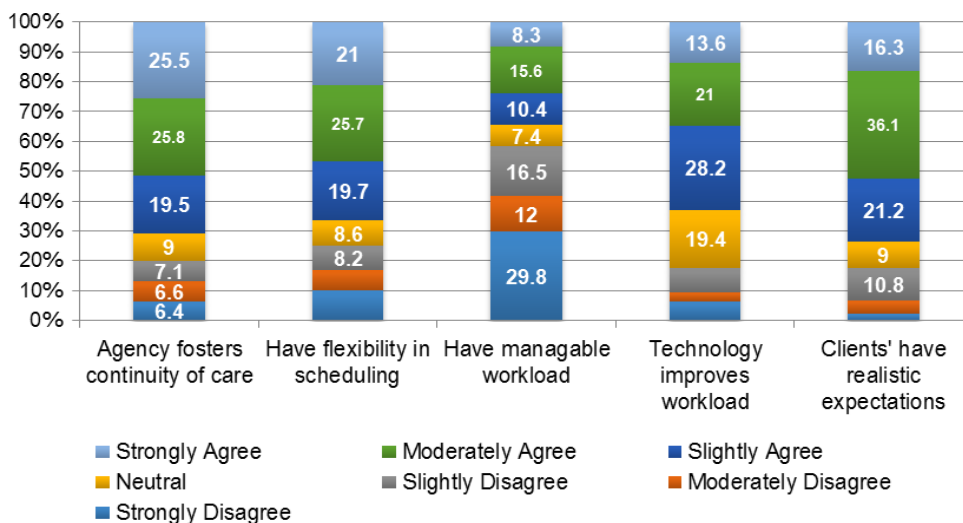


Figure 8. Work Environment and Organizational Characteristics Model Variables

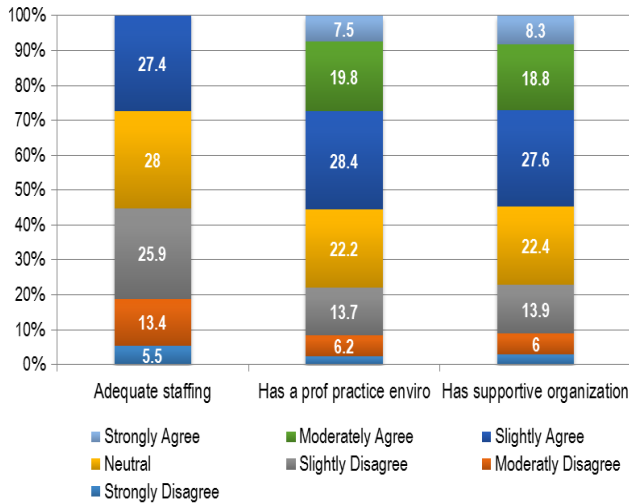


Table 4. Work Environment Model Variables: Travel Demands

Variable	Mean (SD)
Travel Demands (km/day)	74.6 (46.8)

Table 5. Work Environment Variables: Personal Safety

Participants reported experiencing on average 4.4 / 13 of the following safety issues at least regularly		
Potential for violence from clients of families	Exposure to communicable diseases	Ergonomic issues
Unsafe work conditions	Hazardous chemicals	Tabaco smoke
Pets	Oxygen equipment	Pests (e.g. bed bugs, fleas, rodents)
Winter or night driving conditions	Unsafe neighbourhoods	Sexual harassment / abuse from clients and / or families
Bullying / belittling / incivility by clients		

Table 6. Work Environment Variables: Access to Physical Resources

Participants reported having access to an average 7.3 / 13 of the following resources		
A stethoscope	A blood pressure cuff	A pulse oximeter
Disposable gloves	Personal protective equipment	Paper
A computer	A printer / printer ink	A fax machine
A cellular phone	A GPS	A map book
Access to appropriate technology		

The majority also felt that case managers (79.2%) and physicians (77.3%) valued their input related to client care. When asked about their relationships with colleagues, respondents rated the quality of their relationships at 69.59 out of 100, with higher scores indicating better quality relationships. This finding indicates that home care nurses feel positively about their relationships with nurse colleagues. Finally, 66% felt they had supportive supervisors (please see Figure 9, Relationship and Communication Model Variables).

Condition of Employment Variables

In addition to employment status and union status (discussed above), four variables were included in the model related to home care nurse conditions of employment: satisfaction with pay and benefits, unpaid work, work-related expenses and income instability. Less than half of all respondents (43.3%) agreed their income was stable and predictable (please see Figure 10, Conditions of Employment Model Variables: Income Stability). Related to income stability is adequacy of pay and benefits, only 21.9 % of respondents were at least satisfied with their pay and benefits (please see Figure 11, Conditions of Employment Model Variables: Satisfaction with Pay and Benefits). Respondents reported paying out

Figure 9. Relationship and Communication Model Variables

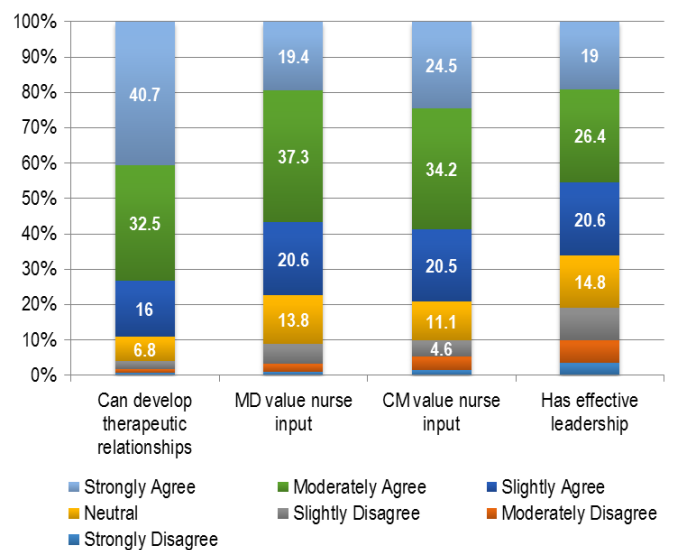
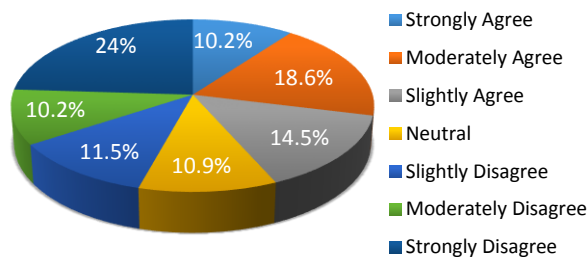


Figure 10. Conditions of Employment Model Variables: **Income Stability**



of pocket for 7.5 of 25 home care nurse identified work related expenses (please see Table 7, Conditions of Employment Model Variables: Work Related Expenses). Home care nurses also reported spending an average of 1.2 hours per day completing unpaid work (please see Table 8, Conditions of Employment Model Variables: Unpaid Work).

Figure 11. Conditions of Employment Model Variables: **Satisfaction with Pay and Benefits**

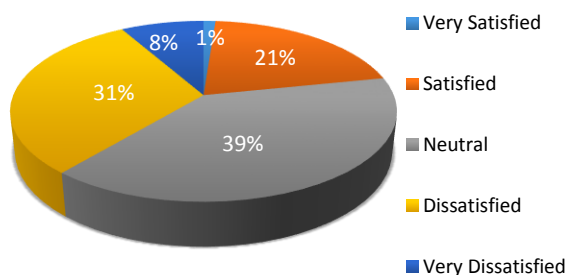


Table 7. Conditions of Employment Model Variables: **Work related expenses**

Participants reported paying for an average 7.4 / 25 of the following work related expenses		
A stethoscope	A blood pressure cuff	A pulse oximeter
Disposable gloves	Personal protective equipment	Paper
A computer	A printer / printer ink	A fax machine
A cellular phone	A GPS	A map book
Car	Thermometer	Office supplies
Utilities needed to work from home	Resource books	Emergency car kit
Hand sanitizer	Additional auto insurance	Parking

Table 8. Conditions of Employment Model Variables: **Unpaid work**

Variable	Mean (SD)
Unpaid Work (hours / day)	1.2 (0.09)

Factors Influencing 5-year Intention to Remain Employed: Regression Results

Multivariate linear regression was conducted and five-year ITR was used as the dependent variable. Originally, all 37 factors hypothesized to influence home care nurse ITR were included into the regression model. However, collinearity diagnostics showed a significant correlation (0.914) between two explanatory variables: proximity to retirement and age. As such age was included in the model and proximity to retirement was removed.

Multivariate linear regression was again carried out, this time the remaining 36 explanatory variables were included in the model and five-year ITR was again used as the dependent variable. The result of the regression analysis was a statistically significant model (P<0.001). The model adjusted R-squared was 0.356, indicating that 35.6% of variance in home care nurse ITR was explained by the variables included in the model.

Thirteen of the 36 influencing factors included in the regression model had statistically significant parameter estimates (P<0.05). These factors included: age, work-life balance, satisfaction with salary and benefits, continuity of care, income stability, quality of care, effective leadership, patient variety, job tenure, the meaningfulness of home care work, perceived organizational support, health status and flexibility in scheduling.

Based on the results of the regression, higher home care nurse ITR for the next five years is associated with increasing age, experiencing better work-life balance, higher satisfaction with salary and benefits, greater continuity of care, greater income stability, higher nurse evaluated quality of care, more effective leadership, caring for a greater variety of patients, longer job tenure, finding greater meaning in home care nursing work, greater nurse perceived organizational support, lower self-rated health status and greater flexibility in nurse scheduling (for regression results please see Table 9, Factors Influencing Home Care Nurse 5-year Intention to Remain Employed: Regression Results).

Table 9. Factors Influencing Home Care Nurse 5-year Intention to Remain Employed: **Regression Results**

*Variables that are significant in explaining home care nurse intent to remain employed

Hypothesized Predictors	Standardized Coefficients (Beta)	t-value	p-value
Age	0.154	4.476	<0.001*
Pay and Benefits	0.142	3.656	<0.001*
Work-life Balance	-0.133	-3.285	0.001*
Job Tenure	0.110	3.184	0.002*
Income Stability	0.109	2.863	0.004*
Quality of nursing care	0.103	2.849	0.005*
Continuity of Care	0.101	2.545	0.011*
Patient Variety	0.092	2.429	0.015*
Meaningfulness of Work	0.092	2.537	0.011*
Relationships with Supervisors	0.087	1.720	0.086*
Relationships with Physicians	-0.077	-2.158	0.031
Perceived organizational support	0.073	1.215	0.225*
Flexibility in Scheduling	0.070	1.979	0.048*
Health Status	-0.063	-1.980	0.048*
Access to physical resources	0.062	1.844	0.066
Employment Status	0.056	1.539	0.124
Union Status	-0.050	-1.444	0.149
Personal Safety	0.041	1.189	0.235
Autonomy	-0.036	-0.962	0.336
Workload	0.034	0.813	0.416
Dependents	0.034	1.088	0.277
Relationships with nursing colleagues	0.033	0.820	0.412
Decision authority	0.030	0.515	0.607
Work related expenses	0.030	0.869	0.385
Professional practice environment	-0.030	-0.597	0.551
Agency Legal Status	0.028	0.834	0.405
Technology	0.027	0.789	0.430
Relationships with Case managers	0.021	0.566	0.571
Relationships with clients and families	0.020	0.568	0.570
External Job Opportunities	-0.020	-0.630	0.529
Skill Variety	0.017	0.416	0.677
Travel demands	-0.017	-0.508	0.612
Professional Designation	-0.012	-0.395	0.694
Employment Status Congruence	0.009	0.242	0.809
Client Expectation	0.007	0.174	0.862
Access to human resources	0.004	0.082	0.935
Unpaid Work	0.001	0.017	0.987

Home Care Nurse Reasons to Remain In or Leave Employment by Generational Affiliation

Home care nurses were asked to select from a list of incentives that what would entice them to remain employed in their current home care organization and a list of disincentives that would make them consider leaving. Results were compared by generation (Generation Y, Generation X, Baby Boomer and Veteran). Significant differences were identified when comparing the top five reasons to remain employed by generation

(please see Table 10, Top 5 Reasons to Remain Employed by Generational Affiliation). Higher salary was among the top two reasons to remain employed for Generation X, Generation Y and Baby Boomer home care nurses. Generation Y nurses also identified work-life balance as top reason to stay while Generation X nurses identified flexibility in scheduling as the number one reason to remain employed. Baby Boomer home care nurses valued having a supportive supervisor and rated this as their second most important reason to remain

Table 10. Top 5 Reasons to Remain Employed by Generation

Veterans (n=25)	Baby Boomers (n=469)	Generation X (n=294)	Generation Y (n=96)
Relationships with clients and families (76%)	Higher salary (75.5%)	Flexibility in scheduling (77.2%)	Work / life balance (85.4%)
Participating in meaningful work (72%)	Supportive supervisor (75.3%)	Higher salary (76.9%)	Higher salary (84.4%)
Flexibility in scheduling (64%)	Flexibility in scheduling (71.4%)	Work / life balance (74.8%)	Supportive supervisor (79.2%)
Client variety (64%)			
Supportive colleagues (60%)	Work / life balance (71.0%)	Supportive supervisor (73.5%)	Compensation for work related expenses (78.1%)
Working full scope, access to clinical support (56%)	Reasonable workload (69.7%)	Reasonable workload (67.0%)	Flexibility in scheduling (74.0%)
Supportive supervisor (56%)			

* Squares shaded in white indicate disincentives unique to that generation

employed. Veterans identified relationships with clients and families and participating in meaningful work as the top two reasons to remain employed.

When examining the top five reasons to leave employment by generation, inadequate pay and benefits was among the top two reasons to leave employment across all generations (please see Table 11: Top 5 Reasons to Leave Employment by Generational Affiliation). Generation X and Generation Y nurses both identified income instability as a top reason to leave employment while Baby Boomers and Veterans were more concerned with engaging in unpaid work. Veterans were the only generation to list travel demands as a top five reason to leave employment.

PHASE 3: KNOWLEDGE TRANSLATION FORUMS

In Phase 3, findings from Phases 1 and 2 were presented to six groups of key informants including home care nurses and home care decision and policy makers.

Sessions were used to validate and disseminate study findings and to identify key strategies that should be implemented to strengthen home care nurse intention to remain employed (ITR). Sessions took place at various home care organizations in Ontario. Invitations to participate were initially presented to home care leaders via email. Included in the invitation was an introduction to the study, session dates and times, and contact information for receiving additional information. Participants were offered a 20 dollar gift card as an expression of appreciation for their participation. Lunch or light snacks were provided during the knowledge translation sessions. One additional knowledge translation session was held at the University of Toronto for Faculty of Nursing alumni and current students / faculty. This was an invited presentation. No gift cards were distributed at the session and light refreshments were served by the Faculty of Nursing. Further, this knowledge translation forum recorded (audio and video) and posted on the study website to allow others to learn about study findings. During Phase 3 knowledge

Table 11. Top 5 Reasons to Leave Employment by Generation

Veterans (n=25)	Baby Boomers (n=469)	Generation X (n=294)	Generation Y (n=96)
Unpaid work hours (56%)	Inadequate pay/salary (73.8%)	Inadequate pay/salary (76.2%)	Inadequate pay/salary (85.4%)
Travel demands (56%)			
Inadequate pay/salary (52.0%)	Unpaid work (69.7%)	Income instability (70.7%)	Income instability (71.9%)
Inadequate leadership (48%)	Emotional/physical exhaustion (65.0%)	Unpaid work (63.9%)	Excess out-of-pocket costs (68.8%)
Emotional/physical exhaustion (48%)	Income instability (64.2%)	Emotional/physical exhaustion (63.6%)	Unpaid work (67.7%)
Unsupportive supervisor (48%)	Unsupportive supervisor (58.8%)	Excess out-of-pocket costs (59.9%)	Unsupportive supervisor (63.5%)
Work/life imbalance (48%)	Unsupportive organization (58.8%)		

* Squares shaded in white indicate disincentives unique to that generation

translation forums, findings from Phases 1 and 2 were shared with participants. Participants were asked to validate findings and researcher identified strategies to improve home care nurse ITR. Participants provided feedback and made suggestions about strategies to encourage retention of home care nurses.

Phase 3 knowledge translation forums were used to validate findings from Phase 1 (focus groups) and Phase 2 (nurse faculty survey) as well as to disseminate study findings (e.g., to stimulate discussion, encourage actions such as utilization of findings). No data analyses were completed.

STUDY CONCLUSIONS

Key Findings and Implications

Overall, findings from focus groups and the home care nurse survey provide Ontario home care stakeholders,

decision-makers and policy-makers with important information about factors influencing home care nurse intention to remain employed (ITR). These findings can be utilized to develop targeted retention-promoting strategies to strengthen Ontario home care nurse ITR. Findings from home care nurse focus groups and a home care nurse survey indicate the following nurse-identified factors that influence home care nurse intention to remain employed. Intent to remain employed was associated with:

- Increasing age
- Longer job tenure
- Experience better work-life balance through manageable workloads
- Finding greater meaning in home care nursing work
- Greater nurse perceived organizational support and positive professional practice environments
- Lower self-rated health status
- Greater flexibility in nurse scheduling

- Greater continuity of care
- Higher nurse evaluated quality of care
- Having autonomy, independence and influence over client related care decisions
- Positive relationships with supervisors, physicians case managers, nurse colleagues and home care clients
- Having access to adequate human and physical resources
- Greater income stability and adequate pay and benefits
- Caring for a greater variety of patients and using a wide breadth of nursing knowledge and skill

1. Address issues impacting nurse work / life balance

Focus group and survey findings indicated that home care nurses perceive their workloads to be unmanageable. Nurses indicated workloads were affected by inadequate nurse staffing levels and the consistent need to engage in unpaid work. Often, home care nurses felt it was necessary to complete administrative and reporting tasks from home, which negatively impacted their work / life balance. To address home care nurse work / life balance the issue of unmanageable workloads needs to be addressed.

Organizational leaders should support home care nurses to maintain balance between work demands and outside of work interests. Providing administrative support for non-nursing activities such as ordering supplies can facilitate improved home care nurse work / life balance. Home care agencies may also consider providing home care nurses with time-management strategies to help them effectively manage increasing workloads. Ensuring adequate nurse staffing may also address increasing workloads. While it is acknowledged that maintaining adequate numbers of nurses can be challenging due to fluctuating demand, home care organizations in collaboration with home care decision-makers and policy-makers (i.e., Community Care Access Centres, Local Health Integration Networks and the Ministry of Health and Long-Term Care) may consider developing strategies to ensure adequate staffing levels across the home care sector regardless of demand.

2. Address pay inequity and income instability

Income instability and inadequate pay and benefits were selected among the top five reasons for home care nurses to consider leaving their current home care organizations. Additionally, inequality of pay and benefits with nurses working in other sectors (i.e., institutional care) was discussed in all focus groups as a reason to leave home care. Furthermore, almost half of nurse survey respondents felt their income was neither stable nor predictable.

Home care agencies can address nurses' income instability by offering opportunities for full-time employment, guaranteed hours or salaried pay. To facilitate improvements in home care nurse remuneration, home care decision-makers and policy-makers (i.e., Community Care Access Centres, Local Health Integration Networks and the Ministry of Health and Long-Term Care) should ensure contracts incorporate increases in cost-of-living and mechanisms to offer home care nurses greater stability in their income.

3. Facilitate continuity of care

Home care nurses value relationships with clients and families. In focus group sessions, home care nurses indicated that being able to provide care to the same client over their episode of care facilitated the development of therapeutic nurse-client relationships. Nurses indicated continuity of care positively influenced their ITR as well as the quality of patient care provided by their agency.

To facilitate continuity of care, home care leaders should implement nursing care models that allow nurses to care for a client consistently over an episode of care while being cognizant of the need to provide all nurses with stable client loads to maintain consistency in home care nurse income.

4. Improve effectiveness of home care nurse leadership

More positive relationships with supervisors and greater nurse perceived organizational support were found to be predictors of home care nurse ITR. The preparation of home care nurse leaders to take on leadership roles likely varies across leadership positions and organizations. As such, some home care nurse leaders may lack the tools necessary to provide effective leadership. Additionally, having home care nurse leaders who are available and

capable of addressing nurse issues and concerns is important for home care nurse retention.

Ensuring that managers and supervisors are provided appropriate education and training to effectively support nursing staff is essential to creating supportive home care nurse work environments. Home care organizations can demonstrate their commitment to developing home care nursing leaders through offering leaders training and support for advanced education.

5. Promote use of a variety of nursing knowledge and skills

Home care nurses reported that the opportunity to use a variety of nursing knowledge and skills while working with clients was an important factor influencing their ITR. By assigning nurses clients that vary in age, diagnosis and care needs, nurses are able to use a variety of skills and thus will be more likely to remain employed.

Home care agencies should remain cognizant of nurses desire to care for a variety of patients when creating nursing care models and client scheduling protocols. Additionally, home care agencies need to ensure that home care nurses have appropriate education and training to provide care for clients with a variety of care needs. Home care decision-makers can facilitate client variety by offering agencies contracts encompassing a variety of client diagnoses.

6. Strengthen positive feelings nurses have about the meaning of their work

Home care nurses reported valuing the meaningfulness of their work. The meaningfulness of home care work positively influenced nurse ITR. Implementing home care nurse recognition and reward programs at the agency level to further strengthen the positive feelings nurses have about the meaning of their work is suggested to improve home care nurse ITR. Additionally, recognizing agencies providing high quality home care at the regional and provincial levels may increase pride in home care organizations resulting in improved ITR for home care nurses.

7. Facilitate flexibility in nurse scheduling

Having flexibility in scheduling was identified as a significant positive predictor of home care nurse ITR. Two thirds of nurses surveyed agreed they have flexibility in

their scheduling. As this was often seen as a positive aspect of home care nursing work, home care leaders should work to implement and modify scheduling models to facilitate flexibility in nurse scheduling.

Implications of Study Findings

1. Retention of Ontario home care nurses is a serious concern with growing consequences. Organizational leadership needs to be active in planning and implementing targeted strategies to strengthen retention of home care nurses at the organization level.
2. Home care nurse retention requires a multilevel strategy including attention at the organizational, regional and provincial levels. Regional and provincial policy changes are necessary to allow operational changes at the organizational level for a number of key structural factors influencing home care nurse intention to remain employed (i.e. pay inequity and income stability, client variety, and continuity of care).
3. We recommend that home care leaders at the organizational, regional and provincial levels recognize the importance of creating and enabling supportive, flexible, competitive, and meaningful work environments that encourage the ongoing development of knowledgeable and capable home care nurses. This will strengthen organizational commitment among nurses and improve home care nurse intention to remain employed.

STUDY LIMITATIONS

There are a number of limitations inherent in this study. First, in Phase 1, participants self-selected to take part in focus group sessions. While self-selection did not seem to affect participant diversity in terms age, gender or type of nurse (i.e., RN or RPN), it may have resulted in the recruitment of participants with strong opinions, either positive or negative, about their work in home care. The perspectives of those who were invited, but declined to participate, are unknown.

A second limitation relates to the cross sectional survey design. Cross-sectional designs weaken the ability to establish causal relationships among explanatory factors and the outcomes of interest, which in this case is five-year intention to remain employed. As such, while we can examine the relationships between influencing factors and five-year intention to remain employed, we cannot conclude with certainty that these factors cause actual retention of home care nurses.

A third important potential limitation is the transferability of study findings outside Ontario, Canada home care organizations. Therefore, users of this research should take into consideration the structures and processes of home care service delivery in Ontario when determining the transferability of study findings to their specific context. Factors influencing home care nurse intention to remain employed may differ across Canada and in other countries.

Finally, we must be cautious about the generalizability of our study findings. Although our sample size (n=887) was large and our response rate (57.3%) strong, we cannot conclude that our sample does not differ significantly from non-respondents. Study participants, derived from the College of Nurses of Ontario list of registrants who volunteered to participate in research, may be different in some way from those registrants who chose not to volunteer for research.

SUGGESTED FUTURE RESEARCH

Home care nurse intention to remain employed is influenced by at least six categories of influencing factors: job characteristics, work structures, relationships / communication, work environment, nurse responses to work, and employment conditions. Modification of influencing factors is essential to strengthen home care nurse intention to remain employed, and ultimately, home care nurse retention. Further research is required to test and refine the conceptual model in international settings to determine its validity.

The final regression model explained 35.6% variance in home care nurse intention to remain employed for the next five years. The unexplained variance indicates there are other unknown reasons that explain home care nurse intention to remain employed. What our research suggests is that there is much more to discover about the home care nurse population and the particular factors that encourage them to remain employed. Our findings may be an indication that home care nurses differ greatly from acute care nurses, and that theory development should move in another direction in an effort to adequately explain and predict intention to remain employed for home care nurses.

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