LOOKING FORWARD, WORKING TOGETHER:
PRIORITIES FOR NURSING LEADERSHIP IN CANADA

September 2006
LOOKING FORWARD, WORKING TOGETHER: PRIORITIES FOR NURSING LEADERSHIP IN CANADA
KEY MESSAGES

- There is a need for better integration of and collaboration on initiatives and efforts to support, improve and strengthen the Canadian nursing workforce.

- Canadian nursing leaders at the consultation identified the need to work on current issues in nursing human resources planning and management; nursing roles and scopes of practice; education; worklife; staffing; leadership; and use of research evidence.

- In each of the above priority theme areas, there is a need for outcomes data, research, and indicators, especially within the area of patient safety.

- The foundation is committed to leading several key initiatives in nursing, such as a nursing and patient safety synthesis, a knowledge network, and dissemination strategies.

BACKGROUND

Nursing in Canada is not short on challenges. Not only does research show a clear shortage of qualified nurses, this shortage adversely affects the welfare of patients. To complicate matters, nurses often work in less-than-ideal workplaces, which then results in fewer new nurses entering the workforce. It is no wonder the voice of the nursing community can often seem to be drowning in a sea of competing healthcare priorities.

However, much is being done to improve the state of nursing in Canada for both nurses and nursing care. Governments, professional associations, unions, research institutes, and employers are more engaged than ever in looking for ways to improve workforce and workplace conditions of nurses. Though there is a lot to do and many exciting initiatives are underway, they often go unnoticed and opportunities to get involved or collaborate are missed.

On March 21, 2006, more than 50 Canadian nursing leaders met during the foundation’s “Nursing Leadership, Organization, and Policy Network Day” to explore nursing workforce issues and discuss ways to share information and opportunities for collaboration and integration to address nursing challenges. The goals of this day were to:

1) discuss the current nursing landscape;
2) share information on initiatives currently underway or planned;
3) identify common priorities; and
4) discuss opportunities for integration of and collaboration on current and future initiatives.

At the time of planning this event, many organizations were doing their strategic planning, making it an ideal opportunity to discuss ways to integrate and collaborate on initiatives around common goals and interests.

The foundation has committed to supporting nurses by making nursing leadership, organization, and policy a key strategic priority theme area since the first Listening for Direction consultation in 2001. As part of the nursing network day, the foundation initiated a priority-setting exercise to identify common priorities and to establish activities within a network for the next two years. The priorities identified in this exercise became the backdrop for animated discussion throughout the meeting; the highest priorities will shape the topic selected for action by the first foundation-led knowledge network.

PAINTING THE LANDSCAPE

What’s Ailing our Nurses? A Discussion of the Major Issues Affecting Nursing Human Resources in Canada

In preparation for this event, the foundation commissioned a report reviewing, analysing, and discussing six major research and health policy documents on Canadian nursing human resources issues produced during the last five years. The report, What’s Ailing our Nurses? A Discussion of
Looking forward, working together: Priorities for nursing leadership in Canada

the Major Issues Affecting Nursing Human Resources in Canada, was intended to generate discussion on the current state of nursing and provide direction for future initiatives aimed at improving the current nationwide shortage of nurses.

This report was pre-released during the nursing network day to generate discussion and encourage reflection on workforce issues — both what has and what still needs to be done to improve the current state of nursing in Canada — in preparation for the priority-setting exercise and consultation. It has since been widely released and is available on the foundation’s web site.

INTERACTIVE CD-ROM

Environmental Scan: Nursing Health Policies and Key Documents

A one-stop shop to find online information on current nursing organizations, initiatives, and key contacts is now available from the foundation. The Environmental Scan: Nursing Health Policies and Key Documents is an interactive tool listing key nursing strategies, documents, organizations, and their players. Originally developed by Andrea Baumann et al. at the Nursing Health Services Research Unit at McMaster University in 2005, the tool (on CD-ROM) makes the following resources just a click away:

- a compilation of scanned organizations with a link to their respective web sites (English organizations only);
- nursing strategies and key documents with their respective organizations and an online link to the resource; and
- a list of key players in nursing such as presidents, chief nursing officers, chief executive officers, etc.

To receive a copy, please contact Jennifer Ellis at jennifer.ellis@chsrf.ca.

A NEED FOR COMMON PRIORITIES

The foundation recognizes and celebrates the unique roles and niches of the many national nursing associations and bodies. The following associations helped plan and participated in the consultation:

1) Academy of Canadian Executive Nurses (ACEN)
2) Canadian Association for Nursing Research (CANR)
3) Canadian Association of Schools of Nursing (CASN)
4) Canadian Federation of Nurses Unions (CFNU)
5) Canadian Nurses Association (CNA)
6) Health Canada — Office of Nursing Policy (ONP)
Although the mandates and goals of these groups are different, a need existed to recognize common goals and priorities to allow for collaboration and integration of the many excellent initiatives being led by individual groups. By working together on common goals, there will be stronger, more efficient, and sustainable successes in meeting the challenges facing the nursing profession.

**PRIORITY-SETTING AT A GLANCE: Process and methodology**

Identifying priorities in healthcare can be a tricky exercise, and there is no perfect “recipe” for representing the views of all nursing stakeholders. However, in 2006, through the use of a pre-survey and consultation (described below), the foundation sought input from nursing leaders to gather input on what issues and priorities are seen as most important. The results helped determine the agenda of the network day, assisted in the topic selection for a foundation-led knowledge network, and provided direction to all participants on what topics are of interest and what issues need to be resolved within the nursing community.

The priority-setting exercise and pre-survey questions were modelled after the process used in *Listening for Direction II*, a national consultation process that was undertaken by the foundation and several other national organizations in 2004 to determine the priority themes in applied health services and policy research.

**PRE-SURVEY**

The process included sending out an anonymous “pre-survey” to almost 200 leading researchers and policy makers working on nursing issues. The goal of this pre-survey was to identify major theme areas that would be validated and further defined by the participants during the network day. The respondents identified themes or topics they felt were main research priorities that should be addressed in the short term (six to 24 months) and the long term (two to five years), as well as topics suitable for future syntheses. Details about the identified priorities are discussed further in this report.
NURSING NETWORK DAY: Face-to-face consultation

The Nursing Leadership, Organization, and Policy Network Day brought together more than 50 nursing leaders in Canada. Leading researchers, decision makers, and policy makers were brought together to accomplish a number of activities, as shown below.

<table>
<thead>
<tr>
<th>Goals</th>
<th>Activities to accomplish goals</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) Share knowledge on existing and future nursing initiatives; and</td>
<td>- Presentation on major nursing initiatives by the seven associations named above, as well as foundation initiatives</td>
</tr>
<tr>
<td>2) Discuss opportunities for collaboration and integration</td>
<td>- Interactive CD-Rom: Environmental Scan</td>
</tr>
<tr>
<td></td>
<td>- Report displays and poster sessions at consultation breaks</td>
</tr>
<tr>
<td>3) Priority-setting exercise</td>
<td>- Report: What’s Ailing our Nurses? A Discussion of the Major Issues Affecting Nursing Human Resources in Canada</td>
</tr>
<tr>
<td></td>
<td>- Pre-survey: presentation of findings</td>
</tr>
<tr>
<td></td>
<td>- Break-out sessions to define priority area and synthesis topics</td>
</tr>
<tr>
<td>4) Suggestion for knowledge transfer and dissemination topics and</td>
<td>- Session led by Dave Clements, CHSRF Senior Program Officer, Summaries and Dissemination</td>
</tr>
<tr>
<td>strategies.</td>
<td></td>
</tr>
</tbody>
</table>

Each of the major nursing associations was invited to present a brief overview of major initiatives that were either underway or being planned. This was used as a means to share information and as a springboard to initiate discussions on how the participants could get involved or integrate some of their work. In addition to this review of major initiatives, the interactive CD-ROM was presented and made available to participants as a source of information on the many exciting initiatives currently going on across the country, as well as internationally.

The responses from the pre-survey were presented to anchor the discussions; this provided categories in which participants voiced their short- and long-term priorities. Through the pre-survey and the resulting consultation exercise, the participants were encouraged to use the priority themes to guide their own work.

Participants also identified common areas of interest for knowledge transfer and dissemination activities and brainstormed on what is needed for stronger and more appropriate messages.
PRIORITIES

The consultation identified the need for research in areas of nursing human resources planning and management, nursing roles and scopes of practice, education, worklife, staffing, leadership, and use of research through knowledge transfer and exchange. These themes were identified as being in need of outcomes data, research, and indicators, especially around patient safety.

Although pre-survey respondents and participants were requested to provide priorities for the short term, the longer term, and synthesis topics, many of the topics surfaced in all three categories. For this reason, the priorities are presented thematically.

1. Nursing human resource planning and management

Participants agreed that nursing human resources planning and management continues to be a priority issue (pointing to *Listening for Direction I* and *II* as examples). Movement on this priority requires collaboration from a variety of groups, and it must not be silo-driven to avoid reinventing the wheel.

Participants discussed the context of health human resources planning and limited capacity to do research. They recognized this involves agreement on some of these planning tools because there is a lack of knowledge on “good” health human resources tools. Despite this shortcoming, participants expressed a need for some level of agreement on how to plan at the macro-level (national, population-based, regional), but also at the micro-level (local, regional health authority). While the macro-level is important, micro-level planning tends to have more meaning for nurses.
Participants felt that research seems to be driven by what data are available. Instead, the group proposed to work in reverse — asking good research questions, which will inspire the development of new datasets and databases.

Priorities in this area include:

- Create a national nursing health human resources planning and management body to address issues and improve regulation.
- Incorporate interdisciplinary collaboration and teamwork in macro-, meso-, and micro-level health human resources planning.
- Enhance existing or create new databases that are more responsive to, and indicative of, factors related to human resources planning and management.
- Increase the dissemination of knowledge around the consequences of nursing shortages.
- Focus less on research and more on implementation and evaluation of recruitment and retention efforts and initiatives.
- Create an inventory and disseminate information on recruitment and retention strategies and how to implement them.
- Recognize the unique recruitment and retention needs of different groups of nurses, such as new graduates and senior and experienced nurses.
- Demonstrate the return on investment for effective recruitment and retention initiatives.
- Communicate more meaningful scenarios to appeal to and appreciate each stockholder’s challenges.
- Address the issue of unregulated workers. In particular, the needs of these workers and their roles in the healthcare system should be explored.

2. Roles and scopes of practice

There is often uncertainty and inconsistency with regards to the various roles nurses may have and their respective scopes of practice. Participants recognized that leadership and direction are needed for clarity and progress on this issue.

Priorities in this area include:

- Clarify terminology and definitions of roles such as registered nurse, licensed practical nurse, registered practical nurse, registered nurse (extended class), and nurse practitioner. If these roles are not explicitly defined by their terms, it is difficult to establish operating guidelines or structures for implementation and monitoring.
- Bring educators, providers, and regulators together to understand the roles of each nurse designation and provide direction for employers to effectively integrate each nursing group in patient care teams.
- Determine the appropriate level and type of education and regulation/legislation needed to perform specific roles.
- Conduct and disseminate research on innovative and effective new nursing roles across the many different health sectors.
- Support research that can measure outcomes associated with nursing roles and scopes of practice.
- Explore the outcomes of nurse-led clinics, teams, and projects.
3. Education

Education is important for those training to be nurses, those entering the workforce, and those actively working. Education for nurses must be ongoing and supported by governments, educators, professional associations, unions, and employers. Promoting ongoing education for nurses is key to retaining and attracting qualified nurses and optimizing health outcomes for patients.

Priorities include:

- Enhance institutional capacity to meet the growing and diverse needs of students and nurses both in educational and employment settings.
- Explore models of education designed to support the entry of new graduates into the workforce, within both the educational and employment settings.
- Encourage employers to provide opportunities for ongoing education for all nurses and nurse administrators.
- Encourage leadership training in undergraduate and post-graduate curricula, as well as through employer-supported training programs.
- Encourage governments to support and build capacity of faculty and educational institutions to address the growing number of nursing students.
- Build evaluation mechanisms into all nursing education programs.
- Explore new models of nursing education delivery such as the use of technology.
- Explore models and effectiveness of faculty retention strategies in schools of nursing.
- Create a national strategy that includes graduate education opportunities and funding strategies to build the capacity of current and future academic and clinical educators. Nursing informatics competencies must also be augmented within this group for teaching undergraduate students.

4. Work-life

Given the often stressful nature of the nurse’s role, it is no wonder the balance between work and personal life is a priority for recruitment and retention.

Priorities to address this issue include:

- Continue to demonstrate the impact of unhealthy work environments on patient, nurse, and system outcomes.
- Demonstrate the negative effects (patient, nurse, system) of strenuous nursing workloads; provide quantitative and economic indicators and evaluations.
- Identify economic incentives to augment and improve nurses’ work environments.
- Identify effective ways to reduce nursing workload and provide direction for implementation of these strategies.
- Create examples, based on evidence, on what needs to be done to improve worklife and set explicit strategies for improvement and implementation.
- Synthesize the work done to date that has been used to make successful work environment policy changes.
• Build infrastructure in individual organizations to support healthy work environments and to identify and implement best practices.
• Recognize the various worklife needs of different nursing groups and cohorts, such as new graduates versus senior and experienced nurses.

5. Staffing

The shortage of nurses in Canada is often the backdrop issue of most other priorities. Not only does the health system require more nurses for better patient care, it also requires a balance of staff and skill mix for various roles. Although nurse staffing and human resources deployment were identified under nursing human resources planning and management, the strength and significance of this issue warranted a separate theme.

Priorities in this area include:

• Identify ways to collaborate with partners and organizations to promote better staffing.
• Explore mechanisms to regulate nurse staffing mix, nursing workloads, and human resources practices in organizations employing nurses.
• Explore and evaluate mandated nurse-patient ratios and staffing plans.
• Have greater employer involvement in professional association and government initiatives aimed at improving nurse staffing.
• Explore and share successful models that incorporate flexible and innovative staffing designs.
• Identify staffing designs aimed at meeting the diverse needs of both seasoned nurses and new graduates.
• Explore, evaluate, and synthesize research on nursing staff mix and skill mix.
• Develop an inventory of different staffing models used across organizations in Canada; explore and share these models.

6. Leadership

Participants generally felt a need to develop leadership competencies at all levels and in all groups of nursing positions, such as practitioners and administrators.

Priorities in this area include:

• Invest more time and resources in developing leadership skills and competencies at all professional and employment levels.
• Provide nurses with choices in leadership training such as mentoring programs, internships for nurse managers, and academic training.
• Develop clear competencies and expectations for nurse leaders.
• Promote movement between educator, clinician, manager, and administrator roles within institutions.
• Encourage succession planning for nurse leaders within employment organizations, educational institutions, and professional associations.
• Integrate succession planning for nurse leaders into the organization’s culture and encourage movement through different levels of leadership (such as organizational, local, or provincial/territorial to national organizations).
• Integrate nurse leaders with other disciplines and professional leaders.
• Continue to support an identifiable senior nurse leader position in national health and/or government policy.

7. Knowledge transfer and uptake

Knowledge transfer and the use of research evidence are ongoing priorities in healthcare. Participants focused on not only the capacity to use research, but also the need for more knowledge brokering in the nursing community.

Priorities include:

• Promote evidence-informed decision-making.
• Promote evidence-based nursing through the use of best practice guidelines and similar initiatives.
• Assist universities and organizations to build capacity to conduct research and put it in practice.
• Provide training programs aimed at creating useable research.
• Provide training programs to bring research into practice and policy.
• Explore the factors that affect uptake of research evidence into practice; share and implement these findings.
• Champion knowledge brokering and promote “change agents” for the uptake of research evidence into practice and policy.
• Conduct and disseminate research on the effectiveness of intervention strategies.
• Conduct and disseminate research on the implementation of intervention strategies.
• Support research collaboration and partnerships with decision makers and other healthcare professionals.

Nursing, system and patient outcomes

Most of the priority themes identified are ultimately linked to the need for more and better outcomes data, research, and indicators, especially around patient safety. This theme of “outcomes” is not so much separate as it is infused and linked with each of the other themes. It is presented separately for emphasis and clarity.

Participants identified the following priorities in this area:

• Establish and communicate national indicators and benchmarks for health services management and care practices.
• Enhance or create new databases and data systems to collect and measure nurse and health services outcomes on patient care.
• Promote organizational capacity and infrastructure to support research.
• Improve recording and tracking of adverse incidents and determine how they are influenced by nursing and health services planning and delivery.
• Solicit more funding for clinical nursing research, including support for projects and infrastructure.
• Incorporate economic indicators and outcomes in research measuring patient, nurse, or system outcomes.
• Continue research exploring the impact of nursing services on nurses and how to effectively measure patient and system outcomes.

NEXT STEPS

Summaries and dissemination

The network day also explored the foundation’s current plan for research summaries and dissemination activities. Participants were asked to discuss the most important thing that research has shown but on which policy makers have yet to take action. In essence, participants were asked “what bugs” them about the lack of uptake of existing knowledge.

Based on the responses, the foundation will develop possible research summaries to be disseminated to a wide audience.

Many ideas were generated through the brainstorm, including:

• proof, effects, and consequences of the nursing shortage;
• the effects of the poor health of nurses;
• the misconception that nurses do not need ongoing training;
• the misconception that nursing costs too much and identification of outdated budget processes;
• discussion of the inappropriate and unrealistic span of responsibilities for nurse managers;
• teamwork and team leadership through the role of head nurse;
• evidence in support of effective human resources practices such as full-time work and safe nursing staff and skill mixes; and
• the true cost of overtime for nurses, patients, and the system.

Stakeholders and target audiences for these ideas should include:

• the public;
• consumer advocacy groups;
• employers and CEOs;
• other nursing organizations;
• non-nursing policy makers;
• nursing practice councils within hospitals;
• government officials;
• community board members; and
• economists.

Participants were also asked to identify the formats, media, or ways in which they envisage the summaries or communication products. Response included:
more plain-language research summary products such as *Mythbusters* and *Evidence Boost*;
face-to-face meetings with nursing stakeholders and decision makers;
summaries of research;
research syntheses and similar products;
information targeted on a few topics to discuss and push forward at the same time; and
an integrated approach to messaging and lobbying.

**Nurse Staffing and Patient Safety**

As a result of this priority-setting exercise and network day, the foundation has committed to supporting a number of initiatives around the topic of nurse staffing and patient safety:

*Nurse Staffing and Patient Safety Synthesis*

The foundation recently commissioned a nurse staffing and patient safety synthesis to pull together what is known about the issue and provide evidence-informed recommendations to policy makers on how to move ahead.

The report combines background research with the findings of a roundtable discussion with decision makers and experts in the area. It also underscores the significant relationship between nurse staffing and patient safety and makes a number of key recommendations for moving forward.

The synthesis on nurse staffing and patient safety will be available in summer 2006. To reserve your copy, please e-mail Jennifer Ellis, the foundation's nursing leadership, organization, and policy theme officer, at *jennifer.ellis@chsrf.ca* (specifying whether you would like to receive a print or electronic copy of the report).

*Nurse Staffing and Patient Safety Knowledge Network*

Nursing stakeholders have long indicated the need for a knowledge network — a group of experts who work together on a common issue. This need was further emphasized at the network day, where the creation of a knowledge network was identified as essential to furthering research and advancing evidence-informed thinking and practices specific to nurse staffing and patient safety.

A knowledge network focusing on the topic of patient safety and nurse staffing is being formed. This network will be housed on the Canadian Nurses Association's *NurseONE* portal. This portal will create a web-based forum to support networking, discussion, and information sharing on the topic of nurse staffing and patient safety. The nurse staffing and patient safety synthesis being led by the foundation, to be released in summer 2006, will be accessible on this web forum, along with a number of research-based products that have been translated into useable policy- and action-oriented tools and products for decision makers. For more information, please contact Jennifer Ellis at *jennifer.ellis@chsrf.ca*. 