

Calling All Leaders

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It is not only timely but urgent for nursing leaders to create a forum to address the enormous challenges that face the profession now, and will continue to do so over the next several years. Many in the profession have been addressing these challenges, typically within the confines of the organizations that employ them. There has been no focused forum where nurse leaders themselves have an intellectual space for dialogue and planning, for harnessing their collective experience and wisdom unfettered by organizational policy or politics. Collective leadership in times of crisis can offer an array of solutions that, if implemented cohesively, can make a significant difference.

One of the purposes of ACEN is to provide such a forum. As a beginning step, the Academy of Canadian Executive Nurses has expanded its membership to include nurses in leadership positions across a wide variety of settings. Nurse executives from academic health organizations are still

the core members of ACEN but welcome the inclusion of deans, research chairs and government and NGO nurse leaders. The response to this membership initiative has been very positive. Nurse leaders have expressed a strong interest and commitment to working together.

The challenges facing nursing and healthcare in Canada are not unfamiliar to those in leadership positions. The greatest of these is the health human resource (HHR) crisis, which will intensify over the next decade. The shortage of healthcare professionals, particularly nurses and physicians, has been the subject of provincial and national reports, research programs and media releases. It has been the subject of many government and stakeholder meetings, and a topic of discussion over a period of three or four years for the federal/provincial/territorial Advisory Committee on Health Delivery and Human Resources (ACHDHR). First ministers agreed to coordinate efforts in the planning and management of HHR.

Recommendations have been submitted by ongoing sector study steering committees¹ to the ACHDHR.

Presentations have been made to ministers of health. One common message to both federal and provincial/territorial governments has been that a pan-Canadian integrated health human resource strategy is required that addresses all aspects of HHR planning across all health professions and which recognizes interprofessional teamwork and overlapping scopes of practice.

Despite all this activity and agreement among first ministers, there is little evidence of collaborative work between and among levels of government. Provinces and territories all have some internal HHR initiatives. However, given current political disruptions, it is unlikely that governments will engage in any serious collaborative planning. Yet, time is of the essence.

The evidence paints a disturbing picture. Quality of patient care across Canada is in serious jeopardy as the shortage of health personnel across all healthcare sectors continues to worsen. Massive restructuring of the healthcare system in order to reduce costs has had a significant adverse impact, particularly on nurses, the largest group of healthcare providers. The results of restructuring include increases in non-nursing tasks, increased workloads, overtime, increased acuity of patients admitted to hospital and the use of unregulated healthcare workers. Massive layoffs

continue despite evidence demonstrating the negative consequences. Many professional nurses are able to work only in casual positions; wages and benefits are often frozen, and a large number of senior nursing positions have been eliminated.

We see the impact of these factors in the increased stress levels of nurses and reported burnout; injuries and increases in adverse events; lack of leadership in addressing workload and work life; and significant numbers of nurses leaving the profession. Continuous reports on this abysmal situation discourage young people from entering the profession. Taken together, these factors contribute to the already unfolding shortage related to the age profile of nurses in Canada.

There were slightly more than 300,000 practising nurses in Canada in 2003 (the most recent data available; CIHI 2004). Of this number, 241,342 were registered nurses (RNs), 63,138 were licensed practical nurses (LPNs; this number includes those in Ontario who are called registered practical nurses) and 5,107 were registered psychiatric nurses (RPNs).

Some 70% of all nurses are over the age of 40 years. By 2006, approximately 13% of all practising nurses will reach the age of 65, and the vast majority will retire. That is, approximately 30,000 nurses will leave the workforce in one year. This trend will continue each year for several years. However, many nurses retire at the age of 55 years because of

1. Sector studies funded by Human Resources and Skills Development Canada (HRSDC), in partnership with an occupational sector, launch HHR studies to determine long-term strategies to meet the sector's needs.

the physical and psychological demands of their work. If this early retirement scenario comes about, some 64,000 nurses could leave the workforce in 2006. Given that in recent years we have graduated fewer than 10,000 nurses each year, it is clear that a nursing crisis looms. Complacency is not an option, as the United States aggressively recruits Canadian nurses to fill a shortfall 100 times as great as that predicted in Canada.

Physicians are also faced with shortages. The physician workforce is aging, and many will retire over the next 10 years. Increasing numbers of Canadians do not have a family physician. Some medical specialties have significantly fewer numbers than what is required to serve Canada's population. These factors lead to longer wait times and decreased access for patients.

Canadians as a population are aging, and with age comes the rising incidence of chronic illness and its requisite healthcare.

In short, Canadians have good reason to be concerned about access to quality healthcare – now, and in the foreseeable future.

On May 9, 2005, the final report of Phase I – the research phase – of the National Nursing Sector Study was released (National Nursing Sector Study 2005). Entitled *Building the Future: An Integrated Strategy for Nursing Human Resources in Canada*, it is the most comprehensive study of all three regulated nursing groups in this country. The research synthesis report and the final report of the steering committee include 10 broad recommendations. The data contained in the research

synthesis report cover a wide range of topics, including educational capacity, work life, demographics, mobility of nurses and more. Over 40,000 nurses were surveyed as part of the primary data collection. While Canada still requires improvements to standardized data collection, this study will provide a basis for nursing human resource planning, and should be essential reading for all nursing leaders, other healthcare leaders and decision-makers. Nursing cannot plan in a silo. The interrelatedness and interdependence of all health professionals require a collaborative effort.

It is time for nursing and other healthcare professions to show concerted leadership. All leaders have an important role to play in determining how we will provide healthcare in the face of a growing shortage of caregivers:

- Nurses in leadership positions need the time now to meet together and formulate a vision of nursing for the future.
- Regulatory bodies need to rethink their approach to regulation and provide safe but flexible options.
- Educators must cope with increasing seats in undergraduate programs in the face of decreasing numbers of educators and an already deficient infrastructure to support learning.
- Employers require solid retention strategies and creative approaches to recruitment.
- Unions need to decrease the obstacles to full-time employment for new graduates and others who wish to work full time.

- More bridging programs are required for internationally educated nurses to help them meet Canadian standards and be integrated into the workforce.
- Nurse practitioners require standards and a common definition in order to be integrated into the health-care system.

Such initiatives require interprofessional support and collaboration. Nurse leaders in government and non-governmental organizations need to be part of a shared vision in order to influence policy and advocate for accessible healthcare.

ACEN plans to contribute to the development of an integrated plan by providing a venue for nurses and other healthcare leaders to work together to determine the way forward. Funding will be sought to undertake some foundational research on existing activities in HHR planning, as well as a review of health leadership initiatives. This preliminary work will form the basis for constructive discussion among healthcare leaders who are committed to formulating a vision and a plan for the delivery of healthcare.

Solutions to the health human resource crisis will not be found in professional silos but will require an interprofessional approach. Over the next 18 months, ACEN will pursue the cooperation of all nursing leaders and

will engage other health professional leaders in the discussion.

If you hold a senior nursing position and wish to explore membership in ACEN, please visit www.acen.ca to access membership criteria and forms.

References

- Canadian Institute for Health Information (CIHI). 2004. Health Human Resources Databases: Nursing. Retrieved May 11, 2005. <http://secure.cihi.ca/cihiweb/dispPage.jsp?cw_page=hhrdata_e#nurses>.
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