



**Direction: Develop policies and legislation that support improved work environments (e.g., presence of nursing leadership at every level, full-time employment, professional development, hours of work, workplace free of discrimination and violence, and interdisciplinary governance).**

- Supportive and improved work environments lead to increased productivity, decreased staff turnover, decreased sick time, improved patient outcomes and improved patient safety.
- Over 20,000 Canadian nurses are working in the US; the number one reason nurses moved to the USA was in search of full-time work.
- The average annual turnover among hospital nurses is 19.9% resulting in serious monetary and non-monetary costs: disrupting communication, creating uncertainty about roles, and impacting the coordination of care leading to medical errors. The costs of "voluntary termination" are estimated at \$25,000 and higher in critical care.
- Nurses worked 21,560,100 hours of overtime in 2008, the equivalent of 11,900 jobs, costing \$879 million.
- After police officers, nurses face the highest risk of aggression on the job.

**Direction: Support research and evidence-informed decision making within the workplace to assist the transformation of health care.**

- Working in all parts of the health system and as the largest group of health professionals, nurses can provide innovations and solutions for high-quality and cost-effective health care.
- Collaborative workplace-based applied research projects have demonstrated increased morale, improved professional practice, higher retention, positive patient outcomes, and lower costs.

The solutions to valuing nurses are straightforward and have been voiced time and again. What is new is the growing body of evidence prompting and supporting these solutions and calling all stakeholders, including governments, to act now. Governments and the health care community must work together to champion these actions and reap the rewards that include improved and continuous care for patients and families and long-term financial gains for governments and Canadians.

Together we can continue to build and provide the best health care for all Canadians.



**Canadian Federation  
of Nurses Unions**

[www.nursesunions.ca](http://www.nursesunions.ca)



**CANADIAN  
NURSES  
ASSOCIATION**

[www.cna-nurses.ca](http://www.cna-nurses.ca)

## Taking charge: building on the momentum to improve health care



Fifty-six health care experts from across Canada met on September 7, 2010, to address the continuous pressures placed on the health care system. Stakeholder participants included recognized leaders from nursing and health care associations, organizations, coalitions and unions, as well as provincial government and academic institutions. Informed by evidence, the directions outlined in this document are provided for Canada's Health Ministers to consider as they work to create a health care system that is effective, equitable and accessible to all Canadians.

Governments are to be congratulated for their support and commitment on the health research and evidence collected to date. This work demonstrates that care provided by educated and experienced nurses is better for patients, organizations, and for the health care system as a whole. Care by nurses:

- reduces death rates and infection rates
- gets patients out of hospitals faster
- increases the satisfaction of patients and families.

It has been proven that cost-effective health care means keeping nursing experience on the job. It is time to show leadership and really make our system patient and family-focused.

Researchers, planners, nursing organizations and governments are working together to provide better care for patients and create better workplaces for health care providers. The governments' support and funding to create optimal work environments over the last few years needs to continue as issues evolve.

Despite the body of evidence illustrating the fall-out of past short-term initiatives, there is growing concern that we will go down the same path. We must not repeat historical patterns and trends that disrupt care, increase medical errors, cause frustration and burnout leading to an exodus of nurses.

New strategies such as eliminating vacant jobs and organizing new and smaller departments with fewer resources are being employed as budgets come under pressure. "Models of care" – developed with the primary goal of improving the bottom line – continue to appear across the country as a strategy to manage budgets. Demonstrated time and again in Canada's history, "short-term realities bump health human resource planning." When the economy is



suffering, more attention is paid to money than on matching personnel to positive patient outcomes wanted in the long run. The result: patients and families suffer and health care costs go up because the conditions are not in place for nurses and health providers to do their jobs well.

This trend must stop. Governments, employers and nurses need to act now and act responsibly to ensure Canadians are provided with high-quality and cost-effective care.

**Direction: Engage in effective health human resource planning by creating an advisory committee between health, education and labour ministries to promote the integration of practice and education to enhance nursing retention, recruitment and quality of care.**

- Providing funding for professional development and learning opportunities is crucial in creating a good, supportive working environment and keeping nurses from leaving their jobs.
- Results from the successful 80/20 initiative (nurses spend 80% of their work time doing their regular work and the remaining 20% for professional/policy development work) showed an increase in staff satisfaction, decrease in sick time and overtime, no turnover in nursing staff, and a decrease in patient falls.
- Research demonstrates that patient safety and outcomes are

dependent on the cultivation and use of best practices that are grounded in evidence.

**Direction: Support the development of nurse-led initiatives that integrate home, long-term, mental health, and community care into the continuum of primary care with a patient-family focus to inform and enhance the negotiation of the next Health Accord.**

- Canada's Medicare system covers only portions of the continuum of care.
- Deficits exist in the provision of home care, long-term care, mental health care, palliative care, and to varying extents community care.
- Providing quality continuing care in Canada is challenged by the lack of capacity and access, support for informal caregivers, and funding.

**Direction: Develop an accountability framework that links patient/family needs and provider competencies to staffing decisions. The framework should employ evidence-based indicators and be analyzed through an econometric lens.**

- A good work environment includes orientation programs, education on the job, professional development opportunities, collegial relations between providers, appropriate staff numbers, reasonable workloads, safe work environments, and a quality-improvement program that gathers data and gives feedback on care.
- Evidence concludes that patients do better and nurses work well when the working environment offers control, reward, strong leadership and stability.
- Existing conditions in many organizations are preventing nurses from doing their work well and leading to burnout, stress, injury, sick time and exiting from the workforce, which hurts patient outcomes and costs the health care system greatly in the long run.