

A Report on

**The Nursing Strategy
for Canada**

**Advisory Committee Health Delivery
and Human Resources**

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2003

Acknowledgement

The Advisory Committee on Health Human Resources' Working Group on Nursing Resources and Unregulated Health Care Workers gratefully acknowledges the contribution of all those involved in the original consultation process to develop *The Nursing Strategy for Canada*. The Working Group also acknowledges the work carried out by federal, provincial and territorial jurisdictions, and participant individuals and organizations toward implementation of this strategy over the past two years. It should be noted that following the original request for participants on the Canadian Nursing Advisory Committee (the first recommendation of *The Nursing Strategy for Canada*) more than 100 submissions were made - this was truly a nationwide experience with participation by the full range of stakeholders.

Executive Summary

Canada is one of many countries around the world experiencing a shortage of health human resources, including nurses. Nurses compose one-third of all health care professionals in Canada and play a vital role in the provision of health care services.

The situation in 1999 was serious: there were not enough nurses in the system to meet current requirements, and too few to meet future requirements. Federal, provincial, and territorial Ministers of Health directed their ministries to prepare options to strengthen the development of health human resources; in 2000, the Conference of Deputy Ministers of Health directed the Advisory Committee to develop a strategy for nurses for Canada, and the Working Group on Nursing Resources and Unregulated Health Care Workers was charged with dealing specifically with the issue of nursing supply. Following consultation with key stakeholders throughout the country, and with the active participation of many parties including Canada's nurses, the Working Group produced a guiding document that formed the basis of *The Nursing Strategy for Canada*, released by the Ministers of Health in October 2000. This is Canada's first nationwide nursing strategy, developed from the perspective of governments as stewards of Canada's publicly-funded health care system.¹

The goal of the Nursing Strategy was to achieve and maintain an adequate supply of nursing personnel who are appropriately educated, distributed throughout Canada, and deployed in order to meet the needs of the Canadian population. The 11 strategies for change in *The Nursing Strategy for Canada* were organized according to four key issues:

- I. Unified action;
- II. Improved data, research, and human resource planning;
- III. Appropriate education; and
- IV. Improved deployment and retention.

This document summarizes the progress toward achieving the 11 strategies, and outlines the work that lies ahead. Highlights of progress achieved to date are the following:

1. The Canadian Nursing Advisory Committee was created after enthusiastic response for the idea throughout the country. Following meetings, consultations and research activities, the Committee presented its landmark report in August 2002, titled *Our Health, Our Future. Creating Quality Workplaces for Canadian Nurses*. The report contains 51 recommendations designed to put in place conditions that would resolve workforce management issues and maximize the use of available resources; create professional practice environments that will attract people into the profession and encourage nurses to practice well into the 21st century; and to monitor activities and disseminate information to support the nursing workforce and attract and retain the nursing workforce.

¹ Although the province of Quebec has chosen not to participate in *The Nursing Strategy for Canada* or the Canadian Nursing Advisory Committee, the province has chosen to contribute by sharing information and best practices in this area.

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2. The Canadian Institute for Health Information is developing, in addition to its database for registered nurses, databases for registered psychiatric nurses, and licensed practical nurses, which will provide stakeholders with a broader picture of regulated nursing in Canada.
3. All provinces and territories are involved in research projects related to health human resource planning. The federal government is funding pilot projects to test predictive modelling for nursing human resources.
4. By 2001, the number of nursing education seats in Canada rose by approximately 43% over 1998/99 levels.
5. Most jurisdictions are addressing the issue of retaining nurses in the workforce and encouraging nurses to re-enter the nursing workforce.

Challenges that lie ahead call for all stakeholders to:

- Continue support for provincial/territorial nursing advisory committees and/or other means of continuing a dialogue on nursing issues in each jurisdiction, and monitor the need for further action;
- Improve workforce planning through further work in the area of health human resource data;
- Improve projections for health human resources in the health system;
- Accelerate ongoing research and foster unity among the diverse research activities;
- Create ways in which the results of research on workforce planning issues and forecasting tools can be shared with, and more effectively used by, policy-makers and managers who can benefit from this knowledge;
- Work on a national nursing education strategy to serve as the foundation for planning the nature of further increases in nursing school seats; study the impact of increases already achieved;
- Act on the proposed nursing communications strategy to support nursing as a career choice; and
- Promote action on retention strategies and on strategies to encourage nurses to re-enter the workforce.

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A Report on *The Nursing Strategy for Canada*

Introduction

Canada, like many other countries around the world, is experiencing a shortage of health care human resources, including nurses. Nurses comprise about one-third of all health care professionals in Canada and play a unique role in maintaining a high-quality health care system, and in delivering quality health care to Canadians. There are simply not enough nurses² to meet the requirements of the health care system today, and there are too few nurses to meet future requirements.

In September of 1999, the federal, provincial and territorial Ministers of Health directed their ministries to prepare options to strengthen the development of health human resources. In 2000, the Conference of Deputy Ministers of Health directed the Advisory Committee on Health Human Resources to develop a strategy for nurses for Canada. The Working Group on Nursing Resources and Unregulated Health Care Workers was charged with dealing specifically with the issue of nursing supply.

The issues associated with the nursing workforce are complex and dynamic, and involve multiple stakeholders, including governments at all levels, employers, professional associations, unions, and educators. Following consultation with key stakeholders throughout the country, and with the active participation of many parties including nurses, the Working Group produced a guiding document. This document formed the basis of *The Nursing Strategy for Canada*, which was released by the Ministers of Health in October 2000.

The goal of *The Nursing Strategy for Canada* was to describe strategic plans to achieve and maintain an adequate supply of nursing personnel who are appropriately educated, distributed throughout Canada, and deployed to meet the needs of the Canadian population.

The strategy document was based on an important framework. First, the strategy was developed from the perspective of governments as stewards of Canada's publicly funded health care system. Second, while education and the provision of health care are within the jurisdiction of the provinces and territories in Canada, the federal government plays a leadership role in these areas as well. Third, *The Nursing Strategy for Canada* was built upon the principles of the *Canada Health Act*, namely universality, comprehensiveness, portability, public funding and administration, and accessibility. The Nursing Strategy also considered that the delivery of nursing services should be cost-effective, that the mobility of nurses in the practice of their profession should not be restricted, and that all Canadians should have access to safe, competent nursing services.

2 The term 'nurse' shall be used generically throughout this document to refer to Registered Nurses, Registered Psychiatric Nurses, and Licensed Practical Nurses.

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The strategies for change proposed in *The Nursing Strategy for Canada* were organized according to four key issues:

- I. Unified action;
- II. Improved data, research, and human resource planning;
- III. Appropriate education; and
- IV. Improved deployment and retention.

This document is a report on the progress achieved by governments, the Advisory Committee on Health Human Resources, and other stakeholders on the 11 strategies. And while most of the mechanisms to achieve the strategies are in place and considerable progress has been made, challenges, which are included in the conclusion of this document, still lie ahead.

Progress

I. Unified action³

There are many issues affecting the supply of nurses in Canada and the many stakeholders involved (governments, employers, unions, educational institutions, for example) approach these issues from different perspectives. Co-ordinated and unified action is necessary, however, for success in achieving the Nursing Strategy.

Strategy 1

Required: Establishment of a multi-stakeholder Canadian Nursing Advisory Committee (CNAC) to focus on improving the quality of work life for nurses, and to provide advice to support the implementation of the other strategies contained in *The Nursing Strategy for Canada*.

Status: CNAC was created in 2001 after more than 100 parties were nominated or volunteered to participate, showing an enthusiastic interest in the success of the Nursing Strategy. Following meetings, consultations, and research activities conducted throughout the country, CNAC presented its report in August 2002, titled *Our Health, Our Future: Creating Quality Workplaces for Canadian Nurses*.

The following key issues were identified:

- the shortage of nurses and the shortage of funding to provide nurses in areas where they are needed;
- improving education and maximizing the scope of nursing practice; and
- improving the quality of working conditions, including improving staffing levels and reducing the workload for nurses.

In its report, CNAC presented 51 recommendations to address these three issues, grouped into three broad categories. The recommendations were designed to put in place conditions that would resolve workforce management issues and maximize the use of available resources; create professional practice environments which will attract people into the profession and encourage nurses to practice well into the 21st century; and, to monitor activities, and generate and disseminate information to support an educated and committed nursing workforce and attract and retain a diverse nursing workforce. CNAC concluded that there is clear value to improving the working conditions for nurses throughout the country, and that the need to act is urgent.

Many of the recommendations require implementation on a national basis to be effective; for others, individual jurisdictions and other stakeholders will be evaluating the appropriateness for their particular situations and the potential for action.

³ Although the province of Quebec has chosen not to participate in *The Nursing Strategy for Canada* or the Canadian Nursing Advisory Committee, the province has chosen to contribute by sharing information and best practices in this area.

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The Working Group on Nursing Resources and Unregulated Health Care Workers concluded that the recommendations made by CNAC pertaining to workforce management are vital and are linked to positive outcomes for Canadians.

Among the recommendations made by CNAC in the area of professional practice environments is the call to attract and educate more nurses. A minimum 10% increase in nursing education seats, and increases in subsequent years to be based upon improved demand projections and provincial/territorial need and capacity was called for in *The Nursing Strategy for Canada*. CNAC recommended an increase of 25% in registered nurse education seats by 2004, with a further increase of 20% in each of the four subsequent years. A survey done by the Nursing Effectiveness, Utilization and Outcomes Research Unit was commissioned by the Working Group on Nursing Resources and Unregulated Health Care Workers to evaluate whether the increase in seats had occurred. The findings indicate that an increase of 43% was achieved in Canada generally for all three groups (42% for registered nurses, 33% for registered psychiatric nurses, and 45% for licensed practical nurses). This does not mean, however, that Canada now has a stable, self-sustaining nursing workforce. Further increases based on future projections are likely needed.

Pan-Canadian collaboration on the analysis, priority-setting and implementation of the recommendations made by CNAC will help ensure that nursing workforce challenges are addressed effectively. Provincial and territorial governments have already worked on, or are working on, many of the issues in these recommendations, and will continue to work with stakeholders to achieve further implementation as appropriate.

Strategy 2

Required: Establishment of a nursing advisory committee in each province and territory to support improved nursing human resource planning and management.

Status: All provinces and territories have nursing advisory committees, or the equivalent.

Initiatives at the provincial/territorial level include studies and examinations of nursing workplace issues, healthy workplaces, employee satisfaction, recruitment and retention of nurses, nursing leadership, best practice guidelines, advanced practice roles, improved practice settings, and the need to develop workforce plans for health care professionals.

II. Improved Data, Research, and Human Resource Planning

National data on the nursing workforce has been limited and as a result, accurate assessment of the status of current supply of, and demand for, nurses has been difficult to achieve. As well, limited data hampers the ability to forecast the future supply or requirements for nurses.

Strategy 3

Required: To encourage the efforts of the Canadian Institute for Health Information and other organizations to develop information for effective planning for, and evaluation of, nursing resources.

Status: The Canadian Institute for Health Information is developing, in addition to its database for registered nurses, databases for registered psychiatric nurses and licensed practical nurses. This will provide key stakeholders with a broader picture of nursing in Canada. The Institute also released a document, *Future Development of Information to Support the Management of Nursing Resources* in 2001, which provides recommendations to guide the development of information to help manage nursing resources.

Several provinces and territories have also conducted their own studies in order to assess what action is needed to improve health human resource planning.

Strategy 4

Required: The Advisory Committee on Health Human Resources to work with major research funders to identify gaps in current research, profile workforce planning issues for new research funding, and recommend improved mechanisms for dissemination of knowledge and findings.

Status: The majority of provinces and territories have been actively involved in research projects related to health human resource planning, for which they have acquired funding or established partnerships with health researchers. Health Canada has participated in various international meetings on health human resource issues. The Canadian Health Services Research Foundation has done important work in terms of linking research to policy and identified health human resources as a priority. Many national research initiatives are under way.

Strategy 5

Required: Develop improved projections for nursing supply and demand requirements to 2015.

Status: Health Canada and five provinces are supporting pilot projects that are testing an approach for projecting the supply and demand for nursing human resources. Other projects and predictive modelling exercises are being developed across Canada by provincial/territorial regional authorities, researchers and other consultant groups. The outputs of these projection models will provide essential information to support decision-making and future planning.

Human Resources Development Canada is funding a project titled *Building the Future: An Integrated Strategy for Nursing Human Resources in Canada*, to analyze the nursing labour market (the project includes a predictive modelling component). The overall goal of this project is to produce recommendations for an integrated labour market strategy for nursing to ensure an adequate supply of skilled and knowledgeable nurses to meet the evolving health care needs of Canadians.

III. Appropriate Education

Strategy 6

Required: Develop a communications strategy to increase the public awareness of nursing as a positive career choice and to increase the number of applicants to nursing schools.

Status: In the immediate term, the pool of applicants for nursing education programs is generally sufficient throughout the country, though the situation varies with each jurisdiction. There are many local strategies in place to recruit into schools of nursing. As well, work is ongoing to ensure Aboriginal people have access to nursing education programs.

For the longer term, achievement of the intent of this strategy requires work that is linked to other strategies, such as those aimed at improving nursing work life and workplace management issues. The Working Group on Nursing Resources and Unregulated Healthcare Workers prepared a draft communications strategy, which will be available as we move forward with health human resource planning and address future challenges.

Strategy 7

Required: Increase the number of nursing education seats Canada-wide by more than 10% over 1998/99 levels through 2001, and promote further increases based on improved projections.

Status: The objective of a minimum 10% increase in nursing education seats across all three groups (registered nurses, registered psychiatric nurses and licensed practical nurses) has been achieved. Results of a survey commissioned by the Working Group on Nursing Resources and Unregulated Health Care Workers showed that seats for all three groups increased in total by 43%. Based on available data, further increases will be required in the future. Determining the number of nurses required will be based on improved information on the nursing supply, the demand for nurses, and on estimates provided through improved projection methodologies.

Strategy 8

Required: Develop a comprehensive strategy to determine what types of nursing resources are required and for which practice settings, based on an analysis of the needs of the population, of the health care system as a whole, and the skills and capacities of nurses.

Status: This initiative is closely linked to improving projections for nursing supply and demand requirements (Strategy 5), and is also contingent on provincial/territorial plans for the delivery of health services. Provinces and territories are aware of the need to determine or confirm population health needs and to assess available nursing resources. The introduction of strategic health plans and reports produced by various jurisdictions (for example, reports by Clair, Mazankowski, Fyke, Kirby and the Report of the Commission on the Future of Health Care in Canada by Commissioner Romanow) has had an impact on plans to establish which types of nursing resources are required.

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While the provinces and territories have been actively generating and analyzing information, there are no well-developed mechanisms to determine which skills are needed, or to link population health to nursing human resources; nursing advisory committees do not have the resources to undertake such major work.

Strategy 9

Required: Each provincial/territorial nursing advisory committee (or equivalent) develop a five-year provincial/territorial Nursing Education Plan based on the comprehensive strategy proposed in Strategy 8.

Status: Long-range planning has been difficult to achieve. One reason is the fact that data on nursing education available in Canada have been limited; others include changing scopes of practice, changing population health care needs, and the changing mix of publicly funded programs. Provincial and territorial governments have acted on certain steps and are working to assemble data and prepare plans, but have not fully achieved success on this issue at this time. Most jurisdictions have identified a shortage of nursing educators as an obstacle. The sector study on nursing (Human Resources Development Canada) described in Strategy 5 will be a resource for provincial and territorial nursing advisory committees (or equivalents) to develop a five-year nursing education plan for their jurisdictions.

The Canadian Association of Schools of Nursing has developed a national nursing education strategy for registered nurses, which identifies actions aimed at achieving several goals, including ensuring an adequate supply of nursing educators to fulfill the requirements for national and international standards of nursing education.

IV. Improved Deployment and Retention Strategies

Education is the most important factor in the number of nurses produced in Canada. How the nursing workforce is employed as a human resource, however, has an effect on supply and whether nurses remain in the workforce. Focussing strictly on increasing the numbers of nurses ignores the fact that the potential of the existing nursing workforce has not been fully realized. The following strategies are aimed at ensuring that the existing nursing supply is employed to maximum benefit for all parties.

Strategy 10

Required: Provincial/territorial nursing advisory committees (or equivalents) identify and support the implementation of retention strategies for their respective workforce that focus on improving the quality of work lives for nurses.

Status: Most jurisdictions have begun addressing the issue of retaining nurses in the active workforce and have initiated programs or strategies that include peer support groups, expanded or broadened opportunities for continuing education and specialty education, incentives for nurses in remote locations, and addressing quality of work life issues. Health Canada also announced funding for the development of healthy workplace guidelines for nurses.

Strategy 11

Required: Examine opportunities to encourage nurses to re-enter the workforce.

Status: Most provincial and territorial governments have re-entry mechanisms designed to suit their needs. The consensus is that most jurisdictions have examined this issue; while the number of nurses who could re-enter the workforce appears to be limited, most provincial and territorial governments have implemented, or are planning to implement, appropriate strategies.

Challenges Ahead

A great deal has been accomplished in the years since *The Nursing Strategy for Canada* was released, and new ground has been broken in terms of knowledge development and sharing, multi-stakeholder cooperation, and in recognition that the problem of ensuring a continuing supply of nursing resources is a national concern.

Achievements in some areas have exceeded the original expectations, as in the number of new nursing education seats, for example. There is much work to be done, however, in order to ensure that Canadians have access to quality nursing services. There is the issue of having the information necessary to do comprehensive workforce planning for nursing resources, so that Canada can avoid experiencing the “peaks and valleys” of supply we have seen in the past. Linked closely to this is the need for precise planning for health care as related to population health needs. There is a clear need for a predictive model for health human resources that will help all stakeholders act proactively, rather than reactively, on the nursing workforce.

As well, there is the issue of improving how and where nurses practice, which has an effect both on the success in encouraging people to choose nursing as a profession and on their choosing to stay in the profession for the duration of their work lives.

Unified Action

- Continue support for a nursing advisory committee and/or other means of continuing a dialogue on nursing issues in each jurisdiction, and monitor the need for further action; and
- Improve workforce planning through further work in the area of health human resource data.

Improved Data, Research, and Nursing Workforce Planning

- Improve projections for health human resources in the health system;
- Accelerate ongoing research and foster unity among the diverse research activities; and
- Create ways in which the results of research on workforce planning issues and forecasting tools can be shared with and more effectively used by policy-makers and managers who can benefit from this knowledge.

Appropriate Education

- Work on a national nursing education strategy to serve as the foundation for planning the nature of further increases in nursing school seats; study the impact of increases already achieved; and
- Act on the proposed nursing communications strategy to support nursing as a career choice.

Improved Deployment and Retention Strategies

- Act on retention strategies and other strategies to encourage nurses to re-enter the workforce as guided by related recommendations in the CNAC report.

Conclusion

Much progress has been made and Canada now has a strong foundation on which to base future action to renew and sustain our nursing workforce. The reality is, however, that Canadians continue to be concerned about the availability of nursing services throughout this country, especially in light of an aging population and aging workforce, and the fact that so many of the issues affecting the nursing workforce are long-standing. The momentum of activity to achieve the strategies in *The Nursing Strategy for Canada* must not be allowed to diminish; the need for continued action is as strong as it was when this work began.

The year 2003 marks the beginning of a major transition in health care with governments' commitment to health system renewal, including new investment in primary health care. It is absolutely critical that efforts continue to ensure Canadians have an energized and effective nursing workforce on which they can rely, now and into the future.

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