80/20 Projects

Introduction

Nurses work a disproportionate amount of paid and unpaid overtime, are threatened by assault and injury, are overworked and have high rates of illness and injury (see, for example, Lasota 2009; Shields and Wilkins 2006; O'Brien-Pallas et al. 2004; Aiken et al. 2002). These factors hamper retention and recruitment efforts, adding to Canada's growing nursing shortage, which could reach as high as 60,000 full-time equivalents by 2022 (Tomblin Murphy et al. 2009). The lack of available nurses and the poor working conditions are mutually reinforcing. What is more, these conditions impede nurses from providing patient-centred care (Curtin 2003; Aiken et al. 2002; Baumann et al. 2001).

In an effort to address nursing work life issues and reverse this cycle, the University Health Network in Toronto implemented an 80/20 professional development model on an orthopaedic surgery and rheumatology unit (Bournes and Ferguson-Paré 2007). The model allowed nurses to spend 80% of salaried time in direct patient care and 20% of salaried time on professional development. Project nurses participated in a variety of professional development opportunities, including structured group learning on patient-centred care, as well as courses and projects developed from individualized learning plans. Findings from this study show a significant decrease in overtime, an increase in workload hours per patient-day, increased patient satisfaction and a significant increase in staff satisfaction.

Professional development in the University Health Network project was guided by "human becoming" theory, which asks nurses to focus practice on what patients believe is important for their own quality of life (Parse 1998). However, given the established link between work life satisfaction and professional development opportunities in general (Ingersoll et al. 2002; Lowe 2002; O'Brien-Pallas et al. 2001), there is good reason to believe the 80/20 model would be effective with other forms of professional development.

The 80/20 model proved effective on an acute care unit in a large urban hospital, but its effectiveness in other settings had not been evaluated. The model was also successfully implemented in Regina Qu'Appelle Health Region's Regina General Hospital, the largest acute care hospital in Saskatchewan. The 80/20

model has generated considerable interest in smaller jurisdictions, where hospital administrators wondered whether it might be applied within their facilities.

Three of the *Research to Action* (RTA) pilot projects involved implementation of an 80/20 professional development staffing model with the goal of improving work life satisfaction and thus improving nurse retention and recruitment.

- The BC project implemented the 80/20 model on a paediatric unit at Royal Inland Hospital, the primary acute care facility in Kamloops, BC, a city of approximately 85,000 residents;
- The Newfoundland and Labrador project implemented the 80/20 model on a 64-bed long-term care facility in Grand Falls–Windsor, a town of about 15,000 in the Newfoundland interior;
- The Nova Scotia project implemented the 80/20 model provincewide as per the province's most recent collective bargaining agreement.

Each of these projects had its challenges. The next three papers describe the approach, outcomes and legacy in each of these three very different settings.

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