



Impact of Dedicated Nursing Education Days on Nurse Job Satisfaction and Retention: Survey

Catherine Taylor¹, Nadia Pedri², Sajal Ghai³, Jaefer Mohamad³, Dhevan Patel², Munira Sultana^{*1,2}

Abstract

The recent pandemic has exacerbated the existing challenges in nursing retention due to heightened stress and burnout. We conducted a voluntary, anonymous survey of 113 nurses participating in various educational days at Erie Shores HealthCare in Leamington, Ontario, Canada, between December 2023 and April 2024. The survey result underscores the urgent need for action in addressing the effects of implementing and executing multiple dedicated nursing education days. This learning is crucial in understanding and addressing the broader issue of the national nursing shortage and ongoing problems with work-life balance and should motivate us all to take immediate action.

Keywords: Nursing education, Pandemic, Nurse retention

Introduction

For decades, Canada has faced a nursing shortage that has caused a significant and fundamental vacuum within the Canadian healthcare system. The same void is also prevalent in healthcare systems worldwide. A recent study has reported that approximately 22% of hospital nurses in Malaysia intend to leave their profession in less than a year due to workplace stress [1]. Another study revealed that 35-60% of American nurses left their profession within a year of their first placement due to workplace stress and job dissatisfaction [2]. Turnover intention, the tendency to leave a current profession [3], has been linked to increased healthcare system costs due to its impact on financial and time resources. Falatah [4] observed that developing remedial programs such as positive feedback, rewarding caregiving activities, and ongoing regular skill-building activities may lower nurses' turnover intention rates by improving job satisfaction and job commitment and reducing stress, anxiety, and burnout. In the Canadian context, Boamah and colleagues [5] identified four themes contributing to the current nursing faculty shortages: 1) supply versus demand, 2) employment conditions, 3) organizational support, and 4) personal factors. Almost 62% of Canadian nurses reported at least one symptom of burnout [6]. Canadian nurses often experience stress and a sense of guilt when they cannot provide complete, quality care for reasons such as limited resources, time management, and suboptimal leadership [7]. According to Stelnicki and Carleton [6], stress related to caregiving is directly linked to the hospital environment, which exposes nurses to regular, potentially psychologically traumatic events.

Canadian nurses are currently facing a crisis, dealing with complex issues on a daily basis. The implications of these issues have been compounding for some time and have worsened since the pandemic [8]. According to the

Affiliation:

¹Erie Shores HealthCare, 194 Talbot St. W.
Leamington, Ontario N8H 1N9

²University of Windsor, 401 Sunset Ave, Windsor,
ON N9B 3P4

³Western University, 1151 Richmond St, London,
ON N6A 3K7

*Corresponding author:

Dr. Munira Sultana, Erie Shores HealthCare, 194
Talbot St. W. Leamington, Ontario N8H 1N9,
Canada.

Citation: Catherine Taylor, Nadia Pedri, Sajal Ghai,
Jaefer Mohamad, Dhevan Patel, Munira Sultana.
Impact of Dedicated Nursing Education Days on
Nurse Job Satisfaction and Retention: Survey.
Fortune Journal of Health Sciences 8 (2025):
420-423.

Received: April 15, 2025

Accepted: April 22, 2025

Published: May 22, 2025

Canadian Federation of Nurses Union (CFNU), our nurses are experiencing chronic shortages, inadequate staffing, and excessive workloads in an accelerating manner [8]. These issues are threatening the work-life balance of nurses across Canada, with 59% of early-career nurses and 56% of mid-career nurses considering leaving their current roles [8]. A survey by the Registered Nurses Association of Ontario (RNAO) during the 2021 COVID-19 pandemic found that 68.5% of respondents were planning to leave their current positions within the next five years; 12.6% of whom intended to leave the profession altogether, while 29.4% planned to retire [9]. These numbers highlight the urgent need to address the profound impact of the pandemic on the well-being of nurses, leading many to consider leaving their roles or the profession entirely. Another study reported that about 70% of nurses who worked longer hours during the global pandemic intended to work fewer hours post-pandemic [10]. These statistics underscore the urgency of addressing the impact of work-life imbalance, exacerbated by the pandemic, on nurse retention rates. The fear of contracting the virus and the lack of experience in caring for infectious patients and working with pandemic restrictions were significantly associated with increased turnover intention [4]. Clearly, the pandemic has taken a toll on nurses' emotional well-being, leading to emotional exhaustion and depersonalization, and a high prevalence of burnout [11]. This, combined with the projected shortage of approximately 33,000 nurses and personal support workers (PSWs) in Ontario by 2028, despite the investment made by Premier Ford [12], underscores the crucial role of the audience in finding and implementing solutions to retain our valuable nursing workforce.

We must emphasize that nurses' stress and mental health issues in the post-pandemic era are consistent between rural and urban areas [13]. Erie Shores HealthCare (ESHC), a significant healthcare provider located in Leamington, Ontario, Canada, and serving surrounding rural areas, is at the forefront of this issue. As a leading rural community hospital organization, ESHC plays a crucial role in ensuring all healthcare professionals are better prepared to care for more complex patients in ever-changing healthcare systems. Thus, the "organizational support" theme that contributed to the nursing faculty shortages in Canada by Boamah and colleagues [5] was targeted in this research study to evaluate the satisfaction of nurses after completing dedicated education workshops at ESHC.

Possible solution

Providing organizational support through time and resources, specifically related to teaching, research and scholarly activities, has fostered positive relationships, career development, workload management, and work-life balance among nurses [5]. In addition, the literature reveals

that nurses who receive more organizational support are more resilient and experience fewer burnout symptoms [14]. The RNAO [15] also advocated improved mentoring access as a critical nursing retention strategy. Considering healthcare and human resources challenges, we considered education an effective recruitment and retention tool. Based on our literature review, we launched the "Dedicated Nursing Education Day" initiative with the support of ESHC senior leadership in December 2023. We focused on clinical skill building and peer mentorship on the education days.

Objective

This study aims to determine whether there is an association between dedicated nursing education days and nurse satisfaction and retention at ESHC.

Method

Ethical Consideration

This study was approved by the University of Windsor Research Ethics Board and the hospital's research department. Informed consent was obtained from each participant before they participated in the survey. The survey (supplementary material 1) was anonymous, and no identifying information was collected.

Planning and Participation

Following the empowering education model proposed by Chaghari and colleagues [16], we encouraged ESHC nurses to participate in designing and implementing training programs using mass email consultation. We received an overwhelming response from the ESHC nurses (n=44). Leveraging their extensive practical experience, they identified the preferred workshop topics and delivery methods. Between December 2023 and April 2024, 113 nurses (registered practical nurses, n=53 and registered nurses, n=62) from various departments in the hospital participated in a series of dedicated education days (twice a month for five months).

Dedicated Nursing Education Day

The instruction period of each education day was eight hours long. The day started with icebreaking activities. The education topics included senior-friendly care, code blue presentations, a crash-cart anatomy game, and mock code blues. We made use of a technology app for interactive learning and real-time data sharing, ensuring that everyone was engaged and participative. We engaged in documenting the mock trial, followed by hands-on skills stations covering various medical procedures. We concluded the day with a clinical complication matching game.

Survey

Instructors distributed anonymous surveys to the nurses

participating in the education days at the beginning of the day. The participants were provided the flexibility to complete the survey anytime during the education day. While handing out the survey, we completed the informed consent process. We emphasized that participation is voluntary, and they can withdraw their consent anytime. However, they could not withdraw their consent once the data was analyzed. We also notified them that their decision to participate or not participate or withdraw would not affect their relationship with their co-workers, supervisors, and instructors.

Results

The survey was well received (the recruitment rate=100%, attrition rate=0%) among participating nurses. Most participants (73%) reported that dedicated education workshops were useful to their practice and competency as practicing nurses in Ontario. They also indicated they could use the knowledge gained in this education workshop in their practice (71%). Almost 73% of the participants said they would recommend an education workshop to other hospitals and organizations for ongoing nursing training in Ontario. When we enquired about this particular education day and their likelihood of retention, 54% of them answered positively. Please refer to figure 1 (Results from the survey questions) for details.

The open-ended feedback from participants was overwhelmingly positive. Topics such as improved patient safety, nursing competency, and team building were mentioned repeatedly. The participants also appreciated connecting with nurses from different departments and learning more about their colleagues' skills and strengths. The participants unanimously agreed that the topics covered on the education days were practical and timely. From the open-ended comment section, we also learned that our initiative to engage nurses to identify education day topics and delivery

methods was a positive approach. The participants had also identified a few challenges related to the feasibility and sustainability of the education day initiative; 1) the initiative should be a regular activity, preferably every month, 2) newer technologies such as virtual reality can help engage the participants better, and 3) a bigger room with projector screen can help visualize the topic of discussion better.

Discussion

The results of this study reaffirm the commitment of our nursing staff to their profession and the value of organizational support, particularly in the form of teaching and training programs. It's reassuring to see that 111 out of 113 participants remained employed at our hospital 90 days after the education day. Furthermore, several nurses (n=22) took the initiative to pursue additional courses (critical care, wound care, geriatric care, postpartum care, and advanced cardiovascular life support), demonstrating their dedication to upskilling for different hospital areas or enhancing their practice in their current units after attending the education days. Building on the overall positive feedback and satisfaction from the survey, we proactively engaged with the ESHC senior leadership to continue dedicated education days on an ongoing basis. Cavanaugh and colleagues [17] reported that employees (clinicians, researchers, nurses, and laboratory assistants) who participated in mentoring relationships were less likely to experience burnout than those who did not. Recognizing this potential, we also proposed topic-related workshops and conferences at the hospital in the future to assist the nurses, physicians, and allied health professionals in building practical skills and collaborating with colleagues from different departments. While the varied response to the effectiveness of the workshops in retention suggests an area for future research, it also presents an opportunity for growth. The potential impact of mentorship opportunities on retention rates, burnout, and work-life balance in nurses is a promising area for future research at ESHC. This research could lead to significant improvements in the support and well-being of our nursing staff.

List of Abbreviations

COVID-19= Coronavirus disease

ESHC=Erie Shores HealthCare

Declarations

Ethics approval and consent to participate: The research was conducted in accordance with the ethical standards on Human Experimentation of the institution in which the experiments were done or in accord with the Helsinki Declaration of 1975. The study is approved by the University of Windsor Research Ethics Board (<https://www.uwindsor>).

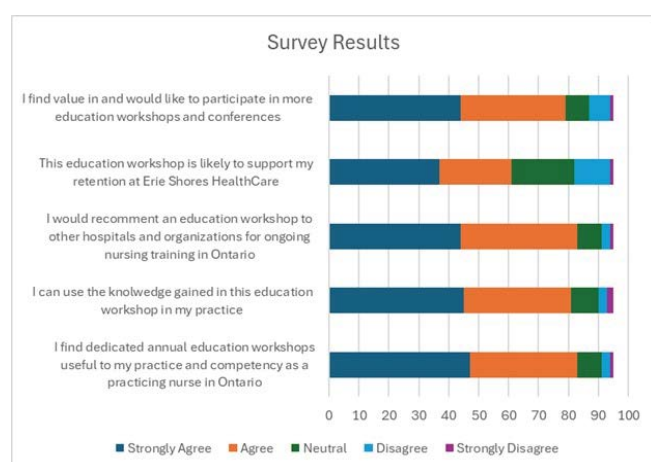


Figure 1: Results from the survey questions

ca/research-ethics-board/). The participants consented to the study and possible publication following Human Ethics and Consent to participate in a written consent form approved by the University of Windsor Research Ethics Board.

Consent for publication: All participants and authors consented for the publication. No identifying images or other personal or clinical details of participants are presented that compromise anonymity. No patient was involved in the study. Therefore, patient consent is not applicable.

Availability of data and materials: Primary data and materials are available upon request.

Competing Interests: The authors declare no competing interests.

Funding: No funding was obtained for the study. The study is not a clinical trial. Therefore, no clinical trial registration number exists.

Authors' contributions: The first author (CT) conceptualized, designed, collected and analyzed data and contributed significantly to writing the manuscript. NP and SG, JM contributed to data analysis and manuscript drafting. JM and DP contributed to data analysis. MS contributed to obtaining ethics approval, designing the study, and contributed significantly to writing the manuscript.

Acknowledgements: We acknowledge the hospital's senior leadership team for their continuous support in ensuring the implementation of the project at the hospital.

References

1. Ghawadra SF, Abdullah KL, Choo WY & Phang CK. Psychological distress and its association with job satisfaction among nurses in a teaching hospital. *Journal of Clinical Nursing* 28 (2019): 4087–4097.
2. Van Camp J & Chappy S. The effectiveness of nurse residency programs on retention: A systematic review. *AORN Journal* 106 (2017): 128–144.
3. Liu Y, Duan Y & Guo M. Turnover intention and its associated factors among nurses: A multi-center cross-sectional study. *Frontiers in Public Health* 11 (2023): 1141441.
4. Falatah R. The Impact of the Coronavirus Disease (COVID-19) Pandemic on nurses' turnover intention: An integrative review. *Nursing Reports (Pavia, Italy)* 11 (2021): 787–810.
5. Boamah SA, Callen M & Cruz E. Nursing faculty shortage in Canada: A scoping review of contributing factors. *Nursing Outlook* 69 (2021): 574–588.
6. Stelnicki AM & Carleton RN. Mental disorder symptoms among nurses in Canada. *Canadian Journal of Nursing Research* 53 (2021): 264–276.
7. Hall LM & Kiesners D. A narrative approach to understanding the nursing work environment in Canada. *Social Science and Medicine* 61 (2005): 2482–2491.
8. Ben-Ahmed HE & Bourgeault IL. Sustaining the Canadian Nursing Workforce: Targeted Evidence-Based Reactive Solutions in Response to the Ongoing Crisis. *Nursing leadership (Toronto, Ont)* 35 (2023): 14–29.
9. Registered Nurses Association of Ontario. Results of nursing survey point to an alarming exodus from the profession following the pandemic (2021).
10. Grinspun D, Matthews JH, Bonner R, et al. COVID-19 pandemic in long-term care: An international perspective for policy considerations. *International Journal of Nursing Sciences* 10 (2021). 158–166.
11. Havaei F, MacPhee M, Ma A, & Mao Y. Priority Nursing Populations for Mental Health Support Before and During COVID-19: A Survey Study of Individual and Workplace Characteristics. *The Canadian Journal of Nursing Research* 55 (2023): 68–77.
12. Casey L & Jones A. Ontario will be short 33,000 nurses and PSWs by 2028: Financial watchdog projects 2023.
13. Mandal A, & Purkey E. Psychological Impacts of the COVID-19 Pandemic on Rural Physicians in Ontario: A Qualitative Study. *Healthcare (Basel, Switzerland)* 10 (2022): 455.
14. Rheaume A, & Breau M. Antecedents of burnout and turnover intentions during the COVID-19 pandemic in critical care nurses: A mediation study. *Canadian Journal of Critical Care Nursing* 33 (2022).
15. Registered Nurses Association of Ontario (2022). *Nursing Through Crisis – (2022)*.
16. Chaghari M, Saffari M, Ebadi A, & Ameryoun A. Empowering education: A new model for in-service training of nursing staff. *Journal of Advances in Medical Education & Professionalism* 5 (2017): 26–32.
17. Cavanaugh K, Belfer B, Cline D, Holladay C, et al. The positive impact of mentoring on burnout: Organizational research and best practice interventions for cancer hospital employees. *Journal of Clinical Oncology* 39 (2021): 11012.