

## From the Editor-in-Chief

In 2005, the Healthcare Council of Canada released a report on healthcare renewal, identifying the renewal of health human resources (HHR) as an urgent priority. Shortly thereafter, a task force in Ontario identified the need to address mechanisms for better HHR planning among healthcare employers. Subsequently, 17 nursing HHR demonstration projects were funded by the Nursing Secretariat of Ontario's Ministry of Health and Long-Term Care (MOHLTC) from 2007 to 2009. With goals to (a) *increase employer capacity for nursing health human resource (HHR) planning*, and (b) *support the creation of more full-time nursing positions*, the initiative was designed to address Ontario-specific issues. Nonetheless, the broad applicability of the nursing HHR planning tools, best practices and resources developed suggests that the projects described herein undoubtedly have relevance to other jurisdictions.

This special issue of *CJNL* chronicles the experiences and outcomes of these projects. Due to the number of projects, only eight are published in detail, while the remaining nine are described in summary abstracts. It is important to note that these projects were designed to glean insights and inform future strategies and not intended to be rigorous research efforts. The projects focused on an array of issues central to nursing HHR planning, including planning capacity; the use of evidence, tools, knowledge and modelling to support planning; and the variability of issues faced by different care sectors. To this end, projects were funded within a variety of sectors, including acute care, long-term care, mental health, public health and community nursing, and urban and rural settings. It is notable that these initiatives involved numerous organizational partnerships and engaged a rich cast of nurse leaders from chief nurse executives to front-line care providers.

Burkoski and Tepper set the stage for the papers that follow by providing a background to the demonstration projects, including the rationale, qualifications and process for selection of participant sites, the evaluation process and the resultant recommendations for policy and program formulation in support of future nursing HHR planning.

In the face of ubiquitous, yet much maligned, workload measurement tools, Ferguson-Paré and Bandurchin tested the Health Outcomes for Better Information and Care (HOBIC) measures as an alternate approach to the

measurement of nursing work. Additionally, they examined the use of key metrics to measure nursing work and make informed staffing decisions. They also developed a model to predict acute care nursing costs. Not surprising, they identify the importance of considering the multiplicity of patient and environmental factors that impact nursing decision-making.

Another tool development effort to support HHR planning is described by Blastorah and colleagues. They discuss the development and testing of a Registered Nurse/Registered Practical Nurse (RN/RPN) toolkit designed to inform staff mix decision-making on medical–surgical units with a model of total patient care. This toolkit provides a framework of client, environment and nurse factors through which decisions regarding nursing staff mix requirements can be informed. While initial findings are promising, the tool requires further testing and evaluation, as does the quality of the decisions informed by its use.

Vincent and Beduz describe the development and pilot dissemination of a Nursing Human Resource Best Practices Toolkit (NHRBPT). With a number of acute care organizations participating in the development, a primary goal was to facilitate the sharing of knowledge regarding nursing human resource planning practices among the hospitals. Overall, the output of a “comprehensive, evidence-informed resource” with “practice-ready tools” is intended to have broader jurisdiction applicability for first-line managers.

The merits of collaboration among home healthcare providers in Ontario is evident in the results of the ALIVE web-based leadership training program. The goal of this initiative was to create a transformational leadership model addressing the unique needs of nursing leaders in the home care sector. The authors (Lankshear et al.) conducted an assessment of educational gaps, identified key leadership competencies and developed evidence-based resources for home care nurse leaders. Having access to these resources and the opportunity to engage with a wider network of leaders was demonstrated to be highly beneficial to home care leaders, who often work in isolation.

The overall objective of the training program described by O’Brien and colleagues was to develop programs and tools to help address barriers in the recruitment and retention of RNs and RPNs in long-term care. Within the program were two initiatives focused on leadership and mentorship. The “Excelling as a Nurse Leader in Long-term Care” training program was designed “to enhance and develop nurses’ leadership skills in verbal communication, human relations, abstraction, reflection, question-framing and time management.” The mentor team provided for a “permanent, facility-wide team of trained mentors ... available to answer questions about their departments from all staff, both new and longer-term.”

Preliminary results from both are positive, but it is early days to determine the longer-term impacts on recruitment and retention.

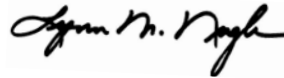
A novel recruitment and retention effort is described in the Weeneebayko Health Ahtuskaywin, James Bay General Hospital and University Health Network exchange program (Ferguson-Paré et al.). This inter-organizational collaboration focused on knowledge transfer and exchange of nurses between an urban academic health science centre and a remote region of northern Ontario. Provided with an opportunity to practise and learn in a new clinical environment, participating nurses derived many positive benefits, including a sense of appreciation for another's practice environment.

Another recruitment and retention project was structured to be delivered through a partnership of mental health and educational institutions (Ng et al.). These partners focused on the creation of the Mental Health Nursing Residency Program with an intent to “dispel myths associated with practising in the sector by promoting mental health as a vibrant specialty.” The program curriculum is a combination of clinical time, collaborative learning and mentored clinical practice. The evaluation of this program demonstrated benefits to clinical practice and an improved ability to recruit and retain nurses.

Simpson and colleagues describe the changing landscape of public health in Canada such that new standards and competencies are presenting a challenge to leaders who need to orient staff to public health nursing. In order to improve retention and integration of new hires, they developed a standardized, general orientation toolkit encompassing a wide range of public health knowledge and issues. The Orientation: Transition to Public Health Nursing Toolkit has already been disseminated to other Canadian jurisdictions but has yet to be evaluated for its impact on retention.

The project summaries address another array of initiatives, including (1) a program investing in “Rising Stars,” or emerging nurse leaders, emphasized the value of cross-sector collaboration, (2) a multi-faceted retention program focused on leadership development of mid-career point-of-care nurses, flexible and innovative scheduling, and testing for optimal span of control, (3) a supportive program for nurse managers hiring, managing and retaining internationally educated nurses, (4) optimizing nurse staffing and scheduling, (5) long-term care nursing recruitment strategy, (6) utilizing a best-practice staffing framework, tools and processes to enhance interprofessional collaboration and teamwork, (7) use of a workforce demand forecaster tool, (8) a nursing internship program and human resources planning across rural communities, and (9) the experience of sharing unionized, full-time positions between rural and urban emergency rooms.

Upon review of each of these initiatives, it is clear that there is incredible merit to be derived from inter-organizational and cross-sectoral collaboration when looking for innovative strategies and solutions, best practices and decision-making tools. Although there are specific nuances and unique considerations in every setting, most share many of the same human resource planning and management challenges. It is our sincere hope that you derive value from the explication of these projects and that they inspire creative solutions and encourage collaboration as we collectively strive to provide the very best of leadership in the management of our nursing resources.

A handwritten signature in black ink, reading "Lynn M. Nagle". The signature is written in a cursive, flowing style.

Lynn M. Nagle, RN, PhD  
Editor-in-Chief