

Response to Applicant - Full Disclosure

June 28, 2024

Dear Applicant:

Re: Your request for access to information under Part II of the *Access to Information and Protection of Privacy Act* [Our File #: HCS-165-2024]

On June 03, 2024, the Department of Health and Community Services received your request for access to the following records:

All information re Nursing Think Tank including survey results and correspondence from January 1, 2022, to present.

On June 18, 2024, after discussion with the ATIPP coordinator, you agreed to receive only the “**Nursing Think Tank Summary Report**” as a final response.

A decision has been made by the Department of Health and Community Services (HCS) to provide access to requested information. In accordance with your request for a copy of the records, the appropriate copies have been enclosed.

Regarding the current state of the nursing workforce in Newfoundland & Labrador, you may also wish to consult the **Nursing Workforce Research**, publicly available at <https://www.gov.nl.ca/hcs/files/Nursing-Workforce-Research-Thinkwell.pdf>.

Please be advised that you may ask the Information and Privacy Commissioner to review the processing of your access request, as set out in section 42 of the **Access to Information and Protection of Privacy Act, 2015** (the “Act”) (a copy of this section has been enclosed for your reference). A request to the Commissioner must be made in writing within 15 business days of the date of this letter or within a longer period that may be allowed by the Commissioner.

The appeal may be addressed to the Information and Privacy Commissioner as follows:

Office of the Information and Privacy Commissioner
2 Canada Drive
P. O. Box 13004, Stn. A
St. John's, NL. A1B 3V8

Telephone: (709) 729-6309
Toll-Free: 1-877-729-6309
commissioner@oipc.nl.ca

You may also appeal directly to the Supreme Court within 15 business days after you receive the decision of the public body, pursuant to section 52 of the Act (a copy of this section has been enclosed for your reference).

Please be advised that this request may be published on the [Completed Access to Information Requests](#) website. Requests will be posted when possible, but no sooner than three business days after a response is sent electronically, or five business days where a response is sent by mail. Please note that requests for personal information will not be posted online. Additional details regarding the process for publishing requests online can be found [here](#).

If you have any further questions, please feel free to contact me via e-mail at ATIPP-Health@gov.nl.ca

Sincerely,



Ana de Almeida
ATIPP Coordinator

Access or correction complaint

42.(1) A person who makes a request under this Act for access to a record or for correction of personal information may file a complaint with the commissioner respecting a decision, act or failure to act of the head of the public body that relates to the request.

(2) A complaint under subsection (1) shall be filed in writing not later than 15 business days

(a) after the applicant is notified of the decision of the head of the public body, or the date of the act or failure to act; or

(b) after the date the head of the public body is considered to have refused the request under subsection 16(2).

(3) A third party informed under section 19 of a decision of the head of a public body to grant access to a record or part of a record in response to a request may file a complaint with the commissioner respecting that decision.

(4) A complaint under subsection (3) shall be filed in writing not later than 15 business days after the third party is informed of the decision of the head of the public body.

(5) The commissioner may allow a longer time period for the filing of a complaint under this section.

(6) A person or third party who has appealed directly to the Trial Division under subsection 52(1) or 53(1) shall not file a complaint with the commissioner.

(7) The commissioner shall refuse to investigate a complaint where an appeal has been commenced in the Trial Division.

(8) A complaint shall not be filed under this section with respect to

(a) a request that is disregarded under section 21;

(b) a decision respecting an extension of time under section 23;

(c) a variation of a procedure under section 24; or

(d) an estimate of costs or a decision not to waive a cost under section 26.

(9) The commissioner shall provide a copy of the complaint to the head of the public body concerned.

Direct appeal to Trial Division by an applicant

52. (1) Where an applicant has made a request to a public body for access to a record or correction of personal information and has not filed a complaint with the commissioner under section 42, the applicant may appeal the decision, act or failure to act of the head of the public body that relates to the request directly to the Trial Division.

(2) An appeal shall be commenced under subsection (1) not later than 15 business days

(a) after the applicant is notified of the decision of the head of the public body, or the date of the act or failure to act; or

(b) after the date the head of the public body is considered to have refused the request under subsection 16(2).

(3) Where an applicant has filed a complaint with the commissioner under section 42 and the commissioner has refused to investigate the complaint, the applicant may commence an appeal in the Trial Division of the decision, act or failure to act of the head of the public body that relates to the request for access to a record or for correction of personal information.

(4) An appeal shall be commenced under subsection (3) not later than 15 business days after the applicant is notified of the commissioner's refusal under subsection 45(2).

engageNL



Registered
Nurses'
Union
Newfoundland & Labrador

Nursing Think Tank

April 4 – 5, 2022

Summary Report



Prepared by:



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Nursing Think Tank Summary Report

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1.0 Introduction

The Government of Newfoundland and Labrador, the Registered Nurses' Union Newfoundland and Labrador and the province's Regional Health Authorities came together on April 4th and 5th, 2022, with nurses and other stakeholders with the aim of developing innovative solutions to help address nursing recruitment and retention challenges in Newfoundland and Labrador. The Nursing Think Tank event heard first-hand the experiences of Registered Nurses, identified opportunities and began to plot a path forward to address the concerns and challenges facing the nursing profession.

More than 130 people participated in the two-day event, including members of the nurses' union and its board of directors and staff; officials from the Department of Health and Community Services and other provincial government departments; managers, staff and senior officials from the Regional Health Authorities; the schools of nursing at Memorial University; nursing regulators, and others. Participants strategized innovative short-term measures to improve the workplace and the retention and recruitment of Registered Nurses and Nurse Practitioners in Newfoundland and Labrador.

The goal of this report is to summarize the discussion and recommendations from the event and help inform the work of the newly established Provincial Health Professional Recruitment and Retention Office within Government.

2.0 Nursing Think Tank Questionnaire

An online questionnaire was administered to Registered Nurses and Nurse Practitioners as well as to managers and other stakeholders in the weeks preceding the Think Tank to gain insights from the broader nursing community on challenges, opportunities and gaps facing the profession. The questionnaires were promoted and administered via engageNL, the Government of Newfoundland and Labrador's online public engagement tool. The information and feedback collected were analyzed by the Newfoundland and Labrador Centre for Health Information. A copy of the questionnaires can be found in Appendix A.

The questionnaire focused on four main areas:

1. understanding why nurses choose permanent or casual employment;
2. the workplace environment, including:
 - ❖ whether or not nurses experience workplace violence
 - ❖ gauging whether the demands of nurses' workplaces are negatively impacting mental health and wellness
 - ❖ what proportion of nurses identify as having experienced burnout; and
 - ❖ aspects of the work environment that are positive and contributing to the retention of nurses
3. the top concerns for nurses at the moment; and
4. issues that should be prioritized to improve recruitment and retention.

2.1 Overview of Questionnaire Participants

A total of 709 nurses completed the questionnaire for Registered Nurses and Nurse Practitioners representing approximately 11% of the total population of practicing nurses in the province. The vast majority (95%) of nurse respondents were Registered Nurses. Additionally, 74 managers completed the manager questionnaire with most of these individuals being frontline managers or directors.

About two-thirds of the nurses who completed the questionnaire indicated that they live in Eastern Health with the remainder distributed across the remaining three health authorities (Figure 1).

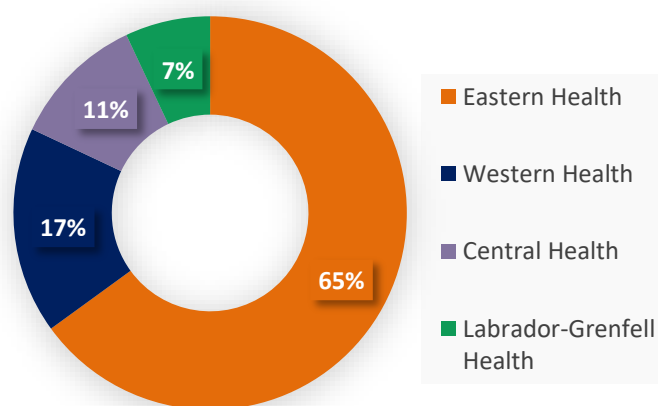


Figure 1. Regional Health Authority of residence of respondents to nurse questionnaire

More than a third of the respondents had been practicing as a RN or NP for more than 20 years; 17% had been practicing at the opposite end of the spectrum for 5 years or less; and about half of the nurses indicated they had been practicing anywhere from 6 to 20 years (Figure 2).

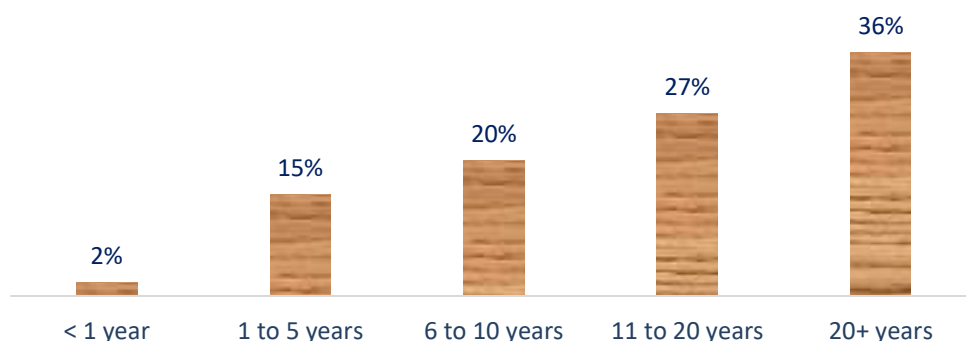


Figure 2. Respondent length of time working as a RN/NP

The vast majority of nurses (83%) who completed the questionnaire indicated they do not intend to retire within the next two years. One in ten didn't know what their intentions were.

More than two-thirds of the nurses who completed the Nursing Think Tank questionnaire indicated they worked in acute care; followed by just over 10% in Public Health or Community Health (Figure 3).

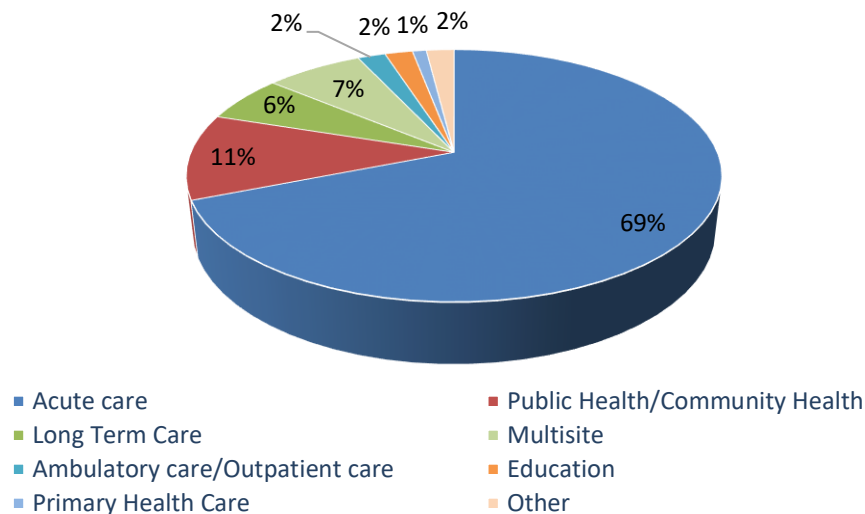


Figure 3. Practice area of respondents to nurse questionnaire

2.2 Permanent versus Casual Employment

A large majority of the nurses completing the questionnaire were in permanent positions (86%) and indicated their current employment status was the status that they desired (88%). Nurses in permanent positions were asked if they have considered resigning to accept a casual position; half indicated that they have and almost an equal half (48%) indicated they haven't (with the remaining 2% preferring not to say).

Nurses who indicated that they have considered resigning from their permanent position to accept a casual position were asked why they had considered doing so. The most frequent responses provided were: to be able to take time off and not be denied leave; to have greater freedom and flexibility and greater control over their lives: for instance choosing their schedule and location of work; and, greater work-life balance. Many nurses indicated they were missing out on major life events due to their work obligations. Other reasons noted included: burnout and health issues; higher wages associated with casual positions; and the high expectations associated with working in permanent positions. With this last point nurses referenced specifically about being mandated to work, overtime, and there not being sufficient resources to do the work. This question was also asked of managers and nurses and managers were aligned on the reasons they gave for why nurses prefer casual over permanent positions.

Casual employees were asked to indicate which of a series of statements best describes why they are a casual employee. The two most common reasons were that: working casual provides them with the work-life balance they desire (35%), and they see the challenges experienced by permanent employees (23%). A small proportion of casual nurses indicated they want to be permanent but there are no jobs available in their desired area or location (17%).

Newfoundland and Labrador has one of the highest proportions of casual nurses in Canada; respondents were asked why they think nurses prefer casual over permanent positions. By and far the most common reasons given again was freedom and flexibility, ability to take time off or be granted leave, and a greater work-life balance.

Solutions identified to encourage nurses to accept permanent positions included the following:

- grant leave/guarantee leave
- increase wages
- supportive management who treat staff with respect and appreciation
- offer incentives and bonuses
- introduce self-scheduling
- increase number of, and access to, permanent jobs
- hire more nurses and support staff
- lower nurse to patient ratio
- improve benefits to make them more enticing
- provide child care
- no longer mandate overtime
- introduce more float positions
- allow for earlier retirement
- increase number of part-time positions

These solutions are presented in descending order in terms of how prominently they were identified. It is of note that the solutions offered by Registered Nurses and Nurse Practitioners and managers were the same.

2.3 The Workplace Environment

Sixty-nine percent of the 709 nurses that completed the Nursing Think Tank questionnaire reported they have experienced workplace violence in the past month with close to two-thirds experiencing verbal abuse, almost half experiencing emotional abuse, and about 40% reporting experiencing physical abuse (Figure 4).

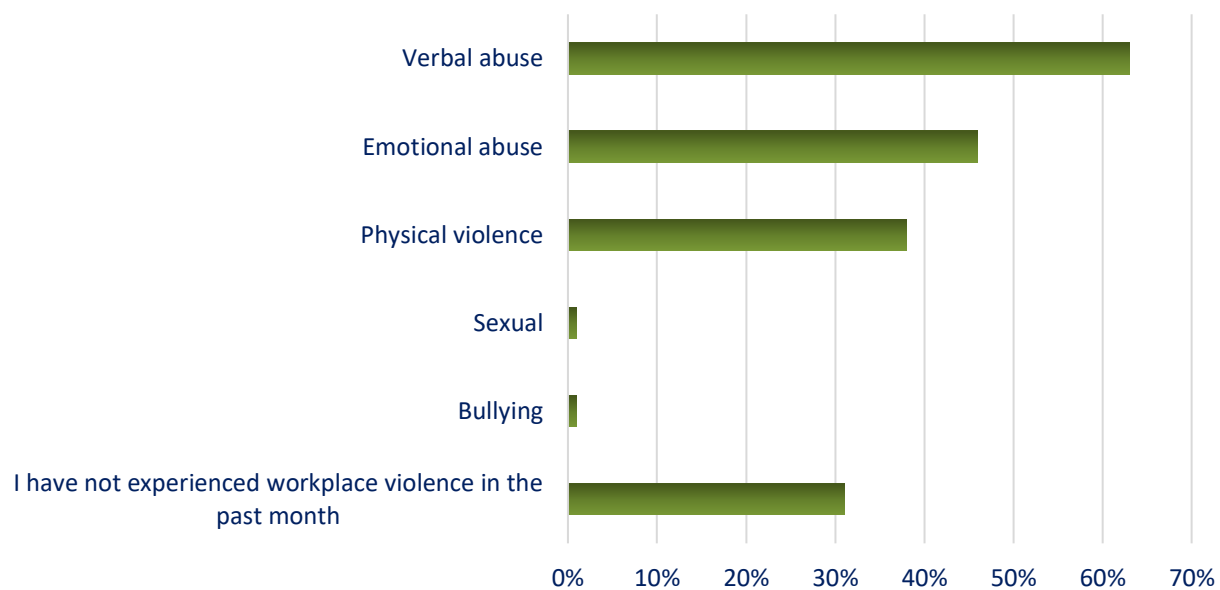


Figure 4. Types of workplace violence experienced by nurses in the past month

Reported rates of physical violence, verbal abuse and emotional abuse were slightly higher among nurses who worked in acute care when compared to nurses as a whole. Results among nurses who work in long term care were much more stark with 88% of long term care nurses reporting some form of workplace violence with 78% reporting having experienced verbal abuse and much higher percentages also reporting having experienced physical violence and emotional abuse compared to nurses working in other practice settings. Some nurses noted that they did not feel supported by managers or HR when it came to workplace violence with some being told that it was 'just part of the job'.

Eighty-four percent of nurses who completed the Nursing Think Tank questionnaire in March 2022 indicated the demands of their workplace were negatively impacting their mental health and wellness. These percentages were higher for early career nurses practicing for 10 years or less with 93% of nurses practicing for less than five years indicating that their workplace was negatively impacting their mental health and wellness. This question yielded another startling result for long term care nurses with 95% reporting that their mental health and wellness is negatively impacted by their workplace.

Burnout in the nursing profession it is characterized by changes in nurse physical and mental well-being. It may present as emotional exhaustion, lack of motivation, feelings of low self-efficacy, and/or physical symptoms such as frequent headaches, fatigue or difficulty sleeping. Nurses completing the survey were asked to reflect on their own experiences and perceptions and indicate whether they identify as having experienced burnout. Ninety percent of nurses indicated that they identified as having experienced burnout with rates of reported burnout highest among nurses who had been working more than 20 years.

Registered Nurses, Nurse Practitioners as well as managers were asked to indicate whether their work environment in the last year has improved, stayed the same, or worsened. Eighty-three percent of nurses felt their work environment has worsened in the last year; this rate was higher among Registered Nurses compared to Nurse Practitioners. While there was no difference in this assessment according to years in service, more nurses working in acute care and long term care indicated their work environment had worsened, with 90% of nurses in long term care indicating worsening in the last year.

The majority of managers also felt that the health care work environment in their practice area has worsened in the last year, albeit to a slightly smaller degree (76%). When asked to explain their assessment, the most common sentiments centered on insufficient staff and increased workload. The impact of COVID-19 in the last year was woven throughout many comments as it contributed to staff shortages and thus increased workload and mandatory overtime.

When asked if they are looking to leave their current position because of the conditions of their workplace, more than half of nurses indicated that they were with most reporting they are looking for a nursing position in a different workplace or site and almost a third of them seriously considering leaving the nursing profession altogether.

Finally, nurses were asked to identify aspects of their work environment that were positive and contribute to nurse retention. The most frequently described factor, by far, contributing to a positive work environment is “good co-workers”. There were many comments around the notions of team work, a family-like environment and knowing that your co-workers “had your back”. This was followed by the ability to self-schedule and choose day or night shifts, for example. Nurses also noted the fact that they find patient care itself to be rewarding and therefore a positive aspect of working as a nurse. And finally, having a good manager; this was often described by someone who is supportive, listens and acts on concerns, is visible on the unit, and is able to give hands on help when it is needed.

2.4 Top Concerns for Nurses

Nurses and managers were each asked to select, from a list, the top three concerns for nurses at the moment. The list included items such as salary, inability to access leave, lack of advancement opportunities, workplace conditions in general, among others (Figure 5).

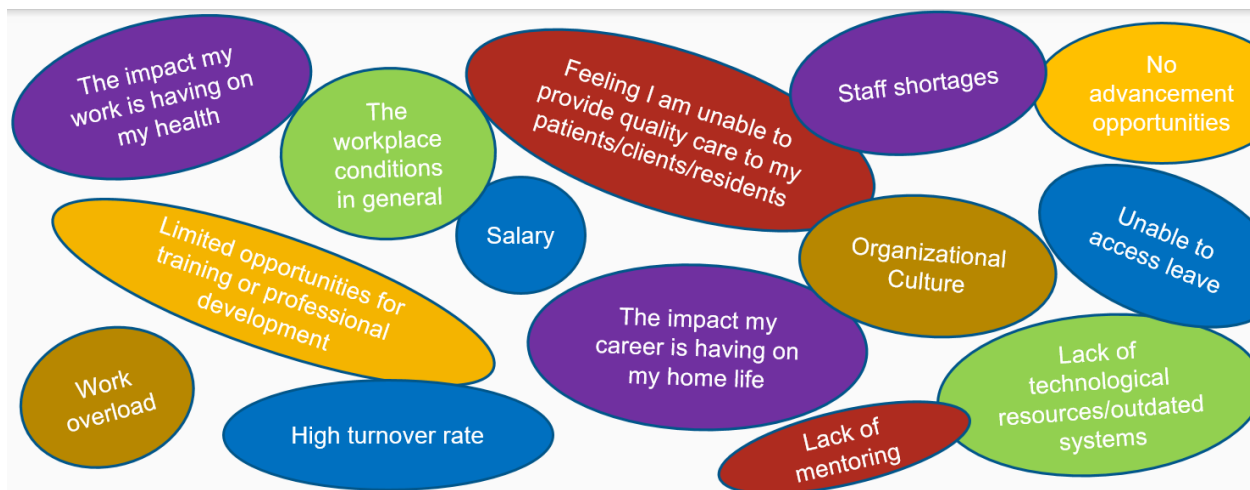


Figure 5. Pick list of concerns for nurses at the moment

Nurses and managers were in agreement on the top concerns for nurses at the moment with staff shortages identified by about 80% of managers and more than half of nurses. This was followed by the impact work is having on the health and well-being of nurses, including physical and mental health. The third top concern was work overload (Figure 6).

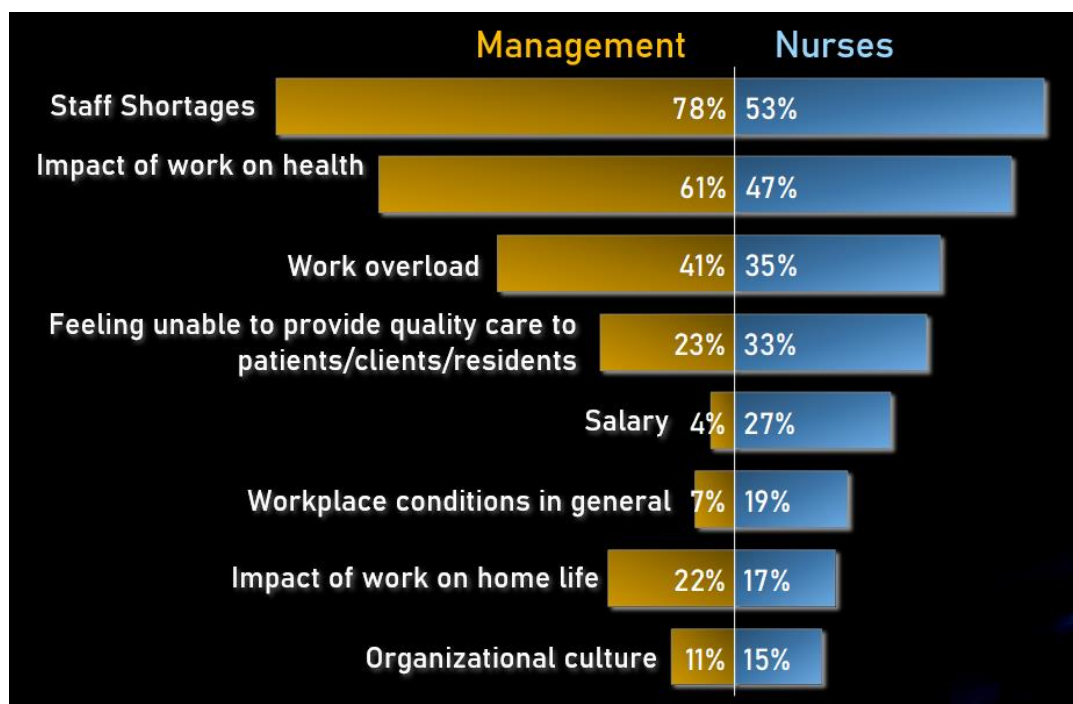


Figure 6. Top concerns identified by nurses and managers

Staff Shortages

Staff shortages were a greater concern for the Registered Nurses that completed the questionnaire compared to Nurse Practitioners. The comments provided by nurses relating to staff shortages highlighted the interconnectivity of the issue to other concerns such as the impact of the work environment on health and work overload. One nurse said: "We are working short staffed daily, without breaks. It is not safe." Another nurse indicated "Staff shortages are leading to high rates of burnout. Nurses are unable to access leave and are being mandated for overtime much too often. "

"Staffing shortages are causing a huge stressor on our health care system. We cannot provide the best care to our patients. We are burnt out and tired." - Nurse

Not surprisingly, the solutions offered for addressing staff shortages centred around the hiring of new, and retention of existing, nurses as well as increased focus on attracting individuals into provincial nursing programs and offering incentives to work in this province upon completion of their training. Better recruitment incentives, improved wages and benefits, and improving accessibility to leave were identified as part of these solutions as was the notion of bringing back the float pool for permanent positions.

Impact on health

There is no denying that the health of nurses in Newfoundland and Labrador is greatly impacted by their work environments. Nurses provided hundreds of comments about the impact nursing is having on their health. One nurse acknowledges that after every shift she/he is exhausted, they are "physically drained".

"There are days I go home so mentally and physically exhausted that I just go to bed. I am trying to do justice to my patients but sometimes I only can do the minimum when we are busy and that is not what I feel I am here for." - Nurse

Another nurse spoke of their "moral distress", being "expected to do more with less", "extreme burnout", and the difficulty of dealing with the death of patients without supports and "being expected to just move on".

The number one solution noted to address the impact work is having on the health of nurses is to increase access to time off. Increased access to time off would help protect the health of nurses and, when needed, provide them with the opportunity to address their health concerns when they arise. Solutions offered related to increased access to time off also included the elimination of mandatory overtime, more flexible scheduling, and increasing the number of family days and guaranteed days off.

A part of the solution for addressing the health of nurses was the provision of safer working conditions for nurses and this included greater safety from all forms of violence including, but certainly not limited to, physical, verbal and emotional abuse. Another notable solution to address the impact the working environment in this province is having on the health and well-being of nurses is to offer more supports such as increased counselling so that nurses can adequately address their health concerns and help them cope with the demands of their role. It was also felt that there is a need to focus on decreasing stigma around the use of sick leave for mental health concerns and that this would greatly reduce the guilt that nurses may feel when needing to take time off to support their mental health.

Work Overload

The third top concern for nurses at the moment was work overload. Many comments around work overload related to the nurse to patient ratios with ratios reported from 5 or 6 to one up to 7 and 8 to one in certain circumstances. Nurses reported that working with these ratios was extremely difficult, in fact dangerous, citing the patient safety risks this entails. Nurses also reported they are spending too much time doing non-essential duties that could be performed by other types of staff. Nurses noted that the work overload had led to increased sick leave which in turn results in increased workload for other nurses and the cycle goes on.

Solutions to work overload included: the delegation of tasks; increasing numbers of support staff and use them to their full scope of practice; better patient management; and staffing according to patient acuity opposed to bed occupancy. It was felt that non-nursing staff could do much of the non-nursing duties currently performed by nurses, support staff such as LPNs should be working to their full scope of practice, and units should be staffed according to the acuity level of the patients and not bed occupancy levels

2.5 Issues that should be prioritized to Improve Recruitment and Retention

Nurses and managers were aligned on two of the top three issues that should be prioritized to improve recruitment and retention in Newfoundland and Labrador (Figure 7). Three-quarters of nurses and more than half of managers identified the provision of incentives to retain existing permanent nurses as an issue that should be prioritized. This was followed closely by 'access to leave'.

Table 1. Top three issues that should be prioritized to improve recruitment and retention of RNs/NPs in NL

Issue	Nurses	Managers
Provide incentives to retain existing permanent RNs/NPs	73%	56%
Access to leave	68%	58%
Reduce/eliminate mandatory overtime	41%	
Incentives to encourage casual nurses to accept permanent positions		53%

RNs and NPs also identified the reduction or elimination of mandatory overtime as a key issue that should be prioritized to improve recruitment and retention; while the third issue identified by managers for prioritization was incentives to encourage casual nurses to accept permanent positions.

Access to Leave

Solutions provided by nurses and managers to address access to leave included:

- the adoption of a staffing/scheduling model designed to accommodate leave;
- promoting work-life balance among nurses; and
- improved organizational responsibility (Figure 7).

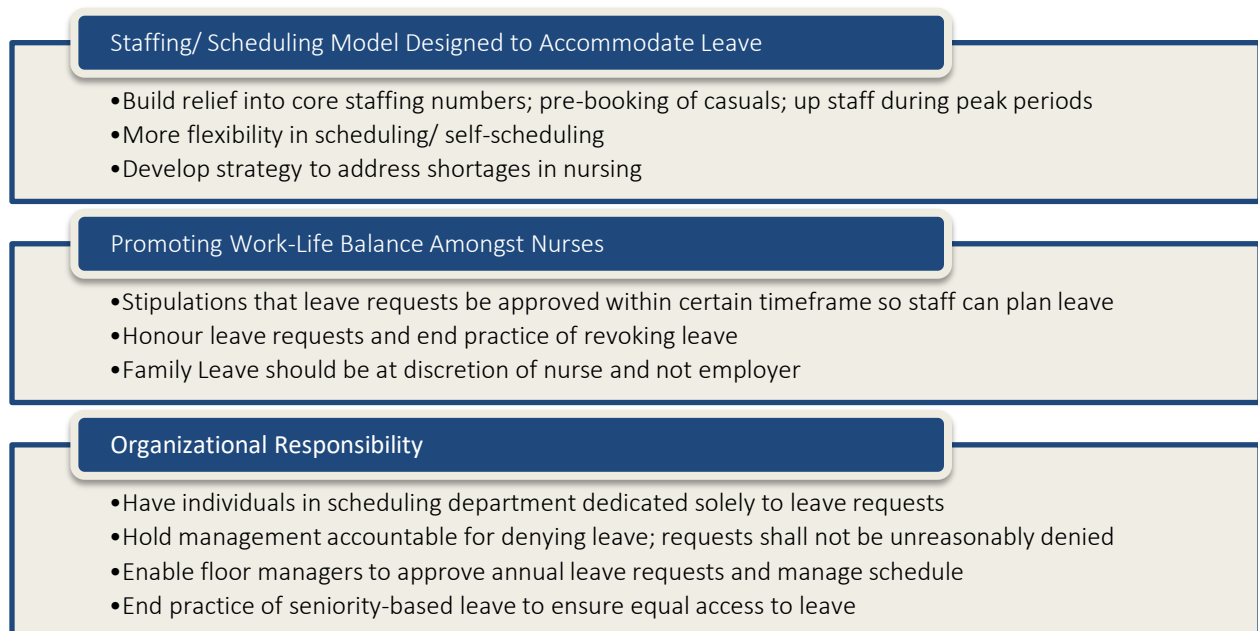


Figure 7. Solutions to address access to leave

Key elements from these solutions include:

- developing a strategy to address shortages in the nursing workforce
- using access to leave as part of a strategy to address nurse shortages and burnout
- building relief staff into core staffing numbers
- more flexibility in scheduling
- honoring approved leave and ending the practice of revoking leave, and
- ending the practice of seniority-based leave to promote more equal access to leave.

Mandatory Overtime

With respect to mandatory overtime, the solutions pivot around 4 main areas: adequate nursing staff; introducing limits or controls around mandatory overtime; improving working conditions; and addressing system issues (Figure 8).

Adequate Nursing Staff

- Increase permanent nursing positions
- Build and train casual/float pool to maximize coverage; consideration to contract/travel nurses
- Management/ Educators to cover short shifts

Limits/ Controls Surrounding Mandatory Overtime

- Specification on situations/ circumstances on when it can be used
- Right to refuse overtime
- Cap to amount of overtime worked/ enforced rest periods

Improve Working Conditions

- Access to annual leave; more flexible scheduling/ alternate models (i.e. 2 week on/off)
- Address issues contributing to burnout
- Build in relief staff in permanent schedules

Address System Issues

- Improve communication from scheduling departments
- Staff units based on workload/ patient acuity vs. nurse: patient ratios
- Review staffing mix/ model

Figure 8. Solutions to address mandatory overtime

A large part of why there is mandatory overtime is a lack of staff, therefore, increasing permanent nursing positions is an important factor in building an adequate nursing workforce; however, nurses and managers also put forward the notion of building and training casual or float pools to maximize coverage, and giving consideration to contract or travel nurses.

Limits and controls surrounding mandatory overtime include: strengthened specifications on the situations or circumstances that would warrant the use of mandatory overtime; giving nurses the right to refuse overtime; and capping the amount of overtime that can be worked.

Improving working conditions by building in relief staff in permanent schedules or offering more flexible scheduling were also thought to alleviate the effects of mandatory overtime. Lastly, solutions offered to address mandatory overtime include addressing system issues such as reviewing the staff mix or model, improving communication between departments, and including front line nurses in the design of solutions to fix these, and other, issues.

3.0 Nursing Think Tank

3.1 Session Overview

The Nursing Think Tank was held over a two-day period on April 4th and 5th, 2022. The session was held virtually and was facilitated by the Public Engagement and Planning Division of the Government of Newfoundland and Labrador. The session had more than 130 confirmed registrants (Appendix B) who represented a diverse group of stakeholders including: the Registered Nurses' Union Newfoundland & Labrador; the Minister and other representatives from the Department of Health and Community Services; other provincial government departments; the four Regional Health Authorities; the schools of nursing at Memorial University; the College of Registered Nurses of Newfoundland and Labrador; the Newfoundland & Labrador Nurse Practitioner Association, and the Canadian Federation of Nurses Unions.

The Think Tank included a lived experience panel, presentation of findings from the Nursing Think Tank Questionnaire, a series of facilitated break-out discussions on focused topics, and a keynote address from the Canadian Federation of Nurses Unions. A copy of the agenda for the Nursing Think Tank can be found in Appendix C.

3.2 Challenges of Recruitment and Retention

Much of the Think Tank break-out discussion pertaining to the challenges of recruitment and retention reiterated the findings of the questionnaire. Improving leave access to address stress from high workloads and mitigate the threat of burnout was identified as a key area to aid in staff retention. Participants again also emphasized the importance of providing incentives to help retain existing staff and attract new staff. Key incentives that were mentioned included providing paid accommodation, increased or additional compensation opportunities such as sign-on bonuses, childcare supports, and workplace enhancements including flexible scheduling options and new staff mentorship initiatives. The reduction or elimination of mandatory overtime was also discussed; however, participants emphasized that both access to leave and reducing or eliminating mandatory overtime could not be properly addressed without first achieving adequate staffing levels.

The discussion also illuminated challenges to recruitment and retention that were not fully explained in the questionnaire. Participants discussed how workplace culture and management can significantly impact retention. Many participants expressed the desire for enhanced management support, including opportunities for manager feedback and staff appreciation initiatives. Participants linked stronger management support and appreciation with feeling more highly valued in the workplace and thus higher retention. Participants also described how a lack of communication from and opportunities to engage with management results in unilateral decision-making that can impact nurses in a negative way and thus negatively impact retention. Participants expressed a desire to be involved in the decision-making process with opportunities to provide feedback and receive follow-up.

Finally, the group discussed how Human Resources (HR) processes can impact recruitment and retention. Suggestions included implementing recruitment strategies specifically targeting nursing students before they graduate and streamlining the process for international nurses by expanding the recognition of international credentials. Specific recruitment challenges in rural and remote Newfoundland and Labrador communities also demand tailored strategies. The group outlined advertising and financial incentives beyond recruitment, such as higher compensation over time, as a method to not only attract but retain staff in those areas. Improvements to the hiring process was a key area of discussion with emphasis placed on: revising the process so that successful candidates can start working quickly; streamlining the process of moving from one category/status to another; streamlining the transfer of pension and benefits; and ensuring adequate HR staffing.

“We have such a focus on patient/family/caregiver satisfaction, we have completely lost the plot in basic employee care.” - Participant

Once candidates are successfully recruited the group discussed how robust HR processes can aid in retention; specifically identifying sufficient onboarding and orientation, policies and procedures for safe working conditions, and exit interviews to identify potential organizational improvements.

3.3 Solutions for Providing Incentives to Retain Existing Permanent RNs/NPs

Supportive Leadership

Perhaps the most significant factor influencing nurse retention is leadership. Given the shortages and demands placed on nurses, it is critical that leadership create work environments that support nurses to work effectively in their role and remain satisfied in their career. Throughout the Nursing Think Tank, it was highlighted that, now more than ever, nurses need to feel valued and supported in the workplace.

Solutions for providing incentives to retain existing permanent RNs/ NPs included:

- acknowledgement and appreciation for work (Rewards/ Appreciation Program)
- engagement of front-line staff in conversations regarding retention and involvement in solutions
- implementation of minimum nurse-patient ratios to alleviate workloads and support patient care
- ability to provide feedback regarding nurse leadership to ensure units/ areas with lower ratings are prioritized to support nurse retention (Exit Interviews/ Staff Survey/ etc.)
- implement daily huddles to foster communication and effective team building
- ensure staff are supported to take breaks during their shift
- recognizing life events and supporting staff to have time off (i.e., birthdays/ anniversaries/ loss of loved one/ vacations/ etc.)

“You are constantly breaking plans with your kids. The retention part is hard when we cannot get holidays “ - Participant

Financial Incentives

Financial incentives were a major theme discussed throughout the Nursing Think Tank. Suggested financial incentives to address the issue of retaining existing permanent RNs/ NPs included:

- retention bonus/ loyalty bonus for hitting milestones for years of service
- reimbursement of license fees and insurance premiums
- better benefits package and coverage
- incentivizing mentors for student nurses as nurses are tired of having to take students

Although there were mentions of incentivizing staff for not using their sick leave, embracing this recommendation would promote staff not to access their sick leave when necessary and creates a negative culture surrounding the use of sick leave. The issue surrounding sick leave in nursing is multi-factorial but is fueled by a system that continuously denies nurses access to their leave; therefore, efforts should be focused on supporting the work-life balance of nurses so that they can thrive and continue their career as nurses in Newfoundland and Labrador.

Supporting Growth and Advancement of Nurses

Based on the insights derived from the Nursing Think Tank, it was clear that supporting the professional growth and advancement of nurses is a major driver influencing career satisfaction and overall retention of existing nurses. Solutions proposed throughout the discussion included the following:

- mentorship program for seasoned and newer staff
- tuition reimbursement for nurses wanting to further education
- access to education leave/ leave of absence for educational purposes
- integrated curriculum that supports ladder from PCA-->LPN-->RN-->NP
- rotational nursing to support the skill development of nurses across different areas affording them greater insight regarding their future career pathway
- policies to support the release of nurses into new positions (i.e., timeliness for release dates)
- hosting lunch and learns/ educational events and supporting nurses to attend
- provincial seniority versus RHA-based seniority to afford greater flexibility and mobility

Approaching Retirement and Beyond

It was recognized throughout the Nursing Think Tank that incentives to maintain senior nurses and support retired nurses to continue to work is essential to supporting the nursing workforce in Newfoundland and Labrador. It was highlighted that conversations should be happening earlier to support nurses to consider working throughout their retirement years. Specific incentives highlighted were:

- increased compensation to retain nurses when they are eligible for retirement
- phased-in retirement without penalties to pension
- making it easier for retired nurses to return to work (some could not return at all due to process)
- bursaries or bonuses to retain nurses eligible for retirement similar to new graduates incentives
- flexibility in work arrangements for retired nurses

3.4 Solutions for Access to Leave

Nursing Think Tank participants offered rich feedback and creative solutions to the difficulty that nurses have when accessing leave. The discussion reflected some of the solutions identified by nurses who responded to the questionnaire such as the need to develop a strategy to address recruitment and retention in the nursing workforce. Think Tank participants felt that a sustainable approach to increasing the number of nurses in the workforce is a requirement before access to leave can be improved for nurses. Additionally, participants suggested that a review of core staffing and an evaluation of scheduling needs to be conducted by someone who understands the work.

Participants described solutions to accessing leave such as strategies to build the workforce and ensure support staff and nurses are working to their full scope; providing incentives for nurses who choose to fill-in for their colleagues and/or work overtime; and structuring the scheduling model to support access to leave. In general, there was an acknowledgment that flexibility in how leave is administered is an essential component of these suggested improvements.

Solutions offered to increasing access to leave for nurses included suggested improvements to build the workforce and ensure health professionals are working to their full scope and ability:

- supporting injured and retired nurses in their return to the workforce by providing incentives to return to the workforce and encourage them to perform other duties, such as duties that can be performed virtually
- utilizing support staff to perform non-nursing duties
- redeploying managers to work on the frontline
- employing a travelling nurse team for coverage

“Need to tap into other supports in certain situations - i.e., using Paladin in constant care situations”

- Participant

Additionally, some solutions to accessing leave related to incentives, such as: providing incentives for those who are working overtime; incentives for nurses to take leave “off-season”; offering double time to fill in for those taking leave in the summer; paying fees for retired nurses to return to the workforce; and pre-booking casual staff and offering them overtime.

Some of the solutions generated at the Think Tank pertaining to access to leave related to scheduling models, such as:

- introducing self-scheduling;
- allowing nurses to cover for each other, switch shifts with their colleagues, and job share;
- reintroducing float positions and float pools;
- reductions and closures where necessary to ensure nurses can avail of leave (some participants felt this is an emergency response to the workforce issues but not a sustainable solution); and
- approving leave in a timely manner.

3.5 Solutions for Reducing/Eliminating Mandatory Overtime

Pre-booked overtime

The most commonly mentioned solution to reducing or eliminating mandatory overtime was an option of pre-booking overtime. As participants mentioned, oftentimes overtime was not the issue, but the fact that it was mandated. This was true especially when it was an extension of a shift as this creates a safety issue. It was felt that if people are given an option to pick up an extra shift in advance, they will often do so.

"If I can book myself ahead there will be no gaps. We are taking positions in Voisey's Bay because we can plan."

- Participant

Mandatory overtime should be paid more

Another frequently voiced issue was the fact that mandatory overtime was not paid appropriately. Gaps in schedules could often be filled but often a lot of nurses do not want to take it for time and a half. It was commonly mentioned that paying double time for added shifts would reduce the need for mandatory overtime.

"A lot of times we know the gaps and the schedule with gaps are posted but often a lot of nurses don't want to take it on for time and a half. They are giving up time with family and the money aspect is not reflective."

- Participant

Improved scheduling

Both of the solutions above could only be availed of when the scheduling with gaps identified would be available well in advance. Additionally, it was felt that scheduling should factor in all major events that could potentially impact service and staffing, like for example winter storms and summertime periods. Scheduling could also include extra float staff for unspecified unplanned leave. It was suggested that a group communication app for scheduling could be very beneficial.

"Keep schedules updated for a six-week period - not day to day coverage!"

- Participant

Float staff utilization

Participants believed that a vital solution to eliminating or reducing mandatory overtime would be float staff utilization. Participants reported that it was used in some places in the past and significantly reduced the amount of mandated overtime. Additionally, participants suggested that a float pool of LPNs could be a good idea if they could work to their scope.

"When float positions were cut and eliminated in order to make necessary cuts, we were told the numbers didn't reflect that we needed them yet we pay more overtime tenfold since they were eliminated."

- Participant

3.6 Additional Comments

Think Tank participants were asked if they had any additional comments that they had not yet mentioned regarding nurse recruitment and retention. Participants again emphasized the importance of financial incentives such as increased compensation, tuition support and relief, relocation support, and employer coverage of license fees. Specific incentives such as accommodation support, childcare assistance, and flexible scheduling were identified as methods to assist with employee retention. Participants also reiterated that there is a need for a Labrador specific incentive strategy. The need for and commitment to providing leave was also mentioned as an important component for retention. Concerns regarding staffing levels of nurses and support staff were also reiterated with strategies to combat shortages discussed including: increasing recruitment initiatives; fully utilizing a student's scope of practice; bringing back senior nurses; increasing recruitment of international nurses; increasing support for LPN bridging; and exploring a travel nurse model to address rural nurse vacancies. Staffing retention discussions outlined strategies such as new nurse mentorship and ensuring proper HR processes are in place organizationally.

Participants also discussed the importance of increasing visibility of the nursing profession to encourage recruitment. Strategies suggested included engaging students young and providing job opportunities for high school students; exploring how to engage more men in the profession; and supporting mature students. The group also discussed the power of advertising and promoting nursing as a career, including showcasing the different types of positions available and sharing positive aspects of the profession.

Additionally, Think Tank participants discussed the impact of workplace culture on employee recruitment and retention. Participants felt that promoting a positive work environment would help increase employee morale and improve retention. Strategies discussed to improve the work environment included:

- increasing workplace safety, with zero tolerance for violence;
- embedding mental health supports such as debriefing;
- offering employee appreciation initiatives that help recognize staff commitment; and
- increasing visibility of managers in nursing environments so that managers understand the realities of frontline work.

Hiring more internationally educated nurses (IEN) was offered throughout the discussions as an additional solution to address recruitment challenges. Solutions suggested by participants focused on the processes for internationally educated nurses to attain registration to practice, and professional and social supports when patriated to the province. Suggestions included:

- enhancing IEN recruitment efforts, including targeting unregistered IENs currently living in the province to initiate the bridging process;
- implementing an IEN recruitment collaborative between stakeholders – Regional Health Authorities, schools of nursing, nursing regulators and Government;
- improving the IEN assessment process, including the English proficiency assessment; and
- developing professional and social support networks and services to support IENs in workplaces and within communities when established in the province.

For final thoughts on recruitment and retention, participants felt that a commitment to long-term change from various levels is necessary to address existing challenges. An analysis of workplaces or units that are successful in retaining staff could also assist with gleaning meaningful information on additional strategies and approaches.

“Money is the short term solution, but we really need to take a good look at long term solutions [such as] work environment, management concerns, long term staffing solutions, skill mix/working to scope.” - Participant

4.0 Next Steps

The Department of Health and Community Services, the Registered Nurses’ Union Newfoundland and Labrador and the Regional Health Authorities have agreed to strike a Nursing Think Tank Initiatives committee to work together to develop solutions recommended by Think Tank participants to improve retention of existing nursing resources, recruitment of additional resources, and improve quality of nursing work-life in the short term while longer term solutions are developed and implemented.

Appendix A: Nursing Think Tank Questionnaire

Questionnaire - Nursing Think Tank

QUESTIONS 1-20 For RNs/NPs Only

1. Are you a Registered Nurse or Nurse Practitioner?
 - RN
 - NP
2. Please specify the Regional Health Authority you live in:
 - Labrador – Grenfell Health
 - Western Health
 - Central Health
 - Eastern Health
3. How long have you been working as a RN/NP?
 - < 1 year
 - 1 to 5 years
 - 6 to 10 years
 - 11 to 20 years
 - 20 + years
4. Do you intend to retire within the next two years?
 - Yes
 - No
 - Don't know
5. In which practice area do you work? (Select all that apply)
 - Acute Care
 - Public Health/Community Health
 - Long Term Care
 - Other, please specify (insert text box for other)
6. What is the status of your current position?
 - Permanent
 - Temporary
 - Casual
7. Is this the employment status you desire?
 - Yes
 - No
8. A. As a permanent employee, have you considered resigning to accept a casual position?
 - Yes
 - No
 - Prefer not to say
 - I am not a permanent employee
- 8B If yes, why have you considered resigning from your permanent position to accept a casual position?
9. As a casual employee, which of the following best describes the reason why you are a casual employee?
 - I am retired and came back to work casual
 - I see the challenges experienced by permanent employees
 - Working casual provides me with the work-life balance I desire
 - I want to be permanent but there are no jobs available in my desired area or location of work
 - Other (Please Specify) (insert text box for other)

10. Newfoundland and Labrador has one of the highest proportions of casual nurses in Canada. Why do you think nurses prefer casual over permanent positions?

11. What do you suggest as solutions to encourage nurses to accept permanent positions?

12. Have you experienced any of the following types of workplace-violence in the past month? **Select All That Apply**

- Physical violence
- Verbal abuse
- Emotional abuse
- Other, please specify (insert text box to explain other)
- I have not experienced workplace-violence in the past month
- Don't know

Please explain

13. Globally, nurses' rates of anxiety, depression and burnout are rising due to challenging work environments and exposure to violence. Are the demands of your workplace negatively impacting your mental health and wellness?

Yes

No

Prefer not to Say

14. "Burnout" in the nursing profession is characterized by changes in the nurse's physical and mental wellbeing. It may present as emotional exhaustion, lack of motivation, feelings of low self-efficacy, and/or physical symptoms such as frequent headaches, fatigue, or difficulty sleeping. Burnout impacts staff turnover and nurses feelings regarding job satisfaction. Reflecting on your own experiences and perceptions, do you identify as having experienced burnout?

Yes

No

Prefer not to say

15. In the last year would you say that your work environment has :

- Improved
- Stayed the same
- Worsened
- Prefer not to say
- Don't know

Please explain

16. Are you looking to leave your current nursing position because of the conditions of your workplace?

- Yes
- No
- No, because I am due to retire soon

16B If yes, where are you looking to go?

- I am looking for a nursing position in a different workplace/site
- I am seriously considering leaving the nursing profession
- I am looking to retire early
- Other, please explain (insert text box to explain)

The purpose of the Nursing Think Tank Event is to develop innovative solutions to help address nursing recruitment and retention challenges in Newfoundland and Labrador. As a RN/NP, you know the issues well. Please reflect on the opportunities and concerns within your workplace or worksite and provide any suggestions (no matter how small or large) you may have. The issues identified, opportunities and solutions recommended will be grouped into themes and will help inform and guide discussion at the Nursing Think Tank event.

17. What are your TOP THREE concerns as a registered nurse or nurse practitioner at the moment? (Please select only three (3) concerns)

- The impact my work is having on my health (mental or physical)
- Feeling that I am unable to provide quality care to my patients/clients/residents
- The workplace conditions in general
- The impact my career is having on my home life
- No advancement opportunities
- Staff shortages
- Work overload
- High turnover rate
- Lack of Mentoring
- Organizational Culture
- Limited opportunities for training or professional development
- Salary
- Lack of Technological Resources / Outdated Systems
- Unable to access leave
- Other (Please Specify)

[Note: Each choice has two follow up questions for Q17

Please describe your concern

What solutions do you suggest to address your concern?]

18. Please identify UP TO THREE issues that should be prioritized to improve recruitment and retention of RNs/NPs in NL? (Please select only 3 issues)

- Access to leave
- Reduce/ Eliminate mandatory overtime
- Improved childcare options
- Incentives to encourage casual nurses to accept permanent positions
- Safe workplaces and support for RNs/NPs
- Provide incentives for relocation to rural sites
- Provide incentives to retain existing permanent RNs/NPs
- Other (please specify)_____

[Note: “Please explain” box expand once each answer for Q18 is selected.

What solutions do you suggest to address the issue?]

19. Please identify UP TO THREE aspects of your work environment that are positive and you feel contribute to the retention of nurses.

END of Survey for RNs

Remaining questions for Managers and other stakeholders only:

1. What is your current role?
 - I am a Frontline Manager or Director
 - Senior Leadership
 - I am a Human Resources Manager
 - Other stakeholder
 - o Text box to pop up if outside stakeholder selected
2. Please specify the Regional Health Authority you live in:
 - Labrador – Grenfell Health
 - Western Health
 - Central Health
 - Eastern Health
3. In the last year would you say that the health care work environment in your program area has:
 - Improved
 - Stayed the same
 - Worsened
 - Prefer not to say
 - Don't know
 - Not applicable

Please explain

The purpose of the Nursing Think Tank Event is to develop innovative solutions to help address nursing recruitment and retention challenges in NL. Please reflect on the opportunities and concerns you see within your role as a manager or outside stakeholder and provide any suggestions (no matter how small or large) you may have. The issues identified, opportunities and solutions recommended will be grouped into themes and will help inform and guide discussion at the Nursing Think Tank event.

4. In your opinion, what are the TOP THREE concerns for nurses at the moment?
(Please select only three concerns)
 - The impact work is having on their health and wellbeing (mental or physical)
 - The quality of care being provided to patients/clients/residents
 - The workplace conditions
 - The impact work is having on their home life
 - No advancement opportunities
 - Staff shortages
 - Work overload
 - High turnover rate
 - Lack of Mentoring
 - Organizational Culture
 - Limited opportunities for training or professional development
 - Salary
 - Lack of Technological Resources / Outdated Systems
 - Staff unable to access leave
 - Other (Please Specify)

[Note: Each choice has two follow up questions for Q4

Please describe your concern

What solutions do you suggest to address your concern?]

5. Newfoundland and Labrador has one of the highest rates of casual nursing workforce in Canada. In your experience, which of the following best describes why RNs seek casual employment?
 - They are retired
 - They see the challenges experienced by permanent employees
 - Working casual provides the desired work-life balance
 - There are no permanent jobs available in their desired area or location of work
 - Not applicable/ unsure
 - Other, please explain (insert text box to explain)
6. In your opinion, what are the barriers to casual RNs taking a permanent position?
7. Please identify solutions to the barriers that you identified?
8. Please identify UP TO THREE issues that should be prioritized to improve recruitment and retention of RNs/NPs in NL? (Please select only 3 issues)
 - Access to leave
 - Reduce/ Eliminate mandatory overtime
 - Improved childcare options
 - Incentives to encourage casual nurses to accept permanent positions
 - Safe workplaces and support for RNs/NPs
 - Provide incentives for relocation to rural sites
 - Provide incentives to retain existing permanent RNs/NPs
 - Other (please specify)_____

**[Note: “Please explain” box expand once each answer for Q8 is selected.
What solutions do you suggest to address the issue?]**

END.

Appendix B: Nursing Think Tank Participant List

Organization	Confirmed Registrant
Registered Nurses’ Union Newfoundland & Labrador	Yvette Coffey, President
	John Vivian, Executive Director
	Mike Fagan, RN, Vice President, Board of Directors
	Tony Moores, RN, Secretary Treasurer, Board of Directors
	Raelyn Strangemore, RN, Region 2, Board of Directors
	Stephanie Legge, RN, Region 3, Board of Directors
	Christa Philpott, RN, Region 4, Board of Directors
	Brenda Dicks, RN, Region 5, Board of Directors
	Nancy Healey-Dove, NP, Region 6, Board of Directors
	Niki Parsons, RN, Region 8, Board of Directors
	Kim Parsons, RN, Region 9, Board of Directors
	Jessica Dwyer Milley, RN, Region 9, Board of Directors
	Karyn Whelan, Communications
	Leah Healey, Education & Research
	Tracey Trahey, Staff Lawyer
	Violet Browne, Labour Relations Officer
	Jaclyn Whelan, Labour Relations Officer
	Kyle Vardy, Labour Relations Officer
	David Hammond, Labour Relations Officer
	Randy Clarke, Labour Relations Officer
	RN Cindy Coombs LGRIHA
	RN Trudy Coles LGRIHA
	RN Nicole Boutillier LGRIHA
	RN Marie-Pier Dore LGRIHA
	RN Beverly Wheeler WRIHA
	RN Leah Loder WRIHA
	RN Gordon MacKenzie WRIHA
	RN Danielle Munden WRIHA
	RN Margot Parson CRIHA
	RN Morley Colbourne CRIHA
	RN Jennifer Hiscock CRIHA
	RN Niki Keats ERIHA
	RN Jennifer Spurrell ERIHA
	RN Lauren Byrne ERIHA
	RN Kellie Bishop ERIHA
	RNU Natasha Healey ERIHA
	NP Dr. Dawn Chubbs ERIHA
	RN Douglas Spracklin ERIHA
	RN Lori Upshall ERIHA
	RN Sheila Mercer ERIHA
	RN Alexandra Newman ERIHA
	RN Cheryl Gibb ERIHA
	RN Karen Noseworthy ERIHA
	RN Vanessa Foley ERIHA
	RN Megan Hiscock ERIHA
	RN April Daley ERIHA
	RN Tina Edwards ERIHA
Department of Health and Community Services	Honourable Dr. John Haggie, Minister
	Andrea McKenna, Deputy Minister
	Alan Doody, Associate Deputy Minister
	Daphne Osborne, Chief Provincial Nurse
	Alicia Anderson
	Melony O'Neill
	Vanessa Mercer Oldford, Assistant Deputy Minister
	Nancy Hollett, Communications
	Adam Churchill, Sr Manager - Health Workforce Planning
	Andrew Wells, Manager - Health Workforce Planning
	Jeff Birmingham, Manager - Health Workforce Planning
	Gillian Sweeney, Assistant Deputy Minister Population Health

Organization	Confirmed Registrant
Department of Immigration, Population Growth and Skills	Patricia Hearn, Deputy Minister
	Katie Norman, Assistant Deputy Minister, Immigration and Population Growth
Office of Women and Gender Equality	Judith Hearn, Deputy Minister
Labrador-Grenfell Health	Heather Brown CEO
	Donnie Sampson, VP, Chief Nurse
	Antionette Cabot – VP Clinical Services
	Sandy Penney RD Rural & Remote
	David Elgar, HR Manage
	Craig Wallace, Nurse Recruitment
	Danielle Gignac – Recruitment Strategies
Western Health	Michelle House CEO
	Renee Luedee Warren, Chief Nurse - Western
	Donna Wheeler, RN, Manager, WMRH
	Alison MacLean, Director, HR, Western
	Dana Fleming , Manager- ER, STRH
	Cindy Downey, Director LTC/Rural Health
	Chantelle Brake, Manager, Surgery, WMRH
	Andrea Colbourne
	Tracey Bennet, Manager, Community Supports
	Danielle Shea, Director, Patient Services
Central Health	Andree Robichaud, CEO
	Joanne Pelley, VP Chief Nurse
	Rahul Girijappan, Critical Care Director
	Leanne Perry, Manager of HRBPs (HR)
	Marylynn Pride, Manager of Site Operations Twillingate
	Jordan Foster, Recruitment Manager (People and Culture)
	Gina Sheppard, Regional Director Families, Children and Population Health
	Kelly Muggridge, Interim Director of Primary Health Care (Operations)
	Rebecca Ross, Manager of Site Operations Springdale
	Amanda Jennings, Professional Practice Consultant
	Craig Davis, VP People and Transformation (I)
	Joanne Sullivan – Manager of Employee Engagement
Eastern Health	David Diamond, CEO
	Debbie Walsh, VP Clinical Services and Chief Nurse - Eastern
	Gerard Kenny, HR Director
	Tracy Harris, Recruitment Consultant
	Crystal Northcott, Manager Janeway
	Leslie Ann Rowsell, Site Lead, Burin
	Amy Howard, Director
	Neil Colbourne, Site Manager, Bell Island
	Dion Park, Site Lead Clarenville
	Darren Fewer, HRBP LTC and LTC Rural
	Nancy White, RN Manager St.Clares
	Joanne Howell, Site Director, CGH
	Steve Rogers - Manager HSC
	Travis Bolt - Site Coordinator, HSC
	Christina Kean - HRC Labour Relations
	Jerome Tapang, RN
	Tara Hunt
	Sheila Mercer
	Jane Dominic - Nurse Coordinator, Janeway
	Jen Sutton - HSC OR/RR
	Tina Skinner
	Colleen Butler
	Natalie Moody

Organization	Confirmed Registrant
Memorial University, Schools of Nursing	Kathy Watkins, Director - Centre for Nursing Studies
	Peggy Colbourne, Director - Western School of Nursing
	Joy Maddigan
	Becky Newton
	Robin Devey-Burry
College of Registered Nurses of Newfoundland and Labrador	Lynn Power, Executive Director
	Tracey MacDonald, Chair
Newfoundland & Labrador Nurse Practitioner Association	Margot Antle, President
	Kari Brown, Vice President
Student Representatives	Adam Smith, Nursing Student, MUNSON
	Jenna Hatcher, Nursing Student, CNS
	Danielle Gould, Nursing Student, WRSON
Keynote Speaker	Linda Silas, President, Canadian Federation of Nurses Unions
Canadian Federation of Nurses Unions	Carol Reichert, CFNU Researcher
	Dr. Ivy Bourgeault, CFNU Researcher
	Dr. Housseem Eddine Ben Ahmed, CFNU Researcher
	Tyler Levitan, Relations Officer
	Yasmin Gardaad
CHANNAL	Brad Glynn, Executive Director
	Monica Fletcher, Public Education Supervisor

Appendix C: Nursing Think Tank Agenda

Nursing Think Tank
Virtual Platform – WebEx
April 4-5, 2022

Day 1 Agenda

9:00 Opening Remarks

9:15 Session Overview

9:20 Lived Experience Panel

9:50 Mindfulness Exercise

10:00 BREAK

10:10 Nursing Think Tank Questionnaire Results

10:30 Discussion: Challenges of Recruitment and Retention

The challenges of improving the workplace and the recruitment and retention of registered nurses has been presented here this morning by the lived experiences panelists and the questionnaire results.

Thinking about the information you have heard thus far and your own personal experience, is there anything missing? Is there anything you would like to reiterate or expand upon with regards to recruitment and retention challenges?

11:00 Mindfulness Exercise

11:10 Report Back from Discussion Cycle 1

11:15 Initiatives for Recruitment and Retention of Nurses

11:45 Closing Remarks

Nursing Think Tank
Virtual Platform – WebEx
April 4-5, 2022

Day 2 Agenda

9:00 Opening Remarks

9:05 Session Overview

9:10 Keynote Address – Canadian Federation of Nurses Union – Linda Silas

9:30 Discussion: Solutions for Providing Incentives to Retain Existing Permanent RNs/NPs

What solutions do you have to help address the issue of providing incentives to retain existing permanent RNs and NPs to improve recruitment and retention?

10:00 Discussion: Solutions for Access to Leave

What solutions do you have to help address the issue of access to leave to improve recruitment and retention? (30 min)

10:30 Mindfulness Exercise

10:40 BREAK

10:50 Report Back

11:00 Discussion: Solutions for Reduce/Eliminate Mandatory Overtime

What solutions do you have to help address the issue of reducing and/or eliminating mandatory overtime to improve recruitment and retention?

11:30 Discussion: Additional Comments

Is there anything else you would like to share regarding the recruitment and retention of nurses in Newfoundland and Labrador?

11:45 Report Back

11:50 Closing Remarks

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