



Building the Future: An integrated strategy for nursing human resources in Canada

PHASE II FINAL REPORT



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This *Phase II Final Report* is part of an overall project entitled **Building the Future: An integrated strategy for nursing human resources in Canada**.

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Executive Summary

This report marks the culmination of the Nursing Sector Study. The five year study consisted of two phases, and examined the nursing workforce for all three regulated nursing professions in Canada (Licensed Practical Nurses (LPN) Registered Nurses (RN), and Registered Psychiatric Nurses (RPN)). Phase I, which concluded in December 2004, examined the state of nursing human resources in Canada. A series of 15 technical research reports were completed which covered areas such as nursing mobility, the international labour market, nursing education in Canada, and many others.

Phase II of the project got underway in the fall of 2005. The objective of Phase II was to develop a pan-Canadian nursing human resource (HR) strategy in consultation with government and non-government stakeholders that built on the findings and recommendations presented at the completion of Phase I. The technical research reports generated in Phase I were consolidated by province or territory and a series of jurisdictional consultations were held. Based on the feedback received from the jurisdictions, a summary report was created.

The consultations in general reaffirmed the information gathered in Phase I. The participants suggested a number of cross-jurisdictional trends, which in general followed the recommendations provided in the *Phase I Final Report*. A summary of the Phase I recommendations is as follows.

- Recommendation 1 – Create a stable supply of nurses.
- Recommendation 2 – Develop a pan-Canadian approach to nursing education in collaboration with the provincial, territorial and federal governments to prepare the number of qualified graduates needed to meet workforce needs.
- Recommendation 3 – Enhance data collection to improve human resource planning.
- Recommendation 4 – Use a Human Resource Planning Framework based on population health needs to plan for nurse resources.
- Recommendation 5 – Use evidence-based practices to inform staffing decisions including retention and recruitment decisions.
- Recommendation 6 – Implement effective and efficient mechanisms to address workload issues and improve patient, nurse, and system outcomes.
- Recommendation 7 – Create work environments that maximize patient, nurse and system outcomes.
- Recommendation 8 – Improve and maintain the health and safety of nurses.
- Recommendation 9 – Develop innovative approaches to expand clinical experiences in nursing education.
- Recommendation 10 – Maximize the ability of nurses to work in their full scope of practice.



It was evident from the consultations that many of the jurisdictions had already developed strategies to address the Phase I recommendations. The consultation participants also noted gaps in research, policy and funding that needed to be addressed. Among other things, they pointed to a general lack of awareness among policy- and decision-makers, a need for policies to support the wellness of nurses in the workplace and a lack of timely data to facilitate HHR planning. However, the participants did identify additional strategies to advance the work under each of the Phase I recommendations. Further, they noted that there was an imperative for interested stakeholders to cooperate to develop pan-Canadian strategies to address current issues facing the profession.

A report summarizing the consultation input formed the basis of the final step of Phase II – from April 30th to May 1st, 2006, nursing stakeholders from across the country met to review the strategies identified by the previous consultations. As a group they were tasked with setting top priorities among the strategies identified. Through a number of facilitated break-out groups, the following six strategies were identified as priorities for implementation:

1. There is a need to move away from the language of “scope of practice” and focus on developing management policy to facilitate nurses to practice to their level of competency in various clinical settings.
2. There is a need to broaden the nursing HR planning framework to be inclusive of other health professions; i.e., develop an integrated health professional health human resource strategy.
3. Given that forecasting models predict a large number of nurses leaving the nursing professions in the coming years (through normal attrition, retirement, etc.) there is a need to devote adequate funding to increase the supply of nurses by increasing the capacity of nursing education programs in Canada.
4. Compile “Best Practices” that outline effective workplace strategies that create effective working environments, and maximize nurse and system outcomes.
5. Create a coordinated pan-Canadian strategy to inform health system managers and policy-makers regarding the relationship between workload and quality of patient care and nurse health.
6. Address issues related to workplace health and safety and working environments to ameliorate the effects of overwork and burnout.

Noting that nursing HR planning should not be done in isolation, the present report closes with an examination of the other health human resources (HHR) initiatives that have been underway in this country. The work of the Advisory Committee on Health Delivery and Human Resources (ACHDHR) and Task Force Two (a study of physician HR) are two studies that share many common features with the Nursing Sector Study. The reports of all three studies recommend that needs-based HHR planning be established as a national standard. Furthermore, both the nurses and the physicians recommend that an infrastructure for HHR planning be established, with the analytical capacity, infrastructure support, and a governance model to coordinate a pan-Canadian needs-based approach to HHR planning.



The need to implement this pan-Canadian approach at the jurisdictional and community level is consistent in all reports. Another theme that is evident in each of the three reports is an emphasis on collaborative practice through inter-professional teams. Finally, the need for developing comprehensive approaches to recruitment and retention of health professionals is emphasized as one of the critical issues needed to ensure access to quality health care in Canada. Dialogue with all stakeholders should create a collaborative agenda for action across jurisdictions and among communities.

The Nursing Sector Study has provided a better understanding of nursing HR issues and more importantly, consensus has been reached on the key strategies for implementation. However, implementation plans still need to be developed to ensure that the strategies will be undertaken. Linkages have been established to ensure that nursing HR is tied into the greater Canadian HHR picture. This momentum needs to be continued to ensure that the important work of the Nursing Sector Study benefits patients, providers, and the Canadian health care system.



1.0 Preamble

This report marks the culmination of the Nursing Sector Study. The five year study consisted of two phases, and examined the nursing workforce for all three regulated nursing professions in Canada (Licensed Practical Nurses (LPN) Registered Nurses (RN), and Registered Psychiatric Nurses (RPN)). Phase I, which concluded in December 2004, examined the state of nursing human resources in Canada. A series of 15 technical research reports were completed, which covered areas such as nursing mobility, the international labour market, and nursing education in Canada, among others.

The Nursing Sector Study was directed by a Steering Committee comprised of representatives from the following groups: LPNs, RNs, RPNs, employers, unions, educators, physicians, and provincial, territorial and federal governments. Appendix A provides a list of the Steering Committee members.

Phase I of the Nursing Sector Study involved conducting research to better understand the factors that significantly influence nursing human resources (HR). The research involved extensive consultation and research projects that included surveys, interviews, literature reviews, and other commissioned research initiatives. In addition to the *Phase I Final Report* and the *Research Synthesis Report*, 13 of the 15 technical research reports were published in May 2005 as supporting documentation. Together these reports provide, for the first time, a comprehensive overview of nursing human resources in Canada.

Phase II of the Nursing Sector Study was initiated in the fall of 2005. The objective of Phase II was to develop a pan-Canadian nursing HR strategy in consultation with government and non-government stakeholders that builds on the findings and recommendations presented at the completion of Phase I. This project was funded in part by the Government of Canada's Sector Council Program, Health Canada and the nursing community.

In September of 2005, Med-Emerg Inc. was commissioned to prepare discussion papers for each of the provinces and territories in Canada with the exception of Quebec, Saskatchewan and Nunavut¹. These jurisdiction-specific discussion papers, written with the interests of nurses and policy-makers in mind, were intended to summarize relevant findings and recommendations from Phase I in order to facilitate stakeholder consultations.

The discussion papers were based on the findings of the technical research reports and were presented in the framework of the 10 recommendations contained in the *Phase I Final Report* of the Nursing Sector Study. Consultation participants included representatives from provincial/territorial and federal levels of government, employers (e.g., Regional Health Authorities, long-term care, community health care, public health), nursing unions, nursing regulatory bodies, nursing associations, and educational institutions (e.g., universities, community colleges). Appendix B provides a list of the participants in each jurisdictional consultations.

¹ Quebec and Nunavut did not respond to requests for consultations. Saskatchewan completed provincial consultation on similar questions as part of the development of its Health Workforce Action Plan prior to implementation of Phase II of the Nursing Sector Study.



A similar format was used for each one of the consultation sessions to ensure consistency of presentation and reporting. Four questions served as the framework for the consultation sessions:

1. Do the existing jurisdictional plans/strategies address the findings and recommendations from Phase I? If yes, give some examples. If no, why not and where are the gaps?
2. What additional strategies are required to fill the gaps?
3. What are the enablers and challenges in the jurisdiction that need to be considered when implementing the recommendations/filling the gaps?
4. What needs to happen at a pan-Canadian level that would support the implementation of these recommendations in your area?

From these sessions “As Said” reports were prepared for each jurisdiction that outlined the discussions under each of the questions. The “As Said” reports were later distributed to participants in the respective federal/provincial/territorial consultation sessions. The reports form the basis for sections 2.0 to 5.0 of this report that identifies cross-jurisdictional strategies, opportunities, gaps, and areas of concern and strength with the intention of informing a pan-Canadian HR strategy to address nursing workforce issues.

Sections 2.0 to 5.0 were prepared using the following “As Said” Reports: Nova Scotia, New Brunswick, Newfoundland and Labrador, Prince Edward Island, Ontario, Manitoba, British Columbia, Alberta, Yukon and the federal government². These sections of the paper represent the issues and trends that were identified by participants at those consultations. The relevant sections of this report should be read with this in mind.

From April 30th to May 1st, 2006, key federal, provincial and territorial stakeholders gathered in Ottawa for the *Building the Future* invitational conference. This two day conference offered a unique opportunity for participants to move the nursing human resources agenda forward. Participants examined the results from Phase I of the project as well as the findings discussed in sections 2.0 to 5.0 of this report. Sections 6.0 and 7.0 of this report present the outcomes of the conference.

The final section of this report provides suggestions for moving forward. Given the excellent progress and the momentum now behind the Nursing Sector Study, it is important to carry the ideas and strategies forward to ensure a stable and effective nursing workforce in the future.

² An As Said Report was not prepared for the Northwest Territories



2.0 Analysis of Cross-Jurisdictional Issues and Trends

A number of broad trends and themes emerged from the provincial and territorial consultation sessions. These common themes tend to apply to all the recommendations. They can be summarized as follows:

1. The findings from the federal, provincial and territorial consultation sessions reaffirmed the issues, concerns and general directions identified in the *Phase I Final Report*. The consultation sessions also reaffirm the merits of findings from the technical research reports and recommendations for action proposed in the *Phase I Final Report*. Quoting from the Nova Scotia report, “As one person said: It’s good to see the stats and have what we knew at a ‘gut level’ reinforced”.
2. Every province and territory recognizes the seriousness of the current and impending challenges facing the three nursing occupational groups and the growing imperative to take action to maintain the integrity of the nursing workforce in Canada. Failure to take appropriate action will only lead to a deterioration of the nursing workforce and ultimately this will continue to affect patient care.
3. There is a concern among nursing stakeholders that there is a lack of understanding – “a disconnect” – between what is going on at the ministry level and what the Nursing Sector Study is recommending. There is also a concern that senior decision-makers in health organizations and government lack a basic understanding of issues facing nurses in the clinical practice setting.
4. Since the release of the *Phase I Final Report* every jurisdiction in Canada has taken steps to act – to a greater or lesser degree – on the recommendations proposed in it. There is an opportunity to share “Best Practices” among jurisdictions to ensure available resources are utilized to their fullest extent. Most jurisdictions expressed a sense of frustration with the limited progress on a macro scale of addressing national HHR policy concerns. As one participant said, “It’s time to stop talking and start acting!”
5. There is a need to ensure that there is adequate and appropriate staffing available to ensure nurses are able to provide a high quality of patient care in a manner that is safe for the patient and for the nurse. Nurses want to feel good about their work and want to practice their profession in a manner that is consistent with the goals and values that define the profession. Nurses also want to feel empowered to influence change.
6. It is worth noting that based on the findings of the “As Said” reports most of the provinces and territories recognize the benefits of collaboration and cooperation on a pan-Canadian level to manage nursing HR issues. Examples of inter-jurisdictional collaborative action include, among others, developing national standards on nursing education and licensure, standardizing the regulation and licensure of internationally trained nurses, creating avenues to facilitate inter-jurisdictional information sharing, and sharing “Best Practices”.



7. There is a growing recognition that the ability of provinces and territories to act on the recommendations from Phase I is dependent on funding levels, having access to relevant information and evidence, access to avenues to promote collaboration with other health professional groups, and effective communication with regulatory bodies, governments, unions, employers, educational institutions, professional associations and the public regarding the issues facing the nursing professions.
8. Results from the consultation sessions highlighted the common concern among participants regarding the health and well-being of nurses, especially the physical health of more experienced nurses and the mental health of younger nurses.
9. One of the dominant themes that emerged from the consultations is the need to create and enhance opportunities for nurses to have meaningful involvement in decision-making (or informing decision-makers) at various levels in health organizations (including provincial and territorial policy), especially when those decisions affect nurses and patient care. There is a need to create opportunities for high profile nursing leadership positions at the provincial and territorial levels. In jurisdictions where Senior Nursing Advisors or Chief Nursing Officers (or similar positions) already exist, there is a need to enhance the capacity of these positions to permit input into decisions affecting the nursing professions and patient care.
10. It is acknowledged that evidence should form the basis of sound decision-making. However, in many instances this evidence is not available, or not easily accessed. Additional research is needed in a number of areas related to nursing HR planning, for example in the areas of workload measurement in different care settings, appropriate staff mix and workload management, among others. Coordination of research efforts across jurisdictions will ensure a concerted effort to address the concerns of a pan-Canadian nursing stakeholder audience. Consideration should be given to a pan-Canadian level funding body for nursing research. Moreover, there is a need to enhance capacity in the area of knowledge translation to ensure the outcomes of existing research can be used to inform policy development.
11. While the effects of the nursing shortage are being felt in every part of Canada, certain sectors and clinical settings face particular challenges in terms of the education, recruitment and retention of nurses in the three occupational groups. This includes, for example, rural, northern and remote areas and practice settings such as specialized areas in acute care, long-term care and community health nursing.



12. Providing health services to First Nations, Inuit and Métis peoples and service commitments to the general population in northern and remote areas requires special attention. A comprehensive approach is required to the recruitment of young people from First Nations, Inuit and Métis communities into the nursing profession. Special consideration needs to be given to the process of educating First Nations, Inuit and Métis students, including sensitivity to culture, language, clinical placement, travel, separation from their home communities and funding.
13. There is a need to create networks and forums among interested stakeholders at a national level and among provinces and territories to foster communication and constructive dialogue on nursing issues that affect all regions of Canada.



3.0 Pan-Canadian or Cross-Jurisdictional Strategies and Opportunities

In the following section, the recommendations of the *Phase I Final Report* are used as a framework to present pan-Canadian or cross-jurisdictional strategies and opportunities put forth by participants in the jurisdictional consultations. Every effort has been made to summarize the prominent strategies expressed in each jurisdiction's "As Said" reports; however, it should be noted that on some issues not all provinces and territories are in agreement, or the views were not explicitly articulated in the consultation sessions. Insofar as it is possible, this report summarizes majority views.

In the "As Said" reports, it is evident that there is, to some extent, a lack of awareness of a number of initiatives currently underway to address the nursing shortage. The following section has stayed true to the strategies underway and the opportunities put forth by participants. Footnotes have been included to indicate where work is already underway.

Recommendation 1 – Create a stable supply of nurses.

Regarding the creation of a stable supply of nurses in Canada, a number of pan-Canadian strategies and opportunities were identified, including:

- Broaden the HHR planning framework to be inclusive of other health professions; i.e., develop an integrated health professional human resource strategy;
- Establish a clearinghouse for "best practices" related to the recruitment and retention and education of nurses in Canada;
- Address issues related to workplace health and safety, and working environments to ameliorate the effects of overwork and burnout; and,
- Standardize and streamline the process for the regulation and licensing of nurses among jurisdictions in Canada to facilitate mobility.³

Regarding internationally-educated nurses:

- Develop national standards to assess the competencies of internationally-educated nurses and establish supports to facilitate the integration of such nurses into Canadian society;⁴

³ In most jurisdictions in Canada there exist Mutual Recognition Agreements that facilitate mobility.

⁴ Currently there are initiatives in progress to develop standards for international graduates and in many jurisdictions there are supports in place to assist with integration into Canadian society.



- Address issues related to the immigration of internationally-educated nurses as a means to facilitate recruitment of nurses, including for example, transition planning, licensure, educational standards, etc.;⁵
- Work with Immigration Canada to identify and minimize barriers to the immigration of nurses while establishing policies to prohibit unethical “poaching” of nurses from developing countries; and,
- Harmonize requirements for registration for national and international graduates in nursing.

Recommendation 2 – Develop a pan-Canadian approach to nursing education in collaboration with the provincial, territorial and federal governments to prepare the number of qualified graduates needed to meet workforce needs.

Regarding the development of a pan-Canadian approach to nursing education the following strategies and opportunities were proposed:

- Establish a national strategy to promote the recruitment (and ongoing support) of First Nations, Inuit and Métis students in the nursing professions;
- Develop consistent pan-Canadian standards for nursing education in the three nursing occupational groups;
- Given that forecasting models predict a large number of nurses leaving the nursing professions in the coming years (through normal attrition, retirement, etc.) there is a need to devote adequate funding to increase the supply of nurses by increasing the capacity of nursing education programs in Canada;
- Financial assistance to nursing students – as a recruitment tool – is a common theme among provinces and territories. Examples cited included, funding assistance in the form of scholarships and bursaries, tax incentives for nurses who re-enter the profession, and programs to address tuition debt relief for nurses;
- There is an identified need to promote and provide ongoing support for graduate level education for nurses at the Masters and PhD level; and,
- Develop a long-term strategy to educate and recruit nursing faculty.

⁵ In 2005, an Internationally-educated Nurses (IEN) project, funded by HRSDC, was carried out. It provided an overview of the current policies, practices and procedures used by provincial/territorial nursing regulatory bodies for Licensed Practical Nurses, Registered Nurses, and Registered Psychiatric Nurses to assess IENs for licensure/registration in Canada. Factors which influence the integration of IENs into the Canadian nursing workforce were also identified.



Recommendation 3 – Enhance data collection to improve human resource planning.

Information serves as the foundation upon which human resource planning occurs. In this regard several pan-Canadian strategies and opportunities were identified:

- Develop a national database for nursing HR and make this information available to provinces and territories to facilitate HHR planning;⁶
- Establish standardized criteria for data collection to support nursing HR planning;⁷
- Develop a unique identifier for students and registrants in the three nursing occupational groups to permit long-term follow-up;
- Link the data from the Nursing Sector Study into vital statistics, cancer and other registries to follow a cohort over time;
- Validate existing frameworks and tools and develop new ones that facilitate needs-based approaches to HHR planning;⁸
- Develop a rapid response approach to the assessment of current, priority questions that require expert opinions and synthesis; and,
- Coordinate the activities of nursing research units to share results and develop common research agendas.

⁶ The Canadian Institute for Health Information (CIHI) works to coordinate the development and maintenance of a comprehensive and integrated approach to health information for Canada; and, to provide and coordinate the provision of accurate and timely data and information required for;

- Establishing sound health policy;
- Effectively managing the Canadian health system; and,
- Generating public awareness about factors affecting good health.

CIHI maintains supply-based national databases for nursing, including demographic, education and employment characteristics of the nursing workforce: the Registered Nurses database (1980 to the present); the Licensed Practical Nurses database (2002 to the present); and, the Registered Psychiatric Nurses databases (2002 to the present). CIHI is developing and enhancing the nursing databases. The current focus is on public health nurses, telehealth nurses and nurse practitioners.

⁷ The Canadian Institute for Health Information coordinates and promotes the development and maintenance of national health information standards for collecting, processing and sharing health information. The Guidance Document for the Development of Data Sets to Support Health Human Resources Management in Canada (Tomblin-Murphy, O'Brien-Pallas, CIHI, February 2005) was developed using a consultative approach and is intended to serve as a tool for individuals and organizations across Canada as they begin to develop or enhance information systems to support Health Human Resources management.

⁸ The Canadian Nurses Association, through the Canadian Nurse Practitioner Initiative (CNPI), has developed a needs-based HHR planning simulation model for Nurse Practitioners in Primary Health Care.



Recommendation 4 – Use a Human Resource Planning Framework based on population health needs to plan for nurse resources.

It is acknowledged that nursing human resources should closely match population health needs. The following pan-Canadian strategies and opportunities were identified:

- There is a need to develop information systems to facilitate the collection of standardized data on population health;
- Ensure that nursing HR and population health databases can be linked for planning purposes;
- Build capacity in the area of utilizing population health data as a resource for HR planning in nursing.

Recommendation 5 – Use evidence-based practices to inform staffing decisions including retention and recruitment decisions.

Regarding the use of evidence-based practices to inform staffing decisions, the following pan-Canadian strategies and opportunities were identified:

- Provide resources to support the development of tools to accurately assess workloads of nurses in various settings;⁹
- Consider the development of standards to regulate nurse staffing mix, nursing workloads, and maximum hours of work allowed in various practice settings;
- Consider the development of policies that will enable experienced nurses to play a mentorship/expert role for less experienced nurses in various clinical settings; and,
- Encourage nursing associations, regulatory bodies, employers or employers' associations and unions to adopt position statements on the effects of nurse staffing mix, ratios, education level, and workload management on patient, nurse and system outcomes.

⁹ There are two separate issues to be considered: retaining experienced nurses as well as appropriately compensating experienced nurses who play a mentorship role. For example, in most instances providing mentorship is not compensated financially, nor is their workload adjusted to accommodate the extra time needed to provide this service to other nurses. In most jurisdictions, there are no structured mentorship programs or guidelines. The Canadian Nurses Association has published a mentorship guide entitled *Achieving Excellence in Professional Practice: A Guide to Preceptorship and Mentoring*.



Regarding evidence-based practices to inform retention and recruitment strategies, the following strategy and opportunity was identified:

- Develop an infrastructure to collect and disseminate information on “Best Practice” related to retention and recruitment of nurses.

Recommendation 6 – Implement effective and efficient mechanisms to address workload issues and improve patient, nurse, and system outcomes.

Suggested pan-Canadian strategies and opportunities to address workload issues and improve nurse, patient and system outcomes were varied and included:

- There is a need to develop meaningful tools to assess nursing workloads in various clinical settings. Skill mix and standardized staffing ratios (and compensation models) to facilitate workload management should be explored;¹⁰
- Compile a synthesis of “Best Practices” related to the use of technology, staffing patterns and workload measurement and workload management for nurses as a means to improve the effectiveness and efficiency of nurses;
- Create a coordinated pan-Canadian strategy to inform health system managers and policy-makers regarding the relationship between workload and quality of patient care and nurse health;
- Senior Nurse Managers should occupy key leadership and policy-making roles in government and Regional Health Authorities; and,
- Results from the consultations highlighted the frustration among nurses that there are not enough funded full time positions for new graduates, even though nurses currently working full time are working a considerable amount of mandatory overtime.

¹⁰ National Associations of LPNs, RNs, and RPNs have developed and published Evaluation Framework to Determine the Impact of Nursing Staff Mix Decisions.



Recommendation 7 – Create work environments that maximize patient, nurse and system outcomes.

It was widely acknowledged that the work environment plays a significant role in the health and well-being of nurses and this, in turn, affects the delivery of safe, quality patient care. In this regard, there were several pan-Canadian strategies and opportunities identified:

- Compile “Best Practices” that outline effective workplace strategies that create effective working environments, and maximize nurse and system outcomes;¹¹
- Evaluate and implement strategies that utilize various forms of technology to enhance nursing work environments across Canada;
- Conduct research to evaluate workplace innovations and best practices in other jurisdictions (national and international); and,
- Focus on developing nurse leadership skills and engage in succession planning for nursing management.¹²

Recommendation 8 – Improve and maintain the health and safety of nurses.

Implementing policies to ensure the health and safety of nurses is paramount to maintaining a stable and productive workforce. Pan-Canadian strategies and opportunities to improve and maintain the health and safety of nurses include:

- Incorporate elements of workplace health and safety for nurses in the accreditation standards of the Canadian Council on Health Services Accreditation;¹³
- Collect and evaluate “Best Practices” in Canada to disseminate strategies to improve the health and safety of nurses, limit overtime and number of hours worked, and support for nurses working in isolated settings;
- Workplace violence is an ongoing concern for nurses in most practice settings, especially in areas such as northern and remote areas, long-term care and mental health. Research into causes, risk management, prevention and intervention strategies needs to be conducted and risk reduction strategies need to be developed to attend to security and workplace violence; and,

¹¹ Registered Nurses Association of Ontario has developed Healthy Work Environments Best Practice Guidelines for Nurses.

¹² There are several nursing and health professional leadership programs in Canada, for example, the Dorothy Wylie Institute, Saskatchewan Institute of Health Leadership and ongoing continuing professional development programs.

¹³ The Canadian Council on Health Services Accreditation has incorporated work life as a key dimension of the Council’s standards and accreditation programs.



- There is a need to educate employers, law enforcement personnel and the legal system regarding the seriousness of workplace violence against nurses. Collaborative partnerships need to be developed to eliminate workplace violence.

Recommendation 9 – Develop innovative approaches to expand clinical experiences in nursing education.

The results from the consultations with the federal government and provinces and territories revealed that there are several innovative practices currently being utilized across Canada. There are, however, further opportunities to expand clinical experiences to meet the educational needs of nurses. Potential pan-Canadian strategies and opportunities include:

- Developing an inventory of existing practices to expand clinical educational experiences currently in use across Canada and internationally;
- Exploring the full potential of technology to enhance learning opportunities for nurses in Canada; for example, web based learning, telehealth, and simulation labs. These learning opportunities should be available on a national basis. Ontario, for example, has recently purchased simulation lab equipment for all of the province; this type of service could be made available on a pan-Canadian basis;
- Develop innovative opportunities to integrate student placements across sectors, (including federal departments that employ nurses) increase simulated learning experiences, and fund clinical experiences in a variety of geographical areas including rural and remote areas;
- Explore the development of pan-Canadian clinical learning experiences;
- Develop opportunities for First Nations, Inuit, and Métis students to do clinical placements in culturally appropriate settings;
- Clinical education experiences need to be expanded for various settings, including rural and northern and remote areas, long-term care, community and public health settings, as well as institutionally-based acute care;
- There is a need to recognize and compensate the role of the preceptor/mentor in clinical education;
- There is a need to provide adequate funding – including financial and travel support for rural and remote nurses – for ongoing clinical and continuing education for all three nursing occupational groups; and,
- Special consideration needs to be made for Francophone students (and students from other cultural groups) to ensure adequate learning opportunities.



Recommendation 10 – Maximize the ability of nurses to work in their full scope of practice.

The federal, provincial, territorial consultations highlighted the need to ensure that policy facilitates the ability for the three nursing occupational groups to work to their full scope of practice. In this regard, the following pan-Canadian strategies and opportunities were proposed:

- There is a need to improve communication and facilitate dialogue among the three nursing occupational groups and other health professionals;
- There is a need to conduct and support further research that supports nurses working to their full scope of practice. There is also a need to disseminate the results of existing research;
- There is a need for organizations to ensure organizational policy eliminates non-nursing duties for nurses; and,
- There is a need to move away from the language of “scope of practice” and focus on developing management policy to facilitate nurses to practice to their level of competency in various clinical settings.



4.0 Innovations in Federal/Provincial/Territorial Nursing Human Resources Strategies

Federal, provincial and territorial policy initiatives to ameliorate the nursing shortage often predate the Nursing Sector Study. Indeed, it was the concerns expressed by the provinces and territories (government, professional associations, employers, unions, etc.) and national nursing stakeholders that were the genesis for the Nursing Sector Study.

Federal, provincial and territorial nursing stakeholders continue to develop innovative strategies and build capacity to address short- and long-term issues facing the three nursing occupational groups and the health care system more generally. These strategies, in general, closely match the strategies and recommendations proposed in the *Phase I Final Report*. Federal, provincial and territorial initiatives have been developed to address priority issues that have been identified within each jurisdiction. Strategies are at various stages of implementation and evaluation.

A detailed listing of federal, provincial and territorial initiatives is contained in the *Book of Innovations*¹⁴.

¹⁴ Nursing Sector Study Corporation. (2006). *Conference Program and Book of Innovations*. Ottawa: Author. pp. 13-31



5.0 Gap Analysis, Areas of Concern and Strengths

A number of areas of concern and gaps (in policy, knowledge and resources) were identified during the consultation sessions. These include:

- There is an ongoing need to address the general lack of awareness of decision-makers and policy-makers in health organizations and governments (indeed, at all levels of the health care system) regarding the current and future problems facing the nursing profession;
- The persistent problem of a lack of financial and human resources to address identified concerns in nursing HR planning;
- There is a need for additional funding to support the education of nursing students (bursaries and funds to enhance the capacity of nursing schools);
- There is a need to provide additional funding to support policies to enhance the health (physical and mental) and well-being of nurses practicing in the field;
- A limited amount of timely, relevant nursing-specific data to facilitate immediate and long-term HHR planning; and,
- It is acknowledged that in Canada nursing leadership is aging and that there is a need for formal succession planning. The impending shortage of nurses has not been fully realized and there is a strong imperative to take immediate action in this area.

Not all of what was said in the consultation sessions focused on gaps and areas of concern. There was a strong sense of a willingness and internal capacity among professional nurses to address the problems facing their professions. There is strong evidence of a desire for collaborative action using creative approaches to address immediate and long-term issues.

It was noted that the essential components are present to support the development of pan-Canadian strategies to address current issues facing the profession and to implement the recommendations presented in the *Phase I Final Report*. Moreover, within nursing there are strong relationships between and among academics, clinical nurses, and nursing leadership; a foundation upon which new and innovative strategies can be launched to address gaps and areas of concern.

There are many creative and innovative initiatives currently being utilized in many parts of the country addressing a variety of nursing concerns. While existing federal, provincial and territorial strategies and initiatives may not represent the ideal, there is a strong willingness to work together and with other stakeholders to constantly improve the nursing HR planning process. Federal, provincial and territorial templates for nursing HR planning exist and there is an opportunity to constantly improve these processes.

It is also worth noting that the jurisdictional consultation process was a valuable tool to exchange concerns and ideas, promote dialogue, build new understandings and engage in knowledge translation and dissemination on issues related to nursing human resources among interested stakeholders.



6.0 Priority Pan-Canadian Strategies

The *Building the Future* Invitational Conference assembled key nursing stakeholders from across the country. These stakeholders were brought together to identify key areas for moving forward. There were many innovative ideas suggested during Phase I and the jurisdictional consultations; however, not all of these strategies or opportunities can be pursued simultaneously. As a result, it was necessary to gain consensus on the key areas in which to proceed. During the conference, participants broke into table groups to discuss the key strategies as identified in section 3.0 of this report. Each group was asked to identify their top five pan-Canadian strategies as well as timelines for implementation, implementation approach and lead organizations for implementation. The groups each provided a work sheet with this information to the conference organizers. The organizers tabulated the information and identified those strategies which were most often cited. The six key strategies identified by the conference participants are listed below in no particular order.

While there was a fair amount of consensus on the key strategies, the issues of implementation were less clear. Some of the groups did not identify implementation plans while others identified a mix of lead organizations and collaborating organizations. Provided under each of the key strategies below is an overview of some of the agreement on implementation plans.

There is a need to move away from the language of “scope of practice” and focus on developing management policy to facilitate nurses to practice to their level of competency in various clinical settings. (Phase I Final Report, Recommendation 10, bullet 4)

Of the 23 table groups, five chose this as one of their key strategies. All but one of these five groups felt that professional associations should be involved either in a lead or supporting capacity in implementing the strategy. In addition, all of the groups identified timelines which fell into a 1-3 year range. They all felt that this was something that needed to be addressed in the short-term. It was suggested that the interdisciplinary team approach within a culture of trust should advance this strategy. It was also suggested that the goal of this strategy should be that 80% of nurses are working to their full level of competency by 2012.

There is a need to broaden the nursing HR planning framework to be inclusive of other health professions; i.e., develop an integrated health professional human resource strategy. (Phase I Final Report, Recommendation 1, bullet 1)

Nine of the 23 tables felt that this strategy was a top priority. The majority of groups which chose this strategy felt that it was the federal government that should take a lead on this with a handful mentioning either Health Canada or the Advisory Committee on Health Delivery and Human Resources (ACHDHR). In terms of supporting organizations, many pointed to nursing professional associations, unions, employers, educators and provincial/territorial ministries of health. There was agreement that this was a strategy that needed to be pursued immediately, with two years as the longest timeframe. It was felt that some sort of national HHR planning committee or directorate would be the most effective means to implement the strategy. Qualifiers included that it be evidence-based and patient-centered, and that it be inclusive of other health professional groups.



Given that forecasting models predict a large number of nurses leaving the nursing professions in the coming years (through normal attrition, retirement, etc.), there is a need to devote adequate funding to increase the supply of nurses by increasing the capacity of nursing education programs in Canada. (Phase I Final Report, Recommendation 2, bullet 3)

Of the 23 tables, 11 felt that this needed to be a top priority for nursing HR planning. Most groups felt that nursing educators and governments should work together to ensure that this strategy is successfully implemented. Many saw a significant role for the Canadian Association of Schools of Nursing (CASN). Of the seven tables which addressed the issue of a timeline, six felt that the strategy should be pursued in the short-term, while the other felt that it was a medium-term strategy. There was limited agreement on the methodology for implementing this strategy.

Compile “Best Practices” that outline effective workplace strategies that create effective working environments, and maximize nurse and system outcomes. (Phase I Final Report, Recommendation 7, bullet 1)

Six table groups identified this as a key strategy. Of the six, only three addressed the question of who the lead organization should be. Two felt that some form of national organization should take the lead, while the third felt that it should be up the regulatory colleges and groups such as unions and employers. There was also limited agreement in terms of a timeline. Of the three groups that addressed a timeline, one felt that the strategy should be dealt with immediately, one felt that two years would be appropriate, and one felt that this was a mid-term strategy. There was no clear agreement on the approach to the implementation of this strategy.

Create a coordinated pan-Canadian strategy to inform health system managers and policy-makers regarding the relationship between workload and quality of patient care and nurse health. (Phase I Final Report, Recommendation 6, bullet 3)

Nine groups felt that this strategy should be one of the key priorities for moving forward. Of these groups, five felt that the federal government in some form (Health Canada or HRSDC) should take the lead. Two felt that it should be data organizations such as CIHI, and the final two offered different solutions with one suggesting regional health authorities and the other suggesting the three regulated nursing groups. In terms of supporting organizations, three groups felt that unions and professional associations could play a role. Of the nine groups, five felt that this strategy should be implemented in the short-term.

Address issues related to workplace health and safety and working environments to ameliorate the effects of overwork and burnout. (Phase I Final Report, Recommendation 1, bullet 3)

Of the 23 tables, five addressed this strategy as one of their top priorities. Three felt that this would best be dealt with at the national level. In terms of supporting organizations, two felt that regulatory bodies should play a role and two felt that unions should be involved. Two years was suggested as the timeline for implementing this strategy. There was no agreement on implementation approach for this strategy.



7.0 Broad Pan-Canadian Health Human Resources Context

This report represents the culmination of Phase I and Phase II of the Nursing Sector Study. While the study has developed a wealth of information on nursing HR, this has not been developed in isolation. Other health professions, as well as federal and provincial/territorial governments, have been working on projects meant to address HHR issues. This section provides an overview of two of these projects (ACHDHR and Task Force Two) and the linkages that exist between all three HHR advancements.

ACHDHR

The *Pan-Canadian HHR Strategy* consists of three components: Health Human Resources Planning, Recruitment and Retention, and Inter-professional Education for Collaborative Patient-Centred Practice (IECPCP). Projects aligned with each of these components are progressing at the federal and jurisdictional levels. The HHR Strategy (2006-2010) is now being considered based on lessons-learned in phase one.

Furthermore, the Conference of Deputy Ministers of Health (CDM) tasked ACHDHR with developing a *Framework for Collaborative Pan-Canadian Health Human Resources Planning* in 2004/2005. In turn, the ACHDHR tasked its HHR Planning Subcommittee to prepare the document, which was approved by the CDM and subsequently by the federal/provincial/territorial Ministers of Health on October 22-23, 2005. The *Framework* makes the case for a collaborative approach to HHR planning and outlines an Action Plan to guide planners and other stakeholders in achieving a more stable, effective health workforce.

In all jurisdictions the goal of the pan-Canadian *Framework* is to increase capacity to: 1) plan for the optimal number, mix, and distribution of health care providers based on system design, service delivery models and population health needs; 2) work closely with employers and the education system to develop a health workforce that has the skills and competencies to provide safe, high quality care, work in innovative environments, and respond to changing health care system and population health needs; 3) achieve the appropriate mix of health providers and deploy them in service delivery models that make full use of their skills; and, 4) build and maintain a sustainable workforce in healthy safe work environments.

This *Framework* is based on a needs-based approach to HHR planning and emphasizes the need for collaborative action among governments and other stakeholders to achieve its goals and to reduce duplicate activities and investments. Guided by this *Framework*, jurisdictions will continue to develop and implement their own HHR policies, plans, and service delivery models. It is anticipated that the pan-Canadian *Framework* will help to reduce duplication and lower the resources required to conduct HHR planning within individual jurisdictions, increase ability to influence the drivers of the health care system, reduce competition among jurisdictions for limited HHR, encourage mobility of the health workforce, and avoid situations of over and under supply of the workforce. The pan-Canadian *Framework* recognizes that HHR planning happens in a system, is driven by population health system design and models of delivery, and is based on population health needs.



Task Force Two

Task Force Two was formed in 2001 as a collaborative partnership of major Canadian medical organizations, the Government of Canada, provincial and territorial governments and representatives from the public and other health professions across the country. Its mandate was to undertake a comprehensive examination of the labour market for physicians, and to develop options for a long-term physician human resource strategy that are sensitive to Canada's provincial and territorial realities. The recently released final report¹⁵ outlines long-term strategies for five theme areas: education and training; inter-professionalism; recruitment and retention; licensure, regulatory issues and liability; and, infrastructure and technology. Strategic directions and core strategies are offered in each of these five theme areas.

The final report of Task Force Two emphasizes that it is critical to enhance the ability of the health care system to adapt to change. It emphasizes the need to plan for physician resources and other health human resources in a responsive flexible manner recognizing changing delivery methods. It also emphasizes the need for a pan-Canadian approach for ongoing HHR planning for physicians and other health care providers that is responsive to Canadians' changing health care needs.

Major Themes of the Three Reports

Based on these three reports (the present report and those of ACHDHR and Task Force Two) it remains clear that nurses, physicians, and federal, provincial, and territorial governments are committed to delivering the best quality health care to Canadians. With increasing pressure on health care resources, a pandemic on the horizon and new ways to deliver care being emphasized, the need for change is paramount. Both the Nursing Sector Study and Task Force Two suggest that steps are needed to address the shortages of nurses and physician supply to meet population health need.

The need for leadership that articulates a vision of the future is reinforced in the reports. A willingness to commit to a process of dialogue is required to arrive at the best approaches to partner on shared agendas. The emphasis on health care services is dominant, with the notion of health care services bridging provider supply and population need.

A competency-based approach and providers working to their full scope of practice are themes which are inherent in the strategies identified in the reports. There seems to be recognition that changes in service delivery and advances in medical technology mean that the education of and the role for health care providers are changing.

¹⁵ Task Force Two: A Physician Human Resource Strategy for Canada. (2006). *A Physician Human Resource Strategy for Canada: Final Report*. Ottawa: Author.



Ways to provide safe/quality workplaces and the best strategies to support the team-centered approach to care are also consistent themes across the reports. Preparing the future health care workforce to work in teams in the delivery of health services is an ongoing challenge, a challenge that the stakeholders have clearly made a priority.

Needs-based planning seems to be central to each of the reports and action plans. To face both short- and long-term challenges, pan-Canadian needs-based HHR planning should involve all stakeholders (governments, academia, regulatory bodies, researchers, civic society, private sector, First Nations, Inuit and Métis, professional organizations/associations and mass media). However, even though the approach has a pan-Canadian emphasis, it will need to be implemented at the jurisdictional and community level. The need to enhance data and analytical capacity to carry out HHR planning has been very apparent.

What is not clear is how needs are defined and how they will be measured as well as who will lead the planning, and when and how this will be carried out. All reports emphasize the need to establish research agendas to determine ways to define and measure needs, and to determine whether team approaches to care lead to favourable outcomes for patients, the system, and providers. The need to invest in data and tools to enhance HHR planning and policy is emphasized in all reports.

A national planning mechanism for HHR is a recurring theme in the reports. Nurses and physicians recommend that an infrastructure for HHR planning be established, with the analytical capacity, infrastructure support, and a governance model to coordinate a pan-Canadian needs-based approach to HHR planning. The need to implement this pan-Canadian approach at the jurisdictional and community level is consistent in all reports.

What is not clear is the relationship between these health care providers groups, other health care provider groups, and ACHDHR in this mechanism. There is a need to dialogue about this notion with appropriate stakeholders to determine buy in and the process to move forward with a shared vision.

Working in teams is a theme that exists in the reports. However, the Nursing Sector Study did not emphasize the team-centred approach required in both approaches to education and health care delivery. At the same time there has been a large effort to renew Canada's publicly-funded health care system, and one key feature of these renewal efforts has been primary health care (PHC) reform and the development of inter-professional teams. It is articulated across reports that integrated care, provided by members of various professions, is required to address the changing health care delivery methods and the changing health needs of Canadians. These reports emphasize the need for students and providers to be ready to engage in inter-professional collaborative practice where all health care providers have clearly identified and valued roles.

The need for developing comprehensive approaches to recruitment and retention of health professionals is emphasized as one of the critical issues needed to ensure access to quality health care in Canada. Dialogue with all stakeholders should create a collaborative agenda for action across jurisdictions and among communities. Major themes reflected in each of the reports are similar and include issues



such as education and training; inter-professionalism; recruitment and retention; licensure, regulatory issues and liability; and, infrastructure and technology.

The need to address and develop special measures for groups where health inequities are evident such as for First Nations, Inuit and Métis peoples, people living in rural, remote, northern, inner-city and isolated communities, and where shortages of providers are predicted is a consistent message among the reports.

Another consistent theme is the need is to develop and invest in policies that: 1) address what is known about the factors that impact on practice choices and practice locations; 2) support models of service delivery that recognize the full range of professional activities; and, 3) serve to attract and retain providers.



8.0 Next Steps

This report represents the culmination of the most comprehensive examination of nursing human resources in Canada to have been undertaken. Many of the strategies identified in the consultation sessions build on the 10 recommendations from Phase I and are directed primarily toward provincial and territorial governments, employers, educational institutions, unions and nursing stakeholder groups. In this regard, there is already evidence of significant innovation in the area of nursing HR strategy development. Translating research into policy and practice plays an important role in improving the efficiency and effectiveness of Canada's health care system.

The important question remains, "What are the next steps in stabilizing the nursing workforce and more important, who will implement the recommendations and pan-Canadian strategies identified by the Nursing Sector Study?" The responsibility for implementing the recommendations and strategy development is a shared responsibility and will require the cooperation of a wide range of stakeholders including employers, educators, governments, unions, regulators, nursing professional associations, and other health professional associations among others. Moreover, federal, provincial and territorial nursing human resource strategies need to be integrated into the larger HHR planning agenda. Coordination between and among for example, the Nursing Sector Study, the physician sector study, the home care sector study, the pharmacy sector study, and other HHR planning initiatives is paramount to promoting an integrated HHR strategy for Canada.

While at present there is no formal structure or processes in place to move forward on pan-Canadian strategies, the ACHDHR has expressed interest in continuing dialogue with representatives from the nursing and physician sector studies. Opportunity exists to continue the integration of knowledge gained from various HHR sector studies by bringing together policy-makers, health professionals, unions, educators and researchers in appropriate policy forums.

Despite the progress achieved and the willingness to act, there are still significant issues facing the nursing labour market, which are not specific to Canada and are largely influenced by the global marketplace. These issues include low morale, high absenteeism, job dissatisfaction, not to mention chronic shortages and an aging workforce. Nurses in Canada are part of a global marketplace and trends in one country affect the workforce in other countries. There is a need to develop new mechanisms for sharing our experiences in implementing various strategies with others across Canada and internationally.

Despite the progress in addressing nursing human resources issues, the greatest challenges are still yet to come. It is important to capitalize on the momentum that has been built in Phase II. The Nursing Sector Study provides decision-makers with a strong foundation upon which to move into the future with a sense of optimism and hope. Innovation, born out of necessity, will serve as a basis upon which to respond to the challenges facing the nursing professions in Canada in the coming years.



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