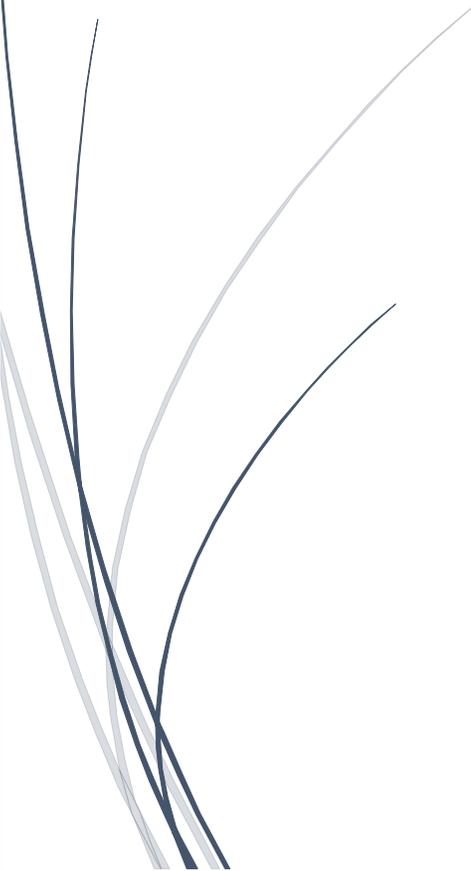




5/11/2021

Health PEI Exit Interview Project

**Final Report: Findings and
Recommendations for an Integrated
Health PEI Retention Strategy**



Garth Waite

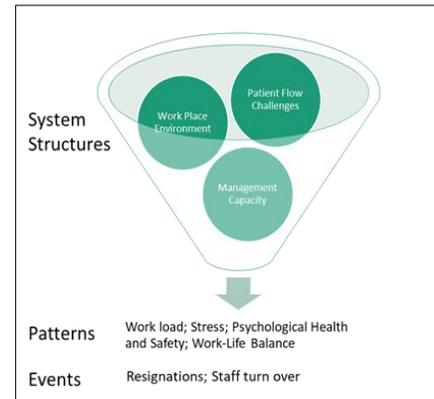
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Executive Summary

The purpose of this project was to conduct exit interview surveys with employees from key areas of the health system who left their positions during the past year, to analyze the findings and provide a report with recommendations to support employee retention efforts at Health PEI. Thirty-one (31) staff participated in the survey. They had worked in the following areas: ER, ICU and Surgical units at PCH and QEH; Mental Health and Addictions; Home Care – Queens; and Allied Health Care positions. Sixteen (16) of the thirty-one (31) participants had resigned to accept positions with Veterans Affairs Canada. This data was supplemented with information from internal reports, including Worklife Pulse results (2020), Health PEI Work Life Pulse Results (2020); Accreditation Team Self-Assessment Results (2020); and Patient Safety Culture Survey Results (2019).

Respondents frequently mentioned excessive work load, high levels of work place stress, and work life balance issues, including the ability to get time off for vacation or attend to family emergencies. Broader systemic structures were seen as causing these patterns. Patient flow challenges were seen as a root cause of excessive workload and quality issues in many areas. Management capacity was viewed as key to work life satisfaction and unit functioning. The workplace environment, including opportunities for promotion, ability to obtain leave, and overall safety, while influenced by management capacity and patient flow, was also viewed as an important contributor to satisfaction. It became clear that staff resignations were a symptom of deeper system challenges and that deeper system changes would be required to address staff retention challenges.



In summary, recommendations in each of the following areas are proposed to improve staff retention:

- Patient Flow and ER Overcrowding
- Management Development
- Work Place Environment
- Staffing and Staff Ratios
- Safety
- Staff Engagement
- Exit Process

Progress in these areas will improve the following results:

- Reduce excessive workload pressures;
- Improve quality and patient safety as evaluated through accreditation self-assessments;
- Improve work place satisfaction, as measured through Work Life Pulse;
- Improve recruitment and retention;
- Improve efficiency and effectiveness of the provincial health care system;
- Improve health care and health outcomes for Islanders.

Introduction

Health care organizations in Canada and around the world faced ongoing health human resource challenges over the past two decades. The Prince Edward Island health care system has not been immune. While the supply of health care professionals has improved over time as a result of planning and investment, challenges have remained, particularly in rural areas. These challenges became more apparent as health care systems responded to the COVID pandemic. According to McGillis Hall and Visekruna in the “Outlook on Nursing” (2020) study, “Now, in the midst of a pandemic, the deep cracks in our health care system are vividly revealed for all to see. It has become glaringly apparent that staffing levels in health care facilities are dangerously low”. Their study indicated that nurses reported excessive workload, physical and verbal abuse, and high levels of burn out.

Similar issues were noted in the Health PEI exit survey study, where work load, stress, safety, and psychological health and safety were flagged among the main reasons for leaving. The “Outlook on Nursing” study also reported that a high number of respondents in its study planned to leave their jobs within the current year, and of that group, over half were considering expanding their job search beyond nursing. Considered in this broad light, findings from this limited study suggest a timeliness as well as an urgency for Health PEI to respond to findings from this study and to address key challenges affecting its work environment.

Background

PEI, like the rest of Canada, was deeply affected by the global pandemic during 2020. While our small province was spared (at this time) a large outbreak, the provincial health care system nevertheless needed to move into a state of readiness by adjusting services, service delivery and patient flow. For front line clinicians, these changes affected everything from workload, work locations, and the profiles of the patients they worked with, to availability of vacation and other forms of leave. This was an “all hands on deck” situation, where health system planners projected that current staffing levels were insufficient and many additional health care providers would be required should a serious COVID outbreak occur in the province.

During this same year (2020), a large federal government department based on PEI undertook a large nursing recruitment initiative. A significant number of health care providers (mainly registered nurses) left the PEI health care system to accept these positions. This magnified an already serious situation. A PEI Health HR summit was held during the fall of 2020 to explore issues and generate solutions. Participants included representatives from the Health PEI Board of Directors, Health PEI Human Resources Department, the Recruitment and Retention Secretariat, and Health PEI Executive Leadership Team, as well as senior Departmental / Government officials.

Health human resource recruitment and retention has been a standing priority for both Health PEI and the Provincial Government. In light of the level of employee turnover during the previous year, employee retention was prioritized for further investigation at the PEI HR Summit. The initial step was to undertake analysis of employee exit survey results.

The current project was initiated to conduct exit interview surveys with employees from key areas of the health system who left their positions during the past year, to analyze the findings and provide a report with recommendations to support employee retention efforts at Health PEI.

Project Purpose and Scope

The purpose of this project was to conduct exit interviews with Health PEI employees who recently changed positions or left Health PEI, to analyse the exit interview information, and to prepare a report on findings for Health PEI which can be used to inform plans to support and improve employee retention processes and practices. The scope of the work also includes identification of strengths and areas for improvement in the current exit interview process at Health PEI.

The key questions to be addressed through this project were:

- Why did staff members leave their positions?
- What are the current strengths of the Health PEI work-place and Health PEI as an employer?
- What opportunities are available to strengthen employee retention at Health PEI?
- What are the strengths and opportunities for improvement in the current exit interview process at health PEI?

The target group for this study included:

- Health PEI employees who have changed positions or left Health PEI during the period March 2020 to January 2021; and who
- Worked in one of the following areas:
 - The intensive care, surgical or emergency departments at Prince County Hospital or Queen Elizabeth Hospital;
 - Mental Health and Addictions ;
 - Home Care;
 - Allied Health, and or
 - Health care professions who left Health PEI to accept employment with Veterans Affairs Canada.

The scope of the work included:

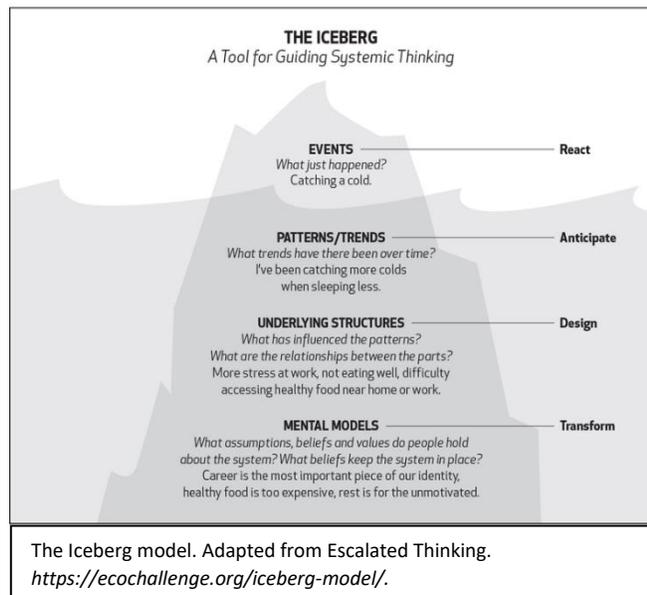
- Preparation of a project plan
- Conducting exit interviews with current or former Health PEI employees identified by Health PEI.
- Analysis of staff exit interview data using qualitative and quantitative methods as appropriate.
- Reviewing additional administrative information during the analysis phase to contextualize and ground findings.
- Providing a draft report to Health PEI for feedback;
- Providing a final report to Health PEI;
- Presenting report findings to leadership / governing bodies as directed by Health PEI.

Methodology

Iceberg: System Thinking Model

Health PEI experienced a high number of staff resignations during the pandemic year of 2020. Why? Was there something about the pandemic which triggered these events, or were there deeper systemic issues which just happened to come to a head during this time?

The Iceberg model is a system tool which was initially proposed by anthropologist Edward T. Hall as a culture analogy. Essentially, this analogy holds that when viewing a culture, only 10% if it is visible, while the majority of the culture (90%) lies hidden. Over time, the model has been expanded and applied as a tool to a variety of systems contexts, including organizational culture and leadership.



For the purpose of this study, the iceberg model (adapted from Escalated Thinking) will be used as a thinking tool to help discern patterns, underlying structures, and mental models which caused or contributed to the high number of resignations this past year. This systems analysis will provide a basis for recommendations to address some of the deeper patterns within Health PEI affecting worker retention.

Study Design and Approach

The Health PEI on-line Exit Interview Survey tool was used for data collection for this study (See Appendix 1 – Survey Questions).

Health PEI provided a list of 55 employees to interview. All employees were called (See Appendix x 1 – Telephone Script). Interviews were conducted over the telephone with employees who agreed to be interviewed. Employees who wished to complete the survey themselves on-line were provided with the survey link. Telephone messages providing information about the survey and contact information were left with all employees who could not be reached directly but who had voice mail.

Simple data analysis was conducted using the filtering and report generating capacity of the survey software as well as Excel for quantifiable responses. Thematic analysis was used in the analysis of qualitative information (free form answers).

In order to deepen understanding of the exit interview data and to illuminate deeper patterns and structures within the organization, the following organizational reports were also included in the analysis:

- Health PEI Human Resource Plan (2016-19);
- Health PEI Accreditation Report (2017);
- Health PEI Work Life Pulse Results (2020);
- Accreditation Self-Assessment Results (2020);
 - o Emergency Team;
 - o Critical Care Team;
 - o Home Care;
 - o Substance Abuse and Problem Gambling;
 - o Inpatient Mental Health;
- Patient Safety Culture Survey Results (2019).

Results: Overall

Participation

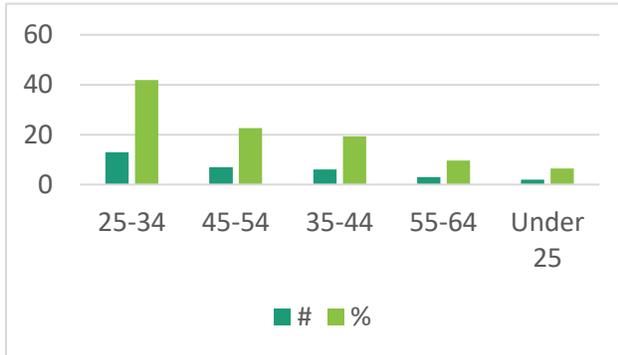
A total of 55 employee names were provided by Health PEI for this study. Of this number, 31 individuals successfully completed their exit surveys. The following table provides a participant breakdown by clinical area / department. The 16 Health Care Providers who accepted employment with VAC were employed across the system, thus their numbers are included in the numbers outlined below.

Clinical Area / Department	Completed	Total
ER / Surg / ICU	13	24
Mental Health & Addictions	6	9
HC Queens	5	10
Other Clinical Areas	6	11
Allied (Total of 6 Allied, of which 5 are counted in other Units). Feedback from all Allied Health Care professionals is used for the Allied section in the report.	1	1
Totals	31	55

It should be noted that the participation rate overall and for each clinical area was 50%. For the purpose of analysis, each group contained data for five (5) or more participants.

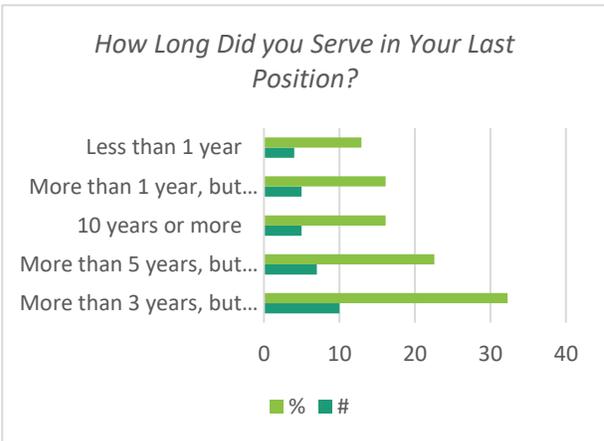
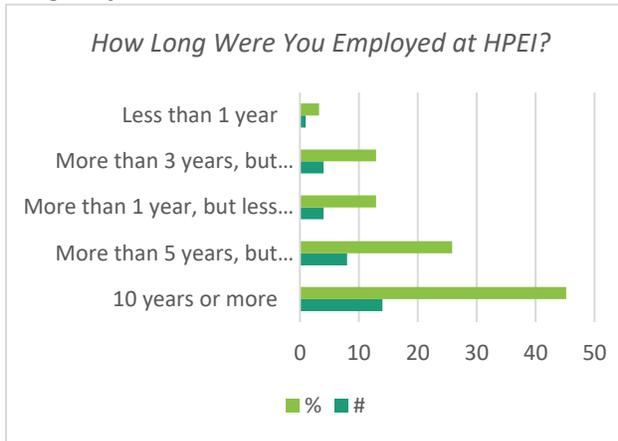
Participants

What was Your Age at the Time You Left Health PEI?



The majority of participants were mid-career professionals between the ages of 25-44. The majority had been employed by Health PEI for more than five years. The vast majority had been employed in their last Health PEI position for more than three years.

Length of Service



Findings

What were the reasons you left your last Health PEI position? (Check all that apply)

The main reasons cited for leaving their last Health PEI position were:

- Wanting a Change (84%);
- Other (45%);
- Toxic Work Place (45%);
- Family Reasons (39%).

Other reasons included: work load; work life balance, safety / psychological health, and engagement, especially during change. Examples of comments are included in the table below.



Why did you Leave Health PEI – Sample Comments and themes

Work Load	Staff Engagement and Change
<ul style="list-style-type: none"> Moved due to high workload and stress without commensurate compensation for the level of responsibility and training associated with critical care. There was a staffing shortage and small casual pool. This translated into overwork, long / extra shifts - especially when sick calls could not be filled. Leave requests for vacation and training were routinely denied. 	<ul style="list-style-type: none"> There had been a lot of change in the workplace. The client population is challenging. Many management decisions did not reflect input from front line, often led to work expectations which exceeded resources and or which may not have been in the best interests of the client base. Decisions did not reflect complexity of work or implications. Workload and stress increased. Team stress increased.
Work Life Balance	Safety / Psychological Health and Safety
<ul style="list-style-type: none"> Enjoyed position at HPEI, however, there were challenges with work life balance. During COVID recognized potential challenges managing work and need for child care, etc. "What happens if it happens again"? The new job offers greater flexibility, allows her to work from home, has better work life balance, higher pay, better benefits, and room for professional growth. The new position allowed her to work from home, which was very beneficial during this pandemic year. Would have stayed with Health PEI for rest of career if her schedule could have been improved. 	<ul style="list-style-type: none"> Program clients were challenging and often violent. Toxic work environment - Bullying behavior toward staff. Lack of building security for night shifts - felt insecure, sometimes fearful. Staff took abuse from clients - patients can be highly aggressive. Felt unsupported by supervisor - combination of all. High level of burn out in work place. More and more asked of staff, yet burden not distributed equally throughout the hospital.

Experience in Last Health PEI Position

Questions and Rating Scale

The survey instrument contained two related questions with slightly different rating scales. As there is slight overlap in the questions and the responses, a rating scale was developed allow easier analysis and reporting of responses.

- Question 9:** In considering your experience in your last Health PEI position, please indicate your level of agreement with the following statements: (Multiple Questions. Responses were: Excellent; Very Good; Good; Adequate; Fair; Poor).
- Question 10:** Please indicate your level of agreement with the following statements with respect to your departure from your last position with Health PEI. (Multiple Questions. Responses were: Strongly Agree; Agree; Disagree and Strongly Disagree

Rating Scale

	Question 9	Question 10
Green Flag	75% or more: Excellent; Very Good; Good; Adequate	75% Strongly Agree or Strongly Agree
Yellow Flag	>50% <75%: Excellent; Very Good; Good; Adequate	>50% <75% Agree or Strongly Agree
Red Flag	< 50 % Excellent; Very Good; Good; Adequate	< 50 % Agree or Strongly Agree

Responses

GREEN FLAGS	YELLOW FLAGS
<ul style="list-style-type: none"> • Co-workers treated me with respect. • My contact with my co-workers was satisfying. • I had training and learning opportunities. • My contact with clients, patients or residents was satisfying. • I felt I belonged to a team. • I had variety and challenges. • I received safety training . • My group insurance and benefits coverage was adequate. • I had a good relationship with my supervisor. • I understood what was expected of me. • I was comfortable speaking with my supervisor. • I had opportunities to take on additional responsibilities. 	<ul style="list-style-type: none"> • I had the resources needed to do my job. • I had input into decisions about my work. • I was satisfied with my hours of work. • My level of responsibility was reasonable. • My workplace was safe. • If asked, I would provide a very positive reference for my supervisor. • Work planning. • Frequency of team meetings. • Staff morale in my work unit. • Communications from my manager. • Safety of physical environment. • Training and learning opportunities.
RED FLAGS	
<ul style="list-style-type: none"> • I did not find my work stressful (most days)... • Job options such as line sharing and deferred leave was adequate. • I received annual performance feedback • My workload was satisfactory. • I received regular feedback on my work performance. • My level of responsibility was reasonable. • Manageable workload • Psychologically safe workplace • Recognition of good work 	

Analysis

Exit Interview Findings

Health PEI has many strengths as a health care provider and as an employer. The majority of respondents reported very positive and satisfying work place relationships, including relations with co-workers and supervisors, as well as satisfaction with compensation, benefits, safety training, safety and the opportunity to take on additional responsibilities.

Areas of less satisfaction (as indicated by the Yellow Flags) were related to management communications and staff engagement, work place conditions including safety and hours of work, work planning, and training and learning opportunities – areas where the manager has significant influence.

Work load; stress; inadequate job options; and various concerns related to workplace psychological health and safety were consistently cited by respondents as areas of concern in their work life. Issues reported in relation to workplace psychological health and safety were varied, including verbal and physical abuse from clients / patients; facility safety; work place bullying. In addition, most respondents reported not having received regular or annual performance feedback, nor report having received recognition for good work. Many had indicated that it had been years since they had received a performance review.

How Does the Exit Interview Findings Align with Work Life Pulse Results?

Work Life Pulse is a validated work place satisfaction tool which is incorporated into the accreditation Canada Qmentum Program. In 2019 the Work Life Pulse Survey tool was administered in Health PEI. Through that survey the following two areas received red flags:

- Senior managers effectively communicate the organization's goals.
- Overall, how would you rate your organization as a place to work?

In addition, the following areas received yellow flags:

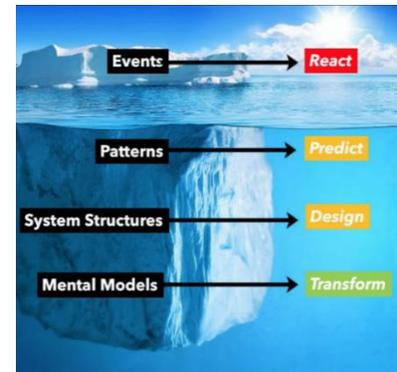
- Workload
- Communication
- Staff Recognition
- Training & Development
- Senior Management
- Feedback
- Workplace safety
- Job satisfaction

The two reports provide a consistent view of Health PEI work life, with the exception that Work Life Pulse flagged workload and workplace safety with yellow flags while these items were red flagged through the Exit Interview. Given that the results were attained through two separate tools, caution should be exercised in making too close an interpretation. However, there is at least a narrative logic suggesting that as systemic challenges become more and more acutely experienced by front line workers, a tipping point is reached affecting occupational decisions – will I change my job? Will I change my manager? Will I change my employer? Will I change my profession?

An Emerging System Picture

Standing health human resource and retention pressures were exacerbated by the additional challenges of mounting a pandemic response. Staff resignations are serious events at any time. During the pandemic, their gravity was magnified. While these events occurred during the pandemic period, the reasons cited for leaving were not specific to the operational changes related to pandemic preparedness. Rather, the reasons cited were already present in their work environment and affecting their work lives well before the pandemic. The 2019 Work Life Pulse, conducted well before the pandemic, supports this observation. However, the added pressure of the pandemic may have brought issues to a head.

Applying the iceberg model to the current data, it appears that patterns of excessive work load, stress, challenges related to psychological health and safety (including abusive and violent patients / clients, as well as work place bullying) were already present within the organization prior to the pandemic. In fact, these patterns widely cited among reasons for staff resignation or movement to new Health PEI positions – finding expression under the headings “Wanting a Change”, “Toxic Workplace”; and “Family Reasons”.



What are the Structures Underlying these Patterns?

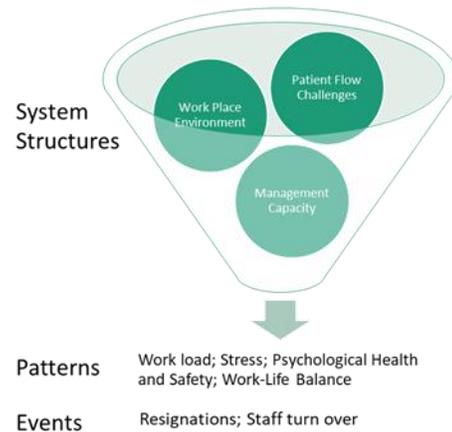
Management Capacity is a critical system structure. The scope of management practices includes critical tasks essential for organizational performance, team health and productivity, and individual development. These tasks, at their team level, includes (but are not limited to):

- communication of the strategic direction to the team;
- engaging the team to identify and solve problems;
- planning work so that it aligns with the strategic direction and makes best use of resources;
- ensuring that staff have the resources to do their work;
- ensuring the safety of the work environment; and
- supporting staff development by providing regular performance feedback and ensuring access to training.

Many staff communicated a high professional regard for the management capabilities of their supervisors. However, it is also clear from Exit Interview and Work Life Pulse feedback that improvement in this area at a system level presents a strategic priority.

A Positive Work Place Environment is critical to staff recruitment and retention in the long term. As stated by one respondent, “Retention comes down to providing health care professionals with a great place where they want to come to work”. Elements of an attractive work place, as cited during the interviews, included:

- flexibility in areas such as time off for family vacation; leave for unexpected family needs such as illness, and or leave to pursue career development options;
- Capability to practice at one’s highest professional capacity in a safe practice environment;
- Working in an environment where staffing models are consistent with patient profiles;
- A feeling that there is a professional career path and that there is flexibility so that staff may pursue opportunities for variety, growth and change.
- A feeling of being supported if there is negative publicity concerning your work area due to patient volumes and wait times.



There is of course a paradox. Strengthening management capacity will contribute to the quality of the work place environment. However, key elements of a positive work place environment are stymied by the realities and impact of ongoing staff shortages, increasing patient volumes, and excessive yet increasing workload.

Patient Flow across the system remains one of the paramount system issues. From the point of view of staff employed in key areas within the acute continuum, namely the emergency department and to a lesser extent ICU and surgical units, patient flow issues directly results in excessive work load, quality of care, work life balance, and workplace safety / psychological health and safety challenges in their units.

From a system perspective, it appears that an effective Retention Strategy will need to respond to both the patterns and the system structures contributing to current retention challenges. This observation is consistent with findings reported in the Outlook on Nursing Study (McGillis Hall & Visekruna, 2020). In fact, failure to effectively respond may mean that the situation will worsen.

“Nurses surveyed were asked about their intention to leave their current job: over half (59.7%) planned to leave their current job within the next year as a result of job dissatisfaction. Among these nurses, over a quarter (27.1%) planned to leave nursing altogether, suggesting the potential for major attrition from the profession”. (McGillis Hall & Visekruna, 2020. Pp. 3-4)

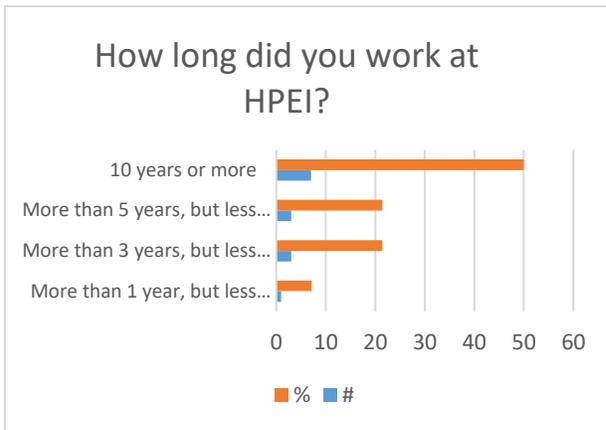
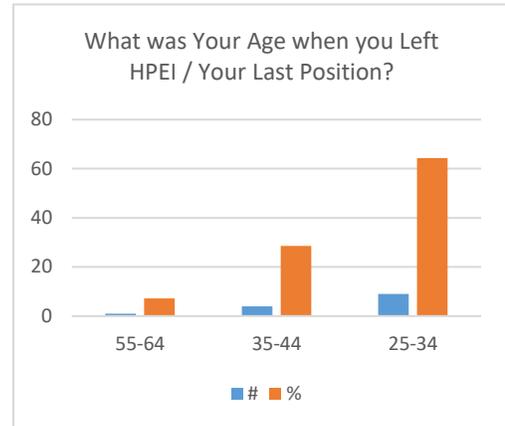
We turn now to assess the experiences of the various staff groups, after which we will conclude with system as well as group level recommendations.

Group Report: Intensive Care, Surgical and Emergency Departments at Prince County Hospital and Queen Elizabeth Hospital

Participants

Thirteen (13) respondents participated in the survey. All participants worked at either the QEH or PCH sites. Seven (7) had been employed in Emergency; four (4) in Intensive Care, and two (2) in Surgery. All respondents were members of the PEINU.

The majority of participants were aged 25-34. Over 70% of respondents had worked at Health PEI for more than for more than 5 years and over 70 % of respondents had worked in their last position for more than 3 years.



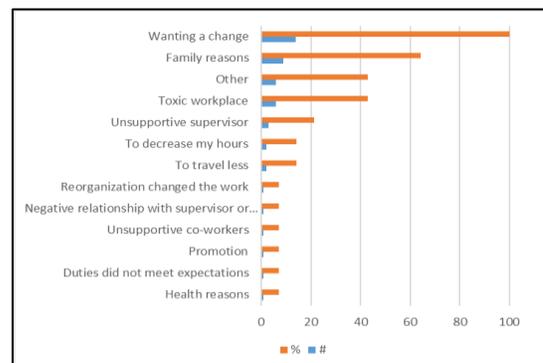
b. Findings

What were the reasons you left your last Health PEI position? (Check all that apply)

The top reasons for leaving were as follow:

- Wanting a change (100%);
- Family Reasons (64%);
- Other (43%); and
- Toxic Work Place (43%).

Excessive work load was the most frequently cited “other” reason, with references as well to stress and work life balance.



Experience in Last Health PEI Position

Questions and Rating Scale

The survey instrument contained two related questions with slightly different rating scales. As there is slight overlap in the questions and the responses, a rating scale was developed allow easier analysis and reporting of responses.

- **Question 9:** In considering your experience in your last Health PEI position, please indicate your level of agreement with the following statements: (Multiple Questions. Responses were: Excellent; Very Good; Good; Adequate; Fair; Poor).
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Rating Scale

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Red Flag	< 50 % Excellent; Very Good; Good; Adequate	< 50 % Agree or Strongly Agree

GREEN FLAGS	
<ul style="list-style-type: none"> • I felt I belonged to a team. • I had opportunities to take on additional responsibilities. • I had the resources needed to do my job. • I had training and learning opportunities. • I received safety training . • I had input into decisions about my work. • I had variety and challenges. • My contact with clients, patients or residents was satisfying. • My contact with my co-workers was satisfying. • The job description reflected my actual duties. • My orientation to my work was adequate. • Co-workers treated me with respect. • I had a good relationship with my supervisor. 	<ul style="list-style-type: none"> • I understood what was expected of me. • I was comfortable speaking with my supervisor. • My compensation was appropriate. • My group insurance and benefits coverage was adequate. • I would recommend Health PEI as an employer to my friends and family. • If asked, I would provide a very positive reference for my supervisor. • Communications from my manager. • Frequency of team meetings. • Training and learning opportunities. • Work planning. • Comfort of physical environment. • Lighting of work space. • Air quality of work space.

YELLOW FLAGS	RED FLAGS
<ul style="list-style-type: none"> • Staff morale in my work unit. • Manageable workload. • Recognition of good work. • Safety of physical environment. • Psychologically safe workplace. • I was satisfied with my hours of work. • My level of responsibility was reasonable. • My workplace was safe. • I received regular feedback on my work performance. • I received annual performance feedback . 	<ul style="list-style-type: none"> • I had opportunities for promotion. • I did not find my work stressful (most days).. • My workload was satisfactory. • Job options such as line sharing and deferred leave was adequate.

c. Analysis

Exit Interview Findings

Green Flags

Health PEI has many strengths as a health care provider and as an employer and respondents reported many positive aspects acute care work places in the ER, surgical and ICU area. The majority of respondents reported very positive and satisfying work place relationships, including relations with co-workers, supervisors and patients; satisfaction with training, orientation, compensation, benefits, safety training, safety and the opportunity to take on additional responsibilities. In relation to management effectiveness, respondents reported having resources to do their jobs and satisfaction with management communication, staff meetings, and work planning. In fact, many respondents spoke very highly of their manager’s effectiveness.

Yellow Flags

Despite the many work place strengths, excessive workload was widely reported as an area of dissatisfaction, and that this factor affected staff morale and feelings that levels of responsibility were not reasonable.

Felt strongly supported by manager - would not have remained as long as she had. However, the workload was unmanageable.

Crowding, wait times, and frequent examples of impatient, abusive or aggressive behaviors affected work place safety as well as psychological health and safety.

The acuity of mental health patients, often aggressive or violent, without adequate security, meant that staff often faced terrifying situations without appropriate protection.

Staffing challenges, affected hours of work and often meant that staff could not get time off or were called back in to work on days off. Concern with staffing ratios was also frequently mentioned.

The ER was constantly short staffed. While medical care was provided to admitted patients not transferred to a unit, the staff ratio did not reflect this.

Despite the many examples of positive management behaviors, the following areas received yellow flags: recognition of good work; regular performance feedback and annual performance feedback.

Red Flags

Excessive workload and work related stress were the most frequently reported areas of dissatisfaction among respondents. High patient volumes (in all areas, but especially in the ER), crowding, patient flow challenges within the hospital and across the system, and staffing challenges were cited as contributing factors to work load.

Respondents also reported dissatisfaction with opportunities for promotion. Dissatisfaction with the compensation model may be an aspect of this. Critical care nursing positions require specialized training. Many noted that compensation for these positions is the same as positions requiring less training and lower levels of responsibility.

While respondents indicated that line sharing was available, they also reported difficulties attaining leave – whether for vacations, to look after sick children, or to accept a temporary position. In fact, in the face of ongoing staffing shortages, respondents indicated that they were often called in on days off to fill unfilled shifts due to sick leave.

The emerging work life picture for critical care nursing is challenging despite the many strengths. There appears to be no sign of relief for chronic high workload. Opportunities to recharge and recover from work stress through leave or temporary changes are limited due to staffing shortages. For young families, job flexibility to allow time off for family reasons was very challenging – and for some, the child-care challenges during the pandemic further heightened the incentive to obtain employment in a more flexible situation. Many others noted that paths for career development and or promotion are not evident. This has led some young nurses to question their occupational choice.

The inability to move pts from the ER to other areas of the hospital led to daily frustration, feelings of inability to provide safe / quality care. Regularly went home feeling stressed & dissatisfied.

Even though the workplace felt unsafe due to the staffing ratio, she felt that her manager made every effort to make the workplace as safe as possible.

High volumes contribute to wait time issues. There is constant criticism from patients in the waiting room and from the media. Staff do not feel supported in the face of this criticism even though they feel they are doing their best. The workload also makes safety challenging. With the unit so full most of the time - high acuity and high volume - there is always a pressure which can affect safety.

*Critical care nursing in areas such as ICU and ER are highly skilled and specialized positions which require extra training and carry high levels of responsibility. However, the **compensation model** does not differentiate between critical care and nursing in other areas.*

She is finding it difficult to see herself as a nurse for her whole life. For young nurses to remain in the field and to continue to develop expertise in key areas such as critical care there will need to be opportunities for variety and development and better alignment between the compensation model and level of expertise required.

How do the Exit Interview Findings Align Accreditation Self-Assessment Results

Accreditation Canada is a Canadian organization which creates and applies integrated assessment models covering the full spectrum of health services – from large networks and health systems to long-term care, small home care, community health centres and primary care organizations. Health PEI (like health care services and systems across Canada - and around the world) partners with Accreditation Canada to regularly assess its health services against standards of excellence. Qmentum is an accreditation program offered through Accreditation Canada. During the initial phase of the Qmentum cycle, the organization and services undertake a self-assessment applying the accreditation standards. In 2020 the QEH Emergency Room Team and the provincial Critical Care Team completed self-assessments. Below are the lists of Red Flags identified by each team which correspond with issues identified by Exit Interview respondents.

Emergency Room Red Flags

#	Criteria
1.3	Specific goals and objectives regarding wait times, length of stay (LOS) in the emergency department, client diversion to other facilities, and number of clients who leave without being seen are established, with input from clients and families.
3.1	Client flow throughout the organization is addressed and managed in collaboration with organizational leaders, and with input from clients and families
3.2	A proactive approach is taken to prevent and manage overcrowding in the emergency department, in collaboration with organizational leaders, and with input from clients and families.
3.3	Timely access for clients is coordinated with other services and teams within the organization.
3.5	Barriers within the emergency department that impede clients, families, providers, and referring organizations from accessing services are identified and addressed, with input from clients and families.
3.1	There are established protocols to identify and manage overcrowding and surges in the emergency department.
3.11	Protocols to move clients elsewhere within the organization during times of overcrowding are followed by the team.
3.12	Protocols are followed to manage clients when access to inpatient beds is blocked.
4.11	Education and support to work with clients with mental health and addictions are provided to team members.

Critical Care Team Red Flags

2.4	The required level of staffing is determined and maintained to provide consistent quality of service at all hours of the day and on all days of the week.
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These reports correspond very closely with the experiences and observations provided by the Exit Interview respondents. ER crowding, patient flow across the system, processes to manage patient flow challenges, supports for working with clients with mental health and addictions issues, and appropriate staffing are all identified as areas for attention. Improvements in these areas would directly address pressures experienced by staff, which in many cases, influenced their decisions to leave.

Recommendations: PCH and QEH Emergency Room, ICU and Surgical Work Sites

Focus Area	Recommendations
Patient Flow & ER Overcrowding	<ul style="list-style-type: none"> • Address ER Self-Assessment Results, particularly Criteria Numbers: 1.3; 3.1; 3.2; 3.3; 3.5; 3.10; 3.11; 3.12; 4.11. This will directly address concerns expressed in the exit interview related to work load, excessive patient volumes, and quality of care. • Develop strategies to address urgent needs of specific populations (patients suffering acute mental health issues or issues related to aging such as confusion) as an alternative to the ER to reduce ER pressure and improve quality and safety.
Management Development	<ul style="list-style-type: none"> • Improve management communication of strategic direction. Front line staff expressed a desire for upper management to understand their front-line realities and the implications of what was being asked of them in times of change. • Staff spoke positively about their direct managers overall, however, staff recognition and performance feedback are two areas for improvement. • Staff recommended system level engagement and change to improve patient flow. Leadership Development in the LEADS domains of Developing Coalition and Systems Transformation is recommended to strengthen system capacity for change.
Work Place Environment	<p>From a staff perspective, improvements in the following areas would immediately improve their work lives / mental health and well being:</p> <ul style="list-style-type: none"> • Work Load: Staff had an expectation of high workload in these areas, however, excessive work load, along with experience of high stress was widely reported as factors affecting physical and mental health, as well as reasons for moving from those work places. • Work Life Balance: Improve access to Vacation Leave and accommodation for child illness / school closures. Reduce the practice of calling staff in on their days off to cover vacant shifts. • The Nursing Career Path: Participants expressed a deep desire to pursue opportunities for movement and variety in their nursing career paths. Provide flexibility so that staff may pursue change and opportunities.
Staffing and Staff Ratios	<ul style="list-style-type: none"> • Continue emphasis on staff recruitment to address endemic staff shortages. Success in this area will affect workload, work-life and work-stress, and will contribute to capacity to retain highly trained staff. • Continue investment in nursing education. Junior nursing staff spoke about how much they valued the education assistance and the return in service program. • Assess staff ratios (and adjust as necessary) on units where changes in patient profiles have occurred (examples: COVID Units & ER based Inpatient beds).
Safety	<ul style="list-style-type: none"> • Assess security requirements and current security services at the QEH ER to ensure patient and staff safety needs are appropriately met.

Group Report: Mental Health and Addictions

Participants

- Six Mental Health and Addictions employees were interviewed.
- These staff members had worked at either the Provincial Addictions Treatment Facility or the Hillsborough Hospital.
- Participants ages ranged from 25-54 at the time they left their last position.
- Participants belonged to either the PEINU or UPSE collective bargaining groups.

Findings

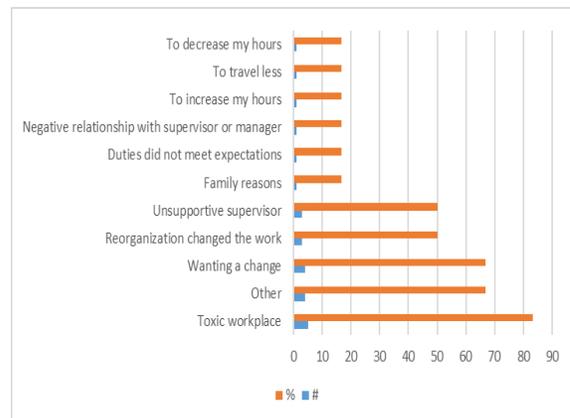
What were the reasons you left your last Health PEI position? (Check all that apply)

The top reasons for leaving were as follow:

- Toxic Work Place (83%);
- Other (67%);
- Wanting a Change (67%)
- Reorganization changed the work (50%) and
- Unsupportive Supervisor (43%).

In their explanations of “other” reasons, issues related to work place safety / psychological health and safety were cited, as well as work load, input into decision making, opportunities for promotion and ability to obtain leave were cited. Specific examples of safety / psychological health and safety issues are as follow:

- Program clients were challenging and often violent.
- Staff took abuse from clients - patients can be highly aggressive.
- Lack of building security for night shifts - felt insecure, sometimes fearful (PATF).
- Felt unsupported by supervisor when dealing with abusive clients.
- Experienced work place bullying and lack of management support.



Experience in Last Health PEI Position

Questions and Rating Scale

The survey instrument contained two related questions with slightly different rating scales. As there is slight overlap in the questions and the responses, a rating scale was developed allow easier analysis and reporting of responses.

- **Question 9:** In considering your experience in your last Health PEI position, please indicate your level of agreement with the following statements: (Multiple Questions. Responses were: Excellent; Very Good; Good; Adequate; Fair; Poor).
- **Question 10:** Please indicate your level of agreement with the following statements with respect to your departure from your last position with Health PEI. (Multiple Questions. Responses were: Strongly Agree; Agree; Disagree and Strongly Disagree)

Rating Scale

	Question 9	Question 10
Green Flag	75% or more: Excellent; Very Good; Good; Adequate	75% Strongly Agree or Strongly Agree
Yellow Flag	>50% <75%: Excellent; Very Good; Good; Adequate	>50% <75% Agree or Strongly Agree
Red Flag	< 50 % Excellent; Very Good; Good; Adequate	< 50 % Agree or Strongly Agree

GREEN	YELLOW
<ul style="list-style-type: none"> • I had opportunities to take on additional responsibilities. • My contact with clients, patients or residents was satisfying. • My contact with my co-workers was satisfying. • Co-workers treated me with respect. • My group insurance and benefits coverage was adequate. • Lighting of work space. 	<ul style="list-style-type: none"> • I felt I belonged to a team. • I had training and learning opportunities. • I had variety and challenges. • I was satisfied with my hours of work. • I had a good relationship with my supervisor. • I received regular feedback on my work performance. • I would recommend Health PEI as an employer to my friends and family. • If asked, I would provide a very positive reference for my supervisor. • My compensation was appropriate.

RED	
<ul style="list-style-type: none"> • I had opportunities for promotion. • I had the resources needed to do my job. • I received safety training . • I had input into decisions about my work. • I did not find my work stressful (most days).. • The job description reflected my actual duties. • My level of responsibility was reasonable. • My orientation to my work was adequate. • My workload was satisfactory. • My workplace was safe. • I understood what was expected of me. • I was comfortable speaking with my supervisor. • I received annual performance feedback . 	<ul style="list-style-type: none"> • Job options such as line sharing and deferred leave was adequate. Staff morale in my work unit. • Communications from my manager. • Frequency of team meetings. • Training and learning opportunities. • Work planning. • Manageable workload. • Recognition of good work. • Comfort of physical environment. • Safety of physical environment. • Air quality of work space. • Psychologically safe workplace.

Analysis

Exit Interview Results

GREEN FLAGS

Respondents indicated their interactions with clients / patients and co-workers favorably, noted satisfaction with benefits, were able to take on additional responsibilities, and reported that work place lighting was fine.

YELLOW FLAGS

Lower levels of satisfaction were indicated for the team environment, the relationship with the supervisor, performance feedback, training and learning opportunities, and working conditions such as work hours and compensation. Overall, respondents showed some hesitance to “recommend Health PEI as an employer to friends and family” and some reluctance to “provide a very good reference for their supervisor”.

RED FLAGS

Respondents reported a large number of concerns and challenges in the mental health and addictions workplace. Workload; safety; stress; staff morale; management communication; performance feedback and input into decisions were flagged as areas of serious concern.

Overall, picture of a stressed, low trust work environment emerged through the interviews.

During the past year, there were significant changes at Hillsborough Hospital and the Provincial Addictions Treatment Facility. This provides part of the context for the work place experience. Many staff reported that they had little input into the changes, and when they did, it was often ignored. Respondents reported that there was insufficient management communication regarding the changes and the broader vision, and that this contributed to feelings of uncertainty among staff regarding how the changes were going to affect them and their clients / patients. A number of concerns regarding quality and safety either during the change process or as a result of new program design were also expressed.

The changes appear to have added stress to an already stressed work place. Staffing shortages and high workload; a challenging client / patient population; safety concerns related to patient / client aggression and building security; and adequacy of orientation, safety training, and performance feedback appear to have been ongoing issues, likely to have been compounded by changes taking place. A large number of safety concerns were raised. A lack of written policies and procedures for dealing with violent patients / clients, reported by a number of respondents, is concerning.

Management Capacity is a key enabler of work place functioning and staff satisfaction. The scope of management practices includes critical tasks essential for organizational performance, team health and productivity, and individual development. These tasks, at their team level, includes (but are not limited to):

- communication of the strategic direction to the team;
- engaging the team to gather input as well as identify and solve problems;
- planning work so that it aligns with the strategic direction and makes best use of resources;
- ensuring that staff have the resources to do their work;
- ensuring the safety of the work environment; and
- supporting staff development by providing regular performance feedback and ensuring access to training.

Questions related to all of these areas received red flags through the Exit Interview process.

Many management decisions did not reflect input from front line, often led to work expectations which exceeded resources and or which may not have been in the best interests of the client base.

Challenging to introduce new approaches in line with management direction without management support to encourage collaboration by other professions.

Did not feel that the work place was safe, especially during the night shift, due to the lack of security and the nature of the clients.

Staff generally felt unsafe within the facility - old, many corners (Hillsborough Hospital).

There are no written policies and procedures for dealing with violent clients (PATF).

There is a perception that there is little concern for staff safety.

No written policies and procedures, including procedures for managing with violent patients. Reliance on unwritten past practices rather than written policies and procedures (PATF).

Patient rooms and bathrooms are not large enough and pose hazards due size.

Often low staffing levels / ratios on high risk units. Led to unsafe work environment.

Experienced emotional abuse from manager

A new management position was created but not posted.

Low trust environment where management did not appear to trust staff and visa versa.

How Do the Exit Interview Findings Align with Work Life Pulse Results?

Work Life Pulse is a validated work place satisfaction tool which is incorporated into the Accreditation Canada Qmentum Program. In 2019 the Work Life Pulse Survey tool was administered in Health PEI. Through that survey the following two areas received red flags at the organization level:

- Senior managers effectively communicate the organization’s goals.
- Overall, how would you rate your organization as a place to work?

The Provincial Addictions Treatment Facility received the following yellow and red flags through the Work Place Pulse survey:

19. Senior managers act on staff feedback.	R
30. Overall, how would you rate your organization as a place to work?	R
3. I am consulted about changes affecting my job.	Y
9. I receive the training I need to do my job well.	Y
10. I have good opportunities to develop my career.	Y
17. Senior managers effectively communicate the organization’s goals.	Y
18. Senior managers are committed to providing high-quality care.	Y
20. Senior managers are committed to providing a safe and healthy workplace.	Y
21. My organization takes effective action to prevent violence in the workplace.	Y
22. My organization takes effective action to prevent abuse in the workplace.	Y
23. My workplace is safe.	Y

Hillsborough Hospital received the following red flags through the Work Place Pulse survey:

3. I am consulted about changes affecting my job.	R
4. I am able to decide how to do my work.	R
5. I am able to make improvements in how my work is done.	R
7. I have the materials, supplies, and equipment I need to do my work.	R
8. I receive recognition for good work.	R
10. I have good opportunities to develop my career.	R
15. My supervisor provides feedback on how well I am doing my job.	R
16. I can count on my supervisor to help me with a difficult task.	R
17. Senior managers effectively communicate the organization’s goals.	R
18. Senior managers are committed to providing high-quality care.	R
19. Senior managers act on staff feedback.	R
20. Senior managers are committed to providing a safe and healthy workplace.	R
21. My organization takes effective action to prevent violence in the workplace.	R
22. My organization takes effective action to prevent abuse in the workplace.	R
23. My workplace is safe.	R
25. In the past 12 months, would you say that most days at work were...	R
29. Overall, how satisfied are you with your job?	R
30. Overall, how would you rate your organization as a place to work?	R

The two Work Life Pulse reports are consistent with Exit Interview findings. The Exit Interview reflects feedback from former staff members of the two facilities. The variation between the two satisfaction survey reports is consistent with comments provided by individual staff during the exit interviews. Thus, while all respondents flagged similar issues, satisfaction in a number of key areas appeared to be lower at the Hillsborough Hospital work place. Overall, it appears that improvements in the areas of leadership / management development; communication and staff engagement; quality and safety, particularly in the areas of physical security and policies and procedures related to aggressive and violent patients; staff development and orientation – particularly in relation to safety training and orientation, would contribute to stronger satisfaction scores in these workplaces.

How do the Exit Interview Findings Align Accreditation Self-Assessment Results

Accreditation Canada is a Canadian organization which creates and applies integrated assessment models covering the full spectrum of health services – from large networks and health systems to long-term care, small home care, community health centres and primary care organizations. Health PEI (like health care services and systems across Canada - and around the world) partners with Accreditation Canada to regularly assess its health services against standards of excellence. Qmentum is an accreditation program offered through Accreditation Canada. During the initial phase of the Qmentum cycle, the organization and services undertake a self-assessment applying the accreditation standards. A variety of provincial teams across the organization undertake the self-assessment process. Flags identified by the Inpatient Mental Health team (includes Hillsborough Hospital and PCH inpatient mental health) which correspond with Exit interview findings are outlined below.

#	Criteria	
2.7	The physical environment is safe, comfortable, and promotes client recovery.	R
2.8	The physical security of clients, families and staff is protected in the service setting.	R
3.3	A comprehensive orientation is provided to new team members and client and family representatives.	R
3.4	Education and training are provided to team members on how to work respectfully and effectively with clients and families with diverse cultural backgrounds, religious beliefs, and care needs.	R
3.6	Education and training are provided on the organization's ethical decision-making framework.	R
3.14	Team member performance is regularly evaluated and documented in an objective, interactive, and constructive way.	R
3.16	Team members are supported by team leaders to follow up on issues and opportunities for growth identified through performance evaluations.	R
4.3	Position profiles with defined roles, responsibilities, and scope of employment or practice exist for all positions.	R
4.5	The effectiveness of team collaboration and functioning is evaluated and opportunities for improvement are identified.	R
5.2	Work and job design, roles and responsibilities, and assignments are determined with input from team members, and from clients and families where appropriate.	R
5.3	Team members are recognized for their contributions.	R
6.1	Access to essential and urgent mental health services is facilitated 24 hours a day, seven days a week.	R
14.1	A proactive, predictive approach is used to identify risks to client and team safety, with input from clients and families.	R
14.4	Safety improvement strategies are evaluated with input from clients and families.	R
15.3	Measurable objectives with specific timeframes for completion are identified for quality improvement initiatives, with input from clients and families.	R
15.4	Indicator(s) that monitor progress for each quality improvement objective are identified, with input from clients and families.	R

The Substance Abuse and Problem Gambling Self-Assessment includes the Provincial Addictions Treatment Facility. Flags related to Exit Interview findings are listed below.

#	Criteria	
3.3	A comprehensive orientation is provided to new team members and client and family representatives.	Y
3.4	Education and training are provided to team members on how to work respectfully and effectively with clients and families with diverse cultural backgrounds, religious beliefs, and care needs.	Y
3.5	Education and training are provided on the organization's care delivery model.	Y
3.6	Education and training are provided on the organization's ethical decision-making framework.	Y
3.7	Education and training are provided on the safe use of equipment, devices, and supplies used in service delivery.	Y
3.11	Team members are supported by team leaders to follow up on issues and opportunities for growth identified through performance evaluations.	Y
4.3	Position profiles with defined roles, responsibilities, and scope of employment or practice exist for all positions.	Y
4.5	The effectiveness of team collaboration and functioning is evaluated and opportunities for improvement are identified.	Y
5.1	The workload of each team member is assigned and reviewed in a way that ensures client and team safety and well-being.	Y
5.2	Work and job design, roles and responsibilities, and assignments are determined with input from team members, and from clients and families where appropriate.	Y
5.3	Team members are recognized for their contributions.	Y
5.4	There is a policy that guides team members to bring forward complaints, concerns, and grievances.	Y
5.5	Education and training on occupational health and safety regulations and organizational policies on workplace safety are provided to team members.	Y
5.6	Education and training are provided on how to identify, reduce, and manage risks to client and team safety.	Y
5.7	Education and training are provided to team members on how to prevent and manage workplace violence, including abuse, aggression, threats, and assaults.	Y

All areas flagged correspond with low levels of work place satisfaction, which in turn were contributing factors to turn over among staff who participated in the exit interviews. Attention and improvement in the flagged areas identified through these accreditation self-assessments should improve work life and ultimately strengthen staff retention efforts.

Recommendations: Mental Health and Addictions

Focus Area	Recommendations
Management Development	<ul style="list-style-type: none"> • Improve management communication of strategic direction and organizational goals. • Immediate: Establish Performance Development Plans for Managers in this area. • Immediate: Invest in leadership development for Managers. To begin, focus on the LEADS domains of Lead Self; Engage Others and Achieve Results in order to strengthen capacity in self-awareness; communication; staff engagement; performance feedback and staff career development; and work planning. These areas are foundational. • Given imminent changes, provide additional development focus on LEADS Domains of Develop Coalitions and Systems Transformation with a focus on interdepartmental collaboration; partnership development, and change management. • Immediate: Managers should work toward completing Performance Reviews with staff. • Immediate: Managers should provide staff recognition for contributions.
Staff Engagement	<ul style="list-style-type: none"> • Immediate: Managers and Senior Leaders communicate the vision and long term direction for addictions and mental health to staff; • Immediate: Managers should regularly engage staff, especially when planning new programs and making significant changes. During engagement, managers should intentionally and transparently listen to and act on staff suggestions and feedback.
Staffing and Staff Ratios	<ul style="list-style-type: none"> • Continue emphasis on staff recruitment to address endemic staff shortages. Success in this area will affect workload, work-life and work-stress, and will contribute to capacity to retain highly trained staff. • As warranted, assess staff ratios on high-risk units or areas which have undergone significant change.
Safety	<ul style="list-style-type: none"> • Immediate: Conduct a Review of Policies & Procedures concerning aggressive and violent patients / clients • Immediate: Review the safety and security of the physical environment for MHA program sites to identify needs and develop strategies to address gaps.
Training and Development	<ul style="list-style-type: none"> • Immediate: Improve consistency of staff orientation. • Immediate: Ensure NVCI and other essential safety and client management training is available for all staff and that staff are able to access leave to attend training.
Work Life Balance	<ul style="list-style-type: none"> • Improve access to vacation Leave and accommodation for child illness / school closures. Reduce the practice of calling staff in on their days off to cover vacant shifts.

Group Reports

Home Care - Queens County

Participants

Five (5) former staff members from Home Care –Queens County, participated in the exit interview. These staff members belonged to either PEINU or UPSE. All had been employed in their last position for at least three years, with three (3) who had been employed at least 10 years. Ages ranged from 35-54.

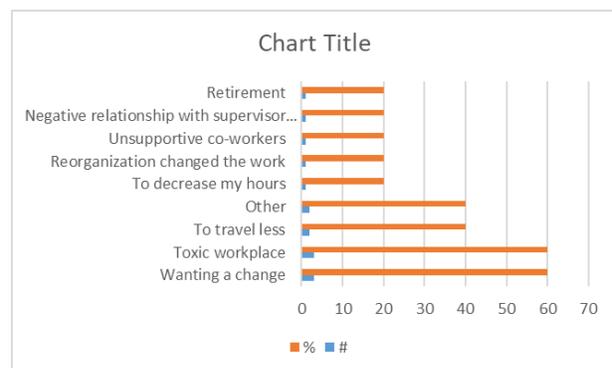
Findings

What were the reasons you left your last Health PEI position? (Check all that apply)

The main reasons for leaving their last position include:

- Wanting a change (60%)
- Toxic work place (60%)
- To travel less (40%)
- Other (40%)

Other reasons included conflict with supervisor and requests to decrease / change hours of work were not accommodated.



Experience in Last Health PEI Position

Questions and Rating Scale

The survey instrument contained two related questions with slightly different rating scales. As there is slight overlap in the questions and the responses, a rating scale was developed allow easier analysis and reporting of responses.

- **Question 9:** In considering your experience in your last Health PEI position, please indicate your level of agreement with the following statements: (Multiple Questions. Responses were: Excellent; Very Good; Good; Adequate; Fair; Poor).
- **Question 10:** Please indicate your level of agreement with the following statements with respect to your departure from your last position with Health PEI. (Multiple Questions. Responses were: Strongly Agree; Agree; Disagree and Strongly Disagree

Rating Scale

	Question 9	Question 10
Green Flag	75% or more: Excellent; Very Good; Good; Adequate	75% Strongly Agree or Strongly Agree
Yellow Flag	>50% <75%: Excellent; Very Good; Good; Adequate	>50% <75% Agree or Strongly Agree
Red Flag	< 50 % Excellent; Very Good; Good; Adequate	< 50 % Agree or Strongly Agree

GREEN	
<ul style="list-style-type: none"> • I felt I belonged to a team. • I had opportunities to take on additional responsibilities. • I had the resources needed to do my job. • I had training and learning opportunities. • I received safety training . • I had variety and challenges. • I was satisfied with my hours of work. • My contact with clients, patients or residents was satisfying. • My contact with my co-workers was satisfying. • The job description reflected my actual duties. 	<ul style="list-style-type: none"> • My orientation to my work was adequate. • My workload was satisfactory. • My workplace was safe. • Co-workers treated me with respect. • I understood what was expected of me. • I was comfortable speaking with my supervisor. • My compensation was appropriate. • My group insurance and benefits coverage was adequate. • Comfort of physical environment. • Safety of physical environment. • Lighting of work space. • Air quality of work space.
YELLOW	RED
<ul style="list-style-type: none"> • I had input into decisions about my work. • My level of responsibility was reasonable. • I had a good relationship with my supervisor. • If asked, I would provide a very positive reference for my supervisor. • Work planning. • Manageable workload. • Recognition of good work. 	<ul style="list-style-type: none"> • I had opportunities for promotion. • I received regular feedback on my work performance. • Staff morale in my work unit. • Communications from my manager. • Job options such as line sharing and deferred leave was adequate. • I did not find my work stressful (most days).. • I received annual performance feedback . • I would recommend Health PEI as an employer to my friends and family. • Frequency of team meetings. • Training and learning opportunities. • Psychologically safe workplace.

Much of the workplace experience was positive and it appeared that the work place had a lot of strength. This small group of interviewees reflected a broad range of opinions, work life experiences, and reasons for leaving. Answers to the quantified answers often spanned from very positive to very negative ends of the spectrum. However, the following items received the most uniformly low rating by respondents:

- I had opportunities for promotion.
- I received regular feedback on my work performance.
- Job options such as line sharing and deferred leave was adequate.
- Staff morale in my work unit.
- Communications from my manager.

In their comments, most respondents mentioned low staff morale. Some cited a link to excessive workload and increasing patient volumes while others expressed concern with unfair treatment in relation to allocation of leave and or distribution / assignment of work. All staff noted that there were also limited opportunities for promotion in Home Care. Safety concerns related to the realities of working alone in client homes were also expressed.

How Do the Exit Interview Findings Align with Work Life Pulse Results?

Work Life Pulse is a validated work place satisfaction tool which is incorporated into the Accreditation Canada Qmentum Program. In 2019 the Work Life Pulse Survey tool was administered in Health PEI. Through that survey the following two areas received red flags at the organization level:

- Senior managers effectively communicate the organization’s goals.
- Overall, how would you rate your organization as a place to work?

Home Care received the following yellow and red flags through the Work Place Pulse survey:

Question	Flag
15. My supervisor provides feedback on how well I am doing my job.	Red
17. Senior managers effectively communicate the organization’s goals.	Red
19. Senior managers act on staff feedback.	Red
30. Overall, how would you rate your organization as a place to work?	Red
18. Senior managers are committed to providing high-quality care.	Yellow
20. Senior managers are committed to providing a safe and healthy workplace.	Yellow
21. My organization takes effective action to prevent violence in the workplace.	Yellow
22. My organization takes effective action to prevent abuse in the workplace.	Yellow
23. My workplace is safe.	Yellow
25. In the past 12 months, would you say that most days at work were...	Yellow
29. Overall, how satisfied are you with your job?	Yellow

There is some resonance between the Exit Interview findings and the exit interview. Workplace safety, violence, and abuse flags are more prominent in the Work Life Pulse report than the exit

interview. Flags related to performance feedback and management communication are consistent between the two reports.

Recommendations: Home Care – Queens County

Focus Area	Recommendations
Management Development	<ul style="list-style-type: none"> • Immediate: Improve management communication of strategic direction and organizational goals. • Immediate: Invest in leadership development for Managers. To begin, focus on the LEADS domains of Lead Self; Engage Others and Achieve Results in order to strengthen capacity in self-awareness; communication; staff engagement; performance feedback and staff career development; and work planning. These areas are foundational. • Immediate: Ensure all staff receive regular Performance Reviews.
Staff Engagement	<ul style="list-style-type: none"> • In light of the low team morale, further investigation may be warranted, potentially coupled with team development activities or processes to seek opportunities for improvement.
Staffing, staffing ratios and workload	<ul style="list-style-type: none"> • Address Work Load: Heavy / unmanageable Work Load was identified as a source of stress and dissatisfaction. There may be opportunities in the following areas: <ul style="list-style-type: none"> ○ Home Care Nursing: Trends in patient acuity should be reviewed to ensure alignment of the staffing model with clinical work load. ○ Allied professions: ensure that long lasting vacancies in allied health positions are filled in a timely way. Vacancies in these areas translates into community level service gaps as well as high staff work load. ○ Work allocation: Review work assignment processes and distribution of work load to ensure fair distribution.
Work Place Safety	<ul style="list-style-type: none"> • Work Place Safety related to challenging client behaviors in situations where staff are working alone was widely cited as a source of stress. Workplace safety / psychological health and safety in this context may be a constructive area for focused review and problem solving by the team.
Work Life Balance	<ul style="list-style-type: none"> • Improve Work Place Flexibility to Respond to Needs for Change, Growth, and Work-Life Balance.

Group Reports

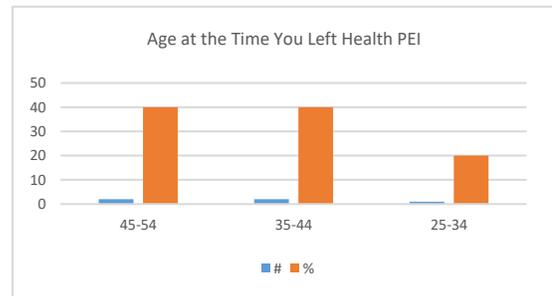
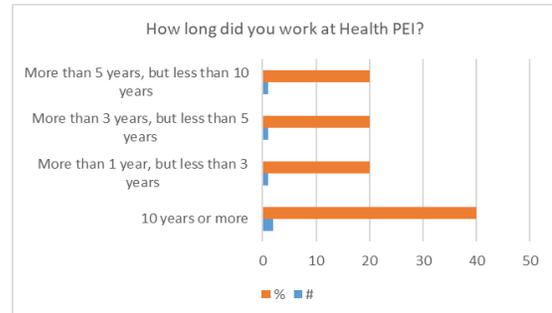
Allied Health Care Professionals

Participants

Five (5) allied health care professionals from a range of professions, participated in the exit interview. These staff members belonged to either UPSE or the Excluded group. Their last position with Health PEI was at one of the following work sites:

- Home Care - Queens County
- Prince County Hospital (PCH)
- Public Health – Sherwood Business Centre
- Hillsborough Hospital

Employment tenure at Health PEI and their last position ranged from over 1 year to 10 years or more. Ages ranged from 25-54.

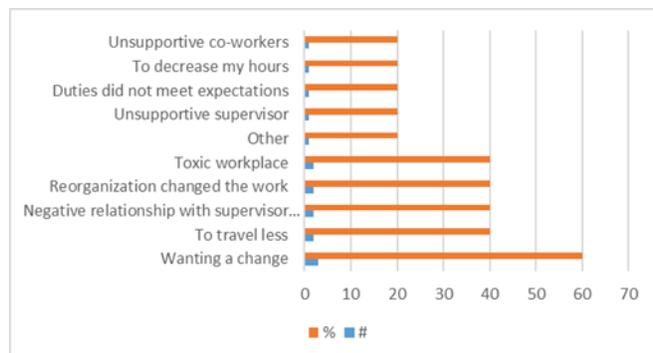


Findings

What were the reasons you left your last Health PEI position? (Check all that apply)

The main reasons for leaving their last position included:

- Wanting a change (60%)
- To travel less (40%)
- Negative relationship with supervisor (40%)
- Reorganization changed the work (40%)
- Toxic work place (40%)



Experience in Last Health PEI Position

Questions and Rating Scale

The survey instrument contained two related questions with slightly different rating scales. As there is slight overlap in the questions and the responses, a rating scale was developed allow easier analysis and reporting of responses.

- **Question 9:** In considering your experience in your last Health PEI position, please indicate your level of agreement with the following statements: (Multiple Questions. Responses were: Excellent; Very Good; Good; Adequate; Fair; Poor).
- **Question 10:** Please indicate your level of agreement with the following statements with respect to your departure from your last position with Health PEI. (Multiple Questions. Responses were: Strongly Agree; Agree; Disagree and Strongly Disagree

Rating Scale

	Question 9	Question 10
Green Flag	75% or more: Excellent; Very Good; Good; Adequate	75% Strongly Agree or Strongly Agree
Yellow Flag	>50% <75%: Excellent; Very Good; Good; Adequate	>50% <75% Agree or Strongly Agree
Red Flag	< 50 % Excellent; Very Good; Good; Adequate	< 50 % Agree or Strongly Agree

GREEN FLAG	YELLOW FLAG
<ul style="list-style-type: none"> • I felt I belonged to a team. • I had opportunities to take on additional responsibilities. • I had variety and challenges. • My contact with clients, patients or residents was satisfying. • My contact with my co-workers was satisfying. • Co-workers treated me with respect. • My group insurance and benefits coverage was adequate. • Lighting of work space. 	<ul style="list-style-type: none"> • I received safety training . • I was satisfied with my hours of work. • My orientation to my work was adequate. • My workplace was safe. • I had a good relationship with my supervisor. • I understood what was expected of me. • I was comfortable speaking with my supervisor. • If asked, I would provide a very positive reference for my supervisor. • Training and learning opportunities. • Recognition of good work. • Comfort of physical environment. • Safety of physical environment. • Air quality of work space. • Psychologically safe workplace.

RED FLAGS	
<ul style="list-style-type: none"> • I had opportunities for promotion. • I had the resources needed to do my job. • I had training and learning opportunities. • I had input into decisions about my work. • I did not find my work stressful (most days).. • The job description reflected my actual duties. • My level of responsibility was reasonable. • I received regular feedback on my work performance. • I received annual performance feedback . 	<ul style="list-style-type: none"> • My compensation was appropriate. • Job options such as line sharing and deferred leave was adequate. • I would recommend Health PEI as an employer to my friends and family. • Staff morale in my work unit. • Communications from my manager. • Frequency of team meetings. • Work planning. • Manageable workload.

Analysis

Allied health care professionals most often work in a multi-disciplinary context in a health care work environment where nursing professionals predominate. They often report to supervisors who are not in the same profession. Quite often, they work as a sole incumbent in their area.

Green Flags

The allied professionals in this survey reported numerous positive aspects of their work environment, including a sense of belonging to a team; positive contact with co-workers, and clients / patients; variety and challenge in the work; and the ability to take on extra responsibilities.

Yellow Flags

Areas of less satisfaction included training and learning opportunities; safety training; work place safety; psychological health and safety; relationship with / comfort speaking with supervisor; recognition of good work; and satisfaction with work hours.

Red Flags

Respondents frequently mentioned low staff morale in their various work sites. Stated reasons for low morale varied by work site, although high workload was a factor at most sites. Top down and or micro-managing leadership styles were mentioned as critical factors in some work sites. Frustration with not being able to practice to full scope of practice and or concern at being pressed to practice outside of scope of practice were cited for some work sites.

All respondents noted frustration with career development, including access to training and development; compensation rates; and promotion opportunities for allied health care professionals. Respondents provided a variety of suggestions to expand opportunities for allied professionals.

<i>Team morale is low. This is related to work load and feelings that the team does not feel supported.</i>
<i>She did not feel a level of autonomy and responsibility in line with her full scope of practice</i>
<i>Her education was consistent with supervisory / management roles, however, she was unable to rise above the front line - the management stream was not open to her profession.</i>
<i>She did not feel valuable to the workplace or the organization but she did feel valuable to her clients.</i>

Management Capacity is a key enabler of work place functioning and staff satisfaction. The scope of management practices includes critical tasks essential for organizational performance, team health and productivity, and individual development.

Staff morale was low due to the top down leadership style in the organization. The decision making style in the organization was top down / non-consultative.

These tasks, at their team level, includes (but are not limited to):

- communication of the strategic direction to the team;
- engaging the team to gather input as well as identify and solve problems;
- planning work so that it aligns with the strategic direction and makes best use of resources;
- ensuring that staff have the resources to do their work;
- ensuring the safety of the work environment; and
- supporting staff development by providing regular performance feedback and ensuring access to training.

Questions related to all of these areas received red flags through the Exit Interview process.

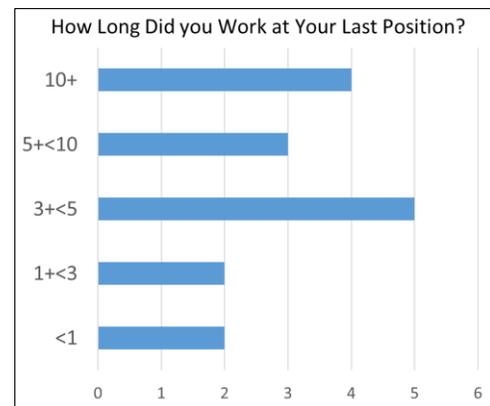
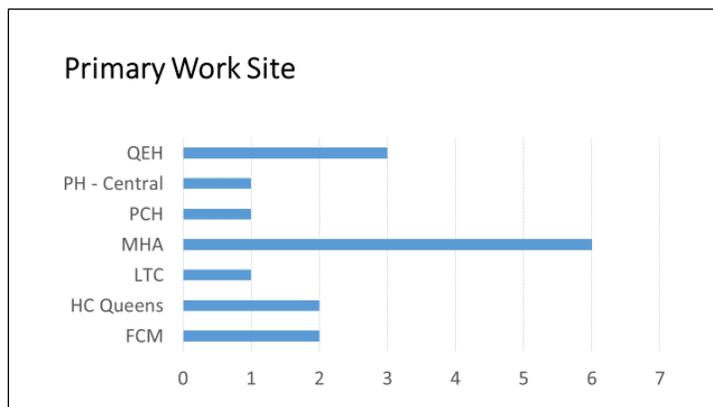
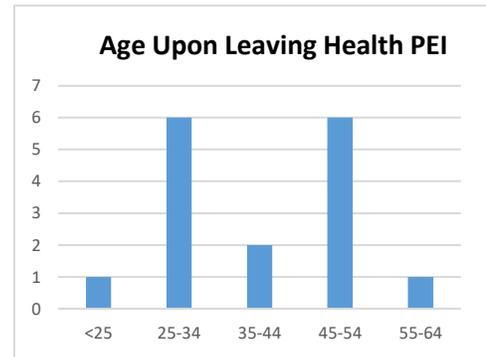
Recommendations: Allied Health Care

Focus Area	Recommendations
Management Development	<ul style="list-style-type: none"> • Immediate: Improve management communication of strategic direction and organizational goals. • Immediate: Invest in leadership development for Managers. To begin, focus on the LEADS domains of Lead Self; Engage Others and Achieve Results in order to strengthen capacity in self-awareness; communication; staff engagement; performance feedback and staff career development; and work planning. These areas are foundational. • Immediate: Ensure all staff receive regular Performance Reviews.
Strengthen the Career Path for Allied Health Care professions	<ul style="list-style-type: none"> • Explore options to strengthen clinical leadership for allied professions (A specific example suggested - a Clinical Lead for dietitians); • Review the scope of practice required of new health care positions (including management positions) to determine the full range of disciplines which could be eligible for these roles. This could reduce some of the pressure on nursing and provide additional promotional opportunities for allied health care professionals.
Staff Engagement	<ul style="list-style-type: none"> • In light of the low team morale, explore the potential for team development activities or processes. • Immediate: Managers and Senior Leaders communicate the vision and long term direction for addictions and mental health to staff; • Immediate: Managers should regularly engage staff, especially when planning new programs and making significant changes. During engagement, managers should intentionally and transparently listen to and act on staff suggestions and feedback. • Strengthen mechanisms to enable staff to appropriately escalate serious workplace issues / quality concerns without jeopardizing their career.
Staffing	<ul style="list-style-type: none"> • Continue emphasis on staff recruitment to address endemic staff shortages. Success in this area will affect workload, work-life and work-stress, and will contribute to capacity to retain highly trained staff.

Group Report: Health Care Professionals Who Left Health PEI to Accept Employment with Veterans Affairs Canada.

Participants

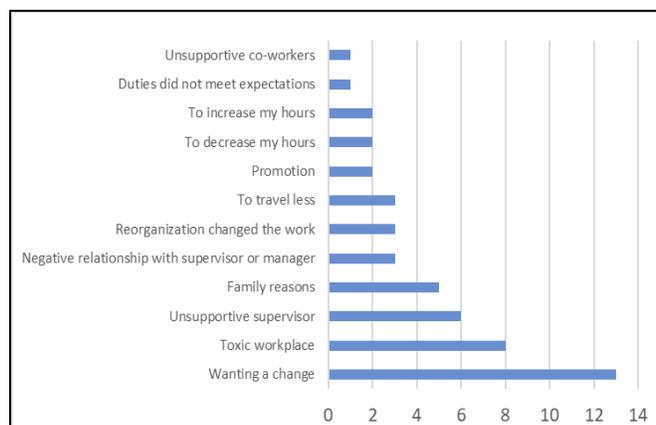
A total of sixteen (16) respondents left Health PEI to accept employment with Veterans Affairs Canada. Fifteen (15) were members of PEINU while one (1) respondent was an UPSE member. The group featured a broad range of ages and time worked. Participants ranged in age from below 25 up to age 64. Participants worked with Health PEI and at their last position from less than one year to over ten years. Respondents worked at sites across the provincial health system (see chart below).



What were the Reasons You Left Your Health PEI Position? (Check all that Apply)

The main reasons for leaving their last position include:

- Wanting a change (81%)
- Toxic work place (50%)
- Unsupportive Supervisor (38%)



Experience in Last Health PEI Position

Questions and Rating Scale

The survey instrument contained two related questions with slightly different rating scales. As there is slight overlap in the questions and the responses, a rating scale was developed allow easier analysis and reporting of responses.

- **Question 9:** In considering your experience in your last Health PEI position, please indicate your level of agreement with the following statements: (Multiple Questions. Responses were: Excellent; Very Good; Good; Adequate; Fair; Poor).
- **Question 10:** Please indicate your level of agreement with the following statements with respect to your departure from your last position with Health PEI. (Multiple Questions. Responses were: Strongly Agree; Agree; Disagree and Strongly Disagree)

Rating Scale

	Question 9	Question 10
Green Flag	75% or more: Excellent; Very Good; Good; Adequate	75% Strongly Agree or Strongly Agree
Yellow Flag	>50% <75%: Excellent; Very Good; Good; Adequate	>50% <75% Agree or Strongly Agree
Red Flag	< 50 % Excellent; Very Good; Good; Adequate	< 50 % Agree or Strongly Agree

GREEN	YELLOW
<ul style="list-style-type: none"> • I had variety and challenges. • I understood what was expected of me. • My group insurance and benefits coverage was adequate. • I had opportunities to take on additional responsibilities. • I felt I belonged to a team. • My contact with clients, patients or residents was satisfying. • My contact with my co-workers was satisfying. • Co-workers treated me with respect. 	<ul style="list-style-type: none"> • I received regular feedback on my work performance. • I would recommend Health PEI as an employer to my friends and family. • If asked, I would provide a very positive reference for my supervisor. • I had input into decisions about my work. • My workplace was safe. • I had the resources needed to do my job. • My orientation to my work was adequate. • The job description reflected my actual duties. • My level of responsibility was reasonable. • I received safety training . • I was satisfied with my hours of work. • I had a good relationship with my supervisor. • I was comfortable speaking with my supervisor. • My compensation was appropriate. • I had training and learning opportunities.

RED	
<ul style="list-style-type: none"> • I did not find my work stressful (most days)... • Job options such as line sharing and deferred leave was adequate. • I received annual performance feedback • I had opportunities for promotion. • I received regular feedback on my work performance. • I would recommend Health PEI as an employer to my friends and family. • If asked, I would provide a very positive reference for my supervisor. • I had input into decisions about my work. 	<ul style="list-style-type: none"> • My workload was satisfactory. • My workplace was safe. • I had the resources needed to do my job. • My orientation to my work was adequate. • Frequency of team meetings. • Communications from my manager. • Recognition of good work. • Psychologically safe workplace. • Manageable workload. • Training and learning opportunities. • Work planning. • Staff morale in my work unit.

Analysis

Respondents were drawn from various sites across Health PEI. The majority of respondents reported very positive and satisfying work place relationships, including relations with co-workers, supervisors and patients. They also indicated that they understood what was required of them, felt that group insurance and benefits were adequate, and that they had opportunities to take on additional responsibilities.

Management Capacity is a key enabler of work place functioning and staff satisfaction. The scope of management practices includes critical tasks essential for organizational performance, team health and productivity, and individual development. These practices are manifest in the work place in the following ways. Questions related to all of these areas received either yellow or red flags through the Exit Interview process.

- communication of the strategic direction to the team;
- engaging the team to gather input as well as identify and solve problems;
- planning work so that it aligns with the strategic direction and makes best use of resources;
- ensuring that staff have the resources to do their work;
- ensuring the safety of the work environment, including access to safety training and orientation; and
- supporting staff development by providing regular performance feedback and ensuring access to training.

Respondents consistently reported experiencing work place stress. Various contributors to this stress were mentioned, including high workload; low staffing levels in various situations; management styles (ie. Micro-managing); patient violence; and negative work place behaviors (such as bullying).

Opportunities for change, time off from work, and or time to attend to family needs are essential requirements for stress management and recovery. Respondents rated the question “Job options such as line sharing and deferred leave was adequate” very low. It should be noted that many respondents from this group may have been denied leave to accept a temporary position due to severe staffing pressure related to the pandemic, and this recent experience may have had some influence on this score.

However, health care professionals in work places across the system report long standing challenges obtaining leave - whether for vacations, to look after sick children, or to accept a temporary position. In fact, many respondents reported that they were often called in on days off to fill unfilled shifts due to sick leave.

Respondents also reported dissatisfaction with opportunities for promotion. In many work places, there are limited opportunities for advancement. Promotion is attractive for many reasons, not merely compensation. Promotions provide opportunities for change and a chance to learn new skills. The majority of respondents cited a desire for change as one of the key reasons they left their positions.

Recommendations: Health Care Professionals

Focus Area	Recommendations
Management Development	<ul style="list-style-type: none"> • Immediate: Improve management communication of strategic direction and organizational goals. • Immediate: Invest in leadership development for Managers. To begin, focus on the LEADS domains of Lead Self; Engage Others and Achieve Results in order to strengthen capacity in self-awareness; communication; staff engagement; performance feedback and staff career development; and work planning. These areas are foundational. • Immediate: Ensure all staff receive regular Performance Reviews.
Retention	<p>From a staff perspective, improvements in the following areas would immediately improve their work lives / mental health and well being:</p> <ul style="list-style-type: none"> • Work Load: Staff had an expectation of high workload in these areas, however, excessive work load, along with experience of high stress was widely reported as factors affecting physical and mental health, as well as reasons for moving from those work places. • Work Life Balance: Improve access to Vacation Leave and accommodation for child illness / school closures. Reduce the practice of calling staff in on their days off to cover vacant shifts. • The Nursing Career Path: Participants expressed a deep desire to pursue opportunities for movement and variety in their nursing career paths. Provide flexibility so that staff may pursue change and opportunities.
Staffing and Staff Ratios	<ul style="list-style-type: none"> • Continue emphasis on staff recruitment to address endemic staff shortages. Success in this area will affect workload, work-life and work-stress, and will contribute to capacity to retain highly trained staff.

The Exit Interview Process

The Exit Interview process provided valuable insight into the reasons behind staff leaving. Many staff members who participated mentioned their satisfaction with the follow up call and welcomed the opportunity to provide their feedback. A number of staff members did decline to participate, citing confidentiality concerns and potential career impact. All who participated appreciated the opportunity to participate in person via telephone. Based on my experience conducting the survey, engaging with the tool and questions, and hearing participant feedback, I would like to offer the following recommendations.

1. It is recommended that the exit survey process be continued.
2. It is recommended exiting staff be contacted directly by phone and invited to participate in the survey either directly by phone or by themselves using the on-line survey.
3. It is recommended that the introduction to the on-line survey be immediately updated as the information posted is out of date.
4. It is recommended that the worksite checklist be extended consistently to include all front line management units, including hospital nursing units and departments.
5. The following recommendations are directed toward survey questions.
 - a. It is recommended that 2-3 questions be added to the survey which can flag symptoms of burn out.
 - b. The following additional questions are recommended:
 - i. (Open text question). What did you like most about your last job?
 - ii. (Open text question). What did you like least about your last job?
 - iii. Did you experience discrimination, harassment or bullying while working at Health PEI (Yes or No)?
 1. (Open Text Question). If so, are there any details you wish to share?
 - iv. Did you have concerns while working at Health PEI (Yes or No)? Did you share your concerns with anyone in Health PEI prior to leaving (Yes, No, or NA)
 1. (Open Text Question). If yes, what concerns did you share and with whom?
 - v. Is there anything that could have changed your mind about leaving Health PEI (Y or N)?
 1. (Open Text Question). If yes, would could have changed your mind?
 - vi. (Open Text Question). How would you improve employee morale?
 - vii. (Open Text Question). What suggestions do you have to improve your work site?
 - viii. (Open Text Question). What suggestions do you have to improve Health PEI?

Conclusion and Recommendations

Through this study, exit interview surveys were conducted with employees from key areas of the health system who left their positions during the past year. Through these interviews, a broad view of the organizational culture of PEI health system emerged. While the COVID pandemic created extra pressure of health system work places and employees, career decisions during the past year were in response to patterns / trends and underlying structures which were an ongoing feature of the health system prior to the pandemic. These longer term trends are reflected not only in the comments of exiting staff but in various organizational assessments, including Work Life Pulse and Accreditation Self-Assessment Reports. (I also reviewed Patient Safety Culture Survey results, and noted similar flags present in there as well. However, in the interest of brevity, I chose not to directly integrate these survey results into this particular report).

There is an urgency for Health PEI to respond to findings from this study and to address key challenges affecting its work environment. The good news: progress toward improving employee retention by addressing the structural challenges related to patient flow, strengthening management capacity, and improving the work place environment, will also:

- Improve workload pressures;
- Improve quality and patient safety by addressing important flags identified through accreditation self-assessments;
- Improve Work Life Pulse results by addressing flags affecting staff satisfaction;
- Improve efficiency and effectiveness of the provincial health care system;
- Improve health care and health outcomes for Islanders.



Recommendations: Health PEI Overall

Focus Area	Recommendations
Communication / Staff Engagement	<ul style="list-style-type: none"> • Immediate: Improve management communication of strategic direction and organizational goals. • Immediate: Managers should regularly engage staff, especially when planning new programs and making significant changes. During engagement, managers should intentionally and transparently listen to and act on staff suggestions and feedback. • Immediate: Ensure all staff receive regular Performance Reviews. • Immediate: Managers should provide staff recognition for contributions. • Strengthen mechanisms to enable staff to appropriately escalate serious workplace issues / quality concerns without jeopardizing their career.
Patient Flow & ER Overcrowding	<ul style="list-style-type: none"> • Address ER Self-Assessment Results, particularly Criteria Numbers: 1.3; 3.1; 3.2; 3.3; 3.5; 3.10; 3.11; 3.12; 4.11. This will directly address concerns expressed in the exit interview related to work load, excessive patient volumes, and quality of care. • Develop strategies to address urgent needs of specific populations (patients suffering acute mental health issues or issues related to aging such as confusion) as an alternative to the ER to reduce ER pressure and improve quality and safety.
Management Development	<ul style="list-style-type: none"> • Immediate: Ensure all leaders in formal leadership roles (front line managers / supervisors, middle managers, senior managers and executive leaders) have up to date development plans. • Immediate: Invest in leadership development for Managers. To begin, focus on the LEADS domains of Lead Self; Engage Others and Achieve Results in order to strengthen capacity in self-awareness; communication; staff engagement; performance feedback and staff career development; and work planning. These areas are foundational. • Once foundational leadership capabilities are strengthened, focus on LEADS Domains of Develop Coalitions and Systems Transformation with a focus on interdepartmental collaboration; partnership development, and change management.
Work Place Environment	<p>From a staff perspective, improvements in the following areas would immediately improve their work lives / mental health and well being:</p> <ul style="list-style-type: none"> • Work Load: Staff typically have an expectation of high workload in many areas, however, excessive work load, along with experience of high stress was widely reported and mentioned as reasons for leaving. • Work Life Balance: Improve access to Vacation Leave and accommodation for child illness / school closures. Reduce the practice of calling staff in on their days off to cover vacant shifts. • Professional Career Path: Participants expressed a deep desire to pursue opportunities for movement and variety in their career paths. Create

Focus Area	Recommendations
	opportunities and improve flexibility so that more options are available for change and career development.
Staffing and Staff Ratios	<ul style="list-style-type: none"> • Continue emphasis on staff recruitment to address endemic staff shortages. Success in this area will affect workload, work-life and work-stress, and will contribute to capacity to retain highly trained staff. • Assess staff ratios (and adjust as necessary) on units where changes in patient profiles have occurred (examples: COVID Units & ER based Inpatient beds).
Safety	<ul style="list-style-type: none"> • Assess security requirements, particularly at the QEH ER, Hillsborough Hospital, and the Provincial Addictions Treatment Facility. • Assess Policies and Procedures related to patient violence and aggression with a view toward currency, consistency and standardization. • Review working alone protocols and safety concerns for Home Care and other services where client / patient care is provided in the person’s home.
Exit Process	<ul style="list-style-type: none"> • Immediate: Encourage managers to work with exiting staff in a supportive manner. • Immediate: The Human Resources Department should provide an exit checklist or reference sheet for exiting staff. Many staff indicated confusion regarding steps they needed to take in relation to benefits and pension and many indicated that they needed to “search everything out for themselves”. • It is recommended that the exit survey process be continued. • It is recommended that exiting staff be contacted directly by phone and invited to participate in the survey - either in person over the phone, or by themselves using the on-line survey.

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Appendix I. Exit Interview Questions

- 1) In what Division did you work?
- 2) Where was your last primary work site?
- 3) What Union represented you?
- 4) How long did you work at Health PEI?
- 5) How long had you worked in your last position with Health PEI?
- 6) What was your age at the time you left Health PEI?
- 7) What were the reasons you left your last Health PEI position? (Check all that apply)
- 8) In considering your experience in your last Health PEI position, please indicate your level of agreement with the following statements: (Multiple Questions. Responses were Strongly Agree; Agree; Disagree and Strongly Disagree)
- 9) In considering your last Health PEI position, please indicate the word that best describes your experience of the following: (Multiple Questions. Responses were Excellent; Very good; Good; Adequate; Fair; Poor).
- 10) Please indicate your level of agreement with the following statements with respect to your departure from your last position with Health PEI
- 11) What was your last day worked in your last position at Health PEI?
- 18) Do you have any recommendations that would improve Health PEI?
- 19) Is there any other information you would like to share?

Appendix II. Phone Scripts

Phone Script 1

My name is Garth Waite. I have been hired as an independent consultant by Health PEI to conduct exit interviews with staff who have recently changed positions or left the system.

Health PEI is committed to retaining its employees and is very interested in obtaining your honest feedback through an exit interview. This information will be used by Health PEI to strengthen its retention practices. The information gathered will be reported in a way which does not identify individuals but identifies important themes, to Health PEI leadership.

Your feedback will be treated anonymously and will not be disclosed to Health PEI in any way which can identify you.

Phone Script 2 – Voice Mail Message

My name is Garth Waite. I have been hired as an independent consultant by Health PEI to conduct exit interviews with staff who have recently changed positions or left the system.

Health PEI is committed to retaining its employees and is very interested in obtaining your honest feedback through an exit interview. This information will be used by Health PEI to strengthen its retention practices.

Your feedback will be treated anonymously and will not be disclosed to Health PEI in any way which can identify you.

The Interviews last between 15-30 minutes, depending on how much feedback you wish to provide. Calls can be scheduled between 8 am and 8 pm Monday through Friday.

Please call (902) 368-6294 and leave a message: Identify 2 dates and times which are convenient for you to participate in your exit interview; the best phone number to reach you; and an email address so that a confirmation email can be sent. Messages will be checked at the end of each business day.