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Incentivizing Full-time Employment for New Graduate Nurses in Ontario: Impact of Policy on Care

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Abstract

There is consensus that a professional full-time nursing workforce leads to better patient outcomes and a safer health care environment. In 2007, the Ontario Ministry of Health and Long-Term Care introduced the Nursing Graduate Guarantee (NGG), a policy mechanism designed to strengthen the nursing workforce by increasing full-time (FT) employment for newly graduated nurses. Several factors have affected the supply and employment status of nurses in the province over the past two decades, including the introduction of unregulated health care workers and crises such as SARS and COVID-19. A secondary analysis of the College of Nurses of Ontario registration database was conducted to identify and evaluate trends in the supply and employment of nurses in Ontario prior to and following introduction of the NGG. The results demonstrate that full-time employment of new registered nurses and new registered practical nurses initially increased but has since fallen to below pre-policy levels. Part-time work among newly graduated nurses is increasing across all sectors, signalling a diminishing effect of the NGG investments over time. Investments in health human resources have a stabilizing effect on the nursing workforce. Ensuring an adequate number of nurses is necessary for crisis preparation, management and recovery, particularly in sectors with low surge capacity such as long-term care. However, sustained financial, political, public, and professional support is required.

Il est convenu que le fait de disposer de personnel infirmier ayant les qualifications professionnelles requises et engagé à temps plein donne de meilleurs résultats au niveau de la santé des patients et promeut un environnement de soins plus sécuritaire. Le ministère de la santé et des soins de longue durée de l'Ontario a introduit la Garantie d'emploi pour les diplômés en soins infirmiers (GEDSI), une politique conçue pour soutenir le personnel infirmier et qui a pour objectif d'augmenter le nombre d'emplois à temps plein pour le personnel infirmier nouvellement diplômé. Au cours des vingt dernières années, le nombre d'infirmiers et d'infirmières formés et leur statut d'emploi ont diminué, en raison de multiples facteurs dont l'introduction de personnel soignant non réglementé et plusieurs crises sanitaires comme le SRAS et la COVID-19. Une analyse secondaire de la base de données d'inscription de l'Ordre des infirmières et infirmiers de l'Ontario a été menée pour identifier et évaluer les tendances en matière de disponibilité et d'emploi pour le personnel infirmier en Ontario, avant et après l'introduction de la GEDSI. Les résultats montrent que le nombre d'emplois à temps plein pour le personnel infirmier et le personnel infirmier auxiliaire nouvellement agréé a initialement augmenté, mais qu'il est, depuis lors, retombé en-dessous des niveaux atteints avant la mise en œuvre de cette politique. Les emplois à temps partiel pour le personnel infirmier nouvellement diplômé augmentent dans tous les secteurs, ce qui montre que l'impact de la politique GEDSI est de moins en moins sensible au fil du temps.

Les investissements en ressources humaines dans le domaine de la santé ont un effet stabilisateur sur l'effectif. Il est nécessaire de disposer d'un nombre d'infirmiers/infirmières adéquat pour la préparation, la gestion et la sortie des crises, plus particulièrement dans les secteurs qui n'ont qu'une faible capacité de mobilisation, comme celui des soins de longue durée. Mais, pour ceci, un solide soutien financier, politique, public et de la profession est indispensable.

Key Messages

- Full-time work is decreasing among new graduates, signalling a diminishing effect of the Nursing Graduate Guarantee policy over time.
- Secondary analysis of registration data shows a re-emergence of the trend towards part-time employment for new graduate nurses and lagging interest in policy mechanisms targeting health human resources.
- Ensuring an adequate number of nurses is imperative for crisis preparation, management and recovery, particularly in sectors with low surge capacity such as long-term care.

Messages-clés

- *Le nombre d'emplois à temps plein pour le personnel infirmier nouvellement diplômé diminue, ce qui montre que l'impact de la politique GEDSI est de moins en moins sensible au fil du temps.*
- *Une analyse secondaire de données liées aux inscriptions indique la reprise d'une tendance à offrir des emplois à temps partiel au personnel infirmier nouvellement diplômé et un manque d'intérêt pour les politiques de ressources humaines dans le domaine de la santé.*
- *Il est essentiel de disposer d'un nombre adéquat d'infirmières et d'infirmiers pour pouvoir a préparation, la gestion et la sortie des crises, particulièrement dans les secteurs qui n'ont qu'une faible capacité de mobilisation, comme celui des soins à long-terme.*

1 BRIEF DESCRIPTION OF THE HEALTH POLICY REFORM

This health reform analysis examines an Ontario provincial government policy mechanism, the Nursing Graduate Guarantee (NGG), intended to strengthen the nursing workforce by increasing full-time (FT) employment for newly registered nurses (RNs) and registered practical nurses (RPNs). The NGG was created in 2007 to support orientation and FT nursing positions. Health care employers apply for a wage subsidy to hire new graduate nurses into temporary supernumerary (above staff complement) positions with an extended orientation and mentorship (Baumann et al. 2018). This health reform analysis concludes that the impact of the NGG has diminished over time, resulting in a re-emergence of the trend towards casual and part-time nursing employment.

2 HISTORY AND CONTEXT

Historically, FT employment was the standard for Canadian nurses.[1] Over a 25-year period (1960–1985), approximately 70% of the nursing workforce nationwide was employed in this capacity (Paddon 1992). Routine coverage was provided by full- and part-time nurses and casual staff filled in during times of high demand. In the 1990s, Ontario's nursing workforce began to shift away from being predominately full-time. Casual and part-time work increased due to cost containments that led to restructuring, and hospitals lost close to 10% of their nursing workforces (Alameddine et al. 2006). This trend was referred to as casualization and resulted in more nurses working in casual and part-time positions rather than full-time (Becker, McCutcheon and Hegney 2010).

In the 1990s, the percentage of nurses in Ontario working full-time decreased from 56% in 1994 to 53% in 1999 (CIHI 2000).). By 1998, 32% of RNs in Ontario were working part-time and 18.6% were working casually (CIHI 2003). The increase in casualization had significant implications for nurses, patients and the health system (Baumann et al. 2018). For example, although the majority of nurses preferred FT employment, many had to work multiple jobs across health care institutions to achieve a FT wage (Baumann, Hunsberger and Crea-Arsenio 2012).

The Ontario Ministry of Health and Long-Term Care (MOHLTC) established the Nursing Task Force in 1998 to examine the impact of health care restructuring on the profession and the delivery of services. In 1999, *Good Nursing, Good Health: An Investment for the 21st Century* was released. In this seminal report, the committee recommended creating a policy to stimulate FT employment and stabilize the nursing workforce. By 2000, the

[1] In order to practice, all nurses must register with the provincial regulatory body, the College of Nurses of Ontario (CNO). The general class of nurses includes RNs and RPNs. Registered nurses are graduates of a four-year baccalaureate program in nursing at the university level; RPNs are graduates of a two-year diploma program in nursing at the college level.

Nursing Secretariat was created along with the Provincial Chief Nursing Officer role.

In 2003, the Severe Acute Respiratory Syndrome (SARS) epidemic exacerbated nursing workforce issues. It was identified that nurses working across institutions accelerated the spread of the virus. By 2004, the Ontario Expert Panel on SARS reinforced the need "to establish sustainable employment strategies for nurses and other healthcare workers to increase the availability of full-time employment" and recommended "progress reports should be issued on an annual basis with a final goal of greater than 70% full-time employment across all healthcare sectors by April 1, 2005" (Walker 2004, 47). In 2004, the MOHLTC introduced an official Nursing Strategy that included a "70% Full-Time Commitment" aimed at retaining part-time and casual nurses by encouraging FT employment (Daniels et al. 2012). Health care organizations used this financial incentive to increase the number of nurses hired full-time in hospitals and long-term care facilities and convert casual and part-time positions into FT employment. The multi-year strategies were supplemented by the NGG (Baumann, Hunsberger and Crea-Arsenio 2012).

The impact of a professional FT nursing workforce on patient outcomes is well-documented (Aiken et al. 2017; Bridges et al. 2019; Halm 2019). While the multifactorial nature of care outcomes has been recognized, education and employment status have been acknowledged as significant (Aiken et al. 2002; 2011; 2017). Other notable factors that affect care include a higher percentage of unregulated staff, heavy workloads and working across multiple sites (Sepulveda, Stall and Sinha 2020).

3 GOAL OF THE REFORM

The goal of the NGG is to increase FT employment and promote retention for new graduate nurses in Ontario (Baumann, Hunsberger and Crea-Arsenio 2011). New graduates and employers register on an online employment portal that was created and is housed by the human resources division of the Ministry of Health (MOH). Once an employer offers a new graduate a job, funding is transferred to subsidize a temporary FT supernumerary position with mentorship and extended orientation. Originally, the orientation period was six months but has recently been decreased to 12 weeks (MOH 2020).

4 FACTORS THAT INFLUENCED HOW AND WHY

4.1 The issue came onto the government's agenda

The historical decisions that led to the health reform were at times reactive and not necessarily sequential. Initially, policy leaders were concerned about the impact of a casualized nursing workforce on care and retention. Events such as the 2000 recession and the SARS epidemic had an impact on the workforce. At that time, there were numerous vacancies for casual and part-time employment and newly graduated nurses were leaving Canada for

FT work elsewhere (Little 2007). Additionally, forecasting models were predicting a mass exodus of nurses due to an aging workforce and potential early retirements.

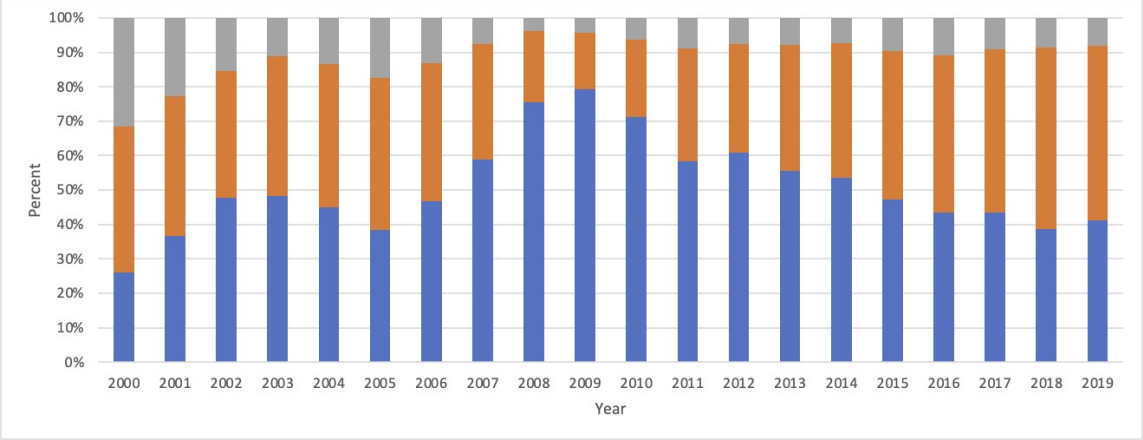
5 EVALUATION

A secondary analysis of the College of Nurses (CNO) registration database was conducted to identify and evaluate trends in the supply and employment of nurses in Ontario prior to and following the introduction of the NGG (Baumann et al. 2012; 2016; 2019). Results showed a 21% increase in the supply of nurses, from 131,754 in 2000 to 160,302 in 2019. In the early 2000s, the percentage of RNs and RPNs in FT employment was far below the recommended standard of 70%. For RNs, 55% were employed full-time and 34% were employed part-time. For RPNs, 48% were employed full-time and 38% were employed part-time.

Over the following six years (2006-2012), the number of nurses employed full-time increased across both categories. For RNs, FT employment peaked at 69% in 2012 before stabilizing at 67% in 2013 through to 2019. For RPNs, FT employment reached a high of 61% in 2011 and 2012 before stabilizing at 55% in subsequent years.

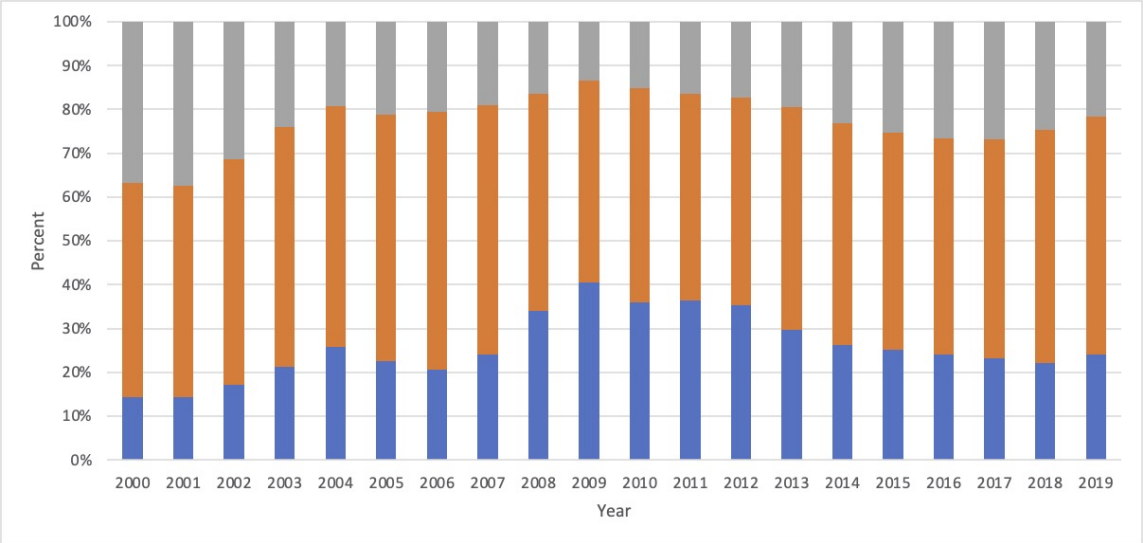
For new members, the trend in FT employment differed from those in the general class of nurses. Figure 1 and Figure 2 show the working status of all new RN and RPN members, respectively, in Ontario from 2000 to 2019. The data represent nurses in their first year of renewal with the CNO and include Ontario new graduates (85%), nurses from other Canadian jurisdictions (5%) and nurses educated internationally (10%).

Figure 1: Working Status of New Registered Nurses (RNs) in Ontario, 2000-2019



Source: College of Nurses. 2020. Data query tool. Unpublished data.

Figure 2: Working Status of New Registered Practical Nurses (RPNs) in Ontario, 2000-2019



Source: College of Nurses. 2020. Data query tool. Unpublished data.

In 2000, 26% of new graduate RNs had FT employment and 42% had part-time employment. In the first few years of the NGG, FT employment for new RNs increased to 79%. A trend analysis demonstrates that the percentage of FT employment among new RNs decreased to pre-policy levels. The NGG had a similar effect for newly graduated RPNs. In 2000, 14% of new RPNs were employed full-time and 49% were employed part-time. During the initial years of the NGG, FT employment for new RPNs increased to a high of 41% but by 2017, it had decreased to below pre-policy levels. There was also a significant decrease in the percentage of nurses working in casual positions over the study period. Casual employment decreased from 30% in the early 2000s to less than 10% in 2019 for RNs and from close to 40% in the early 2000s to 20% in 2019 for RPNs.

Multi-year evaluations of the NGG demonstrate that it was utilized by the majority of stakeholders (Baumann et al. 2011; 2012; 2018). However, in the later years of the policy, research indicates that employers expressed difficulty with *1*) the timing of the policy; *2*) accessing information; and *3*) the prescribed process. For example, the planning cycles of the MOH differs from those of the health care institutions, making it difficult for employers to access funding in a timely way. Additionally, the NGG was modified. Wage subsidies decreased from a 6-month period to a 3-month period and the period during which employers were required to transition new graduates into FT positions was extended from six months to one year (MOH 2020).

6 STRENGTHS, WEAKNESSES, OPPORTUNITIES AND THREATS

Table 1 summarizes the strengths, weaknesses, opportunities and threats of the NGG from the perspectives of health care employers, nurses and policymakers.

Table 1: SWOT Analysis

Strengths	Weaknesses
• Creates opportunities for new nurse graduates to enter the workforce in full-time positions. • 6-month extended orientation provided time for new nurse graduates to safely transition to clinical practice.	• Applying for funds requires resources to which many small employers do not have access. • No penalty for employers who transitioned nurses into part-time positions. • The policy funds were mostly accessed by the acute care sector. • Rural and remote regions were at a disadvantage as supply of new nurses is low in these areas.
Opportunities	**Threats**
• Stabilizes the workforce. • Increases retention.	• There is concern that use of the policy would result in fewer jobs for experienced nurses seeking full-time employment. • There may not be enough experienced staff to mentor new nurse graduates. • Government attention to health human resources have decreased over time.

7 CONCLUSION AND REFLECTION ON THE FUTURE OF CARE

Historically, political interest in the nursing workforce has been crisis related. The original recommendations of the Nursing Task Force focused on strategies to stabilize the workforce and improve clinical care. In 2000, the Nursing Secretariat was created along with

the Provincial Chief Nursing Officer position. Over the next ten years, investments were made to promote leadership and increase capacity in the province. Research demonstrates that these changes had a significant impact on the education and employment of nurses (Baumann et al. 2018). However, heightened awareness of the important role of nurses in the provision of care was short lived. The original Nursing Secretariat was dissolved and the Chief Nursing Officer position subsumed under the Strategic Policy, Planning & French Language Services branch of the ministry (MOH 2021).

Findings from our analysis reinforce that investments in health human resources have had a stabilizing effect on the nursing workforce in Ontario. The evidence highlights the need for sustained financial, political, public and professional support. Maintaining a 70% FT regulated nurse complement stabilizes the workforce, decreases turnover, increases nurse retention and improves continuity of care. Ensuring an adequate number of nurses is necessary for crisis preparation, management and recovery, particularly in sectors with low surge capacity such as long-term care (Baumann, Blythe and Underwood 2006; Baumann et al. 2018).

Media reports and interviews with health care employers reveal an unprecedented shortage of nurses (Winsa 2021). Part-time work among newly graduated nurses is increasing across all sectors, signalling a diminishing effect of the NGG investments over time. Task shifting and deskilling in the health care sector further impact the stability of the nursing workforce and the quality of care provided. The more than 169,000 regulated nurses in the health care system have been supplemented by a significant number of unregulated staff (CNO 2021).

The stability of continuous care has been affected by the introduction of this cadre of workers. A recent example is in the long-term care sector that is primarily staffed with unregulated workers, and a limited number of nurses employed in leadership positions. The issues that existed in the nursing workforce more than two decades ago have now emerged in the unregulated workforce, including low FT employment, precarious work and insufficient retention.

The NGG was introduced to stimulate FT employment and had the desired effect in the short term. Evaluation studies demonstrate that it also increased retention in selected organizations (Baumann et al., 2016). While the employment policy is still in place and needed in the face of an impending shortage, it needs to be examined from an employer perspective and adjusted accordingly to *1*) ensure it is effective over the long term; *2*) rectify the part-time status of newly graduated nurses; and *3*) address emerging task shifting trends.The NGG initiative needs to be easier for health care organizations to access and implement and it should be aligned more closely with funding cycles.

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9 FOR MORE DETAIL

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