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# Ensuring The Care Will Be There

## Report on Nursing Recruitment and Retention in Ontario

Submitted to the Ontario Ministry of Health and Long-Term Care

March 2000

SUMMARY REPORT

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This report was prepared by the Registered Nurses Association of Ontario in collaboration with the Registered Practical Nurses Association of Ontario in response to Recommendation 4 from *Good Nursing, Good Health: An Investment for the 21<sup>st</sup> Century – Report of the Nursing Task Force*, January 1999.



# CONSULTATIONS

Registered Nurse/Registered Practical Nurse Recruitment and Retention Working Group	June 14
Student Recruitment and Retention Working Group	June 14
RNAO and RPNAO Board of Directors	October 8
Loyalist College Nursing Students (First Year) Focus Group	October 19
Rural Ontario RN/RPN Focus Group	October 25
Ottawa Area RN/RPN Focus Group	October 26
Northern Ontario RN/RPN Focus Group	October 28
Registered Nurse/Registered Practical Nurse Recruitment and Retention Working Group	November 3
Student Recruitment and Retention Working Group	November 3
Ministry of Health and Long-Term Care Sectoral Meetings	November 9
Interdisciplinary Focus Group	November 16
Human Resources Focus Group	November 16
Educators Focus Group	November 18
Joint Provincial Nursing Committee	November 30 January 31, 2000

Except if noted, all consultations occurred during 1999.

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## **Copies of this *Report***

This is the summary version of the report. A full version is also available. Copies of both versions can be downloaded from RNAO's Web site ([www.mao.org](http://www.mao.org)) and RPNAO's Web site ([www.cdn-domain.com/rpnao](http://www.cdn-domain.com/rpnao)).

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## Acronyms

BScN	Bachelor of Science in Nursing
CAATS	Colleges of Applied Arts and Technology
CCAC	Community Care Access Centre
CHA	Canada Health Act
CIHI	Canadian Institute for Health Information
CHST	Canada Health and Social Transfer
CNA	Canadian Nurses Association
CHEPA	Centre for Health Economics and Policy Analysis
CNF	Canadian Nurses Foundation
CNO	College of Nurses of Ontario
CNS	Clinical Nurse Specialist
COUPN	Council of Ontario University Programs in Nursing
FTE	full-time equivalent
HR	human resources
HSRC	Health Services Restructuring Commission
ICES	Institute of Clinical Evaluative Sciences
JPNC	Joint Provincial Nursing Committee
JPPC	Joint Provincial Planning Committee
LPN	licensed practical nurse
LTC	long-term care
MET	Ministry of Education and Training
MOHLTC	Ministry of Health and Long-Term Care
NP	nurse practitioner
NRU	Nursing Effectiveness, Utilization and Outcomes Research Unit
NTF	Nursing Task Force (December 1999)
OANHSS	Ontario Association of Non-Profit Homes and Services for Seniors
OHA	Ontario Hospital Association
ONA	Ontario Nurses' Association
ONHA	Ontario Nursing Home Association
PCNO	Provincial Chief Nursing Officer
PLA	prior learning assessment
PNFO	Practical Nurses Federation of Ontario
PSA	Public Service Announcement
R & R	recruitment and retention
RHPA	Regulated Health Professions Act
RN	registered nurse
RN (EC)	registered nurse (extended class)
RNC	Rural and Northern Communities
RPN	registered practical nurse
RNAO	Registered Nurses Association of Ontario
RPNAO	Registered Practical Nurses Association of Ontario
RNFOO	Registered Nurses Foundation of Ontario



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# Introduction

## About this Report

*Ensuring The Care Will Be There: A Report on Recruitment and Retention in Ontario* addresses key issues for Ontario nurses and the public. This *Recruitment and Retention Report* is a response to an imminent and severe nursing shortage across Canada. Over the past two decades, the nursing profession has been buffeted by sharp changes in employment opportunities. Sudden drops in employment, driven by cuts in funding, drove people away from nursing and turned into dangerous shortages in supply. To avoid problems throughout the health-care system, the emerging nursing shortage must be immediately attended to. We must act now!

This report owes its existence to provincial government recognition that an adequate supply of motivated and qualified nurses is fundamental to the health and well-being of Ontarians. In September 1998, the Honourable Elizabeth Witmer, Ontario's Minister of Health and Long-Term Care, responded to the nursing profession's call for action on the pending shortage and other nursing resource issues by establishing the Nursing Task Force. The Task Force "was directed to examine the level of access to quality nursing services and to identify changes in nursing related to health-care reform. The Task Force was also asked to assess how these changes may affect both health-care professionals and health-care consumers."

The January 1999 *Report of the Nursing Task Force – Good Nursing, Good Health: An Investment for the 21<sup>st</sup> Century* (Queen's Printer for Ontario), contained eight recommendations regarding nursing in Ontario. The government of Ontario accepted and committed to implement all the recommendations in March 1999. Recommendation 4 focussed on encouraging women and men to choose nursing as a career and on the retention and recruitment of registered nurses and registered practical nurses.

### Nursing Task Force Recommendation 4:

Continuity and quality of care is highly dependent on the retention of experienced and knowledgeable nurses and requires not only a sufficient number of permanent positions for RNs and RPNs but also a working environment that offers flexibility and professional satisfaction. It is therefore recommended that employers of nurses mount pilot projects to test alternative models of nursing care (e.g. flexible hours, environments that enable nurses to develop clinical skills, etc.) and that these models be evaluated to assess the impact on client outcomes and the working environment for nurses...

To heighten awareness of a career in nursing and to encourage young women and men to choose a career in nursing, it is recommended that the professional nursing

associations, with the support of the Ministry of Health and Long-Term Care, mount a comprehensive marketing and communications plan.

The *Report on Recruitment and Retention* is a reflection of the strong consensus within the nursing profession on the urgent action required to address the causes of inadequate nursing resources. The nursing community has had an extraordinary level of involvement in this project (see Appendices 3 and 4). Nurses across all sectors and regions of the province are united in their resolve to take immediate action.

## The Mandate

The Registered Nurses Association of Ontario (RNAO) was asked by the Ministry of Health and Long-Term Care to take the lead and collaborate with the Registered Practical Nurses Association of Ontario (RPNAO) to translate Recommendation 4 from the Nursing Task Force report into reality.

This report presents an analysis of the current situation and offers a plan of action with specific recommendations and strategies for the recruitment and retention of nurses – both RNs and RPNs – in Ontario.

## The Challenge of Recruitment and Retention

There are sound, fundamental reasons why nursing should be a very attractive professional choice. The nursing profession has the ingredients to be an exciting and fulfilling lifetime career option offering challenging and diverse practice opportunities. It allows for flexibility of employment and the opportunity for a balanced family and work life. It provides for endless career experiences in practice, administration, education, research, policy, and combinations of all these. Nurses work with people, addressing holistic human needs throughout the health-care continuum: health promotion, illness prevention, cure, care, rehabilitation and palliation. The profession attracts people dedicated to care.

Nurses are critical for a healthy society and societal trends are increasing the need for nurses. These trends include: a growing and aging population; an heterogeneous, differentiated and more unequal society; contrasts between urban, rural and northern contexts; cultural diversity and vulnerable social groups facing marginalization; a technologized health-care delivery system thirsty for human touch; and finite resources. These trends call for providers that are competent to deal with multiple challenges. Nurses are prepared and eager to respond to the call.

Although nurses provide vital services, and nursing is an exciting career option, we are in a serious situation provincially, nationally and internationally. As the need for nurses increases, the pool of available nurses continues to decline. Funding cuts have resulted in unbearable working conditions and unhealthy work environments. Poor staffing patterns resulting in heavy workloads, and the lack of professional development opportunities,

have lead to an emotionally and physically exhausted nursing workforce. The widespread forced move to part-time and casual work, unique to the US and Canadian health-care systems, has led to fragmented patient care and the disillusionment of nurses with their profession. All of these serve as disincentives for the retention of nurses. Furthermore, boom and bust cycles of nursing employment, in the context of widening career opportunities for women, do not contribute to the recruitment of women and men into the profession.

The challenge of recruitment and retention of nurses in Ontario is multi-dimensional, and we treat it inclusively. We provide specific recommendations regarding immediate recruitment and retention strategies, and we also address key policy and organizational imperatives. Our argument is that unless we address the latter, we will not prevent the cyclical waves of nursing shortages and surpluses in the future.

Nursing is central to the provision of quality health care. The public, employers, other health-care providers, and nurses themselves expect quality nursing care. However, a large gap exists between these expectations and the barriers that limit a nurse’s ability to fulfil her or his professional and social responsibility.

This *Report* is an urgent call to action for nurses, nursing organizations, employers and the provincial and federal governments. There is a way to encourage nurses to remain in practice and position nursing as a most desirable profession, a profession that will attract bright, capable women and men now and in the future. The ability to recruit and retain nurses is essential for the health of Ontarians. This is our shared responsibility. We must act now.

## Definition of Terms

In this report:

The word “nurses” refers to RNs and RPNs.

The word “patient” refers to all those individuals and communities for which nurses provide their services.

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## Key Findings

The analysis and findings of this project are presented in detail in the full version of this *Report*. Here we present a summary of key findings.

To the question – what needs to be done to recruit and retain nurses in Ontario? The answer is twofold.

First, we must *establish the policy framework and address the structural constraints that impact on recruitment and retention*. These policies will ensure that nursing enjoys a permanent status as a highly valued and indispensable service to the public.

Second, we must *apply the lessons from research on recruitment and retention*. The best recruitment strategies for nurses are those that influence the image of nursing and the career choices of young people. The best retention strategies are those that are specific to the health-care organization and are based on extensive staff involvement as a critical source of recruitment and retention information within the organization.

### The Policy Context

Policy directions taken by governments and health-care organizations over the past several years have been detrimental to the recruitment and retention of nurses. Funding cuts, system restructuring and reorganization, and human resource policies have negatively affected nurses. The public has supported the nursing profession and shown growing concern for the well-being of our health-care system. We acknowledge current efforts on the part of the provincial and federal governments to reverse some of these policy directions, but much more needs to be done. We are all stakeholders in our health-care system, and we must work collaboratively and assertively to support and encourage healthy public policies.

### The Work Environment

In virtually all settings, patient care needs have increased as the number of nurses has declined. Change has been considerable both within individual sectors and in ways that span all sectors. The work environment difficulties experienced by nurses in all sectors include: replacement by unregulated care providers, casualization, poor staffing patterns in the context of increased patient acuity, and funding that has not kept pace with need. These are a serious threat to quality patient care and to the well-being of nurses. Nurses faced with the reality of practising with inadequate numbers of professional personnel are soon disillusioned and experience burnout. Nurses' health and, at times, the quality of patient care are compromised in these environments. When such stresses are endured over

extensive periods of time, the sustainability of the profession is under threat. The result is that nurses leave and recruits fail to enter the profession. Until decision-makers formally acknowledge the central value of nursing to health-care delivery and until resources are invested in long-term, comprehensive planning, we are destined to hinder recruitment and retention efforts and, thus, repeat the dramatic supply challenges of the past.

## The Labour Market

Nursing employment has been falling in spite of growing population and increasing need. The strong downward trend in nursing employment and the shift to part-time and casual employment contribute to the role stress and dissatisfaction experienced by nurses in recent years.

Ontario has recognized that its current level of nursing staffing is too low. It has accepted the recommendations of the Nursing Task Force to invest \$375 million in new and permanent nursing positions. The objective is to bring Ontario up to the 1997 national average, in terms of nurse/population ratios, which requires an immediate need for an increase of over 10,000 new nurses. In fact, the province committed to creating “nearly 10,000” new jobs during 1999, and 12,000 new nursing positions by the end of 2000/2001. This will require a serious and concerted effort, particularly in view of the reported continuing decline of nursing employment in 1999. There are nurses available. The problem is creating the positions.

The availability and prospect of good and stable employment are key factors in determining the supply of nursing services. When Ontario employment prospects are better: nurses are attracted to the province; students are attracted into nursing programs; and nurses stay within the system.

## The Educational Environment

Delivering increasingly complex care requires more sophisticated knowledge and skills, and the educational environment of nurses should respond to these challenges. We need to address long-standing issues related to entry level and ongoing nursing education that are essential to attract and retain nurses within the system.

The College of Nurses of Ontario’s move to new competencies for RNs and RPNs and the decision of on baccalaureate preparation as the single educational entry for RNs, are critical achievements. It is now imperative that these educational initiatives receive adequate financial support to ensure their implementation.

\* \* \*

These findings guide the policy and action recommendations in the next section. Such permanent structural changes, brought about by clearly articulated policies, supportive

legislation, and adequate funding, will provide a stable view of nursing as fundamental to the health-care system. Nursing will become a valued profession and a very desirable career choice. The recommendations and the detailed plan of action that follows incorporate the messages we received from nurses, other stakeholders, and what we learned from the literature. The plan of action builds on what works, what doesn't, and what is missing in the traditional approach. This framework for recruitment and retention will ensure that Ontarians are well served by the nursing profession now and in the future.

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## Recommendations

Between 60,000 and 90,000 new recruits must enter the nursing labour force in Ontario by the year 2011. To avoid a devastating nursing shortage we must engage in aggressive policy initiatives and also implement a systematic recruitment and retention plan.

The recommendations and action plan that follow respond to today's needs and ensure a sustainable nursing workforce in the future. We require action in direct activities of recruitment and retention, to attract students and to retain nurses in the workplace. We also must confront the policy and organizational precursors to recruitment and retention.

**Recommendation # 1 – Integrate nursing into public policy development, implementation and evaluation.** Strong nursing input is essential in health policy development at all levels of government. Nursing's active participation in policy-making will help optimize health human resource utilization, improve patient outcomes and positively affect healthy public policy.

**Recommendation # 2 – Ensure sustainable and equitable funding while advancing health-care reform that preserves the letter and spirit of the *Canada Health Act*.** Adequate, sustainable and equitable funding across health-care sectors and throughout the province is paramount to protecting universal access and quality nursing care. A direct link exists between stable employment opportunities for, and a stable continuing supply of, nurses. To preserve and strengthen quality patient care, health-care restructuring must ensure universal access to nursing and other services, across the continuum of care.

**Recommendation # 3 – Integrate nursing into decision-making at all levels of health-care organizations.** Nursing leadership is required at all times, in all health-care organizations, and across all nursing roles: staff nurses, educators, researchers, and administrators. Full participation of nurses in decision-making, at all levels of a health-care organization, is essential to improving the quality and effectiveness of patient care and to fostering nurse satisfaction.

**Recommendation #4 – Position nursing as an entry point to the health-care system.** We need to realize the full scope of nursing practice by ensuring regulations and structures that enable Ontarians to access nurses as an entry point to the health-care system.

**Recommendation # 5 – Ensure sustainable and healthy work environments.** Poor working conditions and unhealthy work environments are central barriers to the retention of nurses, and a major deterrent to attracting women and men into the profession. Trends toward casualization, poor staffing patterns resulting in heavy workloads, the lack of professional development opportunities, as well as inadequate compensation and benefits, are key factors leading to nursing shortages.

The strongest recruitment strategy is staff retention. Staff that are satisfied with their practice and work environment will share their excitement and become the most effective and active recruiters.

**Recommendation # 6 – Promote life-long learning and improved access to educational programs.** Nursing education must keep pace with the needs of nursing practice. Nursing practice must continuously integrate changes in society, health-care needs, new knowledge, and an evolving practice setting. The structured nature of nurses’ work leaves little flexibility to participate in educational opportunities. We must support nurses to continuously upgrade their knowledge and skills.

**Recommendation # 7 – Implement full utilization of and specialized support for nurses working in rural and northern communities (RNC).** Most nurses live and want to work in their own communities. Nurses and nurse practitioners in rural, northern or under serviced areas need support to gain fair employment, and the specialized knowledge to best serve their communities.

**Recommendation # 8 – Foster a positive image of nursing.** Long-term improvements in nursing recruitment and retention require a public image of nursing as an attractive career. The high regard and strong ability to influence that the public attributes to nursing must be shared. Strategic advertising, media relations and other types of marketing have a cumulative effect that impact on perceptions and decisions. These activities provide public ways to acknowledge and honour the value of nurses to the health-care system and to society.

**Recommendation # 9 – Facilitate the match between employers and potential employees.** Create frequent and accessible opportunities to ease the connection between nurses and potential employers in welcoming ways.

**Recommendation # 10 – Attract high school and mature students to nursing programs.** To stabilize the nursing workforce we must attract a steady flow of high-performing students into nursing programs. The profession needs to broaden its catchment to non-traditional students and males. Students are very interested in career planning, and nursing must develop a strategic approach to provide students and career counsellors with focused information about nursing as a career choice.

These ten recommendations are detailed in the Plan of Action that follows. Each recommendation contains several strategies, briefly described. Many strategies will support more than one recommendation, but they are listed only once under the most relevant one, to avoid redundancy. The plan also identifies the budget, lead responsibility, timeline, and who will be responsible for monitoring and evaluation.

**Existing commitments:** The Plan of Action assumes full and timely implementation of the Government of Ontario’s commitments in the *Nursing Task*



*Force Report* (January 1999) and the crucial commitment in the *Blueprint* election platform, later reiterated in the *Throne Speech*, to create 12,000 new permanent nursing positions by the end of 2001. These commitments are central to advancing the recruitment and retention of nurses in Ontario. Appendix 2 – Government Commitments – spells out the status of these commitments to date.

## Plan of Action

STRATEGY	DESCRIPTION AND RATIONALE	INSTITUTIONAL ASPECTS
<p><b>Recommendation # 1 – Integrate nursing into public policy development, implementation and evaluation.</b> Strong nursing input is essential in health policy development at all levels of government. Nursing’s active participation in policy-making will help optimize health human resource utilization, improve patient outcomes and positively affect healthy public policy.</p>		
<p>a) Appoint JPNC nursing co-chair as representative to JPPC.</p>	<p>Nursing must be represented in key health-care policy-setting and decision-making bodies to ensure nurses’ input, to signal the value of nursing in public policy, and to create synergy in policy initiatives. We are asking for immediate representation of nursing in the Joint Provincial Planning Committee (JPPC). The Joint Provincial Nursing Committee (JPNC) has requested this representation for more than three years, and the Minister of Health and Long-Term Care has indicated her strong support, however no results have been achieved.</p>	<p><i>Budget:</i> None. <i>Lead:</i> MOHLTC and OHA. <i>Timeline:</i> Spring 2000. <i>Monitoring/Evaluation:</i> JPNC.</p>
<p>b) JPNC to recommend and facilitate implementation of nursing and health-care reform that benefits Ontarians</p>	<p>Policy initiatives have suffered from inadequate input of nursing’s expertise and experience. JPNC must periodically examine new models of care delivery, and provide nursing’s perspective as to their benefit for Ontarians, the role of nurses, and the potential impact of their implementation. A timely example is primary health-care reform and other solutions to prevent further erosion of medicare.</p>	<p><i>Budget:</i> None. <i>Lead:</i> JPNC. <i>Timeline:</i> Spring 2000 and quarterly afterwards. <i>Monitoring/Evaluation:</i> Nursing organizations.</p>
<p>c) Establish the position of Provincial Chief Nursing Officer (PCNO) at the MOHLTC and create a nursing secretariat.</p>	<p>We commend the government for establishing the Provincial Chief Nursing Officer (PCNO) position at the MOHLTC. We request that this position be supported by a nursing secretariat. This will allow for substantive input into the formulation, implementation and evaluation of new health-care initiatives, and policy directions ensuring optimum utilization of nursing human resources that benefit Ontarians. The nursing secretariat must work in synergy with JPNC.</p>	<p><i>Budget:</i> To be determined. <i>Lead:</i> MOHLTC. <i>Timeline:</i> Spring 2000. <i>Monitoring/Evaluation:</i> JPNC.</p>

STRATEGY	DESCRIPTION AND RATIONALE	INSTITUTIONAL ASPECTS
<b>Recommendation # 1 - continued</b>		
d) Maintain current nursing advisors and appoint new nursing advisors to each division within MOHLTC.	We commend the increase, in recent years, of nursing specific positions within MOHLTC. To ensure effective nursing input into health policy, we ask that the vacant nursing policy advisor position in the Office of the Minister be filled, and that every major division of the Ontario Ministry of Health and Long-Term Care (MOHLTC) appoint nursing policy advisers. This includes: Integrated Services for Children, Health Services, Restructuring Projects, Health-care Programs, Integrated Policy and Planning, and Corporate Services. We request that nursing advisors report in a matrix model to their assigned division and to the Provincial Chief Nursing Officer.	<i>Budget:</i> To be determined. <i>Lead:</i> MOHLTC. <i>Timeline:</i> Fall 2000. <i>Monitoring/Evaluation:</i> JPNC.
e) Ensure nursing-specific data collection that allows for adequate evaluation of nursing human resources utilization, and mandate annual reports from all publicly funded bodies that collect nursing related data.	Significant barriers exist in the type, quality and accessibility of nursing specific data required to maximize quality care and ensure accountability of nursing human resources utilization. MIS data has just begun to capture nursing specific data (i.e., FT/PT/Casual nursing positions) segregated separately for RNs and for RPNs. However, the data remain largely unavailable. In addition much of the data being collected by publicly funded bodies (i.e., OHA) remains inaccessible (i.e., absenteeism, attrition). Data collection gaps are even more acute in the home health-care sector. Adequate data collection and access to information are essential to the understanding of recruitment and retention issues, management of nursing human resources, health outcomes of nursing, and the formulation of constructive public policy.	<i>Budget:</i> Absorbed by each organization. <i>Lead:</i> MOHLTC. <i>Timeline:</i> Within regular reporting time frames. <i>Monitoring/Evaluation:</i> JPNC.
f) Establish 4 annual nursing internships at MOHLTC (3 for RNs, 1 for RPNs).	The creation of nursing internships will provide a first hand experience in public policy-making and encourage nurses to engage in policy issues.	<i>Budget:</i> Salary replacements or other arrangements. <i>Lead:</i> PCNO. <i>Timeline:</i> Fall 2000 and annual afterwards. <i>Monitoring/Eval:</i> JPNC.
g) Incorporate public policy education into all basic and graduate nursing programs.	Many nursing programs do not include public policy analysis and the political process within their curricula. The public, nurses and governments suffer the consequences of this deficiency. Public policy must be integrated within educational programs, particularly those oriented to the health-care discipline with the largest number of providers.	<i>Budget:</i> Within regular curricula. <i>Lead:</i> CAATS and COUPN. <i>Timeline:</i> Fall 2001. <i>Monitoring/Eval:</i> JPNC.

STRATEGY	DESCRIPTION AND RATIONALE	INSTITUTIONAL ASPECTS
<b>Recommendation # 1 - continued</b>		
h) Develop and offer public policy education workshops.	These workshops will enrich nurses' understanding of, and participation in, discussions, development, implementation and evaluation of public policy.	<i>Budget:</i> Absorbed by each nursing organization. <i>Lead:</i> Professional associations and nursing unions. <i>Timeline:</i> Spring 2001. <i>Monitoring/Eval:</i> JPNC.
i) Develop and distribute policy-related material for broad utilization.	Policy analysis and its application to health care and nursing issues is time consuming and requires advanced knowledge and expertise. This strategy builds on work already undertaken by nursing organizations and other relevant bodies. Examples of currently available material are RNAO's <i>Environmental Scan</i> produced twice a year, and policy papers on key nursing and health-care issues. Material should be readily available to facilitate nurses' engagement in public policy.	<i>Budget:</i> Absorbed by each nursing organization. <i>Lead:</i> Professional associations and nursing unions. <i>Timeline:</i> Ongoing. <i>Monitoring/Eval:</i> JPNC.

**Existing commitments:** This recommendation assumes full and timely implementation of Nursing Task Force Recommendations 3 and 6. For details, see appendix 2.

STRATEGY	DESCRIPTION AND RATIONALE	INSTITUTIONAL ASPECTS
<p><b>Recommendation # 2 – Ensure sustainable and equitable funding while advancing health-care reform that preserves the letter and spirit of the <i>Canada Health Act</i>.</b> Adequate, sustainable and equitable funding across health-care sectors and throughout the province is paramount to protecting universal access and quality nursing care. A direct link exists between stable employment opportunities for, and a stable continuing supply of, nurses. To preserve and strengthen quality patient care, health-care restructuring must ensure universal access to nursing and other services, across the continuum of care.</p>		
<p>a) The federal government and the Ontario government must provide adequate and sustainable funding for health care in a framework of health-care reform that protects the letter and spirit of the <i>Canada Health Act</i>, and substantially increases Ontarians' access to publicly funded health-care services at the right time, in the right place, and by the right provider.</p>	<p>Cutbacks in Canadian Health and Social Transfer (CHST) since 1995 have had a dramatic impact on the ability of provincial governments to adequately fund health and nursing services. The 1999 and 2000 inflows of additional federal funding are welcome but insufficient responses to population needs. We call upon the Federal Government to ensure sustainable, adequate funding so that Canadians receive the health and nursing services they deserve. The federal government should immediately return to real per capita transfer levels that existed in the mid-1990s. Ultimately, the federal government should return closer to the 50-50 share of health-care expenses as per their initial understanding with the provinces. The Ontario government should immediately raise its real per capita health-care expenditures to mid-1990s levels as well. Increased levels of federal and provincial funding should serve as the basis for health-care restructuring that occurs in a co-ordinated and logical form across various levels of government and health-care sectors. The goal of national and provincial health-care reform should be to stop the creeping privatization of our health care system, enhance universal access, ensure quality services, and secure economic sustainability through efficient utilization of all health care providers and sectors across the continuum of care.</p>	<p><i>Budget:</i> To be determined.  <i>Lead:</i> Federal government and Ontario government.  <i>Timeline:</i> First Ministers meetings; Health Ministers meetings; and annual federal and provincial budgets.  <i>Monitoring/Evaluation:</i> National and provincial nursing organizations across Canada.</p>

STRATEGY	DESCRIPTION AND RATIONALE	INSTITUTIONAL ASPECTS
<b>Recommendation # 2 - continued</b>		
<p>b) Fully implement the recommendations of the Health Services Restructuring Commission's (HSRC) Primary Health Care Strategy.</p>	<p>Primary health-care (PHC) services enhance access and reduce the need for hospital utilization. The HSRC's December 1999 report on <i>Primary Health Care Strategy</i> lays the groundwork for comprehensive PHC services. It is a foundation on which consumers, government and the full range of health-care providers can build on the strengths of our publicly funded health-care system. Access to comprehensive PHC will assist also in stemming the tide of privatization, and contribute greatly to continuity of care for Ontarians. Effective reform, with commitment and resolve can remedy our strained health-care system to successfully meet the health-care needs of each and every Ontario resident – now and well into the future.</p>	<p><i>Budget:</i> According to the costing document on PHC from the HSRC.  <i>Lead:</i> MOHLTC.  <i>Timeline:</i> Begin six year implementation plan by Fall 2000.  <i>Monitoring/Evaluation:</i> JPNC (see strategy 4a).</p>
<p>c) Revert the funding cuts, relaxation of regulation, managed competition, and downloading of responsibilities to municipalities, all of which have reduced the amount, continuity, and quality of nursing care provided to clients in the community.</p>	<p>The regulation changes and downloading of funding have lowered standards of care. In certain health-care sectors, less care is guaranteed and the use of unregulated care providers has increased significantly. The system is becoming rigid and less able to effectively handle the fluctuation in service demand. Recruitment and retention suffer as nurses are faced with the stress and conflict of providing care in circumstances of declining resources. In particular, the provincial government should: i) revert the deletion from the Nursing Home Act of the requirements that nursing homes have at least one RN on site 24 hrs-a-day, and should employ sufficient staff to provide each resident a minimum of 2.25 hours of care per day; ii) fully restore to mid 1990s levels the funding to, and staffing of, public health units that were downsized due to downloading to municipalities and other funding cuts; iii) revert regulatory changes that limit the amount of personal care and nursing care that Community Care Access Centres (CCAC) provide, and affect the criteria governing access to care in the community (which effectively place added burden on families, mainly women); iv) revert the implementation of managed competition marked by a bidding process for service delivery in the home care sector, which has led to significant pressures on all potential care providers to lower costs, cut the amount and level of services, and negatively impact on continuity of care that clients receive.</p>	<p><i>Budget:</i> To be determined.  <i>Lead:</i> MOHLTC, CCACs, municipalities, and community health-care providers.  <i>Timeline:</i> Spring 2001.  <i>Monitoring/Evaluation:</i> JPNC.</p>

STRATEGY	DESCRIPTION AND RATIONALE	INSTITUTIONAL ASPECTS
<b>Recommendation # 2 - continued</b>		
d) Create a task force to explore longer-term funding mechanisms for hospital, community, and long-term care sectors.	Current, annual, and in some sectors, volume-driven funding mechanisms discourage long-range program planning and the planning of nursing and other health human resources. This approach contributes to an unstable health-care work environment. In nursing, this often results in higher percentages of casualization of personnel.	<i>Budget:</i> To cover the work of the Task Force. <i>Lead:</i> MOHLTC/employer organizations/nursing unions/professional associations. <i>Timeline:</i> Fall 2000. <i>Monitoring:</i> JPNC (for nursing aspects).
e) Target the average nurse-to-population ratio in Canada as a key indicator for funding nursing in Ontario.	We commend the Ontario government for the recent funding initiatives aimed at raising the province's nurse-to-population ratio to the national average. We ask that the national average of nurse-to-population ratio become a critical standard for funding nursing in Ontario year after year. Funding for nursing services must also be based on the needs of the client(s) rather than on historical funding inequities among health-care agencies and sectors. Work must also be done to create, validate and fund outcome measures that are sensitive to nursing input.	<i>Budget:</i> Dependent on nurse-population ratios. <i>Lead:</i> MOHLTC. <i>Timeline:</i> Annual, during budget allocation. <i>Monitoring/Evaluation:</i> JPNC.
f) Resolve inequities in remuneration, benefits, and other work conditions that affect nurses working in different health-care sectors. Where appropriate, this should be achieved through collective bargaining.	The exodus of nurses from sectors that provide lower salaries and benefits and poor working conditions (such as lesser administrative and educational support) to sectors which provide better employment opportunities, is detrimental to patient care and to the nursing profession. Central to this issue are the current inequities between the hospital, long-term care, and home health-care sectors. Nursing services are essential in all sectors and equity in employment conditions is key to the retention and recruitment of nurses, and to workforce stability.	<i>Budget:</i> To be determined. <i>Lead:</i> PCNO with representation from employers, nursing unions, and professional associations. <i>Timeline:</i> Winter 2000. <i>Monitoring/Eval:</i> JPNC.

**Existing commitments:** This recommendation assumes full and timely implementation of Nursing Task Force Recommendations 1 and 5, and the crucial commitment in the Blueprint election platform, later reiterated in the throne speech, to create 12,000 new permanent nursing positions in Ontario by the end of year 2001. For details, see appendix 2.

STRATEGY	DESCRIPTION AND RATIONALE	INSTITUTIONAL ASPECTS
<p><b>Recommendation # 3 – Integrate nursing into decision-making at all levels of health-care organizations.</b> Nursing leadership is required at all times, in all health-care organizations, and across all nursing roles: staff nurses, educators, researchers, and administrators. Full participation of nurses in decision-making, at all levels of a health-care organization, is essential to improving the quality and effectiveness of patient care and to fostering nurse satisfaction.</p>		
<p>a) “Putting Patients First”: Develop resources and offer educational venues (i.e., workshops, videos, on-line resources) to support nurses’ efforts to put patients first, and to support the implementation of models of care delivery that promote continuity of care <u>and</u> continuity of caregiver.</p>	<p>Nurses repeatedly state that what keeps them involved in nursing is the relationship they have with their clients. This strategy will assist nurses to enhance their knowledge and skills as they continue to place patients at the centre of their care. Models of care delivery also deeply affect the practice of nursing. This strategy will also support the implementation of models of care delivery that promote continuity of care <u>and</u> continuity of caregiver, to enable nurses’ meaningful participation in decision making related to patient care. This will enhance quality patient care and nurses’ fulfilment with their work, a key determinant of staff retention. Continuity of caregiver is essential to facilitate an enriched nurse-client relationship.</p>	<p><i>Budget:</i> \$70,000 (\$35,000 each year).  <i>Lead:</i> Professional associations and nursing unions.  <i>Timeline:</i> Fall 2000; Spring 2001.  <i>Monitoring/Eval:</i> JPNC and health-care organizations.</p>
<p>b) Develop and offer workshops to increase staff nurse participation.</p>	<p>Increased staff nurse participation in workplace decision making contributes to staff nurse job satisfaction. Interactive workshops focused on effective communication, team work, conflict and stress management, and leadership skills will enhance the ability of staff nurses to contribute in a significant way to organizational decision making.</p>	<p><i>Budget:</i> Absorbed by each nursing organization.  <i>Lead:</i> Professional associations and nursing unions.  <i>Timeline:</i> Winter 2000.  <i>Monitoring/Eval:</i> JPNC.</p>
<p>c) Establish mechanisms to facilitate staff nurse participation in key organizational and unit committees. Where appropriate these mechanisms should be dealt through collective bargaining.</p>	<p>Nurses’ desire to participate in the life of an organization is tempered by the stress of workload and the pace of work. Nurses who wish to attend a meeting can’t ask a colleague to provide clinical coverage for their patients, since that colleague already has a very heavy assignment. We must ensure proper support, such as adequate patient coverage, to assist nurses in their participatory efforts.</p>	<p><i>Budget:</i> To be determined.  <i>Lead:</i> Health-care organizations and nursing unions.  <i>Timeline:</i> Fall 2000.  <i>Monitor/Eval:</i> JPNC.</p>



STRATEGY	DESCRIPTION AND RATIONALE	INSTITUTIONAL ASPECTS
<b>Recommendation # 3 - continued</b>		
<p>d1) RNs ask to reinstate the role of the RN as a first-line manager in all settings in which the majority of direct care providers are nurses. First-line managers must possess appropriate clinical and management preparation for each given setting and be positioned, through education and experience, to support all members of the health-care team under their direction.</p>	<p>Research shows that the nurse administrator is well positioned to influence staff morale and act as an advocate for appropriate nursing and other human resources utilization. Undervaluing this expertise in the recent past has contributed to staff shortages, nurse burnout, and patient and system problems. We ask that the professional designation of the first-line manager be captured in the Nursing Plans submitted to the MOHLTC by all health-care organizations in every sector. For those sectors that do not submit Nursing Plans, the information must be provided through other reports to government.</p>	<p><i>Budget:</i> None.  <i>Lead:</i> MOHLTC and health-care organizations.  <i>Timeline:</i> Summer 2000.  <i>Monitoring/Evaluation:</i> JPNC.</p>
<p>d2) RPNs support the use of appropriately designated and educated individuals in care unit manager positions and recognize that this individual will, in many cases, be a RN.</p>	<p>RPNs identify a need for all first-line managers (RNs, RPNs and others) to possess appropriate clinical and management preparation for each given setting and to be positioned, through education and experience, to support all members of the health-care team under their direction.</p>	

**Existing commitments:** This recommendation assumes full and timely implementation of Nursing Task Force Recommendation 2. For details see appendix 2.

STRATEGY	DESCRIPTION AND RATIONALE	INSTITUTIONAL ASPECTS
<b>Recommendation #4 – Position nursing as an entry point to the health-care system.</b> We need to realize the full scope of nursing practice by ensuring regulations and structures that enable Ontarians to access nurses as an entry point to the health-care system.		
a) Fund and ensure utilization of nurse practitioners with RN (EC) designation in <u>all</u> primary health-care practice groups.	We commend the Ontario government for its foresight in implementing the <i>Expanded Act for Nursing Legislation</i> on February 11, 1998, and for allocating funds for primary care nurse practitioner utilization. NPs provide a cost-effective solution to the public’s limited access to health-care services, and acknowledge nursing’s contribution to the health-care system thus enhancing the professions’ image. We urge the government to move immediately with full implementation of the Health Services Restructuring Commission (HSRC) recommendations contained in the report, <i>Primary Health Care Strategy</i> , and we ask for substantial nursing representation on the implementation and monitoring committee.	<i>Budget:</i> As per HSRC report. <i>Lead:</i> MOHLTC. <i>Timeline:</i> As per HSRC recommendations. <i>Monitoring/Eval:</i> through JPNC representation in primary health care implementation and monitoring committee.
b) Pilot the utilization of primary health care NP within home health-care agencies.	Primary health care NP utilization within home health care can prove a positive mechanism to decrease hospital re-admissions and promote healthy behaviours, while using the infrastructure of the home care organization. The increased acuity of clients receiving home health care calls for expanded nursing roles.	<i>Budget:</i> Salaries of NP’s in pilot projects. <i>Lead:</i> MOHLTC and the home health-care sector. <i>Timeline:</i> Fall 2000. <i>Monitoring/Eval:</i> JPNC.
c) Change regulation 965 of the <i>Public Hospitals Act</i> to enable RNs (EC) to practice to their full scope in primary health-care settings in hospitals.	The <i>Hospital Management Regulation (965)</i> of the <i>Public Hospitals Act</i> contains legal obstacles to RNs (EC) ordering treatment within hospitals. Prevented from utilizing their full scope of practice, the RNs (EC) must rely on medical directives to provide treatment for their clients, an unnecessary and costly bureaucratic delay. MOHLTC has demonstrated leadership by integrating the role of the primary health-care nurse practitioner through legislation and initial funding. We call on MOHLTC to continue to play a leadership role by removing regulatory barriers to the RN (EC) full scope of practice.	<i>Budget:</i> To be determined. <i>Lead:</i> MOHLTC. <i>Timeline:</i> Fall 2000. <i>Monitoring/Evaluation:</i> JPNC.
d) Establish a task force to propose regulatory changes to enable acute care nurse practitioners to attain RN (EC) designation.	As in-hospital patient acuity levels continue to rise, patients need the expertise and skills of extended class nurses in the various acute-care settings. We ask that the College of Nurses of Ontario with the support of MOHLTC, and in consultation with the nursing community and other key stakeholders, prepare the background work to propose regulations that will enable acute-care nurse practitioners to acquire RN (EC) designation.	<i>Budget:</i> To be determined. <i>Lead:</i> College of Nurses of Ontario and MOHLTC. <i>Timeline:</i> Fall 2000. <i>Monitoring/Evaluation:</i> JPNC.

STRATEGY	DESCRIPTION AND RATIONALE	INSTITUTIONAL ASPECTS
<b>Recommendation # 4 - continued</b>		
<p>e) Expand <i>Mandatory Health Program Service Guidelines</i> enabling public health nurses to fully utilize their scope of practice.</p>	<p>The omission in <i>The Mandatory Health Program Service Guidelines</i> of issues related to violence against women, violence against children, and mental health and emotional supports is highly problematic for the achievement of healthy populations. These and other omissions indicate problems with decision-making regarding programs that are included in the <i>Guidelines</i>. Public health is positioned to take a leadership role in health-care reform. Public health nurses, functioning within comprehensive guidelines, can enhance access to publicly funded health promotion and illness prevention services.</p>	<p><i>Budget:</i> To be determined.  <i>Lead:</i> MOHLTC (Public Health Branch).  <i>Timeline:</i> Summer 2000.  <i>Monitoring/Evaluation:</i> JPNC.</p>
<p>f) Rescind part 4 of Regulation 386/99, establishing service maximums for nursing care in the home.</p>	<p>The restructuring of acute-care hospitals is increasing the number of persons requiring nursing services in the home as well as the intensity of the services they need. Since it is well within the nurse's scope of practice to make health assessments, patient safety requires that we dispose of regulatory constraints on practice. Instead, we propose to adopt statutory provisions similar to those found in the <i>Nursing Homes Act</i>, the <i>Municipal Homes for the Aged and Rest Homes Act</i>, and the <i>Charitable Institutions Act</i>. These provisions require that there be a plan of care for each client that meets the client's needs and that the care outlined in the plan be delivered.</p>	<p><i>Budget:</i> To be determined.  <i>Lead:</i> MOHLTC and CCACs.  <i>Timeline:</i> Fall 2000.  <i>Monitoring/Evaluation:</i> JPNC.</p>

STRATEGY	DESCRIPTION AND RATIONALE	INSTITUTIONAL ASPECTS
<p><b>Recommendation # 5 – Ensure sustainable and healthy work environments.</b> Poor working conditions and unhealthy work environments are central barriers to the retention of nurses, and a major deterrent to attracting women and men into the profession. Trends toward casualization, poor staffing patterns resulting in heavy workloads, the lack of professional development opportunities, as well as inadequate compensation and benefits, are key factors leading to nursing shortages. The strongest recruitment strategy is staff retention. Staff that are satisfied with their practice and work environment will share their excitement and become the most effective and active recruiters.</p>		
<p>a) Develop and widely distribute a <i>Healthy Work Environment Guide</i>.</p>	<p>This document will outline the characteristics of a healthy nursing work environment, and provide concrete strategies for its achievement. The document will assist health-care organizations to create thriving work environments, contributing to high quality health care for Ontarians and the retention and recruitment of professional nursing staff. It will address in detail programs such as: orientation, preceptorship, mentorship, participatory hiring, professional development, career advancement, staff recognition, illness and injury prevention, collaborative practice models, and leadership.</p>	<p><i>Budget:</i> \$ 25,000.  <i>Lead:</i> RNAO/RPNAO, employees/employers and nursing unions.  <i>Timeline:</i> Summer 2000.  <i>Monitoring/Evaluation:</i> JPNC.</p>
<p>b) Monitor that earmarked funds flow to create new permanent nursing positions, and conduct random audits to encourage compliance.</p>	<p>The Nursing Task Force Report’s intent was to create permanent, new nursing positions, and not simply to replace existing positions or hire temporary ones. Recruitment efforts must focus on achieving the intended goal. We ask that health-care organizations report bi-annually on their progress and that random audits be conducted immediately. Data reported should include:</p> <ul style="list-style-type: none"> <li>• number of new, permanent part-time nursing positions hired,</li> <li>• number of new permanent full-time nursing positions hired,</li> <li>• number of new temporary part-time positions hired,</li> <li>• number of new temporary full-time positions hired (i.e., to cover for maternity and educational leaves),</li> <li>• number of casual nursing hours worked, and</li> <li>• payroll hours, by category of nursing (RN, RPN) and employment status (FT, PT -- permanent or temporary -- and casual), as a measurable indicator for the achievement of the NTF Recommendation 1 (see appendix 2).</li> </ul>	<p><i>Budget:</i> Within current reporting mechanism.  <i>Lead:</i> MOHLTC.  <i>Timeline:</i> Spring and Winter 2000, and each year afterwards.  <i>Monitoring/Evaluation:</i> JPNC.</p>

STRATEGY	DESCRIPTION AND RATIONALE	INSTITUTIONAL ASPECTS
<b>Recommendation # 5 - continued</b>		
c) Develop mechanisms to ensure diminished levels of casualization.	Casualization is a key contributor to nurse dissatisfaction. We must create incentives for health-care organizations to convert casual positions into permanent ones. For example, funding formulas should reward organizations that convert casual positions to permanent ones.	<i>Budget:</i> To be determined. <i>Lead:</i> MOHLTC with representation from employers, nursing unions and professional associations. <i>Timeline:</i> Fall 2000. <i>Monitoring/Eval:</i> JPNC.
d) Develop organizational guidelines to assist in determining adequate levels of nurse-patient ratios and proper RN/RPN/NP utilization.	Staffing patterns have been consistently poor in the past five years. The result: dissatisfied patients / clients, overworked nurses, burnout, increased absenteeism, and low morale. Guidelines to assist in determining adequate staffing levels must consider patient/client acuity, complexity level, complexity of work environment and the availability of expert resources. These guidelines will serve to ensure that professional nursing staff (RN and RPN) can provide safe and quality health care, and that we ease current levels of staff burnout.	<i>Budget:</i> None. <i>Lead:</i> JPNC. <i>Timeline:</i> Fall 2000. <i>Monitoring/Evaluation:</i> JPNC.
e) Secure proper compensation and benefits for nurses across the health-care continuum. Where appropriate, this should be achieved through collective bargaining.	The recent settlement between ONA and Ontario's hospitals is welcome progress for RNs in the hospital sector. Close attention to the salary issue remains an urgent need in the home-health care and long-term care sectors. Also, given the reality of competing health-care career choices for men and women, nurses' starting salaries must become more competitive if we are to attract the best and brightest into the profession. Financial incentives are also required for advanced education, in addition to years of experience. Adjustment of the salary grid should include substantial differences for evening and night shifts, as well as incentives for nurses working full-time, rather than part-time or casual hours. We should also explore incentives for nurses who are able to continue to contribute to the workforce beyond their eligible retirement age.	<i>Budget:</i> To be determined. <i>Lead:</i> Employers, nursing unions and professional associations. <i>Timeline:</i> Winter 2000. <i>Monitoring/Evaluation:</i> JPNC.
f) Develop and offer leadership training workshops for nurses in advanced practice roles.	Nurses in advanced practice roles (i.e., nurse manager, CNS, nurse educator) can influence the quality of patient care and quality of the work environment for staff. Educational workshops will be developed and offered with an emphasis on participatory and transformational leadership. This type of leadership has a demonstrated impact on staff retention. These workshops should be available also for RPNs.	<i>Budget:</i> \$5,000. <i>Lead:</i> RNAO. <i>Timeline:</i> Summer 2000. <i>Monitoring/Evaluation:</i> JPNC.

STRATEGY	DESCRIPTION AND RATIONALE	INSTITUTIONAL ASPECTS
<b>Recommendation # 5 - continued</b>		
g) Develop and widely distribute a discussion paper on the utilization and implementation of clinical ladders.	Clinical ladders provide a cost-effective framework to acknowledge and reward highly knowledgeable clinicians for their outstanding practice. They serve as a structural means of recognizing and developing clinical expertise and promoting career advancement. Clinical ladders are associated with higher recruitment and retention rates. We propose to develop and distribute a background document on clinical ladder utilization including mechanisms for its implementation.	<i>Budget:</i> \$5,000. <i>Lead:</i> RNAO/RPNAO. <i>Timeline:</i> Summer 2000. <i>Monitoring/Evaluation:</i> JPNC.
h) Conduct a survey on nurse satisfaction.	Conduct a confidential survey with a representative sample of RNs and RPNs to determine role satisfaction. This will include nurses who have moved to the US or other provinces, or who have left the profession. To capture the true complexity of nursing, the work satisfaction survey will include: questions related to the work itself (intrinsic interest, variety, opportunity for learning, difficulties, creativity, responsibility, authority, opportunities for success, control/autonomy and scheduling); pay (amount, equity and method of payment); promotions (opportunities for advancement, fairness); recognition; benefits; working conditions; quality of supervision; management and administration.	<i>Budget:</i> \$20,000. <i>Lead:</i> RNAO/RPNAO/ NRU/nursing union reps/OHA, OANHSS, ONHA, alPHa, CCACs. <i>Timeline:</i> Winter 2000. <i>Monitoring/Evaluation:</i> JPNC.
i) Conduct exit interviews.	Health-care organizations should conduct exit interviews specific to nursing staff as they provide insight into the strengths, weaknesses, opportunities and threats to nursing work and work satisfaction.	<i>Budget:</i> Within expected HR practices. <i>Lead:</i> Employers. <i>Timeline:</i> Ongoing. <i>Monitoring/Eval:</i> JPNC.

STRATEGY	DESCRIPTION AND RATIONALE	INSTITUTIONAL ASPECTS
<p><b>Recommendation # 6 – Promote life-long learning and improved access to educational programs.</b> Nursing education must keep pace with the needs of nursing practice. Nursing practice must continuously integrate changes in society, health-care needs, new knowledge, and an evolving practice setting. The structured nature of nurses’ work leaves little flexibility to participate in educational opportunities. We must support nurses to continuously upgrade their knowledge and skills.</p>		
<p>a) Develop a province-wide approach to prior learning assessment (PLA) credits for mature students.</p>	<p>Ontario colleges have had PLA credits in place for a number of years (first piloted in 1993). Some universities are currently developing PLA guidelines. PLA increases nurses’ interest in pursuing formal education, particularly among mature nurses, since they receive some credit for informal learning and other life experiences.</p>	<p><i>Budget:</i> \$5,000. <i>Lead:</i> CAATS/COUPN. <i>Timeline:</i> Spring 2001. <i>Monitoring/Evaluation:</i> JPNC.</p>
<p>b) Incorporate new topics across the curriculum in basic nursing programs to meet population needs.</p>	<p>The nursing curriculum for RNs and RPNs must be regularly updated to meet the needs of Ontarians today, and reflect the needs of tomorrow. All graduates of nursing programs should be exposed to basic concepts required across the health continuum. Emerging needs include: 1) healthy aging; 2) cultural diversity and its impact on health-care provision; 3) information technology and computer literacy; and 4) primary health care.</p>	<p><i>Budget:</i> Within regular curricula development. <i>Lead:</i> CCATS, COUPN. <i>Timeline:</i> Winter 2001. <i>Monitoring/ Eval:</i> JPNC.</p>
<p>c) Government’s sponsorship of continuing formal education for nurses.</p>	<p>We commend government for its allocation of \$10 million, on a yearly basis, towards nursing education and training. Support for ongoing education is considered by nurses a key recruitment and retention incentive. Higher education enhances the delivery of nursing care and staff moral. We ask that \$5.5 million of the total training funds be allocated in the years 2000, 2001, and 2002, to respond to arising needs related to health-care restructuring. All nurses who are currently practising and wish to further their education should be able to apply. Training grants should be applicable towards certificate programs, college, baccalaureate, masters and doctoral studies all tied to areas of need. Criteria for this kind of financial support should include specific aspects aimed at retaining nurses in Ontario (i.e., funding tied to remaining in Ontario for at least two years).</p>	<p><i>Budget:</i> \$5.5 M (from the \$8M set aside for nursing education and training). <i>Lead:</i> MOHLTC/RNAO/RPNAO. <i>Timeline:</i> 1999/2000, 2000/01, and 2001/02. <i>Monitoring/Evaluation:</i> JPNC.</p>
<p>d) Enhance the marketing of nursing associations’ support for continuing formal education for nurses.</p>	<p>The financial assistance available through nursing associations must be well marketed and enhanced. The Canadian Nurses Foundation (CNF), and the Registered Nurses Foundation of Ontario (RNFOO) offer significant study awards for baccalaureate, master’s, and doctoral studies. RNAO and RPNAO offer low interest loans of up to \$2,000 and \$1,000 respectively, to those who have been a member for at least one year. These and many other sources of financial assistance through associations, colleges and universities are listed each year in the RNAO Education Guide.</p>	<p><i>Budget:</i> As per each funding source. <i>Lead:</i> CNF, RNFOO, RNAO, and RPNAO. <i>Timeline:</i> In place. <i>Monitoring/Evaluation:</i> Each association.</p>

STRATEGY	DESCRIPTION AND RATIONALE	INSTITUTIONAL ASPECTS
<b>Recommendation # 6 - continued</b>		
e) Employer sponsored nursing student loan program.	We encourage employers to offer low interest education loans as an incentive for nurses to continue their education and professional development. Criteria for loan applications should be tied to specific recruitment and retention incentives aimed at retaining the nurse in the organization (i.e., applicant completed one year of employment and is committed to remain in the organization until the loan is re-paid).	<i>Budget:</i> As per each organization. <i>Lead:</i> Employers/health-care organizations /foundations. <i>Timeline:</i> Fall 2000. <i>Monitoring/Eval:</i> JPNC through nurses' satisfaction survey (see strategy 5h).
f) Employer support for attending conferences and workshops.	Explicit financial support and flexibility with scheduling time off must be put in place to foster continuing education. Greater emphasis, access to, and support for short-term continuing education programs is essential for staff nurses to keep pace with new technology, the growing body of nursing knowledge, and an extremely demanding workload. Organizations that provide enhanced support for nurses to attend, participate in, and present papers at conferences and other professional learning activities benefit greatly. The organization benefits from improved nursing care, enhanced staff morale and a stronger commitment from nurses.	<i>Budget:</i> \$2M (from the \$8M set aside for nursing education and training). <i>Lead:</i> MOHLTC/ RNAO/ /RPNAO. <i>Timeline:</i> 2000/01 and 2001/02. <i>Monitoring/Eval:</i> JPNC.



STRATEGY	DESCRIPTION AND RATIONALE	INSTITUTIONAL ASPECTS
<b>Recommendation # 7 – Implement full utilization of and specialized support for nurses working in rural and northern communities (RNC).</b> Most nurses live and want to work in their own communities. Nurses and nurse practitioners in rural, northern or under serviced areas need support to gain fair employment, and the specialized knowledge to best serve their communities.		
a) Allocate additional funding and create positions to ensure full utilization of NPs practising in RNC.	We commend the government for funding 85 RNs (EC) in under serviced areas. This move asserts the value of RNs (EC) and improves public access to primary health-care services. We ask that government continue with this approach by ensuring all RNs (EC) are fully employed within their scope of practice. Currently we have 150 unemployed and around 50 under-employed RNs (EC). Many of these individuals wish to practice in RNC. The value and effectiveness of the nurse practitioner is exceedingly well documented, and thus it is important to facilitate their widespread utilization.	<i>Budget:</i> \$13 M. <i>Lead:</i> MOHLTC. <i>Timeline:</i> Fall 2000. <i>Monitoring/Evaluation:</i> JPNC.
b) Based on community needs, offer free tuition to students entering basic or advanced nursing programs, if they are willing to re-locate and practice in an RNC upon graduation. This includes those who are willing to relocate to First Nation communities. These students must commit to staying and service that community for a period equal or longer than the length of the educational program.	This strategy is the same as the government's commitment to medical students.	<i>Budget:</i> To be determined. <i>Lead:</i> MOHLTC / Ministry of Training, Colleges and Universities. <i>Timeline:</i> 2001/02. <i>Monitoring/Evaluation:</i> JPNC.
c) Establish in the North, a distance education certificate program for practising nursing in RNC.	Similar to certificate programs in various clinical specialties, the practice of nursing in RNC also warrants specialty preparation. Both RNs and RPNs would gain from the additional preparation, and the greatest benefit would go to the people of rural and northern Ontario.	<i>Budget:</i> \$5,000 for curriculum development. <i>Lead:</i> CAATS/COUPN. <i>Timeline:</i> Winter 2001. <i>Monitoring/Eval:</i> JPNC
d) Establish a Master's Program in Nursing in a northern university.	The needs of northern Ontarians require the services of advanced practice nurses. The absence of a local graduate program significantly limits the public's access to advanced practice nurses, as well as the ability of nurses to further their education and/or to remain working in a RNC.	<i>Budget:</i> \$25,000 for curricula development. <i>Lead:</i> COUPN. <i>Timeline:</i> Fall 2002. <i>Monitoring/Eval:</i> JPNC.

STRATEGY	DESCRIPTION AND RATIONALE	INSTITUTIONAL ASPECTS
<b>Recommendation # 7 - continued</b>		
e) Establish telehealth capacity to support nurses practising in RNC.	Telehealth capacity can facilitate the practice of nursing, enhance people's access to health-care services, and decrease the sense of professional isolation. All these factors may have a positive effect on role satisfaction and staff retention for nurses working in RNC.	<i>Budget:</i> To be determined. <i>Lead:</i> PCNO working with MOHLTC, Ministry of Northern Affairs and Ministry of Technology. <i>Timeline:</i> Spring 2001. <i>Monitoring/Eval:</i> JPNC.

STRATEGY	DESCRIPTION AND RATIONALE	INSTITUTIONAL ASPECTS
<p><b>Recommendation # 8 -- Foster a positive image of nursing.</b> Long-term improvements in nursing recruitment and retention require a public image of nursing as an attractive career. The high regard and ability to influence that the public attributes to nursing must be shared. Strategic advertising, media relations and other types of marketing have a cumulative effect that impact on perceptions and decisions. These activities provide public ways to acknowledge and honour the value of nurses to the health-care system and to society.</p>		
<p>a) Aggressive media relations campaign.</p>	<ul style="list-style-type: none"> <li>• Television public service announcements. The series will consist of six 1½ to 2½ minute stories featuring six different aspects of nursing as a desirable and rewarding career choice. Each story will be distributed monthly by satellite to 18 television and 45 cable networks in Ontario. The same material could be distributed in VHS format for presentations and nursing career nights.</li> <li>• Radio public service announcements. The series will consist of six radio public service announcements focusing on nursing as a desirable and rewarding career choice. The series will be distributed to Ontario's 143 English radio stations.</li> <li>• Media kit. A media kit for distribution to the 350 plus community newspapers in the province that will contain nurse profiles, career columns and general interest features on nursing as an attractive career choice.</li> </ul>	<p><i>Budget:</i> \$57,000.</p> <ul style="list-style-type: none"> <li>• \$28,000 (television).</li> <li>• \$14,000 (radio PSAs).</li> <li>• \$15,000 (media).</li> </ul> <p><i>Lead:</i> RNAO/RPNAO. <i>Timeline:</i> Fall 2000. <i>Monitoring/Evaluation:</i> JPNC.</p>
<p>b) Nursing career newsletter.</p>	<p>The College of Nurses of Ontario (CNO) will feature one issue of its bi-monthly publication <i>Nursing and You</i> to add a supplement focused on nursing as a career choice. This newsletter, with a distribution of about 60,000, is circulated to family physicians, Community Care Access Centres, hospitals, long-term care facilities, nursing schools and media. Additional copies of the supplement will be printed for distribution throughout the Ontario secondary school and public library system.</p>	<p><i>Budget:</i> \$40,000 (\$20,000 per issue).</p> <p><i>Lead:</i> CNO/ RNAO/ RPNAO. <i>Timeline:</i> Spring 2000, Spring 2002. <i>Monitoring/Evaluation:</i> JPNC.</p>

*Note:* successful implementation of other Recommendations in this Plan of Action will positively impact on the image of nursing.

STRATEGY	DESCRIPTION AND RATIONALE	INSTITUTIONAL ASPECTS
<b>Recommendation # 9 -- Facilitate the match between employers and potential employees.</b> Create frequent and accessible opportunities to ease the connection between nurses and potential employers in welcoming ways.		
a) Workplace open houses and staff nurse participation in recruitment efforts.	Enthusiastic practising nurses are the best recruiters for an organization. These nurses will often be more successful than designated recruiters in the human resources department. Inviting student nurses to visit on-site to meet practising nurses who are positive about their work is the greatest advertising possible. Practising nurses participating in recruitment teams could act as ambassadors of the profession and become frontline recruiters for the organization.	<i>Budget:</i> Absorbed by health-care organizations. <i>Lead:</i> Employers. <i>Timeline:</i> 2000-2001. <i>Monitoring/Evaluation:</i> JPNC through nurse satisfaction survey (see strategy 5h).
b) Career fairs.	Career fairs help RNs and RPNs enhance their work search skills and provide a unique opportunity for employers and potential employees to meet. This initiative originated with an event on May 13, 1998 under the auspices of RNAO, and had over 1,300 RNs in attendance. Four additional events sponsored by RNAO/RPNAO/MOHLTC have had over 2,500 RNs and RPNs in attendance. Their delivery across the province (London, Ottawa, Toronto, and Sudbury) encouraged participation of a wide range of employers, and offered equal opportunities to nurses and students.	<i>Budget:</i> \$240,000 (\$80,000 per year). <i>Lead:</i> RNAO/RPNAO. <i>Timeline:</i> 2000, 2001, 2002. <i>Monitoring/Evaluation:</i> JPNC.
c) CareerLine phone employment advertising service.	Sponsored for a period of six months by MOHLTC, the RNAO and the RPNAO have offered, since August of 1999, an employment advertising service through separate toll-free phone numbers. For the nominal fee of \$25, employers can place a short job posting, for permanent full-time or part-time positions and gain province-wide access to nurses. New postings are recorded weekly. For the six-month period, the number of calls to the RNAO line was 1,625 with 96 positions advertised. The RPNAO line received 699 calls with 44 positions advertised. Although we envision that CareerLine will be gradually replaced by the CareerSite Web service, we will continue to offer the service as long as there is demand and it remains self-sustaining.	<i>Budget:</i> \$35,000 during trial period. Self-sustained afterwards. <i>Lead:</i> RNAO/RPNAO. <i>Timeline:</i> 1999. Continue only if self-sustained. <i>Monitoring/Evaluation:</i> JPNC.
d) CareerSite Web site job registry and clearinghouse for employers and nurses.	RNAO and RPNAO will establish a Web site for employment advertisement for registered nurses and registered practical nurses around the province aimed at matching employers and nurses for permanent full-time or part-time positions. For a nominal fee, employers will place job postings that will be accessible world-wide. Nurses will be able to post as well, including their resumés, online. The budget requested is for set-up costs of the Web site; the implementation will be self-sustaining. CareerSite will be linked to, but distinct from, the NursingChoice recruitment Web site proposed in strategy 10 a).	<i>Budget:</i> Set-up: \$30,000. <i>Implementation:</i> Self-sustaining. <i>Lead:</i> RNAO/RPNAO. <i>Timeline:</i> Summer 2000. <i>Monitoring/Eval:</i> JPNC.

STRATEGY	DESCRIPTION AND RATIONALE	INSTITUTIONAL ASPECTS
<b>Recommendation # 9 - continued</b>		
e) Career counselling services.	Originally implemented by RNAO for its members in 1998, the nurse career counsellor handled over 2,000 requests for assistance during the first year of service. RNs taking advantage of this service had various levels of educational preparation, with the majority (47%) prepared at the diploma level, and 27% possessing baccalaureate degrees in nursing. As the demand for career counselling services continued to increase, the service was expanded to all RNs and RPNs in the province through sponsorship by MOHLTC. Besides general career counselling, nurses are asking for specific assistance in such areas as work search strategies, interview preparation and educational program advice. RPNAO's new career counsellor at its Career Development Centre has already handled numerous requests from nurses at all career stages including nursing students, new graduates, and experienced nurses.	<i>Budget:</i> \$244,000 (\$94,000, \$75,000 and \$75,000 annual amounts). <i>Lead:</i> RNAO/RPNAO. <i>Timeline:</i> 2000, 2001, 2002. <i>Monitoring/Evaluation:</i> JPNC through quarterly reports from RNAO and RPNAO.
f) "Nurses back home": USA jobs fair participation.	As a result of poor employment opportunities, a significant number of nurses have moved to the US. Ontario nursing representatives will attend US job fairs to market Ontario employment opportunities and recruit Canadian nurses back home. The nurse recruitment team will attend four events during the year: two close to the Canada-US border (i.e., Detroit, Buffalo) and two in southern states such as Florida and Texas which are popular work destinations for Ontario nurses. This program will include portfolios of job postings from health-care organizations, to be distributed to nurses in the US. The nurse recruitment team will bring back resumés of interested nurses and distribute these to the appropriate health-care organizations. Follow-up with the health-care organizations will be conducted to determine how many nurses were hired through this strategy.	<i>Budget:</i> \$80,000 (\$40,000 per year). <i>Lead:</i> RNAO/RPNAO. <i>Timeline:</i> Fall 2000, Fall 2001. <i>Monitoring/Evaluation:</i> JPNC/ Employers.

STRATEGY	DESCRIPTION AND RATIONALE	INSTITUTIONAL ASPECTS
<p><b>Recommendation # 10 – Attract high school and mature students to nursing programs.</b> To stabilize the nursing workforce we must attract a steady flow of high-performing students into nursing programs. The profession needs to broaden its catchment to non-traditional students and males. Students are very interested in career planning, and nursing must develop a strategic approach to provide students and career counsellors with focused information about nursing as a career choice.</p>		
<p>a) NursingChoice recruitment Web site.</p>	<p>Cyberspace is a central recruitment tool for the young generation and the old one as well. A dedicated NursingChoice site will evocatively tell the story of nursing. The reach is global and immediate. Content will include photos and stories of nurses at work in a wide-range of settings and roles and will cover education needed, programs available, and opportunities. The site will link to others such as CareerSite Web site to be offered by RNAO and RPNAO (see strategy 9d), and the <a href="#">nurses@work</a> site offered by the Canadian Nurses Association and Industry Canada.</p>	<p><i>Budget:</i> \$15,000.  <i>Lead:</i> RNAO/RPNAO.  <i>Timeline:</i> Summer 2000.  <i>Monitoring/Evaluation:</i> JPNC by monitoring statistics of enrolment into nursing educational programs.</p>
<p>b) Print information campaign.</p>	<p>Print information is a powerful communications tool as it can be customized to its audience. Four booklets will be developed, one to match each of the following age groups: grades 5-6, grades 7-9 and grades 10-OAC, plus a poster for school bulletin boards. The fourth booklet in the series will be targeted to the general public, since parents play a major role in influencing the career decisions of their children. These publications will be widely distributed in schools and public libraries, as well as placed in the NursingChoice Web site.</p>	<p><i>Budget:</i> \$180,000 (\$90,000 per year).  <i>Lead:</i> RNAO/RPNAO.  <i>Timeline:</i> Winter 2000, Fall 2002.  <i>Monitoring/Eval:</i> JPNC by monitoring statistics of enrolment into nursing educational programs.</p>

STRATEGY	DESCRIPTION AND RATIONALE	INSTITUTIONAL ASPECTS
<b>Recommendation # 10 - continued</b>		
c) Career Awareness Program/Speakers Bureau.	<p>This comprehensive program will create ready-to-go material for school career counsellors to create interest and enthusiasm towards nursing as a career choice, and demonstrate the wide range of opportunities available within nursing. The program will consist of:</p> <ul style="list-style-type: none"> <li>• A resource guide directed primarily to career counsellors and teachers complete with lesson plans and student activities to be undertaken before nurse guest speakers come to the classroom.</li> <li>• A video created specifically for students in “their age-related language” to create excitement and ignite their imagination.</li> <li>• A presenter’s guide to provide nurse guest speaker with strategic ways to generate student involvement in presentation, as well as the tactical aspects of implementing the presentation.</li> <li>• Support material including slides and PowerPoint presentation for speakers plus evaluation material.</li> <li>• Establishment of a liaison office and officer at educational settings to improve outreach.</li> <li>• All the resources developed, including the video, will be placed on the NursingChoice Web site for downloading.</li> </ul>	<p><i>Budget:</i> \$120,000.  <i>Lead:</i> RNAO/RPNAO.  <i>Timeline:</i> Fall 2000.  <i>Monitoring/Evaluation:</i> JPNC.</p>
d) Nursing career events for secondary students.	<p>Interactive nursing presentations change high school students’ attitudes about nursing as a career option and attract high-performing and non-traditional students into the profession. This initiative must include a targeted effort to attract Francophone and First Nation students, as well as men and women from diverse cultural backgrounds. A nursing career event provides first-hand information on nursing careers. Career nights offer students an opportunity to identify with nurses’ work and encourage them to pursue their student community involvement in a nursing setting. These events also contribute to public image of the nursing profession.</p>	<p><i>Budget:</i> \$20,000 (\$10,000 each year).  <i>Lead:</i> RNAO/RPNAO.  <i>Timeline:</i> 2000, 2001.  <i>Monitoring/Evaluation:</i> JPNC.</p>

STRATEGY	DESCRIPTION AND RATIONALE	INSTITUTIONAL ASPECTS
<b>Recommendation # 10 - continued</b>		
e) Job shadowing program with appropriate remuneration for mentors. Where appropriate, this should be achieved through collective bargaining.	This program, co-ordinated by each professional association, will match interested students to nurses for a half-day visit in the nurse's workplace and experience nursing firsthand. This may lead to a one-to-one mentoring relationship between the student and an experienced nurse. This type of program has received very positive evaluations when implemented in other jurisdictions.	<i>Budget:</i> \$52,000 (\$26,000 per year). <i>Lead:</i> RNAO/RPNAO. <i>Timeline:</i> 2000, 2001. <i>Monitoring/Evaluation:</i> JPNC.
f) Ontario universities fair.	The annual Ontario Universities Recruitment Fair organized by Ontario universities is aimed at graduating high-school students and their parents. The fair is held mid-September each year at the Metro Toronto Convention Centre. Thirty thousand to 40,000 people attend over a three-day period. COUPN and CAATS representatives will co-host a booth at the fair to promote nursing as an attractive career choice, answer questions from students and parents, distribute material, and refer students to nursing programs.	<i>Budget:</i> \$30,000 (\$15,000 each year). <i>Lead:</i> CAATS/COUPN. <i>Timeline:</i> Fall 2000, Fall 2001. <i>Monitoring/Evaluation:</i> JPNC.
g) Secondary School Community Involvement Program (requirement to complete high school).	All Ontario secondary school graduates have to complete 40 hours of community experience. This is an excellent opportunity for high school students to become acquainted with the nursing profession and consider nursing as a career choice. RNAO and RPNAO will advertise this opportunity in secondary schools and will match students with nursing work settings.	<i>Budget:</i> \$52,000 (\$26,000 per year). <i>Lead:</i> RNAO/RPNAO/employers. <i>Timeline:</i> 2000, 2001. <i>Monitoring/Eval:</i> JPNC



