

**BC Healthy Connections Project**  
**PROCESS EVALUATION**

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**BCHCP Process Evaluation Communiqué #11 | March 31, 2017**

**Nurse-Family Partnership Supervisor and Public Health Nurse Interviews: Part 1 - Factors Contributing to Retention**

One objective of the BCHCP process evaluation is to explore contributing factors, existing strategies and recommendations to increase nurse (including supervisors) retention in the Nurse-Family Partnership (NFP) program. Information about perceived successes and challenges of delivering NFP, insight into decisions to leave the program, and staff recommendations for retention of future NFP PHNs were explored. Findings have been summarized into three communiques based on the following main themes: 1) Factors contributing to nurse retention; 2) Factors contributing to nurse attrition; and 3) Recommendations to increase retention. Findings summarized in these three Communiqué are derived from interviews with 11 NFP Supervisors and 28 NFP PHNs (n=39). Of these 39 participants, 22 had left their NFP role; the remaining 17 were still employed in NFP.

**This Communiqué focuses on factors that contribute to supervisor and PHN retention in the NFP program.**

Theme	BCHCP PE Supervisor and PHN Perspectives
<p><b>1. Sense of fulfillment from NFP work</b></p>	<p><b>NFP program content and structure (NFP Supervisors):</b></p> <ul style="list-style-type: none"> <li>Overall NFP supervisors expressed a great deal of fulfillment in their work, which they attributed to the structure of the program itself, the client centered model of care, the evidence base of the program, their belief in the philosophy of the work, the variety in the nature of their work and that the position was a ‘good fit’ for them in terms of their values.</li> <li>Specifically the following components of the NFP Program that contribute to PHN retention were identified by many PHNs and Supervisors:</li> </ul> <p><b>Requirement for model fidelity:</b></p> <ul style="list-style-type: none"> <li>Supervisors and PHNs both identified that the requirement to maintain fidelity to the 18 NFP core model elements supports retention in that they provide clear guidelines for program delivery. Particular model elements mentioned are model elements number 12 and 13, delineating the maximum number of PHNs that a supervisor can supervise and the maximum number of clients on a PHN caseload. Both create boundaries for caseload management that can be clearly communicated across the organization. When working with highly vulnerable families, maintenance of a small caseload potentially reduces risk of PHN burnout, which nurses and supervisors both equated to higher retention rates.</li> </ul> <p><b>NFP core education/ continuous professional development:</b></p> <ul style="list-style-type: none"> <li>For NFP supervisors and PHNs the opportunity to receive rich, high quality and evidence based education (initial education as well as ongoing NFP professional development) promotes the advancement of their professional nursing practice and skills. This was identified as a contributing factor for remaining in the NFP program. The core NFP education as well as DANCE, IPV and motivational interviewing educational topics were cited as educational opportunities provided that were unique to NFP. Some perceived that the education received was far superior to anything that they had ever received in their PHN careers.</li> </ul>

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	<p><b>NFP core model elements that support delivery of expert clinical practice:</b></p> <ul style="list-style-type: none"> <li>NFP requires PHNs to participate in reflective supervision, conduct joint home visits with supervisors, attend weekly team meetings or case conferences, and participate in occasional (site dependent) face-to-face sessions. These program requirements were perceived to positively influenced nurse retention by providing necessary support for nurses within a program that is identified at times of being “intensive” or “stressful.” The opportunity to reflect, discuss, and debrief with colleagues kept nurses and supervisors engaged in their work. In particular, engagement in reflective supervision was praised as dedicated time to debrief from complex client encounters and receive the required clinical support from supervisors, a new and welcome addition to public health nursing practice.</li> </ul> <p><b>Positive working relationships:</b></p> <ul style="list-style-type: none"> <li>The values, principles and practices of the NFP program were identified as creating a work environment that, in general, fostered positive working relationships between PHNs on the NFP team, as well as between supervisors and PHNs. Within NFP, participants described an overall sense of being supported in their role.</li> <li><b>Ability to positively influence client outcomes:</b> NFP supervisors experienced a sense of fulfillment, when they can provide high-level supervision of NFP PHNs, which in turn facilitates PHN capacity to positively influence client outcomes. PHNs similarly brought this forward as contributing to their retention, noting that the long-term relationship with their clients contributed to this.</li> </ul>
<p><i>“The relationships with these girls and these babies. I don't think we always realize what an impact we have on their lives. Seeing these little kids grow and, you know. I've really noticed that because I'm leaving so saying goodbye to them and these kids are ... they run to me kind of like an auntie now. They know who I am because I come every 2 weeks and I sit on the floor with them and I talk to them. And seeing the growth from a pregnant woman to having her baby and now the baby's rolling over or saying mom and that is just absolutely so fulfilling and so wonderful to be able to have those connections. And then the connections with the staff, the other NFP nurses. It's a very special breed of nurse I think that does this job and they just have a way about them and so just that welcoming and, yeah just absolutely ... And growth within myself, learning more about myself as I go through and examine different things it's definitely helped me in my day-to-day life as well which is rewarding in itself. So it's not job that has just taken from me which some jobs can do, it has, it has helped me grow.” – NFP PHN</i></p>	
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<p><b>2. Opportunities for personal &amp; professional growth</b></p>	<p><b>NFP clinical practice:</b></p> <ul style="list-style-type: none"> <li>Some NFP supervisors noted that learning about, and adopting, the NFP program principles and practices, had both professional and personal impact, and influenced multiple areas of their lives.</li> </ul> <p><b>Community of Practice (COP):</b></p> <ul style="list-style-type: none"> <li>For supervisors, support provided by the BC Ministry of Health and NFP Provincial Coordinator via the Community of Practice (COP) teleconferences were viewed as contributing to supervisor retention. In addition to providing clinical support and a venue for reflective practice for supervisors, some supervisors explained that COP participation countered the isolation experienced in their roles as well as created an opportunity to feel connected to NFP program stakeholders. The NFP Provincial Coordinator was viewed as a supportive role model and a critical role that ensures group cohesiveness.</li> </ul>
<p><i>“I think in looking at it one of the things that has really helped me is learning professionally. So being in my career I'm doing a lot of the same jobs for a long, long time. It's really ... NFP has come at a time, for me, when I was really looking for learning more about IPV, learning more about DANCE, and assessments with regards to babies and moms, learning more research-based information, and then taking it besides assessment to the next step of being able to actually</i></p>	

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	<p><i>potentially make a difference and, and have an intervention that is client-centered with self-efficacy... So, for me, what's contributed to retaining my role I think is the education, absolutely the clinical work itself... Like it's... the work of course changes all the time but actual starts for the program, what to do next and everything it's just very, very helpful to be able to have something like that to rely on that you know is research based to help. It's just not coming from me at all, I'm just facilitating it. So that's great. I think that that has totally kept me in the work. Being challenged professionally I think is ... and generally I don't want to go back now to an old position in working as a generalist."</i>- NFP PHN</p>
<p><b>3. Strategies to counter isolation for single NFP PHN offices</b></p>	<ul style="list-style-type: none"> <li>• In several geographic areas across BC, there may only be a single NFP PHN within an existing office. Being the sole provider of a targeted public health intervention, has contributed to feelings of isolation among some staff.</li> <li>• <b>Strategies to counter isolation in NFP roles:</b> <ul style="list-style-type: none"> <li>a) <b>Rural/remote quarterly teleconferences:</b> In response to a need identified by PHNs in the field, quarterly teleconferences are now arranged specifically for NFP PHNs working in rural or remote communities. The opportunity to connect with others experiencing similar challenges in their work, such as feelings of isolation, lack of onsite team members to debrief with and management of high caseloads, was viewed as contributing to PHN retention.</li> <li>b) <b>Avoidance of single PHN offices:</b> Having the ability to work alongside another NFP PHN within the same public health office and avoiding single PHN offices was identified by supervisors and PHNs as an existing retention strategy. This provides for opportunities to decrease isolation in one's role, connect more frequently to problem solve difficult client situations, learn from one another's NFP clinical practice style and have collegial support within one's public health office.</li> </ul> </li> </ul>
	<p><i>"One thing that we have done and continue to do is that small rural group that I organized. Like four of us nurses that work in rural with higher caseloads meeting like three times a year over the phone just to talk about workload. That I think has helped to increase retention."</i> -NFP PHN</p>
<p><b>4. Health Authority support/supportive work environment</b></p>	<p><b>Senior leadership support:</b></p> <ul style="list-style-type: none"> <li>• Both supervisors and PHNs described the importance of having senior leadership support of the NFP program. This type of support includes: working with managers and senior leaders who: understand the need for NFP supervisors to have dedicated time to meet NFP program requirements; acknowledge and validate the concerns and program challenges brought forth by PHNs and supervisors; take action to make changes in practice or policy once concerns have been identified; are responsive to the resource needs of the NFP program, and who are skilled in providing conflict resolution in the workplace. Where the presence of this type of senior NFP champion existed, it contributed to a work environment where nurses and supervisors felt supported and willing to remain engaged in NFP.</li> </ul> <p><b>Organizational support to meet identified needs:</b></p> <ul style="list-style-type: none"> <li>• NFP supervisors expressed that having the organizational support to be flexible to meet PHN identified needs contributed to higher levels of nurse satisfaction and morale with the position. Identified needs included accommodating PHN vacation requests, the ability to work after hours, providing relevant program resources such as a computer, office space and text friendly cellular phones as well being responsive to needs as they arise.</li> </ul> <p><b>NFP supervisor annual face-to face meeting:</b></p> <ul style="list-style-type: none"> <li>• Supervisors overwhelmingly cited the NFP supervisor annual face-to-face meeting as one of the most important retention strategies currently in place. This event was said to meet supervisory learning needs, including learning from peers, providing a means to ensure provincially that each Health Authority was aware of NFP best practices in other agencies, and contributing to ongoing relationship building and development of a cohesive team of NFP supervisors.</li> </ul>

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	<p><b>Employee Assistance Program (EAP):</b></p> <ul style="list-style-type: none"> <li>PHNs identified that Health Authorities have provided as part of their employment benefits access to the Employee Assistance Program which provides counseling services. This was seen as an existing retention strategy.</li> </ul> <p><b>Open communication with key stakeholders:</b></p> <ul style="list-style-type: none"> <li>For some supervisors the ability to have open communication with the generalist PHN managers/coordinators, senior leadership and the Operational Working Group was viewed as a means to contribute to retention in their roles. They expressed feeling gratitude that they were being heard, which in turn made them feel valued, and were aware of what was going on in other areas of public health rather than feeling that they were working in a silo.</li> </ul> <p><b>Accommodating FTE and position structure needs:</b></p> <ul style="list-style-type: none"> <li>NFP PHNs expressed that the structure and FTE of NFP positions contributed to their retention in the program. Examples included allowing job shares, not posting “dual role” fulltime positions (i.e. responsibilities split between NFP and other PHN assignment work), ensuring when dual NFP and generalist PHN roles must occur that the individuals are able to balance both responsibilities effectively, and providing opportunities to transition to casual relief rather than resigning.</li> </ul>
<p><i>“We work for a very big organization and I think often as the sort of grassroots workers in our organization we don't really feel that we're being heard by the more senior staff who are making decisions and in the NFP program that's not the case at all. You can see how communication sort of goes up through the hierarchy and down again and change happens as a result of that communication, and I think that's very empowering for, for the nurses that are working directly with, with the clients and I don't feel that happens in our general public health nursing work.” – NFP PHN</i></p>	

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