Nurses and their Workplaces:The Policy Drivers Matter

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The health of nursing

- Among all Canadian workers, nurses have
  - Highest percent who rate own health as poor
  - Absenteeism rates double the average for all workers
  - Days lost to illness or disability nearly double
  - High risks of injury
- These results must change if Canada is to continue to provide good quality health care
- My message to you is that we do have the power to improve the well-being of nurses, and it is now evident that change is needed

My approach

- I will describe three parallel pathways for change to improve working conditions
  - Drawing on recent synthesis papers published by CPRN (all based on extensive literature reviews)
- If Canada committed to all three, there would be some remarkable improvements in the work experiences of nurses.
- If we commit to only one, there will be progress but not as much as most of us want to see

Three pathways to change

- 1. System-wide change in the way health human resource planning is done by governments, educators, and stakeholders
- 2. Institutional and workplace change to improve the working conditions faced by nurses
- 3. New forms of health care delivery which alter the way nurses are expected to contribute to good quality health care (e.g. primary care reform, provider teams)

1. The system-wide pathway

- Many people now argue for a Canada-wide effort to balance supply and demand
- This issue cannot be managed by one province or one region on its own
- How can Atlantic Canada compete with the needs in other provinces and the U.S.?
- Fooks et al recommend four key shifts in thinking

Four key shifts

- Integrating health HR planning into overall system design choices
- Planning on basis of population needs
- Planning on basis of provider teams
- National co-operation at a minimum to:
  - Share information, track trends
  - Develop planning tools
  - Identify practice style, environmental, legislative or educational changes needed
- National co-ordination would be better

Outlook

- These four key shifts in thinking *"will take enormous effort and will need new ways of engagement"* for governments and others
- At this stage, provinces show little or no interest in moving in this direction
- Past efforts to plan for health HR have not been successful -- too short term and too partial
- However, don't give up, there are somewhat better odds for the next two pathways

2. The workplace pathway

- There are four literatures (each using a different language and approach) which propose changes inside institutions and workplaces
  - HR policies in the workplace (Business schools)
  - Job design and organizational structures (Consultants)
  - Employment relationships (Sociologists)
  - Industrial relations (IR specialists
- They have a lot in common

HR policies in the workplace

- Effective policies will offer:
  - High job control
  - Adequate staffing and time to do the work
  - Good relationships with colleagues
  - Effective leadership

- These policies are most effective when **all** management decisions take HR issues and work environments into account

Organizational design

- Job design (case management, teamwork)
  - autonomy, recognition, multitasking
  - requires delegating authority
- Job rewards
- Family-friendly work arrangements
- Job security
- Employee health and wellness
- These approaches work best when bundled together, rather than tried independently

Employment relationships --
What all workers want

- Treated with respect
- Interesting work
- Good communication with peers
- A feeling of accomplishment
- Ability to balance work and family
- A chance to develop professionally
- Friendly-helpful co-workers
- Economic rewards: pay, job security, good benefits, career advancement
- (in rank order) Source: Lowe et al, *What's a Good Job?*

Job quality deficits

- We summarize these attributes in four words: trust, commitment, communication and influence
- When the work place experience falls short of what workers want -- there is a deficit
- Health professionals experience high deficits -- the worst deficits among the 15 occupational groups in the CPRN-Ekos Survey in 2000
- This explains the low morale, burn out and increasingly adversarial industrial relations

Industrial relations

- Industrial relations conflict in the past decade has centred on pay, benefits, and job security
- CPRN research shows that professionals will fight hard on these economic issues when they are experiencing distress on the psycho-social aspects of their work
- When trust, respect and commitment are present, conflict subsides
- Economic rewards are important but not over-riding considerations -- especially for people in caring professions

Common requirements

- Looking across these four disciplines, the following factors seem to be essential:
  - Professional autonomy
  - Collaboration with colleagues
  - Supportive managers
  - Flexible work arrangements
  - Adequate resources to do the job
- These attributes create trust and commitment.
  - They enable people to excel in good times, and give them the resilience to cope well in bad times

Outlook

- Enlightened managers have scope to provide these workplace essentials through progressive employment policies
  - They do not require "permission" from the Ministry
- Most common example is the magnet hospital
  - High patient satisfaction
  - High job satisfaction for nurses
  - Better workplace safety
- Key to this success is quality of leadership -- both nurses and senior administrators

Leadership style matters

- In a magnet hospital, leaders are typically
  - Visionary and enthusiastic
  - Supportive and knowledgeable
  - Setting high standards / expectations
  - Holding positions of power and status in the hospital/institution
- These are characteristics that create trust, commitment, and good communication
- But it takes years to create this leadership and to experience its benefits on all staff
- Continuity is essential

What are the prospects?

- Because individual leaders can make the commitment to workplace change, progress can be made wherever these leaders exist -- an institution or on a specific service
- It is hard to predict how many workplaces will change in the next five years
- But we do know that CEOs and other leaders are paying more attention to HR issues
- This takes time and persistence, it will not be an overnight wonder - but there is hope

3. The delivery model pathway

- High degree of consistency across health care reports -- Sinclair, Fyke, Clair, Mazankowski, Kirby, Romanow
- Most elements are in the Feb 2003 Accord
  - Primary care reform
  - Electronic health record
  - Better home care
  - Catastrophic drug coverage
  - More focus on supply of professionals
- More federal money will flow to health care

Prospects

- The bad news is more organizational change is inevitable, if new delivery models are implemented
- And there is the possibility that provinces and providers will be able to avoid system change, now that there is more money
- However, let’s assume that change will proceed

Implications for nurses

- If the models are well implemented
  - Nurses will be offered higher order roles
  - Teamwork will be encouraged
  - Pressure on acute care institutions should be mitigated e.g. ER, discharge planning
  - Focus will be on retaining/training health professionals
- But how much change will actually take place?
- Let me give you two examples of the uncertainties

Primary care reform?

- Patients are ready for provider networks and expanded roles for nurses.
- Many doctors are ready, but others are not (age and gender matter)
- Huge transitional issues for doctors, and provinces are hesitant to acknowledge this and design transition strategies to cope
- So, implementation is a big challenge-- and if it is done poorly, it may undermine the whole idea

Rebuilding trust?

- One of the casualties of the 1990s cuts was the breakdown of trust
  - Among governments
  - Between governments, unions, providers and institutions
  - And between all of them and citizens
- But more money does not, in itself, rebuild trust
- That requires political will and commitment from all the players
- But nurses are not powerless in this

What can nurses do?

- Foster high quality leadership
- Advocate for ideas like the magnet hospital
- Encourage nurses' unions to begin to focus on workplace quality as priority
- Monitor the issues that are important to you, e.g. CNA work life indicators project
- Support each other
- Conferences like this one can support progress on pathways 2 and 3

Monitoring nurses' worklife

- In April, 2002, the CNA convened a national workshop to identify worklife indicators for nurses in Canada
- Their goal was to shift the focus to work quality and to create a vision of the ideal professional practice environment
- Two categories of indicators
  - Positives to reinforce
  - Negatives to avoid

CNA Indicators

- Span of control
- Leadership
- Autonomy/scope of practice
- Professional development opportunities*
- Overtime hours*
- Full-time/part-time/casual ratios*
- Absenteeism
- Unresolved grievances*

- * Now being tested for validity and reliability

Reasons for hope

- Economic imperative should be less intense
- HHR **is** on the public agenda and on the mind of most CEOs
- Enlightened leaders can make a big difference
- Nurses are using their energy to shift the focus to the work quality issues that matter most to them
- Health reforms will demand more teamwork and higher order roles for nurses
- This is why I say that the tide is turning
- But there are countervailing forces

Reasons for caution

- No sign of inter-provincial cooperation on health human resource planning
- Limited evidence that the system "gets" the need to link health policy decisions to HR issues
- Implementation challenges could foul up the reform process -- e.g. de-rail primary care reform
- All these things take time, patience and continuous effort by people across the system

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