

TESTED SOLUTIONS FOR **ELIMINATING** CANADA'S **REGISTERED NURSE** **SHORTAGE**

A stable and sufficient supply of health professionals continues to be one of Canada's greatest health-care challenges. The human resources shortages we are facing have produced:

- long and frustrating wait times in our clinics and hospitals;
- adverse events for patients; and
- untenable work situations for registered nurses (RNs) and other health-care workers.

The Canadian Nurses Association is at the forefront of tackling this relentless issue and has been a leader in developing research, policies and plans that address Canada's RN shortage. Our latest report, *Tested Solutions for Eliminating Canada's Registered Nurse Shortage*, provides new projections for how the shortage will grow by almost five times over 15 years.

More importantly, the report provides concrete solutions to address this shortage. Six policy scenarios were tested to measure their potential impact on the RN shortage. **If all six are implemented together, Canada could eliminate the shortage entirely over 15 years, while at the same time increase self-sufficiency by reducing our dependence on international recruitment.**

Canada's policy-makers can start addressing the RN shortage immediately with realistic, achievable policies.

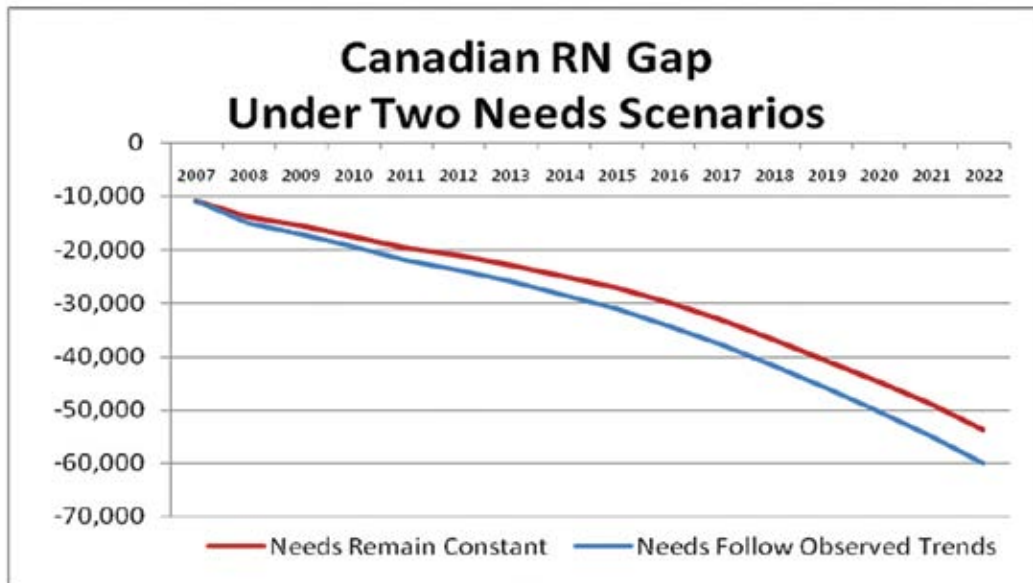
How many RNs do we need?

How many do we have?

Close to 217,000 RNs were delivering care in Canada in 2007. But Canada needed more – 11,000 full-time equivalent (FTE) RNs – to meet health-care needs.

If the health needs of Canadians continue to change according to past trends, and if no new policies are implemented, this report shows that **Canada will be short almost 60,000 FTE RNs by 2022.**

Projected RN Shortage



The planning model used in this study aligns with federal/provincial/territorial policy, which calls for a population health needs-based approach to HHR planning.



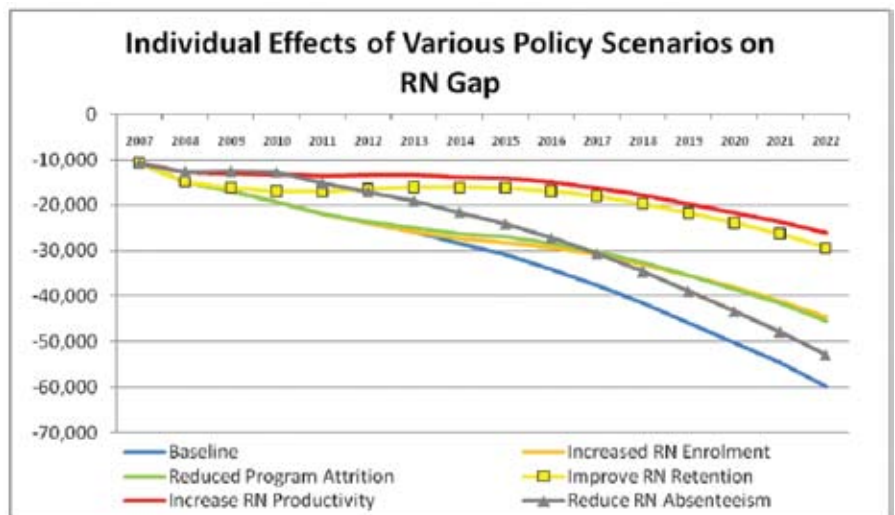
What's the solution?

In testing six different policy scenarios to deal with the projected RN shortage, this is what we learned:

- **Increasing RN productivity** by 1 per cent per year (non-cumulative) would reduce the shortage by close to half by 2022. This policy yields the best results in the shortest time.
- **Reducing RN annual absenteeism** from 14 days to seven days for just three years is equal to adding 7,000 FTE RNs to Canada's nursing pool.
- **Increasing enrolment** in RN entry-to-practice education programs by 1,000 per year from 2009 to 2011 would reduce the shortage to 45,000 from 60,000 FTE RNs by 2022. However, the effects of this policy would start to be felt only in 2015.
- **Improving the retention of practising RNs** by reducing exit rates to 2% for all RNs except those 60 and over (the rates for this group are instead reduced to 10%) would reduce the shortage by close to half.
- **Reducing attrition rates in RN entry-to-practice programs** from 28 per cent to 15 per cent over the next three years (2009-2012) would reduce the shortage to 45,000 FTE RNs by 2022.
- **Reducing international in-migration** by 50% would result in a larger shortage of RNs; however, the effect of this change is not at all substantial (less than 10%), even in the long term.

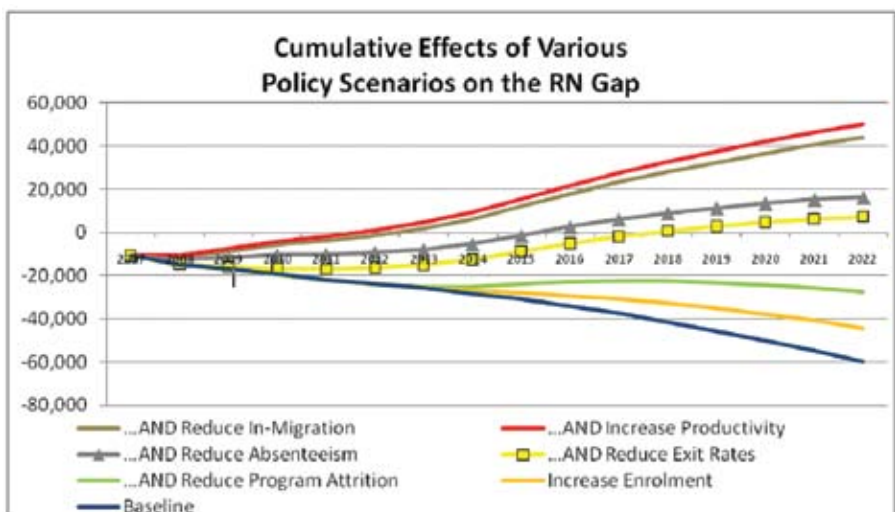
Six policy scenarios were tested to see where the greatest strides toward reducing Canada's RN shortage could be made.

Individual Effects of Various Policy Scenarios on the RN Gap



Combined Effects of Various Policy Scenarios on the RN Gap

The combined effects of these policy scenarios would eliminate Canada's RN shortage within the next 15 years and reduce our reliance on international recruitment.



Next steps

Canada's policy-makers, decision-makers, educational organizations, professional associations and/or colleges, employers and others can start addressing the shortage of RNs right now. Armed with the findings in this report, a slate of policy scenarios that are in line with government thinking, and a commitment to continue resolving the issue, stakeholders and governments can take control of Canada's RN shortage for good. It's the right thing to do for our RNs and the health of all Canadians.

Recommendations:

1. Governments, employers, unions, professional associations and/or colleges, RNs and other health providers should work together to consider how they can enhance the productivity of the RN workforce. For example, removing non-nursing tasks and providing support staff, appropriate technology and equipment, interprofessional practice and/or effective organization of services would allow RNs to remain as focused as possible on the provision of quality RN patient care.
2. Governments, employers, unions, professional associations and/or colleges, RNs and other health providers should collaborate to focus workplace improvement efforts on strategies to improve the health and well-being of RNs. For example, addressing high role overload, acquiring technologies and equipment that help reduce injuries, and addressing workplace morale would all contribute to reducing the injury and absenteeism of RNs.
3. Governments, employers, unions, professional associations and/or colleges, and RNs should collaborate to improve the retention of RNs in the workforce. Although retention issues may be generation-specific, they generally include having control over one's work (autonomy), reducing high role overload, feeling valued and respected by one's employer, being included in decision-making, and having opportunities for continuing education and professional development.
4. Educational organizations, professional associations and/or colleges, student associations and governments should partner to examine opportunities to improve the retention of nursing students. Factors to consider include pre-admission requirements, guidance and campus counselors, remediation, availability of faculty, student financial support and teaching methods.
5. Governments, educational organizations and professional associations and/or colleges should collaborate at a pan-Canadian level to increase enrolment in RN education programs by considering a variety of delivery models, availability of faculty, location of programs and opportunities for interprofessional education.
6. HHR planning should employ a continuous, comprehensive, multifaceted approach considering a variety of policy options (such as those tested in the report) to achieve greater self-sufficiency. Investments in one policy area, such as improving work environments, may simultanelously affect many issues, such as retention, health of nurses and student attrition.
7. Governments, employers and professional associations and/or colleges should invest in data – including coordinating and linking data currently collected – with a particular focus on:
 - the amount and type of services RNs provide according to the health needs of the patient/population;
 - any aspect of the work done by RNs working outside acute care (e.g., long-term care, home care, in the community), the level of service they provide, activity rates, participation rates and productivity;
 - level of retention of nurses, both practising and newly educated; and
 - rates of attrition among RN education programs.
8. Governments, employers, unions and professional associations and/or colleges should invest in a national health provider unique identifier to provide more accurate and reliable HHR data.