

Foreword: Fostering Innovation Through Nursing Retention Strategies

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Throughout my tenure as chief nursing officer, I have had the pleasure of hearing directly from nurses about nurse-led initiatives being implemented across Canada. Nurses are often very keen to discuss innovations occurring on the front lines of care delivery. The development of the Nursing Retention Toolkit was directly informed by nurses from across the country to ensure that diverse perspectives were reflected in reconsidering the way in which we value nursing work (Health Canada 2024). One of the many goals of the Nursing Retention Toolkit is to “spark change in how we think about and value the nursing profession and build on the work others have done to improve nurses’ working conditions in Canada” (Health Canada 2024: 8).

The COVID-19 pandemic forced all healthcare providers and the organizations in which they work to creatively and rapidly adapt and employ novel approaches to their work to continue providing care to people in Canada. Over four years into this pandemic, we are challenged to maintain momentum in positive change and innovation to address persistent health workforce challenges. A return to the pre-pandemic status quo is not a viable option in a healthcare context that requires agility and nimbleness. Many of the wicked health workforce and systems challenges that predated the pandemic require us to continue to innovate while also interrogating traditional models of leadership and healthcare delivery. Change is never easy; it takes courage, investment of resources, patience, persistence and, often, unease and discomfort in order to achieve positive lasting results. The “growth mindset” (Wolcott et al. 2021: 430) that we might embrace in addressing personal challenges translates nicely to the challenges we continue to face within our healthcare systems. As nurse leaders, we have a window of opportunity to

address these challenges through innovation in order to strengthen the nursing profession to be better equipped to adapt to future health crises and emergencies. There is no “one size fits all” approach to address today’s health workforce challenges; yet, at the same time, many existing and emerging innovations can be scaled and spread to fit different organizations and jurisdictions (Chapman 2024). This requires us to work together to share ideas and explore health workforce and health systems challenges from diverse perspectives.

In this edition of the *Canadian Journal of Nursing Leadership*, there is a paper describing Manitoba’s Provincial Travel Nurse Team (PTNT), which is an excellent example of innovation that deviates from traditional staffing models that may have been considered rigid or restrictive (Warren and Sneath 2024). The PTNT offers nurses the flexibility they desire by creating a model that allows them to work in both rural and urban areas. By critically examining the reasons nurses are leaving the workforce and/or leaving the public sector to work in private agencies and developing creative initiatives to encourage their return back into the public system, Manitoba has made great strides by offering its nursing workforce a varied practice context and the flexibility they desire. Manitoba’s PTNT combines the benefits of employment in the public healthcare system (i.e., orientation, education, professional development, employer benefits package, pension plan) with the perceived advantages of private staffing agencies or travel nursing (i.e., flexible scheduling, diverse practice experience, travel, incentive pay). After extensive collaboration with many stakeholders, the first nurses were hired into the Manitoba PTNT in 2022. The program has gained momentum since its launch and notes over 700 applicants, with 70% of hired nurses previously employed by private staffing agencies (Warren and Sneath 2024). This dramatic shift of resources from private staffing agencies back into the public healthcare space is a testament to positive outcomes associated with this type of innovation; it provides provincial and territorial governments an alternative to the rising use and costs of private agency staffing while integrating the desired flexibility into public healthcare delivery.

Healthcare organizations from coast to coast to coast are already implementing many of the themes and initiatives laid out in the Nursing Retention Toolkit. Nurse leaders in all roles and at all levels are best positioned to champion and spearhead change within their organizations. By understanding the factors that contribute to the health workforce crisis and nursing shortage, nurse leaders can creatively adapt initiatives to fit their organizational or jurisdictional needs and overall capacity. The eight core themes of the toolkit are meant to be a guide for employers and organizations to implement initiatives that target retention (Health Canada 2024). Highlighted below are exemplars from the toolkit to showcase the diverse range of innovation as inspiration to move beyond familiar boundaries

and forge new terrain. It is through positive momentum that the “art of the possible” (Markell 2003: 461) is revealed when it comes to improving nursing retention in Canada.

The theme of *inspired leadership* has long been recognized by nursing practice councils and those in formal nursing leadership positions. Some of the ways this theme is being implemented is in nursing-specific leadership programs such as Canadian Nurses Association and Canadian College of Health Leaders’ Inspire Nursing program (CCHL and CNA n.d.). Many organizations also have diversity, equity and inclusion action plans to drive systemic and cultural change, as well as mentorship programs aimed at developing leadership competencies among novice and experienced nurses alike.

Several workplaces are exploring the theme of *flexible and balanced ways of working* through resources and amenities such as the availability of child care for shift workers and the provision of housing or housing subsidies, as well as novel scheduling systems that allow nurses to better manage their family responsibilities and lifestyles while being retained in the profession, such as Manitoba’s PTNT.

The *organizational mental health and wellness supports* theme is paving the way for a cultural shift that prioritizes safety, choice, collaboration, trust, empowerment and rest in the work environment. Organizations must acknowledge and implement actions to end racism, violence and bullying and to increase cultural competency, mental health supports and much-needed time off for nurses.

Professional development and mentorship has been actualized through nurse residencies, mentorship and bridging programs, allowing nurses at all stages of their careers the opportunity to transition with the availability of necessary supports. In addition, programs specifically developed to integrate internationally educated nurses into the workforce increase the likelihood of ensuring their retention and success in the Canadian context.

In order to work toward the theme of *reduced administrative burden*, innovations such as the evolution of registered nurse prescribing, digital health transformation, clinical externs/undergraduate nursing student employees and a chief nursing informatics officer role have been successfully implemented in several organizations across Canada.

Best practice guidelines (RNAO 2013), strengths-based nursing (Ingram School of Nursing n.d.) and healthcare approaches and performance management tools for nurses lay a strong foundation to shape future nurse leaders by providing guidance

and by fostering management competencies, advancing the theme of *strong management and communication*.

Chief nurse executive roles in healthcare organizations and throughout health authorities within jurisdictions along with nursing advisory councils, committees and leadership forums ensure strong nursing representation within healthcare governance. It is important for nurses to be recognized for their autonomous and collaborative roles and for their ability to knit together often disparate parts of the healthcare ecosystem. Once implemented, the theme of *clinical governance and infrastructure* provides support for nurses being present as executives at critical decision-making tables such as professional practice councils and quality and safety committees.

The theme of *safe staffing practices* includes increased clinical supports such as clinical externs and undergraduate nursing students; evidence-based staffing mix frameworks; nurse residency, mentorship and new graduate programs; and the inclusion of advanced practice nurses such as clinical nurse specialists in inter-professional teams. This theme safeguards the therapeutic nurse-client relationship and aids in retention by framing the nursing contribution to care as essential. Innovations such as these help position the nursing profession as desirable, help incentivize new recruits into the nursing profession and entice those who may have left the profession to return.

Recent efforts have focused on adding seats to nursing education programs to increase graduates and on filling vacancies in healthcare facilities through recruitment campaigns across the country. While these are important initiatives, recruitment efforts alone are insufficient in addressing the nursing workforce crisis; durable solutions require a reconsideration of the way in which we are valuing nursing work. This is the focus of the Nursing Retention Toolkit. We must work strategically to retain our existing nurses while encouraging the return of nurses who have left the workforce or the profession. This can be done by implementing innovative models such as Manitoba's PTNT and other initiatives highlighted through the toolkit.

We need to continue to think expansively when considering opportunities for nursing innovation. For example, the Society of Nurse Scientists, Innovators, Entrepreneurs and Leaders (SONSIEL) provides a global forum to bring nurse leaders together to “leverage[e] the unique insights and pervasive proximity of Nurses to healthcare’s toughest challenges” (SONSIEL 2024a). Through THInC (The Healthcare Innovation Conference), novel nurse-led solutions for improving healthcare delivery and health outcomes can be conceived, refined and disseminated among nurse leaders. This organization affords nurses, who have

traditionally been excluded from or underrepresented in conversations surrounding healthcare solutions, the opportunity to collaborate and establish a respected position as leaders in healthcare innovation. In September 2024, SONSIEL came to Toronto, ON, for its second THInC Canada conference. After successfully launching its Canadian chapter with the inaugural THInC Canada conference in 2022, SONSIEL has expanded its conference offerings to include a mini-hackathon focusing on initiatives outlined in the toolkit (SONSIEL 2024b).

The Nursing Retention Toolkit is intended to be a framework to guide strategic planning and professional practice while providing a benchmark to strive for when implementing pro-retention approaches. It is my hope that, together, we can recognize the amazing work of our nursing colleagues across the country and inspire our own efforts to spark change and promote innovation. At the end of the day, we are only as strong as the sum of our parts. Now more than ever, we need to share successful innovations and build others up to succeed because the future of the nursing profession and our healthcare systems depend on it.

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