



ISSUES DISCUSSION at Annual Meeting 2009

INCREASING USE OF UNREGULATED HEALTH WORKERS

Today's Nursing Reality

Shortages of health professionals are evident in Canada and around the globe. Increasingly, unregulated health workers (UHWs) are being employed as part of health-care teams. Registered nurses are concerned that adequate supports for UHWs are not in place in their practice settings. Registered nurses have also expressed concerns about patient safety and provider liability when working with UHWs.

Patients, consumer groups, health care providers and governments at all levels in Canada recognize the increasingly vital importance of effective and sustainable health human resources (HHR). As the Canadian health care system evolves to respond to the complex needs of an aging population and to meet the significant requirements for culturally-sensitive care, as well as for front-line delivery in regional and remote communities, there has never been a more important time for ensuring the continued availability of skilled health workers across all disciplines.

In addition, it is becoming increasingly imperative for health-care teams to find strategies for working together effectively and maximizing resources, in order to facilitate the best possible outcomes for patients and providers, as well as the system.

While research and analysis have been conducted in the area of collaborative and team-based care in Canada, little attention has been focused on the pivotal role of UHWs, despite the fact that their numbers are growing across the system.

Working with UHWs raises system issues that affect mobility, liability and patient safety, as well as HHR planning. Initiating discussions between regulated health professionals and unregulated health workers is critical to address HHR for Canada's health-care system. The evolution of the national discussion of these issues, and potential next steps, are the focus of this document.

Who are Unregulated Health Workers?

Unregulated Health Workers (UHW) is an umbrella term used to describe care providers or assistant personnel who provide some form of health service and who are not licensed or regulated by a professional or regulatory body. UHWs are valuable members of many health-care teams. UHWs, who assist nurses and other health professionals, may have numerous position titles, may work in a variety of settings and may perform diverse health-care functions. Titles include, but are not limited to, health-care aide, home attendant, home support worker, nursing assistant, personal support worker, community health representative, physiotherapy support worker, psychiatric

assistant, pharmacy technician, rehabilitation assistant, respite aide, visiting homemaker, palliative care worker and unit aide. Although individual job descriptions may vary, there appears to be general consistency in the broad descriptors used to identify UHWs.

According to Statistics Canada, approximately 188,800 people worked in assistive occupations in support of health services in this country in 2003 – more than double the number in 1987 (Pyper, November 2004).

Response of Canadian Nurses Association

For the past few years, the Canadian Nurses Association (CNA) has addressed nurses' concerns about working with UHWs. The CNA publication *Unregulated Health Workers: A Canadian and Global Perspective* (CNA, 2008) identified four key issues:

- inconsistent titles,
- lack of statistics (no accurate count per sector),
- inconsistent education/training, and
- inconsistent employer expectations.

A broad consultation concluded that CNA should facilitate a national discussion to address these and other system issues. Because the above issues are similar across disciplines, an inter-disciplinary Pan-Canadian Planning Committee on Unregulated Health Workers was established. Its members are the Canadian Nurses Association, Canadian Physiotherapy Association, Canadian Home Care Association, Canadian Council for Practical Nurse Regulators, Registered Psychiatric Nurses of Canada and Canadian Psychological Association.

As a first step, the Committee commissioned a synthesis paper (funded by Health Canada's Office of Nursing Policy) entitled *Valuing Health-Care Team Members: Working with Unregulated Health Workers* (Pan-Canadian Planning Committee on Unregulated Health Workers, 2008). This synthesis report is the first of its kind, owing to the fact that collaborative practice in Canada has historically occurred only between regulated health professions. Relationships with UHWs, valuable members of the health-care team, had been left unaddressed.

The synthesis paper examined common issues across disciplines and settings, including:

- inconsistency in position titles, education and training, and standards of practice;
- lack of statistics;
- delegation;
- liability;
- staff mix and safety; and
- community needs.

In 2008, three regional roundtable discussions were held that included broad stakeholder participation across disciplines and settings. These discussions led to the pan-Canadian symposium, *Maximizing Health Human Resources: Valuing Unregulated Health Workers*, held

in March 2009. At the symposium, employers, unions, regulated and unregulated health-care providers, educators, consumers and funders/governments (health, HHR, education) engaged in high-energy discussions.

Recommendations for action from the symposium included the creation of an inter-disciplinary approach, with strong UHW representation, to address five priority issues:

- clarity of roles and functions;
- competencies/standards of practice;
- delegation, liability and accountability;
- education and training; and
- staff mix and outcomes (patient, provider, system).

The safety of and respect for UHWs, related to clients and team members, were also raised as important issues to address.

The Canadian Patient Safety Institute and Accreditation Canada have both expressed their support for the regional and national discussions on maximizing the integration of UHWs into the Canadian health-care system.

Finding strategies to effectively and efficiently integrate these critical UHW occupations into the health care system is vital to having a sound delivery model. However, since UHWs function in such wide-ranging roles, no single initiative has been undertaken in Canada specifically to address the ways this community can contribute optimally as part of a broader health-care delivery team.

Some work is being done at the international level. The World Health Professions Alliance (WHPA)¹ agrees with the need to address HHR shortages worldwide but has concerns with respect to task shifting. The World Health Organization defines task shifting as the “rational redistribution of tasks among health workforce teams” (2008). The WHPA is concerned that task shifting may “result in fragmented and inefficient service” (World Health Professions Alliance, February 28, 2008). The WHPA, along with the International Confederation of Midwives and the World Confederation for Physical Therapy, has identified guiding principles for effective application of task shifting to occur. For example:

- “There needs to be sufficient health professionals to provide the required selection, training, direction, supervision, and continuing education of auxiliary workers.
- Roles and job descriptions should be described on the basis of ... competencies....
- Skill mix decisions should be country-specific....” (WHPA, February 28, 2008).

¹ Members of the World Health Professions Alliance are the International Council of Nurses, the International Pharmaceutical Federation, the World Dental Federation and the World Medical Association. The WHPA works to address global health issues, often in collaboration with the International Confederation of Midwives and the World Confederation for Physical Therapy.

Conclusion

CNA has chaired the Planning Committee and continues to consult with a broad range of stakeholders to sustain the high-energy engagement needed to address priority issues.

The CNA Board is seeking responses from its members to the following questions:

- Do the issues raised in the regional and pan-Canadian consultations resonate for you in your practice?
- What would you find helpful to optimize your relationships with UHWs?
- Are there issues related to delegation, assignment and supervision that concern you?
- Do you know of a successful model of a health-care team that includes UHWs?

References

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