

Briefing Note: Nursing Issues

2007 Liberal Platform Commitments to Nursing

The Liberal party's commitments to nursing were:

- Increase Ontario's nursing workforce by 9,000 FTE's by 2010
- Meet our goal to have 70 per cent of nurses working full-time by 2010
- Guarantee jobs for new nursing grads
- Invest in healthy work environments for nurses
- Establish 25 more nurse-led clinics

RNAO is pleased that the McGuinty government has taken up these commitments, which echo the positions outlined in RNAO's 2007 election platform, *Creating a Healthier Society*. The key nursing issues that need to be addressed are below.

Issue: Building Ontario's Nursing Workforce

RNAO calls for:

- Increasing Ontario's nursing workforce by 9,000 FTEs by 2010.

Background

- Since 2003, progress has been made to increase the RN workforce in Ontario. However, Ontario's nurse to population ratio continues to lag behind that of the rest of Canada. Further progress on increasing the share of RNs working full-time and employment of new graduates will improve the quality of Ontarians' health care.
- To bring the nurse-to-population ratio up to the equivalent of the rest of Canada would require employment of almost 14,000 more RNs.¹ The current government has proved that meeting commitments to increasing the number of nurses is possible.
- To make progress toward closing this gap, we are asking all parties to commit to increase the RN workforce by 9,000 FTEs. These RNs must be employed in all roles and all practice sectors across Ontario.

Issue: 70 Per Cent Full-Time Employment for RNs

RNAO calls for:

- A commitment to continue the 70 per cent full-time employment strategy for all RNs, with the goal of achieving this target in all health-care sectors by 2010. This commitment should be backed up by increased targeted, conditional funding in the hospital sector, and the introduction of targeted, conditional funding into the long-term care and home care sectors.

Background

- The evidence shows that higher proportions of full-time RN staff are significantly associated with lower mortality rates and improved patient compliance with treatments.^{2,3}
- Excessive utilization of part-time and casual employment for RNs has been associated with lack of continuity of care for patients, decreased morale, and disengagement among nurses.⁴
- The percentage of Ontario RNs employed full-time has increased from a low of 50 per cent in 1998 to 63 per cent in 2007.
- The current provincial government has provided targeted, conditional funding for full-time employment only to the hospital sector. RNAO's 2005 survey, *The 70 Per Cent Solution*, found the strongest progress in full-time RN employment took place in that sector.
- We remain concerned that without further investment and more focused policy across all sectors, the government will fall far short of meeting its commitment to 70 per cent full-time RN employment.

Issue: Full-Time Employment for all Nursing Graduates in Ontario

RNAO calls for:

- A commitment to guarantee full-time employment for all newly graduating RNs who wish to work full-time.

Background

- Full-time employment is essential for integrating newly acquired academic knowledge into practice-ready knowledge and skills. New graduates with full-time employment, mentored by senior nurses, will better serve the needs of the public.
- RNAO has advocated for 70 per cent full-time employment for RNs since 1999, and for guaranteed full-time work for new nursing graduates since 2003.
- More than 94 per cent of young nurses surveyed for RNAO's 2005 survey, *The 70 Per Cent Solution*, indicated a strong preference for full-time employment,

while only 38 per cent had it.⁵ Similarly, a survey by the Nursing Health Services Research Unit showed that while 79 per cent of nursing graduates wanted full-time employment, only 37 per cent were able to attain it. As a result, graduates have had to consider other options: more than 50 per cent of graduates in southwest Ontario were considering employment in the United States.⁶

Issue: Invest in healthy work environments for nurses: 80/20 for nurses 55+

RNAO calls for:

- A commitment to make available to all full-time registered nurses aged 55 and over the opportunity to spend 80 per cent of their time on direct patient care and the other 20 per cent on mentorship of new graduates and other professional development activities.

Background

- The 80/20 program will provide full-time, experienced RNs with the opportunity to spend 80 per cent of their time in direct patient care and 20 per cent of their time in mentoring or other professional development activities.
- In an analysis of the Ministry of Health and Long Term Care Late Career Initiative, 30.2 per cent of respondents indicated that the program had an impact on their retirement plans. Those who indicated a change in their retirement plans said that having a break from nightshifts and from the physical demands and stress of their regular work could allow them to continue working for longer.⁷
- Preliminary analysis of the results of a research project implementing an 80/20 program for all nurses on a unit at University Health Network in Toronto showed positive economic and patient care outcomes: overtime hours were reduced, sick time stayed low, variable direct labour cost increases were not higher than those of the control unit, and higher patient satisfaction was reported.⁸
- This program will support retention of senior RNs and allow them to share their expertise with novice nurses. The strategy should also result in a reduction of sick time, increased nurse satisfaction, and improved patient care. Finally, this program will open up full-time positions for new graduates.

Issue: Establish 25 more NP-led clinics

RNAO calls for:

- A commitment to funding NP-led primary health care clinics.

Background - Primary Health Care

- Access to primary care remains a key challenge for patients in under-served areas across Ontario, and for those without a family physician. Registered nurses

possess the knowledge and ability to provide care for families throughout the lifespan. Working collaboratively with other health-care providers, they are well suited to provide a point of entry to health promotion and disease prevention as well as curative, rehabilitative and supportive services.

- Nurse-led clinics in other countries have alleviated pressure from shortages in health human resources, resulting in decreased wait times, more fully integrated pathways of care, enhanced continuity of care, improved access to care, and cost containment.⁹ Nurse-led clinics in Ontario have resulted in improved access to primary care and improved quality of life for patients and their families.¹⁰

Background - Chronic Disease

- Individuals with chronic diseases, such as diabetes, heart disease or emphysema, use the majority of healthcare resources.¹¹ Chronic disease is currently managed within an illness model that often leads to a 'revolving door syndrome', characterized by frequent emergency department visits and hospital readmissions with lengthy stays.
- The chronic care model takes into consideration the progressive nature of chronic disease, the impact on families and patients, and the need to address care along a continuum. This approach empowers patients by making them a key partner in the management of their disease, and takes into account the need for caregiver support. The benefits of this model for managing chronic illness include:
 1. Decreased health-care utilization, including fewer emergency department visits, fewer hospital readmissions, and decreased length of stay;^{12 13}
 2. Improved quality of life for patients;¹⁴
 3. Improved quality of care;¹⁵
 4. Improved patient satisfaction,¹⁶ and;
 5. Improved health-care provider satisfaction.¹⁷
- The success of NP-led clinics in a variety of settings provides strong evidence of the benefits of having nurses provide chronic care.¹⁸ Not only are nurses proven to be cost effective in managing the care of persons requiring chronic care, but they are also associated with high patient satisfaction, improvements in care and patient lifestyle, increased access to care, and reduced wait times as compared to care provided from an illness managed perspective.^{19 20 21}

Issue: Equal Remuneration Across Sectors

RNAO calls for:

- Equalized remuneration and working conditions for RNs working in acute care, primary care/family practice, home care, and long-term care sectors.

Background

- A shift from an illness-based model of care to a preventive one will require a shift of nursing services out of the hospital sector and into the community. However, remuneration and working conditions vary greatly between sectors, with superior working conditions and remuneration in the hospital sector.
- The impact of these differentials has been most evident in the home care sector. This sector has lost 27 per cent of its nursing workforce between 1998 and 2004, and saw an increase in the share of older nurses working in the sector.²² To retain and attract RNs across all sectors, gaps in remuneration and working conditions must be addressed.

Issue: An Ethical Approach to Internationally-Educated Nurses

RNAO calls for:

- A commitment to ensure that government and those health organizations funded by the government do not engage in active international recruitment of nurses and other health professionals.
- A commitment to ensure that internationally educated nurses who make Ontario their new home face no systemic barriers to practice their profession.
- Establishing permanent funding for existing upgrading and bridging programs for internationally educated nurses who make Ontario their new home.

Background

- RNAO is mindful of our responsibility not to contribute to global health inequities²³ and of the human²⁴ and economic²⁵ costs of stripping vulnerable populations of access to health care due to migrating health professionals. We support the World Health Organization,²⁶ the International Council of Nurses,²⁷ and the Canadian Policy Research Network²⁸ in calling for ethical international recruitment guidelines within the context of a responsible national and provincial health human resources strategy.
- IENs are an increasing share of the nursing workforce in Ontario. In 2005, IENs accounted for 34.1 per cent of new RNs.²⁹
- Recent research shows that IENs face challenges at all stages of the process of moving into practice in Ontario. These include: difficulties and delays completing the application process for licensure; required investments in upgrading and further education to become eligible to take the RN exams; difficulties writing the exam due to lack of familiarity with Ontario nursing culture and with exam formats; and integrating into the nursing workforce. As a result, pass rates for IENs were much lower than for nurses educated in Ontario.³⁰
- There are several existing programs that facilitate registration of IENs in Ontario. The CARE Centre for Internationally Educated Nurses has had success in assisting internationally trained nurses to prepare for qualifying exams once they have met their academic requirements. There are bridging programs at Mohawk College/McMaster University, Algonquin College/University of Ottawa, and York University.

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- ¹ That gap of 13,708 was calculated for 2005, the latest year for which national data were available. RN data from Canadian Institute for Health Information's (CIHI) RN Database. Population data from CIHI's National Health Expenditure database. Calculations by RNAO.
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- ⁵ Registered Nurses' Association of Ontario.(2005). Author: Toronto. The 70 per cent solution: A progress report on increasing full-time employment for Ontario RNs.
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- ²² Nursing Health Services Research Unit. (2005). *Home Health Nurses in Ontario Fact Sheet*. Hamilton: Author.
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returns from investments. See Kirigia, J., Gbary, A., Muthuri, L., et al. (2006). The Cost of Health Professionals' Brain Drain in Kenya. *BMC Health Services Research*. 6, 89.

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