BC Healthy Connections Project
PROCESS EVALUATION
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BCHCP Process Evaluation Communiqué #13 | March 31, 2017
Nurse-Family Partnership Supervisor and Public Health Nurse Interviews:
Part 3 - Recommendations to Increase 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 recommendations made by the NFP PHNs and Supervisors which they perceive will support nurse retention in the program.
Note: Some of these recommendations are already in place while others may be new.

Theme	BCHCP PE Supervisor and PHN Perspectives
1. Enhancement of NFP program elements to promote supervisor/ nurse retention	**NFP core education/Ongoing opportunities for professional development:** • NFP supervisors have recommended including supervisors and PHNs as educators for NFP education delivery. This strategy is seen as important to contributing to workforce development. • Continuing to provide ongoing educational opportunities to Supervisors through the Community of Practice (COP) is valued, as is Ministry of Health responsiveness to assess and respond to their learning needs. Supervisors identified a need for more comprehensive NFP-specific education related to their roles and responsibilities in the program. • Identifying sustainable and more localized methods of education that include face-to-face sessions, but do not require many PHNs to always travel long-distances was recommended. • PHNs expressed a need for ongoing, high-quality education to address learning needs specific to their clinical work with vulnerable families. **Add additional opportunities and supports for clinical practice:** • The supervisors highly value the support currently received from the NFP Provincial Coordinator and the support provided by BC MOH to maintain a COP. In addition, some supervisors expressed interest in also receiving, and having dedicated time and organizational support, for weekly reflective supervision. No recommendation on who should provide this higher level of supervision was shared. • To continually understand the clinical nuances and front-line challenges associated with NFP, some supervisors identified it would be of value to have opportunities to observe or be more engaged in working with clients or home visiting practice. No recommendations on how this could be feasibly integrated into the supervisor role were provided.

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Theme	BCHCP PE Supervisor and PHN Perspectives
	• Concerns regarding exposure to vicarious trauma, compassion fatigue and burnout surfaced. Supervisors identified a need for additional education on how to identify stress and burnout among staff. Providing training focused on self-care and resiliency for PHNs was recommended. • Access to a psychologist, social worker(s) and/or expert resource person available to work with individuals and the team to reduce stress and prevent burnout was also recommended. • In addition to their regularly scheduled team meetings and reflective supervision, immediate and regular access to a clinical expert to support PHNs and NFP team when there are critical incidents requiring discussion or debriefing (for example, how to respond to issues of clients experiencing severe IPV) was also recommended to be made available rather than having to wait for the intermittent teleconferences with clinical experts. **Caseload management:** • NFP PHNs recommended revisiting client caseloads and reconfiguring them to alleviate stress for PHNs with higher caseloads as well as building in additional support for these PHNs. Ensuring when possible, that clients are allocated with the goal of creating balanced caseloads, spreading those with higher acuity and across the stages (pregnancy, infant, and toddler) amongst team members. • Assigning clients to PHNs within geographically close districts rather than broader geographic areas was also brought forward as a recommendation. • Visit preparation time required for client centered care needs to be taken into consideration when allocating time to deliver program. • For nurses with a dual NFP/Public Health role, caseload management is often difficult as there is reduced availability for scheduling client visits and different expectations for each role. When NFP PHNs have small caseloads, they are sometimes encouraged to take on an increased generalist PHN workload. Strategies to better balance the dual role when necessary are recommended though no specific strategies were mentioned. • For supervisors "lightening the load" has been recommended by mentoring and then allowing PHNs to lead some of the supervisory work including team meetings.
"You spend a lot of time with the clients and I have seen different variations, degrees of … I worry about compassion fatigue and I worry about burnout and vicarious trauma. I see it happening and I spent lots of time talking about that with the nurses and there's a lot of … I know that, that it exists. I know that it happens. And as a supervisor I feel like I have, you know I have the tools in reflection and I know I can pull things out but it's not my … I'm not a counselor. Like the nurses aren't a counselor when they're with their clients. Like they refer on. I feel like when there's certain things … If there was a recommendation that there would be some thought about how to support supervisors and/or nurses when there is compassion fatigue and burnout and vicarious trauma going on." – NFP Supervisor	
2. Environmental/ Contextual Factors	**Avoidance of single PHN offices:** • NFP supervisors and PHNs recommended ensuring that there are a minimum of two NFP PHNs per office. This would afford each nurse coverage for vacation, illness, the ability to spread referrals amongst two PHNs, support in their clinical practice as well as alleviating the burden of knowing otherwise there is no one to provide client care in these circumstances and that there would be a gap in service delivery. **Geography related:** • Decrease travel restrictions related to education, meetings and program delivery. Reduce the amount of driving/commuting time for PHNS by allowing them to work out of other health unit offices closer to their homes or assigning PHNs to cover districts closer to their homes. **Research related:** • Evaluation of NFP within the context of a randomized controlled trial increased workload for both supervisors and PHNs. PHNs have recommended sharing the positive outcomes

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	of the research as a recommendation to contribute to their retention.
"Making sure there's no lone nurses. I mean I think, yeah that's really scary and I actually have not said that to my, my colleague that's taking over is like, you're going to be really tired you know. There are going to be days where you're going to be like, I don't feel great and normally would've been like stay home but I got to see so and so and I know she's not in a great place and so I got to be on my game. So I didn't want to scare her. And maybe she won't feel that way. Maybe that's more just my personality that I feel like I, I don't have that luxury." – NFP PHN	
3. Health Authority factors that contribute to nurse and supervisor retention	**Continued support for existing NFP practices:** Supervisors and PHNs would like to see continued organizational support for the COP, face-to-face team meetings, and flexibility to meet program needs by allowing flexibility in scheduling of work hours to accommodate client availability as well as providing for program delivery resource needs (text friendly phones and laptops with WIFI to enable mobile documentation, **Promote greater acceptance and integration of NFP with other public health programs:** • Both supervisors and PHNs recommended the need for promoting greater acceptance and integration of NFP into public health services and within Health Authorities. Increased senior leadership championing support of the NFP program, involvement and visibility of management, open communication, collaboration and engagement with the NFP team might contribute to increasing supervisor and PHN retention in the NFP program. **Hiring related recommendations:** • NFP supervisors recommend reclassification of their supervisory roles from CH2 to CH3 in order to be at par with other supervisors provincially. With CH2 standing some perceive that they are not provided the same voice as other supervisors and are excluded from higher level meetings that CH3s are able to attend. • At the hiring stage, candidate pre-screening and job shadowing were recommended to understand the complexities of the work. Hires need to be a "good fit" for the positions, which include the right personality, skillset, belief in the philosophy of the work, familiarity with the expectation of the work and a nonjudgmental lens to work with high risk populations. • A recommendation made was to avoid creating the dual role of NFP and generalist PHN by creating part time NFP positions. Where this is not possible, revisiting PT FTEs was encouraged to ensure they are meeting the needs of PHNs. • Having a casual pool of NFP PHNs to cover supervisors for vacation, illness will help prevent burnout.
"Within other health units there isn't that … there's almost sort of like a real … like that they, NFP nurses are totally almost not even a part of the health unit type of thing… And I think there has been sort of that view of that the NFP nurses are in that elitist group which has further sort of you know maybe sort of segregated us a bit. I, I think it's been perceived within our Health Authority that we've got all this you know extra education and they didn't. We end up having the luxury of time with our clients and everybody else doesn't. That it was sort of a segregated type of thing… I guess to end up having sort of where there is sort of that integration of services. Because basically offering NFP is, like there's you know universal services and then, then you need to provide enhanced services. Enhanced services end up having sort of you know like you know one group which happens to be you know young, first-time moms that are dealing with you know a number of you know social challenges." – NFP PHN	

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