

CANADIAN
NURSES
ASSOCIATION



ASSOCIATION DES
INFIRMIÈRES ET
INFIRMIERS DU CANADA

HEALTH HUMAN RESOURCES

Brief to the House of Commons
Standing Committee on Health

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INTRODUCTION

The Canadian Nurses Association (CNA) is the national professional voice of registered nurses, supporting them in their practice and advocating for healthy public policy and a quality, publicly funded, not-for-profit health system. CNA is a federation of 11 provincial and territorial nursing associations and colleges representing more than 136,200 registered nurses and nurse practitioners.

Registered nurses constitute the largest regulated health profession in the Canadian health system; there were a total of 257,961 registered nurses in Canada in 2007. They are often the first point of contact with the health system, providing 24/7 coverage. They are highly trusted by Canadians. As such, registered nurses are well positioned to understand the challenges of the health system and the solutions to strengthen it.

CNA welcomes this opportunity to present to the House of Commons Standing Committee on Health during its study of health human resources (HHR). Effective HHR planning is a priority for ensuring the sustainability of the health system, for addressing health inequities and for ensuring a productive economy. A healthy economy is a wealthy economy.

FEDERAL GOVERNMENT'S COMMITMENT TO HHR

Beginning with the Health Accord in 2000, Canada's first ministers identified HHR as a provincial and territorial priority. This view was reiterated in 2003 when the first ministers reaffirmed HHR as a federal, provincial and territorial priority and the federal government allocated \$85 million to HHR renewal. At that time the federal government allocated ongoing funding of \$20 million annually for a pan-Canadian HHR strategy. In 2004, a 10-year plan was created that recognized the need to increase the supply of doctors, nurses, pharmacists and other health-care professionals in Canada. There was a commitment to accelerate work on HHR action plans and initiatives to ensure an adequate supply and appropriate mix of health-care professionals. CNA congratulates the federal government for its leadership in this area; however, many challenges remain unmet.

THE REGISTERED NURSE SHORTAGE

In 2002 CNA projected that if we continued with past workforce utilization patterns of registered nurses, Canada would experience a shortage of 78,000 registered nurses by 2011 and 113,000 registered nurses by 2016. The current HHR crisis will reduce some of the gains that have been achieved in terms of patient wait times and access to care. For example, any increase in the supply of new registered nurses is quickly offset by decreases in the supply of existing nurses: the average age of nurses is rising and an ever-increasing number are eligible for retirement. Urgent action is needed. One of the key solutions to the nursing crisis lies in more effective use of our existing resources. By introducing technology, changing work processes and addressing those issues in the workplace that lead to absenteeism, greater efficiency of the health workforce can be achieved. For example, matching skill level with job requirements can increase the quality as well as the quantity of services provided. Just as Honda would not employ automotive engineers to tighten bolts, health-care organizations should not assign nurses to empty

wastebaskets. For example, SCO Health Service in Ottawa found that 30 per cent of the work that registered nurses were doing did not require their level of skills and knowledge. To optimize the work of professional staff, the facility added support staff to complement its registered nurse workforce and reduce the nurses' time on non-nursing duties; the result was an increase of seven hours of patient care per nurse in an average 24-hour period.

In May 2009, CNA will release its new projection report on the registered nurse workforce, *Tested Solutions for Eliminating Canada's Registered Nurse Shortage*. This report will estimate the requirement for and the supply of registered nurses in direct or clinical care in Canada, from 2007 to 2022, using a national planning model based on population health needs. The report will also support Canada's capacity for self-sufficiency in HHR planning by providing six policy scenarios, which, if implemented, could eliminate the nursing shortage by 2022.

CNA recommends that the federal government establish a formal mechanism or tool to promote the sharing and adoption of innovative yet practical solutions to the health workforce crisis.

WORKPLACE HEALTH AND SAFETY OF HEALTH PROFESSIONALS IN CANADA

The landmark 2005 National Survey of the Work and Health of Nurses (NSWHN) allows nurses' demographic, social and lifestyle characteristics to be compared with those of employed Canadians overall. This report outlined the challenges that nurses face in the work environment: excessive workloads; high rates of overtime; high rates of illness, injury and burnout; and violence, to name a few. It ranked nursing as one of the sickest professions in Canada.

In 2005, registered nurses working full time had a rate of absence owing to illness and injury that was 58 per cent higher than the rate among the full-time employed labour force overall (7.9 per cent compared with 5.0 per cent). Compared with people employed in 47 broad occupational categories, registered nurses had one of the highest rates of illness and absenteeism owing to injury. Unfortunately, the NSWHN was just a snapshot in time. We do not know if the trends reported in the survey have continued or if investments in the workplace have made any difference. It is critical that the NSWHN be updated to capture current data to evaluate investments in healthy workplaces and to facilitate HHR planning at all levels.

On a smaller scale, the Canadian Physician Health Study, conducted by the Canadian Medical Association in 2008, established a baseline for the health of Canadian doctors. In this study 21 per cent of physicians indicated having suffered two or more weeks of anhedonia in the past year and 23 per cent reported having been depressed for a similar period.

CNA recommends that the federal government:

- **fund an ongoing national survey of the work and health of nurses and that the survey be expanded to include other health professionals and**
- **implement a national occupational health and safety strategy for the health workforce.**

PAN-CANADIAN HHR PLANNING

CNA believes that successful human resources planning in the Canadian health sector requires a collective and integrated effort among governments (federal, provincial and territorial), employers, health professionals, unions, regulatory bodies and others. Effective planning must include all components of the health system, from public health through prevention, diagnosis and treatment to palliation. Moreover, CNA believes the many policy levers – educational policy; employment, labour and industry policy; immigration policy; social, economic and fiscal policy – that affect the planning process need to be coordinated.

Although provinces and territories are primarily responsible for health care delivery, CNA and Health Action Lobby (HEAL) believe the health workforce is a national resource. Health professionals and students of health programs are mobile. For example, Prince Edward Island, Newfoundland and Labrador and other jurisdictions lose as many as 30 per cent of their registered nursing graduates to other provinces. The federal, provincial and territorial governments themselves recognized this when they recently revised chapter 7 of the Agreement on Internal Trade. In addition, research shows that factors affecting recruitment and retention of nurses do not differ greatly from one province or territory to another. Therefore, HHR planning must be pan-Canadian, taking into account mobility and commonalities across boundaries.

CNA commends the federal government's efforts in recent years to fund national HHR studies, including the studies of the nursing, physician and pharmacy sectors and others. An investment of \$12 million for six studies brought major stakeholders together to identify concrete goals, strategies and actions to address health workforce shortages in Canada. Congruency between these studies was high; unfortunately, very little action has been taken on these reports.

One of the recommendations put forth by several of the sector studies, including the Physician Human Resource Strategy prepared by Task Force Two (March 2006), was the concept of an HHR observatory. CNA has also advocated for such a structure. Moreover, an observatory was examined in a paper on a pan-Canadian mechanism for HHR planning commissioned by HEAL and completed by the Canadian Policy Research Network in 2007.

HR observatories have been implemented in Europe, Africa, Latin America and the Caribbean. The goal of such an observatory would be to analyze trends, opportunities, best practices and challenges faced by HHR planners. Specifically, the observatory would:

1. work in partnership with researchers, governments (departments of health, labour, education and immigration), employers, health professionals, unions and international organizations to monitor and analyze health systems and to provide evidence-based advice to national, provincial and territorial policy-makers;
2. collaborate with academics, policy-makers and practitioners to analyze trends in health policies;
3. transfer knowledge to provinces and territories through a range of dissemination strategies; and
4. coordinate HHR research

CNA also wishes to acknowledge the efforts of the federal, provincial and territorial governments to develop the Framework for Collaborative Pan-Canadian HHR Planning. This document set out a number of principles on which governments agreed to base their HHR planning and provided an action plan for a coordinated approach to HHR policy-making and planning. CNA was also pleased that a formal consultation with various stakeholders was conducted for this document. However, progress on the action plan remains slow. CNA is concerned that the implementation of the action plan is not receiving the attention and support it needs from governments.

CNA recommends that:

- **annual funding for a pan-Canadian HHR strategy continue for at least another 10 years and be increased to \$40 million per year to support those activities identified in the action plan of the Framework for Collaborative Pan-Canadian HHR Planning created by the deputy ministers of health and**
- **the federal government create a Pan-Canadian HHR institute or observatory.**

CONCLUSION

Although progress has been made on various aspects of HHR, there remain significant gaps and challenges. CNA's upcoming report on the registered nurse shortage will demonstrate that the nursing shortage can be resolved but this will require both political will and effort on the part of the federal government. CNA would be pleased to continue to work with the federal government on the issue of HHR. We understand there are economic challenges, but having a healthy, stable and sufficient supply of health professionals is necessary to keep Canadians healthy and productive.