

# **Our Health, Our Future: Creating Quality Workplaces for Canadian Nurses**

**A Progress Report on Implementing the Final Report of the  
Canadian Nursing Advisory Committee**

**by**

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**Executive Summary**

**July 2004**

Research Report H|06 is available at  
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## Executive Summary

In August 2002, the Canadian Nursing Advisory Committee (CNAC) released its Final Report entitled *Our Health, Our Future: Creating Quality Workplaces for Canadian Nurses*. The report contained 51 recommendations giving priority to improving the quality of work life for nurses and providing a framework for action by identifying implementation roles for governments, employers, unions, professional associations, regulatory bodies, educators and the research community.

The Office of Nursing Policy at Health Canada was interested in learning what actions have been taken across the country to implement the CNAC recommendations. The Canadian Policy Research Networks (CPRN) were engaged in late 2003 to undertake this study.

The purpose of the study was to review the activities of nursing stakeholder organizations and describe trends in how implementation has progressed. Based on this review, barriers to completing implementation and supports required to complete implementation were to be identified.

The data collection for this project was conducted in four phases. First, a scan of Web sites was conducted to identify relevant reports related to the implementation of the CNAC recommendations. Second, a letter was sent to 94 stakeholder organizations requesting information about what their organizations or jurisdictions have done to implement the CNAC recommendations. Overall, 47 of 94 organizations responded to the information request for a response rate of 50%. Third, interviews were conducted with 14 key informants in order to probe on overall barriers to implementation and supports that would facilitate implementation. Fourth, our initial findings were presented at a Roundtable with 14 representatives from nursing stakeholders in Ottawa. The Roundtable participants provided their views on our initial findings and feedback on the identified barriers and supports.

The findings of these data collection exercises were compiled according to the categories used to group the recommendations in the CNAC Final Report. The CNAC Report was widely viewed as helpful document in distilling the complex issue of nursing shortages into a menu of practical ways to address the shortage.

For a few recommendations, such as increasing the number of education seats for RNs, LPNs and RPNs, implementation has been wide-spread. But on most issues, progress appears to have been made in pockets. For example, individual employers across the country are implementing workload measurement systems, increasing the number of full-time positions, examining absenteeism, hiring nurse mentors and piloting flexible scheduling systems. But it is difficult to know the impact of this implementation nationwide. Many respondents observed that these changes are likely to be concentrated in acute care facilities, as opposed to community, long-term care or other settings.

Despite the complexity of the policy issues addressed by CNAC, some common barriers to implementation emerge including:

- **Accountability:** While many of the recommendations identify specific organizations to carry out implementation, the ultimate responsibility for implementation remains unclear to nursing stakeholders.
- **Resources:** Employers require stable funding to plan for workplace improvements and create stable jobs.
- **Collective Bargaining:** A number of the workplace issues addressed by the CNAC recommendations are introduced at bargaining for collective agreements raising questions about how work life issues are weighed against salary issues in this context.

There are a number of policy-level supports that have facilitated and would continue to facilitate the implementation of the CNAC recommendations including:

- Provincial/territorial-level Nursing Advisory Committees and leadership positions for nursing.
- Targeted funding for investments in nursing work life.
- Monitoring mechanisms such as surveys and accreditation that identify problems, clarify underlying human resource issues and highlight where implementation has and has not led to improvements at the bed-side.
- Evidence to support decision-making including university-based research, employer-level administrative data, pilot project evaluations and repositories of initiatives that have been implemented across Canada.
- The integration of nursing work life issues with wider health system reform or population health issues.

On the whole, there are positive signs that improvements in quality of nursing work life are occurring but these changes are not wide-spread. System-wide change requires that the barriers and supports identified in this study be addressed. Further analysis of the recommendations in the CNAC report is required to more clearly identify responsibilities and implementation mechanisms.