



## Nursing Issues

# Building a National Nursing Agenda

## A Timely Response for the Sickest Workers in the Country

JUDITH SHAMIAN AND MICHAEL VILLENEUVE

**N**urses are the sickest workers in the country (Akyeampong 1999; Akyeampong and Usalcas 1998). Within the healthcare system, as noted by the Canadian Institute for Health Information (CIHI 2000), other healthcare workers are only half as likely as registered nurses (RNs) and registered practical nurses (RPNs) to be away from work due to illness. In fact, more than 8% of the nursing workforce is absent in any given week because of sickness. In concert with their slowly advancing average age, the highest stress levels of any healthcare workers (Sullivan et al. 1999), and a workforce having only 50% of its members working full-time, the health of nurses represents what has been called “a serious human resources management problem” (MacMillan 2000) at best. Many have already concluded it is a full-blown crisis. Why the health of nurses matters is very simple: healthy nurses stay longer in the system and are associated with higher quality care and healthier patients. Sick nurses are associated with decayed morale, poorer outcomes for patients and an economic burden for the health system and all Canadians.

We are currently in the process of analyzing an enormous data set within the Ontario arm (Shamian et al. 2000) of the International Hospital Outcomes Study Consortium (National Institute of Nursing Research, National Institutes of Health, R01 NR04513). This study examines the responses of over 18,000 RNs from across Ontario, Alberta and British Columbia.\* Early results seem to confirm what nurses have been telling us and what their collective behaviours have shown. The Ontario data reveal that full-time RNs are older,

suffer more neck and back pain, have poorer health, miss more shifts and experience a higher degree of burnout. Nurses and nursing leaders will not be surprised by the finding that as perceived levels of autonomy and control increase, so does job satisfaction, and sick time, neck and back pain, exhaustion and burnout all drop. As supported by previous studies, good relationships with physicians are associated with a greater sense of personal accomplishment, higher job satisfaction and lower burnout. Burnout is much more likely to be associated with full-time than with part-time work, and it is strongly correlated with rising sick time, poorer health, more neck and back pain, and poorer job satisfaction.

Compared to their outpatient colleagues, RNs working in inpatient settings reported higher levels of illness in all categories, and coincidentally had lower levels of autonomy and control over practice, poorer relationships with physicians and less job satisfaction. Medical-surgical nurses reported the most disturbing results of all the inpatient nurses in the study. Early analysis of the B.C. and Alberta data shows alarming trends concerning violence towards nurses in the workplace, suggesting the need to pay close attention to the level of verbal, physical and even sexual abuse of nurses in their work settings.

The results of this research find support in the fact that nurses and the nursing agenda have captured the attention of governments and the public right across Canada. A recent POLLARA survey tells us that “the nursing shortage” has appeared in the list of the leading healthcare concerns of the public, and that the fatigue of nurses is a leading driver of the public’s perception that the quality of the healthcare system is deteriorating (Guy 2000).

\* Along with her Ontario colleagues, Dr. Shamian wishes to acknowledge the contributions of the research team members in Alberta (Giovannetti) and British Columbia (Clarke), as well as the principal investigators of the International Hospital Outcomes Study Consortium (Aiken, Sochalski and Siber).

Healthy nurses stay longer in the system and are associated with higher quality care and healthier patients. Sick nurses are associated with decayed morale, poorer outcomes for patients and an economic burden for the health system and all Canadians.

Despite these disturbing findings and the sense of unrest across the nursing profession nationally, there are signs of encouragement. Multiple, significant initiatives are currently underway to understand and improve the health of nurses and their workplaces across every province and territory. A similar determination exists in other disciplines, and in other countries – certainly we are not alone. A notable example here is the national “Magnet Recognition Program” of the American Nurses Credentialing Centre in the United States. In our informal survey of Canadian programs this past summer, we found efforts at every level – from small, unit-based programs, to provincial efforts such as the “Practice Setting Consultation” programs in British Columbia and Ontario.

At the policy level, governments across Canada have begun to respond. The creation of an Office of Nursing Policy reflects the commitment of Health Canada to position nurses and nursing more forcefully at the policy table. Nurses are working in senior advisory and “Chief Nurse” roles in the governments of Ontario, Saskatchewan, Nova Scotia and Prince Edward Island, and there is a call from nurse leaders for similar representation in every province and territory. Groundwork for the national sector study of nursing is nearing completion, the Canadian Association of University Schools of Nursing has recommended a comprehensive national nursing education strategy, and the Office of Nursing Policy, along with other partners, has commissioned a synthesis study of healthy workplace strategies. In September 2000 Prime Minister Chrétien reached an accord with the provincial and territorial health ministers that will provide a significant funding increase for healthcare across the country. In October 2000 the federal and provincial Ministers of Health approved the National Nursing Strategy for Canada.

On September 19, 2000, our office hosted a consultation meeting with stakeholders representing nursing and health organizations from across Canada in an effort to advance the “healthy nurses, healthy workplaces” agenda at the national level. The discussion centred on strategies and next steps – topics that connected well with the Ontario Hospital Association’s “Nursing Human Resources” conference that followed on September 20-21. At both meetings we heard not only about the problems confronting nursing, but about strategies and plans to address them. If nothing else, the meetings showed the significant interest in healthy workplaces on the part of nurses, leaders and governments in every corner of this nation.

If there is an overriding message from staff nurses and nurse leaders nationally, it is that now is the time to turn research and discussion into meaningful action. The study of evidence-based outcomes must continue, but we already know many of the solutions. What has been missing to date is a coordinated national effort to build on successful strategies, avoid duplication and capitalize on the current momentum. We are finally on our way to building and advancing that meaningful national nursing agenda – and to putting mechanisms in place that will avert the worst of the looming shortage of nurses. The future of nursing is in all our hands – nurses, governments, unions, educators, employers, researchers and the public. We are all accountable and must work together to take nursing forward.

## REFERENCES

- Akyeampong, E. B. 1999. “Missing Work in 1998 – Industry Differences.” In *Perspectives on Labour and Income*. Statistics Canada, Cat. No. 75-001-XPE 11(3): 30-36.
- Akyeampong, E.B. and J. Usalcas. 1998. *Work Absence Rates, 1980 to 1997*. Statistics Canada, Cat. No. 71-535-MPB, 9.
- Canadian Institute for Health Information (CIHI). 2000. *Healthcare in Canada, A First Annual Report*. Ottawa, ON: CIHI.
- Guy, D. 2000. Overview of POLLARA Poll Results. Presented at the National Nursing Forum, Vancouver, BC, June.
- MacMillan, K. 2000. “Strengthening the Nursing Profession in Ontario.” Presented at the “Nursing Human Resources: Management Strategies for Success” conference sponsored by the Ontario Hospital Association, Toronto, ON, September 21.
- Shamian, J., G. Anderson and J. Tu. 2000. “Outcomes of Hospital Staffing.” Preliminary results of unpublished data.
- Sullivan, T., M. Kerr and S. Ibrahim. 1999. “Job Stress in Healthcare Workers: Highlights from the National Population Health Survey.” *Hospital Quarterly* 2(4): 34-40.

Judith Shamian, RN, PhD, is the Executive Director of Nursing Policy, Health Policy and Communications Branch, Health Canada, and is an Associate Professor at the Faculty of Nursing, University of Toronto. She is the immediate past President of the Registered Nurses Association of Ontario. Before coming to Health Canada in 1999, Dr. Shamian led the World Health Organization Collaborating Centre at Mount Sinai Hospital in Toronto, where she was Vice-President for 10 years.

Michael Villeneuve, RN, MSc, is Senior Nursing Policy Consultant in the Office of Nursing Policy at Health Canada in Ottawa. After holding positions as Instructor, Lecturer, CNS, and Research Coordinator, he was Patient Care Manager of the Neurosurgical Intensive Care and Neuro/Trauma Units at Sunnybrook and Women’s College Health Sciences Centre in Toronto from 1994 to 1999.