Nursing Leadership

Leadership in Nursing Management, Practice, Education & Research

Volume 26 • Special Issue • April 2013

Not Dead Yet: The Spectre of Nursing Human Resource Shortages	
Stemming the Flow of Canadian Nurse Migration to the US	8
The Experiences of Canadian-Educated Early Career Nurses Who Practise in the US	20
I Was Never Recruited: Challenges in Cross-Canada Nurse Mobility	29
Mapping Nurse Mobility in Canada with GIS: Career Movements from Two Canadian Provinces	41
Support and Access for Nursing Continuing Education in Canadian Work Environments	51
Factors That Influence Career Decisions in Canada's Nurses	61
LPN Perspectives of Factors that Affect Nurse Mobility in Canada	70
Perspective from the Canadian Nurses Association	79
Global Trends, Local Impact: The New Era of Skilled Worker Migration and the Implications for Nursing Mobility	82
Migration and Mobility: Informing Nursing Health Human Resources Retention and Recruitment Policy	87
Politics • Policy • Theory • Innovation	

This special issue was funded by the Canadian Foundation for Healthcare Improvement and Health Canada.





Health Canada Santé Canada

Not Dead Yet: The Spectre of Nursing Human Resource Shortages

Kathleen MacMillan, RN, PhD Professor and Director, School of Nursing, Dalhousie University Halifax, NS

Since the late 1990s, the nursing shortage has occupied the attention of the profession, policy makers and employers (CNA 2009; WHO 2006). In this Special Issue of the *Canadian Journal of Nursing Leadership*, we have an opportunity to revisit the problem of nursing human resources from the standpoint of labour mobility. I say "revisit" because the problem has been sleeping in Canada, as many decision-makers and policy makers seem to believe that we have addressed this by increasing the number of nursing seats in undergraduate nursing programs.

While we have been successful in turning up production, serious concerns remain with transition to work for new graduates; high attrition rates from the profession in the first two to three years following graduation; and looming retirements of the baby boomer cohort. One aspect of nursing human resources that has been understudied is labour mobility and factors that influence nurses to move from one place to another during their careers. It is very timely to examine this poorly understood factor in nursing supply, given projected nursing shortages in the United States and Canada within this decade, and the recent decision to adopt the American NCLEX examination for entry to practice in place of the Canadian CRNE, effective 2015 (NCSBN 2011). We may be moving into a new period of heightened concern about the supply of nurses in Canada.

While the majority of nurses still stay close to the place from which they complete their initial nursing education, the younger generation of nurses is more global in orientation, and one of the reported attractions for choosing a nursing career in the first place is the potential for mobility. Papers included in this issue explore factors that influence nurses to relocate, both within Canada and beyond our borders to the US, so that we may have a better understanding of what motivates mobility and how this information might be utilized to promote retention of Canadian nurses.

In this Special Issue, McGillis Hall, Peterson, Price and Lalonde report on the migration of nurses from Canada to the US – a trend that has increased since the 1990s. The investigators report that almost half of the Canadian educated nurses in this study moved to the US in search of full-time work after they had been unable to secure

full-time employment in Canada. Further, the level of job satisfaction of these nurses suggests that return to Canada is unlikely.

A study of career decisions made by Canadian-educated, early career nurses who are working in the US reports that factors related to compensation, nurse–patient ratios and opportunities for career development influenced career decisions (Petersen et al.). In particular, nurses identified agency support for continuing education and professional development as areas where Canadian employers were not competitive.

The focus of the papers by McGillis Hall, Peterson, Price and colleagues and Andrews and colleagues shifts to internal migration within Canada. The authors assert that we should be paying closer attention to factors that contribute to internal migration in order to develop realistic recruitment and retention strategies that will at least keep nurses from leaving Canada. Again, almost one-third of study participants reported that they relocated because they were unable to find work in the province in which they originally graduated, but many hoped to be able to return to their home jurisdiction. Many respondents also described challenges with obtaining registration in another Canadian jurisdiction compared to relative ease outside Canada.

Support for, and access to, continuing education may play a role in nurse labour mobility (Lalonde et al.). Canadian nurses value continued learning but identify financial and scheduling barriers to participation. Lack of access to accredited continuing education programs is highlighted.

A study of the experiences of nurses who have moved between the provinces and territories in Canada for work (Price et al.) uncovers that the decision to move is influenced by the desire to provide high-quality direct patient care and is related to professional socialization. Participants described that they chose a career in nursing specifically to work directly with patients, and felt that changes in nursing work are taking them away from the bedside and creating dissatisfaction with their jobs.

Practical nurse mobility is the subject of the paper by Harris and colleagues, in which they identify three primary motivators for LPN migration. Just like their RN colleagues, LPNs valued opportunities for career and educational advancement, but respondents also reported that scope of practice and professional respect and recognition were influencing factors. This finding suggests that LPNs have unique viewpoints compared to their RN colleagues and should be another focus for future research.

Nelson's paper describes the impact of global trends on nurse migration through examination of economic policies and trade agreements designed to support movement of goods and services. A post-modern phenomenon, these agreements are affecting the movement of skilled labour in many sectors, including nurses. Nelson

posits that poor capacity for absorption of new nursing graduates within Canada will further increase losses to competitor markets such as the US. While fully engaging in global trade negotiations and agreements, Canada's Agreement on Internal Trade and Tariffs is still being implemented and thus has an impact on internal nurse mobility. In contrast, within the European Common Market (ECC), there is between-state recognition for seven health professions, including nursing, among the 27 members, and a single European Professional Card is being proposed (EC 2011).

The potential impact of these papers on policy and decision-makers is the subject of the paper by Foster and colleagues. Over the decade following release of A Nursing Strategy for Canada (Health Canada 2004), recruitment and retention strategies were implemented at all levels of government and within the profession, and this has resulted in a growth in numbers of new graduates and retention of nurses. However, the landscape has shifted since these policies were implemented. For example, once again new graduates are experiencing challenges in securing full-time employment upon graduation. Shortages are beginning to emerge, but they are primarily in areas of specialty practice such as, for example, critical care, the OR and mental health, areas where new graduates are poorly prepared to practise immediately on completion of their basic programs. Further, employers express concern about the proportion of new graduates that can be absorbed at one time without compromising overall team practice competency. Effective partnerships among employers, educators and policy makers will be required to meet these emerging challenges.

While the policies that have been introduced in Canada to increase the number of nurses have demonstrated success, this does not mean that the nursing shortage crisis is over or that we can rest on our recent achievements. Historically, governments have not paid much attention to the movement of individuals to seek the work of their choice. But significant shifts in out-migration can have a major impact on the health sector and on our economy. If new graduates in large numbers choose to migrate to the US to secure full-time employment, attractive career opportunities and satisfactory professional practices, our efforts to date could be wasted, and the spectre of shortage could emerge as a very real problem within the next very few years.

We live in a global world and we participate in a global economy. We need to understand personal and professional motivation, the impact of trade agreements, and the movement of goods and services (including labour) to formulate effective policies and strategies to recruit and retain health professionals. The nursing shortage is not dead yet, and we ignore it at our peril.

References

Andrews, G., L. McGillis Hall, J. Peterson, S. Price, M. Lalonde, A. Harris and S. MacDonald-Rencz. 2013. "Mapping Nurse Mobility in Canada with GIS: Career Movements from Two Canadian Provinces." *Canadian Journal of Nursing Leadership* 26(Special): 41–50. http://www.longwoods.com/content/23249.

Canadian Nurses Association (CNA). 2009. Tested Solutions for Eliminating Canada's Registered Nurse Shortage. Ottawa: Author.

Foster, B., S. MacDonald-Rencz and L. McGillis Hall. 2013. "Migration and Mobility: Informing Nursing Health Human Resources Retention and Recruitment Policy." *Canadian Journal of Nursing Leadership* 26(Special): 87–94. http://www.longwoods.com/content/23255.

European Commission (EC). 2011. *Modernising the Professional Qualifications Directive*. Retrieved January 2, 2013. http://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=COM:2011:0367:FIN:en:PDF.

Harris, A., L. McGillis Hall, J. Peterson, S. Price, M. Lalonde, G. Andrews and S. MacDonald-Rencz. 2013. "LPN Perspectives of Factors that Affect Nurse Mobility in Canada." *Canadian Journal of Nursing Leadership* 26(Special): 70–78. http://www.longwoods.com/content/23252.

Health Canada. 2004. A Nursing Strategy for Canada: Report of the Advisory Committee on Health Human Resources. Retrieved January 18, 2013. http://www.hc-gc.ca/hcs-sss/pubs/nurs-infirm/2000-nurs-infirm-strategy.

Lalonde, M., L. McGillis Hall, J. Peterson, S. Price, G. Andrews, A. Harris and S. MacDonald-Rencz. 2013. "Support and Access for Nursing Continuing Education in Canadian Work Environments." *Canadian Journal of Nursing Leadership* 26(Special): 51–60. http://www.longwoods.com/content/23250>.

McGillis Hall, L., J. Peterson, S. Price, G. Andrews, M. Lalonde, A. Harris and S. MacDonald-Rencz. 2013. "I Was Never Recruited: Challenges in Cross-Canada Nurse Mobility." *Canadian Journal of Nursing Leadership* 26(Special): 29–40. http://www.longwoods.com/content/23248.

McGillis Hall, L., J. Peterson, S. Price, M. Lalonde and S. MacDonald-Rencz. 2013. "Stemming the Flow of Canadian Nurse Migration to the US." *Canadian Journal of Nursing Leadership* 26(Special): 8–19. http://www.longwoods.com/content/23246.

National Council of State Boards of Nursing (NCSBN). 2011 (December 8). NCSBN and Pearson VUE to bring NCLEX-RN Examination to Canada. News release. Retrieved January 2, 2013. https://www.ncsbn.org/3048.htm.

Nelson, S. 2013. "Global Trends, Local Impact: The New Era of Skilled Worker Migration and the Implications for Nursing." *Canadian Journal of Nursing Leadership* 26(Special): 82–86. http://www.longwoods.com/content/23254>.

Peterson, J., L. McGillis Hall and S. Price. 2013. "The Experiences of Canadian-Educated Early Career Nurses Who Practise in the US." *Canadian Journal of Nursing Leadership* 26(Special): 20–28. http://www.longwoods.com/content/23247>.

Price, S., L. McGillis Hall, J. Peterson, M. Lalonde, G. Andrews, A. Harris and S. MacDonald-Rencz. 2013. "Factors That Influence Career Decisions in Canada's Nurses." *Canadian Journal of Nursing Leadership* 26(Special): 61–69. http://www.longwoods.com/content/23251.

World Health Organization (WHO). 2006. Working Together for Health: The World Health Report 2006. Geneva: Author.

Nursing Leadership

Volume 26 • Special Issue • April 2013

GUEST EDITOR

Kathleen MacMillan, RN, PhD Professor and Director, School of Nursing, Dalhousie University Halifax, NS

EDITOR-IN-CHIEF

Lynn M. Nagle, RN, PhD Assistant Professor Lawrence S. Bloomberg Faculty of Nursing University of Toronto

EDITOR, POLICY AND INNOVATION

Michael J. Villeneuve, RN, MSc Scholar in Residence Canadian Nurses Association

FDITOR, PRACTICE

Patricia Petryshen, RN, PhD Vancouver/Toronto

EDITOR, RESEARCH

Greta G. Cummings RN, PhD CIHR New Investigator AHFMR Population Health Investigator Professor, Faculty of Nursing, University of Alberta

BOOK EDITOR

Gail J. Donner, RN, PhD Partner, donnerwheeler Professor Emeritus Lawrence S. Bloomberg Faculty of Nursing, University of Toronto

EDITOR EMERITUS

Dorothy Pringle, OC, RN, PhD, FCAHS Professor Emeritus & Dean Emeritus Lawrence S. Bloomberg Faculty of Nursing University of Toronto

EDITORIAL ADVISORY BOARD

Mary Ellen Gurnham, RN, MN (Chair) Chief Nursing Officer & Director of Professional Practice Development Capital District Health Authority Halifax, NS

Beverly Malone, PhD, RN, FAAN Chief Executive Officer National League for Nursing New York, NY

Patricia O'Connor, RN, MSc (A), CHE Director of Nursing and CNO, Montreal General Hospital

Rhonda Seidman-Carlson, RN, MN Director, Professional Practice Markham Stouffville Hospital

Joan Shaver, PhD, RN, FAAN Dean, College of Nursing University of Arizona Tucson, Arizona Linda Silas, RN, BScN, President Canadian Federation of Nurses Unions Ottawa, ON

Carol A. Wong, RN, MScN, PhD Assistant Professor School of Nursing, Faculty of Health Sciences The University of Western Ontario London, ON

EDITORIAL DIRECTOR

Dianne Foster-Kent

COPYEDITOR

Francine Geraci

PROOFREADER

Scott Bryant

PUBLISHER

Anton Hart

ASSOCIATE PUBLISHER

Rebecca Hart

ASSOCIATE PUBLISHER

Susan Hale

ASSOCIATE PUBLISHER

Matthew Hart

ASSOCIATE PUBLISHER/ADMINISTRATION

Barbara Marshall

DESIGN AND PRODUCTION

Raymond Greaves

The Canadian Journal of Nursing Leadership is published four times per year by the Academy of Canadian Executive Nurses/L'Academie des Chefs de Driection en Soins Infirmiers and Longwoods Publishing Corp. The journal is refereed and published primarily for nurse administrators, managers and educators. Information contained in this publication has been compiled from sources believed to be reliable. While every effort has been made to ensure accuracy and completeness, these are not guaranteed. The views and opinions expressed are those of the individual contributors and do not necessarily represent an official opinion of Canadian Journal of Nursing Leadership or Longwoods Publishing Corporation. Readers are urged to consult their professional advisers prior to acting on the basis of material in this journal.

The Canadian Journal of Nursing Leadership is indexed in the following: Pubmed/
Medline, CINAHL, Nursing Citation Index,
Nursing Abstracts, CSA (Cambridge), Ulrich's,
IndexCopernicus, Scopus ProQuest, Ebsco
Discovery Service and is a partner of HINARI.

No liability for this journal's content shall be incurred by Longwoods Publishing Corporation, the editors, the editorial advisory board or any contributors. ISSN No. 1910-622X eISSN No. 1929-6355

Publications Mail Agreement No. 40069375 © April 2013

This issue was made possible by CFHI, Health Canada and CIHI.

HOW TO REACH THE EDITORS AND PUBLISHER

Telephone: 416-864-9667 Fax: 416-368-4443

ADDRESSES All mail should go to: Longwoods Publishing Corporation, 260 Adelaide Street East, No. 8, Toronto, Ontario M5A 1N1, Canada.

For deliveries to our studio: 54 Berkeley St., Suite 305, Toronto, Ontario M5A 2W4, Canada

SUBSCRIPTIONS Individual subscription rates for one year are \$93 for online only and \$115 for print + online. Institutional subscription rates are \$340 for online only and \$484 for print + online. For subscriptions contact Barbara Marshall at 416-864-9667, ext. 100 or by e-mail at bmarshall@longwoods.com.

SUBSCRIBE ONLINE Go to www.nursingleadership.net and click on "Subscribe."

Subscriptions must be paid in advance. An additional tax (GST/HST) is payable on all Canadian transactions. Rates outside of Canada are in US dollars. Our GST/HST number is R138513668.

REPRINTS/SINGLE ISSUES Single issues are available at \$42. Includes shipping and handling. Reprints can be ordered in lots of 100 or more. For reprint information call Barbara Marshall at 416-864-9667 or fax 416-368-4443, or e-mail to bmarshall@ longwoods.com.

Return undeliverable Canadian addresses to: Circulation Department, Longwoods Publishing Corporation, 260 Adelaide Street East, No. 8, Toronto, Ontario M5A 1N1, Canada

EDITORIAL To submit material or talk to our editors please contact Dianne Foster-Kent at 416-864-9667, ext. 106 or by e-mail at dkent@ longwoods.com. Author guidelines are available online at http://www.longwoods.com/pages/nl-for-authors.

ADVERTISING For advertising rates and inquiries, please contact Matthew Hart at 416-864-9667, ext. 113 or by e-mail at mhart@ longwoods.com.

PUBLISHING To discuss supplements or other publishing issues contact Rebecca Hart at 416-864-9667, ext. 114 or by e-mail at rhart@longwoods.com.

"The views expressed herein are those of the authors and do not necessarily represent the views of CFHI or the Government of Canada."









In This Issue

Volume 26 • Special Issue • April 2013

1 GUEST EDITORIAL

Not Dead Yet: The Spectre of Nursing Human Resource ShortagesKathleen MacMillan

CANADIAN NURSE MIGRATION TO THE US



Stemming the Flow of Canadian Nurse Migration to the US
Linda McGillis Hall, Jessica Peterson, Sheri Price, Michelle Lalonde,
Sandra MacDonald-Rencz

The Experiences of Canadian-Educated Early Career Nurses Who Practise in the US

Jessica Peterson, Linda McGillis Hall and Sheri Price

CROSS-CANADA NURSE MIGRATION

29 I Was Never Recruited: Challenges in Cross-Canada Nurse Mobility Linda McGillis Hall, Jessica Peterson, Sheri Price, Gavin Andrews, Michelle Lalonde, Alexandra Harris and Sandra MacDonald-Rencz

Mapping Nurse Mobility in Canada with GIS: Career Movements from Two Canadian Provinces

Gavin Andrews, Linda McGillis Hall, Sheri Price, Michelle Lalonde, Alexandra Harris and Sandra MacDonald-Rencz

Support and Access for Nursing Continuing Education in Canadian Work Environments

Michelle Lalonde, Linda McGillis Hall, Sheri Price, Gavin Andrews, Alexandra Harris and Sandra MacDonald-Rencz



Migration and mobility in Canadian Nurses

- Factors That Influence Career Decisions in Canada's Nurses
 Sheri Price, Linda McGillis Hall, Michelle Lalonde,
 Gavin Andrews, Alexandra Harris and Sandra MacDonald-Rencz
- 70 LPN Perspectives of Factors that Affect Nurse Mobility in Canada Alexandra Harris, Linda McGillis Hall, Sheri Price, Michelle Lalonde, Gavin Andrews and Sandra MacDonald-Rencz

COMMENTARY

79 Perspective from the Canadian Nurses Association
Barbara Mildon

POLICY PERSPECTIVES

- 82 Global Trends, Local Impact: The New Era of Skilled Worker Migration and the Implications for Nursing Mobility
 Sioban Nelson
- 87 Migration and Mobility: Informing Nursing Health Human Resources
 Retention and Recruitment Policy
 Barbara Foster, Sandra MacDonald-Rencz and Linda McGillis Hall

Indicates Peer-review



Stemming the Flow of Canadian Nurse Migration to the US

Linda McGillis Hall, RN, PhD

Kathleen Russell Distinguished Professor Lawrence S. Bloomberg Faculty of Nursing, University of Toronto Toronto, ON

Jessica Peterson, RN, PhD Assistant Professor, Loyola University, School of Nursing

New Orleans, LA

Sheri Price, RN, PhD

Assistant Professor, Dalhousie University, School of Nursing Halifax, NS

Michelle Lalonde, RN, MN

Lecturer, Lawrence S. Bloomberg Faculty of Nursing, University of Toronto Toronto, ON

Sandra MacDonald-Rencz, RN, MEd

Nursing Executive Advisor, Strategic Policy Branch, Health Canada Ottawa, ON

Abstract

The migration of nurses from Canada to the United States has occurred for decades, although substantial increases have been noted since the 1990s. A survey of 4,295 Canadian-educated nurses in the US identified that this trend in mobility is largely unchanged. Almost half the nurses in this study migrated to the US in search of full-time work, often after unsuccessfully seeking employment here in Canada prior to leaving. Incentives to migrate were provided, although the opportunity for full-time work was often perceived as an incentive to move. While some intent to return is apparent, this is unlikely to occur given the levels of satisfaction with work and the high value attributed to Canadian nurses by US employers. Policy makers and nurse leaders are urged to use these data to formulate strategies aimed at retaining Canada's nurses in this country.

Background

Canadian workforce data indicate that there were 354,910 regulated nurses employed in Canada in 2010, of which 268,512 are registered nurses (RNs) (CIHI 2010). The most recent report on the state of Canada's nursing workforce predicts a nursing shortage of RNs that will reach 60,000 by 2022 (CNA 2009). In contrast, projections in the US provide inconsistent estimates on the state of that country's nursing shortage.

Some authors suggest that the shortage has ended, primarily as a result of the surge of approximately 243,000 RN positions seen at the beginning of the recession in late 2007 (Staiger et al. 2012). However, US employment projections released as recently as February 2012 suggest that RNs are the occupation expected to have the largest employment growth in coming years (US Bureau of Labor Statistics 2012). Specifically, RN growth estimates are predicted to rise from 2.74 million in 2010 to 3.45 million in 2020, a 26% increase of 712,000 nurses (US Bureau of Labor Statistics 2012). Current workforce modelling indicates that RN shortages in the US will continue to grow between 2009 and 2030, with the largest needs expected in California, Florida and Texas (Juraschek et al. 2012).

At the same time, a considerable increase in Canadian nurse migration to the US was seen between 1990 and 1999 (McGillis Hall et al. 2009a). Research exploring mobility trends reported that newly graduated internationally educated nurses (IENs) employed in the US were most likely to come from Canada (Buchan et al. 2003). A report examining the characteristics of IENs in the US identified that most Canadian nurses reside in Texas, Florida, North Carolina, California, New York and Michigan (Commission on Graduates of Foreign Nursing Schools 2002).

Findings from the most recent 2008 National Sample Survey of Registered Nurses in the US indicate that the second largest group of IENs in the US were Canadian-educated nurses (HRSA 2010). Specifically, of the 165,539 IENs employed in the US in 2008, 11.9% or 19,699 came from Canada (HRSA 2010). In addition, the states employing the largest numbers of IENs at that time were California, New York, Texas and Florida, while smaller numbers were evident in New Jersey, Illinois, Maryland, Virginia and Nevada (HRSA 2010).

The urgency with which the US is recruiting IENs to cope with its nursing shortage is apparent. The most recent US licensing examination statistics suggest that there were 613 Canadian-educated RNs writing the certification exam between October 2010 and September 2011, demonstrating that the continued migration of Canadian nurses to the US can be expected (National Council of State Boards of Nursing 2011). These statistics affirm the need for policy makers and healthcare leaders to understand and act on the factors that may influence Canadian nurse migration. The objective of this study was to identify why nurses left Canada to work in the US, and to determine retention policies that might address these issues.

Theories of human capital are often used as the basis for framing studies of professional work migration, as they highlight that individuals migrate for employment and remuneration that is appropriate to their education (Iredale 2001). Human capital theory proposes that devoting resources to the education and career development of individuals constitutes an investment that will produce future returns for an organization (McGillis Hall 2003). In this study, the underlying principles of human capital are that Canadian nurses possess skills, experience and knowledge that have an economic value to US healthcare organizations and the US workforce (McGillis Hall 2003).

Method

This study was conducted in 2008 and 2009 using a mixed-methods approach. A cross-sectional survey research design was used to sample all RN registrants from Canada working in US states known to employ Canadian nurses (i.e., Texas, Florida, North Carolina, California, New York, Michigan). Following research ethics board approval, the selected US state boards of nursing were approached to provide mailing addresses to the researchers for all registrants who had identified that their basic nursing education was obtained in Canada, and were licensed and currently working in the US. Contact with the nursing state boards was facilitated by nursing workforce researchers who served as consultants to the study. In addition, the policy leader on the study liaised with her US counterparts in policy and government positions to assist in this process.

Attempts to access Canadian nurses in Michigan and Florida were unsuccessful, as those state boards of nursing indicated that they did not have information on the country of origin of their nurse registrants. The same was true for a number of other state boards of nursing that were approached to participate at the time. Despite these challenges, a total of 10,056 Canadian-educated nurse registrants working in the US were surveyed, and 4,481 nurses (45%) responded, of which 4,295 (43%) questionnaires were usable. Close to half of the study participants were employed in California (n=2,054;48%), followed by over a quarter in Texas (n=1,196;28%) and the remainder in North Carolina (n=733;17%) and New York (n=312; 7%). Workforce estimates indicate there are close to 20,000 Canadian-educated nurses living and working in the US, over half of whom were sampled for this study. Responses were received from 4,295 of these, and thus the results can be considered representative of nurses from this country who migrate to the US. While the majority of respondents came primarily from California and Texas, these two states have been destination points for Canadian nurses for decades, and are the states most likely to experience nursing shortages in the future.

The 33-item survey used in this study was pilot tested and utilized with a sample of Canadian nurses employed in the US (McGillis Hall et al. 2009b). The survey included questions related to the decision to migrate to work in the US, current work characteristics, plans for returning to work in Canada and demographic information. Dillman's (2007) protocol for survey administration was employed with participants, who were provided with pre-paid envelopes for return of completed questionnaires. Focus groups were held with a random sample of 134 survey participants to augment the survey data and develop an in-depth understanding of the factors influencing the migration of Canadian nurses to the US. Nurses who indicated willingness to take part in focus groups when mailing back the survey were randomly selected and invited to participate. Between two and three focus groups were held for each of the states involved in the study, and an additional two focus groups were held with newly graduated nurses, the findings of which are presented in the next paper in this Special Issue of the journal (Peterson et al. 2013). SPSS version 19 software was used both to enter and to complete analysis of the quantitative survey data and to characterize the sample of Canadian-educated RNs in different US states.

Results

Demographic and work information for the Canadian nurse sample responding to the survey appears in Table 1. All study respondents were RNs, and the average age of participants was 46. Two-thirds of the nurse participants in this study were married, and the majority female. Close to half of the sample held diploma certification; similar numbers were baccalaureate-prepared, and fewer had master's-level education. Very few were enrolled in educational programs at the time of the survey, although three-quarters of the respondents indicated that their US employers provided incentives for them to further their education.

Close to three-quarters of the sample were employed full-time, with the remainder employed part-time or in casual positions. Almost all of the study participants indicated that their work, whether full-time, part-time or casual, was the work status that they desired. Some of the respondents held more than one nursing position. Over two-thirds of the participants were employed in direct patient care roles, while another 20% held nursing management positions and the remainder were in advanced nursing practice roles. Close to half had less than five years of nursing experience, while another 31% had between five and 10 years of experience. The remainder had more than 10 years of work experience.

Table 1.

Canadian nurses in the United States

	Number (#)	Percentage (%)
Female Male	3,923 372	91.3 8.6
Married Single Separated/divorced Widowed	2,847 736 591 121	66.2 17.1 13.7 2.8
Diploma-prepared Baccalaureate-prepared Master's degree preparation	1,883 1,771 641	43.8 41.2 14.9
Currently enrolled in baccalaureate nursing program Currently enrolled in master's nursing program	216 211	5.0 4.9
Employer provides incentives for furthering education	3,201	74.5
Employed full-time Employed part-time Employed casual	3,066 752 477	71.4 17.5 11.1
Work status is desired (full-time, part-time or casual)	4,187	97.5
Hold more than one nursing position	709	16.5
Position is in direct patient care Position is in nursing management Position is in advanced nursing practice	2,967 838 490	69.0 19.5 11.4
Less than 5 years of experience Between 5 and 10 years of experience Over 10 years of experience	2,064 1,342 889	48.0 31.3 20.7
Employed in US in California Employed in US in Texas Employed in US in North Carolina Employed in US in New York	2, 054 1,196 733 312	47.8 27.8 17.0 7.3

Migration of Canadian nurses to the US

Almost half of the respondents indicated that they had migrated to California to work, while more than a quarter went to Texas. The pattern of migration of Canadian-educated nurses to different US states differed over the years, as outlined in Table 2. For example, half of the study participants who migrated in the early 1990s went to Texas, while this proportion declined to less than a third later that decade. Since 2001 almost two-thirds of respondents who migrated to the US have moved to California, followed by 29% to North Carolina and New York, and fewer than 10% moving to Texas. Almost half tried to find nursing employment in Canada prior to migrating to the US to work.

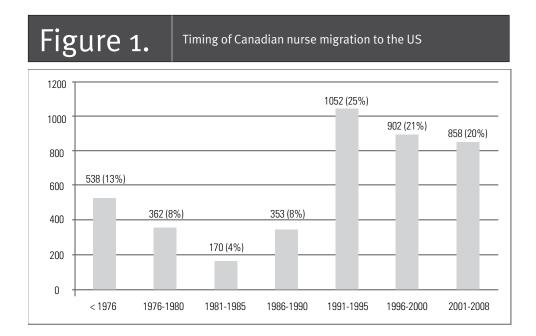
Table 2.

Migration of Canadian nurses to the US

	Number (#)	Percentage (%)
Migrated to California between 1991 and 1995 Migrated to Texas between 1991 and 1995 Migrated to other study states between 1991 and 1995	247 529 276	23.5 50.3 26.2
Migrated to California between 1996 and 2000 Migrated to Texas between 1996 and 2000 Migrated to other study states between 1996 and 2000	254 291 357	28.2 32.3 39.6
Migrated to California between 2001 and 2008 Migrated to Texas between 2001 and 2008 Migrated to other study states between 2001 and 2008	533 78 247	62.1 9.1 28.8
Sought nursing employment in Canada before migrating to US	2,026	47.2
Moved to US to obtain full-time work Moved to US for work for personal reasons (family, marriage) Moved to US because of desire to travel Moved to US for career advancement opportunities Moved to US for higher salary and benefits	2,115 1,804 1,401 706 337	49.2 42.0 32.6 16.4 7.8
Relocation assistance incentive provided on migration Financial incentives (salary, benefits) provided on migration Incentive of full-time work provided on migration Career advancement/education incentive provided on migration Incentive of innovative scheduling options provided on migration	2,255 2,148 1,978 1,668 1,440	52.5 50.0 46.1 38.8 33.5
Plan to return to Canada to work	977	22.7
Plan to return to Canada to work in next two years	103	2.4
Highly satisfied with job and work in US	3,703	86.2
US employer places a high value on my work	3,564	82.9

The movement of participants in this study indicates that nurse migration from Canada to the US accelerated in the early 1990s and remained at a high level throughout much of the next decade. Figure 1 demonstrates that a quarter of study respondents migrated to the US between 1991 and 1995, followed by 21% between 1996 and 2000, and 20% between 2001 and 2008.

The five key motivators for moving to the US were identified by study participants (see Table 2). Almost half of respondents identified that they left Canada to obtain full-time nursing employment, while 42% indicated that they moved for personal or family reasons. One-third reported migrating to the US because of a desire to travel, while fewer identified educational opportunities and improved salary and benefits as reasons for leaving Canada.



Over half of the nurse participants in this study had received relocation assistance as part of their move to work in the US, while half indicated that the salary and benefits offered to them were incentive to migrate. Almost half of the respondents considered full-time nursing employment to be an incentive to move to the US, while over a third identified career or ongoing educational opportunities and innovative scheduling options as recruitment incentives.

Close to a quarter of nurse participants in this study identified plans for returning to Canada to work, although few planned to do so over the next two years. In addition, the majority of respondents reported high satisfaction levels with their jobs and work in the US, and identified feeling highly valued by their US employers.

Discussion

Results from this research highlight that nurses continue to migrate from Canada to the US in search of full-time work providing direct patient care. This finding is consistent with those reported in an earlier study comparing Canadian-educated nurses to their US counterparts in three waves of data collected over an eight-year period from 1996 to 2004, in which full-time work opportunities were identified as an important motivator for migration to the US (McGillis Hall et al. 2009a). Consistent with human capital theory, nurses in the current study were predominately working full-time hours, and half of them explicitly identified that their primary reason for migrating to the US was to obtain full-time employment.

Migration for personal and travel reasons was also found, reinforcing results reported in a recent study of Canadian nursing students that suggests nursing is seen as a mobile profession, with work opportunities tied to travel (Price et al. under review). In addition, given the high number of married, mid-career nurses in this study, it is likely that moving with a spouse or partner was also a key factor in the decision to migrate. This finding is not unexpected considering the labour market mobility that emerged during the economic downturn in the US occurred close to the time of data collection in this study.

Work volition was highly apparent, with almost all respondents stating that they were working the hours they desired, indicating that nurses in this study had the capacity to make choices about their employment status. At the same time, despite receiving incentives from their employers for continuing education, nurse participants were not taking the opportunity to pursue further education. Given that almost half of the respondents had less than five years of experience, continuing education may be something that they will choose to explore in the future.

Canadian nurses in this study migrated primarily to California and Texas, two of the US states that are projected to have the highest nursing labour force needs in the future (Juraschek et al. 2012). However, the migration pattern to these two states has changed markedly over the years, with recent data indicating that the majority of nurses in this sample moved to California. A number of factors may have contributed to this shift in mobility. First, California was the first US state to legislate a standardized patient-to-nurse ratio for care provision, a policy that is highly regarded by many nurses (McGillis Hall et al. 2006). In addition, California has a number of magnet-designated hospitals, known as sites that exhibit a set of essential characteristics for the effective recruitment and retention of nurses. California is also widely recognized as a destination travel state because of climate and geography, and US nursing salary levels are highest on the Pacific coast (HRSA 2010).

Migration to the US was facilitated by financial incentives for more than half the nurses who took part in this study, with recruitment options that emphasized components of human capital, including enhanced salary, benefits and relocation assistance. Of interest, obtaining full-time employment was considered a recruitment incentive by close to half of the participants, further demonstrating the desire or need for full-time work that permeates these study findings.

Perhaps of greatest concern, from a management and policy perspective, is the report that close to half of the respondents – over 2,000 Canadian-educated nurses – sought employment here in Canada prior to migrating to the US.

This finding suggests that these nurses were interested in remaining in Canada and could potentially have been retained in this country had jobs been available to them. A recent study of 115 newly graduated nurses from a Canadian border community reported that 86% would prefer to work in Canada, although two-thirds also indicated that they were considering migrating outside the country for work (Freeman et al. 2012).

While some study participants identified intent to return to Canada to work, these plans were not projected for the immediate future. In addition, these nurses reported high levels of work and job satisfaction, key factors in shaping a positive work environment that facilitates nurse retention. As well, respondents highlighted the high value placed on Canadian nurses by US employers. When considered in the context of the earlier findings reported here, these nurses may not feel valued by Canada as they had to leave the country to find employment. In contrast, they were welcomed to the US, often received financial incentives to relocate, and at minimum obtained full-time jobs that they are very satisfied with. As a result, they feel highly valued by their employers. Return migration to Canada may not be an option that they decide to pursue.

The study attempted to survey nurses from all US states known to employ the highest numbers of Canadian-educated nurses. However, we were unable to reach nurses from two of those states – Michigan and Florida – to include in the study. Thus, while the overall sample size for the study was achieved, the study may not be generalizable to all Canadian-educated nurses who migrate to the US.

Implications

Data from this study indicate that although Canadian nurse migration to the US was at its highest in the early 1990s, only a slight decline has occurred since then, resulting in what appears to be a persistent mobility trend. For the most part, the reasons for migration remain unchanged over the years, as nurses tend to move to obtain full-time work. While financial incentives may enhance the decision to migrate, the key motivation for Canada's nurses appears to be one of employment. Given this finding, nursing and healthcare leaders should be paying particular attention to how they employ nurses in the future. Specifically, efforts should be made to decrease the amount of temporary and part-time employment being offered to nurses, as it is apparent that the opportunity for full-time work is a key factor contributing to migration to the US. In addition, nurse and policy leaders should examine the positive initiatives that are offered by US states such as California, such as standardized nurse-to-patient ratios and magnet designations to hospitals, to determine whether any shifts in this area are needed in Canada. It is possible that similar practices exist in Canadian healthcare settings that are not well publicized or noted on organizational websites, and which could be highlighted.

Policy makers and nurse leaders should consider implementing enhanced advertising or media strategies that highlight available nursing positions, as well as reinforce that they value and want to employ the Canadian nurses who are being educated in this country. Such acknowledgement is particularly important when considered in context with the recent decision by Canadian nurse regulators to select the US-based National Council Licensing Examination (NCLEX) as the licensing exam for entry-to-practice as an RN in Canada beginning in 2015 (CNO 2012). The US National Council of State Boards of Nursing (NCSBN) website indicates that "the selection of NCLEX by Canadian nursing regulators marks the first time that the exam will be used for the purpose of licensure in another country" (NCSBN 2012). It is possible that adopting the NCLEX exam will contribute to an increase in Canadian nurse migration to the US, as Canadian nursing graduates will have the credential required to practise in the US.

Conclusion

There has been little or no substantive examination of the factors influencing the ongoing exodus of Canadian nurses to the US. Data from this study provide key information that can be applied directly to create nursing retention and recruitment policy in Canada. Specific retention strategies for stemming the flow of Canadian nurses to the US are necessary to reverse the factors that induce nurses to leave. As well, proactive efforts that demonstrate Canada's interest and commitment to retaining our nursing human capital are key for nursing health human resources planning in the future.

Acknowledgements

This study was funded by the Canadian Foundation for Healthcare Improvement and Health Canada's Office of Nursing Policy.

The authors would like to thank Lorraine Dales, RN, MN, former research officer, Lawrence S. Bloomberg Faculty of Nursing, University of Toronto, for her assistance with this study.

Correspondence may be directed to: Linda McGillis Hall, RN, PhD, Kathleen Russell Distinguished Professor & Associate Dean, Research and External Relations, Lawrence S. Bloomberg Faculty of Nursing, University of Toronto, 155 College St., Suite 130, Toronto, ON M5T 1P8, tel.: 416-978-2869; fax: 416-978-8222; email: l.mcgillishall@utoronto.ca.

References

Buchan, J., T. Parkin and J. Sochalski. 2003. *International Nurse Mobility: Trends and Policy Implications*. Geneva: World Health Organization, International Council of Nurses and Royal College of Nursing.

Canadian Institute for Health Information (CIHI). 2010. Regulated Nurses: Canadian Trends, 2006–2010. Ottawa: Author.

Canadian Nurses Association (CNA). 2009. Tested Solutions for Eliminating Canada's Registered Nurse Shortage. Ottawa: Author.

College of Nurses of Ontario (CNO). 2012. New Partnership Brings Computer-Based RN Exam to Canada. Retrieved December 28, 2012. http://www.cno.org/Global/new/releases/pdf/ Announcement%20New%20Partnership.pdf>.

Commission on Graduates of Foreign Nursing Schools. 2002. Characteristics of Foreign Nurse Graduates in the United States Workforce 2000–2001. Philadelphia: Author.

Dillman, D.A. 2007. Mail and Telephone Surveys: The Total Design Method. New York: Wiley Interscience.

Freeman, M., A. Baumann, N. Akhtar-Danesh, J. Blythe and A. Fisher. 2012. "Employment Goals, Expectations and Migration Intentions of Nurse Graduates in a Canadian Border City: A Mixed Methods Study." *International Journal of Nursing Studies* 49(12): 1531–43.

Health Resources and Service Administration (HRSA). 2010. *The Registered Nurse Population. Findings from the March 2008 National Sample Survey of Registered Nurses*. Washington, DC: US Department of Health and Human Services.

Iredale, R. 2001. "The Migration of Professionals: Theories and Typologies." *International Migration* 39(5): S1.

Juraschek, S.P., X. Zhang, V.K. Ranganathan and V.W. Lin. 2012. "United States Registered Nurse Workforce Report Card and Shortage Forecast." *American Journal of Medical Quality* 27(3): 241–49.

McGillis Hall, L. 2003. "Nursing Intellectual Capital: A Theoretical Approach for Analyzing Nursing Productivity." *Nursing Economics* 21(1): 14–19.

McGillis Hall, L., G. Pink, C.B. Jones, P. Leatt, M. Gates and J. Peterson. 2009a. "Is the Grass Any Greener? Canada to United States of America Nurse Migration." *International Nursing Review* 56(2): 198–205.

McGillis Hall, L., G. Pink, C.B. Jones, P. Leatt, M. Gates, L. Pink et al. 2009b. "Gone South: Why Canadian Nurses Migrate to the United States." *Healthcare Policy* 4(4): 91–106.

McGillis Hall, L., L. Pink, M. Lalonde, G. Tomblin Murphy, L. O'Brien-Pallas, H. Laschinger et al. 2006. "Decision Making for Nurse Staffing: Canadian Perspectives." *Policy, Politics and Nursing Practice* 7(4): 261–69.

National Council of State Boards of Nursing (NCSBN). 2011. Quarterly Examination Statistics: Volume, Pass Rates & First-Time Internationally Educated Candidates' Countries. Chicago: Author.

National Council of State Boards of Nursing (NCSBN). 2012. NCSBN and Pearson VUE to Bring NCLEX-RN Examination to Canada. Retrieved December 28, 2012. https://www.ncsbn.org/3048.htm.

Peterson, J., L. McGillis Hall and S. Price. 2013. "The Experiences of Canadian-Educated Early Career Nurses Who Practise in the US." *Canadian Journal of Nursing Leadership* 26(Special Issue): 20–28.

Price, S., L. McGillis Hall, J. Angus and E. Peter. In press. "Choosing Nursing as a Career: A Narrative Analysis of Millennial Nurses' Career Choice of Virtue. *Nursing Inquiry*.

Staiger, D.O., D.I. Auerbach and P. Buerhaus. 2012. "Registered Nurse Labour Supply and the Recession – Are We in a Bubble?" *New England Journal of Medicine* 366(16): 1463–65.

US Bureau of Labor Statistics. 2012. *Occupational Outlook Handbook: Registered Nurses*. Retrieved December 28, 2012. http://www.bls.gov/ooh/healthcare/registered-nurses.htm#tab-6.

The Experiences of Canadian-Educated Early Career Nurses Who Practise in the US

Jessica Peterson, RN, PhD

Assistant Professor, Loyola University New Orleans, School of Nursing New Orleans, LA

Linda McGillis Hall, RN, PhD

Kathleen Russell Distinguished Professor Lawrence S. Bloomberg Faculty of Nursing, University of Toronto Toronto, ON

Sheri Price, RN, PhD

Assistant Professor, Dalhousie University, School of Nursing Halifax, NS

Abstract

Nurses who are early in their careers make important decisions that begin them on unique career trajectories. One of these decisions may be migration. Little is known about the experiences and career decisions made by early career nurses who were educated in Canada and are working in the United States. Focus groups were conducted with nine nurses to explore and describe their experiences. Utilizing the Learning Theory of Career Counselling as a framework, the analysis highlighted the environmental conditions and learning experiences described by the participants. Two themes were identified: early decisions and ongoing decisions. The career trajectories of these nurses were characterized by decision-making. They made decisions about becoming a nurse, where to work and in what clinical specialty. The learning experiences and environments to which they were exposed influenced their early decisions and continued to influence their ongoing decisions about returning to Canada.

Background

Each person's career trajectory is unique, with multiple factors contributing to career selection and ongoing decisions (Krumboltz 1996). Nurses early in their career have already made several major career decisions and invested a great deal of time, money and effort to obtain their educational and licensing requirements. However, it is not unusual for career decisions to change after the nurse enters the workforce. Recent research has shown that early career nurses have changed jobs (Kovner and Djukic 2009), career plans and even job values (Rognstad and Aasland 2007).

Mobility is often seen as a benefit to choosing a career in nursing. A study by Gillis and colleagues (2004) found that nursing graduates from Atlantic Canada took advantage of geographic mobility both within the country and to the United States. In fact, 18 of the 51 participants had worked in the US after graduating, although only six ultimately remained there. Little is known about Canadianeducated nurses early in their careers who have made the decision to migrate to the US. The purpose of this analysis was to explore and describe the career decisions and experiences of early career nurses who were educated in Canada and are working in the United States.

Methods

A qualitative exploratory design was utilized for this research. Data were collected through two focus groups held with nine early career nurses who were educated in Canada and were working in the US. Participants were part of a larger study examining Canadian nurse migration to the US, and had identified interest in participating in a follow-up focus group (McGillis Hall et al. 2012). The participants had between two and four years' experience at the time of the interview. A description of the sample appears in Table 1. The focus groups were conducted by telephone utilizing conferencing functions, permitting participant access from a variety of locations and time zones and increasing the feasibility of gathering data. A semi-structured focus group guide was utilized, containing six open-ended questions with prompts. The questions asked about their experiences transitioning to the work setting, their decisions about choosing nursing as a profession and the factors that would contribute to a decision to return to Canada.

The proceedings of the focus groups were transcribed, and data were analyzed using the thematic analysis strategy outlined by Braun and Clark (2006) and summarized below. First, the data were read and reread with the purpose of becoming familiar with the content. Next, the entire data set was coded, with codes developed inductively paraphrasing the participants' words. All coded data segments were collated, and the codes gathered together in larger thematic categories and subcategories.

Table 1. Description of the sample

		n=9
Sex	Female	8
	Male	1
Location of nursing school	Alberta	1
	British Columbia	1
	Newfoundland	1
	Ontario	5
	Saskatchewan	1
Year of graduation	2005	1
	2006	3
	2007	5
Current state of employment	California	6
	New York	1
	Texas	2

The coded data extracts were reviewed to ensure consistency within each category, and revisions were made as necessary. Original transcripts were reread and themes reconsidered to ensure their validity and to capture any previously uncoded data. Revisions and rechecking with the original data continued until a narrative was developed. Throughout data analysis, discussions were held between team members and initial impressions and further analysis shared. Additionally, theories and previous findings in the literature were reviewed to provide further insights. Finally, the themes were defined, named and recorded.

Theoretical Framework

The Learning Theory of Career Counselling (LTCC) (Krumboltz 1996; Krumboltz et al. 1976; Krumboltz and Worthington 1999) was used to guide the data analysis and interpret the findings. The theory helps to describe and explain individuals' career trajectories. Although much career counselling literature focuses on career selection, the LTCC clearly recognizes that people make many career decisions over the course of their working life. Job descriptions, work environments and people's preferences and values change (Krumboltz and Worthington 1999). Even in the relatively short time that the participants in this study had been working as nurses, there was evidence of the many decisions that they had made: they chose to pursue nursing as a career, chose a clinical specialty, chose to migrate to the US and, in some cases, chose to change jobs.

In the precursor to the LTCC, the Social Learning Theory of Career Decision-Making, four categories of influences on people's career decision-making were identified: genetics and natural abilities; environmental conditions and events; learning experiences; and task approach skills, or the interaction between genetic and environmental influences (Krumboltz et al. 1976). Learning was further differentiated into instrumental learning (e.g., learning through doing) and associative learning (e.g., learning through observing). The categories provide a useful framework to explore the decisions made by early career nurses. The focus for this paper will be on understanding the influence of environmental and learning experiences on career development, as these are factors over which individuals can have some control (Krumboltz 2009).

Results

Two overarching themes were identified from the data: early decisions and ongoing decisions. These highlight the complex career journeys of the participants. Findings are framed within the LTCC.

Early decisions

Participants discussed three early career decisions: the decision to become a nurse, the decision to work in the US and the decision of what area of nursing to pursue. These decisions were often interrelated, such that the decision to move to the US could coincide with the decision of clinical specialty. Participants revealed the environmental factors and learning experiences, often associative learning, that influenced these decisions. The LTCC posits that early career decisions are influenced by the exposures and learning that occur within the family setting and environment in which one is raised (Krumboltz 1996). This assumption was confirmed in the focus groups, as some participants recognized their decision to become a nurse was influenced by observing family members who were nurses. A few recounted that the decision to become a nurse was confirmed during nursing school. This finding highlights the importance of the influence of the school environment and the instrumental learning that occurred there on the decision to stay in nursing:

I think once I made the decision or just because I was young, the trial and error ... you're still a little unsure. "Do I like this? Do I want it?" And the education program that I went through at the university, it was so supportive and so tight knit. ... I think that my first-year experience alone really gave me the positive reinforcement, the know-how that you can make a difference ... but not before I even started nursing, it wasn't a for-sure thing.

Many participants discussed the environmental influences that contributed to their decision to move to the US to work. For some, family and support systems were in the US, while the opportunity to earn high wages or to further education were motivators for others. Some wanted the opportunity to travel or to live in a warmer climate. Family influences that contributed to choosing nursing as a career also contributed to the decision to move to the US:

My [family member] was a nurse as well. And she had moved to [state] for five years and so that was kind of a goal of mine. And seeing her – her career was just so diverse. ... I had other family members as well that were in the nursing community and they just didn't seem to have ... a ladder that they could move up as quickly.

Other learning opportunities occurred in the form of career fairs. Participants attended these fairs to learn more about working in the US, and a few discussed the role of recruiters in their decision to migrate. Through the influence of recruitment strategies, the participants learned their value as a nurse as well as the environmental conditions in the US that would facilitate their finding full-time employment:

They plucked me out of school – fresh out of school. ... they flew me down here for the interview, they put me up for a weekend just so that I could actually see what the place was like. ... I think to some degree they actually put out a lot, and to me [it] kind of felt like they were just showing interest.

They were so gung-ho about getting you and giving you, or at least trying to give you, the things that you wanted and make your life a little bit better, when at the same time, I was having trouble getting a full-time job [in Canada]. So I mean, there was [a] sort of disparity, which ultimately probably led me to come here.

The choice of clinical specialty was also a significant early career decision. Several participants had specific career goals and had identified an area of nursing or patient population with whom they wanted to work. Some had achieved these goals while others had not. The focus groups revealed that environmental conditions played a major role in these nurses' ability to meet their goals and work in their desired area. For example, many of those who wanted to work in intensive care units or emergency rooms commented that they were unqualified as new graduates, needing to gain experience with patients who were less critically ill before being considered for these positions. For those who were unable to gain employment in their desired area, some were continuing to work towards their career goals, but others began a whole new career trajectory:

I think for me going into nursing school, I was thinking that I wanted to work internationally in an NGO or relief organization, and I have basically done that, actually, with my nursing career, so it's worked out quite well.

My original goal was just to immediately [go] into critical care, and I did sort of feel disillusioned after about year two, when I realized that I hadn't really realized my goals and I was kind of stuck in a job in a clinical area which I was sort of not really happy with.

Ongoing decisions

As highlighted in the LTCC, career decisions continue after career selection has occurred. Early experiences and the instrumental learning that occurs through these experiences influence career decision-making (Krumboltz et al. 1976). Several participants had worked in both the US and Canada, and they compared their experiences in the two countries with regard to orientation and preceptorships, opportunities at work and for continued education, and work environments. The comparisons often influenced their thoughts about returning to Canada.

In both countries, many participants reported having good relationships with preceptors. There were varied experiences with orientation and preceptorships; however, these seemed to reflect institutional differences rather than differences between the US and Canada. While some participants reported that the preceptorship or orientation was longer in the US, others found no substantial differences, and one had a longer preceptorship in Canada. Although not all participants directly attributed these experiences to their career decisions, one nurse described the importance of the supportive environment on her decision to stay in the US:

One of the key factors that made me stay was the support that I received. If it was negative or a bad, or it was not necessarily too challenging but just wasn't fit for me, I probably would have left and went back home. But because it was quite well developed and supported [me], the preceptorship was probably one of the biggest influences on my stay here.

Other comparisons of the differences between working as a nurse in Canada and in the US were less varied. Participants mentioned higher salaries, more disposable income and, for those working in California, mandated nurse-to-patient ratios as benefits of their current work settings in the US. However, the main advantage they perceived was the opportunity for further career development and education, both in terms of availability and in terms of funding and the support to take advantage of these opportunities:

The pay is nice, the nurse-to-patient ratio was more important, but I think that the opportunities to advance your practice, advance yourself, is a benefit.

The major difference was probably more that you had a lot more opportunities for continuing education in the US, which was really nice. And they really were interested in you going, for example, and getting your ACLS or doing extra courses, things like that. And they simply had more money for that, I think.

Basically, it's the money and education and just, like, the opportunities. ... There is a lot more resources here. Where [as] I found in Canada it was really difficult to work and then go to school and also pay for it. ... I mean, opportunities are endless, I found here.

This favourable assessment contrasted with the negative perceptions these nurses had of the nursing work environments in Canada. Several participants had either worked in Canada or were in contact with friends or family members who worked in Canada. The perception of negative work environments, whether gathered through instrumental learning and their own experiences, or through associative learning by hearing stories from friends, was a contributing factor to the participants' decisions of whether or not to return to Canada and under what work situations:

We've never worked understaffed and just the context in which I can provide care, I feel very safe. I have one friend on a med-surg [unit] that has – like with being short-staffed, has had up to like eight or even nine patients. My other friend in the OR says they don't replace sick calls anymore. And I just, I don't want to work in that type of environment. My licence is too important to me.

For me, there's not a question of if I'll move back to Canada, because I will. My family's there, and that's really important to me. But ... I've leaned towards the fact that I will probably still work in the States when I go home. Just because of – not that the ratios are that much better ... there's just there's quite a few factors, and when I did precept in the hospital from the town I'm in, in Canada the morale was just – it was just palpable how negative it was, and I just don't really want to go back to that.

Discussion

The LTCC provided a framework for understanding new nurses' career trajectories and decisions. The theory highlights that environmental conditions and learning, whether instrumental or associative, can contribute to career decisions. For these early career nurses, early decisions such as that to become a nurse, the decision to move the US and the decision of clinical specialty area were influenced by their learning experiences from family members and nursing recruiters and by

the environment in which they were raised and went to school. Although the decision to become a nurse has been explored (Price 2009), this study revealed that the associative learning experiences from family members and recruiters might influence the decision of new nurses who were educated in Canada to move to the US. Early decisions started them on a career trajectory in which they were able to realize career goals, were continuing to work towards them, or had changed them completely. The participants' ongoing decisions were influenced by the comparisons they made between working as a nurse in the US and in Canada. These comparisons stemmed from the instrumental learning they gained by working in both environments, and associative learning gleaned from the stories of family members and friends who live in Canada. Of interest to administrators is the finding that early career nurses valued learning experiences such as career development opportunities. This finding confirms an earlier one that early career nurses place high importance on the opportunities for specialty certifications, continuing education and funding for education (Halfer 2011).

The negative perception that these nurses had of Canadian work environments was concerning. Oulton has noted that nurses "will go where they are respected, rewarded for their competencies and problem-solving skills, challenged appropriately, and given opportunities for personal and professional development" (2006: 37S). To entice these early career nurses to return to Canada, attention to career development opportunities and changing their perceptions of Canadian work environments are essential.

There were limitations associated with collecting the data through phone-based focus groups. Specifically, communication was limited to verbal exchanges. Any non-verbal communication or cues were not captured, a loss that may have decreased the richness of the data collected. Additionally, because exploring the experiences of early career nurses was not the main goal of the larger study, the sample was limited to those early career nurses who participated in the larger focus group and were willing to participate in additional ones. A more purposive sampling strategy might have uncovered different results.

Conclusion

The purpose of this analysis was to explore and describe the early career experiences and decisions made by nurses who had been educated in Canada and are working in the US. According to the LTCC, many factors influence career decisions, and through telling their stories and relating their experiences, the participants in this study provided insight into some of the factors influencing their career trajectories.

Acknowledgements

This study was funded by the Canadian Foundation for Healthcare Improvement and Health Canada's Office of Nursing Policy.

Correspondence may be directed to: Jessica Peterson, RN, PhD, assistant professor, Loyola University New Orleans, School of Nursing, 6363 St. Charles Ave., Campus Box 45, New Orleans, LA 70118; tel.: 504-865-2091; email: jpeterso@loyno.edu.

References

Braun, V. and V. Clarke. 2006. "Using Thematic Analysis in Psychology." *Qualitative Research in Psychology* 3(2): 77–101.

Gillis, A., W. Jackson and D. Beiswanger. 2004. "University Nurse Graduates: Perspectives on Factors of Retention and Mobility." *Canadian Journal of Nursing Leadership* 17(1): 97–110.

Halfer, D. 2011. "Job Embeddedness Factors and Retention of Nurses with 1 to 3 Years of Experience." *Journal of Continuing Education in Nursing* 42(10): 468–76.

Kovner, C.T. and M. Djukic. 2009. "The Nursing Career Process from Application through the First 2 Years of Employment." *Journal of Professional Nursing* 25(4): 197–203.

Krumboltz, J.D. 1996. "A Learning Theory of Career Counseling." In M.L. Savickas and W.B. Walsh, eds., *Handbook of Career Counseling Theory and Practice* (pp. 55–80). Palo Alta, CA: Davies-Black.

Krumboltz, J.D. 2009. "The Happenstance Learning Theory." *Journal of Career Assessment* 17(2): 135–54.

Krumboltz, J.D., A.M. Mitchell and G.B. Jones. 1976. "A Social Learning Theory of Career Selection." *Counseling Psychologist* 6(1): 71–81.

Krumboltz, J.D. and R.L. Worthington. 1999. "The School-to-Work Transition from a Learning Theory Perspective." *Career Development Quarterly* 47: 312–25.

McGillis Hall, L., J. Peterson, S. Price, G. Andrews, M. Lalonde, S. Johnson et al. 2012. *Moving to Action: Evidence-Based Retention and Recruitment Policy Initiatives for Nursing*. Ottawa: Canadian Health Services Research Foundation.

Oulton, J.A. 2006. "The Global Nursing Shortage: An Overview of Issues and Actions." *Policy, Politics and Nursing Practice* 7(3): 34S–39S.

Price, S. 2009. "Becoming a Nurse: A Meta-Study of Early Professional Socialization and Career Choice in Nursing." *Journal of Advanced Nursing* 65(1): 11–19.

Rognstad, M.K. and O. Aasland. 2007. "Change in Career Aspirations and Job Values from Study Time to Working Life." *Journal of Nursing Management* 15: 424–32.



I Was Never Recruited: Challenges in Cross-Canada Nurse Mobility

Linda McGillis Hall, RN, PhD

Kathleen Russell Distinguished Professor Lawrence S. Bloomberg Faculty of Nursing, University of Toronto Toronto, ON

Jessica Peterson, RN, PhD

Assistant Professor, Loyola University, School of Nursing New Orleans, LA

Sheri Price, RN, PhD

Assistant Professor, Dalhousie University, School of Nursing Halifax, NS

Gavin Andrews, PhD

Professor, Department of Health, Aging & Society, McMaster University Hamilton, ON

Michelle Lalonde, RN, MN

Lecturer, Lawrence S. Bloomberg Faculty of Nursing, University of Toronto Toronto, ON

Alexandra Harris, RN, MN, MBA

Graduate Student, Lawrence S. Bloomberg Faculty of Nursing, University of Toronto Toronto, ON

Sandra MacDonald-Rencz, RN, MEd

Nursing Executive Advisor, Strategic Policy Branch, Health Canada Ottawa, ON

Abstract

The internal migration of nurses within Canada has had limited study. This paper reports the results of a survey of registered nurses and licensed practical nurses who had migrated between the provinces and territories in Canada. Factors contributing to internal nurse mobility included seeking full-time work, opportunities for career advancement and flexible scheduling options. Few nurses received incentives to move between the provinces/territories to work. A number of challenges with internal migration are identified, including complexities related to licensing and limitations in available job information. Implications for nursing health human resources policy related to nurse retention in Canada are identified and discussed.

Background

A great deal of the research being conducted in the area of nurse migration has been directed towards the movement of nurses from one country to another, a key consideration in health human resources planning globally. Little attention has been focused on internal migration or mobility within a country, such as that occurring between the provinces/territories (P/T) in Canada.

The first report to deal with the interjurisdictional movement of nurses in Canada described patterns of mobility based primarily on an analysis of data collected from secondary databases, and cited challenges with the lack of available information in this area (Baumann et al. 2004). The authors noted that the majority of nurses seek employment and remain in the province where they were educated, and that most who did migrate across jurisdictions were newly graduated nurses (Baumann et al. 2004). Rationale for nurse mobility across Canada in this secondary data analysis was thought to be linked to the availability of nursing programs, improved employment and career opportunities, and patterns of migration that match those of the general population. Following this work, an environmental scan of the literature aimed at exploring ways of facilitating cross-jurisdictional mobility of nurses in Canada identified the need to "streamline" the licensing process and consider a national licensure system (Torgerson et al. 2006).

Most recently, a report describing the geographic distribution and internal migration of Canada's healthcare providers was developed using census data (CIHI 2010). A 10% decrease in nurse mobility across the provinces was reported over 10 years, from 71,835 in 1991 to 46,535 in 2001 (CIHI 2010). In addition, over two-thirds of Canada's nurses remained in the community where they completed their educational program, with less than a quarter of the nursing population (18%) migrating in 2001. While British Columbia had been the destination of choice or "magnet" province for nurse migration over the years, by 2001 Alberta

had replaced it (CIHI 2010). Few conclusions were drawn from this analysis, as the determinants of migration available were limited (CIHI 2010). These reports, while not an accurate measure of nurse mobility within the country, highlight the need to develop a more accurate understanding of migration across Canada. As well, a better understanding of the factors contributing to the internal migration of nurses across Canada is needed to develop realistic recruitment and retention policies. The migration of nurses from one jurisdiction in Canada to another may be considered a loss to the P/T that the nurse has left. However, efforts to support nurse mobility between jurisdictions offer the potential to retain nurses within Canada. If employment opportunities exist to migrate to a different P/T for work, this availability of work may prevent nurses from seeking employment in another country such as the United States.

The internal mobility of nurses in Canada is an important area to examine. The loss of nurses to other countries, as has been seen with Canadian nurse migration to the US (McGillis Hall et al. 2009a,b), has economic consequences on nursing health human resources in Canada, representing a loss of human capital that may be permanent. In contrast, the loss of nurses to other provinces can be considered a positive investment in labour capital, with nurses migrating to locations in the country where the jobs are, creating labour market equilibrium.

The objective of this study was to map the mobility patterns and identify the basic motivations for mobility of Canadian nurses across the P/T to work. The mobility patterns are described in a separate paper in this issue of the journal (Andrews et al. 2013). This paper focuses on presenting the results of the research questions conducted through a survey aimed at identifying the factors that influence nurses to leave their home P/T to work in another, and the facilitators that can be employed to retain nurses in Canada.

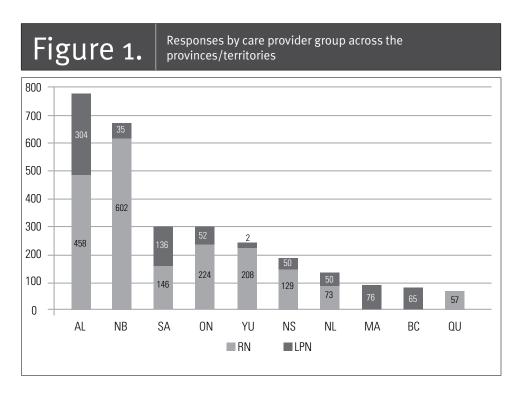
Method

This descriptive cross-sectional study surveyed a purposive sample of RNs and LPNs who had migrated between Canadian P/T. The survey was adapted from one used by the principal investigator to study Canadian nurse migration to the US (McGillis Hall et al. 2009a, b 2013) and included questions about factors contributing to the decision to migrate, current and past work experience, work mobility, perceptions of work and work environments, and demographics. The sample was drawn from the registration databases of the regulatory licensing bodies for nurses (RNs and LPNs) from across Canada, facilitated by the Canadian Institute for Health Information (CIHI), one of the decision-makers on this study, through its annual meeting with regulatory bodies. Surveys were sent to 3,700 RNs and 1,750 LPNs for a total of 5,350 nurses sampled. Data collection took place in 2010 following research ethics board approval.

Quantitative data were analyzed using SPSS version 19; in this paper we present descriptive results. Respondents chose to write substantial additional comments at the end of the survey in an area designated "anything further to add." These qualitative comments were content-analyzed in an iterative manner by three members of the research team. During initial descriptive coding the comments were sorted into main topics, and overarching categories were created. Data within each category were explored further and, where applicable for this paper, simultaneously triangulated with the data obtained from the surveys (Morse 1991). This approach permitted the integration of both quantitative and qualitative study data and enables insight into the area of nurse mobility across Canada that may not have been evident through the use of the quantitative survey data only.

Results

Almost a third of respondents came from Alberta, followed by close to a quarter from New Brunswick. The remainder came from Saskatchewan, Ontario, Yukon, Nova Scotia, Newfoundland and Labrador, Manitoba, British Columbia and Quebec. A breakdown of responses by P/T and provider group is shown in Figure 1.



While most P/T regulatory groups (n=10) participated in the study, some chose not to be involved or were unable to participate for individual reasons (i.e., Association of Registered Nurses of Prince Edward Island; College of Registered

Nurses of British Columbia; College of Registered Nurses of Manitoba; Ordre des infirmières et infirmiers auxilliaires du Québec; Registered Nurses Association of Northwest Territories and Nunavut).

Despite these challenges, the overall sampling requirements for the study were exceeded, and completed surveys were received from 2,675 nurses from across the country for a 50% overall response rate. The response rate for RNs was 51.3% and for LPNs 44.5%. Thus, the study results describe the perceptions of some nurses who move across Canadian P/T for work, although it may not capture the full scope of nurse mobility for all P/T. For example, as Table 1 demonstrates, over half of the respondents came from two provinces (Alberta and New Brunswick).

Close to two-thirds of study respondents were RNs and the remainder LPNs (see Table 1). The majority were married females. The average age of study participants was 40 years. Over half of the participants were diploma-prepared, while baccalaureate degrees were held by just under half; the remainder had certificate-level education. Close to half of the respondents had completed their nursing education over the past 10 years, and very few had received their initial nursing education outside Canada. In addition, few were currently enrolled in ongoing nursing educational programs at either the baccalaureate or master's level.

Table 1.	Nurse mobility in Canada		
		Number	Percentage

	Number (#)	Percentage (%)
RN LPN	1,897 778	70.9 29.1
Female Male	2,501 174	93.4 6.6
Married Single Separated/divorced	1,997 398 280	74.6 14.8 10.6
Diploma-prepared Baccalaureate-prepared Certificate education	1,374 1,146 155	51.4 42.8 5.8
Nursing education completed in past decade	1,242	46.4
Nursing education completed outside Canada	148	5.5
Currently enrolled in baccalaureate nursing program Currently enrolled in master's nursing program	235 118	8.8 4.4
First employed in P/T of initial education	1,826	68.3
Moved to another P/T for nursing education	320	11.9

Table 1. Continued

	Number (#)	Percentage (%)
Migrated because unable to find work in P/T of initial nursing education	882	32.9
Employed full-time Employed part-time Employed casual	1,457 711 507	54·5 26.5 18.9
Work status is desired (full-time, part-time or casual)	2,264	84.6
Hold more than one nursing position	562	21.0
Less than two years of employment experience in current P/T	1,364	50.9
Employed in community hospital Employed in academic teaching hospital Employed in long-term care setting Employed in other settings	933 796 563 383	34.9 29.8 21.0 14.3
Received no incentives to move between P/T to work	2,207	82.5
Incentive of full-time employment Incentive of career advancement opportunities Incentive of innovative scheduling options	757 346 238	28.2 12.9 8.9
Plan to move to another P/T to work	402	15.0
Have explored interprovincial moves for nursing work	850	31.7
Have nursing work experience in another country Have nursing work experience in the US	418 265	15.6 9.9
Have nursing work experience from UK/Philippines/Australia	153	5.7
Currently licensed to practise in another country	153	5.7

Factors influencing cross-Canada nurse mobility

Over two-thirds of the study participants were first employed in the P/T where they were initially educated to be a nurse. Few had moved between jurisdictions to complete their initial nursing education, and all of these indicated that they did so to attend a particular educational institution of their choice. Close to a third of participants migrated to find employment after not being able to find work in the province in which they were initially educated. Of these, all but three plan to return to their home province to work in the future. Qualitative comments from surveys provided details to support these findings:

There's not enough full-time jobs. I'm only in Alberta because this is where the full-time jobs are. In Ontario [where I went to school] part-time is anywhere from 2 shifts/month to 16 shifts/month based on 8 hr shifts.

I am looking to relocate back to BC and have been applying [there] for over 6 months. I'm willing to work on call casual and in a hospital or LTC [long-term care]. I really want to go back but there are no opportunities right now, even though I know they are short staffed.

The majority of study respondents had received no recruitment incentives when they moved to another P/T for work. Some participants considered the ability to obtain full-time work an incentive, while others described opportunities for career advancement and innovative scheduling models as incentives to move. Very few identified receiving any form of financial incentive to relocate across the country, as substantiated by qualitative comments on the surveys:

I was never recruited or received incentives. Incentives could potentially lead to competition for nurses among and between provinces. It would be an incentive if employers offered relocation allowance, flexible working hours or self-scheduling.

At my hospital ... learning/education opportunities, flexible scheduling and opportunity for travel are good incentives.

Some nurses plan to move to another P/T to work in the future, and close to a third of study respondents have explored interprovincial moves over the past few months. Some had experience working as a nurse in other countries, with the majority of these having worked in the US; much smaller numbers worked in the United Kingdom, Philippines or Australia. A few respondents were still licensed to practise in another country.

Over half of study participants were employed full-time, while just over a quarter worked in part-time positions; the remainder were employed casually. The majority of respondents identified that they were working the number of hours that they desired to work. Participants who worked part-time or casually did so for a sense of control or freedom, while some sought flexible work hours and others wanted varied work experience:

I will however look for [a] casual position when I return to Ontario as I have enjoyed the flexibility and freedom that casual work provides.

Close to a quarter of study participants held more than one nursing position. Participants were employed primarily in community or academic teaching hospitals and in long-term care settings. Over half of study participants had been employed for less than two years in the jurisdiction in which they were currently working.

Challenges to cross-Canada nurse mobility

Study participants identified that by far the greatest challenges to mobility in Canada that they encountered were related to licensing (n=2,341; 88%) and what they described as reciprocity across the country. Challenges with licensure were also identified by two-thirds of the study respondents as a reason for not moving again across P/T for work (n=1,721; 66%). Respondents provided further detail in survey comments:

Not easy to get licensing in any province – process takes about 3–8 months depending. There should be standard license fees across the P/T. It is difficult to transfer licence, too much red tape & takes a long time.

I think registration should be national not province-to-province. It takes longer to obtain a registration from province to province than obtain registration for the USA.

When we moved to Alberta the biggest hassle was having to send proof of education, association membership of PEI to Nursing Association of Alberta and having to pay both fees in full. Solution might be that there be one database that each association could access to obtain all this information & at renewal time the info is updated each year. Then there were fees for faxing & mailing and waiting times for obtaining info by other association.

In some cases, the challenges with licensure across the P/T were linked to turnover in the profession, as articulated in the comments of one study participant:

One major disincentive for moving within Canada as a nurse is the lack of parallel portability. I went from being a nursing educator in BC back to the bedside in Alberta. My lack of willingness to start back at "the bottom" of the career ladder is directly related to why I will be leaving nursing.

The majority of respondents identified that another factor limiting nurse mobility across Canada was the lack of information on nursing employment opportunities across the country (n=2,212; 84%):

It would be nice if there was a "one-stop" website or information package about nursing in different provinces. There is so much involved in cross-country moves. So many people to call, so many different things to look into. It would be very helpful if there was something we could use that broke down all of the information and what needs to be done – maybe kind of a checklist, of things we need to consider.

Finally, over half of study participants identified that they did not feel valued by their employer (n=1,519; 58%) and described inequities in the incentives provided to internationally educated and Canadian-educated nurses across the P/T:

Need to equalize incentives given to Canadian trained nurses moving to a province same as those given to internationally trained nurses. Nurses from the Philippines in our health region only had to sign a 1 year contract and received the same incentives that a Canadian trained nurse [who] had to sign a 2 year contract with the region received. And they wonder why the Canadian nurses feel undervalued and not welcome.

Discussion

Factors influencing cross-Canada nurse mobility

On average, participants in this study were approximately five years younger than the average RN in Canada, reported to be 45 years (CIHI 2010), while most were recent graduates with limited experience. This finding suggests that mobility across the P/T may be more appealing to those newer in their nursing careers. A qualitative analysis of descriptive comments provided on the surveys identified that the varied work opportunities made available through a nursing career form part of what interests individuals in the nursing profession (Price et al. 2013). Similar findings were reported in recent Canadian research conducted with nursing students who saw nursing as providing travel options along with employment opportunities (Price et al. under review).

The availability of nursing employment – in particular, full-time work – remains a challenge for Canada's nurses. Not unlike any other career, nurses enter school with the aim of obtaining full-time work on graduation. Earlier research has identified that Canadian nurses migrated to the US throughout the 1990s in search of full-time work (McGillis Hall et al. 2009a,b, 2013). This current study highlights that nurses also move between the P/T in Canada to obtain full-time work when unable to find employment locally on graduation.

A substantial number of study respondents were married and currently employed in Alberta. At the time of this study, Alberta was hiring full-time nurses while other provinces had no job opportunities available, perhaps contributing to mobility to Alberta. This finding is consistent with those reported from census data and corresponds with the mobility patterns of the general population in Canada (CIHI 2010). The Alberta economy was strong, with the highest labour force participation and employment rate in the country, and qualitative comments from the survey reinforced that nurses often relocated with their spouse's work (see the paper by Price et al. in this Special Issue). While this factor serves to draw nurses to a province at a time of need, the effect may be temporary, and further attention to broader recruitment and retention strategies should be considered.

Challenges to cross-Canada nurse mobility

The absence of incentives to recruit nurses across the P/T provides evidence of the limited attention that has been paid to internal nurse recruitment in this country. To date, the drivers for P/T nurse mobility have been individual, as nurses move for personal reasons such as to obtain employment or to remain close to a family member. In contrast, research has demonstrated that substantial and varied incentives are offered by US settings to recruit Canada's nurses to that country to work (McGillis Hall et al. 2009a,b, 2013). Some respondents in this study highlighted disparities in the incentives provided for international recruits in comparison to Canadian nurses who migrate across the P/T, considering this a signal that they were not highly valued. This finding represents a concern as well as a considerable gap in current Canadian health human resources retention policy for nursing.

Perhaps the greatest challenge affecting nurse mobility in this country is the licensing process, which is considered lengthy and inconsistent among the P/T, and was independently described by several participants as a "hassle." It represents the key factor impeding their interest in moving across Canada to work. Respondents in this study articulated the need for a streamlined registration process across the country, echoing the findings of previous work in this area (Torgerson et al. 2006). This study also demonstrated that a number of nurses had explored interprovincial moves for nursing work, while some come from abroad and still hold licences to practise in other countries. This finding suggests an interest in mobility, and poses a potential risk to Canadian nurse retention if efforts to expand mobility opportunities are not enhanced.

The need for information on nursing work opportunities available across Canada was also highlighted in this study. Participants describe wanting greater detail about the positions available, as well as the environment surrounding the place of work, including the community. While information sources may currently exist that contain employment information, it is clear that enhancements to the materials available could serve to increase nurse mobility across Canada.

Implications

Little attention has been directed towards the potential recruitment opportunities that lie within the nursing workforce across the country. While the numbers of nurses who migrate across Canada are not large, it is apparent that some movement occurs between the P/T, primarily by more recent graduates who may want to combine travel and work options. Mobility opportunities for specific groups, such as nurses affiliated with the military, have not been explored to date. At the same time, there appear to be gaps in information available for nurses regarding positions available in Canada. In addition, the perceived bureaucratic challenges of licensure may be limiting nurse mobility across the country.

These findings suggest that there may be a role for better advertising of opportunities for jobs within the country, to capture the interest of those who are interested in travel. Efforts to address the job-related information needs of nurses, and more harmonized approaches to interprovincial licensing, offer the opportunity to enhance nurse retention in Canada. In addition, it is evident that the incentives provided within Canada to recruit nurses from across the P/T are limited in contrast to those offered to Canadian nurses to migrate to the US.

Conclusion

Findings from this study highlight some positive directions that can be taken by policy and nursing leaders that would enhance nurse mobility in Canada, including (a) streamlining the nursing registration process, (b) centralizing information on available nursing work opportunities across Canada and (c) reducing inequities in the incentives provided to all types of nurses who migrate across Canada in an effort to utilize these incentives more effectively.

This research provides evidence of the opportunities available for a more proactive approach to internal migration in Canada. It is evident that both RNs and LPNs are willing to move for work, and policy changes that enhance and promote internal mobility opportunities for nurses within the country could be beneficial for Canadian recruitment and retention. These should be developed in concert with decision-makers, including policy and system leaders, as the implications of interprovincial/territorial recruitment need to be considered and balanced with the internal health human resources demands and needs of the P/T. While nurses can be expected to continue to migrate to the US in the future, changes to existing policies and practices within Canada have the potential to decrease the rate of outmigration from the country and contribute to retention.

Acknowledgements

This study was funded by the Canadian Foundation for Healthcare Improvement and Health Canada's Office of Nursing Policy.

Correspondence may be directed to: Linda McGillis Hall, RN, PhD, professor & associate dean, research and external relations, Lawrence S. Bloomberg Faculty of Nursing, University of Toronto, 155 College St., Suite 130, Toronto, ON M5T 1P8; tel.: 416-978-2869; fax: 416-978-8222; email: l.mcgillishall@utoronto.ca.

References

Andrews, G., L. McGillis Hall, J. Peterson, S. Price, M. Lalonde, A. Harris et al. 2013. "Mapping Nurse Mobility in Canada with GIS: Career Movements from Two Canadian Provinces." *Canadian Journal of Nursing Leadership* 26(Special Issue): 41–50.

Baumann, A., J. Blythe, C. Kolotyloe and J. Underwood. 2004. *Building the Future: An Integrated Strategy for Nursing Human Resources in Canada – Mobility of Nurses in Canada*. Ottawa: Nursing Sector Study Corporation.

Canadian Institute for Health Information (CIHI). 2010. Distribution and Internal Migration of Canada's Registered Nurse Workforce. Ottawa: Author.

McGillis Hall, L., J. Peterson, S. Price, M. Lalonde and S. MacDonald-Rencz. 2013. "Stemming the Flow of Canadian Nurse Migration to the US." *Canadian Journal of Nursing Leadership* 26(Special Issue): 29–40.

McGillis Hall, L., G. Pink, C.B. Jones, P. Leatt, M. Gates, L. Pink et al. 2009a. "Gone South: Why Canadian Nurses Migrate to the United States." *Healthcare Policy* 4(4): 91–106.

McGillis Hall, L., G. Pink, C.B. Jones, P. Leatt, M. Gates and J. Peterson. 2009b. "Is the Grass Any Greener? Canada to United States of America Nurse Migration." *International Nursing Review* 56(2): 198–205.

Morse, J. 1991. "Approaches to Qualitative—Quantitative Methodological Triangulation." *Nursing Research* 40(1): 120.

Price, S., L. McGillis Hall, J. Angus and E. Peter. In press. "Choosing Nursing as a Career: A Narrative Analysis of Millennial Nurses' Career Choice of Virtue." *Nursing Inquiry*.

Price, S., L. McGillis Hall, J. Peterson, M. Lalonde, G. Andrews, A. Harris et al. 2013. "Factors That Influence Career Decisions in Canada's Nurses." *Canadian Journal of Nursing Leadership* 26(Special Issue): 61–69.

Torgerson, R., A. Wortsman and T. McIntosh. 2006. *Nursing Skills and Mobility: Facilitating the Transfer and Tracking of Nurses across Canada*. Ottawa: Canadian Policy Research Networks.



Mapping Nurse Mobility in Canada with GIS: Career Movements from Two Canadian Provinces

Gavin J. Andrews, PhD

Professor, Department of Health, Aging & Society, McMaster University Hamilton, ON

Linda McGillis Hall, RN, PhD

Kathleen Russell Distinguished Professor Lawrence S. Bloomberg Faculty of Nursing, University of Toronto Toronto, ON

Sheri Price, RN, PhD

Assistant Professor, Dalhousie University, School of Nursing Halifax, NS

Michelle Lalonde, RN, MN

Lecturer, Lawrence S. Bloomberg Faculty of Nursing, University of Toronto Toronto, ON

Alexandra Harris, RN, MN, MBA

Graduate Student, Lawrence S. Bloomberg Faculty of Nursing, University of Toronto Toronto, ON

Sandra MacDonald-Rencz, RN, MEd

Nursing Executive Advisor, Strategic Policy Branch, Health Canada Ottawa, ON

Abstract

Recent years have witnessed the publication of a growing number of studies of nursing which, from a disciplinary perspective, are geographical in their orientation. Conceptually, while the emphasis in much of this research has been focused at the micro scale on the dynamics between nursing and "place," curiously there has been scant attention to geometrical "space," and the basic yet important locational and distributive features of nursing at the macro scale. Noting this gap in the literature, the authors of this paper used a Geographical Information System (GIS) to map the movement of 199 nurses from two Canadian provinces where they were educated – Manitoba and Newfoundland – to the provinces where they currently live and work. While the findings show that nurses who move tend to move to nearby provinces, more generally they illustrate the effectiveness of GIS for managing data and representing findings from workforce studies.

Background: The Geographical Tradition in Nursing Research

Nursing has always been geographically aware. Concerns with geographical concepts such as environment date back to Nightingale's early commentaries on heat, light, ventilation and air quality, from the scale of cities to the scale of rooms (Andrews 2003). Since the 1940s, the concept of nursing environment has emerged as one of the three core metaparadigms of the profession, influencing teaching and research for generations of nurses (Thorne et al. 1998). More recently, the focused development of a geographical tradition is identifiable through nurse researchers' drawing explicitly on the theories, concepts and methods of the discipline of human geography, and specifically the subdiscipline of health geography. Indeed, this latest research has become known as "the geography of nursing" or "nursing geographies" and has enriched and advanced both of its constituent fields (Andrews 2006; Andrews and Evans 2008).

Conceptually, much of the geography of nursing has focused qualitatively on "place." Places are understood in this research as more than locations or points, being complex social and cultural "fields of action" where people's lives unfold in certain ways, and where they gain unique experiences, attachments and identities. Practically, these can arise as hospital wards and community settings. A range of relationships have been articulated in the literature, including how places characterize particular professional subspecialties of nursing (Cheek 2004), how places of nursing possess symbolism and are sometimes contested (Gilmour 2006) and how places affect the outcomes of focused clinical interventions (Hodnett et al. 2005). Further studies have addressed the impact of different places upon nurse—

patient interactions and relationships (Malone 2003; Bender et al. 2010), upon inter-professional interactions and relationships (Liaschenko et al. 2011) and the embeddedness of clinical practice in localized communities (Skelly et al. 2002) and natural environments (Watterson et al. 2005).

Curiously, however, far fewer studies in the geography of nursing have drawn on the other fundamental geographical concept of "space" (Endacott et al. 2009; Graves 2009). Indeed, in human geography, contemporary understandings of space originate in a positivistic tradition dating back to the 1950s. Here, space has been viewed as an underlying template for all human agency, as neutral surface on which life unfolds. It is a template given meaning – representing substantial features of human life – when "things" such as people, facilities or political boundaries are located in it. Space then becomes mathematically distinguishable and dividable. While at one level rates, volumes and other measures become visible at points, at another level times, distances, movements and differences become visible between points. Indeed, the reason space is handled in this way in human geography is a belief among scholars that it is possible to find spatial patterns in collective human existence – some of humankind's fundamental and underlying "geometries."

Although there are numerous examples of using a Geographical Information System (GIS) in health research to represent mortality, morbidity and health inequalities (Mitchell et al. 2002), access to services (Martin et al. 2002) and health needs (Gibson et al. 2002), less GIS work has been undertaken within nursing. Specifically, a number of discussion papers have brought the potential of GIS to nurses' attention and have identified challenges with its use (Caley 2004; Endacott et al. 2009; Graves 2009). From an empirical perspective, nurse researchers have used GIS to show community health states and the utilization of health services (Caley 2004; Faruque et al. 2003) and workforce distributions in the context of specific recruitment and retention initiatives (Courtney 2005).

From the perspective of the nursing workforce, many geographical studies have focused on the spatial features of career movements, along with the cultural, social and economic forces that shape them at local (Brodie et al. 2005), national (Baumann et al. 2004) and global (Kingma 2005) scales. Nevertheless, mirroring this broader conceptual absence, the treatment of space has been partial in that only one study has actually attempted to map these movements (Courtney 2005). Thus, acknowledging that "space matters," and using a GIS analytic approach, the current study has two objectives: first, to utilize maps to demonstrate nurse mobility across two Canadian provinces; and second, to showcase GIS as a research tool and reflect upon its application in this empirical context.

Method

Originating in early computer cartography, GIS is a comprehensive technology for collecting, storing, retrieving, analyzing, re-analyzing and displaying spatial information. Categories of information that can be plotted and mapped by GIS include densities and clusters, rates and single-point distributions of phenomena. For the current study, the GIS software package ArcView 10.1 GIS was used to reveal patterns, relationships and trends in nurse mobility. Survey data were inputted into the GIS software and digitized or geocoded by postal code, a process of linking geographical coordinates and mapping these in an accessible and ascetic form.

Selected quantitative data obtained through a survey of 2,675 Canadian registered nurses (RNs) and licensed practical nurses (LPNs) who migrated across Canada for work were utilized in this study. Survey results are presented in the previous paper (McGillis Hall et al. 2013) and other papers in this Special Issue. The data presented in this paper are from respondents originating in Manitoba (n=76) and Newfoundland (n=123); they highlight the migratory movement of these nurses from the province or territory (P/T) of initial education (origin) to that of their current employment (destination). The data are converted by the GIS software into maps for each of the provinces, with lines generated from the origin to the destination P/T. The density of the line in each of the maps reflects the number of nurses who migrated.

Data from these two particular provinces were specifically selected because initial analysis confirmed that they provided the best opportunity to show patterns of nurse mobility at the regional level. Indeed, because of the space required to present and analyze GIS maps, it is typical for journal articles to focus in detail on a limited area, the full national or international picture often emerging across multiple journal articles or in research reports and other longer publications.

Results

Findings can be shown using traditional tables or as GIS maps. Table 1 presents data from nurse participants in this study indicating that nurses who moved from the two provinces were more likely to go to a nearby province. Specifically, of the nurses who were first educated in Newfoundland, 82% (n=101) went to the four closest provinces – New Brunswick, Nova Scotia, Prince Edward Island or Ontario, all of which are in east-central or eastern Canada. Only 18% (n=22) moved farther afield. Closer analysis revealed that over half (54%; n=67) stayed within the three neighbouring Atlantic provinces – New Brunswick, Nova Scotia or Prince Edward Island. Similarly, of the nurses moving from Manitoba, 83% (n=63) moved to the three nearest provinces – Alberta, Ontario or Saskatchewan, while only 17% (n=13) moved beyond. Likewise, over half (58%; n=44) stayed within the Prairie provinces of Alberta and Saskatchewan.

Source Province/ Territory	Destination Province/ Territory	Number (#)	Percentage (%)
Newfoundland			
	Ontario	34	27.6
	New Brunswick	32	26.0
	Nova Scotia	25	20.3
	British Columbia	10	8.1
	Prince Edward Island	10	8.1
	Alberta	8	6.5
	Manitoba	4	3.3
	Total	123	100
Manitoba			
	Alberta	26	34.2
	Ontario	19	25.0
	Saskatchewan	18	23.7
	Quebec	8	10.6
	British Columbia	5	6.6
	Total	76	100

The GIS maps illustrate these moves in a more visual manner, as presented in The GIS maps illustrate these moves in a more visual manner, as presented in Figures 1 and 2.



Figure 2.

Newfoundland nurse mobility map



Discussion

Showing nurse migration data in table form gives the reader exact figures on trends and descriptive statistics such as volumes and percentages. Indeed, in this format, the findings are provided in both a comprehensive and "purer" form. However, use of GIS maps adds something different and significant, namely a visual representation of locations, distances and overall distributions, all of which are not available in a tabular format. Maps are particularly valuable for international readers who might not be familiar with the scale of another country or the relative positioning of its political borders. Moreover, even readers who live in or are familiar with a particular country might benefit from an immediate visual representation of it.

No map can ever be a true representation of an area or place, for all maps contain some thematic or structural bias and, in the end, are only representations themselves. However, they do reflect and convey, to some extent, what is happening "out there" on the ground, in a manner less abstract than tables and other forms. Notably, maps are also quicker and easier to read than tables and are far more interesting. The lines, colours and visions of places people know draw the reader's attention and beg to be inspected. In short, not only do GIS maps show things other approaches do not, because of their ease and look they are less likely to be ignored.

The results found in this GIS analysis reinforce findings identified in earlier quantitative reports on nurse mobility suggesting that regional mobility in the labour

market takes place in some areas of the country, including eastern and western Canada (Baumann et al. 2004; CIHI 2010). Thus, the utility of adding GIS to traditional quantitative data analysis is confirmed.

Implications

Many scholars hold the view that the application of GIS in health research has made geographical approaches appear more useful to mainstream medicine and the health sciences, providing geographical information that helps with decision-making, policy analysis and evaluation. This sense of usefulness is further enhanced by the wider "spatial" turn in the health sciences, itself connected to the emergence of the social model of health and an acknowledgement that disease, health and well-being are strongly rooted in factors that lie outside the receipt of medicine, in communities and the broader environment.

It is of course problematic to make broad summary statements about any type of approach in research, GIS or otherwise. Each approach has its own strengths and weaknesses, and each can be applied in different ways. In the current study, although GIS provided valuable insights into the study of Canadian nurse mobility, there were also limitations. For example, had the data been available to the research team, the study could have benefited from a more refined GIS analysis, such as exploring to which parts of provinces nurses moved. In addition, it is unknown whether nurses' current destination province is representative of their sole move for employment, or merely the most recent. In terms of scope, this research paper describes nurse mobility between two provinces, and cannot be considered representative of the mobility patterns of nurses from all P/T in Canada. Further attention is required to moves from all Canadian P/T in order to gauge how unique the two provinces considered are, and to obtain an overall picture of the Canadawide situation related to nurse mobility.

More generally, the study illustrates the potential of GIS to inform health human resources planning and decision-making. Indeed, decision-makers often value information that is clear, that quickly presents a picture and thus is able to inform, and help build, a compelling argument. Of course, significant challenges remain with further developing GIS in nursing. Currently, most GIS training and analysis services are provided for nursing by geography, epidemiology and other academic units. Indeed, a next step is for nursing to develop its own "in house" GIS expertise through dedicated training and infrastructure, so that GIS becomes an established and common tool of nursing research.

Conclusion

Overall, the exercise of using GIS demonstrated how insightful the technology can be in large-scale workforce studies in nursing. Combining the results of a GIS

mapping approach with those reported in quantitative and qualitative surveys provides the opportunity to develop a more comprehensive understanding of nurse mobility. Moreover, in terms of disciplinary perspectives it showcases how, as well as taking place seriously in the area of "geographies of nursing," space might also be afforded the attention it rightly deserves, and the locations, directions, distances and distributive features of nursing explored and articulated. These spatial features visible at the macro scale provide important contexts that help set up complementary qualitative place-based analysis at the micro scale.

Acknowledgements

This study was funded by the Canadian Foundation for Healthcare Improvement and Health Canada's Office of Nursing Policy.

The authors would like to thank Lorraine Dales, RN, MN, former research officer, Lawrence S. Bloomberg Faculty of Nursing, University of Toronto, for her assistance with this study.

Correspondence may be directed to: Gavin Andrews, PhD, professor, Department of Health, Aging & Society, McMaster University, Kenneth Taylor Hall, Room 240, 1280 Main St. West, Hamilton, ON L8S 4M4; tel.: 905-525-9140, Xt. 26390; email: andrews@mcmaster.ca.

References

Andrews, G.J. 2003. "Nightingale's Geography." Nursing Inquiry 10(4): 270–74.

Andrews, G.J. 2006. "Geographies of Health in Nursing." Health and Place 12(1): 110-18.

Andrews, G.J. and J. Evans. 2008 "Understanding the Reproduction of Health Care: Towards Geographies in Health Care Work." *Progress in Human Geography* 32(6): 759–80.

Baumann, A., J. Blythe, C. Kolotyloe and J. Underwood. 2004. *Building the Future: An Integrated Strategy for Nursing Human Resources in Canada* – Mobility of Nurses in Canada. Ottawa: Nursing Sector Study Corporation.

Bender, A., G.J. Andrews and E. Peter. 2010. "Displacement and Tuberculosis: Recognition in Nursing Care." *Health and Place* 16(6): 1069–76.

Brodie, D., G.J. Andrews, J.P. Andrews, G. Thomas, J. Wong and L. Rixon. 2005. "Working in London Hospitals: Perceptions of Place in Nursing Students' Employment Considerations." *Social Science and Medicine* 61: 1867–81.

Caley, L. 2004. "Using Geographic Information Systems to Design Population-Based Interventions." *Public Health Nursing* 21(6): 547–54.

Canadian Institute for Health Information (CIHI). 2010. Distribution and Internal Migration of Canada's Registered Nurse Workforce. Ottawa: Author.

Cheek, J. 2004. "Older People and Acute Care: A Matter of Place." Illness, Crisis and Loss 12(1): 52-62.

Courtney, K. 2005. "Visualizing Nursing Workforce Distribution: Policy Evaluation Using Geographic Information Systems." *International Journal of Medical Informatics* 74(11): 980–88.

Endacott, R., K.B. Maged, B. Manning and I. Maramba. 2009. "Geographic Information Systems for Healthcare Organizations: A Primer for Nursing Professions." *CIN: Computers, Informatics, Nursing* 27(1): 50–56.

Faruque, F.S., S.P. Lofton, T.M. Doddato and C. Mangum. 2003. "Utilizing Geographic Information Systems in Community Assessment and Nursing Research." *Journal of Community Health Nursing* 20(3): 179–91.

Gibson, A., S. Asthana, P. Brigham, G. Moon and J. Dicke. 2002. "Geographies of Need and the New NHS: Methodological Issues in the Definition and Measurement of the Health Needs of Local Populations." *Health and Place* 8(1): 47–60.

Gilmour, J.A. 2006. "Hybrid Space: Constituting the Hospital as a Home for Patients." *Nursing Inquiry* 13(1): 16–22.

Graves, A. 2009. "A Model for Assessment of Potential Geographical Accessibility: A Case for GIS." *Online Journal of Rural Nursing and Health Care* 9(1): 46–55.

Hodnett, E.D., S. Downe, N. Edwards and D. Walsh. 2005. "Homelike versus Conventional Institutional Settings for Birth." Review. *Cochrane Database of Systematic Reviews* 1: 1–38.

Kingma, M. 2005: Nurses on the Move: Migration and the Global Health Care Economy. Ithaca, NY: Cornell University Press.

Liaschenko, L., C. Peden-McAlpine and G.J. Andrews. 2011. "Institutional Geographies in Dying: Nurses' Actions and Observations on Dying Spaces Inside and Outside Intensive Care Units." *Health and Place* 17(3): 814–21.

Malone, R. 2003. "Distal Nursing." Social Science and Medicine 56(11): 2317–26.

Martin, D., H. Wrigley, S. Barnett and P. Roderick. 2002. "Increasing the Sophistication of Access Measurement in a Rural Health Care Study." *Health and Place* 8(1): 3–13.

McGillis Hall, L., J. Peterson, S. Price, G. Andrews, M. Lalonde, A. Harris et al. 2013. "I Was Never Recruited: Challenges in Cross-Canada Nurse Mobility." *Canadian Journal of Nursing Leadership* 26(Special Issue): 29–40.

Mitchell, R., D. Dorling and M. Shaw. 2002. "Population Production and Modeling an Application of Geographic Information Systems in Health Inequalities Research." *Health and Place* 8(1): 15–24.

Skelly, A., T.A. Arcury, W. Gesler, A. Cravey, M. Dougherty, S. Washburn et al. 2002. "Sociospatial Knowledge Networks: Appraising Community as Place." *Research in Nursing and Health* 25(2): 159–70.

Thorne, S., C. Canam, S. Dahinten, W. Hall, A. Henderson and S.R. Kirkham. 1998. "Nursing's Metaparadigm Concepts: Disimpacting the Debates." *Journal of Advanced Nursing* 27(6): 1257–68.

Watterson, A., A. Thomson, C. Malcolm, A. Shepherd and C. McIntosh. 2005. "Integrating Environmental Health into Nursing and Midwifery Practice." *Journal of Advanced Nursing* 49(6): 665–74.

One aspect of nursing human resources that has been understudied is labour mobility and factors that influence nurses to move from one place to another during their careers.

> Kathleen MacMillan Guest Editor Page 1



Support and Access for Nursing Continuing Education in Canadian Work Environments

Michelle Lalonde, RN, MN

Lecturer, Lawrence S. Bloomberg Faculty of Nursing, University of Toronto Toronto, ON

Linda McGillis Hall, RN, PhD

Kathleen Russell Distinguished Professor Lawrence S. Bloomberg Faculty of Nursing, University of Toronto Toronto, ON

Sheri Price, RN, PhD

Assistant Professor, Dalhousie University, School of Nursing Halifax, NS

Gavin Andrews, PhD

Professor, Department of Health, Aging & Society, McMaster University Hamilton, ON

Alexandra Harris, RN, MN, MBA

Graduate Student, Lawrence S. Bloomberg Faculty of Nursing, University of Toronto Toronto, ON

Sandra MacDonald-Rencz, RN, MEd

Nursing Executive Advisor, Strategic Policy Branch, Health Canada Ottawa, ON

Abstract

The purpose of this study was to explore how educational opportunities may affect nurses' decision to move within Canada. Thematic analysis of qualitative data obtained from 35 registered nurses and 35 licensed practical nurses highlighted educational opportunities available in Canada and how these influence nurses' decision to move across the country for work. The results indicate that Canadian nurses value continued learning but face several barriers while trying to further their education. Two main themes emerged: support for and access to continuing education. Canadian nurses perceive a lack of support, both financially and in the form of scheduling, for engaging in continuing education. Additionally, the lack of access to accredited continuing education programs was reported. The findings and implications of this study are examined within the context of nurse mobility.

Background

Increasing evidence points to the importance of continuing education to nurses' practice and professional development. Several studies have demonstrated that providing nurses with continuing education opportunities increases job satisfaction (Best and Thurston 2004; Penz et al. 2008) and decreases turnover (Bjørk et al. 2007). The literature suggests that nurses value continuing education for a number of reasons, including professional and personal growth, and improved patient care and career opportunities (Hughes 2005; Nalle et al. 2010). Some reports suggest that the main motivating factors for nurses to participate in continuing education were organizational support and recognition, financial rewards and availability of resources (Hegney et al. 2010; Nalle et al. 2010).

However, nurses face many challenges when trying to further their education. The barriers identified include work schedule and family obligations, time, lack of support and recognition for their efforts, program cost, time away from work and lack of funding (Hegney et al. 2010; Hughes 2005; Nalle et al. 2010). The sample of nurses in Hughes's study felt that their days off and the time they spent with their families was very important, and that shift work led to fatigue and lack of motivation to participate in further education. Additionally, rural nurses reported having to travel great distances to participate in continuing education; the farther they lived from a college or university, the less likely they were to attend (Beatty 2001; Hegney et al. 2010).

The Canadian Nurses Association released a position statement in 2004 stating that employers are responsible for providing nurses with support to access and engage in continuing education, such as providing them with study leaves and funding. However, Canadian literature suggests that nurses and other healthcare professionals continue to experience barriers to accessing continuing education and receiving support from their employers (Curran et al. 2006; Penz et al. 2007). These barriers could have implications for nurse migration across Canada, although the nature of this relationship is unclear at this time.

Kingma (2001) and Kline (2003) discuss the "push–pull" factors of nurse migration, where the push factors are in the nurses' country of education and the pull factors are in the country of emigration. Professional development is one of the three main categories that Kingma describes as a reason for nurses to migrate. Baumann and colleagues' (2004) Canadian report on the immigration and emigration of nurses identified that educational opportunities were a "pull" factor.

McGillis Hall's team (2009a) examined the reasons behind the emigration of Canadian nurses to the United States and explored whether these nurses (n=651) would be interested in returning to Canada. Although few respondents stated that they migrated to North Carolina because of educational opportunities, over 30% of the respondents cited the lack of continuing education opportunities as a disincentive to returning to work in Canada. Another study conducted by McGillis Hall and colleagues (2009b) found that in 2004 there was a higher number of Canadian-educated nurses that were furthering their education while working in the US compared to American nurses. This finding led the authors to conclude that continuing education may be an important factor in nurse migration. Although these studies were conducted with nurses working in the US, the authors' findings shed light on the importance of continuing education in the migration of nurses.

Exploring support and access to continuing education opportunities available for nurses may provide an understanding of factors that influence nurse mobility in Canada. The overall purpose of this study was to explore how educational opportunities may affect nurses' decision to migrate within Canada. The secondary purpose of this study was to gain a greater understanding of potential continuing education strategies that policy makers can implement to recruit and retain Canadian nurses.

Method

This paper examines qualitative data obtained from a large survey of Canadian registered nurses (RNs) and licensed practical nurses (LPNs) on Canadian nurse migration (see also the paper by McGillis Hall et al. in this Special Issue).

The data consisted of comments retrieved from the surveys of 35 RNs and 35 LPNs from across nine different provinces and territories (P/T). In this paper, continuing education is generally defined as any post-registration education in nursing, such as specialty certifications, post-RN baccalaureate degree, conferences and workshops. Participants' comments were analyzed using thematic analysis.

Thematic analysis can be defined as "a method for identifying, analysing and reporting patterns (themes) within data. It minimally organizes and describes your data set in (rich) detail. However, frequently it goes further than this, and interprets various aspects of the research topic" (Braun and Clarke 2006: 79). Braun and Clarke's (2006) notion of six phases of thematic analysis was used to analyze the data. The data were first read and reread; notes were taken regarding initial ideas of what was in the data. Next, the data were coded and "organized into meaningful groups" (Braun and Clarke 2006: 88). The codes were then examined and arranged into potential themes. Finally, the themes were reviewed, refined and then named.

Results

Respondents' comments reflected the importance to them of participating in continuing education and the barriers they experienced in accessing further education. As the sample came from nurses that had already moved within Canada, the nurses' discussion about the barriers they experienced in accessing continuing education occurs within the context of their decision to move in the first place or to remain where they migrated. Analysis of the qualitative data revealed two main themes: support for continuing education and access to continuing education.

Support for continuing education

Study participants revealed that an important reason for migrating to a new province or remaining in their current province was a perceived lack of support, either in the form of time off or pay from their employer, for providing them with on-the-job training and continuing education. Participants described considerable effort that they were required to put in to obtain the additional education they felt was necessary to provide optimal patient care in their work settings, something they considered a requirement for their work:

Some jobs require special education. Where I received my education [in Saskatchewan], if I required special education it was paid for. Other places, I discovered, require me to take the time off and educate myself, then hope for [a] job – not easy or smart!! I want to specialize as a "lactation consultant." I will do it on my own as there is no support from my hospital etc. ... I am doing it for me and for the future mothers!

The need to use their own personal time to attend workshops and courses outside of work hours was highlighted. There was a perception that participating in continuing education was not only a requirement for their job, but also important for professional advancement opportunities and to meet their learning needs as professionals. As such, the majority of the nurses felt that there should be support for them through time off work or flexible working hours:

To attract and retain a nurse, the employer must offer a flexible and positive work environment that offers opportunities for advancement and training. The nursing profession requires ongoing training, and the employer should accommodate this training through monetary subsidy or accommodation of time off.

It would be nice to be able to continue my education without losing pay from my FT job. RN program is too difficult to enrol in when I am not going to be able to pay my bills if I enrol.

Several nurses discussed the need for flexible work scheduling to accommodate their interests in furthering their education. When flexible work scheduling was not available, nurses would change their employment status to part-time to accommodate their school schedule:

The reason I chose to work part-time was so I could work and complete my MN.

Not only were the participants concerned about balancing their work commitments and their interest in continuing their education, they were also trying to balance their personal lives. Without the support in the form of time off or flexible work schedules, the nurses would have to give up time with their families to participate in continuing education. It appeared essential to these nurses that the importance of their time with their families be recognized, valued and respected, and that this could come in the form of providing them with the time needed to continue their education without jeopardizing their personal time:

It would so assure motivation if structures would be in place to allow nurses to continue to work and at the same time be able to pursue career advancement, e.g., be able to work maybe evening or days and go to school when free. For example, for nurses who would like to pursue degree programs ... This will make it easier for such nurses to raise their families conveniently and also pursue their career ambitions versus going to school full-time and relinquishing your position at work.

Access to continuing education

Several nurses in this study discussed the challenges in accessing education when they lived in remote areas or in cities that were not in the vicinity of an academic institution. Participating in continuing education required significant efforts, such as travelling long distances to a location that provides courses. This was done without financial support, as the cost of travelling, attending and overnight stays were paid out of pocket. These could be a significant barrier to nurses who would like to further their education:

I am having difficulty finding courses/programs available for advancing in education. I work [in] long-term care and in order to keep my scope [of practice] up to date I need more access to learning/upgrading opportunities without having to drive two hours to a city.

I believe that retention would improve if nursing education [in rural/remote areas] was available closer to home. I also personally know several people who would have chosen a career in nursing but didn't because they would have had to leave the territory to go to school – so I also think the nursing shortage might not be felt so strongly if nursing education was more accessible [in rural/remote areas].

As the geographic access to universities and colleges was such a challenge, alternative ways of meeting educational needs were sought through online learning. However, study participants expressed frustration over the limited options for accredited online learning. Lack of access to continuing education opportunities led to nurses' moving to cities or provinces with more available education-related resources:

I would also like to add that as an adult (older) learner – I have noted the difficulty in finding online accredited distance educational opportunities in Canada. This may impact whether a person continues to work in a certain province.

Discussion

It was evident that the nurses perceived that they did not receive organizational support in the form of time off or funding to engage in further education. As well, access to continuing education was a challenge for some. Kingma's (2001) and Kline's (2003) "push–pull" factors of nurse migration help deepen our understanding of how these reported barriers might affect nurses' decision to migrate within Canada.

Support for continuing education

The results of this study highlight that Canadian nurses were very keen to get involved in continuing education, but it was not easy to do so. Participants discussed the efforts that were required to obtain ongoing education across the country. These findings are similar to reports in the literature in which Canadian nurses who had migrated to the US to work identified the lack of continuing education opportunities in Canada as a disincentive to returning to work there (McGillis Hall et al. 2009a).

With increasing workloads, patient acuity, overtime, long hours and shift work, nurses are reluctant to spend their precious time off engaging in continuing education activities without being compensated for their time and expenses. There are also many challenges when trying to enrol in courses while doing shift work without the support of time off. For example, taking a course offered on the same day each week while doing shift work would be challenging without having employer support with time off, as the nurse's work schedule differs on a weekly basis. Spending time with family is important, and should be recognized and supported. However, with staff shortages and healthcare budget cuts, organizations may not have the resources to give nurses time off to take courses or to reimburse course costs.

A feasible and cost-effective option could be to provide nurses with the choice of a more flexible scheduling system that would allow them to continue to work their required hours, but with the flexibility of scheduling shifts around their courses. As well, flexible work scheduling would allow nurses to protect their time off with their families. Thus, providing nurses who are interested in continuing their education with flexible work schedules could be a strategy for keeping them in the workforce. Providing staff with the support of paid time off and travel expenses, as well as shift coverage, has been reported as a best-practice strategy to support continuing education (Curran et al. 2006).

An innovative funding strategy for cost-conscious employers could be doing a yearly lottery in which one nurse is randomly chosen to attend a continuing education session of his or her choice. Alternatively, participation in a continuing education event – for example, attending a national conference – could be a yearly award for outstanding service, where colleagues and management nominate a nurse and then one or two are randomly chosen from the pool of nominees. These novel strategies could go a long way towards encouraging nurses to remain in their province.

The results of this study highlight respondents' perceptions of the lack of support for engagement in continuing education. Thus, an important strategy at an organizational level would be to ensure greater communication and increased awareness of the available organizational supports for staff interested in pursuing continuing education activities.

Access to continuing education

The issue of access to continuing education proved to be a concern to study respondents.

The main obstacles revolved around living in rural or remote areas, distance travelled to a college or university, costs associated with overnight travel and limited distance education options. These findings are supported by previous studies (Curran et al. 2006; Penz et al. 2007). The lack of access to continuing education programs can be considered a "push" factor in nurse migration.

In this study, nurses who were interested in continuing education sought novel ways to meet their needs, particularly, seeking out online or distance education opportunities, such as post-RN programs and specialty-related courses. Nurses may choose to study via distance education programs for a variety of reasons, such as living in a remote area where there is no university and for the convenience of studying from home. At first glance, distance education programs appear to be the solution for this sample. However, participants discussed the limited number of Canadian universities that offered post-RN programs via distance education.

The Canadian Nurses Association's joint position statement from 2004 asserts that nurses should have access to flexible continuing education programs, as well as programs delivered using a variety of technologies. Access to continuing education through distance learning has the benefit of allowing nurses the ability to study around their work, as scheduling was a large concern. Providing distance education options using various technologies and self-directed learning programs has been identified as a key best practice for increasing access to continuing education (Curran et al. 2006). Additionally, an accessible repository describing the available online options would likely also increase access to continuing education.

Implications

These findings have implications at the organizational, provincial and federal levels. Strategies need to be put in place that would improve nurses' ability to participate in continuing education. Increasing support in the form of time off or flexible work scheduling would be an effective strategy. As well, investing in funding nurses, even partially, to engage in continuing education would be an effective way of supporting them.

Nurses who live in communities located at some distance from colleges and universities pose a different kind of challenge. The technology to support distance education is available. It might be advantageous to invest in this technology to increase nurses' access to post-RN programs and specialty certification courses. Additionally, using this technology at conferences could also improve access to

continuing education. Perhaps implementing strategies to decrease nurses' effort at engaging in continuing education could encourage them to remain in their home province.

There is a need to increase our understanding of the supports, at the federal and provincial levels, that are available to nurses seeking to engage in continuing education activities. What supports are available across P/T? How can P/T learn from the successes of others across the country? Further research is needed on the various supports available and how successful these strategies have been at balancing engagement in continuing education and retention.

Conclusion

This study highlighted Canadian nurses' interests in pursuing continuing education, as well as the barriers that they face while trying to do so. The results further our understanding of how continuing education affects Canadian nurses' decision to migrate, and point towards strategies that might encourage their return home. The two main barriers identified were related to support, in terms of both financial remuneration and time off, and access to continuing education. The results have implications for policy makers at the organizational, provincial and federal levels. Organizations need to invest in their nurses' continuing education needs. Providing nurses with funding for continuing education, even in the form of a lottery, could go a long way towards encouraging them to remain in their province. As well, allowing nurses to schedule shifts around their courses would be beneficial without increasing staffing costs. The results also highlight the need for further research in the use of online and distance education as options for continuing education, particularly in the provision of post-RN programs and specialty courses. As the entry to practice continues to shift in Canada to baccalaureateprepared nurses, one strategy to promote nurses' progression through undergraduate education is to increase the number of accredited distance post-RN programs across the country.

Acknowledgements

This study was funded by the Canadian Foundation for Healthcare Improvement and Health Canada's Office of Nursing Policy.

Correspondence may be directed to: Michelle Lalonde, RN, MN, lecturer, Lawrence S. Bloomberg Faculty of Nursing, University of Toronto, 155 College St., Suite 130, Toronto, ON M5T 1P8; tel.: 416-978-1327; fax: 416-978-8222; email: m.lalonde@utoronto.ca.

References

Baumann, A., J. Blythe, C. Kolotyloe and J. Underwood. 2004. Building the Future: An Integrated Strategy for Nursing Human Resources in Canada – Mobility of Nurses in Canada. Ottawa: Nursing

Sector Study Corporation.

Beatty, R.M. 2001. "Rural Nurses' Attitudes toward Continuing Professional Education." *Journal of Continuing Education in Nursing* 32(5): 203–9.

Best, M.F. and N.E. Thurston. 2004. "Measuring Nurse Job Satisfaction." *Journal of Nursing Administration* 34(6): 283–90.

Bjørk, I.T., G.B. Samdal, B.S. Hansen, S. Tørstad and G.A. Hamilton. 2007. "Job Satisfaction in a Norwegian Population of Nurses: A Questionnaire." *International Journal of Nursing Studies* 44: 747–57.

Braun, V. and V. Clarke. 2006. "Using Thematic Analysis in Psychology." *Qualitative Research in Psychology* 3(2): 77–101.

Canadian Nurses Association (CNA). 2004. *Joint Position Statement: Flexible Delivery of Nursing Education Programs*. Ottawa: Author.

Curran, V.R., L. Fleet and F. Kirby 2006. "Factors Influencing Rural Health Care Professionals' Access to Continuing Professional Education." *Australian Journal of Rural Health* 14(2): 51–55.

Hegney, D., A. Tuckett, D. Parker and E. Robert. 2010. "Access to and Support for Continuing Professional Education Amongst Queensland Nurses: 2004 and 2007." *Nurse Education Today* 30(2): 142–49.

Hughes, E. 2005. "Nurses' Perceptions of Continuing Professional Development." *Nursing Standard* 19(43): 41–49.

Kingma, M. 2001. "Nursing Migration: Global Treasure Hunt or Disaster-in-the-Making?" *Nursing Inquiry* 8(4): 205–12.

Kline, D.S. 2003. "Push and Pull Factors in International Nurse Migration." *Journal of Nursing Scholarship* 35(2): 107–11.

McGillis Hall, L., G. Pink, C.B. Jones, P. Leatt, M. Gates, L. Pink et al. 2009a. "Gone South: Why Canadian Nurses Migrate to the United States." *Healthcare Policy* 4(4): 91–106.

McGillis Hall, L., G. Pink, C.B. Jones, P. Leatt, M. Gates and J. Peterson. 2009b. "Is the Grass Any Greener? Canada to United States of America Nurse Migration." *International Nursing Review* 56(2): 198–205.

McGillis Hall, L., J. Peterson, S. Price, G. Andrews, M. Lalonde, A. Harris et al. 2013. "I Was Never Recruited: Challenges in Cross-Canada Nurse Mobility." *Canadian Journal of Nursing Leadership* 26(Special Issue): 29–40

Nalle, M.A., T.H. Wyatt and C.R. Myers. 2010. "Continuing Education Needs of Nurses in a Voluntary Continuing Nursing Education State." *Journal of Continuing Education in Nursing* 41(3): 107–15.

Penz, K., C. D'Arcy, N. Stewart, J. Kosteniuk, D. Morgan and B. Smith. 2007. "Barriers to Participation in Continuing Education Activities among Rural and Remote Nurses." *Journal of Continuing Education in Nursing* 38(2): 58–66.

Penz, K., N.J. Stewart, C. D'Arcy and D. Morgan. 2008. "Predictors of Job Satisfaction for Rural Acute Care Registered Nurses in Canada." *Western Journal of Nursing Research* 30(7): 785–800.



Sheri Price, RN, PhD

Assistant Professor, Dalhousie University, School of Nursing Halifax. NS

Linda McGillis Hall, RN, PhD

Kathleen Russell Distinguished Professor Lawrence S. Bloomberg Faculty of Nursing, University of Toronto Toronto, ON

Michelle Lalonde, RN, MN

Lecturer, Lawrence S. Bloomberg Faculty of Nursing, University of Toronto Toronto, ON

Gavin Andrews, PhD

Professor, Department of Health, Aging & Society, McMaster University Hamilton, ON

Alexandra Harris, RN, MN, MBA

Graduate Student, Lawrence S. Bloomberg Faculty of Nursing, University of Toronto Toronto, ON

Sandra MacDonald-Rencz, RN, MEd

Nursing Executive Advisor, Strategic Policy Branch, Health Canada Ottawa, ON

Abstract

Understanding the experiences of nurses who have moved between the provinces and territories (P/T) in Canada for work provides insight into the role of professional socialization in career decision-making. This paper analyzes some of the qualitative data arising from a survey of nurses from across Canada. The findings provide insight into nurses' professional socialization and demonstrate that early perceptions and expectations of nursing practice can influence future career decisions such as mobility and intent to remain. Participants described how "caring" and direct patient contact were central to their choice of nursing and career satisfaction. As the data reveal, nursing is also regarded as a career that enables mobility to accommodate both family considerations and professional development opportunities. The findings highlight the need for professional socialization strategies and supports that motivate Canadian nurses to continue practising within the profession and the country.

Background

For over a decade, there has been considerable focus on the nursing shortage both nationally and internationally (CNA 2009; WHO 2006). Besides recruitment, planning in nursing human resources must simultaneously consider retention. Professional socialization is recognized as a dynamic process of coming to know a professional role that is influenced by a variety of social experiences over time (Davis 1975). This process holds implications for both career choice (recruitment) and intent to remain (retention) (Day et al. 2005).

The literature on professional socialization and career choice in nursing recognizes that career choice is influenced by past experiences of caregiving, having a family member who is a nurse and a desire to care for others (Larsen et al. 2003; Price 2011). Recent nursing research has also demonstrated that nurses often choose the profession based on preconceived notions of nursing as having job security and flexibility within a variety of settings and locations. Such notions are influenced by media focus on the nursing shortage (Seago 2006). Nurses are also often socialized to perceive nursing as a caring profession. However, recent research demonstrates the dissonance that can occur when new nurses' idealistic perceptions of caring are confronted by concerns of not being able to provide the care required in practice (Mackintosh 2006). Attitudes towards care can move from positive to negative through the career socialization process, which holds implications for job satisfaction and retention (Mackintosh 2006).

To date, much of the nursing literature has focused on understanding why nurses choose the profession, yet understanding perceptions and expectations of professional choice can also provide insight into career decision-making, such as intent to remain (Day et al. 2005). There is currently a gap in our understanding of the migration and mobility experiences of Canadian nurses, including the context in which these decisions are made. Understanding professional socialization within migration experiences can provide insight into how to retain nurses within the profession and keep them practising in Canada. Moreover, exploring rationales for migration and mobility among Canadian nurses can provide insight into the early influences on career decisions – information that can be used to develop future recruitment and retention policies and practices (McGillis Hall et al. 2012). This paper will present qualitative findings specific to the role of professional socialization on career decision-making in relation to nurse mobility across the provinces and territories (P/T) in Canada.

Methods

A qualitative descriptive design (Sandelowski 2000) was employed to analyze the qualitative comments obtained from a larger survey of registered nurses (RNs) and licensed practical nurses (LPNs) from across Canada focused on nurse migration and mobility (see the paper by McGillis Hall et al. in this Special Issue). Qualitative descriptive designs employ mixed methods for sampling, data collection and analysis in seeking to describe phenomena of interest (Sandelowski 2000). The objective of this analysis is to describe professional socialization factors that influence career decision-making in Canadian nurses.

Thematic analysis (Morse and Field 1995) and a method of constant comparison (Lincoln and Guba 1985) were used to examine relationships and identify emerging themes within the data. Trustworthiness of the findings was established through reflective journaling and investigator triangulation by involving several team members in the analytical process to ensure its accuracy (Lincoln and Guba). Qualitative comments from 152 study participants representing eight different P/T form the basis for this analysis. The majority of participants were female (93%), and close to two-thirds (60%) were married. Additional demographic details are provided by McGillis Hall and colleagues (2013).

Findings

The data provided insight into nurses' career choice influences and professional socialization, including their perceptions and expectations of nursing. The findings are presented within two key subthemes that emerged from the analysis: (a) choosing to enter and exit nursing and (b) nursing as a mobile career.

Choosing to enter and exit nursing: Socialized around care
The decision to enter nursing was often grounded in the understanding that nursing practice was centred on patient care. Participants described choosing a career in

nursing specifically for the caring nature of the profession and their desire to work directly with patients. In contrast, others described how the nature of nursing work was taking them away from the bedside, creating a sense of disillusionment with the profession and dissatisfaction with their jobs. Participants identified that the distancing of nursing work from the patient, often towards management, would incite their exploration of other roles, settings and locations, and other careers:

Nursing has gone too far away from the "human" aspect of good patient care and actually caring for people. Due to cutbacks and very negative attitudes, it is becoming [a] very frustrating profession to work in.

Several participants also stated that their commitment to patients provided an incentive to stay in the profession. However, they acknowledged that recent trends in care delivery often force nurses away from the bedside into more administrative positions. Specifically, participants identified that the role of the RN has evolved to include more paperwork and less direct patient contact, a trend that left many nurses dissatisfied with their careers and roles:

Nursing in Canada is turning into paperwork more and more, and patient care is declining because of it. There is very little time during a day for "hands on" with patients. I became a nurse to look after people, not look after "make work" government projects.

I have always loved nursing but lately my feelings are changing due to increased workload. It's like people are not as important as the paperwork. This makes me very sad to see where the nursing career is headed.

Participants described how hospital restructuring, changes in educational preparation and new models of care contributed to the move of RNs away from direct care provision, which was often cited as the main influence in their choice of a nursing career. Several mid- to late career nurses also described how they believed the newest cohort of nursing professionals was "losing touch with bedside nursing" and identified a declining emphasis on caring among new nurses:

I am interested in the calibre of nurses we are now creating. I take in fourth-year nursing students for a work term and I am appalled at their lack of caring and work ethic. What are we teaching our nurses? Nursing used to be a "calling" – now it seems it is just a job to the new nurses. I worry about patient safety and patient care.

The topic of recruitment into the profession was identified, with respondents citing that recent changes in the nature of nursing work make it difficult to encourage that

career choice among others. Some indicate that if given the chance to go back in time, they would choose a different career; several spoke of how they would not encourage others to follow in their career path, in large part due to challenges in the work environment:

In my job, it's high demands and low on support and respect. This is not a workplace that invites young people in or encourages them to healthy work. I would hate either of my daughters to follow in this path. Life is too short.

Nursing as a mobile career

Participants often entered the profession with a perception that nursing was a mobile career option. Several described being socialized to view nursing as a career with endless job options, including providing the opportunity for relocation and migration, within and outside Canada. The data revealed an understanding that nurses could work anywhere and that nursing enables variety in both roles and settings:

I've enjoyed moving and seeing other perspectives of nursing in different regions. Some more strict (Ontario), some more laid back (Nova Scotia) and some in midst of transition of [the] healthcare system (Alberta). I've learned different ways of seeing things from different economic and political backgrounds. I enjoy moving and using nursing to facilitate new jobs for my wife and I.

Participants identified several benefits to the mobility associated with being a nurse, including the opportunity for travel. Their relocations had occurred primarily for employment opportunities, personal reasons or both. Proximity to family and social supports were cited as a main influence on migration, and participants described nursing as a career that could support these decisions:

I have found nurses usually will go where there is a full-time job that interests them. If family and friends are there too – then that is where they will settle. I have seen nurses not leave a city and settle for part-time work for years because they do not want to leave family and friends.

Nursing was described as "a career that lends itself to moving around," and the decision to move across P/T was often related to spousal employment. The influence of gender within the responses was also evident: given that nursing is largely a female profession, many participants stated that a career as a nurse enabled them to follow their husbands' work opportunities:

Married women quite frequently move because their husbands cannot find work in [a] certain area. Nurses can find work almost anywhere.

Another related theme was that many nurses relocated in response to having a spouse in the military. Several participants identified that they themselves were military nurses, a fact that also influenced their mobility decisions and reflected their understanding that a nursing career would support relocation. Despite being drawn to nursing because it was a career that enabled mobility and migration, participants also described how the decision to move was not easy:

It is never easy to uproot your life to another location when it is not your choice, but the choice of your spouse when they have the opportunity for a better job.

Discussion

Choosing to enter and exit nursing: Socialized around care

Canadian nurses in this study described how "caring" and direct patient contact were central to their choice of nursing and career satisfaction. They expressed a desire to work in direct care roles and to maintain the connection with the patient within their practice. Hospital restructuring, changes in educational preparation and new models of care were described as key factors contributing to moving nurses away from direct patient care, which was often cited as the main influence in their choice of a nursing career. The centrality of the concept of caring within the choice of nursing is well recognized in the literature (Mackintosh 2006) and remains key to career choice in new graduates (Price 2011). New nurses often experience a level of cognitive dissonance in relation to having their ideals about nurses and nursing, and patient care, challenged within the "real world" (Day et al. 2005). These findings indicate that the lack of focus on caring within practice causes not only discord but can also lead to nurses' job dissatisfaction and attrition.

Participants in this study identified the need to emphasize the rewards and challenges of a nursing career in the context of the current realities of nursing practice. Recruitment initiatives need to support more realistic perceptions and expectations of nursing given new models of care delivery and evolving scopes of practice (Whitehead et al. 2007). Although these findings are similar to extant research identifying that nurses enter the profession to care for patients, our study provides new insight into how professional socialization experiences can affect job satisfaction, transition and intent to remain within the profession (Peterson et al. 2011).

Nursing as a mobile career choice

In addition to being drawn to the caring aspects of the profession, participants were also socialized to the notion that nursing was a career that enabled mobility. Most of the respondents viewed the opportunity for mobility within nursing as a defining characteristic and positive feature of the profession. Their choice of nursing was informed by the perception that it was a mobile career and that nurses could

find employment anywhere. Recent research into new graduates' perspectives on a nursing career demonstrate that geographic mobility is an attractive feature of the profession (Gillis et al. 2004), especially among younger, single or childless women (Robinson et al. 2008). Research also demonstrates that the upcoming generations of nurses often choose nursing based on the ability to be mobile within their career (Price 2011).

The opportunity to migrate was cited as beneficial for both personal and professional reasons. Participants identified that proximity to family was an influence on migration intentions, a finding echoed in a recent study of new graduate nurses in Canada (Freeman et al. 2012). The mobility associated with nursing enabled respondents to follow their spouse's careers, especially for military families. Research in gender and career mobility has recognized that professions that facilitate mobile careers, such as nursing, often enable women to follow their husband's work (Bonney 1991). In addition to personal reasons, this study demonstrated that nurses often chose to migrate for professional growth, employment opportunities and career advancement. Participants identified that mobility within nursing could also enhance career development, a finding that echoes recent research into the migration intentions of newly graduated Canadian nurses (Freeman et al. 2012). Understanding that individuals are socialized to view nursing and enter the profession based on opportunities for mobility holds implications for nurse recruitment and retention.

Implications

This research offers insight into the factors that influence nurses' career decision-making. Given that patient care is central to the choice of nursing as a career, this study supports the need for recruitment and socialization initiatives that realistically portray nursing practice within the context of contemporary nursing roles and evolving scopes of practice. Moreover, there is a need for professional nursing organizations, employers and educational institutions to collaborate to ensure adequate recruitment messages and professional socialization. Early socialization strategies such as job-shadowing and student employment programs have been shown to enhance understanding about nurses' roles and increase retention among new graduates (Gamroth et al. 2006). Dissonance and distress during transition to practice are not new phenomena in nursing. However, socialization supports that enhance nurses' understanding of current practice roles, care environments and career development can improve satisfaction and retention within nursing, especially for new graduates (Freeman et al. 2012; Peterson et al. 2011) and upcoming generations of nurses (Price 2009).

The need for policies and practices that support internal migration in the country was also highlighted, as mobility is a key feature of the profession and an incentive

to choosing nursing as a career. Given the perceptions of nursing as a mobile career, one strategy to retain nurses seeking mobility opportunities may be to highlight inter-P/T nursing positions and for employment and regulatory bodies to support internal migration. Such strategies can ensure that Canadian nurses not only continue to be employed within Canada but also remain within the profession.

Conclusion

The findings of this qualitative analysis are not intended to show causation or be generalized to other populations. However, this research provides an in-depth, contextualized understanding of the role of professional socialization in career decision-making related to nurse mobility. Through a process of professional socialization, individuals enter a career with perceptions and expectations of what that profession entails. This study demonstrates that early perceptions and expectations of nursing practice can influence nurses' future career decisions, such as mobility and intent to remain. The decision to enter the nursing profession often centres on a desire to provide high-quality care to patients. Evolving scopes of practice and increasing administrative non-direct care activities, which are perceived as incongruent with career expectations, can lead to professional dissatisfaction and attrition. Given the growing complexity of population health needs and the recent emphasis on innovative health human resources management, there is further opportunity to explore how nurses can best contribute to patient care in ways that align with their expectations, interests and expertise. Moreover, with the increasing attention on recruitment and retention to address the growing nursing shortage, there is an opportunity to provide early socialization experiences that more accurately portray the realities and possibilities of contemporary practice.

Nursing is also widely viewed as a career that enables mobility and relocation to accommodate both family considerations and professional development opportunities. Geographic mobility and the opportunity for travel are regarded as attractive features of the nursing profession, especially for younger generations of nurses. Employment agencies and policy leaders must explore ways in which migration between P/T can be supported and facilitated as a strategy to enhance retention of nurses within both Canada and the nursing profession.

Acknowledgements

This study was funded by the Canadian Foundation for Healthcare Improvement and Health Canada's Office of Nursing Policy.

Correspondence may be directed to: Sheri Price, RN, PhD, assistant professor, Dalhousie University, School of Nursing, 5869 University Ave., Post Office 15000, Halifax, NS B3H 4R2; tel.: 902-489-8809; fax: 902-494-3487; email:pricesl@dal.ca.

References

Bonney, N. 1991. "Gender and Migration: Geographical Mobility and the Wife's Sacrifice." *Sociological Review* 39(2): 335–48.

Canadian Nurses Association (CNA). 2009. Tested Solutions for Eliminating Canada's Registered Nurse Shortage. Ottawa: Author.

Davis, F. 1975. "Professional Socialisation as Subjective Experience: The Process of Doctrinal Conversion among Student Nurses." In C. Cox & A. Mead (Eds.), *A Sociology of Medical Practice* (pp. 116–131). London: Collier McMillan.

Day, R., P. Field, I. Campbell and L. Reutter. 2005. "Students' Evolving Beliefs about Nursing: From Entry to Graduation in a Four-Year Baccalaureate Programmer." *Nurse Education Today* 25(5): 636–43.

Freeman, M., A. Baumann, N. Akhtar-Danesh, J. Blythe and A. Fisher. 2012. "Employment Goals, Expectations and Migration Intentions of Nurse Graduates in a Canadian Border City: A Mixed Methods Study." *International Journal of Nursing Studies*. Retrieved December 31, 2012. doi: 10.1016/j.injurstu.2012.07.015.

Gamroth, L., C. Budgen and M. Lougheed. 2006. "Feasibility and Outcomes of Paid Undergraduate Student Nurse Positions." *Canadian Journal of Nursing Leadership* 19(3): 1–14.

Gillis, A., W. Jackson and D. Beiswanger. 2004. "University Nurse Graduates: Perspectives on Factors of Retention and Mobility." *Canadian Journal of Nursing Leadership* 17(1): 97–110.

Larsen, P., J. McGill and S. Palmer. 2003. "Factors Influencing Career Decisions: Perspectives of Nursing Students in Three Types of Programs." *Journal of Nursing Education* 42(4): 168–73.

Lincoln, Y. and E. Guba. 1985. Naturalistic Inquiry. London, UK: Sage Publications.

Mackintosh, C. 2006. "Caring: The Socialization of Pre-Registration Student Nurses: A Longitudinal Qualitative Descriptive Study." *International Journal of Nursing Studies* 43(8): 953–62.

McGillis Hall, L., J. Peterson, S. Price, G. Andrews, M. Lalonde, A. Harris et al. 2013. "I Was Never Recruited: Challenges in Cross-Canada Nurse Mobility." *Canadian Journal of Nursing Leadership* 28(Special Issue): 29–40.

McGillis Hall, L., J. Peterson, S. Price, G. Andrews, M. Lalonde, S. Johnson et al. 2012. *Moving to Action: Evidence-Based Retention and Recruitment Policy Initiatives for Nursing*. Ottawa: Canadian Health Services Research Foundation.

Morse, J. and P. Field. 1995. *Qualitative Research Methods for Health Professionals* (2nd ed.). Thousand Oaks, CA: Sage Publications.

Peterson, J., L. McGillis Hall, L. O'Brien-Pallas and R. Cockerill. 2011. "Job Satisfaction and Intentions to Leave in New Nurses." *Journal of Research in Nursing* 16(6): 536–48.

Price, S. 2009. "Becoming a Nurse: A Review and Synthesis of Qualitative Research on Socialization to the Nursing Profession." *Journal of Advanced Nursing* 65(1): 11–19.

Price, S. 2011. The Experience of Choosing Nursing as a Career: Narratives from Millennial Nurses. Unpublished doctoral dissertation, University of Toronto.

Robinson, S., T. Murrells and P. Griffiths. 2008. "Investigating the Dynamics of Nurse Migration in Early Career: A Longitudinal Questionnaire Survey of Variation in Regional Retention of Diploma Qualifiers in England." *International Journal of Nursing Studies* 45(7): 1064–80.

Sandelowski, M. 2000. "Whatever Happened to Qualitative Description?" *Research in Nursing and Health* 23(4): 334–40.

Seago, J. 2006. "The Nursing Shortage: Is It Really about Image?" *Journal of Healthcare Management* 51(2): 96–108.

Whitehead, E., T. Mason and J. Ellis. 2007. "The Future of Nursing: Career Choices in Potential Student Nurses." *British Journal of Nursing* 16(8): 491–96.

World Health Organization (WHO). 2006. Working Together for Health: The World Health Report 2006. Geneva: Author.

LPN Perspectives of Factors that Affect Nurse Mobility in Canada

Alexandra Harris, RN, MN, MHSc

PhD Student, Lawrence S. Bloomberg Faculty of Nursing, University of Toronto Toronto, ON

Linda McGillis Hall, RN, PhD

Kathleen Russell Distinguished Professor Lawrence S. Bloomberg Faculty of Nursing, University of Toronto Toronto, ON

Sheri Price, RN, PhD

Assistant Professor, Dalhousie University, School of Nursing Halifax, NS

Michelle Lalonde, RN, MN

Lecturer, Lawrence S. Bloomberg Faculty of Nursing, University of Toronto Toronto, ON

Gavin Andrews, PhD

Professor, Department of Health, Aging & Society, McMaster University Hamilton, ON

Sandra MacDonald-Rencz, RN, MEd

Executive Director, Office of Nursing Policy, Health Canada Ottawa, ON

Abstract

Although the licensed practical nurse (LPN) workforce represents an ever-growing and valuable human resource, very little is known about reasons for practical nurse mobility. The purpose of this study was to describe LPN perspectives regarding motives for inter-provincial/territorial (P/T) movement in Canada. Participants included 200 LPNs from nine P/T, and data were analyzed using a qualitative descriptive approach. Three primary themes were identified regarding motivators for LPN migration, including (a) scope of practice, (b) education and advancement opportunities and (c) professional respect and recognition. Although current economic forces have a strong influence on nurse mobility, these findings emphasize that there are other equally important factors influencing LPNs to move between jurisdictions. As such, policy makers, administrators and researchers should further explore and address these themes in order to strengthen Canada's nursing workforce.

Background

While there have been strong efforts to study registered nurse (RN) migration, both within Canada and abroad, very little is known about the experiences of migrating licensed practical nurses (LPNs). As LPNs are the second-largest health profession in Canada, representing just under a quarter of the nursing workforce, this lack of data signifies a gap in the literature (CIHI 2010). Recent trends indicate that the LPN workforce is growing, with an 18.5% increase in registration numbers since 2005 (CIHI 2010). Although little work has been done to understand the factors influencing this upward trend, some sources suggest that it is a result of increasing healthcare demands, mounting financial pressures and worsening RN shortages (Service Canada 2012).

With changing patient needs and evolving models of nursing, the move to teambased delivery indicates that there will be a greater role for LPNs in healthcare. Despite limited research concerning the LPN workforce, recent efforts have been made to explore nursing perceptions regarding the ability to work to full capacity, describing various barriers and facilitators to enhancing LPNs' scope of practice in Canada (Oelke et al. 2008; White et al. 2008). Although this work has not been applied to nurse migration, it does provide evidence that LPNs have unique viewpoints, compared to their RN colleagues.

Earlier Canadian work on mobility trends for RNs and LPNs describes nurse movement over the past 15 years, and the push and pull factors influencing nurse migration (Baumann et al. 2004). Reports identified that LPNs tend to migrate

to larger provinces, such as Ontario and Alberta (Baumann et al. 2004; CIHI 2010). However, there is little or no information regarding distinctive push and pull factors that influence LPNs' decisions to move within Canada and abroad (Baumann et al. 2004). The purpose of this study was to gain a better understanding of LPN perspectives regarding their motives for inter-provincial/territorial (P/T) movement.

Method

This paper utilizes qualitative data obtained from surveys of LPNs from across Canada, obtained as part of a program of research on nurse mobility and migration (McGillis Hall et al. 2012). A qualitative descriptive methodology was used in which data from the surveys' open-ended question, "Do you have anything further you would like to add?" was transcribed and analyzed using a directed content analysis approach, as described by Bradley and colleagues (2007).

In our study, LPN qualitative comments were independently assessed by two reviewers to gain a general sense of the material, and then data were coded in order to capture and catalogue key concepts. Coding was primarily approached by inductive means to limit the creation of imposed preconceived results (Glaser (1992, in Bradley et al. 2007). From there, themes that were considered fundamental unifying concepts about LPN perspectives on mobility were identified from the conceptual codes (Boyatzis 1998). Care was taken to preserve the essence of the nurses' perspectives.

Qualitative comments from 200 LPN study participants, representing nine different P/T and 25.7% of the total LPN respondents (*n*=778), were examined for this analysis. Direct reflections from LPNs in six of the nine provinces (Alberta, British Columbia, Ontario, Newfoundland and Labrador, New Brunswick and Saskatchewan) are included in this paper, as no new themes emerged and data saturation was reached.

Results

A comprehensive examination of the data revealed three primary themes regarding motives for LPN mobility: (a) scope of practice, (b) education and advancement opportunities and (c) professional respect and recognition. The three themes are described in greater detail below.

Scope of practice

The importance of scope of practice in influencing nurses' decisions to migrate was highlighted. Many LPNs described wanting to practise to full scope, elucidating that their decision to move between P/T was driven primarily by a desire to maximize use of their professional skills:

I currently live and work as a full-time LPN in Fort McMurray, AB. I am working to my full scope of practice in a full-time position. I would not consider moving to another province to continue nursing unless the scope of practice was at par with Alberta's LPNs. If I were still working as an LPN in Newfoundland I would be at the same level of practice as a nursing assistant in Alberta. I feel it's unfair to have educated people working in nursing homes or hospital settings where they are unable to work to their full ability.

Pay is not a concern for me, but being able to use the skills I obtained is. Here in Alberta LPNs work to full scope [and] my only reason for being in Alberta is because of this.

As well, enhanced scope of practice was depicted not only as a strong motivator for inter-jurisdictional movement, but also a key factor in deciding whether or not to migrate:

The issue of full utilization of healthcare professionals (e.g., LPNs) has to be addressed in regards to working to their full scope of practice without restrictions. I believe a lot of LPNs feel devalued and for this reason move to another province/country where they can practise to their full scope of practice.

Participants also discussed scope of practice within the context of skill sets, expressing concerns about losing valuable clinical skills and highlighting the need for greater understanding regarding LPNs' roles and abilities:

Due to the lack of being able to work to full scope, many LPNs lose their clinical judgment they learn in school and because of this lose confidence. LPNs are the only profession that I know of that will be educated and upon beginning in the work force are not allowed to work to full education/spectrum. This [is] slowly changing but more understanding of LPN scope of practice is needed by RN nurse management.

Education and advancement opportunities

Many LPNs in this study expressed disappointment regarding the lack of educational infrastructure and highlighted the challenges associated with finding flexible programs that enabled "bridging" from LPN to RN designation. In many instances, limited access to distance programs, both in English and in French, was seen as a primary driver for moving:

The most frustration I have experienced is that for me to further my education from a practical nursing diploma in Ontario to a BN in Manitoba, I would have to start my whole education over (except for possibly three courses) because I was not educated in Manitoba. Therefore, I am going to Alberta to further my education at Athabasca University, where they honour my diploma and five years' nursing experience. Unfortunately, I needed to get an Alberta licence just to start my schooling and to do my three practicums in that province.

Additionally, LPNs discussed concerns that their work and clinical experience were not being recognized by educational institutions:

It seems there isn't much credit applied for being and working [as an] LPN, which is a shame because it would probably sway my decision to further my education.

I love that the role of LPN/RPN is constantly changing. I still would like to bridge to RN, however, I don't think and feel that LPNs should have to start over. I strongly believe that with our work experience and continued education, LPNs should be able to bridge to RN without starting at a four-year nursing program at a university.

Professional respect and recognition

A number of LPN respondents also described the importance of being appreciated through other means, including professional respect and recognition. In particular, LPNs' comments conveyed frustrations with not being acknowledged as members of the nursing profession:

When I arrived in this province, as when I did in Ontario nine years ago, we were in a nursing "crunch." I had to fight and work twice as hard as any RN to be considered half as good. This attitude persists. It would be nice for the type of support, professionally speaking, that RNs receive. A good nurse isn't a registered nurse, it is a nurse who is caring, compassionate, hard-working and professional.

It is ... very disheartening when you move from a province where you are respected and utilized to your abilities and work with RNs, doctors, etc. and then move to a province where you are not even considered a "nurse" (that title only belongs to an RN) and are made to work in a very limited capacity "under" an RN.

Along with respect from colleagues, compensation was described as an indicator of professional recognition and a motivator for LPN mobility. Numerous LPNs expressed concerns that their salaries did not account for their increasing workloads and responsibilities:

LPNs are becoming in high demand, but the support and compensation is not there. Many LPNs are letting their licence go and work as care aides because of all the added responsibilities that an LPN has. There is also not enough education for some of us older LPNs that are now forced to take on added responsibilities. I sometimes have a hard time keeping up and with the couple dollars' difference to be a care aide, it is getting very tempting to let my licence go along with the huge responsibilities.

Discussion

Although current economic forces, such as wages and availability of jobs, have a strong influence on nurse mobility, it is clear there are other equally important factors that are influencing LPNs to move within Canada's borders. Findings from this qualitative analysis identify perspectives of Canadian LPNs, including the desire to become a more involved, valued member of the healthcare team. Although scope of practice, advancement opportunities and professional respect are not particularly new or radical themes in nursing workforce research, their application and interpretation through an LPN lens provides greater understanding of what motivates this particular group of nurses to move between jurisdictions.

Scope of practice

Despite varied perceptions regarding the definition of scope of practice, there remains a strong belief that LPNs are not being employed to their full capacity. These sentiments were reflected in this study, as many LPNs conveyed frustration regarding the perceived mismatch between their training and what they were "allowed" to do in practice. As such, wide disparities in LPNs' scope of practice seem to be acting as a strong motivator for nurses to stay within or to leave jurisdictions. For example, many LPNs described their decision to move from eastern to western provinces in order to maximize use of their skills. Consequently, current health human resources shortages in specific areas of the country may be worsening because of limited LPN utilization.

As well, some LPNs discussed the importance of barriers and facilitators that would enable them to work to full scope. For example, participants emphasized the importance of manager understanding and support regarding the LPN's role. The role of management and leadership support in facilitating nursing scope of practice, along with factors such as teamwork, patient acuity and workload (Oelke et al. 2008) and improved RN–LPN role clarity (White et al. 2008), have been described as elements that can influence nursing scope of practice.

Education and advancement opportunities

Although work has been done to understand and address the availability and quality of LPN education (Pringle et al. 2004), this analysis suggests that there may be interest in re-examining LPNs' training and development. In particular, this study could be useful for policy makers and nursing administrators in identifying specific opportunities to reconsider current structures and processes that might affect the nursing workforce. For example, interest in LPN–RN bridging programs suggests that there is demand to pursue higher education. Current barriers in the market, such as limited access to distance education and little recognition of LPN training and clinical experience, may be affecting LPNs' decisions and discouraging the development of local nursing capacity, pushing nurses away from their home P/T and pulling them towards other districts. As such, greater standardization of training and scope of practice may help to moderate inter-P/T movement.

In the United States, there has been an emergence of innovative LPN training programs to respond to the growing nursing shortage by creating greater nursing capacity in healthcare organizations (Lafer and Moss 2007). Certain states have taken the approach of hiring LPNs under the agreement that they continue their education and eventually obtain RN certification (Livornese 2012). These new models of LPN and LPN–RN bridging education suggest that greater cross-sector collaboration and dialogue among the different spheres of nursing (e.g., employers, educators, regulators, unions and policy makers) are needed to help create more dynamic opportunities for LPN development.

Professional respect and recognition

Studies have shown that nurses' perceptions of feeling valued can negatively influence job satisfaction (Collins et al. 2000) and act as a motivator for migration (McGillis Hall et al. 2009). As well, research has found that LPNs do not always feel respected by their nursing colleagues, a primary factor contributing to RN–LPN tensions (White et al. 2008). Many LPNs in this study conveyed similar themes, describing how a lack of professional respect and recognition influenced their decision to move. For example, LPNs expressed their disappointment that colleagues in some provinces did not consider them part of the nursing profession.

Additionally, results from this analysis underscore the importance of wages in affecting LPN perspectives concerning respect and recognition. In many studies, wages have been described as a key factor influencing nurses' decisions to migrate (Buchan et al. 2005). Many practical nurses described incongruities between increasing care responsibilities and low pay, suggesting that LPNs may not be willing to take on additional workloads if wages do not reflect their changing scope of practice.

Implications for Policy and Research

As the nursing shortage continues, policy makers and administrators should further explore and address the themes that emerged from this research, not only to minimize push–pull forces that are influencing internal mobility in Canada, but also to address the nursing shortage using a variety of strategies, including leveraging LPN capacity. Recent data show that proportionally, fewer LPNs than RNs migrate to the United States (CIHI 2010). This finding suggests that LPNs may represent a contingent of health professionals who would be more likely to stay within Canada. As such, there is opportunity to strengthen Canada's nursing workforce by addressing elements that would retain and maximize use of LPNs where they are most needed.

Although this study provides a foundation for LPN perceptions regarding motivators for nurse migration, further work needs to be done. Additionally, efforts should be made to quantify forces that influence LPN movement and their effect(s) on workforce trends. For example, how might nurse mobility and licensure patterns change if each P/T had a distance LPN–RN bridging program? Would this attract more individuals to nursing or simply drain existing LPN capacity? As well, how might changes in scope of practice, such as national standardization, affect LPN motivations to move?

Overall, the LPN workforce represents an ever-growing and valuable human resource, both in Canada and abroad. There is tremendous potential to improve nurse retention in areas of high need by tackling elements that encourage or impede movement. In particular, addressing current LPN challenges regarding scope of practice, advancement opportunities and professional recognition may prove to enhance nurse capacity in this country.

Acknowledgements

This study was funded by the Canadian Foundation for Healthcare Improvement and Health Canada's Office of Nursing Policy.

Correspondence may be directed to: Alexandra Harris, RN, MN, MHSc, PhD student, Lawrence S. Bloomberg Faculty of Nursing, University of Toronto, 155 College St., Suite 130, Toronto, ON M5T 1P8; tel.: 416-946-8183; fax: 416-978-8222; email: alexandra.harris@utoronto.ca.

References

Baumann, A., J. Blythe, C. Kolotyloe and J. Underwood. 2004. *Building the Future: An Integrated Strategy for Nursing Human Resources in Canada – Mobility of Nurses in Canada*. Ottawa: Nursing Sector Study Corporation.

Boyatzis, R. 1998. *Transforming Qualitative Information: Thematic and Code Development*. Thousand Oaks, CA: Sage Publications.

Bradley, E.H., L.A. Curry and K.J. Devers. 2007. "Qualitative Data Analysis for Health Services Research: Developing Taxonomy, Themes and Theory." *Health Services Research* 42(4): 1758–72.

Buchan, J., M. Kingma and F. Lorenzo. 2005. International Migration of Nurses: Trends and Policy Implications. Geneva: International Council of Nurses.

Canadian Institute for Health Information (CIHI). 2010. Regulated Nurses: Canadian Trends, 2005 to 2009. Ottawa: Author.

Collins, K., M.I. Jones, A. McDonnell, R. Read and A. Cameron. 2000. "Do New Roles Contribute to Job Satisfaction and Retention of Staff in Nursing and Professions Allied to Medicine?" *Journal of Nursing Management* 8(1): 3–12.

Lafer, G. and H. Moss. 2007. *The LPN: A Practical Way to Alleviate the Nursing Shortage*. Washington, DC: American Federation of State, County and Municipal Employees.

Livornese, K. 2012. "The Advantages of Utilizing LPNs." Nursing Management 43(8): 19-21.

McGillis Hall, L., J. Peterson, S. Price, G. Andrews, M. Lalonde, S. Johnson et al. 2012. *Moving to Action: Evidence-Based Retention and Recruitment Policy Initiatives for Nursing*. Ottawa: Canadian Health Services Research Foundation.

McGillis Hall, L., G.H. Pink, C. Jones, P. Leatt, M. Gates, L. Pink et al. 2009. "Gone South: Why Canadian Nurses Migrate to the United States." *Healthcare Policy* 4(4): 91–106.

Oelke, N.D., D. White, J. Besner, D. Doran, L. McGillis Hall and P. Giovannetti. 2008. "Nursing Workforce Utilization: An Examination of Facilitators and Barriers on Scope of Practice." *Canadian Journal of Nursing Leadership* 21(1): 58–71.

Pringle, D., L. Green and S. Johnson. 2004. Building the Future: An Integrated Strategy for Nursing Human Resources in Canada. Nursing Education in Canada: Historical Review and Current Capacity. Ottawa: Nursing Sector Study Corporation.

Service Canada. 2012. *Licensed Practical Nurses*. Retrieved December 31, 2012. http://www.service-canada.gc.ca/eng/qc/job_futures/statistics/3233.shtml.

White, D., N.D. Oelke, J. Besner, D. Doran, L. McGillis Hall and P. Giovannetti. 2008. "Nursing Scope of Practice: Descriptions and Challenges." *Canadian Journal of Nursing Leadership* 21(1): 44–57.

Perspective from the Canadian Nurses Association

Barbara Mildon, RN, PhD, CHE, CCHN(C) VP Professional Practice & Research & CNE, Ontario Shores Centre for Mental Health Sciences President, Canadian Nurses Association

The research profiled in this issue of *CJNL* provides important insights into contemporary issues for nursing in Canada. The papers individually and collectively deepen our understanding of why nurses enter nursing, relocate within Canada and remain in or leave their positions and the profession. Informed by the work and experience of the Canadian Nurses Association (CNA), this commentary explores the implications of the work for nursing in Canada.

Recruitment into the Profession

In their paper on factors that influence career decisions in Canada's nurses, Price and colleagues identify the reasons that nurses enter the profession. The finding that the caring nature of the profession was a key factor in choosing nursing as a career attests to recognition of the association between nursing and caring that has long endured among the public. Indeed, the research found that when nurses felt the time they had to devote to hands-on patient care was inadequate, they became dissatisfied with their jobs and disillusioned with the profession. Further adding to their dissatisfaction with their profession or nursing workplace was the "lack of caring and work ethic" (p. 5) that some respondents perceived among nurses newly entering the profession. Sadly, these respondents stated that their level of dissatisfaction was such that they would not recommend nursing as a career. A profession that fails to attract and retain practitioners cannot be sustained.

Another perspective is presented in the work of Canadian authors Beth Perry (*More Moments in Time: Images of Exemplary Nursing*, 2009) and Laurie Gottlieb (*Strengths-Based Nursing*, 2012), who each suggest that caring can be conveyed in the briefest of nurse–patient interventions and has transformative effects for both patient and nurse. Reading their stories of nursing care reaffirms the need for nurses to cultivate and call on personal attributes such as resilience and hardiness. These attributes, along with skills such as recognizing and managing conflict, negotiation and advocacy should be essential core content for all nursing education programs.

Additionally, our profession must ask and answer questions, including: How do we socialize nursing as a knowledge profession in which the centrality of caring is demonstrated not only through touch and presence but also by advocacy, critical thinking and accountability for outcomes? How do we evolve recruitment methods and processes for nursing so that those considering entering the profession have a clearer picture of the promise and the challenges inherent in nursing and an understanding that the role of the nurse will be ever-changing as the healthcare system evolves?

Cross-Canada Migration

Several of the papers shed light on the reasons nurses relocate within Canada and the challenges they encounter in doing so. From the lead paper by McGillis Hall and colleagues ("I Was Never Recruited: Challenges in Cross-Country Migration"), we learn that recommendations to simplify the nursing licensing process and consider a national licensure system have been made since 2006. Given the findings that the majority of nurses continue to live and work in the province where they were educated, and that nursing migration is decreasing, it is clear that those who do migrate have specific and compelling reasons for doing so – including finding initial or improved employment (e.g., a full-time job), moving to accompany a spouse, or in association with their military service (Price et al. 2013). The finding that 88% of respondents (more than 2,300 individuals!) who had moved within Canada identified licensing as their greatest challenge is a sad commentary on the licensing/registration processes in our country. Some reported that navigating the licensing process in their new jurisdiction took three to eight months – longer than it took to obtain registration in the United States. The result was frustration, and feeling disrespected and not valued. In 2006, CNA published Toward 2020: Visions for Nursing, which linked responsiveness, quality and patient safety to effective regulation of nurses. It is time to find a way to reduce barriers to nurse mobility across Canada by improving timeliness and efficiency in the registration processes of each province and territory. A "national unique identifier" for each nurse in Canada is another initiative that has the potential to enable a better understanding of nurse migration patterns. CNA

has been advancing that idea in its discussions with the federal government, for example, in its 2012 pre-budget submission to the House of Commons Finance Committee (CNA 2012).

Understanding and monitoring how nurses migrate within Canada is important for reasons beyond nursing education and workforce data. The paper by Andrews and colleagues demonstrates the utility of a Geographical Information System in facilitating such monitoring. As governments and employers seek innovative ways of maximizing limited resources, they must consider where nurses are needed the most and where they can make the greatest difference to the health of Canadians. With proper coordination among education institutions, employers and governments, migration of nurses within Canada could be driven by the nurse's desired destination and the area of greatest need. One suggestion is to network provincial coordinating bodies, such as Workforce Ontario and WorkBC, and thereby create a central site where nurses can find information about employment opportunities across the country. However, inconsistencies in the knowledge and practice competencies required by regulators in each province and territory also hinder the migration of nurses, especially licensed/registered practical nurses (LPNs).

In their paper detailing the perspectives of LPNs on nurse mobility, Harris and colleagues point out that titles for LPNs are not consistent across the country – for example, Ontario calls LPNs registered practical nurses (RPNs). Moreover, there is considerable variation in LPN scope of practice throughout Canada. Not only are these inconsistencies a source of frustration for LPNs, they may also be linked to the study's finding that LPNs do not feel respected. The authors advise that policy makers, administrators and researchers look to fill this knowledge gap, explore the mobility of LPNs and "strengthen Canada's nursing workforce" (p. 2). Given that maximizing the use of their skills and education was cited by nurses as a primary motivator for their migration, further consistency and cross-Canada collaboration regarding health human resources planning is urgently needed.

Retention

Continuing education has long been identified by nurses as a factor that contributes to increased job satisfaction. Lalonde and colleagues discuss the role that continuing education plays in migration of nurses within Canada and report that a lack of support for continuing education was one of the reasons nurses identified for migrating to a new province. Nurses wanted to access continuing education to help them provide the best care possible to patients. Furthermore, they believed their professional advancement would be limited without further education or training.

In order to meet the evolving healthcare needs of the population, healthcare providers must keep their nursing knowledge current. Online learning and distance education are increasingly being accessed as strategies to balance education with scheduled shifts and long working hours and to expand education options for nurses working in remote and rural areas. However, how does a nurse choose a program? Should it be a program offered by a Canadian institution or one from the United States, Australia or the United Kingdom? How does one evaluate the quality of the various programs? How might the choice of the specific education provider affect one's future career or educational opportunities? One way to address this gap might be the creation of a national repository of information that compares and contrasts education programs using a consistent set of criteria, lists career options and opportunities associated with those programs and enables graduates to share their experiences.

As identified in the research, nurses expect employers to provide multifaceted support for education. However, such support is increasingly difficult given today's reality of tight budgets and staff shortages, and transparency and fairness in the allocation of resources are imperatives. In light of the evidence presented in this issue regarding the relationship between continuing education and job satisfaction, nurse retention and the delivery of high-quality care, reserving a specific percentage of healthcare organizations' budgets for staff education and development is indicated. Moreover, that percentage needs to be included in service agreements with ministries of health benchmarked across the country and reported in balanced score cards.

CNA's mission and vision are well aligned with the research presented in this issue of *CJNL*. The results create a compelling case for evolution and change in nursing recruitment, migration and education. This important new evidence will enable CNA and all stakeholders to advance that change to evolve, strengthen and sustain our profession.

References

Andrews, G., L. McGillis Hall, J. Peterson, S. Price, M. Lalonde, A. Harris and S. MacDonald-Rencz. 2013. "Mapping Nurse Mobility in Canada with GIS: Career Movements from Two Canadian Provinces." *Canadian Journal of Nursing Leadership* 26 (Special): 41–49.

Canadian Nurses Association (CNA). 2006. *Toward 2020: Visions for Nursing*. M. Villeneuve and J. MacDonald, PIs. Ottawa: Author.

Canadian Nurses Association (CNA). 2012. *The Health of Our Nation: The Strength of Our Economy*. Pre-Budget Submission to House of Commons Finance Committee. Ottawa: Author.

Gottlieb, L. 2012. Strengths-Based Nursing Care: Health and Healing for Person and Family. New York: Springer.

Harris, A., L. McGillis Hall, J. Peterson, S. Price, M. Lalonde, G. Andrews and S. MacDonald-Rencz. 2013. "LPN Perspectives of Factors that Affect Nurse Mobility in Canada." *Canadian Journal of Nursing Leadership* 26 (Special): 70–78.

Lalonde, M., L. McGillis Hall, J. Peterson, S. Price, G. Andrews, A. Harris and S. MacDonald-Rencz. 2013. "Support and Access for Nursing Continuing Education in Canadian Work Environments." *Canadian Journal of Nursing Leadership* 26 (Special): 51–60.

McGillis Hall, L., J. Peterson, S. Price, G. Andrews, M. Lalonde, A. Harris and S. MacDonald-Rencz. 2013. "I Was Never Recruited: Challenges in Cross-Canada Nurse Mobility." *Canadian Journal of Nursing Leadership* 26 (Special): 29–40.

Perry, B. 2009. More Moments in Time: Images of Exemplary Nursing. Athabasca, AB: Athabasca University Press.

Price, S., L. McGillis Hall, J. Peterson, M. Lalonde, G. Andrews, A. Harris and S. MacDonald-Rencz. 2013. "Factors That Influence Career Decisions in Canada's Nurses." *Canadian Journal of Nursing Leadership* 26 (Special): 61–69.

Global Trends, Local Impact: The New Era of Skilled Worker Migration and the Implications for Nursing Mobility

Sioban Nelson, RN, PhD

Professor & Dean, Lawrence S. Bloomberg Faculty of Nursing, University of Toronto Toronto, ON

Abstract

The global movement towards free trade and market integration has enabled greater mobility for skilled professionals, including nurses. As of 2015, newly graduated Canadian nurses will enter the register with an exam prepared by the US-based National Council of State Boards of Nursing, making Canadian nurses possibly the most mobile skilled workers in North America. But given the fragmentation of Canada's internal labour market, it is the United States that stands to benefit most from greater nurse mobility.

Background

Since the end of the Second World War, governments have been working on a series of market integration projects to enhance the movement of goods and services across borders. The creation of the General Agreement on Tariffs and Trade (GATT, 1947–1993) and its successor in 1995, the World Trade Organization (WTO), reflects three-quarters of a century of global efforts aimed at bringing the world to agreement on common markets. Other important multilateral free trade areas include the North American Free Trade Agreement (NAFTA) and Association of South East Asian Nations (ASEAN). There are multiple more trade groupings in the pipeline for Asia and central Asia, between Europe and Brazil, Europe and the United States, Europe and Canada and so forth. Canada has also seen much publicized discussion with the federal government concerning the Pacific Free Trade Agreement (DFAIT 2012).

This global policy trend has had an impact on every area of the economy. One of the important issues opened up by these mobility agreements is that of the movement of services, that is, labour. Individuals can move and sell their labour across different markets, and companies can offer services that involve skilled labour: engineers and architects for building and construction, lawyers and accountants in the financial sector and health professionals in healthcare.

Interestingly, Canada as a sovereign state has yet to achieve a seamless internal single market, something to which critics attribute the productivity lag between the United States and Canada (Sands 2007). In fact, the Agreement on Internal Trade (AIT), the legislative basis for the creation of a Canadian single market, was introduced in Canada only in 1995 following the implementation of NAFTA which, somewhat ironically, gave Canadian provinces better access to US and Mexican markets (and vice versa) than they have to their Canadian provincial neighbours (Sands 2007).

According to the Secretary General of the OECD, Angel Gurría, the global economic crisis and the challenges of the Eurozone have failed to diminish the drive for single or integrated markets and the competition for skilled labour (Gurría 2011). In fact, competition for skilled workers has put increased pressure on governments to shift from traditional supply-driven immigration policies, under which highly qualified workers migrate without employment, and have tended to result in poor alignment of skills, qualifications and local workforce needs. Recent policy moves have supported a demand-driven approach to migration in which suitably skilled workers are recruited directly by employers (Chaloff and Lemaître 2009).

Current Canadian immigration policy direction has followed suit. In 2012, a series of initiatives were launched directed at increasing the economic benefit of immigration and supporting employer-driven initiatives (CIC 2012).

How do these macro economic and policy trends, such as increased labour mobility and demand-driven immigration policy, affect the regulated professions, specifically, nursing? Looking at the world's biggest single market can help us answer this question.

In Europe, single-market mobility provisions were introduced in the 1970s. Currently, the 27 member states of the European Union regulate around 4,700 professions on the basis of a professional qualification. These professions can be grouped into about 800 categories. The Professional Qualifications Directive offers mutual recognition for most of them, and there is automatic recognition for members of seven professions: nursing, medicine, midwifery, dentistry, pharmacy, veterinary science and architecture (EC 2011a).

The EU's ruling that oversees this policy is Directive 36, and it is currently undergoing review. To this end, a Green Paper was released in 2011 calling for submissions to the European Commission (EC 2011a). There have also been formal consultations with the regulators, or Competent Authorities (CAs) as they are known, leading up to the release of the Green Paper. Representatives from both nursing and medicine made submissions to the Commission, including both individual country reports and a collective response for each profession, responding to the questionnaire and describing mobility and mutual recognition in each state (EC 2011a). The document that recommended changes to the Directive was released late in December 2011 (EC 2011b). The key recommendation of the final report was that a European Professional Card be introduced, and legislation is currently before European Parliament to this effect. The idea is that this card would enable data to be readily accessed between states so that the bona fides of a mobile professional can be ascertained. The European Professional Card aims to address the challenge of competing demands – to ensure high levels of mobility and, at the same time, to ensure public safety obligations are addressed so that incompetent or criminal professionals are not able to move between jurisdictions (EC 2011b).

The contemporary framework for professional regulation arose as a result of sustained lobbying on behalf of each of the professions in each jurisdiction, with the goal of controlling access to practice and to protect the public from unqualified practitioners. What is typically involved is the oversight of curricula and accreditation of schools, the maintenance of the register (ensuring members are in good standing however so defined, but typically with continued education and recency of practice, along with relevant re-certification requirements and other auditable dimensions to competency assessment) and the management of misconduct.

As a general observation, one could say that the question of the proper level of independence versus the level of direct state input is an equation that appears to be shifting. In the United Kingdom and, to some extent, in Australia, the legal profession has lost its right to self-regulate in recent years (Flood 2011); in 2010, the national government in Australia abolished all state regulatory boards in the health professions and constituted a national board under an entirely new governance structure; and the General Medical Council in the UK underwent major transformation in the wake of accountability and public confidence crises. In Ontario, Canada, more stringent safeguards and increased government powers of intervention through a government-appointed administrator are now part of the health professions regulatory framework (Leslie 2012).

Mobility agreements have put pressure on the professional regulators to ensure that everyone working in their jurisdiction is competent to do so. It has taken many years for health professions to develop a framework for establishing equivalence of education preparation around the world. And this framework provides the basis of mobility today. With increased mobility, the lack of an international framework – concerning equivalence of competence and formal processes for ensuring that everyone holding a licence to practise is engaged in lifelong learning and continuing professional development are causing concern among government, policy makers and the public (EC 2011a). Given the importance of patient safety and pressures on regulators to ensure the bona fides of all members on the register, we are moving into a new era in which educational programs and entrylevel competencies will no longer be sufficient to assure the public that an individual is fit to practise across jurisdictions.

States, in requiring the professions to adapt to mobility provisions as in the best interests of their citizenry, are exercising their responsibilities to ensure economic growth and stability. They are demanding that their regulated professions adapt to the complexity of a mobile skilled market in a regulated field without risk to the public. In some respects, this is the new job of regulators: to meet these state-driven demands without creating an additional level of barriers to mobility.

For Canadian nurses, there is a further twist to these global trends and state-based pressures to create highly mobile workforces and agile economies. Come 2015, the newly graduated Canadian nurse will enter the register through an exam prepared by the US-based National Council of State Boards of Nursing. It is difficult to predict what this will this mean for Canadian nurses. One thing we can say for sure is that poor market uptake of skilled labour increases losses to competitor markets. With the creation of a single exam, Canadian nurses may well become the hypermobile skilled workers of North America, even if the Canadian labour market remains a case study in over-regulation and the United States is the ultimate beneficiary.

The Canadian government has been keen to play in the major league of world trading partners, aware that there are winners and losers in the movement of global capital and in the competition for skilled workers (DFAIT 2012). Retaining home-grown and imported talent is key to the success of this strategy. Canada's regulated professions should know that the stakes are high. Regulators around the world need to understand the labour flows that drive economic growth and immigration policy if they are to have a constructive role to play locally in our globally driven economies.

Correspondence may be directed to: Sioban Nelson, RN, PhD, professor & dean, Lawrence S. Bloomberg Faculty of Nursing, University of Toronto, 155 College St., Suite 130, Toronto, ON M5T 1P8; tel.: 416-978-2862; fax: 416-978-8222; email: sioban.nelson@utoronto.ca.

References

Citizenship and Immigration Canada (CIC). 2012 (August). *Citizenship and Immigration Special Report: Government Overhauls Economic Immigration*. Retrieved January 2, 2013. http://www.cicnews.com/2012/08/special-report-government-overhauls-economic-immigration-081707.html.

Chaloff, J. and G. Lemaître. 2009. *Managing Highly Skilled Labour and Migration. A Comprehensive Analysis of Migrant Policies and Challenges in OECD Countries*. OECD Social, Employment and Migration Working Papers No. 79. Paris: Organisation for Economic Co-operation and Development. Retrieved January 2, 2013. http://www.oecd.org/els/internationalmigrationpolicie-sanddata/46656535.pdf.

Department of Foreign Affairs, Industry and Trade (DFAIT). 2012 (May 29). *Harper Government Launches Next Phase of Canada's Pro-Trade Plan for Jobs, Growth and Long-Term Prosperity*. Retrieved January 2, 2013. http://www.international.gc.ca/media_commerce/comm/news-communiques/2012/05/26a.aspx?view=d.

European Commission (EC). 2011a. *Modernising the Professional Qualifications Directive*. Retrieved January 2, 2013. http://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=COM:2011:0367:FIN:en:PDF.

European Commission (EC). 2011b. Proposal for a Directive of the European Parliament and of the Council amending Directive 2005/36/EC on the Recognition of Professional Qualifications and Regulation [...] on Administrative Cooperation through the Internal Market Information System. Retrieved January 2, 2013. http://ec.europa.eu/internal_market/qualifications/docs/policy_developments/modernising/COM2011_883_en.pdf.

Flood, J. 2011. "The Re-Landscaping of the Legal Profession: Large Law Firms and Professional Re-Regulation." *Current Sociology* 59: 507–29.

Gurría, A. 2011 (June 8). "Professional Mobility and Migrants Integration." Remarks delivered at OECD 50th Anniversary & Forum of the Americas, Montreal, Canada. Retrieved January 2, 2013. http://www.oecd.org/canada/professionalmobilityandmigrantsintegration.htm.

Leslie, K. 2012. "Recent Changes to the Governance and Accountability of the Regulated Health Professions in Ontario." *Canadian Journal of Nursing Leadership* 25(2): 70–80.

Sands, C. 2007 (May 22). "Canada's Problem: Domestic Trade Barriers." *The American*. Retrieved January 2, 2013. http://www.american.com/archive/2007/may-0507/canada2019s-problem-domestic-trade-barriers.

Migration and Mobility: Informing Nursing Health Human Resources Retention and Recruitment Policy

Barbara Foster, BScN, RN Nurse Manager, Nursing Policy Unit, Health Canada Ottawa, ON

Sandra MacDonald-Rencz, RN, MEd Nursing Executive Advisor, Strategic Policy Branch, Health Canada Ottawa, ON

Linda McGillis Hall, RN, PhD
Kathleen Russell Distinguished Professor
Lawrence S. Bloomberg Faculty of Nursing, University of Toronto
Toronto, ON

Introduction

People need to move to where the work is. This has always been a normal part of job-searching strategies for individuals. We witnessed this pattern throughout the 20th century, especially towards the end. However, when large numbers of an occupational group have had to move because of economic issues, this normal pattern changes. Interest in the movement of healthcare professionals became acute in the latter part of the previous century because of emerging shortages in many health professions. As a result, employers, regulators and governments have been working together to address the issues underlying these patterns.

The compilation of the research undertaken for this Special Issue of the *Canadian Journal of Nursing Leadership* on migration and mobility, both to the United States (see the papers by McGillis Hall, Peterson, Price, Lalonde et al. and Peterson et al.) and across Canada (see McGillis Hall, Peterson, Price, Andrews et al.), provides excellent new evidence and paints a picture of our current understanding of the multifaceted factors at play with respect to this important health human resources issue. This research provides the nursing community and policy and decision-makers with an opportunity to compare current findings with earlier migration and mobility trends and challenges since the early 1990s, and enables us to predict how these may continue to have an impact into the next decade.

Reference is given to the fact that policy and decision-makers need to appreciate some of the present trends and to consider some additional factors as we face new opportunities in the nursing workforce. These issues resulted in all levels of governments and the broader nursing community coming together to address health human resources challenges through a variety of recruitment and retention policy initiatives and innovations. The federal initiatives that complement many of the provincial, territorial and broader nursing community efforts are highlighted. Moving forward, this research also lays the groundwork for continued and further research by questioning what still needs to be done.

What We Know: Understanding the Trends

Traditionally, Canada has had a low rate of emigration (0.3–0.4% per year). However, Canadian emigrants have included a disproportionate number of skilled workers. In the 1990s, Canada was a net loser to the United States, although the numbers were still relatively small compared to the stock of workers in the Canadian labour force (Baumann et al. 2004).

In order to fully understand the mobility and migration picture of Canadian nurses, we must first appreciate some of the historical trends in the Canadian nursing workforce. For the purposes of this discussion, data presented are for the registered nursing (RN) community, as the data for both the licensed practical nurse (LPN) (called registered practical nurse in Ontario) and the registered psychiatric nurse are more limited.

Nursing workforce

In the mid-1990s, with the significant reductions to healthcare budgets across Canada, we saw decreased numbers of nurses and other healthcare professionals working in this country, as governments implemented hiring freezes and early retirement packages. Workforce data reported by the Canadian Institute for Health Information (CIHI 2010) indicate considerable fluctuation in the registered nursing workforce. Between 1980 and 1993, there was an average annual growth rate of 3.3%, yet between 1993 and 2002, the average growth rate decreased by 0.2%. From 2002 to 2010, after the implementation of several recruitment and retention efforts at all levels of government and within the nursing community, the average growth rate was 1.9%. In terms of numbers, in 1993 the RN workforce was 235,738; by 1998, Canada had 227,814 RNs; and then in 2003, the workforce surpassed the 1993 level, with 241,415 RNs in Canada. Most recently, CIHI data demonstrate that there are 268,512 RNs employed in nursing in Canada, a 0.8% increase from the previous year of 2009.

Inflow/outflow

It would be of great interest to be able to determine the inflow and outflow of

nurses between Canada and the United States. However, data to perform this analysis are not available, as CIHI reporting includes RNs who have migrated to another country only if they maintain their registration with a Canadian province or territory. The lack of comprehensive data and reliable information on nursing migration between Canada and the US makes comparisons impossible. Ideally, with more precise data, healthcare leaders and policy makers could calculate net loss and inflow—outflow ratios, enabling them to watch changes within the US health reform efforts and as most of Canada (excluding Quebec) embarks on the writing of the American National Council Licensure Examination for Registered Nurses (NCLEX-RN) (NCSBN 2011).

The whole picture

As outlined in many of the research papers highlighted in this Special Issue, Canadian nurses move to the United States for a number of reasons, specifically, lack of job opportunities, cost of living, feeling undervalued, family or personal issues, educational opportunities, pay and benefits, travel, weather, workload and working conditions (American [California]-mandated nurse-patient ratios).

In addition to these factors, licensing rules and regulations and pass/fail rates of each country's respective exam need to be taken into account to further our understanding of monitoring the migration patterns across our borders. Interestingly, the average pass rates of Canadian nurses writing the NCLEX-RN for the first time between 1997 and 2000 was 62% (n=200 new exam writers, all four years combined) (NCSBN Annual Reports 2013). More recent information from the National Council of State Boards of Nursing indicates that Canadian pass rates are hovering in the 60% range, as demonstrated in 2008 with a pass rate of 65.4% (n=638 new exam writers), increasing to 66.9 % in 2009 (n=586 new exam writers) and dropping to 60.9% in 2010 (*n*=529 new exam writers). However, the NCSBN Annual Report (October 2010 to September 2011) states that 88% of first-time US-educated registered nurses passed the exam, compared to 35% of internationally educated individuals writing the exam for the first time. This figure suggests that Canadian-educated nurses do better than the overall group of internationally educated nurses taking the NCLEX examination, but they are not yet achieving a pass rate at the level of their US-educated counterparts.

In 2006, 809 of the 6,003 individuals who wrote the Canadian Registered Nurse Exam (CRNE) for the first time were internationally educated. Of the 809, 9.8% were from the United States. While information specific to US nurses is not available, the pass rate for all internationally educated nurses was 63% compared to Canadians, with a pass rate of 96% (CRNE Bulletin 2006).

It is important to understand the picture of migration patterns between the two countries to ensure a stable nursing workforce now and in the future. To do so, we require comparable data and strong communication channels between the two countries to develop an open and collaborative approach to addressing present and future health workforce needs.

Mobility within Canada

Labour mobility was a characteristic of the 20th-century workforce, one that has continued into this century. According to Human Resources and Skills Development Canada, every year, approximately 200,000 Canadians relocate to a different province or territory and look for work (HRSDC 2011). That individuals need to relocate to get employment has not been a public policy concern until recently, when that relocation turned into higher-than-average emigration of Canadians. One reason cited for higher emigration versus interprovincial movement is a number of labour mobility barriers within Canada.

The Agreement on Internal Trade (AIT) is an intergovernmental trade agreement signed by Canadian first ministers that came into force in 1995. Its purpose is to reduce and eliminate, to the extent possible, barriers to the free movement of persons, goods, services and investment within Canada and to establish an open, efficient and stable domestic market. The ultimate goal of AIT is to permit ease of movement of Canada's health workforce across provincial and territorial jurisdictions. The research undertaken for this Special Issue on migration and mobility helps to highlight the extent of the movement within our Canadian borders and the reasons for that mobility, namely, employment opportunities, career advancement and work flexibility. For the most part, our nurses (both registered nurses and licensed practical nurses) stay in the province where they graduated. This fact in itself suggests that we need to find incentives to attract our nursing workforce to consider career opportunities in our rural and remote communities. Licensing challenges appear to be a significant issue among those who have moved to another jurisdiction and speak to a need to arrive at common processes and practices across the country. As outlined in this issue's paper by Andrews and colleagues, the concept of mapping the mobility of the nursing workforce using a Geographical Information System (GIS) approach should be considered as an important tool for decision- and policy makers to monitor the trends and patterns occurring across the country.

Throughout the research papers, a common theme that emerges is the need to value the role of nurses. Healthy workplaces equate to a healthy and stable workforce, and one of the ways to create a supportive work environment is through nursing continuing education opportunities. The paper by Lalonde and colleagues explores the motivating factors and barriers for nurses to participate in continuing

education opportunities, including support, recognition, financial reward on the one hand and low pay, time and lack of support on the other. Clearly, one can see the link between continuing education opportunities and staff turnover, and thus food for thought for decision- and policy makers at all levels.

The nursing ideal and the impact of our perceptions and expectations of the field of nursing are adeptly described in the paper by Price and colleagues. This research can help us all consider how our future nurses are educated, trained and mentored to describe a more realistic picture of nursing in today's reality, as well as to provide opportunities for interesting and fluid career opportunities across our broad and expansive Canadian landscape.

The research presented on licensed practical nurses (LPNs) in the paper by Harris and colleagues paints a somewhat different picture than that of the registered nursing community and provides an opportunity for future investigation and consideration. In addition to salary and job availability, we learn that LPNs choose to move to another jurisdiction for three primary reasons: (a) to expand their scope of practice, (b) to advance their education and career and (c) for professional respect and recognition. To meet population health needs, policy and decision-makers will need to consider how to maximize the entire nursing workforce, including the role of LPNs.

Last but not least, the paper by Nelson reminds us of the impact of international policy, the role of the state and its relation to mobility and migration patterns globally.

Accomplishments

Recruitment and retention efforts at the provincial and territorial levels have been significant and have helped to address many of the nursing workforce challenges in Canada. Information regarding these specific strategies is well documented on each jurisdiction's website. At the federal level, the government has attempted to complement provincial and territorial initiatives and span a number of themes, including healthy workplaces, health human resources strategies, an internationally educated health professionals' initiative, data development, loan forgiveness for nurses wishing to work in rural and remote areas, skills development, teambased care and nursing metrics. Table 1 provides links to more information on these federal initiatives. Nursing stakeholders at national, provincial and territorial levels are also to be commended for their active recruitment and retention efforts that span program development and implementation, research, tools and resource development or position papers. Clearly, a multi-pronged, multi-stakeholder approach has been required, and our collaborative efforts are beginning to pay off as we see our nursing workforce numbers rise.

Table 1.

Complementary federal recruitment and retention investments

Internationally Educated Health Professionals Initiative

http://www.hc-sc.gc.ca/hcs-sss/finance/hcpcp-pcpss/iehpi-ipsfe-eng.php

- Foreign Qualification Recognition: http://www.hrsdc.gc.ca/eng/workplaceskills/publications/fcr/pcf_folder/section_1_o2. shtml
- Agreement on Internal Trade:
 - http://www.hrsdc.gc.ca/eng/workplaceskills/labour_mobility/index.shtml
- Ann Mann National Nursing Assessment Service
 https://webservices.camosun.bc.ca/events/sites/webservices.camosun.bc.ca.
 events/files/pages-support-docs/Ann%2oMann%2o-%2oNational%2oNursing%2o
 Assessment%2oService.pdf

Healthy Workplace Initiative

http://www.hc-sc.gc.ca/hcs-sss/pubs/hhrhs/2008-ar-ra/index-eng.php#hhrs3

Health Human Resources

- Research to Action:
 - http://www.thinknursing.ca/rta
- Health Care Policy Contribution Program: http://www.hc-sc.gc.ca/hcs-sss/finance/hcpcp-pcpss/index-eng.php
- Aboriginal Health Human Resources Initiative: http://www.hc-sc.gc.ca/fniah-spnia/services/career-carriere/hum-res/audience-eng.php
- Building the Public Health Workforce for the 21 Century http://publications.gc.ca/collections/collection_2008/phac-aspc/HP5-12-2005E.pdf

Data Development

 Nursing Database – Canadian Institute for Health Information: https://secure.cihi.ca/free_products/Regulated_Nurses_EN.pdf

Loan Forgiveness - Rural and Remote

 Student Loan Forgiveness for Family Doctors and Nurses in Rural Communities: http://www.canlearn.ca/eng/after/forgiveness/index.shtml

Skills Development

 PHAC Skills Online: http://www.phac-aspc.gc.ca/php-psp/ccph-cesp/about_so-apropos_cd-eng.php

Team-Based Care

• Canadian Interprofessional Health Collaborative: http://www.cihc.ca

Nursing Metrics

 Report Card http://www.cna-aiic.ca/en/nursing-quality-report-card-project-to-transform-care/

Where to Now?

Canadians value their healthcare, and they respect the role nurses play in providing good-quality, safe care. Movement between Canada and the United States and between provinces and territories is a reality and a personal choice. Policy and decision-makers at all levels of government, and the nursing stakeholder community from both countries, should be encouraged to monitor the trends, stay attuned to inflow and outflow data and appreciate the factors at play. As Canada and the United States align to share the same RN exam in 2015, our need for this type of research, and for thoughtful health human resources planning and management, will be extremely important.

Comparable data between Canada and the United States will also aid in our ability to identify and track trends and patterns in order to be aware and alert to areas for concern. This research will serve many purposes, including the need for further research, policy development and implementation. It fosters communication between the entire nursing community to have a better understanding of the migration and mobility factors at play. Decision- and policy makers need to stay attuned to the flow factors both in and out of Canada and within our country, and understand the contributing factors. This includes appreciating the reasons that nurses move and also why they stay. If trends look to become worrisome, incentives to attract, attain and retain our nurses will need to be put in place. Throughout all these research papers, a simple message comes across loud and clear: Nurses stay if they are valued.

Correspondence may be directed to: Barbara Foster, BScN RN, nurse manager, Nursing Policy Unit, Health Canada, 200 Eglantine Driveway, Jeanne Mance Building, Tunney's Pasture, Address Locator: 1918A, Ottawa, Ontario K1A 0K9; tel.: 613-946-3889; fax.: 613-957-8487; email: barbara.foster@hc-sc.gc.ca.

References

Andrews, G., L. McGillis Hall, J. Peterson, S. Price, M. Lalonde, A. Harris and S. MacDonald-Rencz. 2013. "Mapping Nurse Mobility in Canada with GIS: Career Movements from Two Canadian Provinces." *Canadian Journal of Nursing Leadership* 26(Special): 41–50.

Baumann, A., J. Blythe, C. Kolotyloe and J. Underwood. 2004. *Building the Future: An Integrated Strategy for Nursing Human Resources in Canada – Mobility of Nurses in Canada*. Ottawa: Nursing Sector Study Corporation.

Canadian Registered Nurses Exam (CRNE) Bulletin. 2006 (November). "Statistics on CRNE Writers." *CRNE Bulletin No. 9.* Retrieved January 2, 2013. http://www2.cna-aiic.ca/CNA/documents/pdf/publications/CRNE-Bulletin-November-2006-e.pdf>.

Harris, A., L. McGillis Hall, J. Peterson, S. Price, M. Lalonde, G.Andrews and S. MacDonald-Rencz. 2013. "LPN Perspectives of Factors that Affect Nurse Mobility in Canada." *Canadian Journal of Nursing Leadership* 26(Special): 70–78.

Human Resources and Skills Development Canada (HRSDC). 2011 (August 17). *Labour Mobility*. Retrieved January 2, 2013. http://www.hrsdc.gc.ca/eng/workplaceskills/labour_mobility/index.shtml>.

Lalonde, M., L. McGillis Hall, J. Peterson, S. Price, G. Andrews, A. Harris and S. MacDonald-Rencz. 2013. "Support and Access for Nursing Continuing Education in Canadian Work Environments." *Canadian Journal of Nursing Leadership* 26(Special): 51–60.

McGillis Hall, L., J. Peterson, S. Price, G. Andrews, M. Lalonde, A. Harris and S. MacDonald-Rencz. 2013. "I Was Never Recruited: Challenges in Cross-Canada Nurse Mobility." *Canadian Journal of Nursing Leadership* 26(Special): 29–40.

McGillis Hall, L., J. Peterson, S. Price, M. Lalonde and S. MacDonald-Rencz. 2013. "Stemming the Flow of Canadian Nurse Migration to the US." *Canadian Journal of Nursing Leadership* 26(Special): 8–19.

National Council of State Boards of Nursing (NCSBN). 2011 (December 8). "NCSBN and Pearson VUE to bring NCLEX-RN Examination to Canada." News release. Retrieved January 2, 2013. https://www.ncsbn.org/3048.htm.

National Council of State Boards of Nursing (NCSBN). 2013. *Annual Reports*, 1997–2000. Retrieved January 2, 2013. https://www.ncsbn.org/525.htm.

Nelson, S. 2013. "Global Trends, Local Impact: The New Era of Skilled Worker Migration and the Implications for Nursing." *Canadian Journal of Nursing Leadership* 26(Special): 82–86.

Peterson, J., L. McGillis Hall and S.Price. 2013. "The Experiences of Canadian-Educated Early Career Nurses Who Practise in the US." *Canadian Journal of Nursing Leadership* 26(Special): 20–28.

Price, S., L. McGillis Hall, J. Peterson, M. Lalonde, G. Andrews, A. Harris and S. MacDonald-Rencz. 2013. "Factors That Influence Career Decisions in Canada's Nurses." *Canadian Journal of Nursing Leadership* 26(Special): 61–69.

