

Related Topics for Discussion Amanda Crupi, CFNU Research

Building a better workplace for nurses means more than just accounting for and controlling elements inherent to the physical workplace. It also means attending to somewhat peripheral – yet important – issues that impact nurses on many levels. Below are four examples of issues that – with collaboration and investment at many levels – can positively impact the workplace of nurses, other healthcare professionals, and improve patient care. The issues selected here for discussion illustrate how programs and practices at both macro and micro levels are equally important to impacting quality worklife for nurses.

International Recruitment of Nurses

Global nurse migration has been acknowledged by many as a critical issue given the worldwide shortage of nurses¹. In Canada, we know that, due to the recession in the 1990's, more than 27,000 Canadian nurses migrated to the United States.² Canada currently recruits internationally educated nurses to supplement its nursing workforce, and in 2003 almost 2,200 foreign trained nurses (mostly from the Philippines and India) wrote the Canadian Registered Nurse Examination (CRNE).³

Where a strong foundation is lacking, we urge systems and programs not to be tempted to embark on projects that present patchwork solutions to larger problems. For example, despite the damage they cause, existing nursing shortages do not validate the recruitment of migrant health workers where a system lacks a solid foundation to support the retention of existing health workers and recruitment of domestic workers.

When migrant workers are recruited, there are a number of elements that should be in place to ensure that ethical standards are maintained, thereby promoting a successful experience. CFNU supports the principles laid out in the “Commonwealth Code of Practice for the International Recruitment of Healthcare Workers”⁴ which include: transparency (agreement between countries), fairness (full disclosure to and by workers) and mutuality of benefits (considering how recruiting countries might support source countries). In line with these principles, we also believe that new recruits must be well informed prior to engagement not only of position requirements, but also of country

¹ Khaliq, A., Broyles, R.W., Mwachofi, A.K. (2008). “Global Nurse Migration: Its Impact on Developing Countries and Prospects for the Future.” *World Health and Population*.10 (3).

² Industry Canada (1999) “International migration of skilled workers: Facts and Factors” retrieved March 2009 from website: <http://strategis.ic.gc.ca/pics/ra/hande.pdf>.

³ Little, L. (2007). “Nurse Migration: A Canadian Case Study.” *Health Services Research*. 43(3):1336-53.

⁴ Commonwealth Code of Practice for the International Recruitment of Health Workers (2003). Adopted at the Pre-WHA Meeting of Commonwealth Health Ministers 2003, Geneva on Sunday 18 May 2003. Accessed April 1, 2009 from: http://www.thecommonwealth.org/shared_asp_files/uploadedfiles/%7B7BDD970B-53AE-441D-81DB-1B64C37E992A%7D_CommonwealthCodeofPractice.pdf.

requirements, codes of practice, and any relevant cultural or community-based information. Internationally educated nurses should only be recruited when guaranteed positions are available, and once placed, they should be matched in a mentorship program both within the nursing and wider community.

CFNU has recently participated in a consultation on the World Health Organization's development of a code of practice on the international recruitment of health personnel.⁵ CFNU also aligns itself with the principles eschewed by the International Council of Nurses' Position Statement on Ethical Nurse Recruitment: fair labour practices, accurate disclosure, non-discrimination, objective grading criteria, access to education as well as induction and orientation programmes.⁶ However, research by Buchan et al. (2009) questions the effect that codes of practice have with regards to recruitment of health professionals because they often fail to link explicit objectives with relevant monitoring capacity. The dissemination and visibility of any recruitment code is especially important for uptake by policy makers, employers and potential recruits – especially in low-income countries⁷.

In Canada, there are governments and unions who work together to support positive recruitment practices. The Saskatchewan Union of Nurses (SUN) has participated in nurse recruitment from the Philippines – a country that trains more nurses than it needs. SUN has demonstrated commitment to support Internationally Educated Nurses by providing them with extensive union orientation that focuses on areas affecting their employment, such as hours of work, overtime, discrimination, etc., to ensure that they are aware of their rights.⁸ In addition to SUN, Saskatchewan Health also promotes ethical recruitment practices within its health regions. For example, Saskatoon Health Region has committed to: provide candidates with accurate information about the country and community they will be working in; provide candidates with accurate information about the job they are being interviewed for, as well as the associated wages and benefits; will only encourage candidates to accept jobs they have the appropriate qualifications, skills or experience for.⁹ It should also be noted that nursing – a self-regulated profession in Canada – requires candidates to pass clinical exams and language tests. These critical conditions of employment must also be considered prior to recruitment.

⁵ World Health Organization. *International recruitment of health personnel: draft global code of practice*. 2008. Retrieved from: http://www.who.int/gb/ebwha/pdf_files/EB124/B124_13-en.pdf

⁶ International Council of Nurses. Ethical Recruitment Position Statement. Revised and affirmed 2007. <http://www.icn.ch/psrecruit01.htm>

⁷ Buchan, J., McPake, B., Mensah, K., & Rae, G. Does a code make a difference - assessing the English code of practice on international recruitment? *Human Resources for Health*, 2009, (7)33.

⁸ Saskatchewan Union of Nurses. Position Statement: Internationally Educated Nurses.

⁹ Saskatoon Health Region. Nurse Recruitment Trip to the Philippines. 2008.

http://www.saskatoonhealthregion.ca/news_you_need/media_centre/media/2008/recruitment_trip_ethics.htm

The international recruitment of nurses is one strategy that, if done ethically, can positively impact the workplace both for nurses and the diverse communities of patients we care for. However, it must also be acknowledged that any recruitment strategy cannot be used alone as a means to rectify the nursing shortage. Recruitment can only succeed where retention efforts are top priority.

Career Pathways and Support for Education

We believe that a career in nursing is dynamic and offers a number of opportunities for professional growth and development. The Canadian Nurses Association also envisions nursing education as a key consideration for the future of nursing. The discussion paper, *CNA's Preferred Future: Health for All*, presents a preferred future for nursing that includes “education for nurses (that) facilitates progression through educational levels without requiring repetition.”¹⁰ CFNU also believes that availability of educational opportunities for nurses across the spectrum of the career path is critical.

Research shows that career pathways are especially important to the most recent generation of nurses entering the field.¹¹ At CFNU, we believe that the field of nursing offers enough variation and challenges to meet and sustain the interests of nurses at any stage of their career – we must continue to promote our profession in this manner. The American Nurses Association has recently examined the importance of providing information and tools to “seek, start and sustain” a career in nursing.¹² An analysis of their 2007 national RN survey revealed that nurses are moving to become more educated in response to the evolving needs of the profession.¹³ The survey also notes a growing awareness about the positive outcomes associated with higher levels of education.

CFNU acknowledges the growing costs of education and calls for increased tuition support and debt relief for students and mid-career nurses who seek continuing education and training opportunities. In August 2008, CFNU completed a submission to the House of Commons Standing Committee on Finance Regarding the 2008 Pre-Budget Consultations. The submission recommended that “the federal government must make a targeted investment in nurse education as a remedy for the growing nursing shortage, and as a means to a sustainable health human resource future.”¹⁴ Specific recommendations

¹⁰ Canadian Nurses Association. *CNA's Preferred Future: Health for All. A Discussion Paper*. October. 2008:19. http://www.cna-nurses.ca/CNA/documents/pdf/publications/Preferred_Future_Webcast_e.pdf

¹¹ Raines, C.F., Taglaireni, M.E. Career Pathways in Nursing: Entry Points and Academic Progression. *The Online Journal of Issues in Nursing*. 2008;13(3).

¹² American Nurses Association. *Online Journal of Issues in Nursing*. 2008;13(3).

¹³ Raines, C.F., Taglaireni, M.E. Career Pathways in Nursing: Entry Points and Academic Progression. *The Online Journal of Issues in Nursing*. 2008;13(3).

¹⁴ CFNU's Submission to the House of Commons Standing Committee on Finance Regarding the 2008 Pre-Budget Consultations. <http://www.nursesunions.ca/media.php?mid=757>

included the establishment of a \$1 billion over five year health education fund with three components:

- 1) Continuing education programs for practicing nurses (and other health professionals), supported by Human Resources and Social Development Canada via Employment Insurance Benefits;
- 2) Support for nursing education programs provided by reestablishing a health resource fund with 50/50 federal-provincial/territorial cost sharing
- 3) A bursary system for nursing students with guarantee return of service agreements payable to the home province (provided that full-time employment is available), funded by Health Canada.

Development of career pathways are critical to all three phases of engagement mentioned above, and also need to be embedded in health human resource strategies on a practical level that will allow potential nurses and current nurses to map out their chosen path within nursing. At the start of the path, students should be aware that a number of possible entry points into nursing education are emerging.¹⁵ In addition to traditional four-year degree programs, some schools are offering accelerated programs as an effort to acknowledge relevant past experience and education.^{16,17}

Once established in the field, nurses need to be aware of the opportunities for growth and development that are available to them within their institutions and wider profession. Sadly, according to the Canadian Policy Research Networks, Canada has been under-performing in workplace learning compared to other OECD countries: less than 30% of adult workers in Canada participate in job-related education and training.¹⁸

CFNU is a strong believer in continuing education and has forged partnerships with employers and governments to make it happen. One example is the CFNU-led and Human Resource and Social Development Canada (HRSDC)-funded a Workplace Skills Initiative (WSI) project, New Skills for Nurses: A Partnership Approach to Professional Development. As a result of the critical need and shortage of critical care and emergency nurses, this project provided opportunities for both new and experienced nurses in urban and rural settings in Nova Scotia to upgrade their skills and competencies through distance learning, enabling them to remain in the workplace. The British Columbia Nurses Union also received funding from HRSDC to implement an Educator Pathway Project. A multi-partner collaboration, the program has a strong focus on education – supporting nurses in completing master’s degrees and educating them in

¹⁵ Raines, C.F., Taglaireni, M.E. Career Pathways in Nursing: Entry Points and Academic Progression. *The Online Journal of Issues in Nursing*. 2008;13(3).

¹⁶ University of Alberta. Faculty of Nursing. Undergraduate Programs. 2008.
<http://www.uofaweb.ualberta.ca/nursing/ugprograms.cfm>

¹⁷ Queen’s University. School of Nursing. 2008. http://nursing.queensu.ca/index.php?id_mnu=2

¹⁸ Brisbois, R., Pollack, N., & Saunders, R. Lessons from Other OECD Countries Regarding Incentives for Employer-Sponsored Training. March 2009. CPRN:Ottawa.

preceptor/mentor skills. It also provides nurses with the skills, knowledge and ability to take on a new educator role, strengthening the relationship between clinical practice education and the academic world.¹⁹

Support for education is inextricably linked with promoting career pathways to retain nurses in the field. Whether that means bridging those who are already in the field (LPNs to RNs, RNs to NPs, etc.) or providing continuing education opportunities for nurses who want to enhance or update their skills, we cannot promote movement along a career pathway without supporting movement along an education continuum. Supporting nurses along career pathways is one of many benefits that mentorship can provide.

Child Care

Over 52% of employed Canadians have child care responsibilities.²⁰ Access to affordable, high quality child care plays a major role in helping Canadian parents find “work-life balance”: a phrase or ideal that has become quite commonplace in today’s rhetoric. While acknowledging the need for this balance, we must not forget that choosing a career in nursing means choosing a career that is 24/7 in nature. A report from the OECD finds that coverage of formal child care in Canada is patchy and recommends that the federal labour code be restructured to reflect the needs of families in the workplace – resulting in higher retention of the existing workforce, reducing their stress and enhancing job satisfaction.²¹

Working parents are more likely than others to miss work due to child care problems, and they report high levels of stress.²² Further, research indicates that for working parents, women are more likely than men to experience greater strain between work and family care responsibilities partially due to limited opportunities for provision of care.²³ This issue is of great importance to many of our members, especially given the current gender distribution of nurses. Some might wonder what child care has to do with building a better workplace. When any issue – professional or personal – affects the ability of nurses to fully participate in the profession, it must be given attention.

International research has demonstrated that the difficulty in balancing work and child care is one of the main factors that prevent inactive nurses from returning to work, and

¹⁹ British Columbia Nurses Union Update. Innovative Pathway project aims to reduce the shortage of nursing educators. 2007, p.20.

²⁰ Duxbury, L., Higgins, C., & Schroeder, B. Balancing Paid Work and Caregiving Responsibilities: A Closer Look at Family Caregivers in Canada. 2009. Canadian Policy Research Networks: Ottawa.

²¹ Organisation for Economic Co-Operation and Development. Babies and Bosses: Key Outcomes for Canada. 2008.

²² Duxbury, L., Higgins, C., & Schroeder, B. Balancing Paid Work and Caregiving Responsibilities: A Closer Look at Family Caregivers in Canada. 2009. Canadian Policy Research Networks: Ottawa.

²³ Ibid.

that enrichment of child care support is key to reemploying inactive nurses.²⁴ We also know this to be true in Canada as we have heard from nurses across the country who simply cannot return to work after having children because of a lack of suitable child care options. Even for those who can find child care, if the situation is not ideal, this stress will have little choice but to manifest itself at the place of work. Research from the Institute for Health and Social Policy indicates that the quality and reliability of early childhood care and education programs are crucial to parents' success at work. Lack of care options can lead to higher rates of parental absenteeism and lower productivity on the job.²⁵ A study from the United States found that unique tensions do exist for nurse managers who are also parents, and that some stress reduction could be achieved when employers adopt flexible scheduling and child care support and assistance.²⁶

CFNU feels strongly that national leadership is needed to address this issue and ensure that affordable and high quality child care and early education opportunities are available for all. At a time in our country when single-parent households are increasing in number,²⁷ this issue is especially critical for trained nurses who are needed at work, in hospitals, nursing homes, and in our communities. Some regions have done better than others at addressing this problem, but there are positive examples from coast to coast.

Layout of Nursing Units

The very layout of the unit itself has been shown to greatly impact the quality of the nurses' work experience. Not only are proper ergonomics and adequate equipment critical to the maintenance of a healthy workplace, but the areas and way in which tools, meds, charts and information are placed also plays an important role. Research has even indicated correlations between poorly organized work environments and negative patient outcomes.²⁸ The Final Report of the 2006 Nursing Sector Study identified the need for work environments that maximize patient, nurse and system outcomes.²⁹ They also recommend the evaluation and implementation of strategies that utilize different technology to enhance work environments, and compiling best practices that showcase effective workplace strategies.

²⁴ Fujimoto, T., Kotani, S., & Suzuki, R. Work-Family Conflict of Nurses in Japan. 2008. *Journal of Clinical Nursing*, 17(24):3286-95.

²⁵ Chaussard, M., Gerecke, M., & Heymann, J. The Work Equity Canada Index: Where the Provinces and Territories Stand. *Institute for Health and Social Policy*. 2008.

²⁶ Firmin, M.W., & Bailey, M. When caretaking competes with care giving: a qualitative study of full-time working mothers who are nurse managers. 2008. *Journal of Nursing Management*, 16(7): 858-67.

²⁷ Organisation for Economic Co-Operation and Development. *Growing Unequal: Income Distribution and Poverty in OECD Countries*. 2008.

²⁸ Aiken, L.H., Patrician, P.A. Measuring Organizational Traits of hospitals: the Revised Nursing Work Index. *Nursing Research*. 2000. May-June; 49 (3):146-53.

²⁹ The Nursing Sector Study. Phase II: Final Report. (2006).

<http://www.nursesunions.ca/media.php?mid=308>

A study coming from the US sought to identify drivers of inefficiency in nursing work processes and nursing unit design by assessing how nurses spend their time.³⁰ The authors of this study paint a picture of “the professional nurse who is constantly moving from patient room to room, from nurse station to supply closet and back to room, spending a minority of time on patient care activities...” Results indicated that nurses devote substantially more time to documentation, medication administration and care coordination, than to patient care activities, thereby suggesting that efficiencies can be improved in a number of areas. The research also suggests that changes in technology, unit organization and design would contribute to improvements in the use of nurses’ time and safe delivery of patient care.

This is an example of a micro level issue that is extremely important to address, because small changes in this area have the ability to make tremendous impacts on the daily worklife of nurses and on their patients. We know that organizational characteristics promoting autonomy, control and collaboration play an important role in mediating job satisfaction, performance and patient safety.³¹ As such, we believe that involving front-line nurses in all aspects of decision making and planning in their workplace will bring us one step closer towards achieving places of work and care that promote better work and safer care.

³⁰ Hendrich, A., Chow, M., Skierczynski, B., & Lu, Z. A 36 Hospital Time and Motion Study: How Do Medical Surgical Nurses Spend Their Time? *The Permanente Journal*. 2008. Summer;12 (3), 25-34.

³¹ Laschinger, H.K.S. A theoretical approach to studying work empowerment in nursing: a review of studies testing Kanter's theory of structural power in organizations. 1996. *Nursing Admin Quarterly*, 20:25-41.