Practice to Policy:
Global Perspectives in Nursing

Report of the 5th International Conference

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MAIN MESSAGES

1. Nurses have the numbers and status to become an effective lobby group to influence politicians and policy making nationally and globally.

2. Policy makers will be more likely to respond to nurses’ demands if the latter unite in communicating the importance of their role, and the significance of their needs.

3. Influencing decision-makers may require persistence, including the reiteration of evidence in a variety of local, national and global media in order to have a clear message.

4. Effective communication of research evidence is a prerequisite for excellent healthcare services.

5. The improvement of population health outcomes depends on the quality of nursing and midwifery services, including the deployment of adequate personnel and equipment.

6. Addressing the Occupational Health and Safety of Nurses is a priority.

7. Ensuring the integration of evidence in practice, will require nurse educators to make a commitment to life long learning both through formal education and the coaching and mentoring nurses in their workplace.

8. Migration is a reflection of global economics. While unethical recruitment should be avoided, and improvement of local working conditions may increase retention the migration of individuals is inevitable.

9. Research evidence is available that can inform health human resource planning and policy making.
SUMMARY

The Nursing Health Services Research Unit (NHSRU)

The NHSRU, led by Co-Directors Drs. Linda O’Brien-Pallas and Andrea Baumann, hosted the 5th International Conference, Practice to Policy: Global Perspectives in Nursing in Hamilton, Ontario, Canada. Over 250 delegates participated in the event, which featured a host of national and international speakers including Dr. Jean Yan, Dr. Mireille Kingma, Dr. Joshua Tepper and Mike Villeneuve. The event consisted of several pre-conference workshops, 90 concurrent sessions and over 40 poster presentations. The feedback received from delegates indicated that the sessions were well-received and informative.

Using Evidence to Influence Policy

Both healthcare professionals and the system are faced with a number of ongoing challenges, which may require a shift in organizational policy and can affect the way nurses practice. Nurses are an integral part of the healthcare system and play a key role in influencing these changes. Nurses’ voices need to be heard, and they must be able to articulate what they do. This will ensure open communication with policy and decision makers and facilitate an understanding of different cultures.

The New Graduate and Late Career Initiatives introduced by the Ontario Ministry of Health and Long-Term Care provide excellent examples of evidence influencing policy. The nursing profession, including researchers and practitioners, must continue to work together and share experiences, evidence and data. A unified effort is necessary to further influence the healthcare system and changes that directly affect the profession.

Global Issues and Concerns

Migration of nurses is a global concern for the healthcare system. While not a recent phenomenon, the nature of migration is changing. Nurse migration further exacerbates the existing nursing shortages in some countries, and subsequently limits the type of healthcare services that can be provided to populations.

Deskilling of nurses’ work and the creation of substitute healthcare provider roles puts populations at risk of disease. Nurses must not become invisible. They should continue to be part of local and global decision making. The World Health Assembly emphasizes the need to strengthen nursing and midwifery to contribute effectively to improving population health outcomes.
Personal safety and violence in the workplace is a growing concern for the nursing profession. Nurses are exposed to physical and biological risks in their daily practice, and there are an increasing number of reports on nurses as victims of violence. As a result of shortages, nurses are reporting increasingly heavy workloads, leading to burnout and stress. Heavy workloads may also be linked to an increase in medication errors and possible risks to patient safety.

The future of nursing is in jeopardy. The profession is struggling to recruit young people, and many nurses are nearing the end of their career and planning for retirement. In addition, there are insufficient numbers of front line nursing staff to provide client care. Many nurse educators and faculty currently practicing will be eligible for retirement within the next 5 to 10 years. Given the impending shortages, it is imperative that the profession continue to recruit personnel into all nursing roles, practice, education, research and administration.

New Healthcare Provider Roles
To combat the current nursing shortages, governments are creating new roles for healthcare providers. Nurses must think critically about what these roles mean to nursing practice and their impact on nurses’ work. For example, who will train the new providers? Will nurses be responsible for overseeing the practice of new providers? How will the new roles impact patient care?

Nursing leaders should continue to urge nurses to think critically about government strategies and the impact they may have on individual nurses, the nursing profession, patient care and the healthcare system as a whole.

Changing Nursing Practice
Technology, information and evidence continue to influence and change the way nurses practice. Nurses must be aware of the potential for technology and evidence to change the way care is provided. How can we best use nurses’ skills to deliver care? What could be done differently using technology and resources? Nurses must have the skills and equipment required to adapt and utilise these valuable resources, which will enable them to access the information needed to provide evidence-informed care.

Knowledge Transfer and Exchange
International forums such as the NHSRU conference enable nurses from around the world to share knowledge and research findings, and network with their colleagues. These events provide an opportunity for knowledge transfer and exchange on a global level. Evidence and strategies are
shared and relationships develop, which nurses can maintain upon returning to their work environments.
OPENING SPEAKERS - October 26, 2006

Sioban Nelson, Dean and Professor, Faculty of Nursing, University of Toronto
Dean Nelson offered her perspective on the healthcare system and the nursing profession, both of which are facing real challenges as nursing is being re-engineered. She urged conference participants to engage in debate and critical issues.

“Think about the relationship between policy to practice and human resources. We need to communicate what nurses do and get that idea to policy makers.”

Dean Nelson said nurses need to ensure policy makers are aware of the good science, good practice and outcomes that are the real stories of nursing. This is the task facing all of us, and hopefully this conference will help us regroup in the stormy times that lay ahead.

Catherine Tompkins, Associate Dean Health Sciences (Nursing), McMaster University
Dean Tompkins’ outlook was based on the practice and research communities, which need to work together to build stronger evidence to guide policy and practice. Research has helped develop many practice policies and practical solutions; however, many wait to be implemented. Innovative strategies are needed to improve the use of research evidence, which will lead to more effective healthcare services. Research policy makers and legislators need to work together.

Sue Matthews, Provincial Chief Nursing Officer for Ontario, Nursing Secretariat, Ministry of Health and Long-Term Care
The role of the Provincial Chief Nursing Officer (PCNO) for Ontario is to provide the perspective of nurses to Ontario policy makers. Accordingly, Sue Matthews advises on health system issues, trends and policy, both formally and informally. She explained that policy is usually made in two ways: over long periods of time, or it can be handed down when the decision has already been made. There are multiple divisions in the Ministry of Health and Long-Term Care (MOHLTC), and each one advises the government. She used the analogy of an interior decorator who asks their clients what the priorities are. The Nursing Secretariat has to find the appropriate research and options, and give parameters for each option available. The PCNO then makes a recommendation, and the Nursing Secretariat advises on how to implement the policy. It usually takes about year to implement and the evaluation is built in. The political cycle in Ontario is four years, which is a disadvantage for research organizations. The government needs the research immediately with an effect visible during the first three years that the government is in power.
However, putting something in place in 2006 may not produce results or visible outcomes until 2020.

Policy makers believe 7% of nurses and 89% of physicians vote. Sue Matthews asked nurses to change this perception and let politicians know they are voting. Nurses need to share their stories as well as the evidence and data. For example, the new graduate strategy had a lot of anecdotal evidence. The Nursing Secretariat combined the stories (subjective) with the data (objective) to create a strategy for new graduates. Finally, she urged the audience to make sure they use facts and evidence, and stand together united as one voice.
The WHO Program on Knowledge Exchange

Presenter: Dr Jean Yan, Chief Scientist, Nursing and Midwifery, WHO, Geneva, Switzerland

Nursing and Midwifery Global Context
Globally, nurses and midwives form the largest category of health workers and provide up to 80% of direct patient care.

“Nurses and midwives play a central role in health service delivery in areas where they may be the only front-line providers.”

Health challenges such as HIV/AIDS, TB, mental health, malaria and maternal and child health, and emerging diseases such as SARS and avian influenza have made strengthening the health workforce a priority on national agendas.

The most recent World Health Assembly (WHA) resolution, WHA 54.12, emphasizes the need to strengthen nursing and midwifery in order to contribute effectively to improving population health outcomes.

Nursing and Midwifery Program at WHO
The Office of Nursing and Midwifery directs its efforts towards:

- Facilitating the integration of nursing & midwifery services in WHO programmes
- Providing evidence-based information
- Supporting technical efforts for capacity building
- Forging networks for effective partnerships

How Do We Operate?
Nursing and Midwifery at WHO is supported by the Regional Nursing Advisers in the six WHO regional offices, the Global Advisory Group on Nursing and Midwifery and the Global Network of WHO Collaborating Centres for Nursing and Midwifery Development. For additional information see www.who.int/hrh/nursing_programme

Strategic Directions
The Strategic Directions for Nursing and Midwifery Services (2002–2008), developed by WHO and its partners, provide a framework for collaborative action. The goal is to support countries in enhancing the nursing and midwifery services that contribute to achieving both national health
goals and the health-related Millennium Development Goals of the United Nations system. The main strategic areas are:

- Health planning, advocacy and political commitment
- Management of health personnel for nursing and midwifery services
- Practice and health systems improvement
- Education of health personnel for nursing and midwifery services
- Stewardship and governance

**WHO Knowledge Exchange Program**

This program aims to link nursing and midwifery globally by creating opportunities for effective exchange of knowledge, best practices and experience. For more information or to join the alliance see [http://www.ibpinitiative.org](http://www.ibpinitiative.org).
Ministry of Health and Long-Term Care (MOHLTC) New Health Human Resources Strategy, “Healthforce Ontario”

Presenter: Joshua Tepper, MD, CCFP, Assistant Deputy Minister, Health Human Resources Strategy Division, MOHLTC

Ontario will have the right number and mix of appropriately prepared healthcare providers where and when they are needed. In order to facilitate this, the Government of Ontario is currently involved in an ambitious transformation of the healthcare system. These changes are designed to help Ontarians stay healthy, reduce wait times and to make the most effective use of all the system’s resources, including healthcare providers.

“To meet the population’s health needs, we need the right people in the right place at the right time--with the right tools and equipment.”

Transformation of the healthcare system affects the health workforce. We require people with the right mix of knowledge and skills who are able to work together in new ways to provide more patient-centred, needs-based care.

Healthforce Ontario

The goal is to make Ontario an “employer-of-choice” for healthcare professionals. The strategy has three components:

1. Creating four new roles in areas of high need:
   - Physician Assistant
   - Nurse Endoscopist
   - Surgical First Assist
   - Clinical Specialist Radiation Therapist

2. Developing Ontario’s workforce by setting up a one-stop centre for internationally educated health professionals to obtain the information they need to work in Ontario.

3. Establishing a marketing and recruiting centre with a comprehensive job portal to better equip Ontario to compete for healthcare professionals nationally and globally.

Additional Key Government Health Human Resource Initiatives

- Create a New Nursing Graduate Task Force to explore/create a plan to ensure full time work for all new nursing graduates (RN and RPNs) by spring 2007
• Campaign to educate the public about the role of healthcare providers
• Doubling the number of training and assessment positions for international medical graduates
• Investment $5 million in the education system to explore/create interprofessional education models and curricula
• $14 million for coaching teams/mentorship leadership funding to help develop leaders who will lead the interprofessional work teams
• Improve processes for data collection to obtain further knowledge and understanding regarding all health human resources in the system, including allied health, alternative healthcare providers, unregulated workers, family caregivers and volunteers
• For additional information, see the Ontario government website: http://www.health.gov.on.ca
Research Synthesis and Policy Recommendations

Panel Presenters: Drs. Linda O’Brien-Pallas, RN, PhD, FCAHS; Andrea Baumann, RN, PhD; Mireille Kingma, RN, PhD; and Jean Yan, PhD

Dr. Mireille Kingma

Dr. Kingma highlighted the global challenges that nurses continue to face. These include:

- Chronic imbalances of increased demand and decreased supply
- Equal pay for work of equal value—a major issue for recruitment and retention of nurses
- Building capacity of nurse managers
- Occupational health and safety of nurses—nurses must have adequate PPE (personal protective equipment)
- Increasing concern for personal safety pertaining to increased violence in the workplace
- Workload issues (e.g., substitution of nurses, increased burnout and stress and the impact of workload on medication errors and patient safety)
- Move to introduce a new cadre of healthcare workers worldwide. What is the impact on nurses’ scope of practice and professional autonomy?
- For professional practice, nurses need to continue to build a database for evidence-based practice
- Need for nurses to take on faculty roles, to engage nurses in lifelong learning, to assist in the integration of research into practice and to nurture and coach nurses in their everyday practice

Dr. Linda O’Brien-Pallas

Dr. O’Brien-Pallas discussed the significance of using evidence and economic theory to influence policy. She spoke specifically about key findings from the nursing sector study, which demonstrated the effects of workload and worked hours on both nursing and patient outcomes. She indicated that the risk of errors increases when:

- Nurses work more than 12 hours/shift
- Nurses work overtime
- Nurses work more than 40 hours/week

When nursing utilization is greater than 80%, there is increased absenteeism and decreased job satisfaction among nurses. Dr. O’Brien-Pallas reiterated the importance of nurses continuing to contribute evidence to the decision making process, even if it is the same evidence.
**Dr. Jean Yan**

Dr. Yan emphasized that nurses’ voices need to be heard at all levels of decision making, from the local to the global. She spoke of the need to “scale up” for health professionals rather than deskilling and creating other healthcare roles. Population health demands require trained professionals to care for people with malaria, HIV and TB. Professional healthcare workers are required to care for women and newborns and combat maternal and infant mortality and morbidity. Educated and well-trained healthcare workers save lives. Nurses must not become invisible.

**Dr. Andrea Baumann**

Dr. Baumann spoke of integrating research findings and other facts to enhance the evidence that nurses can contribute to decision making. Nurses need to use evidence to the best of their availability to speak with one voice and debate and influence policy locally and globally.

**Questions/Dialogue from the Audience Yielded the Following Key Messages:**

- Nurses need to pitch the evidence so that it is patient-focused versus nurse-focused
- Evidence must make sense and be user-friendly
- Need to emphasize nurses’ specific contributions to patient care
- What are the population needs?
- New cadres must fit into the system. What are the implications for other healthcare providers in terms of roles and training of new cadres?
- Nurses must help policy makers use the evidence
- It is critical to understand the other issues politicians may be dealing with because timing can have an impact on policies being made
- It is essential to continue developing nurse managers and support them in their roles if they are to create better work environments for their staff and to encourage future nurse leaders to take on manager roles
- Lifelong learning is essential for nurses at all levels
- Nursing must strive to speak as one unified voice and avoid further compartmentalization of the profession
LUNCHEON SPEAKER - October 27, 2006

Technology in Nursing

Presenter: Mike Villeneuve, RN, MSc, Executive Director, Academy of Canadian Executive Nurses (formerly Scholar in Residence, Canadian Nurses Association)

Mike Villeneuve cited a recent study carried out by the Canadian Nurses Association as the basis for his presentation. He stated that the greatest increase in the global population and in demographics will happen between 2010 and 2050. This is a 40 year period for nursing students who started in September 2006.

“These are our children, our students and our new nurses, and we have to think about what we are doing to prepare for them and their needs?”

Delivering medications to patients was used as an example. Mike Villeneuve suggested that nurses may want to think about putting the medication cart away, and perhaps someone else could deliver medications such as licensed practical nurses, healthcare aids or even robots.

Recent concerns include nurses not being allowed to use the Internet at work, which creates an information gap. Nurses are asked to be technologically savvy and assertive, but when they step into the hospital setting, they usually step back into the 1960s for an eight hour shift. People need to be connected all the time, and it is important to put the tools in place for nurses to have this knowledge. He urged the nursing profession to devise a way to leverage technology into practice.

Predictions have indicated that there will be a shortfall of a quarter of the nursing workforce by 2016, so nurses have to start using other resources.

“I’m not frightened that technology will take away nurses jobs. I think it will change how nurses practice.”

He suggested that nurses have to start thinking about how to make the shift to a new way of nursing.
KEYNOTE - October 27, 2006

ICN’s Global Concerns and Nurse Migration

Presenter: Dr. Mireille Kingma, Nurse Consultant, International Council of Nurses

The International Council of Nurses (ICN) is the oldest and largest association of health professionals in the world. One hundred and twenty-nine national nurses associations belong to ICN. This is a significant achievement when you consider there are only 191 countries in the world. It is estimated that there are more than 13 million registered nurses in the world. The goals of ICN are to bring nursing together worldwide, advance the profession and influence health and labour policy globally.

Nurse migration is not a new phenomenon, so why is it attracting attention now? The attention is generated by the increasing trend of nurses migrating from developing countries to industrialized countries. In 1970, there were more nurses from the Philippines in the United States than in all of the Philippines.

The nature of migration is changing. If we look at the UK, for example, there were only 71 countries supplying nurses in 1990. By 2001, however, the number had increased to 95. In industrial countries, there are more foreign educated new registrants than domestic. While this trend is currently being reversed in the UK, 80% of new registrants in Ireland are still foreign educated. If you exclude nurses from the European Union, over 60% come from other countries.

Dr. Kingma stated that the migration is a carousel movement. Nurses are not going from a source country to a destination country. Instead, they may go from South Africa to the Middle East to the UK to Canada and then to the US. She also mentioned that physicians have done this for decades.

One of the main concerns is the resulting shortages in Sub-Sahara and Africa. When we look at the situation further, it is more complex than migration. There is significant internal migration in these countries, and 80% of the nurses care for 20% of the population. There are additional issues such as illness, and the need for better occupational health and safety. The numbers of nurses dying from AIDS is equal to the number of those migrating abroad.

There is also the paradox of finding unemployed nurses. In Kenya, for example, 50% of nursing positions are unfilled and 1/3 of the work force is unemployed. The impact of nurse migration is a redistribution of the shortage because the causes are neglected. A positive aspect is a
redistribution of global wealth. Savings nurses send back to their families adds up to $225 billion a year, which is more than all the development aid made available by governments.

“Migration is a symptom and not the primary disease; we must reduce the need to migrate instead of artificially curbing the flows.”
CLOSING KEYNOTE - October 27, 2006

Stressful Times for Healthcare

Presenter: Rex Murphy, host of Cross Country Check-Up on CBC radio

Rex Murphy is the host of Cross Country Check-Up on CBC radio. He stated that no topic shows up with more frequency on the radio program than Canada’s healthcare system. Healthcare was a predominant issue 41 years ago, and in the 10 years he has been hosting the program, it has remained the most popular topic.

Not so long ago the nursing profession had a somewhat heroic status: Nurse McGraw was the epicentre of the small town. Whenever there is a debate about the healthcare system, somebody invariably writes to the paper and mentions a situation in which they or a family member was sent to hospital, this is usually followed by a comment that the treatment they received was the finest they ever had. Why is it that the debate on the healthcare system speaks so profoundly to Canadians?

At the heart of the healthcare system is neighbourliness. The thought that we would help a neighbour sets forth an idea about the nature of the community we call Canada. Moreover, it raises the notion that we are all neighbours within this community.

Every country tries to self-select some idea of itself. What is the civic virtue that we think is cardinal? For example, liberty and the pursuit of happiness. In this country, it comes to rest on the healthcare system. If someone was visited by a medical calamity, surely we do not want them to also have an economic calamity.

“Medical relief should not come at the expense of economics.”