

# Strengthening Canada's Healthcare: The Ongoing Need for a Chief Nursing Officer

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## Abstract

Given that healthcare delivery in Canada is primarily overseen, regulated and funded by provinces/territories, it may not be self-evident to all nurses what the distinctive contribution of a federal chief nursing officer entails. Over the 70-plus years since it was first established, the role of a senior nurse positioned within the federal government has been vulnerable to the whims of the ruling party, at times weakly supported and at other times eliminated. In this commentary, we make the case for widespread advocacy to help ensure that the importance of the role is well understood and strongly supported.

## The Historic Impermanence of the Federal Chief Nursing Officer Position

Federal government offices are rarely permanent. Most are structured to allow for new governments, or new ministries within continuing governments, to exert their own distinctive influence over policy directions. Therefore, in August 2022, when the Canadian government appointed a new federal chief nursing officer

(CNO) (Health Canada 2022) after a 10-year hiatus with no senior nurse in the nation's bureaucracy (Wignall 2021), Canadian nurses breathed a sigh of relief and went on to focus on other pressing health system priorities.

However, in the blink of an eye, we are nearing the conclusion of the three-year appointment of that office, with no guarantees whatsoever that the position will be continued. And what an enormously important time for Canadian nursing to lose ground on matters of vital importance to the health of the nation's population. We have lived through a global pandemic of proportions that most of us could have never imagined. And in the wake of the immediate pandemic crisis, during which nurses around the world suddenly became noticed as the factor standing between life and death for so many of our loved ones, everyone involved in public policy and health services planning has had an opportunity to reflect on what can be learned from it all; we are only beginning to understand the policy implications. We all know that we would never again want to be in a position where nurses across the system were taxed far beyond safe levels to put themselves (and therefore the health services they were supporting) at such risk. We need to think strategically about what constitutes a healthcare system characterized by resilience and capacity to adapt and respond to whatever shape the next major crisis may take.

### **What the COVID-19 Pandemic Taught Us About the Fragility of the Nursing Workforce**

In 2022, the Royal Society of Canada sponsored an expert panel to report on what Canada must do to learn from the pandemic with respect to the nursing workforce. They noticed that:

The response of nurses to the pandemic has been tremendous, with nurses taking on increased workloads, changing roles as necessary, and coming out of retirement to navigate an ever-changing and polarizing landscape. The pandemic has shed light on many vulnerabilities within the Canadian healthcare system ... In particular, the vulnerabilities, ineffectiveness and transient nature of policies and solutions of the past in addressing long-standing issues of nursing shortages in Canada have come to light during the COVID-19 pandemic. This has prompted our examination of what policy responses are urgently needed to support and retain our vital nursing resource moving forward (Tomblin-Murphy et al. 2022: 4).

In its deliberations, the expert panel recognized that the pre-existing stressors on nurses and systems of nursing care across the country had been well known within nursing but often ignored by other interests in health service delivery, policy and planning. Because the system had failed to listen to the nursing workforce and

apply the available evidence, the pandemic conditions further compromised those stressors and created a system failure. As one panel member said, “If Canadian nursing today were a patient, then it would be like a trauma patient in trouble” (Tomblin-Murphy et al. 2022: 8).

Based on a fulsome examination involving review of the evidence, a deep dive into case studies and wisdom from nursing experts across the country, the report concluded that, to promote and protect the health of our society, we need a strong and resilient workforce of nursing professionals supported by the expertise of nursing knowledge embedded within health system leadership at all levels. Specifically, to ensure that nursing finds its rightful place within health system decision making throughout our country, we need strategic partnerships among and between governments and health authorities, coherent approaches to ensuring that high-quality healthcare is available to Canadians who need it, all coordinated and convened by pan-Canadian nursing leaders.

Because the fates collided to reinstate the office of the federal CNO at that critical juncture in Canadian nursing history, we were spared some of the former *knee jerk* responses typical of governments faced with a nursing shortage, such as funding additional educational seats. While that approach seems logical at surface level, we all know it takes years to produce each new nurse and sometimes only months after graduation to discourage that new registrant from continuing practice under conditions that are unsafe, unhealthy or morally distressing. Adding nursing seats makes governments feel they have done something useful, but ignoring what the new graduates of those seats are emerging into makes the intervention inefficient, ineffective and costly.

### **What a CNO Brings to Pan-Canadian Strategic Solutions**

With the benefit of pan-Canadian leadership, nursing was able to make inroads into the far more complicated and difficult domain of building and embedding the kinds of conditions articulated in Health Canada's (2024) comprehensive and far-reaching *Nursing Retention Toolkit*, under which nurses could both thrive in their careers and contribute meaningfully to the health of the nation. And with that document in hand, we now have a coherent strategy through which to build sustained and evidence-based pressure toward changes in how hospitals and healthcare service delivery organizations structure their services, deploy their employees and entrench nursing wisdom across all levels of practice policy making.

However, that is merely one piece of what must be a much wider and more comprehensive and compelling strategy to take Canadian healthcare into the years ahead. As we have clearly seen with the chaotic decisions being made recently by

our neighbour to the south, Canada urgently needs straightforward labour mobility among the provinces and territories, the capacity to scale up innovations in effective and evidence-based care delivery and the ability to convene collaborative tables of nurse leaders from all jurisdictions to deal with the very real threats that lurk on the horizon with the capacity to bring our systems to their knees once again (Udod et al. 2021). Among these threats are the perennial issues of access to care, long waits, closed emergency departments and the undeniable need for more comprehensive, accessible and affordable seniors care across sectors. We hear a great deal about the shortage of family physicians in the national press but far too little about the shortage of *primary care*, which we know can be delivered safely by many different providers. There is sparse consideration given to the undeniably pivotal roles that appropriate deployment of all nursing designations (nurse practitioners, registered nurses, registered psychiatric nurses, registered/licensed practical nurses) can play in primary care settings – keeping people healthy, preventing that which is preventable and facilitating access to more acute and urgent services in a rational and cost-effective manner.

### **Why Nursing Must Stay on the Federal Radar**

In his victory speech after the liberal leadership convention in March 2025, Mark Carney, now prime minister of Canada, said that fighting for a strong economy meant “Good Canadian healthcare for everyone; Strong support for our seniors, who built this country; Childcare for young, hard-working families; Dental care and pharmacare for everyone who needs it” (Ibrahimpoor 2025). And what that means in terms of on-the-ground policy for healthcare will not likely be understood for quite some time. In the context of a new administration, we can anticipate a feeding frenzy as various sectors of the health system vie for attention in achieving long-anticipated aspirations. And it is so easy to envision that the urgency of the complex challenge of building the kind of healthcare system nurses know will make us strong and resilient into the future could well slip back into oblivion.

Thus, the time is now to ensure that we take every step possible to make certain that the value of a federal CNO is widely understood and that we have a commitment to sustained support for this office. Frankly, of all the elements of a resilient nursing workforce (and therefore a resilient healthcare system for whenever the next crisis hits), that ongoing policy leadership position within the federal government is absolutely as crucial as is the office of our chief public health officer. Furthermore, the CNO role brings the added advantage of serving as the only focal point in the country to provide two-way communication between the federal government and all four categories within Canada’s almost half a million regulated nurses practising across all 13 provinces and territories, as well as so many Indigenous communities.

Nurses practice across the spectrum of individual human lives, healthcare delivery systems and the wider socio-political environment that profoundly shapes both (Falk-Rafael 2015). As front-line responders, they are problem solvers who require autonomy in decision making for their own protection as well as that of the people and communities they serve. However, they cannot effectively advocate alone; rather, effective nursing advocacy requires a collective voice. One role of the federal CNO is to elevate that voice, convene expertise and ensure that a nursing perspective informs policy decisions.

The CNO is a government employee and represents the government (Salmon and Rambo 2002; Splane and Splane 1994; Villeneuve 2017; WHO 2015). In crisis situations, the CNO can quickly mobilize networks and leverage existing structures (including the Canadian Nurses Association, the provincial/territorial principal nursing advisors and provincial/territorial professional associations) to surface front-line and community concerns. Positioned within the federal government and having the capacity to meet with nursing organizations and front-line nurses across the country, the CNO facilitates multi-directional communication among governments, nurses, healthcare professionals and the public, reinforcing trust in nursing and evidence-informed policy.

We know that governments are inherently risk-averse. And we also know that if systems of nursing care are not strong across all sectors and all parts of the country, then the health of Canadians is at risk. By strongly advocating for the ongoing continuation of a robust CNO team within the federal government, including a strong and well-supported nursing leader at its helm, we are helping our country to mitigate healthcare risks while concurrently fostering resilience. And in an era of uncertainty, such as we experience today, this is of vital importance to our nation.

### **How a Federal CNO Will Help Navigate the Future**

The kinds of solutions that we know are needed will require knowledge, informed evidence, persistence and staying power (Ben-Ahmed and Bourgeault 2023; Lefebvre et al. 2020). These will also take time to come to fruition because these will require significant attitudinal change before meaningful structural changes can become viable. Over the coming years, we will need a highly informed and nimble CNO who can mobilize not only ideas but also action plans, values statements, legislative changes and regulatory shifts, many of which will require skilled and persuasive coordination and collaboration among the provinces and territories. We need the convening capacity that will allow a leader to bring the parts together and guide them toward the mutual benefit of thinking as a whole.

As Wignall wrote in 2021,

As we look to the future and continue calls for not merely representation but meaningful participation as health policy leaders, we must build consensus around policy work as nursing work and design curricula for nursing that fosters policy and political skills as core competencies. We must also coordinate to rapidly identify existing nurses with policy competency, moving them into the right seats at the right tables and revitalize our provincial and national organizing structures to begin the development of transnational programs and pipelines for policy nursing work (2021: 130).

Clearly, Canada needs a federal CNO now more than ever, when there is a beginning will toward action and much more system learning that needs to take place. As nurses across this country begin to develop stronger policy competencies and take their rightful place in the decision making that affects the domains of practice in which they are the unquestioned experts, the brightest light that leads us all forward will be the one that shines forth from the CNO office in our nation's federal government.

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