

HHRP ISSUES – A SERIES OF POLICY OPTIONS

MEETING FUTURE HEALTH-CARE NEEDS THROUGH INNOVATIONS TO NURSING EDUCATION

To be internationally competitive and productive, Canada needs to be a successful innovator. Cultivating a culture of lifelong learning supported by a high-quality education system and world-class research is the foundation for innovation. Changes in technology and consumer expectations and the need to increase productivity and manage workforce shortages will drive changes to future health-care delivery. A 10-year forecast of the Canadian labour market suggests that employment growth in the health sector will be strong. It also predicts shortages in some occupations.¹ The forecast notes that graduates of Canada's education system will be the primary source of new labour for all sectors of the economy. Innovative approaches to education can increase the throughput and yield of the educational system. Innovation must be promoted as a policy tool that improves the quality of education, meets labour needs better and addresses new demands and challenges.

Context

As baby boomers approach retirement and “Generation X’ers” and “Generation Nexters” prepare to take their place in the workforce – albeit in fewer numbers – the dynamics of education are changing. Numerous faculty vacancies challenge universities and colleges to find novel and efficient ways to deliver programs. New students are seeking out ways to obtain education that are flexible and that make use of the latest information technologies. Is the education system ready to meet the needs of future employees and employers? Are we using educators and resources such as teaching equipment efficiently?

Take nursing as an example. With 57 per cent of faculty over the age of 50,² demographics will force universities and colleges to adopt innovations that use a precious resource – our nurse educators – as effectively as possible. Students’ demands for relevant content delivered through current technologies and for learning that fits with family and work needs will also promote innovation. This policy brief highlights current and emerging innovations in nursing education. Only through innovation can the profession educate enough nurses, with the right skills and knowledge, to meet future needs for nursing services.

PROFILE: PETER BALLANTYNE CREE NATION LPN PROGRAM

An LPN program is now available to residents of three Cree Nation reserve communities in Saskatchewan.

A partnership among the band, Northlands College, and the Saskatchewan Institute of Applied Science and Technology's Woodland Campus, the program admitted students for the first time in the fall of 2007.

Innovative Program Design and Delivery

A recent Statistics Canada report indicates that nursing students are generally older than students in other programs and are more likely to study part time: 42 per cent of nursing students are 25 years of age or older and 30 per cent of nursing students (double the proportion of students in other health programs) study part time.³ Many students enrolling in baccalaureate nursing programs have a prior undergraduate degree or a registered nurse (RN) diploma. In other words, nursing students tend not to follow the traditional student profile and will seek out and benefit from non-traditional education models.

Between 2004 and 2005, Ontario invested more than \$20 million in simulation equipment for nursing programs.

Fast-tracking

In 2005-06, there were 88 baccalaureate programs, 41 post-RN programs, 30 master's programs and 14 doctoral programs in Canada.⁴ Several nursing schools have introduced fast track, bridging, accelerated, advanced entry and second degree programs, which allow students to obtain all of the competencies to practise safely and effectively as RNs in less than the traditional four years of university. In 2005, there were 32 such programs (see Figure 1), a 10% increase from 2004.⁵ These programs are attractive to mature students, many of whom have family and work commitments and need more flexibility in how they obtain their education. Four Canadian provinces offer fast track baccalaureate programs; another four provinces offer second-degree entry options.

Many nurses have complained that traditional education models are punitive: nurses who return for additional education are required to repeat prior learning. Innovative education programs address this limitation by assessing and recognizing prior learning and by connecting students directly with the content and experiences they need. The nine bridging baccalaureate programs available across Canada enable licensed practical nurses (LPNs) to become RNs. Innovative programs use education resources more efficiently.

Figure 1: Number of Innovative Fast-Tracking Nursing Education Programs in Canada, 2005*



* Fast-tracking education programs include fast track, bridging, accelerated, advanced entry and second degree programs.

Source: Canadian Nurses Association & Canadian Association of Schools of Nursing. (2007). The national student and faculty survey of Canadian schools of nursing 2005-2006. Ottawa: Authors (unpublished document).

Distance education

Many nursing schools are adopting new technologies and new approaches to learning when redesigning their program delivery. For example, many institutions offer distance education.

Distance education facilitates access to education for students living in rural areas and for health-care providers seeking additional credentials to advance in their careers. In 2005, 62 nursing programs (18 bachelor, 19 post-RN, 19 master's, 6 PhD) were offered electronically in full or in part (see Figure 2).⁶ Distance education often uses a combination of online courses and laboratory and clinical placements in accredited facilities. Providing education closer to home means that students have the support of their family and friends and are encouraged to stay and work in their communities.⁷

Continuing education

A recent report from Statistics Canada reveals that 78 per cent of adults from health occupations participated in continuing education programs to perform their job better, and 77 per cent reported improved job performance as a result.⁸

Continuing education is a significant factor in nurse retention.⁹ In 2006, 1,942 students graduated from post-RN baccalaureate programs.¹⁰ Many more obtained national certification in specialties such as emergency nursing and community health nursing. Nurses require continuous learning as well as credential upgrading to meet the demands of new knowledge, increasingly complex care and changing work requirements.¹¹ Some nursing roles involve advanced knowledge and skills that require a graduate degree. In 2006, 553 RNs graduated from master's programs and 38 completed nursing doctorates.¹²

Interdisciplinary programs

Interdisciplinary care can improve access to health services and improve retention of health-care providers.¹³ Interdisciplinary education is increasingly a feature of both basic and continuing education programs, equipping health-care providers with the knowledge and experience to work collaboratively. Team-based practice improves communication among health-care providers, optimizes staff participation in clinical decision-making and improves understanding of and respect for other disciplines.¹⁴ As a result, it promotes safer, more effective care.

As part of the Pan-Canadian Health Human Resource Strategy, the federal government funds the initiative Interprofessional Education for Collaborative Patient-Centred Practice, which has supported research and demonstration projects. Two early adopters of interdisciplinary education are the College of Health Disciplines at the University of British Columbia and the Centre for Collaborative Health Professional Education at Memorial University of Newfoundland.

Simulation laboratories

Simulation laboratories augment traditional methods of teaching practical skills. Clinical simulators allow students to practise procedures and receive immediate feedback. They also promote competency-based learning and develop critical thinking. Simulation labs can reduce the demand for

clinical placements and complement the use of health-care facilities for training. Ontario was the first province to adopt this innovation; every nursing school in the province has received funding for clinical simulation equipment.¹⁵

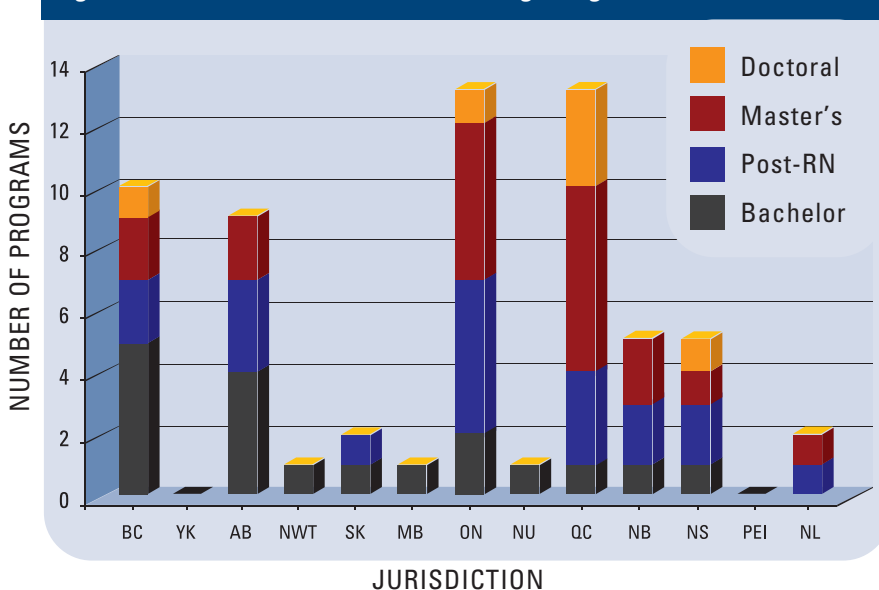
Nursing's Future Tied to the Future of Nursing Education

Although Canada will continue to benefit from the immigration of health professionals from around the world, we need to become more self-sufficient in our production of health-care providers. There are pockets of innovation in nursing program delivery, but innovation is needed across the country. As the Conference Board of Canada has argued, what is needed is not necessarily *more* spending but *smarter* spending.¹⁶ Canada needs to implement new technologies for delivering education and use today's nurses efficiently to educate the next generation of nurses.

The context of nursing is also changing. A futures analysis by the Canadian Nurses Association suggests that in as little as 13 years, nurses will practise in a radically different context – one that is driven by empowered, well-informed patients who demand health services that are convenient and relevant to them.¹⁷ Nurses will work with patients and interdisciplinary teams in a shared-care model, and they will increasingly work in community settings, supported in their practice by information and communications technology.

The challenge is to design an education system that meets the needs of students and the health-care needs of Canadians. Graduates of a modernized education system that is infused with ideas and innovation will be the lifeblood of a strengthened health sector and a prosperous economy.

Figure 2: Distance Education Nursing Programs in Canada, 2005



Source: Canadian Nurses Association & Canadian Association of Schools of Nursing. (2007). The national student and faculty survey of Canadian schools of nursing 2005-2006. Ottawa: Authors (unpublished document).

¹ Lapointe, M., Dunn, K., Tremblay-Côté, N., Bergeron, L., & Ignaczak, L. (2006). *Looking-ahead: A 10-year outlook for the Canadian labour market (2006-2015)*. Ottawa: Human Resources and Social Development Canada.

² Canadian Nurses Association & Canadian Association of Schools of Nursing. (2007). *Nursing education in Canada statistics, 2005-2006*. Ottawa: Authors.

³ Allen, M. K., Ceolin, R., Ouellette, S., Plante, J., & Vaillancourt, C. (2007). *Educating health workers: A statistical portrait 2000 to 2004*. Ottawa: Statistics Canada.

⁴ Canadian Nurses Association & Canadian Association of Schools of Nursing. (2007). *Nursing education in Canada statistics, 2005-2006*. Ottawa: Authors.

⁵ Ibid.

⁶ Ibid.

⁷ Canadian Labour and Business Centre & Canadian Policy Research Networks. (2005). *Canada's physician workforce: Occupational human resources data assessment and trends analysis: Final report*. Ottawa: Task Force Two – A Physician Human Resource Strategy for Canada.

⁸ Allen, M. K., Ceolin, R., Ouellette, S., Plante, J., & Vaillancourt, C. (2007). *Educating health workers: A statistical portrait 2000 to 2004*. Ottawa: Statistics Canada.

⁹ O'Brien-Pallas, L., Tomblin Murphy, G., White, S., Hayes, L., Baumann, A., Higgins, A., et al. (2004). *Building the future: An integrated strategy for nursing human resources in Canada. Research synthesis report*. Ottawa: The Nursing Sector Study Corporation.

¹⁰ Canadian Nurses Association & Canadian Association of Schools of Nursing. (2007). *Nursing education in Canada statistics, 2005-2006*. Ottawa: Authors.

¹¹ Ibid.

¹² Ibid.

¹³ Nolte, J., & Tremblay, M. (2005). *Enhancing interdisciplinary collaboration in primary health care in Canada*, pp. 24-27; Stonebridge, C. (2005). *Individual providers and health care organizations in Canada*, p. 16; Enhancing Interdisciplinary Collaboration in Primary Health Care Initiative. (2006). *Interdisciplinary primary health care: Finding the answers – a case study report*, pp. 34-39. All three reports: Ottawa: The Conference Board of Canada for the Enhancing Interdisciplinary Collaboration in Primary Health Care Initiative.

¹⁴ Oandasan, I., D'Amour, D., Zwarenstein, M., Barker, K., Purden, M., Beaulieu, et al. (2004). *Interdisciplinary education for collaborative, patient-centred practice*. Ottawa: Health Canada.

¹⁵ Ontario Ministry of Health and Long-Term Care. (2005). McGuinty government strengthens Ontario's health care system by improving training for nurses: Simulators provide hands-on clinical practice [Media release]. Retrieved October 9, 2007, from http://www.health.gov.on.ca/english/media/news_releases/archives/nr_05/nr_111605.html

¹⁶ Conference Board of Canada. (2007). *How Canada performs: A report card on Canada*. Ottawa: Author.

¹⁷ Villeneuve, M., & J. MacDonald. (2006). *Toward 2020: Visions for nursing*. Ottawa: Canadian Nurses Association.



photo: Corbis

This policy brief draws on sections from *Nursing Education in Canada Statistics: 2005-2006*, published by CNA and the Canadian Association of Schools of Nursing. Available at http://www.cna-aiic.ca/CNA/documents/pdf/publications/Nursing_Education_Statistics_2005_2006_e.pdf

www.cna-aiic.ca

