

Human Becoming and 80/20: An Innovative Professional Development Model for Nurses

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“The factors influencing nursing job satisfaction and retention have been studied intensely and repeatedly for over 20 years. If the factors contributing to the current crisis in nursing have become increasingly well understood, then many of the solutions surely have, for many years, been just as clear. The more important variable, we submit, is the political will (at all levels) to implement the changes and strategies we know are central to creating high-quality workplaces.”¹

“Nurse staffing is one of the few areas in health care in Canada where evidence is ignored in decision making.”²

“Employers, governments, unions and nurses must collaborate to promote professional practice environments that allow nurses to follow established standards and practices to provide optimal patient care.”³

Background and Overview

When the Canadian Nursing Advisory Committee Report was issued in 2002, it delivered the following challenge: **We have known the solutions to the nursing crisis for years, what is lacking is the political will to implement them.** They identified collaboration as a key strategy to overcome the policy and action inertia that was perpetuating a deepening crisis. This strategy was an implicit recognition that employers and government must actively involve nurses and their unions in designing and implementing solutions. The CNAC said: Employers, governments, unions and nurses must start collaborating to promote professional practice environments that provide optimal patient care – a key strategy to retain and recruit nurses while supporting optimal patient care.

Collaboration: What would that look like? How could that begin, and where? Appropriately, it began at the design stage when the CNAC ensured that nurses unions had a representative on the CNAC committee. The Canadian Federation of Nurses Unions had an executive board member

¹ Canadian Nursing Advisory Committee. 2002. *Our Health, Our Future: Creating Quality Workplaces for Canadian Nurses*. Ottawa: Advisory Committee on Health Human Resources, p. 35.

² Decision Making for Nurse Staffing: Canadian Perspectives, *Policy, Politics, & Nursing Practice, Vol. 7 No. 4, November 2006, 261-269*

³ Canadian Nursing Advisory Committee. 2002. *Our Health, Our Future: Creating Quality Workplaces for Canadian Nurses*. Ottawa: Advisory Committee on Health Human Resources, p. 35.

(and future CFNU President) on the Advisory Committee – Linda Silas. She and provincial nursing union presidents on the CFNU national executive board (NEB) became ardent supporters of the concept of turning research into action.

In November 2004, Saskatchewan Union of Nurses (SUN) President Rosalee Longmoore asked me (Larry LeMoal, SUN's Research/Policy Analyst) to begin looking for a collaborative initiative to explore change outside of the bargaining process. Our search led to an agreement with the University Health Network (UHN) in Ontario to extend their professional development applied research project to Saskatchewan if SUN could help secure funding and find an employer to collaborate with.

The applied research project, "Human Becoming and 80/20: An Innovative Professional Development Model for Nurses", has been reported by Debra A. Bournes, RN, PhD (New Knowledge and Innovation, University Health Network, Toronto, Canada) and Mary Ferguson-Paré, RN, PhD (Professional Affairs and Chief Nurse Executive, University Health Network, Toronto, Canada), in *Nursing Science Quarterly*. The abstract describing the original UHN project is reproduced here:

The authors describe a study that evaluated implementation of a professional development model in which nurses spend 80% of their salaried time in direct patient care and 20% of their salaried time on professional development. The professional development time includes focused learning about patient-centered practice guided by the human becoming nursing theory. A qualitative descriptive pre-project-process-post-project method and a longitudinal, repeated measures, descriptive-comparative method were used to answer the research questions. Participants were 33 nurses, 11 other nurse leaders and health professionals, and 55 patients and family members. The findings show that on the study unit overtime hours decreased significantly, the education hours were sustained throughout the study period, workload hours per patient day increased significantly, sick time stayed low, patient satisfaction scores increased, staff satisfaction scores were significantly higher than for comparator groups, and turnover was non-existent among study participants in year 2. Average variable direct labor cost increased over time, but the increase was not significantly higher than on the control units. Themes from the interviews with participants are presented. Ongoing evaluation of the model and implications for future research are discussed.⁴

⁴ Human Becoming and 80/20: An Innovative Professional Development Model for Nurses. 2007. *Nursing Science Quarterly*, 20(3), 237-253.

SUN approached the Regina Qu'Appelle Health Region and proposed a formal collaborative agreement between SUN/UHN/RQHR to extend and replicate the 80/20 research project in Saskatchewan. The project was subsequently funded and supported by the Saskatchewan Ministry of Health, in part because the partnership met the Ministry of Health's criteria that "projects demonstrating significant partnership and collaboration between providers, regional health authorities and other partners may be eligible to receive funding over and above the maximum amount."⁵

The collaborative nature of the Saskatchewan "80/20 project" agreement resulted in a three-party presentation to promote the project, unit selection, and a formal agreement between the parties. It also produced a memorandum of agreement between the employer and the union dealing with required amendments to the scheduling and job posting provisions and a facilitated alternate dispute mechanism.

The experience of nurses with this research project, the impact on patient care, professional development, and patient-centered care resulting from this professional development model in Ontario and Saskatchewan are well documented. The UHN maintains an excellent website⁶ with a full explanation of the project, continuing updates and even video interviews with study leaders and nurses.

Towards a Better Workplace

*Innovation in Care Delivery - The 80/20 Research Project*⁷

One of the projects main messages is that "patient-centered care is intricately connected with the way nurses practice and it is threatened by the looming shortage of nurses, which will be further exacerbated if employers of nurses do not address what more than a decade of researchers have been telling them about what needs to be done: to not only recruit more people into the profession, but also to retain those that are already in it." The projects website⁸ describes its two main objectives:

⁵ Health Workforce Retention Program: Purpose and Overview, Ministry of Health, Government of Saskatchewan, <http://www.health.gov.sk.ca/health-workforce-retention-program>

⁶ University Health Network. 2009. *Research - Innovation in Care Delivery - The 80/20 Research Project*. Retrieved from: http://www.uhn.ca/about_uhn/nursing/site/research/80_20/index.asp

⁷ Ibid.

⁸ Ibid.

- I. Evaluate implementation of a staffing model in which registered nurses spend 80% of their time in direct patient care and 20% of their time on professional development. (This approach will address issues raised in the nurse retention literature indicating that nurses want professional development opportunities, time to be involved in developing professional practice and research initiatives, demonstrated commitment and support from nurse leaders, and reductions in workload.)
- II. Evaluate implementation of human becoming/guided patient-centered care by describing changes that occur in practice from the perspectives of staff nurses, patients, family members, and other healthcare providers. (Human becoming/guided practice has been shown to enhance nurses' satisfaction with their practice and to be responsive to healthcare recipients' call for patient-centered care.)

The project takes an inclusive approach to participation which encompasses patients, family members, nurses, nursing assistants, a nurse manager, a human becoming/patient-centered care nurse specialist, nurse practitioners, physicians, and other multidisciplinary healthcare providers associated with an in-patient unit at University Health Network.

Saskatchewan nurses have also reported on their experience with the project, in an article published in *SUNSpots*, the union's newsletter, entitled "The 80/20 Human Becoming Study is making a difference!!"⁹

Kathy Bily (Staff nurse at the Regina General Hospital) and Cathy Kyle (Project Leader) described the project this way: "The nurses spend 20% of their salaried hours pursuing professional development activities (24 hours/month for a full-time nurse). The nurses learn about, and focus on, patient-centered care guided by the Human Becoming theory of nursing by Dr. Rosemarie Parse. Part of their professional development hours (six hours/month) are spent participating in classes where they have been introduced to the theory and spend time reflecting on their nursing practice. We have seen a change in providing health care on our unit that we believe benefits all nurses and patients. It is a nursing theory that supports us to practice the way many nurses want to ... with the patient as the focus."¹⁰

Nurses even produced an art project called "Living with Uncertainty" which reflected both patient experience and nurses' experience with the project, which was reported in E-link, the Regina Qu'Appelle Health Region online newsletter.¹¹ "Living with uncertainty is something that nurses want to be able to be helpful with," said Cathy Kyle, a nurse and project leader of the 80/20 Human Becoming Study. "We can be most helpful if we are truly present with people and listen to what it is like for them."

⁹ SUNSpots. Winter, 2008, Saskatchewan Union of Nurses, p.4. Retrieved from: <http://www.sun-nurses.sk.ca/SS/2008/SunSpots-Winter-08.pdf>

¹⁰ Ibid.

¹¹ E-Link: The Regina Qu'Appelle Health Region Online Newsletter. September, 2008. Retrieved from: http://www.rqhealth.ca/inside/publications/mlink/pdf_files/mlink_04sept08.pdf

This professional development model has been saluted by the Canadian Health Services Research Foundation (CHSRF) in the October 2007 issue “Promising Practice in Research Use”. The CHSRF analysis describes the project as “If you build it, they will stay: How a hospital network is using evidence to guide a professional development-based approach to nurse retention and patient care.” They also note that the UHN project has attracted international attention and highlights key messages from the project:

- Healthcare organizations are facing increasing challenges to retain nursing staff.
- A hospital organization is using evidence from nursing retention literature to guide an employment approach that highlights professional development.
- The approach is showing that investing in professional development can increase nurse satisfaction and retention and improve patient care.¹²

The UHN/SUN/RQHR partnership and 80/20 model has resulted in wide dissemination of information about the project, from presentations at provincial nurses’ unions annual meetings, to nurses unions publications, including a review in the November 2007 issue of the Canadian Federation of Nurses Unions newsletter, *Nurses’ Voice*, by Paul Curry who noted that “Staff turnover during the study was 3.5% and surprisingly even dropped to 0% when the workload increased due to more beds being added to the unit – rates significantly lower than the 5.6% turnover experienced by the institution over the same period. The 0% turnover rate among study participants concurs with existing literature that suggests nurses are more likely to continue working if they are provided with opportunities for ongoing learning, mentorship and professional development.

Equally important, there were no significant changes to the non-fixed portions of the costs of operating the unit when studied against the comparator units – this, in spite of increasing nursing staff by 20% to cover for time spent in education sessions. Low sick time, decreased overtime and turnover costs and lack of agency use all contribute to keeping the variable direct labour cost from increasing at a significantly higher rate than on the comparator units. Furthermore, after implementation there was a significant increase in the amount of productive work time dedicated to patient care with respect to the comparator units. Because they did not have to fit in committee work, sporadic in-service education and other learning opportunities, nurses were able to focus all of their allotted time and attention to providing direct patient care.

Nurses demonstrated a shift in the focus of their practice from concerns about pain management and medication to being present with patients and families and listening to them while ensuring competent and respectful care. Nurses’ view of health shifted from focusing on well-being and optimal function to including living life to the fullest.”

¹² Promising Practices in Research Use. October, 2007. Canadian Health Services Research Foundation, Number 14. Retrieved from: http://www.chsrf.ca/promising/index_e.php

Moving Forward

While final results from the RQHR extension of the 80/20 project have not yet been published, analysis of the data revealed significant positive improvement in study unit performance, especially relative to the control units, for the following: sick time hours, overtime hours, direct variable expense per productive hour, and staff satisfaction. Interviews with nurses, patients and family members, nurse leaders, and allied health team members supported the benefits of the model.

The innovative nature of the collaboration between the University Health Network, the Saskatchewan Union of Nurses, and the Regina Qu'Appelle Health Network, supported by the Saskatchewan Ministry of Health's emphasis on collaborative retention and recruitment project, allowed this professional development model to be explored in two different provincial jurisdictions and the results to be disseminated widely. It can be forcefully argued that this was exactly the kind of collaboration that CNAC had in mind when they urged employers, governments, unions and nurses to start collaborating to promote professional practice environments that provide optimal patient care – a key strategy to retain and recruit nurses while supporting optimal patient care.¹³

¹³ Canadian Nursing Advisory Committee. 2002. *Our Health, Our Future: Creating Quality Workplaces for Canadian Nurses*. Ottawa: Advisory Committee on Health Human Resources.