

# Promising practices to support retention of the healthcare workforce in northern, rural and remote communities in Canada

If you are looking for promising practices used in northern, rural, and remote communities in Canada to improve access to safe, high-quality, team-based primary care, then this promising practice will be of interest to you.

# Creating a Meaningful Work-Life Balance for Staff of Churchill Health Centre

## What is the promising practice?

Over the past four years, a key strategy to promote retention of nursing staff of Churchill Health Centre (CHC) located in northern Manitoba, has been to create a meaningful work-life balance. This promising practice was built with input gathered through employee engagement surveys.

Key Messages and components of the promising practice

- Creating a meaningful work-life balance for staff takes time. The CHC journey has taken four years.
- Nurses work 12-hour shifts on a four-day on, four-day off rotation, and twice a year have 12 days unpaid leave (time owed). Combined with vacation time, this scheduling system permits longer breaks and enough time to leave the community to visit family and friends living elsewhere.
- The CHC is a culturally safe work environment, promoted in part through ensuring the cultural backgrounds of the CHC leadership mirrors that of the community (approximately 65 percent of the population is Indigenous).
- Nurses who work at CHC are not required to sign a monetary or time commitment contract.
- Nurses who work at CHC are among the best paid nurses in the province.
- Staff are provided with subsidized housing – a one- or two-bedroom apartment located in front of the hospital – which creates both staff and community social networks and saves time for travel to and from work.
- Access to a large, comprehensive community recreational complex, facilitated access to childcare (CHC owned and operated) and other community services adds to the ability for staff to develop a healthy work-life balance.

## Context

Located in the town of Churchill, Manitoba on Hudson Bay, the CHC serves a community of 831 residents, as well as patients and clients from surrounding communities in Manitoba and the Nunavut, Kitikmeot and Baffin regions. The nursing staff at CHC consists of nine full-time registered nurses (RN), five full-time licensed practical nurses (LPN) and one part-time RN.

## Approach

- Input was gathered from employee engagement surveys to determine areas to focus on.
- The unit nursing schedule is a 12-hour, four-on four-off day or night rotation.
  - Since 2018, 12-hour shifts have been in place and recently leveraged to move toward a better work-life balance.

- To ensure that the schedule meets all requirements of the collective agreement, each shift is paid at 11.63 hours. This results in a payroll surplus of unpaid time. To remove this payroll surplus, nurses are given two unpaid rotations of four shifts off per year, resulting in two 12-day breaks annually, outside of vacation time. These longer stretches of time off better enable travel outside of the community (which can be costly).
- Leadership actively attempts to honour all vacation requests and provides a reason if the request can't be granted; this helps to raise awareness of staff scheduling challenges. As a result, more nurses are now swapping shifts with each other in lieu of submitting vacation requests.
- The CHC is a culturally safe work environment, supported in part through:
  - Values and the culture of the organization.
  - Strong land-based community mental health program, accessible to all staff and community members.
  - Proportion of the CHC leadership team that are Indigenous reflects the community profile.
- Nurses at CHC who are new to the profession are allotted an extra week of vacation. They receive three weeks vacation after their first year of service. Since CHC is part of the Winnipeg Regional Health Authority (WRHA), this benefit follows them to other positions in Winnipeg and throughout the province.
- Nurses who work at CHC are not attached to a monetary contract.
- The monetary benefits available to all nurses working for the Manitoba Health Authority are generous (see Appendix A). Retention payments are available provincially to all nurses. Full-time Manitoba nurses can be paid an extra \$30,000 if they make a commitment to stay in their jobs for two years under a government plan to retain and attract healthcare workers. The \$30,000 over two years is in addition to other incentives outlined on the union's website. <https://www.manitobanurses.ca/news-events/article/61/manitoba-government-announces-incentives>
- CHC owns a 27-unit residence that is across the street from the CHC. This building houses many out-of-town staff who move to the community, as well as any staff and contractors who are providing service in the community (doctors, agency nurses, trades, etc.). Employees who live in Churchill full-time are provided a one-bedroom unit at a cost of \$600 per month, which includes all utilities. This removes much of the stress associated with finding housing in a remote area and creates a sense of community within staff housing. Many employees will develop friendships quickly, which creates its own peer support network. Having staff in the same building (or a nearby CHC building) supports social interactions among staff (for example regular potlucks).
- CHC owns and operates the only licensed community daycare in Churchill. This is also the only daycare in Manitoba attached to a health centre and operated by the health authority. CHC employees are given priority to daycare services, meaning that CHC staff with children have easy access to childcare services.

- The Town of Churchill has many amenities – available for free or at a reduced cost to staff – not likely available in other northern communities of a similar size. A 230,000 square foot complex holds most of the town’s recreational facilities and equipment. The only fee CHC staff pay for is the gym; staff receive a discount, and the gym fee can be deducted from their bi-weekly pay. The complex is open 24/7, with security services. The following are housed at the complex:
  - Churchill town offices
  - community and school library
  - full-size indoor saltwater pool
  - curling rink and lounge with four sheets of ice
  - hockey rink with public seating
  - school and community gym
  - weight gym with cardio equipment
  - five-pin bowling alley with five lanes
  - movie theatre (newly renovated) with 240 seats
  - daily canteen, open from 18:00 to 21:00

## Results (how do we know retention is improving?)

The CHC has not had a full-time nurse leave the community since June 2020.

## Key Success Factors (why is it working?)

### Success creates success!

- The unit nurses are working as a team which is evident when new staff join the team.
- Recruitment is natural, as nurses are engaged, and new staff see that.
- A good work-life balance creates a workplace that people want to work at.

### Engaged leadership

- Staff are part of decision-making, all staff meetings occur monthly, and staff have access to all leadership.
- There is a flat leadership hierarchy which allows for better communication at all levels of the organization.
- Leaders’ problem solve with employees, as well as support decision-making, leading to increased autonomy and accountability for the nurses.

### Strong involvement in the community

- Employees are members of the community and Churchill is a community focused on improving itself through connections with its residents.
- Employees quickly become part of the community and are seen participating in events. This increases trust reciprocally.

## **Addition of scheduling clerk during business hours**

- Removes some of the scope creep from the manager of patient services.
- By creating a one-person model for schedule changes, a timely approach is being established.
- Greater opportunity for nurses to request and be granted time off benefits.

## **Next Steps**

- Continue to recruit for casual nurse positions to create a more stable float pool in Churchill.
- Promote and train from within the community – this initiative is larger in scope and multi-year. Our goal is to upgrade all uncertified healthcare aides (HCA) to certified HCAs by bringing the education on site. Next steps would be to secure LPN training in Churchill and recruit from within the community.
- A youth mentor initiative funded by the First Nations and Inuit Health Branch (FNIHB). A community youth mentor is nominated by the community to come to Churchill to spend time with leadership, build relationships and inform the development of a two-year LPN program that meets the needs of community.

## **For more information**

To learn more about CHCs retention strategy, contact Jason Klainchar, Executive Director, Churchill Health Centre [jklainchar@wrha-ch.ca](mailto:jklainchar@wrha-ch.ca); phone 204-675-8383

# Appendix A: Summary of CHC monetary premiums and incentives

## Weekend super premium

- Additional \$8 per hour for all hours worked on the weekend.
- Definition of weekend as per Article 303 but includes any Friday evening shift.
- Commences first evening shift as of November 18, 2022.
- Runs until ratification of the next collective agreement.

## Recruitment and retention incentive

- \$10,000 paid over two years. A 24-month Return of Service Agreement (ROSA) is required.
- \$5,000 paid after the first six months, \$5,000 more after 18-months for 1.0 Full Time Equivalent.
- Minimum 0.7 EFT required to qualify, but amount reduced (prorated) – example 0.7 x \$10,000 = \$7,000 over two years.
- Nurses who meet the above plus one or more of the following criteria are eligible.
  - a nurse who returns from retirement or resignation not holding any position with a Central Table employer
  - a nurse who holds or increases to a 0.7 or higher EFT with a Central Table employer, and is eligible to retire without early retirement penalty as of December 1, 2022 up until December 1, 2023
- Not dependent on nature of shift (all shifts that meet the 0.7 EFT minimum or greater qualify).

## Full-time incentive

- \$10,000 per year, runs for two years, commencing January 1, 2023.
- Must hold or move into a 1.0 EFT.
- Must hold or move into a position that as part of the master rotation works any of these shifts:
  - days and evenings
  - days and nights
  - straight evenings
  - straight nights
- Must hold a 1.0 EFT on December 31, 2023 and December 31, 2024 of each year to qualify. (\*exception: unless in a term that ends prior to December 31st then prorated for portion of year worked in full-time term position)

## Full-time weekend worker

- Employers to create full-time position with three (3) x twelve (12) hours shifts working straight weekends. Annual hour base of 1,872.
- This will be considered a full-time position and be paid the same annual salary as nurses working 2,015 annual hours.
- Will receive the 15 percent weekend worker premium, as per the collective agreement.
- Will be eligible for all other incentives in this agreement for which the nurse may qualify (weekend super premium, full-time incentive, recruitment or retention incentive).

## Wellness incentive

- One-time increase for each nurse's Health Spending Account of an additional \$500 for full-time nurses; and \$250 for part-time nurses.
- Effective January 1, 2023.

## Licensure reimbursement

- Reimburse nurses who are on the payroll as of December 1, 2022, and December 1, 2023, for the cost of their 2023 and 2024 nursing license.
- The nurse must submit proof of payment of licensure to the employer in order to receive the reimbursement.

## Travel nurse hourly rate increase

- Allowance in Memorandum of Agreement (MOA) #47 of the collective agreement (travel locum nurse) that their allowance be increased to \$10.00 per hour flat rate from \$6.00 per hour, for those working in remote and northern sites.
- Effective the first shift worked by a travel nurse.

## “Refer a nurse” program

- \$1,000 for a nurse or someone who refers another nurse who commences employment with a Central Table employer.
- Referred nurse cannot be currently employed with a Central Table employer or be a new grad nurse.
- Cannot self-refer.
- \$500 payable on commencement of the referred nurse's employment, and an additional \$500 upon their completion of one-year of service.
- Reinstatement of retroactive pay for retired or resigned nurses that missed the 90-day deadline
- This requirement is part of Article 3808 of this round of bargaining of the collective agreement.
- A nurse who missed the 90-day deadline with a Central Table employer and therefore did not receive retroactive pay.

- The nurse is eligible if they return to a minimum 0.4 EFT for a minimum six-month period (ROSA required).

## Reconnection of seniority

- Reinstate seniority and service (Central Table employer positions only).
- Nurse resigned or retired outright, resigned or retired from a previous Central Table full- or part-time position and moved to a casual position on or after December 1, 2020 qualifies for reconnection of seniority.
- Resume employment or move from casual to at minimum a 0.4 EFT.
- Seniority will be reconnected for the purposes of salary increment where applicable and vacation accrual as if they maintained continuous employment.
- Seniority will be permitted for order of vacation booking if agree to return for a two-year commitment, not if returning for a lesser duration.
- If already received pre-retirement leave or pay, the clock restarts (minimum 10-years service), if not paid out previously then service reconnected for pre-retirement eligibility.
- Cannot connect seniority from one previous position to more than one new position.