

# ONP UPDATE

## JANUARY 2004

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You think your pains and heartbreaks are unprecedented in the history of the world, but then you read. It was books that taught me that the things that tormented me were the very things that connected me with all the people who were alive, or who have ever been alive.

James Baldwin

## QUICK HITS

**New study shows RN absenteeism and overtime rates continue to climb**

**First conference of the Canadian Association for Health Services and Policy to be held in Montreal in May**

**Focus on Interdisciplinary Collaboration**

**Moving Forward: ONP Progress Report Published**

**2004 Health Services Research Advancement Award**

**Education & Research Funding Opportunities**

## ABSENTEEISM & OVERTIME

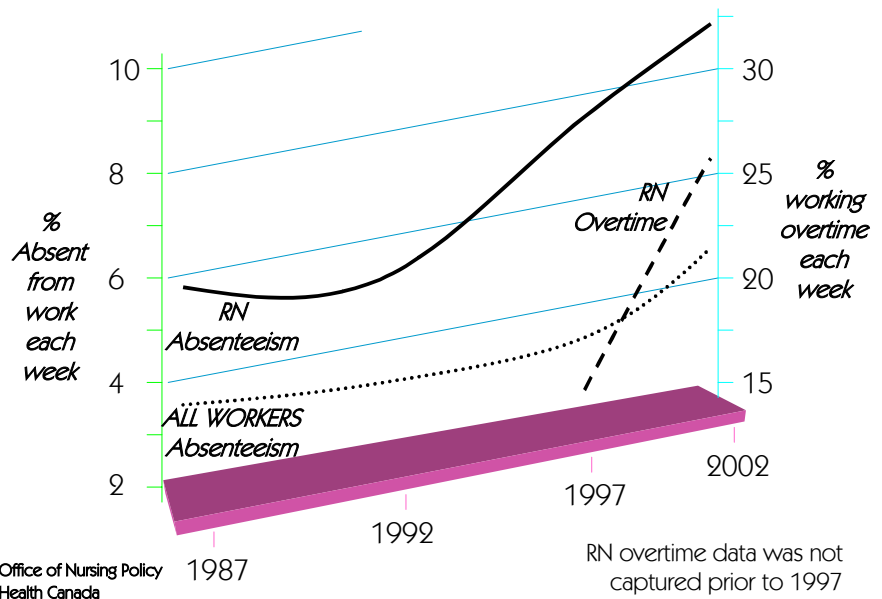
The results of a new study commissioned by the Office of Nursing Policy show that the absenteeism and overtime rates of Canadian RNs continue to climb. The absenteeism rate of all other Canadian workers also has steadily risen. The study was based on analyses of publicly-employed RNs and Nurse Supervisors, using selected years of Statistics Canada's Labour Force Survey (LFS). It was

conducted and reported by the *Canadian Labour & Business Centre for Health Canada*. The full report is available electronically from the Office of Nursing Policy. The study focused on RNs because the data for LPNs and RPNs is aggregated with other occupational groups at a high level. We hope to obtain information about LPNs and RPNs in our future work.

### Absenteeism

In 2002, the rate of RN illness- and injury-related absenteeism stood at 8.6%, considerably

## RN Absenteeism and Overtime



higher than the estimated rate of 5.9% in 1987. Between 1997 and 2002, the absenteeism rate for full-time RNs increased from 7.8% to 8.6%. For occupational groups in general, the rate rose even more significantly during the same time period – moving from 3.4% to 4.7%. In all years, the rate among full-time RNs is roughly 50% higher than the rate among part-time workers.

Within nursing, absenteeism is up across all age groups, but of particular note is the elevated rate found among nurses less than 45 years of age.

When compared with other occupations, RNs working full-time had a rate of absence due to illness and injury that was 83% higher than that found among the overall full-time employed labour force in 2002 (8.6% compared with 4.7%) – second only to the rate within the group called *Assisting Occupations in Support of Health Services*, which includes Nurse Aides and Orderlies. Time lost to absenteeism during 2002 was 19.6 million hours – the equivalent of 10,808 full-time positions.

### Overtime

*26% of all RNs worked overtime each week in 2002 - higher than the estimated 23.9% in 2001, considerably higher than the rate of 15.3% in 1997, and higher*

*than the average of 22.5% reported among all other workers. Some 11.5% of RNs worked*

*overtime hours without compensation in 2002, while 16.9% reported paid overtime hours. The rates of unpaid overtime and paid overtime both increased since 1997.*

Differences in overtime hours between age groups are not large, however in 2002, RNs under 35 years of age were the least likely to work overtime (23.7%) while RNs aged 50 to 54 were the most likely to work overtime (30.3%).

Given the broad definition of overtime work used in this analysis it is possible that both full-time and part-time nurses are working “overtime”.

The estimated number of nurses working overtime more than doubled between 1997 and 2002, but the average hours of overtime worked each week remained stable (6.4 and 6.2 hours respectively). In 2002, the total overtime hours (paid and unpaid) amounted to an estimated 15.7 million hours – or 8,643 full-time full-year positions. Aggregate annual hours of overtime increased by an estimated 2.9 million hours between 2001 and 2002 – the equivalent of 1,626 full-time full-year jobs.

**Absenteeism rates have increased among all occupational groups.**

**Time lost to RN absenteeism during 2002 reached the equivalent of 10,808 full-time positions.**

**In 2002, total paid and unpaid RN overtime hours amounted to the equivalent of 8,643 full-time positions.**

## SPOTLIGHT ON RNAO UPCOMING EVENTS

### *Embracing the Future: Educating Tomorrow's Nurses 2004" 2nd International Nurse Educator Conference*

Hilton Toronto  
October 27-28, 2004  
Deadline for abstract submission is Thursday, January 29, 2004.

### *Keep Your Co-Workers for Life and Keep Your Health-Care Professional Team for Life*

National Workshops  
featuring Brian Lee, CSP  
Hilton Suites Markham  
February 26-27, 2004

### *Older People Deserve the Best! Building a Policy Framework and Innovative Services for Elder Health and Elder*

*Care" 3rd International Conference on Elder Care on*  
Westin Prince Hotel Toronto  
September 22-23,  
Deadline for abstract submission is Thursday, February 12, 2004.

### *Healthy Workplaces in Action 2004: Thriving in Challenge! 4th International Conference*

Hilton Suites Markham  
November 17-18, 2004  
Deadline for abstract submission is Thursday, February 19, 2004.

Please visit RNAO website at [www.rnao.org](http://www.rnao.org) and check details in *The Centre* and see all abstracts under the section *Workshops and Conferences*.

### ***BPGs - RNAO announces new partnerships with seven health-care organizations to disseminate and evaluate nursing best practice guidelines***

The RNAO announced three-year partnerships with seven health-care organizations chosen to implement and evaluate nursing best practice guidelines (NBPG).

Representatives from the successful "spotlight" organizations – staff nurses, advanced practice nurses, chief nursing officers and CEOs – met in Toronto for the inaugural NBPG Spotlight Organization Retreat on Tuesday, Jan. 13.

These dynamic, long-term partnerships, funded by the Ontario Ministry of Health and Long-Term Care (MOHLTC) with matching funds provided by the spotlight organizations, will develop creative strategies to implement and evaluate NBPGs. Best practice guidelines not only provide nurses with current, comprehensive guidelines based on the latest evidence in specific clinical areas, but also give patients and the public an understanding of the quality of care they should expect to receive. To date, Ontario's NBPG Project, led by RNAO and funded by MOHLTC, has completed 17 guidelines focusing on elder health and elder care, home health care, mental health care, emergency care and primary health care as well as an implementation tool kit to help nurses and organizations use the guidelines. And development of four new guidelines is in progress.

Thousands of expert nurses from all regions of the province and sectors of the profession have been developing, pilot testing, implementing and evaluating guidelines that flow from the latest research in nursing practice. Forty-seven health-care sites across Ontario and about 4,600 stakeholders are participating in the project. And thousands of additional nurses are starting to use the BPGs in practice to enrich patient care.

## CONFERENCE UPDATE

***Ninth Annual Ethel Johns Nursing Research Forum: Responding to the Moral Climate of Nursing Workplaces: Action through Expert Practice and Leadership***  
St. Paul's Hospitals Vancouver BC  
February 6-7, 2004  
[www.xieta.nursing.ubc.ca/E.JohnsRegn04.pdf](http://www.xieta.nursing.ubc.ca/E.JohnsRegn04.pdf)

***Ontario Hospital Association The SARS Outbreak 2003: Provincial Issues***  
Renaissance Toronto Hotel  
February 20, 2004  
[www.oha.com](http://www.oha.com)

***The Ontario Women's Health Council and the OHA Women's Health Conference: Accountability for Excellence***  
Holiday Inn on King Toronto  
February 27, 2004  
[www.oha.com](http://www.oha.com)

***Ontario Hospital Association Nurse Practitioner Conference***  
Hilton Toronto  
March 1, 2004  
[www.oha.com](http://www.oha.com)

***Altogether Better Health: Progress in Interprofessional Education and Collaborative Practice***  
UBC Vancouver  
May 6-7, 2004  
[www.health-disciplines.ubc.ca](http://www.health-disciplines.ubc.ca)

***2004 Canadian Nursing Research Conference***  
London, Ontario  
May 12 - 15, 2004  
<http://publish.uwo.ca/~maandrus/nnrc/Abstract3.htm>

***National Primary Health Care Conference - Moving Primary Health Care Forward: Many Successes, More to Do***  
Winnipeg Convention Centre  
May 16-19, 2004  
[www.phcconference.ca](http://www.phcconference.ca)

***The 1st Conference of the Canadian Association for Health Services and Policy (formerly CHERA)***

Hyatt Regency, Montreal  
May 26-28  
[www.cahspr.ca](http://www.cahspr.ca)

***3rd International Conference on Health Economics and Health Management***  
Athens Institute for Education and Research  
Athens, Greece  
Jun 03-Jun 05, 2004  
**Contact**  
Sotiris Soulis / [atiner@otenet.gr](mailto:atiner@otenet.gr)

***AcademyHealth Annual Research Meeting***  
San Diego  
June 6-8, 2004  
[www.academyhealth.org/arm/abstracts/brochure.htm](http://www.academyhealth.org/arm/abstracts/brochure.htm)

***Health, Insurance and Equity: Journées d'Économie Publique Louis-André Gérard-Varet***  
Jun 10-Jun 11, 2004  
Marseille France  
**Abstract Submission Deadline** Feb 15, 2004  
**Contact**  
Prof. Nicolas Gravel  
[gravel@ehess.cnrs-mrs.fr](mailto:gravel@ehess.cnrs-mrs.fr)

***CNA Biennial Convention***  
St. John's  
June 20-23, 2004  
[www.cna-aiic.ca](http://www.cna-aiic.ca)

***Health, Work & Wellness Conference***  
8<sup>th</sup> Annual Health, Work & Wellness Conference  
*Transforming the Organization*  
Vancouver BC  
October 28-30, 2004  
[www.healthworkandwellness.com](http://www.healthworkandwellness.com)

***The 8th Nursing Research Conference***  
Seville Spain  
November 17-20, 2004  
[www.isciii.es/investen](http://www.isciii.es/investen)

## INTERDISCIPLINARY COLLABORATION

### *Quality of Care Better When Doctors, Mental Health Professionals Work Together to Treat Patients*

A collaborative approach to mental health care, where family doctors and mental health professionals collaborate in treating patients, works better than doctors providing this care on their own, says a new report by Saskatchewan's Health Quality Council. In reviewing 40 studies of shared mental health care, researchers found that patients who receive collaborative treatment have fewer symptoms than people receiving traditional care from family doctors, and are more likely to have recovered or be in remission at follow-up. The research, which was conducted by the former Health Services Utilization and Research Commission, found that besides being more effective than the typical form of mental health care provided by family physicians, shared mental health care is also preferred by patients. Get all the details at [www.hqc.sk.ca/whats\\_new.html](http://www.hqc.sk.ca/whats_new.html)

### *Nurse Practitioners and Doctors Working Collaboratively to Provide Patient Care*

A joint research survey by the RNAO and the Ontario Medical Association (OMA) demonstrates that Ontario's nurse practitioners and physicians have been working well together in new joint partnerships across Ontario. The purpose of the survey was to gather information about the collaborative practice relationship experience of general and family practice physicians and nurse practitioners established in recent years.

Successful collaborative practice relationships between nurse practitioners and doctors include long-term care facilities, primary care networks, community health centres and physician offices.

"The report provides information to maintain and improve existing practice partnerships and provides a framework for those physicians and nurse practitioners looking to initiate new ones" said Dr. John Rapin, spokesman for the OMA. "The OMA is committed to continuing to take steps to foster and develop new working relationships with Ontario's nurses to improve access to health services in Ontario." "The report confirms the value of nurses and doctors working together. Ontario's collaborative practice partnerships are leading the way nationwide" said RNAO president Adeline Falk-Rafael. "RNAO is committed to continuing to work with doctors in the province to achieve excellent practice partnerships to best serve Ontarians." The survey, funded by the Ministry of Health and Long-Term Care was conducted between December 2002 and February 2003. Interviews were conducted with nurse practitioners and general and family physicians, individually and together to achieve the best possible insight to the collaborative practice relationship. The RNAO and the OMA are currently working to support the establishment of interdisciplinary practices in Ontario by establishing a physician/nurse practitioner education and mentoring program that will further foster positive working relationships and enhance patient care in Ontario. For a copy of the survey please visit [www.rnao.org](http://www.rnao.org) or [www.oma.org](http://www.oma.org).

## CHSRF

### *Do you know someone who has made a great contribution in advancing health services research and evidence-based decision-making in Canada?*

CHSRF encourages nominations of a wide scope of people for the 2004 Health Services Research Advancement Award. We are looking for nominations of decision makers who fund health services research, work in partnership with health services researchers, or frequently use research to make evidence-based decisions. We also welcome the nomination of researchers who are doing health services research, communicating research well, teaching about health services research, or advocating for it. We want to recognize the people who are involved with health services research in many different ways — and not necessarily in traditional ways. Please submit a nomination: [www.chsrf.ca/funding\\_opportunities/hsraa/pdf/nform\\_e.pdf](http://www.chsrf.ca/funding_opportunities/hsraa/pdf/nform_e.pdf) by 5 p.m., March 31, 2004 to the CHSRF. The winner will be awarded \$10,000 to use for the advancement of health services research. For more information please go to [www.chsrf.ca](http://www.chsrf.ca).

## FUNDING ANNOUNCEMENT

Strategic Research Training Fellowship Opportunities in Gender, Women and Addictions Research for: PhD (\$20K/year), Masters (\$18K/year), Post Doc Fellow (\$40K/year), Clinical Researchers (\$45K/year) Application Deadline: March 31, 2004. Notifications by April 30, 2004. For more information: [www.addictionsresearchtraining.ca/](http://www.addictionsresearchtraining.ca/)