

# Nursing Service and Resource Management Plan

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Submitted to  
Department of Health and Wellness  
by



## Acknowledgements

This *Nursing Service and Resource Management Plan (2005–2010)* represents the culmination of a seven-month process that involved extensive consultation with nurses and nursing stakeholders throughout the Province of New Brunswick. The first such plan was released in December 1993 and has contributed to system re-design over the last decade.

The new *Nursing Service and Resource Management Plan (2005–2010)* is aligned with recent national and provincial health reports and serves as a roadmap for complementary development of the nursing sector. The *Plan* highlights recent progress, identifies challenges and recommends strategic directions for the next five years.

The project approach was designed to enable relevant comparisons with data presented in the original 1993 Nursing Service and Resource Management Plan. Caution must be exercised not to directly compare data in this *Plan* with other data sources developed for different purposes. For the most part, secondary data sources were accessed with minimal primary data collection required.

The Government of New Brunswick wishes to acknowledge the leadership of the Nursing Service and Resource Advisory Committee (NRAC) and the contributions of over 400 individuals that participated on the Steering and Stakeholder Communication committees, focus and key informant groups, and individual consultations.

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# NURSING SERVICE AND RESOURCE MANAGEMENT PLAN

## Proposed Directions for Change

### *Strategic Directions: Nursing Role and Leadership*

#### **Strategy 1: Primary Health Care Reforms**

Actively participate in the renewal and innovation of primary health care as part of health system reform, promoting the role of the nurse in community settings:

- *Community Health Centers*
- *Primary Care Collaborative Practice Settings including nurses and other health professionals.*
- *Alternate Primary Health Care Delivery*

#### **Strategy 2: Nurse Practitioners and Full Scope Nursing**

Expand the opportunities for nurse practitioners and full scope nurses (RNs and LPNs).

- *Expand utilization of nurse practitioners to nursing homes, emergency departments, community mental health centers and family practices..*
- *Increase the utilization of clinical nurse specialists in complex nursing practice situations. .*
- *Increase the utilization of licensed practical nurses within the acute, community and long term care programs.*
- *Remove as appropriate, legislative or administrative barriers which restrict the ability of the system to utilize the most appropriate service provider to meet the needs of individuals in all settings.*

#### **Strategy 3: Nursing Leadership Strategy**

Develop a sector partnership at the provincial level to strengthen nursing leadership.

- *Develop a strategy that strengthens clinical leadership and supports collaborative practice on the front line.*
- *Increase leadership initiatives for continuing education, career advancement opportunities and work re-structuring at the unit or front-line level.*

- *Continue to include leadership preparation and competency development within basic RN and LPN programs.*

#### **Strategy 4: Regional Leadership Development and Succession Planning**

Access leadership development for nurse leaders identified at the regional level.

- *Recruit, educate and retain nursing leaders in light of increasing attrition due to re-structuring, turnover, and retirement.*
- *Implement a leadership mentoring program for new nurse administrators and clinical leaders/managers.*
- *Promote direct involvement of executive and front line nursing leaders in system decisions that impact the organization and delivery of nursing services.*
- *Continue supporting the clinical nursing mentorship program at the regional level.*

#### **Strategy 5: Role and Benchmark Development for Clinical Nurse Managers**

Define the role of Clinical Nurse Managers and establish human resource benchmarks.

- *Investigate current utilization of clinical nurse managers and reporting structures.*
- *Establish human resource benchmarks for nurse leaders/managers considering scope and effective span of control in the context of collaborative practice and expected level of independence in practice.*

### ***Strategic Directions for Nursing Education***

#### **Strategic Direction 1: Multi-Year Nursing Education Plan**

Develop a multi-year nursing education plan that provides an adequate supply of nursing service providers.

- *Fill current funded BN seats.*
- *Modify the number of seats given supply and demand projections.*
- *Maintain an effective de-centralized delivery system for nursing education.*
- *Provide appropriate funding mechanisms for universities and colleges to meet supply targets and establish accountability mechanisms.*
- *Investigate Prior Learning Assessment and Recognition (PLAR) and LPN-BN bridging programs as alternate mechanisms to meet RN and LPN supply targets.*
- *Initiate targeted succession planning for faculty.*

## **Strategic Direction 2: Nursing Student Clinical Experience**

Coordinate adequate and affordable clinical experiences for RN and LPN students.

- *Address shared clinical issues through an existing or new process involving universities, RHAs, NBCC and nursing homes that ensures access to facilities and / or nursing units and programs, sharing clinical settings, and the ability to practice all competencies.*
- *Work with CASN to explore alternate methods such as co-op programs for university nursing students in order to decrease the high costs associated with providing clinical experience.*

## **Strategic Direction 3: Recruitment and Retention**

Continue to target effective recruitment and retention strategies for nurses.

- *Continue the bursary program for students RNs and LPNs with service commitment for hard-to-recruit areas. Consider including, within the bursary program, Masters and PhD students with a specific strategy for student nurse practitioners and consideration of student loan forgiveness or paid education leave.*
- *Continue to fund the summer employment program for nursing students, increase student nurse positions, and add student LPN positions.*
- *Continue to fund tuition for RN and LPN refresher completion.*
- *Introduce “bursary” program to support faculty development and succession.*
- *Continue to support orientation and continuing education programs.*

## **Strategic Direction 4: Education Standards for Unregulated Care Providers**

Develop education standards for unregulated care providers in targeted areas.

- *Review the on-site training provided by RHAs and Nursing Homes and establish minimum education standards.*
- *Continue to collaborate within Atlantic Canada on the development of educational standards for UCPs. This collaboration can occur through an ad hoc committee involving NBCC and DHW and build on the recent regional work related to Health Human Resources.*

## **Strategic Directions for Nursing Skill Mix**

### **Strategic Direction 1: Best Practices in Nursing Skill Mix**

Determine new provincial skill mix guidelines to ensure full scope nursing and support the best utilization of RNs and LPNs across the health system.

- *Complete the collaborative RN–LPN evaluation of skill mix and re–organization of nursing services at the regional level.*
- *Establish a provincial information network to share best practices in nursing skill mix and service organization.*
- *Establish a provincial implementation committee to review regional work and recommend provincial skill mix guidelines for different contexts of practice.*
- *Provide education for collaborative nursing practice and improved RN–LPN understanding of scope of practice and roles.*

### **Strategic Direction 2: Evaluation and Implementation of Skill Mix Changes**

Evaluate the outcome of skill mix changes on patients, system and providers.

- *Identify outcomes measures to evaluate patient, system and provider outcomes.*
- *Evaluate the feasibility of introducing LPNs in community services ~ Extra Mural and Public Health .*
- *Conduct utilization survey of nursing service providers every three years in RHAs, Nursing Homes and community services.*

### **Strategic Direction 3: Deployment of Nurse Practitioners**

Develop a deployment strategy for full utilization of Nurse Practitioners in the system.

- *Target priority areas for expanded utilization given the projected supply and future needs.*
- *Develop a communication strategy for nurse practitioners focusing on physicians, system managers, nurses and the general public.*
- *Address the impact introducing nurse practitioners on family physicians, including compensation and caseload.*

## **Strategic Direction 4: Employment Standards for Unregulated Care Providers.**

Develop employment standards for unregulated care providers to ensure system flexibility and service quality.

- *Investigate the need for employment standards for unregulated care providers (UCPs) and evaluate the service and financial impact of introducing such standards.*
- *Target priority areas for implementation of employment standards for UCPs.*

## **Strategic Directions for Nursing Human Resources**

### **Strategic Direction 1: Integrated Human Resource Planning and Management**

Collaborate at Pan-Canadian and Atlantic levels toward the integrated health human resource planning.

- *Determine what types of nursing human resources are required and for which practice setting based on the skills and capacities of RNs, LPNs and UCPs.*
- *Develop an Integrated Human Resource Planning Framework for nursing services that addresses consumer and system needs, supply-demand, education and deployment.*
- *Adopt an Integrated Health Human Planning approach that is inter-sectoral and inter-professional.*

### **Strategic Direction 2: Nursing Supply and Demand Projections**

Implement the supply and demand projection model with commitment to regular and ongoing adjustments.

- *Update annually the profile of Nursing Human Resources.*
- *Update annually the vacancy information.*
- *Consider the weighted supply and demand factors annually through annual consultation with nursing stakeholders.*
- *Update projections in light of staffing full time equivalents and skill mix guidelines.*
- *Implement a workload management system to better resource planning in nursing homes to meet population needs.*



### **Strategic Direction 3: Workload and Workforce Management**

Develop regional strategies to resolve operational workforce management issues: workload, overtime, absenteeism, employment status, scope of practice and non-nursing tasks.

- *Review, implement and maintain workload measurement tools in all practice settings to assess patient needs and match needs with adequate nursing staff at the appropriate level.*
- *Hire sufficient nurses to ensure a reasonable workload and continue to address issues of staff mix and work status.*
- *Work with employers and unions to increase the proportion of nurses working full time in all health settings.*
- *Work with staff nurses and unions to (i) develop flexible scheduling that suits both nurses and employers, and (ii) develop and implement ways of addressing contingency staffing that minimizes overtime.*
- *Collaborate with nurses, employers and unions to determine the reasons for absenteeism with the goal of reducing it to the equivalent of the national average for full-time workers.*
- *Work with nurse leaders and unions to provide phased-in retirement programs for older nurses in order to keep them in the work force longer.*
- *Continue to put in place policies that will allow RNs and LPNs to function to the maximum of their professional practice abilities.*
- *Employ sufficient numbers of support staff to allow nurses to focus fully on patient care.*

### **Strategic Direction 4: Healthy Workplaces**

Create an inter-disciplinary practice environment in New Brunswick health care organizations that will attract and retain a healthy committed workforce.

- *Mandate Regional Hospital Corporations and Nursing Homes to develop a process whereby nursing leaders and administrators work with front-line nursing staff to assess the workplace environment on an ongoing basis to identify problems, and plan and implement changes to address them.*
- *Provide salaries and benefits that are competitive and reflect the current realities of both the workforce and the workplace, in order to retain and attract new nurses.*
- *Provide first-line managers with human and technical resources that allow them to do the required work within reasonable hours.*

- *Investigate the feasibility of funding continuing education for nurses on paid time outside of regular shifts.*
- *Continue to fund continuing education for specialty courses, and monitor the need for critical care, mental health and other specialty programs.*
- *Recognize and reward nurses who act as preceptors and mentors.*

## **Introduction**

How does a government report on progress in nursing service and resource management over the last decade and at the same time set the agenda for continued development? Such a report must begin with reminding New Brunswickers what the *Nursing Service and Resource Management Plan (1993)* outlined and what has been accomplished. Although the 1993 plan was developed under different conditions, it sounded the call for significant change.

Clearly a progress report on change is not enough. This *Plan* presents a vision for continued sector development, “***Moving Nursing Forward ... Together***”. The ***Nursing Service and Resource Management Plan (2005 – 2010)*** identifies challenges and proposes strategic nursing investments to “*continue the legacy*” of improved nursing and health services in New Brunswick.

What challenges face the successful organization and delivery of nursing services? Together, we must address priority nursing issues in the areas of role and leadership, education, skill mix and human resources. The recently released “*Provincial Health Plan (2004 – 2008)*” sets the stage for system change and this *Nursing Service and Resource Management Plan (2005 – 2010)* proposes strategic directions to complement and support such transformation.

### ***Project Purpose and Approach***

In December 2003, the Department of Health and Wellness (DHW) launched an initiative identified in *A Nursing Resource Strategy for New Brunswick (2001)* to update the *Nursing Service and Resource Management Plan (1993)*. Under the leadership of the Planning and Evaluation Division, the review process was coordinated by *Management Dimensions*, a N.B. consulting firm with previous experience in this area. The strategic update builds on existing work and involves the analysis of findings from recent national and provincial initiatives in the field and input from key provincial stakeholders.

The *purpose* of the initiative was to develop a new *Nursing Service and Resource Management Plan* relevant to 2004 and beyond. The specific *objective* of the new plan is to guide the development and management of

nursing resources in New Brunswick and facilitate the delivery of quality nursing services in the future.

The plan focuses on four strategic areas impacting the nursing sector: *i) nursing role and leadership; ii) nursing skill mix; iii) nursing education; and iv) nursing human resources.* For each area an integrated background paper was developed that includes an environmental scan, review of progress, strategic issue analysis and proposed directions for change.

During the development process over 400 individual stakeholders and 8 different groups participated in 30 working sessions and consultations held between December 2003 and June 2004.

### ***Background and Context***

During the past five years, numerous national and regional studies explored the challenges facing nursing services in an attempt to stabilize supply, distribution and deployment. Nurses work across the health care system and are vital to its effective operation and sustainability. This *Plan* was informed by comprehensive nursing studies on sector dynamics and resource management that were recently released by well-respected partners.

- *Nursing Strategy for Canada (2000 & 2003 update)*: In 2002, the Advisory Committee on Health Human Resources (ACHHR) released this landmark report outlining 11 strategies to achieve and maintain an adequate supply of nursing personnel who are appropriately educated, distributed and deployed to meet the needs of the Canadian population. In the 2003 update, highlights of progress were: i) the release of a report addressing the creation of quality workplaces for nurses, ii) CIHI database development for nurses, iii) increased research activity for health human resources, iv) increased nursing education seats, and v) expanded recruitment and retention initiatives.
- *Our Health, Our Future: Creating Quality Workplaces for Canadian Nurses (2002, update 2004)*: In August 2002, the Canadian Nursing Advisory Committee (CNAC), set up by the Conference of Deputy Ministers of Health to advise it on implementing the National Nursing Strategy, published its report, *Our Health, Our Future: Creating Quality Workplaces*

for Canadian Nurses. The CNAC report detailed 51 recommendations for improving the work life of nurses. A year later, national nursing organizations expressed their unhappiness over the lack of action on those recommendations. (Taken from Progress Report on CNAC 2004)

- *Human Resources Development Canada:* In 2003, a multi-stakeholder labour market project was begun “*Building the Future: An Integrated Strategy for Nursing Human Resources in Canada*”. The findings will create a long-term strategy to ensure an adequate supply of nurses are available including RNs and LPNs. Early findings indicate the shortage is world-wide and extensive internal and external recruitment and retention efforts are underway.
- *Canadian Nurses Association:* The report *Nursing Leadership in Canada (2003)* describes the leadership challenges and development programs.
- *Canadian Institute on Health Information (CIHI):* The national context for nursing resources is best described in the recently published CIHI reports on RN and LPN workforce trends (2002).

### **Nursing Service and Resource Management Plan (1993)**

The intended focus of the first *New Brunswick Nursing Service and Resource Management Plan (1993)* was “*to provide a strategic approach to guide the development of nursing services and resources in the province*”. The *purpose and goals* outlined in 1993 were directed at increasing the role of nursing service providers within health reform efforts to be more cost-effective and utilize the full competence of nurses. In fact, the purpose and goals remain relevant today.

**Purpose:** *Establish and maintain an effective and complementary role for quality nursing service within the New Brunswick health system, implementing management strategies to ensure an adequate number, mix and utilization of nursing service providers.*

**Goals:**

1. *Maintain an appropriate balance of nursing service in all health service sectors while utilizing the full competence of nursing service providers.*
2. *Support the development of appropriate and complementary education programs for nursing service providers while ensuring that defined role expectations in the health system are met.*

3. *Implement an appropriate mix of nursing service providers to meet the needs of individuals within each service sector while improving cost-effectiveness.*
4. *Maintain an appropriate level of nursing service while monitoring the existing supply and demand of nursing service personnel.*

The 1993 strategic plan for nursing services was a comprehensive guideline that promoted a strengthened role for nursing service providers within the health and community services system. Health reform was underway in an attempt to make the health system more cost-effective and increase its focus on community-based and ambulatory services. A more integrated approach to planning nursing resources began. Basic education requirements evolved from the diploma to the Baccalaureate Nurse (BN) and the basic to more expanded Licensed Practical Nurse (LPN). Skill mix guidelines were introduced eventually leading to a significant increase in the nursing care standard in the nursing home sector.

Although the 1993 recommended immediate change, it was not until the last five years that the most significant changes occurred. Based on a new understanding and commitment to full scope nursing and overlapping provider roles, new models of service delivery were advanced that promote different skill mix teams and interdisciplinary approaches.

### **A Nursing Resource Strategy for New Brunswick Strategy (2001-2004)**

In *“Ensuring a Nursing Presence”*, the Government committed to a three-year \$8 million nursing resource strategy and is already reaping the benefits. Working in partnership with the nursing profession and nursing stakeholders, the action plan outlines a range of initiatives designed to recruit and retain nursing students, new graduates and experienced providers. Initiatives include:

- *summer employment program for student nurses,*
- *tuition support for re-entry nurses,*
- *increased full time positions from casual and part-time employment,*
- *increased nursing seats,*
- *improving continuing education funding, i.e. critical care nursing ,*
- *legislative changes supporting full scope nursing,*
- *improved workforce planning and integrated resource planning ,*

- *bursary support for students in hard to recruit sectors, and*
- *renewal of nursing orientation and mentoring programs.*

### **Health Renewal: Report from the Health Quality Council (2002)**

The Premier's Quality Health Council released its report on Health Renewal that provides a "*blueprint to guide New Brunswick's health*" toward improved health care for New Brunswickers and work environments for providers. Specific recommendations for nursing services were premised on the need to update the *Nursing Service and Resource Management Plan (1993)*. Among the many issues addressed were casualization, expanded and full scope nursing for RNs and LPNs, introduction of nurse practitioners and innovative primary health care models, targeted recruitment and retention and adequate basic, continuing and specialty education for all nursing providers.

### **Provincial Health Plan (2004-2008)**

In the spring of 2004, the Department of Health and Wellness released "*Healthy Futures*" which outlines the Government's four-year health care plan to "*secure our province's health care system and make it sustainable into the future (p.6).*" *Healthy Futures* presents a vision and *states the key goals, principles, strategies and priorities that will "guide health care investments and improvements (p.7)".* Four strategies are put forward:

- ***Population health:*** Improve the health status of New Brunswickers.
- ***Access and delivery:*** Safe and efficient use of health care providers.
- ***Health human resources:*** An appropriate supply and mix of trained health professionals.
- ***Accountability, evidenced-based decision making:*** Promote continuous quality improvement and ensure fiscal sustainability.

## **Nursing Role and Leadership**

*When looking at the broad scope of nursing, council recognizes that a significant number of nurses currently practicing in the system have the skills, training, ability and desire to work within the full scope of practice. ~ p.118, Report from The Premier's Health Quality Council, January 2002*

*Nursing in all settings in our health care system can be better leaders with the appropriate preparation, education and quality of work life support. ~ p.5, Nursing Leadership Development in Canada, March 2003*

### **Progress over the Last Decade**

#### *Strengthened role for nursing service providers*

- More clinical nurse specialists (CNS) are involved in advanced clinical work in selected situations to identify needs of patients for highly specialized nursing care. As an advanced practitioner engaged in full scope nursing, practice is evidence-based. In 2002, there were 26 active CNS with a presence in every health region.
- Nursing homes have increased the number and utilization of licensed practical nurses resulting in an improved standard of care.
- The role and introduction of an emergency psychiatric nurse provides an access point for people with acute mental illness.
- In 2002, amendments to the New Brunswick legislation were made to support the move to implement full scope nursing and nurse practitioners. In addition to promoting full utilization of RNs in all areas, the legislative changes especially permit:
  - *Nurses to assess, treat and discharge patients presenting to the Emergency Room with minor and non-urgent conditions.*
  - *Nurses to authorize residents in Nursing Homes to keep medications on their persons or in their homes or to order restraints in Nursing Homes.*
  - *Nurses to assist medical practitioners in the Operating Room.*
  - *Nurses to meet the requirements to report suspected incidences of notifiable diseases to the District Medical Health Officer or to enter premises for the purpose of examining persons for presence of communicable disease.*
  - *Nurses to assess minors for capacity to consent to medical treatment.*



*New and expanded service models*

- The Extramural Program has expanded and is now integrated under RHAs.
- There is government action to renew and strengthen *Primary Health Care*.
- *Community Health Centres (CHCs)* were recommended by the New Brunswick Premier's Health Quality Council to improve local access to Primary Health Care services. CHCs now exist in five communities and a CHC model has been developed for future expansion.
- In 2002, *nurse practitioners (NPs)* were introduced to play an important role in CHCs and other health settings.
- Under a pilot, five primary care *collaborative practices* were established for nurses/nurse practitioners and physicians. The health service providers work together to meet the needs of the service population and improve clinical service coordination.
- Many *interdisciplinary service models* have been implemented in RHAs to support specific clinical programs and client population groups.
- Tele-care services and health-related information lines provide residents of New Brunswick with bilingual access to telephone triage, advice, and information for non-urgent problems 24 hours/7days a week by way of toll-free lines including: *i) tele-triage, ii) tele-library, iii) poison, rabies and West Nile Virus, iv) gambling help-line and prenatal benefit program*. The volume of non-urgent visits to the emergency room has been decreased.

*Nurse leadership*

- Nurse leadership is on the provincial agenda as evidenced by an over-subscribed nursing leadership conference held in February 2004. Speakers focused on "*identifying and building the leadership skills RNs and LPNs need in today's ever-changing and challenging workplace environment*".
- Since the early 1990's, a purchased program "*Clinical Leadership for Staff Nurses*" has been offered, however the program requires review and updating.

***Challenges to Future Development***

- Need for ongoing removal of legislative and system barriers to full scope practice and NP role within a restructured health system under the Provincial Health Plan

- Lack of system readiness and uncertain demand for full scope nurses, nurse practitioners and clinical nurse specialists
- Leadership erosion and demands for more responsive clinical leadership

### **Context for Strategic Action**

*Primary Health Care Renewal and Innovation:* A strengthened New Brunswick system will involve integration and innovation among Regional Health Authorities (RHAs), *Community Health Centres (CHCs)*, *collaborative practices*, and *community networks*.

*Community Health Centres:* The expanded network of CHCs will improve access to Primary Health Care services and help focus efforts beyond managing illness. Through strengthening interdisciplinary teamwork and partnering with communities, nurses will increase involvement in population health promotion, chronic disease management, and the prevention of illness and injury.

*Nurse practitioners:* NPs will have a significant and increased role in primary health care reform including CHCs and primary care collaborative practices settings . Other opportunities will be explored in nursing homes, emergency departments, community mental health clinics and family practices.

*Full scope nursing:* Increased utilization of nurses in full scope roles is on the agenda specifically targeting emergency rooms, operating rooms and primary care sites. The system will ensure the best use of nurses to maximize the potential of all health resources.

*The Provincial Health Plan (2004–2008) identifies investments in care and services that impact and involve nurses in significant ways including: renewed access to 24/7 primary health care services; establishment of four CHCs, recruitment of 40 more nurse practitioners, 95 new nursing education seats, at least four new primary health care collaborative practice clinic sites, a new provincial cancer care network, enhanced chronic disease management strategies, expanded immunization coverage, enhanced home-based palliative care, acute care and mental health services, wellness strategy, enhanced provincial cardiac care program and four additional satellite dialysis units.*

*Nurses will be part of several new health stakeholder committees (i.e. Patient Safety and Clinical Care Collaboration; Primary Health Care Collaboration) to advise the Minister of Health and Wellness on implementation of key elements of the provincial health plan. Recruitment and retention investments have been recognized as key to health care renewal and efforts will continue (p. 7–9, p.30).*

## **Strategic Directions**

### **Strategy 1: Primary Health Care Reforms**

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Access leadership development for nurse leaders identified at the regional level.

- *Recruit, educate and retain nursing leaders in light of increasing attrition due to re-structuring, turnover, and retirement.*
- *Implement a leadership mentoring program for new nurse administrators and clinical leaders/managers.*
- *Promote direct involvement of executive and front line nursing leaders in system decisions that impact the organization and delivery of nursing services.*
- *Continue supporting the clinical nursing mentorship program at the regional level.*

### **Strategy 5: Role and Benchmark Development for Clinical Nurse Managers**

Define the role of Clinical Nurse Managers and establish human resource benchmarks.

- *Investigate current utilization of clinical nurse managers and reporting structures.*
- *Establish human resource benchmarks for nurse leaders/managers considering scope and effective span of control in the context of collaborative practice and expected level of independence in practice.*

## **Nursing Education**

*The supply of nurses, their quality and competency, and their retention in the jobs and in the profession are all dependent upon many factors including educational capacity, clinical training opportunities, entry-to-practice standards, support for new grads, efficient deployment patterns, continuing education opportunities, meaning full careers and supportive work environments. ~ p. 5, The Nursing Strategy for Canada*

### **Progress over the Last Decade**

#### Basic entry standards for formal nursing providers that aligned with role

- Transition from diploma to baccalaureate nursing education occurred in 1996.
- NBCC has rationalized and articulated their health care programs, such as practical nurse, health care aide, home care worker and special home care worker.

#### Access to Master's level nursing programs

- The Master of Nursing program at UNB was established in 1996–97 and the Nurse Practitioner Program in 1999–2000.
- The Master of Nursing program began at Université de Moncton in 1997–98 and the Nurse Practitioner program in 2003–04.

#### Strengthening concentration areas for BNs and establishing network of continuing education for nursing services providers

- The universities have nursing options available within the BN program that allow nurses to study selected areas in more depth.
- RN / BN program is available through distance education in English and French.
- New Brunswick Critical Care Nursing Program (NBCCNP) is available through distance education in both English and French. The NBCCNP was implemented by the NB Government as step one in plans for provincial continuing education for RNs.
- Certificate in Mental Health Nursing is available in both English and French through distance education.

- Certificate in Holistic Care is available in English through distance education.
- Six universities and three colleges in Atlantic Canada belong to the Canadian Association of Schools of Nursing (CASN) and have their own branch where they discuss regional issues specific to nursing education.
- The Maritime Provinces Higher Education Commission (MPHEC) plays a coordinating role in university education including nursing.

#### *Cost-effective generic education models*

- Orderly program was closed in 1994 and candidates directed to the then RNA (LPN) program.
- Health Care Aide has replaced Geriatric Aide and Attendant Aide and other overlapping health worker programs.
- The NBCC career ladder avoids duplication and provides a Prior Learning Assessment and Remediation (PLAR) process.
- Preliminary discussions are being held concerning a program for a generic rehabilitation assistant.
- Changes have been made to mental health programs for registered nurses so there are only two, one in French and one in English.

#### *BN completion program*

- The BN / RN programs continue to be offered in French at the Université de Moncton and English at the University of New Brunswick and are available through distance education.
- Nursing Refresher programs are available for both RNs and LPNs. RNs and LPNs continue to re-enter the workforce using these courses and there have been tuition reimbursements available for those who complete the courses and re-enter the workforce.

#### ***Challenges to Future Development***

- Appropriate funding framework to support the number and range of university programs for basic and post-basic programs
- University accountability and need to set priorities among nursing programs
- Cost of nursing education and competition among university programs for students

- Predicted nursing shortage and need for future supply to consider non-traditional sources (i.e. LPN–RN laddering; international educated nurses and re-entry)
- Emergence of inter-professional and collaborative education models
- Lack of standards for unregulated health care workers and continued variation in on-site training in nursing homes and RHAs

**Context for Strategic Action**

The provincial basic and post-basic nursing education programs have been re-oriented to meet the demands of a changing health care system and remain decentralized in response to regional needs for student access and employer recruitment.

The four-year baccalaureate nursing (BN) education offered by the University of New Brunswick (UNB) and Université de Moncton (U de M) prepares registered nurses (RNs) to work independently well beyond hospitals, in new and expanding community settings. Nursing knowledge enable RNs to function with other nursing providers across the health continuum and to participate in interdisciplinary teams. A strategic range of post-basic and post-graduate programs ensure nurses advance their competence to meet practice demands at entry, both in primary health and speciality areas. *(Table 1)*

<b>Table 1: RN Education Programs in New Brunswick</b>	
<b>University of New Brunswick</b>	<b>Université de Moncton</b>
▪ Basic baccalaureate degree	▪ Basic baccalaureate degree
▪ Advanced Standing	▪ Accelerated
▪ RN to BN	▪ RN to BN
▪ Master of Nursing	▪ Master of Nursing
▪ Nurse Practitioner	▪ Nurse Practitioner
▪ Certificate courses: - NBCCNP - Mental Health - Holistic Care	▪ Certificate courses: - NBCCNP - Mental Health
<b>Nurses Association of New Brunswick</b>	
<ul style="list-style-type: none"> <li>▪ Nurse refresher program in both English and French.</li> <li>▪ Clinical and professional workshops.</li> </ul>	
<b>Regional Health Authorities</b>	
<ul style="list-style-type: none"> <li>▪ Clinical and professional workshops.</li> <li>▪ Delivery of the NBCCNP</li> <li>▪ Special orientation programs for various specialties.</li> </ul>	

The Licensed Practical Nurse (LPN) completes a 57–week certificate education program through the decentralized provincial community college system. Consistent with their educational preparation, LPNs assist in delivering nursing services and work under the direction of registered nurses or physicians. Post–basic programs are offered that provide LPNs with advanced skills and knowledge in designated practice areas and within different models of service delivery. (Table 2)

<b>Table 2: LPN Education programs in New Brunswick</b>	
<b>New Brunswick Community Colleges</b>	<b>Collèges Communitaires du Nouveau-Brunswick</b>
<ul style="list-style-type: none"> <li>▪ Basic LPN program: (Saint John &amp; Moncton)</li> <li>▪ DENA program (Saint John)</li> <li>▪ LPN contract programs (where demand exists)</li> <li>▪ LPN refresher program (Saint John)</li> </ul>	<ul style="list-style-type: none"> <li>▪ Basic LPN program: (Campbellton &amp; Dieppe)</li> <li>▪ LPN contract programs (where demand exists)</li> <li>▪ LPN refresher (Campbellton)</li> </ul>
<ul style="list-style-type: none"> <li>▪ Phlebotomy</li> <li>▪ Operating Room Technician</li> <li>▪ Community Care Certification (not given yet)</li> <li>▪ High Intensity Program (not given yet)</li> </ul>	
<b>Association of New Brunswick Practical Nurses</b>	
<ul style="list-style-type: none"> <li>▪ One day workshops: catheterizations; caring for a client with an IV; dressings, bandages and slings; and, tube feedings.</li> <li>▪ Two day workshops: competent leaderships (also a self learning module on leadership)</li> <li>▪ One month program: insulin administration</li> <li>▪ Five day workshop: adult physical assessment</li> </ul>	
<b>New Brunswick Nursing Home Association</b>	
<ul style="list-style-type: none"> <li>▪ One day workshops:                             <ul style="list-style-type: none"> <li>- ethical and moral issues; palliative care (English);</li> <li>- gentle intervention for the management of residents who lose self control; care of the cognitively impaired (E &amp; F) - elder abuse; leadership and motivation (French)</li> </ul> </li> </ul>	

Highlights of the overall success in the area of nursing education are:

- *Flexibility and stability of NBCC programs for Licensed Practical Nurses*
- *Government commitment to more nurse and nurse practitioners education seats*
- *Stable and sufficient recruitment of students to the profession*
- *Expanded post basic education for RNs and LPNs*
- *Availability in NB of Masters of Nursing Programs including Nurse Practitioner programs.*

*The Provincial Health Plan (2004–2008) identifies support for an additional 95 nursing seats at provincial university schools of nursing, including 40 full–time positions for nurse practitioners (p.41).*



## **Strategic Directions**

### **Strategic Direction 1: Multi-Year Nursing Education Plan**

Develop a multi-year nursing education plan that provides an adequate supply of nursing service providers.

- *Fill current funded BN seats.*
- *Modify the number of seats given supply and demand projections.*
- *Maintain an effective de-centralized delivery system for nursing education.*
- *Provide appropriate funding mechanisms for universities and colleges to meet supply targets and establish accountability mechanisms.*
- *Investigate Prior Learning Assessment and Recognition (PLAR) and LPN–BN bridging programs as alternate mechanisms to meet RN and LPN supply targets.*
- *Initiate targeted succession planning for faculty.*

### **Strategic Direction 2: Nursing Student Clinical Experience**

Coordinate adequate and affordable clinical experiences for RN and LPN students.

- *Address shared clinical issues through an existing or new process involving universities, RHAs, NBCC and nursing homes that ensures access to facilities and / or nursing units and programs, sharing clinical settings, and the ability to practice all competencies.*
- *Work with CASN to explore alternate methods such as co-op programs for university nursing students in order to decrease the high costs associated with providing clinical experience.*

### **Strategic Direction 3: Recruitment and Retention**

Continue to target effective recruitment and retention strategies for nurses.

- *Continue the bursary program for students RNs and LPNs with service commitment for hard-to-recruit areas. Consider including, within the bursary program, Masters and PhD students with a specific strategy for student nurse practitioners and consideration of student loan forgiveness or paid education leave.*
- *Continue to fund the summer employment program for nursing students, increase student nurse positions, and add student LPN positions.*

- *Continue to fund tuition for RN and LPN refresher completion.*
- *Introduce “bursary” program to support faculty development and succession.*
- *Continue to support orientation and continuing education programs.*

#### **Strategic Direction 4: Education Standards for Unregulated Care Providers**

Develop education standards for unregulated care providers in targeted areas.

- *Review the on-site training provided by RHAs and Nursing Homes and establish minimum education standards.*
- *Continue to collaborate within Atlantic Canada on the development of educational standards for UCPs. This collaboration can occur through an ad hoc committee involving NBCC and DHW and build on the recent regional work related to Health Human Resources.*

## **Nursing Skill Mix**

*Reports such as the Premier's Health Quality Council "Health Renewal" (DHW, 2002), and the Romanow Report "Building on Values" (Commission on the Future of Health Care in Canada, 2002) recommended maximum utilization of all health care providers to ensure the right care in the right place, at the right time, by the right care provider at a cost the taxpayers can afford. "The current situation for health care providers in the country is only partly about supply. It is about distribution, scope of practice, patterns of practice, and the right skill mix among various health care providers. ~Commission of the Future of Health Care in Canada, 2002. (Implementation Guide, p. 5)<sup>1</sup>*

### **Progress over the Last Decade**

#### *Mix of nursing service personnel*

- In 1994, the skill mix recommended for nursing home (20:40:40) was adopted by nursing home services. Staffing for peak workload hours has not normally been included in the calculation of the staffing ratio and would include additional LPNs and RAs.
- The profile of full time equivalents revealed the hospital RN:LPN:UCP staffing ratio to fit within the broad strategic guideline (75:25), however much variation within specific services exist.
- The community staffing mix was not studied and shows no changes.
- The system has removed legislative barriers to full scope nursing and has cleared the path for nurse practitioners and collaborative practice.
- The nursing home sector developed the minimum qualifications for resident attendants (unregulated care providers) and a generic job description.
- Nursing homes increased resident care funding in 1998–2000.
- An integrated service initiative in one region re-designed how support services were delivered on nursing units to enable nurses to focus on nursing care. The two levels of patient service worker are patient-focused and assist primarily in non-direct care.

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<sup>1</sup> Implementation Guide For the Maximum Utilization of Licensed Practical Nurses in New Brunswick Regional Health Authorities and Nursing Homes, July 2003, Standardization of the Utilization of LPNs Steering Committee, p. 5.

Table 3: Overview of Mix of Clinical FTEs for RNs, LPNs and UCPs in the Public Service Delivery System in New Brunswick <sup>2</sup> (2001-02 and 2002-03)				
	Actual Mix in 1993 Plan	Projection for 2000-2001 in 1993 Plan	Actual 2001-2002	Actual 2002-2003
Service Sector		RN: LPN/Other	RN:LPN/Other and RN:LPN:UCP	
Hospital 1 – RN:LPN & Other	92:8 – 74:26	85:15 – 50:50	75:25	74:26
Hospital 2 – RN:LPN:Other	92:23:3 – 74:23:3		75:16:9	74:17:9
Psychiatric <sup>3</sup>	38:10:52	70:30	Not available	Not available
Extra Mural Program	100:0	85:15 to 100:0	100:0	100:0
Health Centres	None stated	None stated	100:0	100:0
Community Mental Health	100:0	85:15 to 100:0	100:0	100:0
Community Public Health	100:0	100:0	100:0	100:0
Nursing Homes (entire) <sup>4</sup>	22:16:62	20:40:40	22:40:38	22:40:38 (w/o)

*Implementation impact of skill mix guidelines (Table 3)*

- Skill mix guidelines for acute care facilities were not formally adopted, however government is taking initiatives in RHAs to implement full utilization of LPNs and RNs based on context of practice and competence. The implementation plan was launched in the fall of 2003 and it is too early to evaluate the impact of any changes. Change is dependent on resignations and the reclassification of positions, which can be a slow process.
- A pilot study was undertaken in 1993–94 in nursing homes to explore better utilization of the increased ratio of skilled nursing staff resources, in recognition of the increasing demands for nursing care within nursing homes. This pilot enhanced LPN skills by expanding their scope of practice to include medication administration, and RN skills through the introduction of case management. An evaluation to measure the impact of these changes on the nursing home system has not been conducted.

**Challenges to Future Development**

- Continued underutilization of LPNs, RNs and Nurse Practitioners
- System and provider resistance to change
- Lack of clear outcomes research to direct development of skill mix ratios
- Little change in skill mix within community services
- Need for standards for utilization of unregulated care providers

<sup>2</sup> Note: The percentages in Table 3 do not always add up to 100% due to errors in the data submitted by nurse managers. The ratios of RN:LPN:UCP does not always add up to 100%.

<sup>3</sup> The psychiatric FTEs that were reported are not complete and can not be compared against the 2000-2001 projections. FTEs for psychiatric units and the Restigouche Hospital Centre are reported in the hospital figures.

<sup>4</sup> The nursing home 20:40:40 is a strategic guideline. The first ratio excludes peak workload FTEs while the second ratio for nursing homes in 2002-2003 includes the FTEs for regular and peak workload staffing.

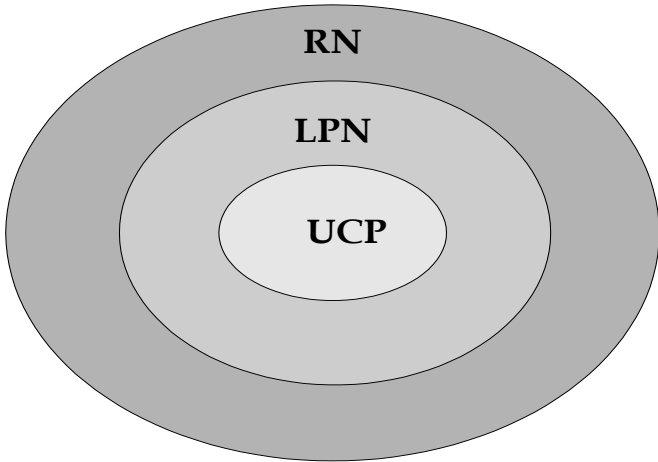
**Context for Strategic Action**

Nursing organizations recently described collaboration in a jointly produced document entitled “*Working Together*”. It is understood that nursing skill mix varies with different categories of nursing providers depending on the individual’s education, authority and competence to perform, and the context of practice. The limits of practice for each category of nursing care provider are determined by:<sup>5</sup>

- *legislated scope of practice,*
- *required level and type of knowledge,*
- *level of critical thinking,*
- *ability to apply judgement in a given situation, and*
- *direction required.*

**Figure 1** depicts nursing and the respective scopes of practice for the various nursing care providers: *registered nurses* (RNs), *licensed practical nurses* (LPNs) and *unregulated care providers* (UCPs). Each caregiver’s scope of practice is identified by the relevant circle. The outer edge of the circle represents the limit of each provider’s scope. The interior circles, representing the scope of practice, are within the scopes of practice of each subsequent caregiver.<sup>6</sup>

**Figure 1: Caregivers’ Scopes of Practice.**



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<sup>5</sup> Implementation Guide For the Maximum Utilization of Licensed Practical Nurses in NB Regional Health Authorities and Nursing Homes, July 2003, Standardization of the Utilization of LPNs Steering Committee.

<sup>6</sup> Working Together: A Framework for the Registered Nurse and the Licensed Practical Nurse, 2003, Nurses Association of New Brunswick & Association of New Brunswick Licensed Practical Nurses, Fredericton, NB.

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RNs, LPNs and UCPs provide nursing services within a continuum of care that acknowledges separate and overlapping provider roles. RNs remain responsible for the overall direction of nursing care.

The nursing process is a systematic method of providing nursing care. It provides a framework for planning and implementing nursing care. It consists of four primary steps: *assessment, planning, implementation and evaluation*. For cost-effective models of care to be implemented, it is critical that skill mix decisions be collaborative and based on the principle of full scope nursing given the context of practice and client population.

*In the Provincial Health Plan (2004–2008), government states its commitment to “ensuring an adequate and appropriate supply and mix of health human resources” and specifically indicates that it will “maintain existing programs to assist nurses in obtaining training and skills, and ensure that all nurses can work to the full scope of their professional competence (p.40–41)”.*

## **Strategic Directions**

### **Strategic Direction 1: Best Practices in Nursing Skill Mix**

Determine new provincial skill mix guidelines to ensure full scope nursing and support the best utilization of RNs and LPNs across the health system.

- *Complete the collaborative RN–LPN evaluation of skill mix and re-organization of nursing services at the regional level.*
- *Establish a provincial information network to share best practices in nursing skill mix and service organization.*
- *Establish a provincial implementation committee to review regional work and recommend provincial skill mix guidelines for different contexts of practice.*
- *Provide education for collaborative nursing practice and improved RN–LPN understanding of scope of practice and roles.*

### **Strategic Direction 2: Evaluation and Implementation of Skill Mix Changes**

Evaluate the outcome of skill mix changes on patients, system and providers.

- *Identify outcomes measures to evaluate patient, system and provider outcomes.*
- *Evaluate the feasibility of introducing LPNs in community services ~ Extra Mural and Public Health .*
- *Conduct utilization survey of nursing service providers every three years in RHAs, Nursing Homes and community services.*

### **Strategic Direction 3: Deployment of Nurse Practitioners**

Develop a deployment strategy for full utilization of Nurse Practitioners in the system.

- *Target priority areas for expanded utilization given the projected supply and future needs.*
- *Develop a communication strategy for nurse practitioners focusing on physicians, system managers, nurses and the general public.*
- *Address the impact introducing nurse practitioners on family physicians, including compensation and caseload.*

### **Strategic Direction 4: Employment Standards for Unregulated Care Providers.**

Develop employment standards for unregulated care providers to ensure system flexibility and service quality.

- *Investigate the need for employment standards for unregulated care providers (UCPs) and evaluate the service and financial impact of introducing such standards.*
- *Target priority areas for implementation of employment standards for UCPs.*

## Nursing Human Resources

*“This government made a commitment to renew health care for New Brunswickers. As part of our renewal, we have been working closely with the nursing profession to develop a broad long-term nursing resource plan. ~ Hon. Elvy Robichaud, Minister of Health and Wellness, p. 2, A Nursing Strategy for New Brunswick, 2000*

*The availability of appropriate numbers of professionals will likely challenge the health system renewal in New Brunswick. Council supports strong health human resource planning focus for the province. ~ p. 41, Premiers’ Health Quality Council, 2002*

*Appropriate planning and management of health human resources (HHR) is key to ensuring that Canadians have access to the health providers they need, now and in the future. ~ 2003 First Minister’s Accord on Health Care Renewal*

### Progress over the Last Decade

#### Nursing service personnel

- During 2000–2003, the RN sector demonstrates stability with some growth in community employment. The LPN sector experienced growth, primarily in hospital employment. There are more unregulated care providers in hospitals and nursing homes supporting nursing services.
- A significant shift from casual to part time and full time employment has occurred.
- There is an increasing % of nurses holding a baccalaureate or master’s education, including Nurse Practitioners and Clinical Nurse Specialists.
- More LPNs pursue post–basic education.
- Implementation of a three–year \$8 million NB Nursing Resource Strategy to recruit and retain nurses (2001–2004)
- RN Education Stakeholder Group set up to recommend strategies to maintain the approved number of student nurse admissions to programs.

	Fiscal 2000-01			Fiscal 2001-02			Fiscal 2002-03		
	RN	LPN	UCP	RN	LPN	UCP	RN	LPN	UCP
<b>Nursing Direct Service FTEs</b>	5143	1643	1319	5147	1756	1342	5178	1855	1354
<b>Total Nursing FTEs (by group)</b>	5461	1659	1379	5474	1785	1400	5518	1883	1494
<b>Total Nursing Direct Service FTEs</b>	<b>8105</b>			<b>8245</b>			<b>8389</b>		
<b>Total FTEs (all groups)</b>	<b>8499</b>			<b>8659</b>			<b>8895</b>		



*Between 2000 and 2003:*

- Overall the Nursing Service Workforce (RN–LPN–UCP) funded by the public sector experienced a growth of 5% in direct service and total FTEs.
- The RN workforce demonstrated less than 1% growth in direct service and total FTEs.
- The LPN workforce demonstrated growth of 14% in direct service and total FTEs.
- The UCP workforce demonstrated growth of 8% in direct service and total FTEs.

*Mix of Nursing Service Providers*

- The employment profile (full-time equivalents) demonstrates a shift in staffing mix toward increased utilization of LPNs and UCPs.
- Generally, the predicted guideline for staffing mix in nursing homes and hospitals has been attained although more work at the regional level is underway. There has been virtually no change in the staffing mix in the community sectors; i.e. EMP, Mental Health, Public Health.

*Workload and workforce management*

- Workload Measurement System introduced in acute care settings.
- Nursing home services worked collaboratively with unions on a WHSCC strategy to improve safety and workplace conditions.
- Nursing home sector commissioned a Resident Care Needs Study in 2002 that recommended providing clerical support, peak workload resources and a new information management system for resident assessment and performance management.
- In 2003, the Nursing Services Advisory Committee (NRAC) submitted a paper on workplace issues and suggested actions.

*Supply - demand profile and projection model for nursing service personnel*

- Completion of supply–demand analysis of health professionals (Fujitsu, 2002) that was designed to:
  - *create an inventory of health professionals in public and private sectors;*

- *provide a demographic analysis of each occupational group by age, gender, health region, health sector, employment sector, etc;*
- *conduct a labour market supply/competitive wage analysis;*
- *complete an environmental scan on trends/issues impacting HHR;*
- *forecast provincial supply and demand, by occupational group, to 2007 using a dynamic scenario-based model;*
- *predict the gap analysis depicting shortages/surpluses; and*
- *identify specific challenges impacting recruitment and retention.*

### **Challenges to Future Development**

- Changing supply and demand profile due to changing consumer and provider needs and health system reform
- Lack of integrated planning in nursing and health sector
- Regional supply and demand gaps
- National and international mobility of nurses and predicted shortage
- Changing skill mix, service organization and provider deployment models
- Changing education needs at basic, post-basic and speciality levels
- Need to manage absenteeism, long term disability and overtime patterns
- Need to ensure safe work environments for nurses and patients given current knowledge of adverse events and potential health and safety risks

### **Context for Strategic Action**

Nursing represents the largest of New Brunswick's health professions and is comprised of two regulated groups: registered nurses and licensed practical nurses. While tracking numbers of providers is valuable, simple head counts do not reflect the entire picture. It is important to understand the current and future supply of nursing providers and how competencies relate to the health needs of New Brunswickers.

According to the recent *Supply and Demand Analysis (2002)*, a shortage of RNs is projected. However, it must be emphasized that forecasting is driven by assumptions of what may or most likely will happen, not what will certainly happen. It is based on the current service delivery model and workforce dynamics and must be continuously updated to reflect the known impact of

workforce and restructuring strategies, i.e. the NB Nursing Strategy and regional initiatives. The workforce profile was described in the report as:

- *In summary the Registered Nurse workforce is predominantly female (96%), with an average age of 43 years, has a moderate percentage of bilingual members (43%) and is employed largely on a permanent full-time or part-time basis (85%), the majority working in the hospital sector. Nearly 26% of this workforce works greater than 1.0 FTE. There are local sources of supply in both Official Languages. ~ p.111, Fujitsu Report, 2002.*
- *In summary the Licensed Practical Nurse workforce is predominantly female (91%), with an average age of 43 years, has a low to moderate percentage of bilingual members (36%) and is employed largely on a permanent full-time or part-time basis (70%), equally split between the nursing home and hospital sectors. Nearly 20% of this workforce works greater than 1.0 FTE. There are local sources of supply in both Official Languages. ~p.114, Fujitsu Report, 2002.*

Effective human resource planning for nursing must consider each type of nursing provider needed and determine where, when and how many based on skills and expertise, recognized and emerging roles and organization and delivery of services. The health workforce is the Province's third priority identified in the Provincial Health Plan.

*In the Provincial Health Plan (2004–2008), Government recognizes results from recent recruitment and retention efforts and commits to continued action. In fact a net increase of 425 full-time nurses is reported. Future strategies must focus on developing a network of integrated health human resources that deliver services within a single, integrated provincial health system.*

## **Strategic Directions**

### **Strategic Direction 1: Integrated Human Resource Planning and Management**

Collaborate at Pan-Canadian and Atlantic levels toward the integrated health human resource planning.

- *Determine what types of nursing human resources are required and for which practice setting based on the skills and capacities of RNs, LPNs and UCPs.*

- *Develop an Integrated Human Resource Planning Framework for nursing services that addresses consumer and system needs, supply–demand, education and deployment.*
- *Adopt an Integrated Health Human Planning approach that is inter–sectoral and inter–professional.*

## **Strategic Direction 2: Nursing Supply and Demand Projections**

Implement the supply and demand projection model with commitment to regular and ongoing adjustments.

- *Update annually the profile of Nursing Human Resources.*
- *Update annually the vacancy information.*
- *Consider the weighted supply and demand factors annually through annual consultation with nursing stakeholders.*
- *Update projections in light of staffing full time equivalents and skill mix guidelines.*
- *Implement a workload management system to better resource planning in nursing homes to meet population needs.*

## **Strategic Direction 3: Workload and Workforce Management**

Develop regional strategies to resolve operational workforce management issues: workload, overtime, absenteeism, employment status, scope of practice and non–nursing tasks.

- *Review, implement and maintain workload measurement tools in all practice settings to assess patient needs and match needs with adequate nursing staff at the appropriate level.*
- *Hire sufficient nurses to ensure a reasonable workload and continue to address issues of staff mix and work status.*
- *Work with employers and unions to increase the proportion of nurses working full time in all health settings.*
- *Work with staff nurses and unions to (i) develop flexible scheduling that suits both nurses and employers, and (ii) develop and implement ways of addressing contingency staffing that minimizes overtime.*

- *Collaborate with nurses, employers and unions to determine the reasons for absenteeism with the goal of reducing it to the equivalent of the national average for full-time workers.*
- *Work with nurse leaders and unions to provide phased-in retirement programs for older nurses in order to keep them in the work force longer.*
- *Continue to put in place policies that will allow RNs and LPNs to function to the maximum of their professional practice abilities.*
- *Employ sufficient numbers of support staff to allow nurses to focus fully on patient care.*

#### **Strategic Direction 4: Healthy Workplaces**

Create an inter-disciplinary practice environment in New Brunswick health care organizations that will attract and retain a healthy committed workforce.

- *Mandate Regional Hospital Corporations and Nursing Homes to develop a process whereby nursing leaders and administrators work with front-line nursing staff to assess the workplace environment on an ongoing basis to identify problems, and plan and implement changes to address them.*
- *Provide salaries and benefits that are competitive and reflect the current realities of both the workforce and the workplace, in order to retain and attract new nurses.*
- *Provide first-line managers with human and technical resources that allow them to do the required work within reasonable hours.*
- *Investigate the feasibility of funding continuing education for nurses on paid time outside of regular shifts.*
- *Continue to fund continuing education for specialty courses, and monitor the need for critical care, mental health and other specialty programs.*
- *Recognize and reward nurses who act as preceptors and mentors.*