Registered Nurse Retention in Long Term Care: A Qualitative Exploration

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Registered Nurse Retention in Long Term Care: A Qualitative Exploration

By

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May 8, 2023
Declaration of Originality

I hereby certify that I am the sole author of this thesis and that no part of this thesis has been published or submitted for publication.

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Abstract

Registered Nurse (RN) retention continues to be an issue within long-term care (LTC). RNs play a vital role in the overall wellbeing of the aging Ontario population. In 2020, COVID-19 swept the world in a pandemic and the Ontario LTC sector was left with many changing restrictions and regulations that had a large effect on not only the RNs who work there but also the residents who resided in.

This study was conducted to identify what factors contribute to satisfaction and dissatisfaction for RNs in LTC. Also, it aimed to look at factors related to a RN continuing to work in LTC versus leaving the sector. The study was conducted through descriptive phenomenology. Interviews were conducted with participants who were contemplating leaving LTC and participants who were content in their positions.

For those content in their job relationships with residents, co-workers and management were essential for satisfaction. The Ministry of Long-Term Care (MOLTC) and wages were identified as reasons for their dissatisfaction. For the participants contemplating leaving relationships with the residents were their only source of satisfaction. Working conditions, lack of respect and the media were all seen as aiding in dissatisfaction. For both groups the theme of relationships was important to their satisfaction and the theme of systemic challenges brought up dissatisfaction.

Increasing meaningful connections between not only RNs and the residents but also RNs and their co-workers/management may be beneficial in increasing retention. Navigating systemic challenges through advocacy, further research and encouragement of new graduate nurses joining LTC may help to lessen the feelings of dissatisfaction with these RNs.
Dedication

This thesis is dedicated to my husband, Spencer West, who has supported me through all my ambitions. Thank you for your never-ending love and support.
Acknowledgments

First, I want to thank the participants of this study. Without your testimony and stories, I would not be able to share the importance of this study. I am grateful for your dedication to the nursing community.

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Eloise, you coming into my life during this process gave me one more reason to keep pushing to achieve this goal. Thank you for being my little girl.

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Introduction

As of 2021, the estimated population in Ontario is more than 14 million, of which an estimated 18.5% are people aged 65 years and older (Statistics Canada, 2021). People aged 65 and older are the age group most likely seeking out the services from Long-Term Care (LTC) homes. The needs of older adults are becoming more complex; therefore, according to The Canadian Nurses Association (CNA) (n.d), Registered Nurses (RNs) are in the optimal position to care for these patients. This is due to their ability to manage people with complex health needs, be on-site for non-emergent situations and transfer care to the appropriate health care provider as needed (CNA, n.d). As of February 2023, there are 116,606 RNs entitled to practice in Ontario, which is more than a 3,000 nurse increase from February 2022 (College of Nurses of Ontario [CNO], 2023). Additionally, there are another 1,369 nurses registered with both a Registered Practical Nurse (RPN) licence and an RN license (CNO, 2023).

As of 2021, there were 7,736 RNs working in LTC which is a decrease from the 7,826 working in LTC in 2020 (Canadian Institute for Health Information [CIHI], 2021). However, there are 626 licensed homes in Ontario with just over 78,000 beds that care for more than 115,000 families each year (Ontario Long-Term Care Association [OLTCA], 2019). In 2019, the average wait time was five months (OLTCA, 2019). Though many older adults choose to, and can stay in their own home, LTC offers specialized care for those who cannot. This includes but is not limited to recreational, occupation and physical therapy, pharmacy services, and social work. Recently, accreditation standards have mandated that LTCs move away from the “institutionalized” approach to care (OLTCA, 2019). With two out of every three LTC residents having a form of dementia it is imperative to provide care that allows them to keep their dignity, and as much control over their life as possible (OLTCA, 2019).
As a care sector, LTC homes receive 7% of the provincial healthcare budget, which is the equivalent of $4.28 billion dollars annually (OLTCA, 2019). To respond to changing resident needs, the government has allotted an extra 15 million care hours to occur, bringing the resident average to four hours per day (OLTCA, 2018). This is time that is spent bathing, changing, feeding, or toileting the resident. Although helpful, the increase in care hours is insufficient for many residents. With limited care hours and increasing resident needs RN burnout becomes a reality within LTC (McGilton, Boscart, Brown & Bowers, 2014). The COVID-19 pandemic played a role in many changes within the LTC sector and much of that will be discussed later in this paper. However, it is imperative to note that LTC used to be governed by the Long Term Care Homes Act, 2007, but has since been replaced with the Fixing Long Term Care Homes Act, 2021. Many of the regulations that homes were following were changed and revamped with the change of the act and therefore, care that residents receive may have also changed as well.

According to CIHI (2017), RNs and RPNs make up 70.7% of the regulated nursing workforce. However, between 2014 and 2017 there was an all-time low growth rate of only 0.8% (CIHI, 2017) in all nursing fields. This is alarming considering the aging population of Ontario. The turnover rate of nurses in LTC is as high as 13.7% (O’Brien-Pallas et al., 2010). Though this study consisted of both RPNs and RNs, the majority of the participants (88.97% and 90.16% for wave one and wave two respectfully) in this study were RNs (O’Brien-Pallas et al., 2010). When taking into consideration indirect and direct costs, nursing turnover can cost upwards of $26,652 per nurse in Canada (Duffield et al., 2014), however there are no specific costs identified specially for LTC RN turnover.

Though both RPNs and RNs can pass medications, perform assessments, consult with other team members, and manage health needs of patients their scope of practice has many
differences (CNO, 2018). As the residents needs become more complex and unpredictable the need for RN consultation and collaboration is needed (CNO, 2018). RNs are responsible for being the leader within the interdisciplinary team, delegating and allocating both staff and material resources, and designing and implementing health programs (CNO, 2018). The RPN, however, is skilled to tend to stable patients with predictable outcomes, appropriate resource utilization and deliver health programs (CNO, 2018). Due to the differences in the RPN and RN roles, it is important to establish the retention factors specifically to RNs. Also, it is important to take into consideration that within LTC RNs and RPNs can hold titles and responsibilities outside of traditional floor or bedside nursing. For RPNs there is opportunity to become RAI Coordinators, Quality Improvement Leads, or Staff Educators. RNs can be Assistant Director of Care (ADOC) or Director of Care (DOC). These titles, for both RPNs and RNs, are usually considered part of the leadership team and are positions held outside of a collective agreement with a union. These positions may have to provide support within the home during a staffing crisis as a floor nurse, but typically have very different responsibilities.

The LTC sector is challenged by a high number of LTC residents with complex medical issues (OLTCA, 2019), a slowed RN growth (CIHI, 2017), and an elevated level of turnover within LTC (O’Brien-Pallas et al., 2010). Therefore, the purpose of this study is to qualitatively explore the reasons why RNs leave their jobs in LTC. Without understanding the reasons RNs are finding to leave these positions, it becomes difficult to tailor retention strategies to the nurses that are currently at work in this field, and therefore only an increase in turnover will be seen.

For context, LTC homes may be managed by a company, a not-for-profit organization or a municipality. All LTC homes, regardless of who they are managed by, must abide by the legislation set out through the Ministry of Long-Term Care (MOLTC). There is a Minister of
Long-Term Care who oversees the LTC portion of that. Currently the legislation governing these homes is The Fixing Long Term Care Homes Act, 2021. More is discussed about that later in the paper. Homes are required to have their own policies and procedures however, they also must follow the directions and guidelines set out by this Act.

**Impact Statement**

This study was originally proposed prior to the COVID-19 pandemic. The original time frame for data collection was supposed to be Summer of 2020. However, due to the impact, burden and stress the pandemic placed on the health care system it was decided to postpone data collection. During the pandemic LTC homes faced many restrictions and changing regulations. As Ontario lifts its restrictions for the general public there are still many restrictions within LTC such as vaccination policies and masking requirements. As stated previously, there was a change made to the act that governs LTC. Parts of the new act came into effect in April 2022 with the full rollout continuing throughout 2022. The data in this study was collected prior to this act commencing but after the announcement was made that the change would be made. The impact of the pandemic and changing act will be discussed later in this paper.

**Conceptual Framework**

The conceptual framework that guided this study is Herzberg’s Two-Factor Motivation-Hygiene Theory. This theory presents the unique idea that there are two different components that can determine employee retention. One component is comprised of the “hygiene factors” that influence whether someone may be dissatisfied with their job (Ngo-Henha, 2017). The other component is based on factors that contribute to job satisfaction which are called “motivation factors” (Ngo-Henha, 2017). Herzberg stated that positive motivators (influences on job satisfaction) included achievement, recognition, and advancement. Negative experiences
(influences on job dissatisfaction) include interpersonal relationships, working conditions, salary, policies and job security (as cited in Gaziel, 2002).

It is imperative to understand that the “hygiene factors” are not just opposite of the “motivation factors” (Ngo-Henha, 2017). Job satisfaction factors are separate from job dissatisfaction factors. For example, if hygiene factors are in fact benefiting the person such as good job security or working conditions then they are preventing job dissatisfaction. However, it is not increasing job satisfaction (Chartered Management Institute, 2003). Retention is enhanced when motivation factors are present and utilized (Ngo-Henha, 2017).

These motivating factors allow for psychological growth of an individual and therefore will increase job satisfaction (Chartered Management Institute, 2003). Wage increases, or benefits are only short-term solutions and are therefore “hygiene factors” since they usually only keep employees happy for a short period of time. Therefore, they only prevent job dissatisfaction and do not increase job satisfaction (Chartered Management Institute, 2003).

**Figure 1- Herzberg’s Two-Factor Hygiene- Motivation Theory**

In this study, the idea of job satisfaction and dissatisfaction will be explored along with the factors that influence both of these for RNs in LTC. It is necessary to explore both “hygiene” and “motivation” factors for RNs in LTC in order to understand what contributes to job
satisfaction and dissatisfaction. This knowledge can be used to design appropriate and effective retention strategies for RNs in LTC.

**Term Definitions**

For clarity, key terms have been defined for the purpose of this study. The OLTCA (2018), defines long-term Care as a place of living that offers nursing care, activity of daily living assistance, and a safe, caring environment around the clock. Employee turnover is defined as when an employee no longer continues to work at a specific institution (Ngo-Henha, 2017) and the ability for an organization to maintain their employees is what is defined as nursing retention (Siddqui, 2015). Job satisfaction is when is someone has a sense of enjoyment from their job (Aziri, 2011) and according to Herzberg is largely related to internal factors (Chartered Management Institute, 2003). Also, Aziri (2011) defines a negative feeling towards one’s employment as job dissatisfaction. These key terms will play a crucial role during this study and defining them allows a better understanding of the concepts.

**Review of the Literature**

The concepts of turnover, retention, job satisfaction and dissatisfaction are especially important to the climate of nursing. A key gap to understanding the LTC retention issue is that the body of nursing retention literature largely focuses on hospital nurses. With regard to LTC retention, the literature is not specific to RNs as it includes both RNs and RPNs, and some literature includes health care aides (HCAs).

There have been several research studies with licensed nurses, including RNs and RPNs, and HCAs about the reasons driving turnover. Black (2015) emphasizes the notion that turnover factors and retention factors are not the same. Nurse dissatisfaction is progressively being thought of as an explanation for nursing turnover (O’Brien- Pallas et al., 2006). If LTC homes
can implement strategies that are targeted to reduce turnover and increase retention, they will be able to preserve acceptable staffing (Black, 2015).

RN retention is also associated with quality outcomes in LTC settings. According to a study done by Zimmerman, Gruber-Baldini, Hebel, Sloane and Magaziner (2002), the retention of RNs is associated with decreased rates of infection for residents. Other studies report decreases in hospitalization and rehospitalization (Zimmerman et al., 2002; Thomas, Mor, Tyler & Hyer, 2012), and improvements in the quality of care (Thomas et al., 2012; O’Brien-Pallas et al., 2010) are factors of nursing retention. The retention of RNs is crucial to the overall well-being and health of residents living in LTC.

**Literature Themes**

The following paragraphs will outline some of the turnover and retention themes that have been found throughout the literature.

Poor leadership was identified in multiple studies as being a contributing factor to increased turnover (McGilton et al., 2014; Chu, Wodchis & McGilton, 2013; Mittal, Rosen & Leana, 2009; Tummers, Groeneveld & Lankhaar, 2013). If the LTC staff felt that leadership was supporting them there was an increased sense of job satisfaction (Karantzas et al., 2011). If nurses felt that there was an inadequate amount of understanding provided by leadership which was not rectified when concerns were brought forth, and that much of the feedback they received was negative or punitive (McGilton et al., 2014), then these feelings increased the nurses’ desire to leave their position.

Another theme that was overwhelming in the literature was the element that one’s work environment could increase turnover. There were many different factors identified within the literature that staff felt contributed to a poor working environment. Mittal et al. (2009), described
that HCAs felt the physical and emotional demands of the job and staff that were considering leaving the position felt that is was “unreasonable”. They also felt that there was a lack of respect towards their profession (Mittal et al., 2009). McGilton et al. (2014), identified that nurses working in an underfunded system placed constraints that some nurses felt like they couldn’t work within. They felt that it limited their autonomy and did not allow them to connect and spend time with the residents as they desired (McGilton et al., 2014). Another reason for leaving was if nurses felt that they were being undercompensated, especially for the amount of work they were tasked with (McGilton et al., 2014). A good working atmosphere, lack of bullying, and effective working relationships is important for nurses to stay in LTC (Tummers et al., 2013).

Understaffing is experienced by all sectors of the healthcare system which includes LTC. LTC staff have a constant burden placed upon them due to understaffing as it causes difficulties such as, backfilling the absenteeism (Braedley, Owusu, Przednowek & Armstrong, 2018). This understaffing issue is a reason that staff working in LTC have felt like leaving their positions (McGilton et al., 2014; Mittal et al., 2009). This work environment has led nurses to have a self-identified feeling of burnout which is an antecedent to turnover (Tourangeau, Cranley, Laschinger & Pachis, 2010; McGilton, Tourangeau, Kavcic & Wodchis, 2013).

Though it appears that there are many reasons nurses and staff working in LTC are leaving their positions, there are also many reasons why the staff are staying. Personal relationships with both residents and co-workers are extremely important in retention of staff. These relationships provide a positive working experience for staff and allow for them to feel satisfied (Mittal et al., 2009; McGilton et al., 2014). When developing this connection with residents, staff felt like they were able to be better patient advocates (Mittal et al., 2009). Having a valuable relationship with the resident, the staff felt like it provided a purpose for their work
and was a positive motivator (McGilton et al., 2014; Mittal et al., 2009). Substantial relationships with co-workers also increased retention in LTC staff (McGilton et al., 2014; Tourangeau et al., 2010). Nurses explained that having a positive relationship with their colleagues fostered assistance with accomplishing breaks, was a backup for heavy workload, and provided motivation (McGilton et al., 2014).

Development and career opportunities were also essential to decreasing turnover (McGilton et al., 2014; Tummers et al., 2013). Nurses felt it was important to grow and maintain their clinical skills and participate in both formal and informal learning opportunities (McGilton et al., 2014). Both horizontal and lateral promotions and career development play a role in decreasing turnover intention (Tummers et al., 2013).

**Gaps in the Literature**

During this literature review it was apparent that there are large gaps in the studies conducted on LTC retention. The studies done have been either with HCAs or a skill mix. Not one study focused on the RN individually. The RN role greatly differs from the other staff within LTC. Most of the time they are required to play a supervisory role and have less contact with the resident. Their factors for leaving LTC may be different from other caregivers and therefore would need specialized retention strategies specific to the RN role.

Another gap identified was the idea behind actual turnover versus intended turnover. Much of the research looked at the idea that one might leave their job. The research asked the participant why they would leave as opposed to why they had left. This means that these factors may not have actually contributed to one leaving, and they may have only been a thought the participant had.
Also, much of the research was quantitative, so data was gathered from using surveys. Having more qualitative data to gather first-hand information from the staff may be helpful in looking at ideas that may not be presented in scale form. Tummers et al. (2013) identified that much of the meaning was lost with the quantitative nature of their survey. With only quantitative data, it can be difficult to identify the emotional, psychological or spiritual reasons behind leaving the position (Chu et al., 2014), and the impact it has (Hayes et al., 2012).

**Research Question**

From the review of the literature the research question was developed. Being as this project focused on RN turnover in LTC the research question is as follows:

a. As described by RNs working in LTC what factors influence job satisfaction or dissatisfaction?

b. As described by RNs working in LTC, what factors influence their intent to stay or leave their position?

**Methodology**

**Design**

This study is conveyed through a phenomenological approach, more specifically descriptive phenomenology. Phenomenological research is where “the researcher describes the lived experiences of individuals about a phenomenon as described by participants” (Creswell, 2014). Descriptive phenomenology was chosen in order for the participants to describe their thoughts, feelings, and opinions about their continued or cease of work in long term care. As discussed previously, this study was proposed prior to the start of the COVID-19 pandemic. Questions related to the pandemic and its impact were added to capture the new reality that RNs are facing in LTC.
Interviews took place via Microsoft teams and were set up using email correspondence. Each interview varied in length, but participants were told to expect 60-90 minutes. Interviews ranged from 30 minutes to 2 hours. Consent for both participation in the study and audiotaping were obtained prior to the start of each interview. At the end of the interview the participants were sent a follow up email thanking them for their time and as well as articles of relevance and a list of resources should they feel they needed to reach out to someone after the interview (see Appendix B). Data collection took place from October 2021 to February 2022.

**Sampling**

Sampling for this study was conducted through purposeful sampling, more specifically, snowball sampling. A sample size of fifteen participants was the aim. The goal was to have five participants for each of the three groups being interviewed. The three groups were RNs who have already left LTC, RNs who were contemplating leaving LTC, and RNs who were satisfied with their job in LTC.

A flyer, see Appendix A, was originally sent to 15 long term care homes with a letter asking the DOC to place the flyer within access to the RNs. After a few weeks with little response more flyers were sent out to additional long term care homes. A Facebook page was also dedicated to the recruitment of participants and the flyer was shared via that profile. As incentive, a Tim Hortons e-gift card was given to each participant as a thank you for their time.

Of the eleven nurses who indicated interest in participating in the study, ten completed an interview. Of the ten participating RNs, four were contemplating leaving LTC, five were content with their jobs in LTC, and one indicated that they had already left LTC. For the sake of anonymity, it was decided that the one interview with the participant who had already left LTC would not be included in the study results. Thus, the final sample consisted of nine participants.
All participants identified as female. Eight participants ages ranged from 40-69 and one participant was over the age of 70. Four had diplomas, three had undergraduate degrees, and two had master’s degrees. Six worked in homes that had between 100-199 residents. Two participants worked in homes with between 200-299 residents and one participant worked in a home with fewer than 100 residents. In the group of nurses contemplating leaving LTC, three participants were DOCs, and one was a floor nurse. In the group of nurses who were happy in LTC, four were floor nurses and one was a DOC.

Data Analysis

In order to investigate and evaluate the data collected, reflexive thematic analysis (RTA) was used. “Thematic analysis is a method for identifying, analysing, and reporting patterns (themes) with data” (Braun and Clarke, 2006) and “…requires deliberation from researchers, the importance of a thoughtful, reflective research practice…” (Braun and Clarke, 2022). Braun and Clarke (2006) identified six phases that allow the researcher to construct themes from the data.

In phase one, the researcher becomes “familiar with the data” (Braun & Clarke, 2006). Engaging in reading and re-reading the data allows you to look for patterns and meaning (Braun & Clarke, 2006). The interviews were transcribed verbatim by me. According to Braun & Clarke (2006), in order for the thematic analysis to occur transcription of verbal data must occur and it must be kept in its “true” nature. The demographic data was separated from the rest of the interview. I read the transcripts in their entirety multiple times.

Initial codes are established in phase two which marks the beginning of understanding what makes the data relevant and interesting (Braun & Clarke, 2006). According to Braun and Clarke (2022), “good coding” usually comes after lengthy exposure to the data. Revisions may be made to the codes and should occur in a natural way with increased understanding of the data.
(Braun and Clarke, 2022). After reading through the data I manually started pairing words with excerpts from the transcripts where I felt data may be valuable. MAXQDA software was used to aid in the coding process. The MAXQDA software allowed me to track and organize my codes. Also, with the ease of technology it allowed me to go back and forth between participants easily when needing to reference or check something. Initially, I had many codes that didn’t make it to the finished product. This is because something I thought would be a code did not appear in anyone else’s interview once all transcription and coding was complete. I started by finding the impactful statements in the transcript and assigning it a code without knowing what the codes would end up being.

In phase three, broader themes are identified by grouping codes (Braun and Clarke, 2006). Themes need to be developed in congruence with the project and derived from the codes themselves (Braun and Clarke, 2022). In Braun and Clarke’s 2006 paper they call this phase “searching for themes.” Braun and Clarke (2021) feel like this has led to confusion that themes should emerge from the data instead of the researcher having an essential part in distinguishing patterns and determining what gets shown to the reader. During this phase, I wrote all the codes down to identify if there were similarities that could be grouped into themes. Codes that only appeared in one person’s transcript or were unable to relate to another code were removed as final codes. The final codes were identified and then the themes were created from those.

Reviewing themes takes place in phase four (Braun and Clarke, 2006). During this phase there are two levels. Level one aims to establish if each of the data extracts form a pattern (Braun and Clarke, 2006). Level two looks at the data set as a whole. “…the validity of individual themes in relation to the data set, but also whether your candidate thematic map ‘accurately’ reflects the meanings evident in the data set as a whole.” (Braun and Clarke, 2006). If level one
is not met then you cannot progress to level two, and you must examine if there are data extracts that do not fit within that theme or if the whole theme itself is questionable (Braun and Clarke, 2006). I reread each data extract and reworked themes as needed. I then applied the whole data set to the themes to ensure that accurate themes were being captured.

In phase five “…you then define and further refine the themes you will present for your analysis and analyse the data within them.” (Braun and Clarke, 2006, pg. 92). Braun and Clarke (2006) state that it is important to capture why these themes are of interest and ensure that the theme is not trying to be overarching and accomplish too much. Sub-themes can be created for large themes. Identifying the importance of each theme was done by writing each theme and codes within them. The final phase is producing the report. This is the place to present the data in a way that tells a story with reference to your research question (Braun and Clarke, 2006).

With RTA it is important for the researcher to acknowledge their own position and perspectives (Braun and Clarke, 2022). Reflections should be divulged and shared with readers (Braun and Clarke, 2022). Braun and Clarke (2022) encourage the use of a “reflexive journal” during the study. I, as an RN and DOC myself, needed to use a journal to identify my personal beliefs, assumptions, and feelings throughout the study. I have worked as both a RN and a DOC in LTC over the course of my career. I also worked in LTC during the COVID-19 pandemic. I kept a journal throughout the data collection process to ensure my own reflexivity during the study. I wanted to know my own personal feelings and biases prior to the interviews and have the ability to check them when conversing with a participant.

During the time of data collection, the discussions and implementation of a Personal Support Worker (PSW) wage enhancement were occurring. There were many discussions in the LTC home I work in regarding nursing not receiving a wage enhancement as well. I spent time
journaling my thoughts and feelings regarding the PSW wage enhancement and the commentary I was hearing from some of the nurses who work in my home. “I am hearing the comment “why not the nurses?” a lot when the discussion of the PSW enhancement comes up. I know as an administrator that it is important to recognize all workers within LTC.” (B. West, personal communication, 2022). I also documented “Though as a nurse I can understand the frustrations being felt when we worked just as much during the pandemic.” (B. West, personal communication, 2022). When interviewing the participants who identified that they were DOCs I had to think hard about my own thoughts and opinions on the role. Being a DOC myself, I understand the pressures and responsibilities in the role.

**Validity and Reliability**

The accuracy of the findings after utilizing different strategies is considered validity within qualitative research (Creswell, 2014). Creswell (2014) indicates that there are eight strategies for validity, and they should be integrated throughout the project.

Triangulation of data is one way to add validity to a study. This is done when multiple data sources coincide and themes arise (Creswell, 2014). Multiple themes during this study could be pulled using different participants perspectives and therefore could be said to add validity to the study. Researcher triangulation was also completed with support from Dr. Debbie Kane, as the faculty advisor. She helped me work the data and my analysis over multiple one on one sessions during the time of this project.

During this project, findings were conveyed using rich and thick descriptions. Validity can be added by using this technique as the practicality can be shown especially when using many perspectives about a theme (Creswell, 2014). Since the study was conducted using
descriptive phenomenology I was able to use the participants actual descriptions to establish the findings.

As previously stated, I clarified my bias as the researcher and journalled throughout the study to keep my bias in check. By clarifying the bias, validity can be added to a study. “The self reflection creates an open and honest narrative that will resonate well with the reader” (Creswell, 2014).

Qualitative reliability is found when the “researcher’s approach is consistent across different researchers and different projects” (as cited in Creswell, 2014). Creswell (2014) states that reliability can be achieved by checking transcripts. When the transcripts are checked it ensures that there are no erroneous mistakes that could have been made during the transcription process. I did this for each transcript to ensure accuracy. One thing Creswell (2014) also talks about it is cross checking and coordinating between different researchers. In the case of this study, only myself was used in the research process; I was the only one to do the coding and I developed the codes.

**Findings**

In the following paragraphs each group of RNs will be discussed separately, starting with those who are satisfied with their position. Both satisfaction and dissatisfaction factors will be presented. After they have been discussed separately the key findings of similarities between the groups will also be examined.

**RNs Who Plan to Stay in Their Position**

**Satisfaction**

Relationships was the clear theme of this group. There was a lot of discussion around the relationships the nurses had with the residents they cared for and the people they worked with.
The following section will discuss the two codes evident in regard to this group’s satisfaction.

They are The Residents and Working Relationships.

The Residents. All participants mentioned how the residents were a reason for the satisfaction they had in their positions. One participant mentioned seeing smiles on the resident’s face and she had felt “...like I have done something for them...” (P7). Another participant mentioned she “quite enjoyed it.” (P9) when she was not expecting to after practicing in another sector for many years.

One of the participants described that she enjoyed helping her staff which in turn meant helping and being there for the residents. Supporting her staff was her way of being there and supporting the residents living in that LTC. The residents and families were quite obviously the forefront of these nurses’ reasons for having job satisfaction.

Working Relationships. Another reason for why these nurses were satisfied with their jobs was the good working relationships they seemed to experience. These working relationships were both with their leadership/management teams and their fellow coworkers.

Three of the participants made statements that their relationship with their leadership teams made their jobs satisfying. One participant stated that she did not go to her leadership team often, but when she did “…they do listen and try and you know, accommodate and look into what my requests are.” (P7). She also stated that “If the management is not on board, then yes, it could be very dissatisfying...”

“Very supportive and that appreciate that we do extra work.” (P8) This was a response from a participant when discussing her relationship with the management team and the impact they had.
One of the participants talked about how her leadership team started a huddle during the day and evening shift to help disseminate information especially in the light of COVID-19.

“...see from the leadership you know perspective of where these things come from and how to make it work in the home and how that responsibility is spread out so that that's actually been really, really good.” (P9)

In regard to their relationships with their coworkers, three participants mentioned the working conditions and how they benefitted them and made them feel satisfied in their jobs. “The camaraderie is a really big thing...” and she also noted “...we’re here with these people more than...more than we are with our families.” (P9). Participant six (P6) echoed this sentiment in stating that she got satisfaction out of seeing the “staff being happy with what they do.”

One participant mentioned her working relationship with the housekeepers, the PSWs and the DOC by stating “…like everybody is very good and the director of nursing is young and she's good too.” (P5)

Dissatisfaction

Two major codes arose during data analysis surrounding dissatisfaction for the nurses who were satisfied with their job. These were the MOLTC, commonly referred to as “the ministry”, and wages. These codes led to the overall theme of Systemic Challenges as both the MOHLTC and wages are systemic in nature. Wages are a system issue as there are usually bargaining units involved and are sometimes done by an individual home or could be done by a collective group of homes. Since the MOHLTC oversees the governing of LTC they are the system to which LTC resides in.

The Ministry of Long-Term Care. Each participant (n=4) in this group identified that the MOLTC was a reason for having dissatisfaction within their jobs. Increased paperwork and
inspections and the feeling of lack of support from the ministry were reasons the participants felt dissatisfaction.

Participant five stated “No, the ministry rule to their regulations are…they’re ridiculous.” She also added that “…it just creates a lot of extra work that takes away from the residents…” (P5). Another participant had the same sentiment stating “trying to do something for the ministry of health. Not for the residents.” (P8) regarding the paperwork needing to be completed. Participant eight was also hopeful that there would be an increase in funding from the government. While participant seven also mentioned “just because you’re spending so much time doing paperwork as opposed to sitting and talking with the resident.” (P7). Participant nine spoke about the expectations of the ministry stating, “The ministry comes in and they admit that they are expecting perfection and they know that they will never get it.”

“…the ministry has just literally doubled their number of inspections that will be given by hiring twice as many inspectors.” (P6). Participant six also felt that “Inspections don’t make things better.”

**Wages.** The other reason identified for dissatisfaction was the wages. There were comparisons made between LTC wages and hospital wages and comparisons made between for-profit and not-for-profit LTC homes wages. “But in long term care it is less.” (P8) was a comment made when comparing hospital and LTC wages.

There seems to be an understanding of disparity between not-for-profit homes and for-profit LTC homes. “I mean that we know that the government homes get a lot more paid. Its frustrating.” (P9) and “I think there is a difference in the for-profit homes” (P6) were both statements made in regards to this disparity.

**Reason to stay in LTC**
When asked about the reason they chose to stay in LTC there were three common reasons identified. The first reason was the convenience of the job. “...I know it inside out, upside down, backwards...” (P9). Participant six also felt this was a reason for staying by just stating “Convenience for one.”

The second reason was the residents. As stated previously, when asked what they found satisfying in their work, all of the nurses who planned to stay in LTC referred to the satisfaction they experienced interacting with the residents. “I really enjoy working with the residents...” (P7). One participant stated, “From the simple things, I just love it.” (P5). The work itself is what drives these nurses to continue in LTC.

The third reason these nurses are choosing to stay in LTC is the people they are working with. Participant seven went into detail describing that the management team is wonderful at ensuring that they are given time off and flexible schedules. She stated that she was given a lot of respect. “…our management is very supportive, is very flexible with the schedule as well.” (P8). Participant six said her second reason for staying in LTC was the staff she worked with.

**Employer Contributions**

The participants were asked if their employers had done anything to keep them in their jobs. Two of the participants stated that their employers had done nothing. One of the participants added to that statement including that the team she worked with had a large impact on her. “They don't. My team here very definitely does.” (P6). However, participant five stated that her management was “always wandering around and checking on stuff”. She mentioned that they were not always sitting in their offices. Participant eight described how her management was flexible with her schedule, supportive and showed her respect. She also mentioned how she was able to create her own job description and had input into the daily routines. She mentioned
how she was able to work with management, engage in activities she enjoyed, and not just do the
day-to-day tasks. She stated these reasons contributed to her satisfaction in her role.

**The COVID-19 Pandemic**

Three of the five participants stated that the COVID-19 pandemic had no bearing on their feelings towards their jobs. Two of the participants described that it did make their jobs harder. Participant eight described her own health struggles after contracting COVID-19 more than once and how if she was to catch it again it could have serious impact on her life. Another participant described losing staff due to the requirement that you could only work in one health care facility initially. “*We lost quite a few of our casual and part time nurses because they chose to go where they were getting either where they work closer to home or where they were getting more hours initially.*” (P7). She also described the challenges with added need for PPE. These challenges included having to wear added PPE and the difficulty with communication with residents with the extra PPE. “*So, they lip read and when you're wearing a mask they can get very frustrated or they don't know who you are. So that it makes it a little bit more frustrating and not knowing when there's going to be an end to taking all this lovely PPE off.*” (P7). Currently in LTC the requirement for masking continues but you know longer are required to only work in one location.

**RNs who are Contemplating Leaving LTC**

*Satisfaction*

All four of the participants in this group described the residents being the code that gave them satisfaction within their job which will be discussed below. No other codes could be identified from the group. One participant stated she enjoyed the critical thinking aspect of her job, and another described having a good leadership team as having an impact on their
satisfaction. The other two participants only mentioned the residents as reason for satisfaction. Again, the overall theme for this group was relationships. In this particular group the theme only considered the relationship with the resident.

**The Residents.** The residents were the reason for satisfaction for all participants in this group. “*The little things that you might have made a difference in that.*” (P3). Participant one stated “*I don't know, just little things that make a resident or family happy...*” Participants reflected on being able to work with the residents, getting to know them and being able to provide for them and their families. “*Honestly, I've built such great rapport with, with the residents and their families and being able to help them, being able to hear their life story*” (P4) one participant described. Another participant stated “*I've always enjoyed working with the residents. You get to know them. You've been there for a long time with them.*” (P2).

**Dissatisfaction**

Three codes were identified in the dissatisfaction discussion. They included working conditions, lack of respect and the media. Within the overarching working condition factor, staffing and a never-ending job were discussed by the RNs.

**Working Conditions.** An overarching theme that was identified in regard to the nurse’s dissatisfaction was the working conditions. Staffing was the first working condition the participants felt made them contemplate their job in LTC. Participant three mentioned feeling like “*...people need to wake up. They need to recognize the registered staff crisis in our province right now.*” Another participant mentioned that her superiors were not replacing sick calls due to occupancy levels in the home. With occupancy levels being low in the homes due to COVID-19 outbreaks, there were fewer residents to care for. This participant was describing how her management were not replacing sick calls due to this. It was easy to hear the frustration in these
participants voices. Participant two described the situation as that “Long term care needs high quality nurses.”, but also that “…there are just not staff out there to hire”.

Participant three not only depicted the registered staff crisis, but also that there is a PSW staffing crisis as well. She stated that we are on the “verge of staffing crisis with PSW’s and registered staff.” (P3). Lack of staffing in not only the RN role but also an RPN and PSW staffing shortage contributed to the RN’s dissatisfaction in LTC.

The other working condition that was identified specifically by the two DOC’s was the never ending nature of their job. One of the participants described her phone ringing all the time even outside of working hours. “My phone blows up all the time every day, multiple times a day in the evening when I’m trying to have personal time trying to home school my son.” (P4) She also described the consequences faced if she didn’t answer her phone stating “You can’t just not answer your phone, because next thing you know, you’ll see in the progress note called on call manager who was Susan DOC did not answer the phone.” (P4). Participant three stated “Your job is never ending. Nobody picks your job up when you’re not there.” The DOC role is a position that holds a lot of responsibility within the home and therefore requires attention outside of working hours.

One participant mentioned experiencing racism within the workplace from upper management. Though she was the only participant to mention this particular issue she was also the only participant to describe her race. Race was not something that was asked of the participants to share during the demographic questions.

**Lack of Respect.** The lack of feeling respected was brought forward by two participants in this group. Participant four described the lack of respect she felt there was for RNs who work within LTC. She blatantly stated, “the respect isn’t there.” Similarly, participant two felt the
challenges of the COVID-19 pandemic highlighted the lack of respect shown to nurses in LTC.

“The struggles that we faced during COVID really brought to light just how little respect we have from anybody as staff in long term care.” (P2).

The Media. Going along with the feeling that there is a lack of respect for those who work in the long term care the same two participants also felt that long term care was “...decimated by the media.” This was in reference to the COVID-19 pandemic and the increased attention by the media during the pandemic. She also stated that it becomes difficult to recruit nurses “When you’re told by the media and any other social media platform that nurses in long term care don’t care about their resident.” (P2). The other participant mentioned that “The media has not helped long-term care in any way, shape or form.” (P4).

The theme that was evident within this group of codes was also Systemic Challenges. Staffing RNs proves difficult when employers have difficulty finding candidates to apply for the role. DOCs are required to be always on-call to deal with any critical incident or emergency. This does not allow them to turn their phones off or not answer them unless previous arrangement have been made with the Executive Director of the home. The lack of respect felt by these nurses comes down to the way they feel they are viewed by other healthcare sectors and the outside world. Also, the portrayal in the media being a negative one and many LTC nurses were not able to share their side of the story during the pandemic. All these things are system concerns that need to be addressed in order to promote retention with the LTC sector.

Employer Contributions

When asked if anything had been done by their employer to make them want to stay in their LTC position there was a consistent message that they felt nothing had been done. One participant described needing to take a stress leave due to the expectations placed on RNs in
Another participant laughed and stated she was “given her own office.” (P3), but nothing else was done.

This group was asked an additional question regarding what their employer could do to keep them in the job. Two of the four participants stated that a shorter work week would help. “Maybe a condensed work week if possible.” (P3). That was after much thought and an initial reaction of “No.” The other participant stated working “Tuesday, Wednesday, Thursday. You know, work a shortened workweek.” (P2). A third participant stated having a “reduced work week” was part of the reason she has stayed and not left her job (P1). Other thoughts of more support, orientation and continuing education were also discussed by participant four. Participant one recalled that there used to be more recognition from management and currently there is a lot of denial of vacation and switching of shifts which adds to the frustration.

**COVID-19 Pandemic**

The majority of the participants acknowledged that COVID brought forth some glaring concerns within the LTC sector and that it did make their jobs harder. However, no participant came forward and stated that it was the sole reason why they would leave LTC. Participant two described how scared staff were to come to work during the beginning of the pandemic. “Nurses are expected to show up everyday and have no choice.” (P2). Participant three recalled feeling very “resentful” stating “felt like I was putting my life on the line.” Both participants one and three described the “lack of resources” that was seen and noticed during the pandemic.
Table 1- Overview and Comparison of RNs staying in LTC and RNs contemplating leaving LTC

<table>
<thead>
<tr>
<th></th>
<th>Plan to Stay in LTC</th>
<th>Contemplating Leaving LTC</th>
<th>Similarities</th>
<th>Differences</th>
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<tbody>
<tr>
<td>Number of Participants</td>
<td>5</td>
<td>4</td>
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<td>Satisfaction</td>
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<td>Residents</td>
<td>Residents</td>
<td>Residents were a factor for every participant</td>
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<td>Working relationships</td>
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<td>Coworkers/team</td>
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<td>Management</td>
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<tr>
<td>Dissatisfaction</td>
<td>MOHLTC</td>
<td>MOHLTC</td>
<td>MOHLTC rules and regulations</td>
<td>Working conditions were a reason for dissatisfaction for those contemplating leaving. This included staffing and the DOCs identified the job not ending when they left work for the day. Lack of respect and the media were also identified by this group and crossed over with the COVID-19 pandemic.</td>
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<td></td>
<td>Wages</td>
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<td>Working Conditions</td>
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<td>Staffing</td>
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<td>Job never ending</td>
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<td></td>
<td>Lack of Respect</td>
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<td>The Media</td>
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<tr>
<td>Employer Contributions</td>
<td>Nothing</td>
<td>Nothing</td>
<td>Many said that their employer did nothing to keep them in their role no matter which group they were with</td>
<td>Those who were content in their job had identified that their management was visible and flexible with them.</td>
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<td></td>
<td>Management visible/</td>
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<td>flexible</td>
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<tr>
<td>COVID-19 Pandemic</td>
<td>Has no bearing</td>
<td>Has no bearing</td>
<td>Many said it had no bearing on their feelings and it brought to light as lot of issues already in play.</td>
<td>Those who were contemplating leaving stated that they felt there was no respect and the media was unkind to the sector and the nurses who work in the sector.</td>
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<td></td>
<td>Risk of COVID-19 to</td>
<td>Nurses have to work</td>
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<td>self</td>
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<td>Lack of staffing</td>
<td>Lack of respect</td>
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<td>due to rules</td>
<td>Media presence</td>
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<td>Lack of resources</td>
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<tr>
<td>Reasons for Not Leaving</td>
<td>Convenience</td>
<td>Working relationships</td>
<td>The convenience of the job and working relationships were reasons that both groups stayed in their role</td>
<td>The residents were identified by the group that was content though all participants had mentioned that being part of their satisfaction.</td>
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<td></td>
<td>The residents</td>
<td>Convenience</td>
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In review, both groups identified the same themes. Relationships are tied to satisfaction and Systemic Challenges are tied to dissatisfaction. Some differences were noted in the codes that were used to make up these themes. However, both groups identified a code of The Residents for satisfaction and The MOH LTC for dissatisfaction. Due to this data redundancy can be concluded.

**Discussion**

Herzberg’s Two-Factor Motivation-Hygiene Theory was used to help guide the research questions. After data analysis, many of the findings fit into the categories that Herzberg set out in his theory.

Regardless of whether the participants were contemplating leaving LTC or were satisfied with their LTC work, they all stated their main satisfaction was derived from interactions with the residents. In Herzberg’s Two-Factor Motivation-Hygiene Theory it was also presented that “the work itself” could be considered a motivation factor and therefore increase satisfaction (Ngo-Henha, 2017). O’Brien-Pallas & Doran (2009) shared that this was also a reason for job satisfaction for nurses within the sector and described that it might be the sole source for some participants. This was true for these study participants as well with many of the nurses who were contemplating leaving LTC who identified this as their only reason for satisfaction.

Another motivation factor that Herzberg mentioned was recognition. In the group of RNs who were content in their job, most of them mentioned their management team listening, recognizing, or respecting them. The one who did not mention their management team did have a management role and described a good relationship between the management team and frontline staff in her workplace. This was very different from the other group who did not have much to say in the way of good relationships with their management. This finding was quite different
from a systematic review that showed that support from management had no bearing either way on satisfaction (Aloisio, Coughlin, & Squires, 2021). Regarding the findings here it could be said that management support and recognition has a great deal of influence on satisfaction. Working relationships is an important part of satisfaction as it was identified as a theme for those who are content in their roles but not mentioned as one for those thinking of leaving.

Identified in this study was also the importance that one’s co-workers or team relationships play within satisfaction. Several of the participants mentioned the good relationships they had with other team members and how it made their jobs more enjoyable.

With resident relationships, managerial relationships and co-worker relationships seeming to have a heavy impact on satisfaction it could be said that Relationships is a hugely important factor in the retention of RNs within long term care. Developing and sustaining those relationships is crucial to keeping RNs within the LTC sector.

All the participants described how the MOHLTC played a role in their feelings of job dissatisfaction. The discussions surrounded the increased paperwork, inspections and added policies and procedures. It was also discussed how this took away from time with the residents or completing nursing duties. Herzberg describes this as a hygiene factor (i.e. policies and procedures) and has stated that when a hygiene factor becomes negative for someone it can increase job dissatisfaction (Ngo-Henha, 2017). Though published in 2009, the sentiments identified above were echoed in a study conducted by the Nursing Health Services Research Unit out of Toronto, Ontario. The nurses who participated in that study had also expressed their frustration of the MOHLTC requirements (O’Brien-Pallas & Doran, 2009). The focus of the MOHLTC is ensuring that the residents in these homes are getting appropriate quality care. However, it has been identified through this research that nurses are hoping to receive more
support and guidance from the MOHLTC. When discussing the dislikes of the MOHLTC, the nurses focused on how they felt that the added paperwork was taking time away from the residents and wanted a way for the ministry to understand that.

Herzberg described working conditions being a hygiene factor (Ngo-Henha, 2017). Though it doesn’t increase satisfaction when people experience good working conditions, it also doesn’t add in dissatisfaction either (Ngo-Henha, 2017). For the RNs who were contemplating leaving LTC these conditions contributed to dissatisfaction. The staffing issues and never-ending work were both reasons these RNs felt dissatisfied in their jobs. Herzberg described the hygiene factors as being imperative in order to keep an employee from becoming dissatisfied in their role. These nurses felt as if there was a staffing crisis for not only RNs but also for other health care workers including PSWs. For them, this was contributing to an overall frustration. Due to the COVID-19 pandemic it is estimated that 12,362 full time RNs will be needed by 2035 (Dass, Deber, & Laporte 2022). Even with the gap of RNs needed to care for these residents, one systematic review identified that staffing had no bearing on job satisfaction (Aloisio, Coughlin, & Squires, 2021). However, these nurses had many inadequate nursing staffing stories to share and as that gap continues to grow or become more apparent that narrative may change. A new standard set out by Health Standards Organization (HSO) in 2023 outlines guidelines around “Enabling a Healthy and Competent Workforce.” The guideline surrounding staffing outlines strategies of having an appropriate skill mix, the team has appropriate training, access to ongoing training, strategies of recruitment and retention, access to wellness programs, relieving understaffing, identifying, and addressing concerns and engagement with the workforce (HSO, 2023). The guideline does identify that evidence shows that 4.1 hours of direct care for a resident within LTC is required (HSO, 2023). This aligns with the Fixing Long Term Care Homes Act,
2021, which requires by 2025 that 4 hours of direct care be provided to residents by the nursing team. However, this requirement is not specific to RNs. The increase in hours could be designated to PSWs, RPNs or RNs depending on the staffing matrix of the LTC home and decisions made by the home. This standard would be a good resource for employers looking to enhance their workforce.

Two of the DOCs described the inability to turn their job off at the end of the day and how that contributed to a feeling of dissatisfaction. If these DOCs are not able to have some ability to separate their home life and work life, they may decide that leaving their role is the only solution. One of the nurses who was content with her job mentioned being a DOC previously and leaving that role was beneficial for her to stay in the LTC sector.

Wages were brought up by the group who were currently content in their jobs, but not by those who were contemplating leaving. These nurses felt that there was an obvious wage disparity between both not-for-profit and for-profit homes, but also for acute care versus LTC nurses. Wages are also considered a hygiene factor by Herzberg (Ngo-Henha, 2017). Since this was brought up by those who had no intention of leaving their job it seems that this may not play as much a role in RNs leaving LTC as other factors may. Though O’Brien-Pallas & Doran (2009) have reported that pay did have an impact on job dissatisfaction, a more current study by Backhaus et al., (2021) found that pay discrepancy may contribute to the ability to retain nurses.

Though many of the nurses mentioned that the COVID-19 pandemic just brought to light the issues that the LTC sector has been experiencing for years, the nurses who were placed in the group of contemplating leaving LTC identified that there was a lack of respect and an increase of negative media attention that led to their feelings of dissatisfaction. At this time not much has been published in the way of studies surrounding nursing job satisfaction and the COVID-19
pandemic. Work stress was seen to influence job satisfaction through a systematic review published in 2021 (Aloisio, Coughlin, & Squires, 2021). According to the Registered Nurse’s Association of Ontario (RNAO) (2021), 9.6% of LTC nurses said they were very likely to leave after the pandemic was over. Second to public health nurses, LTC nurses were the largest group to say that they would retire after the pandemic was over at 2.7% (RNAO, 2021). At the time of writing this paper, there are still restrictions and rules placed on LTC homes in response to the COVID-19 pandemic including masking and testing for staff. These COVID-19 protocols may be influencing LTC nurses plans to stay or leave the LTC setting. It could be said that during the COVID-19 pandemic many of our traditional ways of establishing and maintaining relationships were disrupted. Through the worst of the pandemic resident’s families were not allowed to visit, many meetings became virtual and there was a requirement that a mask be covering the workers face at all times. We may not even have realized that our relationships had to change during the pandemic. Those connections that nurses used to make with families, seeing them everyday, had to stop. Coworkers were not allowed to eat within six feet of one another to promote social distancing, and therefore could impede their ability to develop a good work relationship. During this time we had to find new ways to build and sustain relationships and due to the ever changing environment in LTC during the pandemic that may have been difficult for some people to do.

Systemic challenges played a role in the dissatisfaction of both the nurses planning to leave and the ones who were going to stay. With those who were going to leave the number of systemic challenges did appear to be greater than those of the nurses who were planning to stay. Systemic challenges may not be easy to fix to increase RN retention, but since being identified there may be ways to navigate them.
Herzberg’s theory also identified personal growth and advancement as motivation factors (Ngo-Henha, 2017). These 2 factors were used as probes during the interview but there was no discussion from the participants to support that these 2 factors had any bearing on satisfaction or dissatisfaction. As mentioned previously, all participants were over the age of 40. There could be reason to believe that due to the stage of life the participant is in that advancement or growth may not have as much of an impact. Four of the participants were also diploma nurses. Having a diploma does hinder one’s ability to advance within the nursing field as it is a requirement that an RN holds a degree from an accredited university. These nurses have usually been grandfathered into the requirements and therefore are unable to move from their jobs.

Though interesting that all participants regardless of grouping stated the residents were a source of satisfaction it was clearly not enough of a reason for all the nurses to consider staying in their role. For the nurses who were contemplating leaving, there were more reasons for dissatisfaction that Herzberg would consider hygiene factors. These needs are not being met for these nurses. Respect, working conditions and perception from the media are all things that appear to be very important for causing dissatisfaction in the RN role. The MOHLTC enhances dissatisfaction for both those who are thinking of leaving and those who are happy to stay.

In summary, the residents and working relationships played a role in satisfaction. Working conditions and the added pressures from the ministry led to dissatisfaction.

**Limitations**

This study had several limitations. Recruitment was scheduled to begin just as COVID erupted and the LTC environment was significantly impacted. For example, to avoid the risk of cross contamination, RNs could not work in both acute care and LTC. Though we know many RNs chose to leave the LTC position and work solely in the acute care setting, unfortunately
recruitment of the RNs who had recently left LTC, was unsuccessful. It would have been informative to have this group of RNs included to find out the reasons they chose to leave.

Demographic data included asking if the setting was rural or urban however to protect anonymity, participants were not asked to disclose where in Ontario their home was located. It is unknown if all the participants were located in similar areas within Ontario.

All participants were over the age of 40 and had indicated being a practicing nurse for an extended period. Due to this, it could not be said that the same factors may apply to those nurses coming to work in LTC with only a few years experience or of a younger age.

Another limitation could be not knowing if the reasons discussed by participants would have been the same pre COVID-19 pandemic since the study was done during a snapshot of time.

**Implications for Administrators and Future Research**

Administrators should look at ways to connect meaningfully with their nurses. They need to find ways to engage their nurses and create a relationship that offers support. Being present and visible to the team is a way this might be accomplished. Wages are not always something that can be changed easily or solely by an administrator however looking at providing similar wages for all nurses no matter the home or sector they work in may encourage nurses to stay in their current role in LTC.

Allowing for time within the workday for a nurse to connect with the residents outside of the time spent doing paperwork and distributing medications should be highly considered. The relationship developed between the nurse and the resident is a large source of satisfaction for nurses and encourage them to stay within their roles. The time spent with the resident should be focused on worthwhile conversations and not just small talk that occurs during day-to-day tasks.
Nurses should be encouraged to seek advocacy roles for and within the LTC sector. This may be done in a political setting, with a professional association or through an educational institution. Administrators can inspire the nurses in their organization to seek these opportunities. Nurses may not know how or where they can get involved to share their voice and opinions. Nurses should also be encouraged to understand that political climate and take an active role in understand how political policies and legislation effect their roles and jobs. Being able to identify when policies are coming from legislation versus company direction will enable the nurse to know where to start with their advocacy efforts.

Due to continued staffing issues with LTC it should be important to look at how to engage new graduate nurses and promote working within the LTC sector. Again, due to the limitation previously mentioning that all the nurses were over the age of 40 it may be important to look at recruitment and retention strategies specific to new graduate nurses. As staffing continues to be a challenge within the LTC sector the one facility requirement has been lifted as well as the vaccine requirement. This may encourage many nurses to return to the employer they either chose to leave or were required to leave.

Future research should look at roles that RNs take in LTC outside of the traditional “bedside” nursing, such as the DOC. That role is very specific to LTC and has many different requirements and responsibilities. Though there were some DOCs included in this study there could be more specific questions tailored to this role and their satisfaction within it.

Conclusion

Registered Nurses in LTC play a vital role in the sector. They are a unique role to the facility and therefore have their own satisfaction and dissatisfaction factors. The residents they serve, the work they do, and good working relationships that are established contribute to an
RN’s satisfaction. The MOLTC, working conditions, wages, lack of respect and negative media attention all contribute to feelings of dissatisfaction. Increasing staffing, wages, and recognition for these nurses may play a role in increased RN retention. Nurses should be encouraged to take advocacy roles and seek opportunities to express their experiences to help shape the future of nursing in LTC. Residents will continue to benefit from having an RN present within a LTC home and therefore it should be priority to continue to recruit and retain these nurses.
REFERENCES


Fixing Long Term Care Homes Act, 2021


APPENDIX A

REGISTERED NURSES NEEDED!
Registered Nurse Retention in Long-term Care: A Qualitative Exploration

Who:
- RNs who are currently working in LTC and are happy
- RNs who are currently working in LTC and are thinking of leaving the sector
- RNs who have worked in LTC and have left the sector

What:
A 60-90 minute interview

Where:
Virtually through Microsoft Teams

When:
Interview to be set when it is a convenient time for you

Interested?
Please contact Brandi Livingstone via email at livingsb@uwindsor.ca

All Participants will receive a $10.00 gift card!

Study being completed through University of Windsor under the supervision of Dr. Kane to partially fulfill the requirements
APPENDIX B

Resources for Participants

If you should feel like you need to seek support after the interview, please see the list below for different resource options.

Bounce Back Ontario
Bouncebackontario.ca
Free online site with information, workbooks, and resources for people who may be struggling with mental health concerns.

Wellness Together Canada
Wellnesstogether.ca
Text WELLNESS to 741741 for general adult or FRONTLINE to 741741 for frontline workers
Provides free resources, peer support, counselling with a social worker, psychologist or other professional

Canada Suicide Prevention Service
1 (833) 456 4566 (24/7)
OR text 45645 (4pm-midnight)

Ontario Mental Healthline
1 (866) 531 2600

Better Help
Betterhelp.ca
A paid website or app on your phone with access to counsellors.
VITA AUCTORIS

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