



CFNU Canadian Federation of Nurses Unions

FCSII Fédération canadienne des syndicats d'infirmières / infirmiers

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**Submission to the House of Commons Standing Committee on Finance
Regarding the 2008 Pre-Budget Consultations**

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Executive Summary

The nursing shortage has become critical – some provinces now lack thousands of nurses, and nationwide need is expected to reach 113,000 by 2016. Previous funding cutbacks, an aging population and workforce, workplace stress resulting in early burnout and retirement, a lack of nursing seats, nurse educators, clinical instructors and placements all contribute to the growing nursing shortage crisis.

Ignoring the situation is not an option. Staff turnover, high levels of overtime pay and sick leave are taxing health budgets. A lack of personnel also leads to increased wait times. Perhaps the most compelling reason for governments and policy makers to address the nursing shortage, however, is the extensive and growing body of research that documents the relationship between the nursing shortage and patient outcomes, quality of care, and patient safety.

One powerful means to address these problems is an investment in nurse education. Due to the benefits of collaboration, this effort must be coordinated at the federal level, forming part of a pan-Canadian health human resource strategy. As in the past, the federal government can complement the efforts of the provinces and territories in their management of health care and education.

Recommendation: The federal government must make a targeted investment in nurse education as a remedy for the growing nursing shortage, and as a means to a sustainable health human resource future. The 2003 federal commitment of \$90 million over five years to improve national health human resource planning and coordination is coming to an end. It is time to act on increasing our health human resources.

More specifically, we recommend the establishment of a \$1 billion over five year health education fund. The health education fund could have three components with three corresponding sources of finance:

- ***Continuing education programs for practicing nurses (and other health professionals) could be supported by Human Resources and Social Development Canada via Employment Insurance Benefits;***
- ***Support for nursing education programs could be provided by reestablishing a health resource fund with 50/50 federal-provincial/territorial cost-sharing;***
- ***A bursary system for nursing students with guarantee return of service agreements payable to the home province (provided that full time employment is available) could be funded by Health Canada.***

The evidence shows that supporting education and training can increase the number of new recruits and lead to higher retention rates, as well as empower employers and nurses to resolve worklife issues. Investing in nurse education is a means for the federal government to breathe new life into Canada's healthcare system, precisely what Recommendation 4 from the Statutory Parliamentary Review of the 10-Year Plan to Strengthen Health Care asks:

[T]he federal, provincial and territorial governments [should] publicly recommit to the nationwide collaboration envisioned in the 10-year Plan.

The Canadian Federation of Nurses Unions (CFNU) represents 138,000 nurses in nine provinces, and over 20,000 associate members of the Canadian Nursing Students' Association. Our members work in hospitals, long-term care facilities, communities and our homes.

I. Introduction

The Canadian Federation of Nurses Unions (CFNU) represents 138,000 nurses in nine provinces, and over 20,000 associate members of the Canadian Nursing Students' Association. Our members work in hospitals, in long-term care facilities, in communities and in our homes. The CFNU speaks to all levels of government, other healthcare stakeholders and the public about evidence-based policy options to improve patient care, working conditions and our public healthcare system. Our goal is to provide Canadians with an efficient and comprehensive system, characterized by a stable workforce and an environment of care, safety and excellence.

We would like to thank the Committee for the opportunity to make our recommendations which are based on practice and research. Health care forms an integral part of any federal, provincial and territorial budget, comprising 17.5% of Canada's total government spending in 2005¹, with total spending on health human resources reaching \$110 billion in 2007.² Nurses constitute over one third of front-line health professionals, representing the largest single body of such workers. As our publicly funded system is supported by tax revenues, the use of these funds is of paramount concern for nurses and patients alike.

In this brief, the CFNU would like to stress the health human resource crisis that is crippling our health system. In the 2004 10-Year Plan to Strengthen Health Care, Canada's First Ministers claimed that "access to timely care across Canada is our biggest concern and a national priority."³ As the Canadian Medical Association notes, "[d]elivering on timely access will not be achievable without an adequate supply of doctors, nurses and other health care professionals."⁴ If wait times are our greatest concern, addressing our deficit in health human resources must be our first plan of attack. The recent report from the Standing Committee on Health urges us not to forget the collaborative goals envisioned in 2004, and calls for a renewed commitment to the 10-Year Plan, including its goals for health human resources.⁵

We recommend the establishment of a health education fund of \$1 billion over five years, similar to what the Canadian Medical Association and others have been proposing since the year 2000. The CFNU believes that the federal government must make a targeted investment in nurse education to remedy the growing nursing shortage and to secure a sustainable health human resource future. To support this proposal we shall first outline the extent, gravity and causes of the present nursing shortage and then consider the social and economic costs to Canadians. We will conclude by outlining our recommendation for federal spending which will set us on the path to a sustainable health workforce.

II. The Shortage

Nursing shortage statistics often reflect the current number of vacant positions rather than real need. Quebec and Manitoba report a paucity of 1,500 and 1,600 nurses respectively, and Alberta and British Columbia report shortages of 2,000 each.

The average age of a RN employed in nursing in 2006 was 45 years;⁶ that's up from an average of 39 in 1991.⁷ Not surprisingly, many nurses are projected to retire in the coming ten years. In 2006, 20.8% of Canadian nurses were over the age of 55, with 8% over 60 and 1.9% over 65.⁸ What makes matters worse, the average nurse retires at age 56 – six years earlier than the Canadian average of 62.⁹ These statistics portend difficulties for the future of Canadian health care, for we are not replacing nurses as fast as they will be leaving. Indeed, the Canadian Nurses Association (CNA) is presently predicting a shortfall of 113,000 nurses by 2016.¹⁰

The situation is not limited to Canada. As the 2003 WHO World Health Report noted, "The most critical issue facing health care systems is the shortage of people who make them work."¹¹ Competing on the international front means that gains for some often come at the price of critical losses for others. This sentiment is echoed by the International Council of Nurses who stress that over-aggressive international recruitment policies can have detrimental effects.¹² Our efforts, then, should be directed towards retention and recruitment strategies within Canada.

III. Causes of the Shortage

Much of the current health human resource deficit can be traced back to cutbacks in federal transfers in the 1990s. Health budgets across the country were reduced and nursing positions were cut. Canada graduated its lowest cohort of modern times in the year 2000, a mere 4,599 nurses, down from the 10,000 per year graduated in the early 1970s when the population was much younger and smaller.¹³ A further culprit is our lack of a comprehensive, national health human resource strategy. Saskatchewan, Prince Edward Island and Newfoundland & Labrador, for example, lose as much as 30% of their nursing graduates to other provinces.¹⁴ On top of all this, an aging population and increased life expectancies subject our health system to added stress, further aggravating the situation.

We must develop a comprehensive health human resource strategy so all Canadians, today and in the future, get timely, quality health care.

Retention Challenges

The working conditions of nurses further exacerbate the shortage. The Statistics Canada “2005 National Survey of the Work and Health of Nurses” reports that full-time nurses had a rate of absence due to illness or injury 58% higher than the mean, averaging 24 days absent from work in 2005.¹⁵ In fact, a nurse is more likely to be assaulted on the job than a police officer or prison guard.¹⁶

Novice nurses entering the workforce also experience unique workplace challenges on top of the substantial debt they have inevitably accrued during their studies. As older and more experienced nurses begin to retire from the profession, there is significant pressure being placed on novice nurses to fill the ensuing gap. One study found that 66% of new nurses experience symptoms of burnout within their first two years of working.¹⁷ Novice nurses commonly experience stress due to concerns such as the gap between what they learned in school and what they face in the workplace, a fear of making errors due to excessive workloads and responsibilities, a lack of confidence in their clinical skills, and the lack of mentorship from experienced nurses.¹⁸

In sum, while nurses proudly stand on the front lines of health care and are dedicated to their patients, they often find their workplace a source of anxiety due to unacceptable working conditions. Nurses, employers and governments alike relate that it is difficult for nurses to keep up with changes in health care given their heavy workloads.¹⁹ A system that does not guarantee healthy workplaces is bound to experience difficulty in retaining and recruiting nurses. Studies carried out in recent years report that nurses who have access to continuing education experience increased job satisfaction and lower turnover rates.²⁰

Lack of Education Seats

The number of nurses leaving the profession threatens to far outstrip those entering, and current enrolment rates are not proportionate to the growing demand.²¹ We are only beginning to graduate as many nurses as we did over 30 years ago, despite the fact that the Canadian population has risen by nearly 40%. Last June, CNA reported that in order to keep up with projected demand we would need to graduate about 12,000 nurses per year – another 27% beyond 2007 levels.²² To approach these targets, the capacity of our nursing programs must be dramatically increased.

Lack of Faculty and Clinical Placements

Recent increased enrolments have not been met with an increase in faculty. Only about 0.1% of all registered nurses in Canada report being educated at the doctoral level²³, and nursing professors are older on average than their non-academic counterparts.²⁴ As a result, professors are teaching and supervising more students, leaving less time for scholarly research and publications – often the very activities which attract nurses to graduate studies, and often the basis upon which they are measured by perspective employers.^{25,26} Eighty-one percent of universities report having some or a great deal of difficulty in recruiting nursing faculty,²⁷ and economic constraints have resulted in salaries which are

not competitive with positions in non-academic settings requiring similar levels of education.²⁸ This makes it difficult to retain an experienced cadre of nursing professors – there were 350 full-time and part-time vacancies in Canada in 2006.²⁹

Ensuring sufficient clinical time and placements for student nurses is also proving difficult. Nearly half of responding nursing schools in a survey by the Canadian Association of Schools of Nursing reported lack of funding as a key issue. High turnover of sessional clinical teachers and the cost of orienting and mentoring new teachers greatly contributed to funding challenges.³⁰ Employers are constrained by tight budgets and often cannot afford to provide clinical opportunities. As a result of teaching and clinical placement shortages, Canada's nursing programs are forced to reject many qualified applicants – a consequence we cannot afford in the midst of our nursing deficit.

Without an adequate supply of educators, nursing programs cannot continue to offer quality education. A 2004 Nursing Sector Study Corporation survey indicated that 60% of schools reported insufficient faculty and clinical placements, 70% had inadequate financial support for students, and 40 to 50% had inadequate space.³¹ Without immediate action, some schools will not have the faculty to deliver their programs.³²

IV. The Price of Inaction

Economic

What is the economic impact of the nursing shortage? The shortfall has led to overworking existing staff, with an alarming 67% reporting too much work for one person.³³ Overwork leads to high turnover levels, and turnover is very expensive. An international study estimates the average cost of turnover at \$10,152 in Canada (and at an average of \$21,514 between all four countries studied).³⁴ A US study estimates the cost to replace a staff nurse at 1.2 to 1.3 times the average annual salary of a nurse, bringing the total cost of turnover there, assuming a rate of 20%, to \$12.3 billion.³⁵ Increasing the number of nurses can help remedy this. Education programs can help create positive work spaces and can empower nurses so that retention rates increase along with the ability to effect needed change.³⁶

Furthermore, shortages mean that the present workforce is doing large amounts of overtime at a price of time and a half – a costly solution for an inadequate supply of nurses. In 2005, Canadian RNs worked about 18.2 million hours in paid and unpaid overtime – 144% more overtime than nurses worked in 1987, and the equivalent of 10,054 full-time positions.³⁷

The nursing shortage is also contributing to our wait time woes. One study reports that when nurses were used in triage instead of unlicensed assistive personnel, the average wait decreased by 57%.³⁸ Excessive wait times result in unnecessary financial burdens on our public health system. “The Economic Cost of Wait Times,” a report commissioned by the Canadian Medical Association (CMA), estimates the financial burden of wait times at \$14.8 billion in 2007.³⁹ Hiring more health professionals can help reduce wait times.

Social

Our primary concern, of course, is the effect this shortage has and will have on the health of Canadians. It is widely recognized that the well-being of nursing staff is an important dimension of their ability to provide quality nursing care.⁴⁰ Over-utilizing existing nursing staff contributes to burnout and the poor health of nurses and deteriorates the quality of patient care. The odds of patient mortality increase by seven percent for every additional patient added to an average nursing workload,⁴¹ while hospitals with a higher percentage of RN staff are associated with lower mortality rates.⁴² The extensive and growing body of research that documents the relationship between nurse staffing levels and patient outcomes, quality of care, patient safety and the health and well-being of nurses is the most compelling reason for governments and policy makers to address the nursing shortage. The CFNU's recent book, *A Renewed Call for Action – A Synthesis Report on the Nursing Shortage in Canada*, references well over a dozen papers and studies to this effect.⁴³

V. The Solution

How can we extricate ourselves from this situation? We are not graduating enough nurses to meet the coming demand. The workplace often proves unappealing to nurses, with many leaving the profession or retiring early, and many more not daring to begin. And for those who do commence studies, what assurances can we offer of qualified teachers and clinical instructors, or workplaces that promote continuous learning and development?

One simple solution cries out from the evidence presented here: we must invest in nurse education. Due to the benefits of collaboration, this effort must be coordinated at the federal level, forming part of a pan-Canadian health human resource strategy.

The 1966 *Health Resources Fund Act*, the 1998 Millennium Scholarship Foundation and the 2008 federal budget's \$400 million contribution for police officer recruitment stand as precedents of the supportive role the federal government can play in supporting health and education.

Recommendation: *The federal government must make a targeted investment in nurse education as a remedy for the growing nursing shortage, and as a means to a sustainable health human resource future. The 2003 federal commitment of \$90 million over five years to improve national health human resource planning and coordination is coming to an end. It is time to act on increasing our health human resources.*

More specifically, we recommend the establishment of a \$1 billion over five year health education fund. The health education fund could have three components with three corresponding sources of finance:

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Below we briefly consider why we believe this recommendation represents an effective means to combat the nursing shortage crisis.

Continuing Education for Nurses

If nurses remain in the profession longer, with opportunities for education, mentoring and advancement, much of the crisis can be averted. A survey, whose findings were reported in the CFNU paper "Taking Steps Forward: Retaining and Valuing Experienced Nurses," revealed that only 28% of nurses felt their workplace provided adequate access to continuing education, yet 72% of nurses over 56 and 63% aged 46-55 indicated that this would greatly influence their decision to continue working.⁴⁴

Healthcare workers, like trade workers, should have access to Employment Insurance support to upgrade their skills and education. Granting EI benefits to workers in apprenticeship programs has made education and further training possible with the removal of some of the economic barriers. Duplicating this program for nurses and other healthcare professionals could offer the same advantages, with staffing budgets incorporating the development of career paths. It can be expected, moreover, that as nurses take on greater leadership roles and exercise more autonomy, they will be in a better position to remedy many of the problems that prevent them from experiencing healthy workplaces, such as excessive levels of illness and injury.

Support for Nursing Education

As discussed, nursing schools across the country lack the resources they need, particularly nursing educators and clinical placements, to adequately handle the number of qualified candidates. Yet with increased resources to post-secondary education for nurses, 50% of Canadian schools could increase enrollment from 10 to 25%, 40% could manage an increase of 50%, and 30% could double their enrollment.⁴⁵ Clearly, one of the most efficient ways to increase our supply of nurses is to make it easier to enter nursing programs.

Looking back to 1966, the Health Resources Fund allocated \$500 million “to assist provinces in the acquisition, construction and renovation of health training facilities and research institutions.”⁴⁶ Such a federal initiative, along with cost-shared funding with the provinces and territories to attract educators and clinical instructors, is needed for present times. With a significant financial investment, nursing schools could help put Canada back on track for a stable health workforce, shorter wait times and a healthier health care system. Initiatives to increase the number of nurse educators are already at work in other parts of the world. The Nursing Faculty Loan Program in the US, for example, allows graduate students to cancel up to 85% of educational loans in exchange for agreements to teach at nursing schools.⁴⁷

Support for Nursing Students

Our nursing programs need better funding, but we cannot pass this expense to the students without discouraging applicants. We must reduce as far as possible any disincentives that might deter potential applicants, the strongest of which are tuition fees and the potential debt accrued. Bearing this in mind, financial support must be directed towards nursing students so that enrolment does not entail the risk of financial ruin. The UK, recognizing the need to increase the supply of educated and trained nurses, has exempted nursing students from the tuition fees introduced for other programs. This has proved wise as applications for other programs slumped dramatically when tuition fees there almost doubled in 2006.⁴⁸

A bursary program funded through Health Canada can help ease financial burdens while stabilizing our workforce. Return of service agreements with the host province will help provinces who now lose many nurses to other provinces and territories, and it will also encourage nurses to remain practicing in Canada.

VI. Conclusion

A lack of resolve and accountability have allowed our health human resource crisis to go unaddressed, compounding our troubles. Initiative and commitment are needed at all levels of government. An investment in health education, forming part of a pan-Canadian health human resource strategy, is a step in the right direction. Supporting education can lead to higher retention rates, empower employers and nurses to resolve worklife issues, increase our capacity to educate nurses, and increase the number of new recruits. Together, we can build a better tomorrow for patients and healthcare workers alike.

Investing in nurse education is a means for the federal government to breathe new life into Canada’s healthcare system, precisely what Recommendation 4 from the Statutory Parliamentary Review of the 10-Year Plan to Strengthen Health Care asks:

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