

## Full-Time/Part-Time Nursing in Ontario's Rural Hospitals

The late 1990s saw a decline in both the number of nurses working in Ontario and the proportion of them who worked full time (reaching a low of about 50% in 1997). In response to a call from nursing stakeholders for an increase in full-time employment as part of a strategy to increase the supply of nurses wanting to work in Ontario, the Ministry of Health and Long-Term Care (MOHLTC) implemented in 2004 a full-time target for hospitals: 70% of annual nursing hours were to be worked by full-time nurses. Some senior hospital administrators raised concerns about the ability of rural hospitals to meet this target.

The Centre for Rural and Northern Health Research (CRaNHR) undertook a study to describe the current situation with respect to full-time and part-time employment status of nurses – both Registered Nurses (RNs) and Registered Practical Nurses (RPNs) – in Ontario's rural hospitals and to examine the challenges and opportunities hospital administrators encountered during their first year of implementing the 70% full-time employment strategy.

For the study, CRaNHR used administrative data from the Canadian Institute for Health Information, sent a mail survey to nurses living in and near communities with small hospitals, and conducted interviews with 23 Chief Nursing Officers (CNOs) in rural hospitals. Focus groups were conducted with hospital administrators and nursing stakeholders to review the findings and make recommendations.

### The Current Situation

Across Ontario's hospitals in 2004, 52% of 47,429 RNs and 41% of 6,766 RPNs were employed full time. Full-time employment was likely higher than reported before 2005, when the College of Nurses of Ontario began requiring all nurses to report on their employment status when registering. "Full-time" hospital nursing employment is defined as 75 hours per two-week period. The definition of "part-time" varies from hospital to hospital, but generally part-time workers have shifts scheduled for them, and they might work more or less than what they have committed to. "Casual" employment is on a call-in basis.

Full-time employment varied greatly by community, but was more likely in the province's largest cities and, surprisingly, in the most remote areas. Nevertheless, rural hospital nurses were less likely to be employed full time than were nurses overall.

The number of unemployed nurses and nurses employed in positions outside of nursing is insufficient to meet the need for nurses. Of all the nurses registered in Ontario in 2004, only 1.4% of RNs and 1.9% of RPNs were unemployed or not employed in nursing and at the same time were seeking nursing employment. Those seeking nursing work were more likely unemployed rather than employed outside of nursing. They were not young: most were over 35, with the average age in the mid-40s.

This issue of Research in FOCUS on Research is based on the report *Full-Time/Part-Time Employment of Nurses in Small Hospitals in Rural and Northern Ontario*: (2005) by Cater Sloan, Raymond Pong, Ellen Rukholm, Sylvie Larocque, and Roger Pitblado of the Centre for Rural and Northern Health Research, Laurentian University.

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Ninety-three Ontario hospitals were identified as “rural” for the study, i.e. with 100 or fewer beds and in a community with fewer than 50,000 residents. Three-quarters of these hospitals had fewer than 50 beds and almost 90% were in communities with fewer than 10,000 residents. Just 12% of the total were in the Central region (near Toronto), with 41% in the North, 25% in the Southwest, and 22% in the East.

As of July 2005, only 9% of rural hospitals (all in northern Ontario) had met the 70% full-time employment target, using the MOHLTC’s 2004-2005 classification of full-time nurses. Three-quarters of the hospitals had between 46% and 70% of annual nursing hours worked by full-time nurses, and 15% had fewer than 46%. A few more hospitals would likely have met the target had the broader 2005-2006 classification been used, which included as full-time nurses those in support and managerial positions and those in full-time job share positions and temporary full-time positions.

## Employment Preferences of Nurses in Rural Hospitals

A survey about current and preferred employment status was conducted with 135 RNs and 163 RPNs who worked in the 93 rural hospitals. Their responses show there is interest in obtaining full-time work amongst part-time and casual nurses, even though if offered the chance for full-time, they might not take it.

Of the respondents, almost 58% of RNs and 46% of RPNs reported they were employed full time. In addition, 35% of RNs and 47% of RPNs described their work as part-time, while 7% of both groups said they worked on a casual basis.

However, 68% of all RNs and 67% of all RPNs indicated their preference would be to work full time. Ninety-six percent of full-time nurses in both groups wanted to remain employed full time.

Between 10% and 38% of part-time RNs and between 20% and 50% of part-time RPNs indicated they would prefer full-time employment. The reasons they mentioned most often for not working full time were a lack of full-time positions and their lack of seniority.

Part-time and casual nurses said they would like to work more hours than they actually did. In fact, many of them were working in more than one position (30% of RNs and 26% of RPNs).

- ▶ *“I started as part-time 17 years ago and I am still waiting to get a full-time position.”*
- ▶ *“Management prefers to have more part-time employees so they don’t have to pay benefits and they have less rules to bind them in regards to scheduling.”*
- ▶ *“... no permanent positions available because most of the full-time nurses and myself are the same age, 40 to 50.”*
- ▶ *“If it were easier to upgrade, I would.”*

Nurses who chose to work part time did so to meet family responsibilities such as child care, spending more time with a retired spouse, caring for an aging parent, or working in a family business. Other reasons included personal preferences, health conditions, increased income (part-time nurses receive 13% of their salary in lieu of a benefit package), avoidance of work politics, and an increase or decrease in variety in their work.

## Nurses’ Suggestions

The nurses in rural hospitals offered suggestions on how the numbers of full-time positions could be increased, how full-time work could be made more attractive, and how more nurses could have the position they prefer:

- ▶ Increase staffing for the entire hospital, with more government funding. A better staffing ratio would decrease the heavy workload and enhance safety.
- ▶ Cross-train nurses to work in more than one unit.
- ▶ Harmonize collective bargaining units in nearby hospitals so two part-time positions could be considered as one full-time. Administrative challenges for scheduling and control of contagious illness would need to be addressed.
- ▶ Convert current overtime into new full-time positions.
- ▶ Allow senior nurses interested in partial retirement to work in a casual or job share position, which would retain experienced nurses and open full-time positions.
- ▶ Improve benefits and pensions. Offer early retirement packages based on years of service or age.

- ▶ Change scheduling practices: schedule regular rotations and fewer weekends, create weekend worker positions, request less overtime, allow vacation requests.
- ▶ Give part-time nurses the option to have benefits rather than pay in lieu, and full-time nurses the option to receive pay in lieu of benefits.
- ▶ Award full-time positions on the basis of experience in a department as well as seniority.
- ▶ Provide on-site child care.

## Chief Nursing Officers Talk About the 70% Target

In-depth interviews were held with a sample of CNOs in Ontario's rural hospitals in order to understand the range of challenges and opportunities they faced when implementing the 70% full-time employment target. The CNOs identified combinations of barriers, rather than any single one.

### Availability of nurses

Rural hospitals could not always find nurses for full-time positions. A more remote hospital might have too few nurses residing in the community. A less remote hospital might have to compete with larger hospitals nearby that offered more specialized positions. Also, those nurses available to a rural hospital might prefer part-time work over full-time. Many CNOs pointed out that rural nurses were generalists who often worked alone or in several different units. This increased level of responsibility for patient care was another barrier to recruitment and retention in rural hospitals, as was the frequently long commuting distance. The CNOs expressed concern that as current nurses retire and positions become available, there will be a shortage of new graduates who wish to work in rural hospitals.

### Scheduling challenges

Where the nursing staff of a hospital was small, there could be a limited number of shifts that met the conditions specified in the collective agreement for full-time nurses. There was a need for more flexibility in scheduling nurses.

### Hospital efficiency

Funding agreements with MOHLTC limited the number of full-time nurses for rural hospitals through their

demands for efficiency. In response to changing in-patient numbers, it is less costly to call in or send home part-time nurses on short notice than full-time ones. Over half of the CNOs indicated that they viewed as contradictory the policy goals of staffing efficiently and increasing the proportion of full-time staff.

### Funding frustrations

All CNOs appreciated the Nursing Enhancement Funds and would prefer that these monies cover the total cost of hiring a full-time nurse and that they be made permanent, so that recently created positions would not be vulnerable to being cut should overall funding change. Frequent changes to hospital funding made planning difficult.

- ▶ *"Because we're so small, we couldn't just make a full-time position and move them to another area if there aren't enough patients. We DON'T have another area. Larger hospitals DEFINITELY have that flexibility."*
- ▶ *"In a small northern community, nobody relocates for a part-time position without a guaranteed number of hours."*
- ▶ *"In order to be efficient, I don't know how much higher we'll be able to go creating more full-time positions, because we reach a point where we can't be flexible at all with our staffing."*
- ▶ *"If you can't replace people and if people work short on units, it tends to increase incidents of sick time and the quality of patient care suffers."*
- ▶ *"I have such a small area to recruit from. If I advertise further afield in the cities, then it's almost like a waste of money."*
- ▶ *"My issue is it's very hard to create full-time work because you probably need more nurses in July, and you might not need anybody in November."*
- ▶ *"The older, full-time nurses want to stay that way, to maximize their pension."*
- ▶ *"Last year alone I gave out 60 thirty-year awards for full-timers."*
- ▶ *"We have 4 full-time positions and no one is applying. Nurses are just not there."*
- ▶ *"We have a lot of part-time nurses who just don't want to work full time."*
- ▶ *"I talk to people here, and I have option thinkers. My managers are awesome! But we can't come up with any other solutions!"*

## The age factor

Collective agreements restricted access to full-time positions by seniority, and most full-time positions were held by nurses ages 45 to 55, with low turnover. This limited CNOs' ability to offer full-time work to part-time nurses, or to recruit new nursing graduates, who often prefer full-time employment.

## Need for part-time nurses

CNOs reported that they needed a plentiful pool of part-time nurses to cover shifts not worked by full-time nurses and to fill shifts left open by vacations, sickness, and leaves of absence. The small size of their staff meant that more than 30% of the staff needed to be part-time nurses.

## Strategies for increasing full-time positions

Some CNOs reported that they were able to create one or two new full-time positions in their hospital by using some of the following strategies: temporary full-time positions; job shares, where two or more nurses shared a position; adding a full-time position in an area where workload or overtime was found to be very high; and bundled positions, which combined a number of part-time positions in different areas into a single full-time position. The bundled positions required experienced, versatile nurses.

## Some Recommendations

- ▶ Consider size and location of hospitals when making policies.
- ▶ Make the time frames for implementing new policies more flexible.
- ▶ Lower for small hospitals the target of 70% annual nursing hours worked by full-time nurses.
- ▶ Reconcile the definition of efficient staffing with the 70% full-time employment policy. Expand the definition of efficiency to include nursing support services and leadership training as well as direct patient care.
- ▶ Reconcile patient and staff safety with efficiency by increasing baseline nurse-patient staffing ratios in funding agreements.
- ▶ Increase Nursing Enhancement Fund allotments to hospitals so they cover the entire cost of a full-time RN or RPN position.
- ▶ Increase the percentage of full-time nurses by creating full-time positions that serve more than one health care sector.
- ▶ Allocate funding to create a centralized replacement call centre for a region or the province to assist with filling open shifts, thereby allowing small hospitals to create more full-time positions.

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