Commitment and Care:  

The benefits of a healthy workplace for nurses, their patients and the system

Supplement — Grey Literature and Methods
Commitment and Care: The benefits of a healthy workplace for nurses, their patients and the system

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Acknowledgments

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The research team would like to thank the people who participated in the focus groups and interviews across Canada. We would like to acknowledge the help of Melanie Lavoie-Tremblay who carried out interviews in Quebec. As well we would like to thank the staff of the Nursing Effectiveness, Utilization and Outcomes Research Unit at McMaster University and the University of Toronto, in particular Shirllania Bruce, Katie Wadey and Angela Thomas, who assisted with focus groups and interviews. We would like to thank Heather Spence Laschinger for her summary of the literature on job strain and organizational empowerment, and the individuals and organizations that contributed information and grey literature.
This document is a supplement to *Commitment and Care: The benefits of a healthy workplace for nurses, their patients and the system.*

Both documents are available on the web at www.chsrf.ca, and www.changefoundation.com. Appendices A and B are published in *Commitment and Care.*
Appendix C — Grey Literature

Introduction

The ‘grey literature’ examined in this paper was collected through requests to provincial nursing associations and unions across Canada, the Health Human Resources Unit at the Centre for Health Services and Policy Research in British Columbia, the Centre for Health Economics and Policy Analysis at McMaster University in Ontario, the Nursing Effectiveness, Utilization and Outcomes Research Unit at the University of Toronto and McMaster University, and a variety of personal contacts with experts in the field. These experts were asked for unpublished research, reports and documents that would assist in providing employers, governments and the nursing profession with recommendations for improving the working environment and health of the nursing workforce. All the material discussed has been written within the last ten years, and most of it within the last five. Given the disparate nature of this literature, the paper will not attempt to summarize and evaluate the scientific evidence, rather it will take the form of a narrative review that summarizes the mix of opinion and evidence found in this material.

The grey literature divides itself into three categories: academic analysis, professional surveys and commentaries, and 'how to' manuals for improving life in the workplace. Not all of the material is directly related to nursing, but that which is not, can be generalized to the settings in which nurses work. Given this variety of material, the paper takes a thematic approach. The first section deals with the academic material on worklife, the bulk of which comes from the Institute for Work and Health and the Nursing Effectiveness, Utilization and Outcomes Research Unit. The second section is a summary of the themes from the professional surveys, commentaries and 'how to' manuals. There are also a number of reports from international sources in this category. The final section pulls together the themes and draws some policy consensus from them. The emphasis throughout is on practical solutions to current issues related to nursing worklife in Canada.

Academic Material

There are consistent themes between the general worklife material and that which deals specifically with nursing. The research from the Institute for Work and Health, for example, suggests that high job strain is consistently associated with poorer self-related health in both men and women. There is recognition that work stress may be experienced differently by women, but that difference is not explored in detail. This material emphasizes the importance of recognizing psychosocial factors as well as individual behaviour in the workplace. It also points to the value of participative interventions that jointly address individual, job and organizational factors. The conclusion is, however, that there are a number of obstacles to achieving progress in the workplace. Among these are too few formal evaluations of costs/benefits, poor organizational change practices and entrenched attitudes among employers. When it comes to policy-making, the suggestion is that idea-related barriers play a greater role in policy change and development than do either institution or interest-related barriers. Given these conditions, it is perhaps not surprising that there have been only limited attempts to improve workplace health through organizational change.
The nursing-specific research on worklife provides concrete examples of the issues raised in the Institute for Work and Health research. It describes a workplace where there is a complex work environment influenced by health care reform, technological change, increased patient acuity and inadequate resources. In terms of health human resources, the consensus is that there are few valid models to forecast supply and demand, and the evidence is of an aging workforce, an increase in part-time and casual employment and a potential de-skilling or redeployment of the workforce. The outcomes of this are low morale, job insecurity and client dissatisfaction. Management and leadership issues raised by the general workplace literature are discussed here as well. “The Process of Downsizing in Selected Ontario Acute-Care Hospitals,” for example, reports poor communication within health care organizations and notes that staff and administrators have very different perceptions of the downsizing process. This same study concludes that when a top down management approach is coupled with short time frames, employee participation in decision-making is minimal.

Along with the workplace issues, the papers discuss the importance of research and education; nursing research directed at finding better and more cost-effective means for patient care, and baccalaureate education as the goal for entry to practice. Continuing and post-graduate education are also seen as integral to both the nursing profession and the health care system.

The review of the literature in “The Nursing Labour Market in Canada” confirms the issues of the absence of systemic human resource planning in the health care system and recruitment and retention problems related to poor working conditions. There is some discussion that the work environment, particularly in hospitals, impedes nurses from practicing according to the expectations of their discipline. The paper notes that, while the trend is to baccalaureate preparation, there are overlaps and ambiguities which exist in the various levels of the educational preparation and practice of nurses. These have the potential of compromising collaboration in the practice environment. In addition, the review identifies the need to establish a solid research agenda for nursing. It also notes that there are numerous gaps in the data necessary for human resource planning, particularly for licensed practical nurses and psychiatric nurses, and the mobility of nurses between provinces and out of the country. More also needs to be known about the impact of the various practice models on the health care labour market and nursing services to remote populations, aboriginals and linguistic minorities.

Reports, Submissions and Occasional Papers

This material echoes the themes in both the generic and nursing-specific academic literature. The majority of the papers are reports from nursing associations across Canada to various arms of government; principally to provincial ministries of health, provincial nursing committees and regional health authorities. The International Council of Nurses holds an annual workforce forum, and the reports from this provide an international perspective on the issues, as well as a useful comparison to the Canadian situation. In addition, “The World Health Report 2000 — Health Systems: Improving Performance” is useful in placing health human resources issues in the context of national health care systems.
complex environment influenced by health care reform, technological change, increased patient acuity and inadequate resources. The consequent job insecurity and dissatisfaction, coupled with an aging workforce and the lack of opportunity for advancement and use of enhanced skills, has created what the Canadian Nurses Association describes as a “quiet crisis” in nursing worklife. The Registered Nurses Association of British Columbia points to a lack of understanding of human resource planning by government, employers and others; this view is echoed in the reports from across the country. As informal confirmation of this, the only examples in the grey literature of this activity comes from Alberta where there is a recently developed provincial framework to create an annual provincial health workforce planning process. The New Brunswick "Nursing Service and Resource Management Plan" of 1993 notes that as governments try to do more with less, the health care system demands a more flexible professional labour force. Recommended strategies include: emphasis on the primary health care model; pilot projects to test expanded roles for nurses and the shared competence practice model between nurses and physicians; and initiation of a consultation process to explore the impact of shared competence and interdisciplinary practice models on the health system. By 1997 “Nursing Resource Challenges: Recruitment and Retention of Nursing Service Providers” documents that nursing worklife conditions have deteriorated since the early 1990s. More than 80% of nurses and nursing assistants in New Brunswick are dissatisfied with their employment status and there has been a dramatic shift to casual employment for RNs under 25 years of age; from 11% of the age group employed in 1990, to 96% in 1996. The report from Newfoundland and Labrador, which in 1997 had the second highest proportion of RNs per 1000 population in Canada, expresses concern that 30% to 40% of new nursing graduates leave the province within a year of completing their studies. With the exception of Newfoundland and Labrador, all provinces report current and projected shortages of nurses. The common complaint in the grey literature is that Canadian data on emigration, practice patterns, the movement of nurses between provinces and other countries, and the utilization and outcomes of nursing service are incomplete. This deficiency creates a significant barrier to effective health human resource planning.

The international sources indicate similar problems with the data on nursing worklife and the European Union countries report aging workforces and concerns regarding recruitment, retention and emigration. The United States condition is similar but the International Council of Nurses report notes immigration rather than emigration issues. The American Nurses Association has recently established a labour component to provide a focal point for its national labour agenda. With the exception of Germany, all predict current or imminent shortages of nurses. Not surprisingly, differences in the details of these issues are linked to the nature of the political and health systems which prevail in different countries. In Japan, the only non-western hemisphere example, legislation prohibits the use of dispatch workers to replace full-time nurses. The law does, however, permit labour dispatch for nursing assistant and long-term care duties. The concerns are that employers might elect to use dispatch workers to cut labour costs and that this labour force is unstable and vulnerable to poor treatment. Currently, Japan reports no shortage of registered nurses. In Sweden, where there is a predicted workforce shortage in health care and social services, nurses have achieved five year contracts with their two principal employers which go beyond mere salary agreements. The
contracts are based on the premise that it should be possible to unify nurses' professional needs with a work environment that offers opportunities for staff development and participation in management decisions.15

The United Kingdom also has the capacity to approach its nursing worklife issues at the national level since the National Health Service is the dominant employer of nurses. “Making a Difference” emphasizes a coordinated plan of enhanced roles and career paths for nurses, recruitment, retention, education and workforce planning at the national and local levels.16 The new career structure for nurses is linked to government proposals to modernize the National Health Service payment system. At the organizational level, there are provisions for the implementation of family friendly policies and best practices for staff involvement in decision making. The Royal College of Nursing Report to the International Council of Nurses Workforce Forum 2000, that documents the country-wide human resources strategies and policies aimed at making the National Health Service an ‘employer of choice’ are being implemented. However, given the enormity of the change agenda, progress has been uneven.

The emphasis on co-ordination is also evident in the recommendations from the New Zealand Task Force on Nursing.17 This report views nursing in the context of health care in general, raises nursing worklife issues similar to those in the Canadian context, and stresses that these are multi-dimensional and will require a high degree of collaboration between agencies and professional groups. In keeping with this, there are system specific recommendations directed beyond the Ministry of Health and the Health Funding Authority to the Ministries of Health and Education, the Health Research Council, the Insurance Council and the Hospitals Association among others. The Task Force points to the advantages to the health care system of expanding the role and scope of nursing. This is also one of the few papers to openly identify the detrimental effect on the nursing profession of the belief in ‘natural’ medical leadership in clinical settings as well as in health promotion and health maintenance. This prevails in spite of the fact that these topics are not a significant aspect of medical education while they are central to the theory and practice of nursing education.

The “how-to” manuals and materials either outline plans for organizational change or report on the outcomes of change activities. “Health Works: A “How To” for Health and Business Success” is not directed specifically at health care organizations.18 The manual lays out a plan for health promotion in the workplace which includes the environment or surroundings, personal resources and health practices. “Building Quality Practice Settings” is one component of College of Nurses of Ontario Quality Assurance program.19 This is a practice setting consultation program designed to assist nurses and agencies to work together to build work environments that support good quality client care. The plan identifies a model which includes the key attributes of a professional development system, leadership and organizational supports. Follow-up reports from the College of Nurses of Ontario indicate the pilot projects in the program have seen improvements in leadership and professional development.20,21,22,23,24,25,26 Included in the Registered Nurses Association of British Columbia's submission to the Ministerial Advisory Committee is an outline of a similar consultancy program. “Transition Management” is a plan that enables nursing leaders to support staff in coping with change. The key principles involved are recognition of the validity of stages of the change cycle and employee empowerment. All of this “how-to” material is in keeping with research on the
workplace which points to the importance of employee participation in interventions which address job and organizational factors.

While issues of violence against or abuse of nurses are not prominent in the literature surveyed, there are documents from both Alberta and Ontario nursing associations concerning the management of abuse of nurses. The Health Care Health and Safety Association of Ontario\textsuperscript{27} has also produced a draft violence prevention document for the healthcare sector.

Recommendations on solutions in the grey literature generally fall into the categories of systems, professional/educational, and organization/workplace issues. At the systems level, financial resources are viewed as a priority both for health services and for human resources. In response to the latter, the Ontario report recommends a new method of funding nurses and $375 million to create additional permanent front line nursing positions.\textsuperscript{28} In addition, it requests legislation to ensure that health care organizations have a specific, senior management responsibility and accountability for nursing resources. The report's recommendation that professional nursing associations and the Ministry of Health mount a comprehensive marketing and communications plan in support of recruitment and retention of nurses addresses concerns that are raised in reports from all provinces. Manitoba, for example, has a provincial recruitment strategy for nurses which includes advertising campaigns and the hiring of a student recruiter. There is consistent support across Canada for baccalaureate preparation as the entry-to-practice requirement.

At the organizational/workplace level, Saskatchewan has established a working group to pilot magnet environments as the solution to better workplaces. The Calgary Regional Health Authority's\textsuperscript{29} People Plan is a strategy to make the Health Authority an ‘employer of choice’ and includes ongoing learning support and incentives to employees for referrals that lead to hiring. In the reports, concern for working conditions take precedence over wages but concern is expressed about the detrimental effect of the disparity between pay scales in hospitals and the community. Given the federal/provincial division of responsibility for health care and the mix of public funding for private service delivery in Canada, there are no recommendations for the type of sweeping system and organizational change that are outlined in the National Health Service report from the United Kingdom. The systems issues, however, are implicit in discussions of the appropriate role that nurses should play in the health care system. In the absence of legislation and funding mechanisms for expanded nursing practice, the system is unable to use an important resource to its fullest potential.

The grey literature examined in this paper comes from a fairly narrow range of sources. The Canadian reports and recommendations are commissioned by, and directed to, provincial and regional health authorities and the international material has been prepared by nursing associations. Most of the emphasis is on hospital employment and, although there is often reference to community, rural and northern worklife issues, these are not discussed in any detail. The Canadian, and most of the international reports, have the vision of an expanded scope of practice for nurses and most allude to interdisciplinary modes of practice as beneficial to the health care system. The reports, however, do not address specifically the potential effects of expanded practice on other health care professions.

The common message in all the documents is that government has the ultimate
responsibility for the health care system. This is the theme of The World Health Report 2000 which outlines the four key functions of government as: delivering services, creating resources, financing and, most importantly, stewardship. These responsibilities notwithstanding, the report stresses that “the performance of the health care system depends ultimately on the knowledge, skills and motivation of the people responsible for delivering services.” (p. 77). The international and Canadian reports reinforce this conclusion and situate the current issues in nursing worklife firmly in the context of the public interest.
References (Appendix C)


Purpose and Objectives

The purpose of the project was to bring together research and experiential knowledge about nurses’ health and well-being in the work environment. The resulting synthesis is intended as a basis for making recommendations to policy makers about changes to improve nurses’ work environments. Two broad research questions were addressed:

1. What is the impact of the working environment on the health of the nursing workforce (and hence, potentially on patient outcomes)?

2. What effective solutions could be implemented to improve the quality of the nursing work environment (and hence, potentially, improve patient outcomes)?

Scope and Limitations

Because there were so many influences on the health of nurses, it was necessary to concentrate on selected topics in the synthesis. The scope of the synthesis was guided by: (1) the areas of expertise of research team members, (2) suggestions made at the round table meeting, (3) the literature available, and (4) the nature of the report.

The research team members have expertise in a number of areas relevant to nurses’ health and well-being. These are: restructuring; work patterns including staffing, skill mix and nursing workload; workplace injuries; psychological impact of work on employees; job satisfaction; coping; nursing human resource modeling and management; and, factors influencing the quality of nurses’ worklife. These areas of particular expertise were emphasized in the synthesis.

At the round table in April 2000 decision-makers, partners and researchers suggested that the policy synthesis should include: healthcare restructuring, interprovincial and international comparisons, changes over the past decade, comparisons with other professional groups, and evidence from organizations where nurses have high levels of well-being. The research team took these recommendations into account when writing the policy synthesis.

The policy synthesis is most informative on the areas that have been most thoroughly researched. In the research literature, some aspects of nurses’ health and well-being received more attention than others.

Finally, the length of the final report is approximately 25 pages plus a three-page executive summary and a page of highlights. It was important to restrict the contents to those influences which most affect the nursing workplace and for which evidence existed.

Methods

Evidence for the policy synthesis came from three sources: a review of published literature; selected grey literature; and, evidence from focus groups and interviews. The final policy synthesis report represented a distillation of evidence from these sources.

The Literature Review

The health of nurses is influenced by many aspects of their working environment. The members of the research team used an
adapted version of the Quality of Nursing Worklife Model (O’Brien-Pallas & Baumann, 1992) to think about the many elements involved and how they interact to affect individual nurses. This model guided the research of the Quality of Nursing Worklife Research Unit, the predecessor of the Nursing Effectiveness, Utilization and Outcomes Research Unit. Nursing health is an outcome of the interaction of all the factors shown in the model (see Figure 1).

Guided by the model, the research team carried out a general literature search using Medline, CINAHL and WebSPIRS with a wide range of key-words associated with quality of worklife and nurses’ health and well-being. Search results were categorized into recurrent themes. These became the major topic areas for the synthesis. The list of topics and issues was discussed and refined during a telephone conference of the team members (see Table 1).

Table 1

<table>
<thead>
<tr>
<th>Major Topics</th>
<th>Issues</th>
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<tbody>
<tr>
<td>Demography</td>
<td>■ Decrease in number of registered nurses per capita</td>
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<td></td>
<td>■ Aging workforce</td>
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<tr>
<td></td>
<td>■ Trend to part-time employment</td>
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<tr>
<td></td>
<td>■ Multiple employers</td>
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<tr>
<td>The Organization and Nurses’ Well-Being</td>
<td>■ Organizational structures (e.g., models of nursing care delivery)</td>
</tr>
<tr>
<td></td>
<td>■ Organizational values</td>
</tr>
<tr>
<td></td>
<td>■ Effects of restructuring</td>
</tr>
<tr>
<td></td>
<td>■ Absenteeism</td>
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<tr>
<td></td>
<td>■ Union relations</td>
</tr>
<tr>
<td>Relations in the Workplace</td>
<td>■ Relations among health professionals</td>
</tr>
<tr>
<td></td>
<td>■ Management style</td>
</tr>
<tr>
<td></td>
<td>■ Issues of support, control, autonomy and recognition</td>
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<tr>
<td>Work Patterns</td>
<td>■ Skill mix</td>
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<tr>
<td></td>
<td>■ Nursing workload</td>
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<tr>
<td></td>
<td>■ Shiftwork and overtime</td>
</tr>
<tr>
<td></td>
<td>■ Staffing adequacy</td>
</tr>
<tr>
<td>Health Risks and Hazards</td>
<td>■ Injuries (including prevalence and incidence)</td>
</tr>
<tr>
<td></td>
<td>■ Environmental hazards</td>
</tr>
<tr>
<td></td>
<td>■ Violence, abuse and harassment</td>
</tr>
<tr>
<td>Psychological Dimensions</td>
<td>■ Psychological problems (prevalence and incidence)</td>
</tr>
<tr>
<td></td>
<td>■ Job strain</td>
</tr>
<tr>
<td></td>
<td>■ Social support</td>
</tr>
<tr>
<td></td>
<td>■ Coping strategies</td>
</tr>
</tbody>
</table>
Team members divided the issues according to their area of expertise and wrote summaries of the literature in these areas including the best evidence available on the various topics. Short summaries of the remaining issues were prepared by members of the team.

**Grey Literature**

Grey literature was requested from each province and territories' professional association, union, governments and individuals known to have completed work in this area which might not have yet been published. To collect additional material, a snowball technique was used in which documents and reports were searched for references to other materials. Members of the research team also searched the Internet for relevant material on the web sites of governments, nursing associations and a variety of health care organizations. Major themes from the grey literature were summarized.

**Evidence from the Field**

Evidence from the field was gathered in telephone and face-to-face interviews and short focus groups were conducted with managers of health care organizations, representatives from nursing associations, unions and governments, and practicing nurses. Four major regions in Canada were targeted - Eastern Canada, Quebec, Ontario and Western Canada. Face to face interviews and/or focus groups were held in each of the four regions.

Focus groups and interviews of key informants were completed to identify key issues and solutions to problems relevant to nurses' well-being. The following questions were asked: What are the major issues that affect nurses' well-being? What solutions are there to problems associated with these issues? Inquiries were also made about programs already in place to solve the problems. Interviewees were also asked to contribute grey literature or give information about additional resources.

Focus group sessions and interviews were transcribed and the data analysed using the Ethnograph software package to assist in the identification of key themes, including the major issues affecting nurses' worklife and possible solutions to problems. While the scripts from the interviews and focus groups were being formally analysed, another member of the research team independently reviewed the transcriptions to identify key themes in both issues and solutions. The congruence between the two analyses acted as a validity check.

**Generating the Final Report and the Recommendations**

The final report was written by members of the research team and circulated to other members for critique and feedback. There was ongoing consultation with the Communications Officer at the Canadian Health Services Research Foundation during the writing process. Recommendations were generated by the team after the final report was completed.
# Appendix E: Summary of Focus Group Participants and Interviewees

## Focus Group Participants

<table>
<thead>
<tr>
<th>Position/Employment</th>
<th>Number of Participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>Manager</td>
<td>61</td>
</tr>
<tr>
<td>Front-line Nurse</td>
<td>42</td>
</tr>
<tr>
<td>Nursing Association or Nursing Union Representative</td>
<td>14</td>
</tr>
<tr>
<td>Government Representative</td>
<td>8</td>
</tr>
<tr>
<td>Researcher</td>
<td>5</td>
</tr>
<tr>
<td>Educator</td>
<td>3</td>
</tr>
<tr>
<td>Consultant</td>
<td>3</td>
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<tr>
<td><strong>Total</strong></td>
<td><strong>136</strong></td>
</tr>
</tbody>
</table>

## Individual Interviews

<table>
<thead>
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<th>Position/Employment</th>
<th>Number of Interviewees</th>
</tr>
</thead>
<tbody>
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<td>Manager</td>
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<tr>
<td>Front-line Nurse</td>
<td>0</td>
</tr>
<tr>
<td>Nursing Association or Nursing Union Representative</td>
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</tr>
<tr>
<td>Government Representative</td>
<td>3</td>
</tr>
<tr>
<td>Researcher</td>
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</tr>
<tr>
<td>Educator</td>
<td>1</td>
</tr>
<tr>
<td>Consultant</td>
<td>1</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>17</strong></td>
</tr>
</tbody>
</table>
Appendix F: Acknowledgement of Interviewees

The research team would like to thank the following individuals for their valuable assistance in identifying issues and providing examples of initiatives and solutions to improve the work environment and health of the nursing workforce.

Louis Auger
Conseiller en planification et programmation au Secrétariat général
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Health Care Health and Safety Association of Ontario

Laurel Brunke
Executive Director
Registered Nurses Association of British Columbia

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Professeure-Chercheure
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Université de Montréal

Doris Grinspun
Executive Director
Registered Nurses Association of Ontario

Anne Magnan
Planification de la main d'oevre
Ministère de la Santé et des Services sociaux, Québec

Diane McLeod
Vice-President — Policy, Planning, Government Relations
Central Region
Victorian Order of Nurses for Canada

Barbara Mildon
Director of Nursing Practice
St. Elizabeth Health Care
Trish Nesbitt
President
Registered Practical Nurses Association of Ontario

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Toronto, Ontario

Janet Rush
Chief Nursing Officer, Centre for Nursing
Hospital for Sick Children

Judith Shamian
Executive Director, Office of Nursing Policy
Health Canada

Valerie Shannon
Director of Nursing
McGill University Health Centre

Jane Underwood
Director of Community Support and Research Branch
Hamilton-Wentworth, Social & Public Health Services Division

Marie Valois
Directrice conseil aux affaires externes et Direction de l’exploitation des données corporatives
Ordre des infirmières et des infirmiers du Québec (OIIQ)

Susan Vandevelde-Coke
Executive Director
Ottawa-Carleton Branch
Victoria Order of Nurses of Canada