

REPORT: RESULTS AND FINDINGS FROM THE NURSING HOME RECRUITMENT AND RETENTION SURVEY

2017 New Brunswick Association of Nursing Homes

Abstract

This report is based on a sector wide survey conducted in May 2017. With an 85% response rate, some anticipated challenges were confirmed, other new challenges were noted, and opportunities to improve recruitment and retention in nursing homes were identified. A committee to create a strategy and an implementation plan is recommended to begin working this fall.

Table of Contents

| | Page # |
|--|-----------|
| Executive Summary | 2 |
| Introduction | 3 |
| Survey Question; Question response rate; Statistical Summary; Analysis; Additional Questions Raised: | |
| Question 1: In what region is your home located? | 4 |
| Question 2: What is the number of beds in your facility? | 4 |
| Question 3: What is the number of employees in your organization? | 4 |
| Question 4: What was the care staff turnover in 2016-2017? | 5 |
| Question 5: What is the current number of vacant care staff positions in your nursing home? | 7 |
| Question 6: What is the average age of new hires from last year? | 8 |
| Question 7: What is the average gender of new hires? | 9 |
| Question 8: How has your nursing home advertised jobs? | 12 |
| Question 9: Was the advertisement method used for recruitment successful? | 13 |
| Question 10: Can you provide a ballpark number of what was spent on recruitment in the last year? | 15 |
| Question 11: Please describe your experience with retention; Did most hires stay past probation? | 16 |
| Question 12: What number of recruits for care positions over the last year were terminated during the probation period? | 17 |
| Question 13: What was the reason for the new recruit termination? | 18 |
| Question 14: What type of position were new hires for care given? | 18 |
| Question 15: What has been your experience with requests from new hires regarding work hours? | 20 |
| Question 16: Do you offer any hiring incentives? | 21 |
| Question 17: Have discussed your staffing needs with a college before? If so, what was the outcome? | 22 |
| Question 18: Would you be open to participating in a cooperative program that gives students periods of time for study, and periods of time for work in your home to complete a certificate? | 24 |
| Question 19: Resident Attendants hired in the last year had: (type of work experience/ education) | 25 |
| Question 20: What do you believe is the number one issue to recruitment and retention for your nursing home? | 26 |
| Summary of the survey analysis | 29 |
| Next Steps | 29 |

Executive Summary

- 86.5% of nursing homes in NB participated in this survey.
- Half of the survey respondents are under 50 beds in size, with 30% having 60 or less employees.
- On average, the staff to bed ratio of 0-50 beds is 1.7 employees; 51-100 beds are 1.6 employees; and 101+ beds is 1.4 employees.
- The overall employee turnover rate reported is 11.2% of 5,779 employees of the responding nursing homes. A specific turnover rate for RNs can be generated based on 147 turnovers in the previous year and with 543 RNs employed overall in nursing homes, this is 27%. Using a projected cost for RN turnover from the Canadian Nurses Association, this would cost \$3.6 million for RNs alone.
- At the time of the survey, there were 36 RN vacancies, 49 LPN vacancies and 102 Resident Attendant.
- The average age of hire in nursing homes is 25-34, followed by 35-44. Most commonly, women are hired. Given these average ages and gender, in comparing to the NB census data, the age 25-34 and sex cohort represents 11.9% of the NB population.
- From the reported information, gender impact as it relates to workforce practices and recruitment needs to be considered for both men and women.
- Traditional media is used by most nursing homes to recruit, but there are some regions showing a preference to use social media.
- It was reported by traditional job ads are successful 60% of the time, with it reported that overall the nursing homes spent \$88,000 on recruitment, or \$26.17 per bed.
- If job schedules can remain flexible, 59% of employees stay in their job. The challenges noted is providing a guaranteed schedule with scheduled shifts, competition between acute care and nursing homes for RNs and LPNs, and competition between nursing homes for resident attendants.
- There were 85 care staff terminations during the probationary period over the last year.
- Most common reasons for terminations reported are unsafe, unable to take call in shifts and excessive workplace absences.
- Most positions hired for were casual, and the most common scheduling requests were no nights, weekend, evenings, no call-ins, and request for leave of absences.
- Most nursing homes cited the collective agreements prevent incentives for recruitment being offered, but some homes offered paid orientation, support for RN/LPN professional fees, and support for Federal Government tuition rebate program.
- 32% of nursing homes reported talking to colleges about their employment needs, with another 32% reporting that they did discuss with colleges, but it didn't address their recruitment needs.
- 91% of nursing homes reported they would support a student cooperative program.
- 74% of resident attendants hired by nursing homes in the last year had a college certificate.
- Top barriers reported to recruitment were casual non-guaranteed positions, rural locations, competition with others, and lack of professional prestige.

Introduction

Discussion on staff recruitment and retention in nursing homes is not a new conversation. It has been a consistent discussion point in nursing homes for many years, but typically followed an understood pattern of a rural nursing home in need of professionally skilled staff such as Registered Nurses and Licensed Practical Nurses. These staffing needs over the years have experienced peaks and valleys in targeted regions, with a variety of recruitment strategies utilized, but never was it identified as a consistent issue for all nursing homes in the province until now. With the realization that something has changed in this pattern, it was also noted that very little is known about this issue beyond the anecdotal reports.

Regionally, there are many examples of individual nursing homes taking a leadership role in opening discussion with the community colleges on staffing needs, and finding creative options for recruitment. This has lead nursing homes to support students completing their required training through cooperative programs or offering other employment incentives. Despite these noted individual efforts of nursing homes, the needs around recruitment and retention appear to have grown with increased reports on shortages of resident attendants in addition to RNs and LPNs. These shortages have also been heavily reported on by the media with the inability of a nursing home in an urban center to open a facility expansion due to staff shortages.

In February, NBANH participated in a discussion with CCNB lead by a nursing home and in April, NBANH, Social Development and a Nursing Home Administrator met with representatives from NBCC to express concerns on recruitment, student numbers and to understand how class sizes are determined.

In a province striving to develop jobs, many questions were identified to understand why nursing homes are struggling with recruitment and retention. Where not enough students being trained? Has the size of the provincial workforce in the province become too small to support the workforce needs of nursing homes? Has the demand for the services of long term care providers in various settings increased with an aging population? It was decided that a provincial survey would be conducted to create a provincial picture of the need, what are the issues, and with analysis see if viable options for the future could be identified that will lead to workforce sustainability for the sector.

In total, 20 survey questions were created with input from Social Development and a random sampling of nursing home administrators, and was further informed by the discussions with the CCNB and NBCC. The survey was released in May 2017. A total of 58 out of 67 homes completed the survey with a participation rate of 86.5%. Respondents come from all seven regions of the NBANH, with balanced representation between Anglophone and Francophones nursing homes in both rural and urban areas.

This report provides the response rate for each question, a statistical summary of the information, and discussion on the findings, what is available in the research literature, analysis of findings and other questions the findings raise for future consideration. The report concludes with a summary of what we learned and next steps.

Question 1- In which region is your nursing home located?

Question response rate: 100%. All survey respondent completed question 1.

Statistical Summary: Provincial: 58 out of 67 homes completed the survey = **86.5%**

Region 1: 13 out of 14 homes completed the survey = 92.8%

Region 2: 13 out of 16 homes completed the survey = 81.2%

Region 3: 14 out of 16 homes completed the survey = 87.5%

Region 4: 5 out of 5 homes completed the survey = 100%

Region 5: 1 out of 2 homes completed the survey = 50%

Region 6: 7 out of 9 homes completed the survey = 77.7%

Region 7: 5 out of 5 homes completed the survey = 100%

With nursing homes from all regions responding to the survey, recruitment and retention of care staff can be noted as a consistent provincial issue for this sector, and is a topic of considerable sector interest as indicated by the high participation rate of this survey in May 2017.

Question 2 – What is the number of beds in your facility?

Question response rate: 100%. All survey participants completed question 2.

Statistical Summary: The size of the 58 nursing homes who completed the questionnaire are:

- 32 are 0-50 bed facilities (55.2%)
- 16 are 51-100 bed facilities (27.6%)
- 10 facilities have 100+ beds (17.2%)

More than half of survey respondents are small-sized nursing homes with 50 beds or less, which is reflective of the size of most nursing homes in the sector.

In comparison to the NBANH membership of all 67 homes by bed size, it can be noted that the responses are consistent with the NBANH membership demographic:

- 0-50 beds: 32 homes (represents 47.8% of the homes)
- 51-99 beds: 22 homes (represents 32.8% of the homes)
- 100+ beds: 13 homes (represents 19.4% of the homes)

Question 3- What is the number of employees in your organization?

Question Response Rate: 100%. All surveyed participants completed question 3.

Statistical Summary: Of the respondents, the number of employees reported by facility:

- 19 facilities reported 60 or less employees (32.7%)
- 27 facilities reported between 61 and 120 employees (46.6%)
- 12 facilities reported employ 121+ employees (20.7%)

The table below represents the total number of facilities, the total number of beds and the total number of employees per Region that completed the Recruitment and Retention Survey.

| Region | Number of Facilities | Number of Beds | Number of Employees | Percentage |
|-----------------|----------------------|----------------|---------------------|--------------|
| Region 1 | 13 | 1,089 | 1,399 | 92.8 % |
| Region 2 | 13 | 902 | 1,505 | 81.2% |
| Region 3 | 14 | 780 | 1,277 | 87.5% |
| Region 4 | 5 | 386 | 509 | 100% |
| Region 5 | 1 | 100 | 110 | 50% |
| Region 6 | 7 | 355 | 575 | 77.7% |
| Region 7 | 5 | 324 | 459 | 100% |
| Province | 58 | 3,933 | 5,779 | 86.5% |

Comparing question two and three data for benchmarking considerations:

In comparing the number of beds in each nursing home to the number of employees for the same nursing home, a bed to staff ratio can be determined:

- 0-50 Beds- bed to staff ratio ranges from 1.4 to 2.3, with the average being 1.7 employees for every bed.
- 51-100 Beds- bed to staff ratio ranges from 1.2 to 2.0, with the average being 1.6 employees for every bed.
- 101+ Beds- bed to staff ratio ranges from 1.2 to 1.8, with the average being 1.4 employees for bed.

It is noted that the range in number for each grouping can be impacted by the number of unscheduled employees, with some homes potentially having a higher or lower number of employees in this category for call in shifts only.

Question 4 – What was the care staff turnover in 2016-2017? (Please provide a number for each category)

Question response rate: 100%

Statistical Summary: The nursing homes who responded to the survey had a total of 5779 employees. Turnover is defined as the number of employees who left employment in the home and were replaced by another employee.

- RN: 147 positions
- LPN: 173
- RA: 329

This represents an overall turnover rate of 11.2% for the responding nursing homes. Benchmarking against the overall number of employees represented in the responding nursing homes, RNs represent 2.5% of the turnover number, LPNs represent 3.0% of the total number and RA's represent 5.7%. Unfortunately, the number of RNs, LPNs and RA's represented in the 5779 was not broken out separately in the survey, so precise turnover rates in their professional category can't be determined. It can be noted however, that in 2013 there were 543 Registered Nurses employed in nursing homes. The 147 positions reported to be turned over in 2016 represents 27% within this professional category and could potentially be higher if all nursing homes participated in the survey.

In a 2009 information paper from the Canadian Nurses Association, they estimated the cost associated with each RN turnover in hospitals to be \$25,000 with all productivity and resources considered.¹ Considering the reported RN turnover in 2016, and using this as an estimate for nursing homes, this 2009 dollar value would represent 3.6 million being expended by nursing homes for the RN position only. This is remarkable to consider and requires that steps are taken to reduce the quarter of RN positions being turned over. This rate of turnover is also a significant factor when considering the leadership role that RNs play in nursing homes and the impact that high turnover would have on that function.

In a review of literature on nursing turnover, there were relevant findings to consider. It was noted that in care settings, turnover of care staff is notably reduced when high-involved work practices were utilized that allowed for employee engagement, contribution to program designs and decision making, greater work autonomy, training and development opportunities, and recognition of effort. Recognition is directly linked to nurse's wellbeing, which is not influenced by financial compensation, but by recognition from residents, families, colleagues and leaders². This research noted the connection between professional self-image/ professional values and organizational practices. The closer these two are aligned, the more likely an employee is to stay.³

This raises strong considerations for the care workforce in nursing homes when considering turnover and staff-wellbeing. In 2017 data from the NBANH Employee and Family Assistance Program (EFAP), the top reasons for employees seeking support were for, personal and emotional needs, stress, anxiety, depression and grief. Work intensity and role overload (having too much work to do in the time available) is a contributor to these two findings that leads to spill-over effects on work-life balance. Young nurses entering nursing want employment that fits their life and not the other way around⁴, so understanding what this looks like and how adaptations can be made for the future will be advantageous to nursing homes in a competitive environment for care providers. In a report from the Canadian Institute for Health Information (CIHI), "Regulated Nurses 2016"⁵, it is noted that nationally only 15.4% of RNs work in nursing homes or long-term care facilities, however this percentage of LPNs is increasing. This national trend should be considered for NB and its implications for how resident care needs are met.

¹ https://www.cna-aic.ca/~media/cna/page-content/pdf-en/roi_nurse_turnover_2009_e.pdf?la=en

² http://ac.els-cdn.com/S2352013215000885/1-s2.0-S2352013215000885-main.pdf?_tid=9c866f38-890e-11e7-9255-00000aacb35d&acdnat=1503608331_7f09e1d444e2b0f34ea8a85121e27f51

³ Boxall, Peter. Macky, K. 2014. High-Involvement work processes, work intensification and employee well-being. *Work Employment & Society*. 28:963. <http://journals.sagepub.com/doi/abs/10.1177/0950017013512714>

⁴ <https://sunpasit.go.th/booking/docs/da25e559630e948647663c24347d7e83.pdf>

⁵ <https://www.cihi.ca/sites/default/files/document/regulated-nurses-2016-report-en-web.pdf>

Other questions raised:

1. What do high involved work practices look like in nursing homes?
2. What are the cost implications to consider?
3. What are the most effective recognition programs for RN/LPN/RA that supports their well-being?

Question 5 – What is the current number of vacant care staff positions in your nursing home? (Please provide a number for each category)

Question response rate: 100%

Statistical Summary: These numbers reflect the vacancies in responding nursing homes at the time of the survey and reflect all position types (unscheduled/ part time/ full time). Individual employment types were not recorded in the survey. A vacancy is defined as an available position that is not filled due to no qualified applicants.

- RN: 36 vacancies
- LPN: 49
- RA: 102

In the NB Labour Market Outlook report produced by NBjobs⁶, the following table reflects that projected job openings for non-professional care positions will continue to expand. This is a key consideration for nursing home workforce planning. This is organized based on the National Occupational Classification used in Canada (NOC). It is also projected that positions for regulated professionals will also continue to increase in the province as per the profile created by the Canada-New Brunswick Labour Market Development⁷.

New Brunswick

- In New Brunswick, there are 147,929 seniors which are equal to 19.5% of our population.
- By 2038, with the current trend, it is expected that 31.3% of the New Brunswick population will be seniors.
- During the last 20 years, there has been an average net loss of 1,250 youth ages 15 to 24 in the province.

⁶ https://www.nbjobs.ca/sites/default/files/pdf/nblmo-final_e.pdf

⁷ <http://www2.gnb.ca/content/dam/gnb/Departments/petl-epft/PDF/PopGrowth/Healthcare.pdf>

**Skill Level/
Occupation**

Nurse aides,
orderlies and
patient
service associates
Other assisting
occupations in
support of health
services
Home support
workers,
housekeepers
and related
occupations

| NOC* | 2017 Employment | 2017-2026 | | Total Job Openings | | |
|------|--------------------|---------------------|-----------------------|--------------------|---------|---------|
| | | Expansion Demand | Replacement Demand | 2017-21 | 2022-26 | 2017-26 |
| 3413 | 6632 | 1272 | 1931 | 1503 | 1700 | 3203 |
| 3414 | 608 | 109 | 157 | 120 | 147 | 267 |
| 4412 | 4871 | 342 | 1976 | 1246 | 1074 | 2320 |

*National Occupational Classification

It is clear from these projections that vacancies will continue to grow, unless effective recruitment and retention strategies can be determined.

Question 6 – What is the average age of new hires from last year?

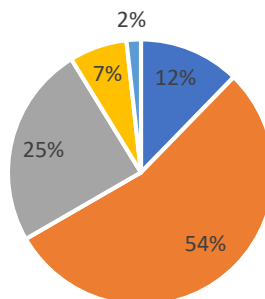
Question response rate: 100%

Statistical Summary: Of the new hires, the age of new nursing home employees reported are:

- 54% of new employees hired are 25-34 years of age
- 25% of new employees hired are 35-44 years of age
- 12% of new employees hired are 18-24 years of age
- 7% of new employees hired are 45-55 years of age
- 2% of new employees hired are 56-64 years of age

Average Age of New Hires in Nursing Homes

■ 18-24 ■ 25-34 ■ 35-44 ■ 45-55 ■ 56-64



The 25-34 age group dominates the sector for new hires in care positions across the province. However, it appears that Regions 1 (Moncton) and 5 (Campbellton) have different average age categories for new hires compared to the rest of the province with 35-44 years for Region 1 and 45-54 years for Region 5.

Region 6 (Acadian Peninsula) is also divided equally between the 25-34 and 35-44 age categories for new hires. In considering inter-provincial migration, there is an anticipated correlation between youth migration to the southern part of the province as a contributing factor for the higher age of new hires in Region 5 and 6.

Region 1 is large comprised of 14 nursing homes in the Greater Moncton area, but also includes several nursing homes in rural communities located in Kent, Westmorland and Albert counties. This may explain the average age for new hires at 50% in the category for 35-44 year olds in this region (Moncton and Westmorland County, Census Profile, 2016). As Moncton/Dieppe has been a common destination when considering intra-provincial migration⁸, especially for young adults it is expected that the workforce in the urban center would be younger.

Another fact to be taken into consideration is that the sector is largely dominated by women (88%) (Health Needs Assessment Survey, NBANH 2010). In particular for women, these periods of life often correspond to times when individuals are not only caring for residents within job, but they're also caregivers for their young families and/or aging parents.

Other questions raised:

- Is there a correlation between the Campbellton/Acadian Peninsula new hires age category and northern population moving to the south of the province? Would that explain why R5 and 6 (50/50) hire older new employees?
- Is there a link between new employees' special requests and expectation versus the average age category of new hires?

Question 7 – What is the average gender of new hires?

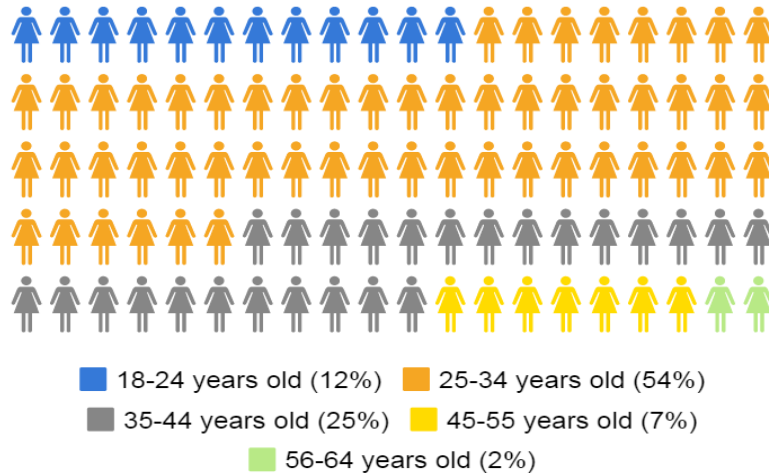
Question response rate: 100%.

Statistical summary: The average gender of new hires across the province last year is on average female.

It should be noted that this is the *average gender* of new hires, and not indicating that no men were hired by nursing homes in the last year. However, the sector workforce and most of new hires in care positions over the last year were women.

⁸ <http://www.cbc.ca/news/canada/new-brunswick/moncton-passes-saint-john-largest-city-1.3971897>

Nursing Home Sector new hires in 2016-2017



Comparing question six and seven data, considering age and gender of new hires in nursing homes to NB population by age from 2016 Census⁹

In comparing the age and gender of employees that are being hired in nursing homes to the 2016 NB census data, there are few items of note:

- Survey respondents reported hiring mostly women, of which the largest majority are of child bearing age;
- In considering the 2016 census population data by age and gender for NB, it can be determined that the age group of 25-44, our most common age and dominantly female hires, only represents 11.9% of the NB population.
- Considering all age groups that were reported to be hired in nursing homes (18-64), using the 2016 census data for the overall number of women in NB, it can be determined that nursing homes are hiring from 30% of the New Brunswick population.
- If nursing homes could successfully recruit men in addition to women, based on the 2016 census data it would increase the population pool to hire from for nursing homes to 60%; double of our typical population recruitment group currently.

Although not part of the usual discussion on nursing recruitment and retention, there is research considerations regarding the impact of gender in nursing and the biases that exist that can create significant disconnects between the values of the profession and the needs of women and in particular mothers of dependent children¹⁰. The professional values of nursing as a profession has remained

⁹ <http://www12.statcan.gc.ca/census-recensement/2016/dp-pd/prof/details/page.cfm?Lang=E&Geo1=PR&Code1=13&Geo2=PR&Code2=01&Data=Count&SearchText=13&SearchType=Begin&SearchPR=01&B1=All&Custom=&TABID=3>

¹⁰ The impact of gender perceptions and professional values on women's careers in nursing. 2014
<http://www.emeraldinsight.com/doi/pdfplus/10.1108/GM-12-2013-0135>

unchanged over decades and has an impact on the “power, prestige, status and careers”. Commitment to work and the patient/resident, flexibility of personal schedule to be on call, and individual ability to work full time hours is valued most and necessary to career advance. This creates a conflict for mothers with dependent children who are forced to choose between professional success and opportunity and motherhood, and report that they have had their careers restricted or inhibited as a result. The values conflict created for nurses who are mothers of dependent children is philosophically engrain with the “resident comes first” and the societal demand that “the family comes first” and is ironic that a female dominated profession has not addressed this need. This research strongly considers the impact of motherhood and the professional values of nursing, in NB the growing reality of nurses who are professional care providers, and mothers and informal care providers for aging loved ones are all significant workforce planning considerations for the future.

It should also be noted that gender issues also present barriers to men entering a nursing profession. Although this did not emerge as a topic in the survey responses, it is a noted topic in research literature¹¹ and is an important part of a gender bias conversation for improving future recruitment and retention efforts.

The professional norms that have been long established through nursing culture and labour contracts creates many questions on the impact of nursing home recruitment and retention efforts. For care providers, the conflicts between professional values and personal obligations are seen as too big to overcome by younger generations. This is a complex area mixing gender biases, professional values and culture, and long standing labour norms. In spite of these complexities, strategic considerations of these matters will need to be explored and operationally considered if recruitment and retention demands continue to grow.

Other questions raised:

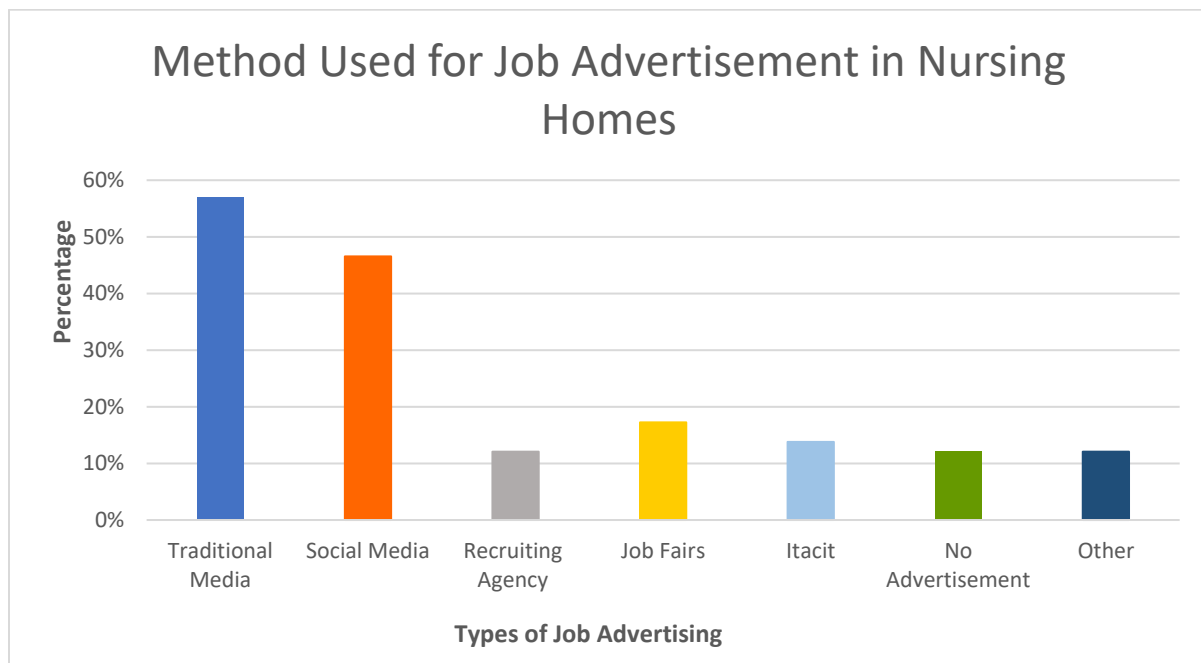
- Are there inequalities in gender for this work? Ex: Is there a male dominated job environment, with casual work that provide and 24/7 services and with similar workload? Mill, Wood industry? Or we are one of a kind job?
- Can we look at offering better support – child care, mental health, caregiver support, compassion fatigue etc. for a female dominated workforce?
- Why are men not represented in greater numbers in the nursing home workforce? Are there stigmas or other misunderstood issues that prevent men from being interested in this field?

¹¹ Rajacich, Dale. 2013. If they do call you a nurse, it is always a “Male Nurse”: Experiences of men in the nursing profession. Nursing Forum. 49 (1):71-80. DOI:10.1111/nuf.12008.Source:Pubmed.

Question 8- How has your nursing home advertised jobs (Check all that apply)

- Traditional media – Radio, TV ad, local newspaper
- Social media – Facebook, Twitter, Instagram, etc.
- Recruiting Agency
- Job Fairs
- Itacit
- I did not use advertisement for recruitment last year
- Other (please specify)

Question response rate: 100%.



Statistical summary: It is important to note that respondents could check more than one answer, as they may have use more than one method:

- Traditional media such as newspapers, radio and television is the most used method for recruitment in NB nursing homes with 56.9 % of nursing homes using this method in the last year.
- Social media, which included Facebook or Twitter is becoming more popular with 46.6% of the nursing homes using this method in the last year.
- Recruitment agencies were retained by 12.1% of the nursing homes in the last year.
- Job fairs were attended by 17.2% nursing homes in the last year.
- Itacit, a Software system used internally across the sector was used by 13.8% of nursing homes for recruitment.
- No recruitment advertising was reported by 12.1% of nursing homes in the last year.
- Other types of recruitment advertising were done through:

- Websites, such as Career Beacon, Kijiji, Indeed and the Job Bank, were noted with 38% of the nursing homes using this method.
- Various other methods were used by 6.9% of nursing homes to advertise a job such as Professional Associations, Local Bulletin Boards, Educational Institutions and word of mouth.

All regions use Traditional Media as their most utilized advertisement method with the exception of Region 2 that uses Social media as their number one method (53.8%). From an observational note, the move away from traditional media for recruitment has been increasing over the last few years as homes continue to use the limited recruitment dollars in the most effective method to reach the widest audience.

Human Resource expertise is extremely limited in the sector with the majority of nursing homes not having access to advice or support from a human resources professional that can advise on recruitment and retention. There are specific considerations for the recruitment of Gen Y and Millennials that could be addressed through expert support. This can impact the recruitment process, starting with the crafting of the job ad, selection of the proper advertising medium, interviewing techniques and job descriptions. Responses also show that recruitment websites such as Career Beacon, Indeed, and Kijiji are generally less used by Francophone nursing homes versus Anglophone homes. French nursing homes tend to use more traditional media in combination with Social media. There are many examples of NB nursing home recruitment efforts on-line that could be strengthened with professional support.

Nursing homes have a modern tool to assist with recruitment efforts with the Itacit software system. However, only 13.8% of respondents reported using the system for recruitment. This may be a lack of knowledge on how to use this module, or simply lack of time to invest in getting the tool operational with the nursing homes processes. It is not understood what impact the development of the recruitment module in Itacit would have on the homes overall recruitment effort, but focused educational sessions and IT support could assist the homes in maximizing its potential.

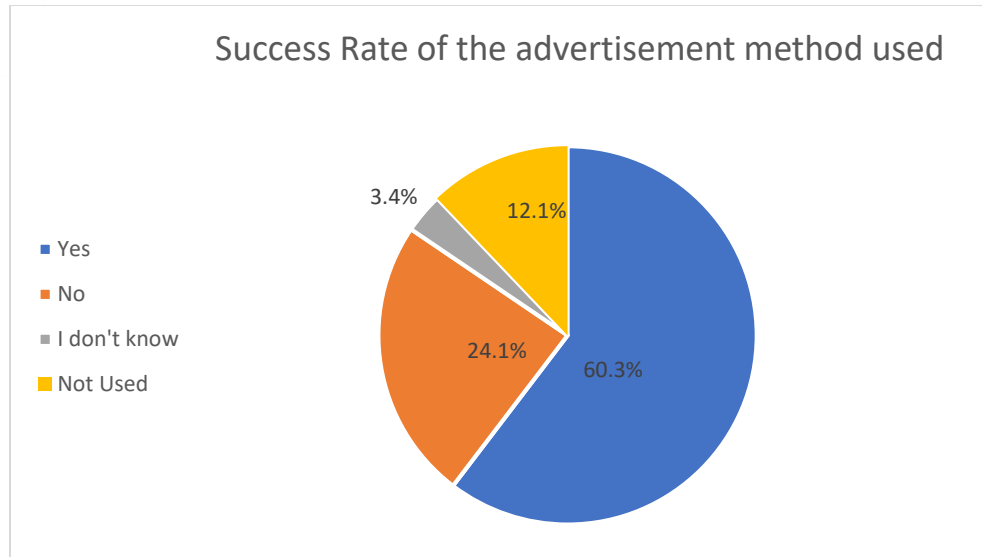
Other questions raised:

1. What impact does public perception of nursing homes have on recruitment efforts?
2. Could the addition of HR support for nursing homes have a positive impact on recruitment efforts?
3. In partnership with nursing homes, could a study be conducted to considering productivity and resources between recruitment efforts and retention of employees?

Question 9 – Was the advertisement method used for recruitment successful?

- Yes
- No
- I don't know
- I did not use advertisement for recruitment last year

Question response rate: 100%



Statistical summary:

- 60.3% of respondents reported they have been successful with the method used for recruitment.
- 24.1% reported that the method used did not led to new hires.
- 3.4% reported that the recruitment method was not measured and don't know if it was successful or not.
- 12.1% have not used advertising for recruitment over the last year.

24.1% of respondents reported that the method(s) used for recruitment were unsuccessful over the last year. This raises questions as to why the methods used were not effective and if there are regional considerations. For example, the region with the highest "not successful" percentage is Region 2 with 38%. This region used Social media as their main recruitment method, and is also the region that used Recruitment Agencies the most with 23%. Although both of these approaches would be consistent with a modern recruitment effort, another approach may increase success.

A small percentage of nursing homes reported that they didn't measure if their recruitment efforts were successful or not. Recruitment and retention efforts are more successful when strategically considered from a workforce planning perspective that integrates with the overall mission of the organization. This allows for organizational goals to be achieved while reducing the potential of human resource surprises.

Other questions raised:

1. What are the reasons why homes have not used recruitment methods in the last year?
2. What is the average percentage of time allocated to recruitment in NB nursing homes (how much effort put towards recruitment) and how long does it usually takes to fill a position?
3. Among the 60.3% that were successful, how long did the process last to fill-up vacant positions?
4. Is there a correlation between the level of success and the method of recruitment used?

Question 10 – Can you provide a ballpark number of what was spent on recruitment in the last year?

Question response rate: 100%

Statistical summary: Amount of dollars spent on recruitment in the last year:

| | Money Spent | |
|----------|-------------|-------------------|
| | Total | Average by Region |
| Region 1 | \$28,508 | \$2,193 |
| Region 2 | \$12,200 | \$938 |
| Region 3 | \$17,350 | \$1,239 |
| Region 4 | \$7,750 | \$1,550 |
| Region 5 | \$5,000 | \$5,000 |
| Region 6 | \$6,300 | \$900 |
| Region 7 | \$10,800 | \$2,160 |
| Sector | \$87,908 | \$1,516 |

Region 1 (Moncton) invested the largest amount in recruitment in the last year with \$ 28,508. While Region 2 (Saint John), comparable in size to Region 1, appears to have invested significantly less (more than half less) in recruitment.

A total of \$ 87,908 was invested over the last year in the recruitment process by responding nursing homes. Considering the bed numbers of each respondent, it can be determined that in the last year \$26.17 per bed was invested. This number could be used as a funding benchmark for consideration in a recruitment and retention strategy.

Other questions raised:

1. Is there any advertising/recruitment budget included in NH annual budget?
2. Could having a budgeted amount specific to recruitment/advertising help the homes with the recruitment challenges and help the home with how they use these methods of recruitment?

Question 11- Please Describe your experience with retention. Did most hires stay past probation?

Question response rate: 100%

Statistical Summary:

- 59% of respondents reported no issue with **retention** if they were flexible with employee availability.
- Respondents reported that if employees stay past the probationary period, most will stay employed with the nursing home.

In an analysis of all survey comments, three themes emerged as a common and consistent experience for nursing homes with retention:

- 1) There is a correlation between regular scheduled work hours to offer an employee and their retention. Nursing Homes reported that the retention of an employee is higher when the nursing home has the ability to offer a scheduled rotation and not unscheduled part time that leaves the employee dependent on call-ins for shifts. This also has a seasonal factor, with more hours being available in the summer months and less in the winter.
- 2) The most noted retention challenge for RNs and LPNs is competition with acute care settings. It was reported by the nursing homes that RNs leave due to heavy workload and the RN role not being well understood. Many noted that RNs commonly pick up hours in the nursing home, but their primary employment is elsewhere so they never become fully engaged in the nursing home as a career option.
- 3) The most common retention challenge for Resident Attendants is competition with other nursing home schedules who are also employing the same person. For unscheduled part time resident attendants', they frequently work on-call in multiple nursing homes.

Supporting new hires to successfully complete the orientation and offering flexibility in scheduling appears to be a contributing factor in the nursing home's ability to retain care providers over time. This is consistent with the gender considerations in question seven which noted the difficult conflict nursing careers can pose in particular for mothers with dependent children. This is also particularly relevant given the average age of new hires in nursing homes is mostly women of child bearing age. Creating flexible employment options that supports continuing employment over time. Research indicates that retention of employees grow with each year of retention up to five years when the risk becomes stable.¹²

Other questions raised:

- Can the number of permanent part time employees be increased and the unscheduled part time decreased?
- What makes an employee feel "invested" in the nursing home and their choice of career? Lack of input? Autonomy? Individual/ Team recognition for excellence beyond beside care?

¹² 2016. NSI Nursing Solutions. Pg 12. Retention and RN Staffing Report.

<http://www.nsinursingsolutions.com/Files/assets/library/retention-institute/NationalHealthcareRNRetentionReport2016.pdf>

- Can a shared scheduling process facilitate scheduling unscheduled employees to reduce the competition between nursing homes?
- What impact does an employee's "fitness to work" have on the nursing homes ability to retain employees?
- In a workforce dominated by women, are there gender bias present? Do other workforces operating in a 24/7 shift work environment experience unscheduled part time work?
- Can more be done to address gender barriers to men in a care workforce?
- Can there be a comparative analysis done on the workload in a nursing home to sample of units in acute care to either dispel a myth or confirm the workload issue that can also better inform hours of care?

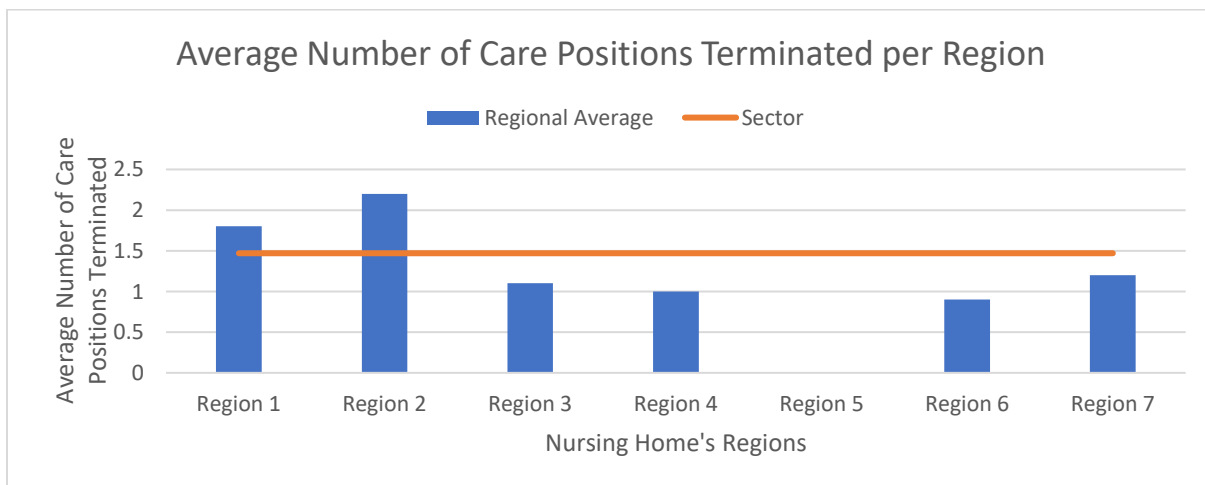
Question 12 – What number of recruits for care positions over the last year were terminated during the probation period? (Please provide a number)

Question response rate: 98%, with one respondent not completing the question.

Statistical summary:

| | |
|---------------|-----------|
| Region 1 | 24 |
| Region 2 | 29 |
| Region 3 | 15 |
| Region 4 | 6 |
| Region 5 | 0 |
| Region 6 | 6 |
| Region 7 | 5 |
| Sector | 85 |

In considering the 85 terminations during the probationary period represents a significant loss in time lost to the hiring process, salary time paid to the staff person during the probationary period, the productivity loss of employees involved in the orientation, and the legal services provided to support the termination process. There is also the potential disruption to residents. These costs are significant and could potentially be reduced with screening tools.



Question 13 – What was the reason for the new recruit termination?

Question Response Rate: 88%

Statistical summary: All responses received reflected the following nine reasons:

1. Couldn't follow resident safety requirements
2. Unable to take call in shifts/ unavailable for work
3. Excessive absenteeism
4. Decided they were not interested in senior care
5. Unable to do the work:
 - a. Unprofessional
 - b. Poor attitude
 - c. Preformed tasks poorly
6. Lack of motivation/ incompetency
7. Non-disclosure on resume
8. Didn't show up for shifts
9. Too many shifts in other facilities to be available

All of these responses can be categorized into three key themes:

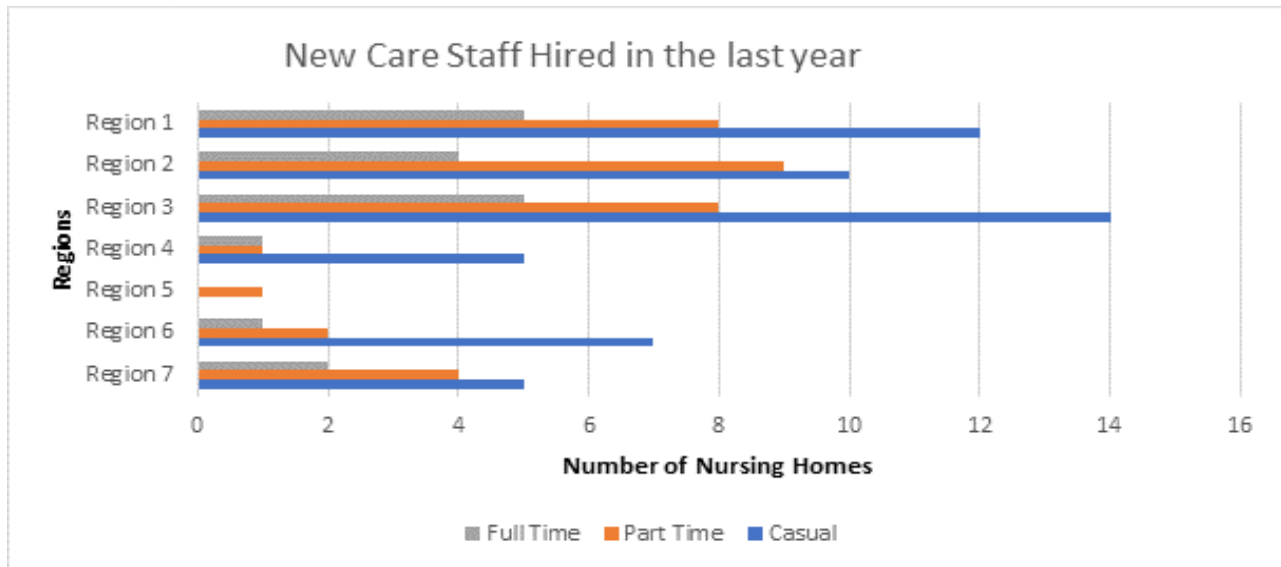
1. Poor performance/ lack of ability/ incompetency
2. Not available for call ins
3. Excessive absenteeism during probationary period

The screening of potential employees could be supported through the use of psychometric tools. There are many examples of corporations that rely on the use of such tools to better understand if their employment environment and potential employee are a good fit. Profiles of existing employees who are successfully employed in a nursing home could be used to establish an employment profile that could be used to support better hires.

Question 14– What type of position were new hires for care given? (Check all that apply)

- Casual
- Part-time
- Full-time

Question Response Rate: 100%



Statistical summary: Presented by region

R1: For region 1, Twelve (12) nursing homes noted that they hired for casual positions compared to eight (8) who hired for Part-time and five (5) for Full-Time.

R2: For region 2, ten (10) nursing homes noted that they hired for casual positions compared to nine (9) who hired for Part-time and four (4) for Full-Time.

R3: For region 3, fourteen (14) nursing homes noted that they hired for casual positions compared to eight (8) who hired for Part-time and five (5) for Full-Time.

R4: For region 4, five (5) nursing homes noted that they hired for casual positions compared to one (1) who hired for Part-time and one (1) for Full-Time.

R5: For region 5, only one nursing home answered the survey. They said they did not hire for casual and Full-time positions over the last year, but they hired for Part-time positions.

R6: For region 6, six (6) nursing homes noted that they hired for casual positions compared to two (2) who hired for Part-time and one (1) for Full-Time.

R7: For region 7, five (5) nursing homes noted that they hired for casual positions compared to four (4) who hired for Part-time and two (2) for Full-Time.

All seven regions hired the most for Casual positions (Part-time non-guaranteed hours). Presently, employees in casual positions can wait potentially years before having sufficient seniority to qualify for a position with guaranteed hours. According to this survey, new employees are women between the ages of 25 and 34 (number 1) and 35-44 (number 2). Not being able to rely on a consistent fixed income and a fixed schedule can have a significant impact on recruitment. It is possible that young people making career

choices, who are seeking work-life balance and financial stability may not consider care positions attractive.

Casual employment, which is the most common employment type offered adds to workforce instability with casual employees being forced seek out hours with multiple employers. Although employees who are flexible in their schedule availability is necessary in a 24/7 operation, this creates competition between employers, and leaves the employee often seeking permanent employment which is needed for basic financial security and even needed to secure a bank loan.

Other questions raised:

- Are there other workforce models that could be reviewed for new approaches to scheduling, work assignments, and support collaborative labour practice?
- Are young graduates avoiding the nursing home sector, even if well paid with good benefits, due to lack of full-time/Part-time positions?
- How many employers do casual employees in nursing homes have and does this add to workforce instability?

Question 15– What has been your experience with requests from new hires regarding work hours? (Check all that apply)

- No evening shifts
- No night shifts
- No weekends
- No on-call
- Leave of absence without pay
- Other (please specify)

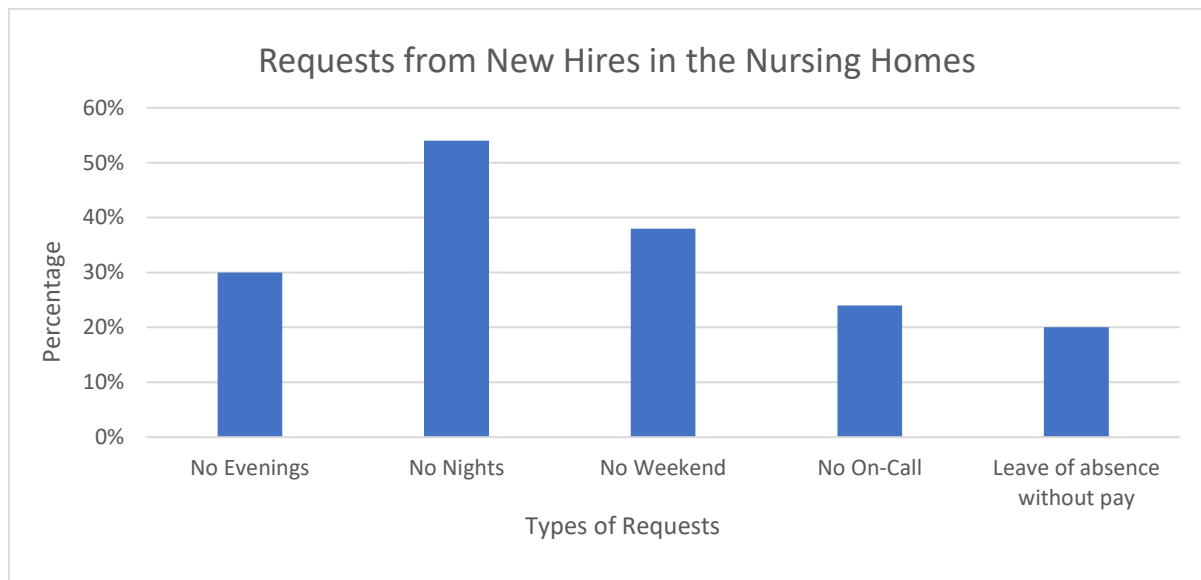
Question Response Rate: 86% (50 out of 58) of survey respondents completed this question.

Statistical Summary:

- “No nights” was a request from new hires in 54% (27 homes) of respondents. This is the most commonly reported request from new hires.
- “No weekends” was a request from new hires in 38% (19 homes) of respondents. This was the second most commonly reported request from new hires.
- “No evening shift” was a request from new hires in 30% (15 homes) of respondents. This was the third most commonly reported request from new hires.
- “No on-call” was a request from new hires in 24% (12 homes) of respondents.
- “Leave of absence without pay” was a request from new hires in 20% (10 homes) of respondents.

The “Other” response option in this question was consistent with comments made in other questions in noting that new hires are requesting to have scheduled shifts and guaranteed hours. The homes reported that new employees often ask to know shifts in advance and to have a guaranteed and flexible schedule. This was consistent in the data across the regions and was noted by respondents to be a barrier to

recruitment. The request of having a fixed work schedule and guaranteed hours, facilitates family organization and supports work-life balance. Requests for alternating weekends, no evening and night shifts may also be related to the fact that new hires are most commonly women between ages 25-44, and likely have family responsibilities outside of work hours, both for children and aging parents.



Other questions raised:

- Is there be a link between the requests from new hires and their average age/gender?
- Is there a correlation between employee's requests and generational expectations?
- Is there a model that better supports casual employees, such as a central pool of shared staff in a group of facilities? Would this allow a guarantee of hours to be given?

Question 16 – Do you offer any hiring incentives? If so, what?

Question response rate: 97%

Statistical Summary: 50 out of 58 respondents reported that they do not offer a hiring incentive due to restrictions in the collective agreement. However, eight homes reported offering incentives in creative ways, such as:

- Paying at the regular rate during the orientation period;
- Giving guaranteed hours;
- Paying professional registration fees;

- Supporting RN/LPN application to the federal tuition rebate program for rural healthcare workers.¹³

Several respondents indicated that they would be interested in offering incentives if it were not for the collective agreements. Some also expressed concern that by offering incentives to new employees, it wouldn't be fair to current employees.

Studies have been done to understand the concept of “stickiness” which is defined as the transition probability that the same nurse working in a specific sector of employment remains working in the same sector one year after hire. In examining both hospital and long-term care settings, the stickiness factors for retaining young nurses was considered. Improvements were made within the hospital sector, but no specific factors could be identified that supported recruitment. The most significant factor in retention was their employment experience within the first six months. Care staff reporting a positive experience and strong relationship with management in the first six months remained employed one year later and was linked to compensation or other financial incentives.

Other questions raised:

- Are nursing homes at a hiring disadvantage to other care organizations that offer recruitment incentives?
- Can a creative incentive package offered by nursing homes assist in recruitment “stickiness”?

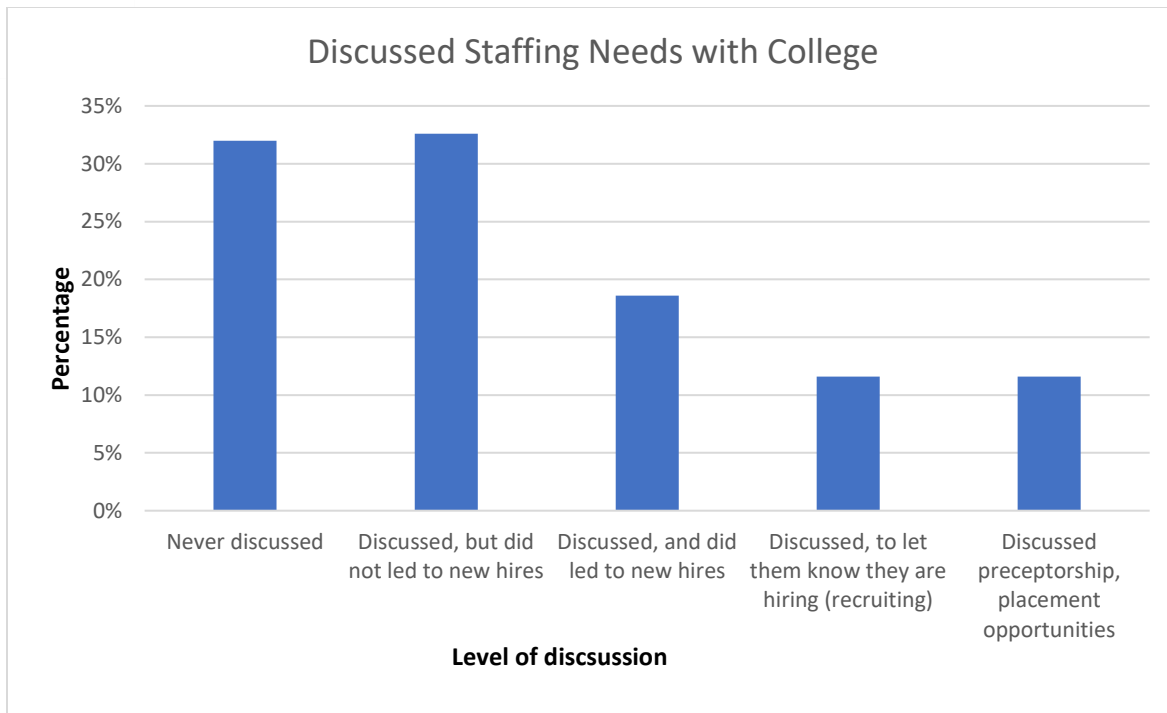
Question 17– Have you discussed your staffing needs with a college before? If so, what was the outcome?

Question response rate: 97% (56 homes completed this question)

Statistical Summary:

- 32% reported that they had never discussed staffing needs with a college before.
- 32.6% discussed with colleges, but it did not let to new hires.
- 18.6% discussed with colleges, and it did lead to new hires.
- 11.6% notified colleges that they were looking to hire students.
- 11.6% discussed preceptorship and placement opportunities for students with a college.

¹³ https://www.canada.ca/content/dam/canada/employment-social-development/migration/documents/assets/portfolio/docs/en/student_loans/forms/forgiveness.pdf



64.6% of survey respondents indicated not having discussed recruitment challenges with colleges or had discussions that did not led to any new hires. Clear communication from the nursing home sector to these institutions is necessary for determining seat numbers for RA and LPN programs. It is also important to advocate for a focus on care of the frail elderly in the curriculum to create interest in employment, especially within curriculums for registered nurses.¹⁴ There isn't a formal mechanism for shared discussion, or collaboration among provincial colleges. This has led to various approaches to education for care providers, which may or may not have been positive for nursing home staff recruitment. Without a coordinated effort, it is difficult to determine a provincial approach to care provider education that supports recruitment and retention through the colleges and universities.

Other questions raised:

- Can a provincial committee with diverse stakeholders be created to address the Recruitment and Retention challenges in the province?
- Are the homes having the right conversations with regards to Recruitment and Retention with these institutions?
- Are the colleges/universities offering the right course and a curriculum that fits NH needs or even presents long term care as a viable career option?

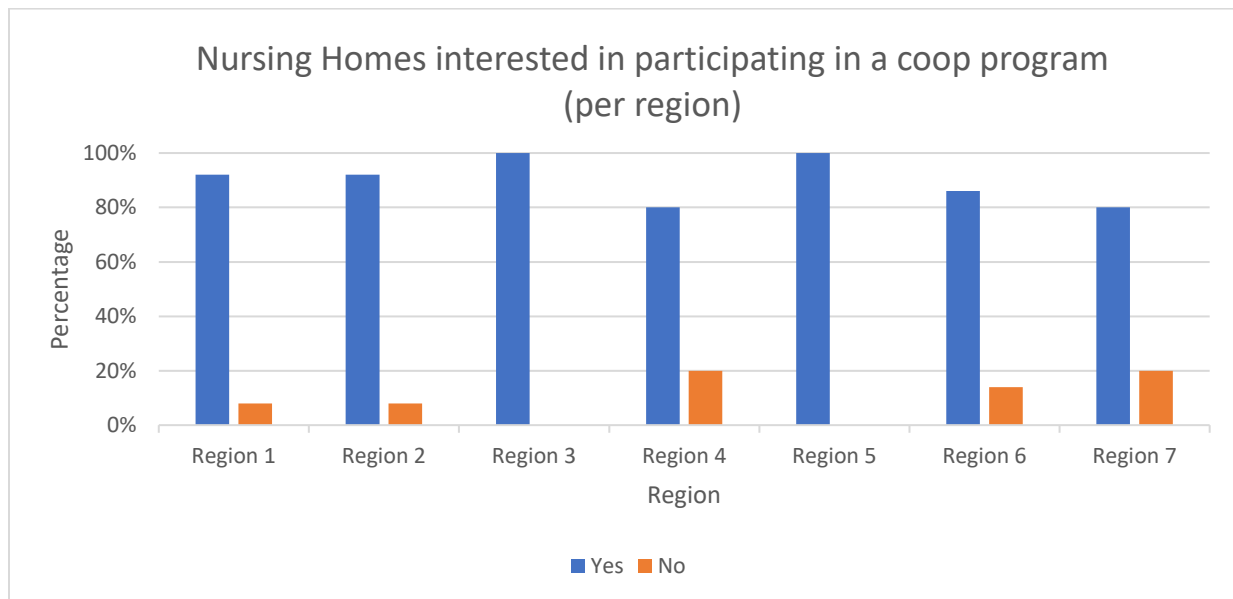
¹⁴ 2017, Canadian Nurse. May/June vol. 113, No. 3. Growth in nursing workforce unlikely to keep up with demand for seniors care". Pg 10.

Question 18– Would you be open to participating in a cooperative program that gives students periods of time for study, and periods of time to work, in your home to complete a certificate?

Question Response Rate: 100% of respondents completed this question

Statistical summary:

- 91.4% (57) nursing homes reported they would like to participate in a coop program in an effort to address recruitment and retention challenges in their home;
- 8.6% (5 homes) reported not being interested in these types of programs.



Currently, there is a Resident Attendant pilot program at CCNB – Edmundston with the collaboration of two Region four nursing homes and the Department of Post-Secondary Education, Training and Labour. In this pilot, students go in class in the Spring, spend their summer working in a nursing home, completing an orientation, and then return to class in the late Fall to complete their program. The goal is to hire those students at the end of their program to work in the home. It is being monitored if this type of pilot is successful and could be reproduced in other regions.

Most of the nursing homes who answered the survey would be open to the idea of working in collaboration with stakeholders and host a COOP program in their home. It does indicate in research that co-op programs can have many positive impacts, including building confidence and professional self-

esteem¹⁵. There is also a positive link between a quality coop placement and recruitment and retention once a student is graduated. Quality placement were described as opportunities to make a difference, be part of the team and to apply knowledge¹⁶.

Other questions raised:

- What were the reasons that nursing homes indicated that they do not want to participate in a COOP program? Because they don't have R&R issues? Because they don't see a benefit in these types of programs? There are workload concerns for staff? Labour considerations?

Question 19– Resident attendants hired in the last year:

- Had a certificate from a professional college (NBCC/ CCNB/ Private College)
- Had experience in providing care to seniors
- Had no experience and were given orientation and in-home training
- I did not hire RA over the last year
- Other (Please Specify)

Question response rate: 100% of respondents completed the question

Statistical summary:

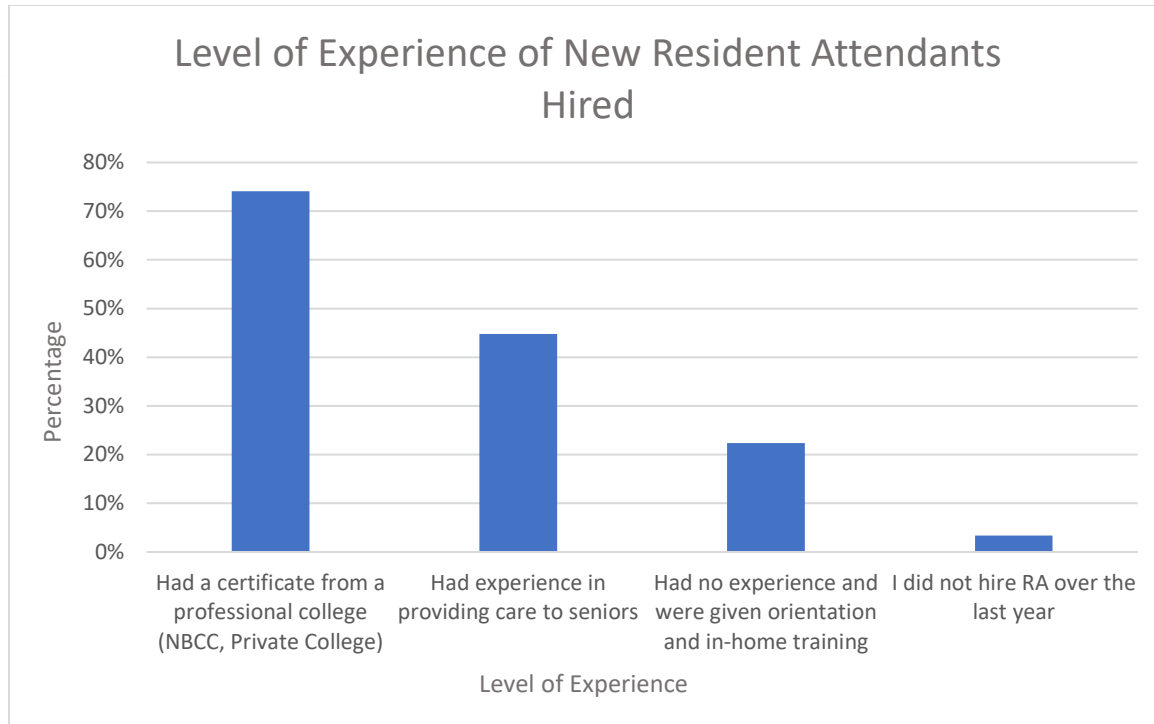
- 74.1% of respondents reported that resident attendants hired in the last year had a recognized certificate from a professional college.
- 44.8% said that the new Resident Attendants had experience in providing care to seniors;
- 22.4% stated that the new hired had no experience and were given in-home training.
- 3.4% of respondents have not hired Resident Attendants in the last year.

Other comments with regards to this question included:

- Resident Attendants hired in the last year were students that are currently taking their LPN or RN course and were hired as RA's;
- A few others mentioned that their new hires come from home care or have a Personal Support Worker course from Red Cross.
- Two (2) nursing homes mentioned providing an internal 5 weeks course with orientation to train new Resident Attendants that didn't have a course and want to work in the nursing home.

¹⁵ 2014, Bailey, Margaret, B; Hamann, Jerry; Pendleton, Leslie; Raelin, Joseph, A; Reisberg, Rachelle; Whitman, David L.; The Gendered Effect of Cooperative Education, Contextual Support and Self-Efficacy on Undergraduate Retention. Journal of Engineering Education, 103 (4):599-624, John Wiley & Sons Inc.

¹⁶ 2014, Bailey, Margaret, B; Hamann, Jerry; Pendleton, Leslie; Raelin, Joseph, A; Reisberg, Rachelle; Whitman, David L.; The Gendered Effect of Cooperative Education, Contextual Support and Self-Efficacy on Undergraduate Retention. Journal of Engineering Education, 103 (4):599-624, John Wiley & Sons Inc.



With close to three quarters of Resident Attendant hires having a certificate at hire, and the growing size of this workforce group, there is much discussion among many stakeholders regarding the need for regulation to ensure standardized education and a body of regulatory oversight to ensure public is protected like any other professional care group. With the understood increasing complexity of nursing home residents, it is also necessary to seek out a future model that resident's in nursing homes receive the level of care required. In considering the long term care workforce needs for the future, it will be necessary to address the education requirements of resident attendants for future sustainability; both of the workforce numbers and skill level needed to care for residents in the future. The risk associated with educational requirements for resident attendants is the impact on the size of the pool that nursing homes can recruit from and the availability of qualified individuals in rural areas. Any future considerations must include a strategic educational objective that allows for multiple options with multiple providers.

Question 20: What do you believe is the number one issue to recruitment and retention for your nursing home?

Question response rate: 100%

Statistical Summary:

The respondents indicated seven key areas consistently in the responses:

- Lack of full time employment, consistent ability to have guaranteed shifts, and the impact of seniority on the sharing of shifts amongst all staff.
- Rural locations

- In urban settings, the density of nursing homes with acute care facilities increased competition for staffing.
- Seasonal impact of hours. Significant hours are available during summer which allows casual staffing in particular to have viable employment.
- There is a lack of professional prestige in nursing homes among licensed staff. The role of licensed care providers is not respected among peers, the work is repetitive and the scope of practice is limited.
- New staff often report feeling unsupported by experienced staff.
- No central intelligence on college intake of students and job market demand.
- There is poor employment conditions for new hires:
 - No schedule
 - Nights and weekends
 - No guarantee for vacation time when requested
 - Limited opportunity for advancement

All survey respondents answered this question with 48.3% saying that the number one problem with recruitment in their nursing home is the fact that they cannot offer a fixed work schedule and guaranteed hours since most of employment openings available are casual non-guaranteed. The second most common response participants noted at 22.4% is that being in a rural community makes it difficult to recruit staff to fill available positions. Finally, the lack of prestige or professional value for long-term care careers and poor publicity appear to impact recruitment for 14% of respondents.

It is also noted that recruitment and retention challenges have expanded to nursing homes in urban centers which traditionally have not reported the same challenges as rural facilities. This new phenomenon implies that changes have occurred in the workforce nursing homes have typically recruited from. In a NB research study with nursing students, it was determined that students are not attracted to careers in relation to the aging field¹⁷. Younger generations have little knowledge of career options in long term care how rewarding they can be, with most reporting that nursing homes are an end of career option. There needs to be more promotion within the public school system when children and young adults are being introduced to career options. As well, colleges and universities can do more to connect curriculums with geriatrics and long term care careers.

Other questions raised:

- Can post-secondary education facilities promote LTC as a challenging and interesting career path?
- Are students and new care providers avoiding the sector due to fear of heavy workload, work-life balance challenges and mental health concerns?
- Can more emphasis be put on long term care careers at school levels with career counselors?
- Can vocational training be re-introduced in NB high schools?
- What opportunities are there to collaborate with different departments (Education, SD, PETL) to generate new ideas and pilot some new initiatives that could help the sector?

¹⁷ 2015, Gould, Odette, N.; Dupuis-Blanchard, Suzanne; MacLennan, Anna. Canadian Nursing Students and the Care of Older Patients: How is Geriatric Nursing Perceived? Journal of Applied Gerontology. Vol. 34 (6) 797-814. Sagepub.com

- How can we promote the sector and move from bad publicity to career/employer of choice? TV Ad? Public Campaign?
- We all know that NB is one of the “oldest province”, and we have more people retiring then coming into the workforce. What can we do to address the trend and what role can immigration play?

Summary of the Survey Analysis

No one factor in this survey is in itself deeply alarming, but certainly concerning when considered on a case by case basis. What is alarming, is the overall picture this survey creates of the nursing home workforce which can best be described as “unstable” with multiple points of pressure and unpredictable movement without any one body working to coordinate the multitude of efforts that are being expended. Without central coordination, it is unlikely that a central, targeted and strategic strategy with long term success could be achieved through out the province. The Conference Board of Canada’s 2017 report on the Future Care for Canadian Seniors¹⁸ notes that nursing demand for senior care will increase by 3.4% each year until 2035 and highlights that immediate efforts must be made to address the future workforce needs.

This sector workforce instability is not due to anyone issue alone or a new development, but the result of long term breakdown in workforce planning due to the lack of system level intelligence and subsequent planning. This is being manifested through the lack of interest in senior career fields and various internal issues such as high care staff turnover rates, casual employment that doesn’t allow for deep engagement of an employee, and competition and employee sharing with other employers has become the norm for nursing homes. This presents a barrier to RNs and LPNs fulling their role in case management, care coordination, supervision and education for other staff and families, and well as an effective team leader without a regular presence in the workplace. Without this skill and leadership, the workforce capacity in nursing homes to meet evolving workplace demands and care needs of resident is at risk. Consideration must also be extended to resident attendants, their educational needs and workload. This also has deeper considerations regarding their role in other long-term care settings, potential regulation, pay rates across settings, and the need for a long term care workforce strategy that considers the entire spectrum for long term care.

Finally, the recruitment and retention of nursing home managers are at risk with wage compressions and inversions, work complexity, a growing rate of retirements and overall stress to adapt and lead their homes through a rapidly changing environment. These important leadership roles must be considered in future workforce planning.

Next Steps

There are several complex issues that must be considered, and as such, an action plan must be developed and lead by the NBANH and overseen by a committee of stakeholders. This work must consider practical operational challenges, but also strategic connections to health and social reform within the province.

With effort, there are many options to address recruitment and retention challenges for long term care in the province to ensure senior care needs are met.

¹⁸ Hermus, Greg. Stonebridge, Carole. 2017. Future Care for Canadian Seniors: Primer on Nursing Supply and Demand. Conference Board of Canada. Downloaded from: <http://www.conferenceboard.ca/e-library/abstract.aspx?did=8679>