

Nursing shortage a formidable but workable challenge



Howard Hampton, Leader of Ontario's NDP, asked RNAO if there really is a nursing shortage in Ontario. His question left me wondering how many people might be con-

fused by conflicting messages that thousands of nurses are poised to leave the profession, yet most new nursing graduates are unable to find full-time work.

There's no question we are facing formidable health human resources challenges. But what I find most troubling is not our ability to work through these challenges, but rather the notion that the nursing shortage is a foregone conclusion. Indeed, I'm baffled by comments like "we will never have enough nurses."

I don't buy this; at least not in Ontario. In fact, with the right strategies and continued focus, I am convinced we can head off the so-called looming nursing shortage. Moreover, with the political will to work on more homegrown solutions, the ongoing hard work of employers and administrators, better educational infrastructure, and an improved public awareness of nurses' roles, we can clear away the negativity about nursing's future and replace it with a positive outlook.

We are encouraged by the McGuinty government's actions in recent months, particularly the Nursing Retention Fund, administered by RNAO, the Registered Practical Nurses Association of Ontario (RPNAO), and the Ontario Nurses' Association (ONA). This \$40 million initiative was officially launched on June 24. Over the next four years, it will help retain hospital nurses who might otherwise face lay-offs due to budget short-falls.

Nurses who are just beginning their careers will be the beneficiaries of another government initiative long sought by RNAO and announced this spring. It promises to secure full-time employment for new graduates who wish to work full time (see page 22). These initiatives signal

that the political will to avert a nursing shortage is alive and well in Ontario.

We are also encouraged by the work of employers who have made great progress towards 70 per cent full-time employment for RNs. Some have even surpassed this important provincial target. Hospitals have also piloted an important initiative that allows senior nurses to spend 80 per cent of their time on patient care and 20 per cent mentoring or working on special projects. The next step in the 80/20 initiative is to expand it to all nurses 55 and over, and in all sectors of health-care. The result will be that experienced RNs will feel valued for their knowledge and expertise and will remain in the workforce longer. It will also mean more clinical mentors for the new grads

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who will now work full-time: a win-win strategy all around.

These structural changes will undoubtedly serve to advance the 70 per cent full-time solution for RNs, which is essential for continuity of patient care. RNAO first introduced the 70 per cent solution in 1998. Premier Dalton McGuinty supported it and promised he would work towards this goal during his four years in office. There's no question we've seen progress, and yet we still have a long way to go (we now stand at 60 per cent). RNAO will continue to remind the government of its responsibility to nurses and to patients before the next provincial election in 2007. We will also continue to contribute to achieving success.

Next on our urgent "TO DO" list is to look at structural changes and strategies that ensure better uptake of applicants to BScN programs. John Tory, Leader of Ontario's PC party, asked RNAO why the province is not

graduating more RNs. Indeed, from a "nursing shortage" standpoint, it's difficult to accept that this fall nursing programs in Ontario will, once again, turn away qualified applicants to their BScN programs. This troubling practice, due in large part to inadequate infrastructure and a limited supply of qualified faculty to teach at the BScN level, needs attention and must become an area of focus for government and nursing. We need to improve the capacity within academic programs, and we need to explore the role of master's and PhD-prepared nurses who are now in the service sector but are eager to act as clinical instructors. If we secure access to BScN education for all qualified applicants, more women and men will become RNs. This is a no-brainer in the toolkit to addressing the misconception that "we will never have enough nurses."

It is also vital to continue educating politicians, colleagues and the public about the importance of positioning nursing as part of the solution to health-care system challenges. I was asked by a physician colleague why RNAO is pressing for the creation of nurse anesthetists. He suggested that new nursing roles will only aggravate the nursing shortage. I replied that the effect will be the opposite: new nursing roles will help retain RNs and attract people into the profession. The more nursing is at the centre of the solutions to meet the public's needs, the more we also solve the nursing shortage.

Exciting clinical opportunities and new roles, coupled with structural solutions, are the kinds of homegrown initiatives that will make Ontario a magnet province and will help us head off the shortage so many predict.

We cannot, and will not, throw our hands up and say there's nothing we can do to avert a nursing shortage. It's not a foregone conclusion, and there's much that we can do. It's a formidable challenge, yes. But it's one we can conquer if we continue to focus our heads and our hearts around solving it.

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