Adversaria

In this issue of Longwoods Review we address two very important topics. The first is a critical human resources issue that is on every manager’s and policymaker’s agenda – nursing shortages, specifically the aging workforce. The second paper provides analysis of rationalization of rationing of health services in Canada from an historical perspective.

The paper Early Retirement among RNs: Estimating the Size of the Problem in Canada by Linda O’Brien-Pallas, Chris Alksnis, Sping Wang, Stephen Birch, Gail Tomblin Murphy, Francine Anne Roy and Paul Sajan attempts to provide us with the facts relating to the aging of the nursing workforce. Many health human resource planners have warned that Canada, like much of the industrialized world, is facing a major challenge. In Canada, nearly one-third of registered nurses (RNs) in the workforce are aged 50-years or older, and will soon reach the typical retirement age of 65 years. Research also indicates that an increasing proportion of RNs are retiring early, many by age 56. The authors predict that Canada is likely to lose 30,000 RNs aged 50-years or older by 2006, that is, 13% of the workforce. Quebec is likely to be the most strongly affected by these retirements. This paper examines the impact of RN retirement and death on the future RN supply for Canada’s health services and stresses the need to improve the work environments for nurses in order to improve retention. The second paper in this issue of Longwoods Review is entitled Strangulation or Rationalization? Costs and Access in Canadian Hospitals by Morris L. Barer, Steven G. Morgan and Robert G. Evans. The authors describe a period beginning a decade ago when Canadian hospitals first experienced the most severe fiscal restraint of the past half-century. Between 1992 and 1996, hospital expenditure per capita fell sharply, from $939 to $858. These cuts fuelled professional declarations – and a swarm of anecdotes – about the dire consequences for the health of Canadians. Confidence in the healthcare system dropped precipitously. Yet, a series of royal commissions and similar inquiries later concluded that there was substantial scope for rationalization and cost-containment within the provincial hospital systems. This paper examines the statistical record, looking at hospital capacity, access and utilization, prior to, during and after the 1990s reductions, and the impact of provincial finances on hospital-funding decisions. The authors advise that provincial governments should not be tempted to continue with hospital and other healthcare services budget cuts or the system will become rapidly unsustainable.

We welcome your responses to these or other papers published in the Longwoods Review. Send your thoughts and insights to: editor@longwoods.com.