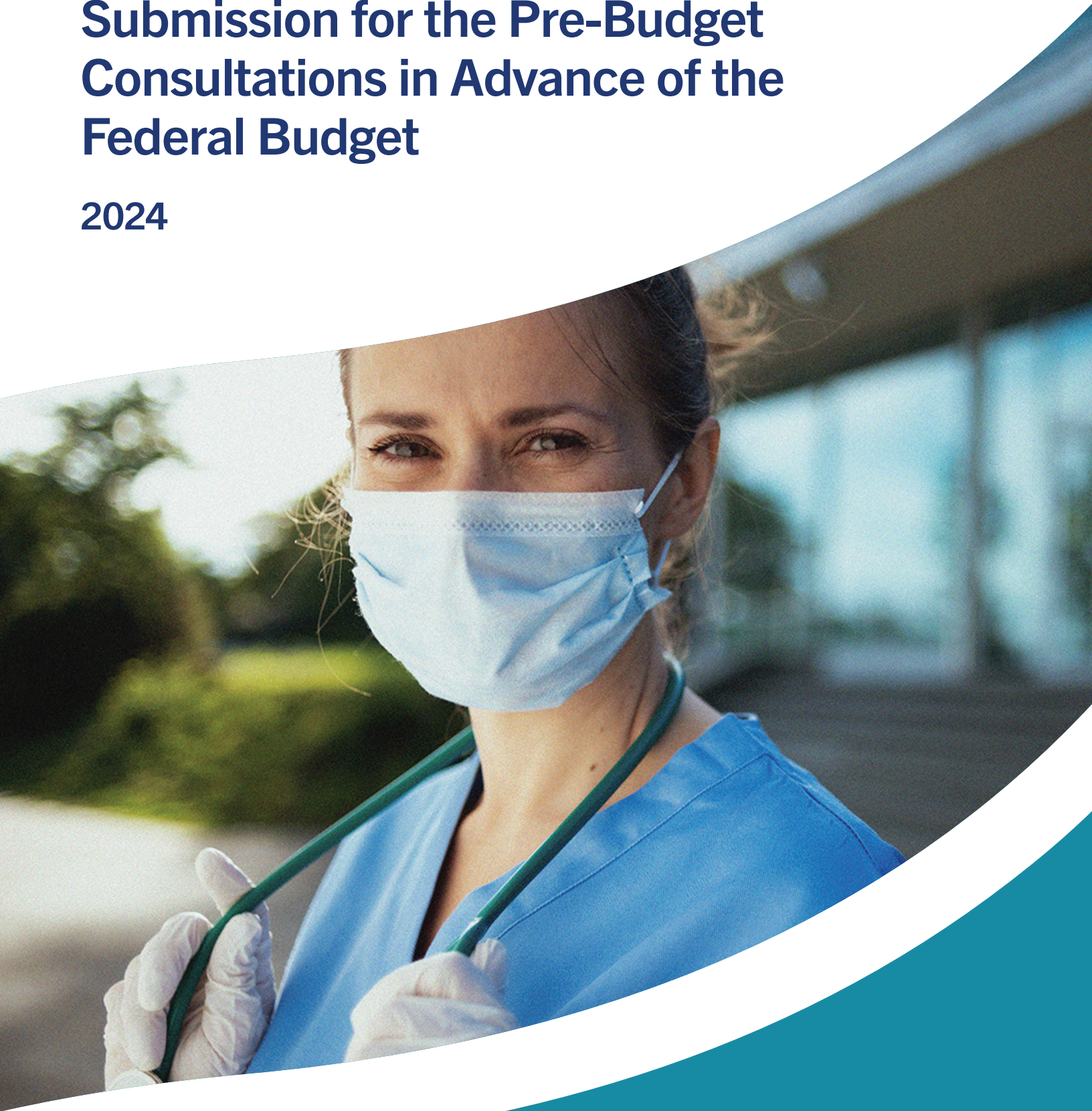




# **Submission for the Pre-Budget Consultations in Advance of the Federal Budget**

**2024**



## Recommendations

1. Create a pan-Canadian health human resources strategy.
2. Ensure people in Canada can access a health-care provider.
3. Support health workers' mental health.
4. Encourage nursing education and training, including specific funding for underrepresented groups and Indigenous nurses.
5. Provide \$7M per year to the Indigenous Research Chairs in Nursing.
6. Introduce a tax benefit for nurses and other health professionals that incentivizes their retention and return to the workforce.

## 1. Create a pan-Canadian health human resources strategy.

The health workforce crisis is a structural national emergency caused by multiple factors and exacerbated by our aging population. Provincial and territorial health-care systems are facing shortages of nurses and other health-care workers, which greatly impact health-care services as illustrated by the high frequency of emergency room closures, prevalent service interruptions, and longer wait times. The most vulnerable groups and individuals are at risk of experiencing degrading health outcomes, including those who continue to face systemic barriers in the health-care system. The Canadian Nurses Association (CNA) is pleased to see the federal government laying out the groundwork for greater pan-Canadian coordination, notably through better data collection via bilateral agreements with the provinces and territories. Better data translate to better planning, potential economies of scale, streamlined decision-making, and ultimately better access and outcomes.

There has been no pan-Canadian health human resources strategy since 2004. In 2024, the federal government must create a strategy to plan health human resources effectively, avoid cannibalization between jurisdictions, and reiterate Canada's commitment to self-sufficiency for its domestic supply of nurses and ethical international recruitment. This long-awaited strategy should be future-focused and lead to identifying current staffing gaps and future needs, as well as quickly providing additional support to Canada's public health-care sector, which continues to see an exodus of nurses to the private sector. This strategy needs to be adequately funded, especially to improve health data collection, elaborate national standards, and support the objectives identified in the 2023 federal health transfer funding agreements.

The pandemic has exacerbated a longstanding trend of nursing shortages. The number of job vacancies in the health-care and social assistance sectors almost doubled to 126,000 between Q4 2019 and Q4 2021, especially in hospitals and nursing and residential care facilities. Despite an overall increase in the number of regulated nurses eligible to practise between 2021 and 2022, Canada experienced a 5% decline among registered nurses in direct care employment in long-term care and a 6% increase in the number of registered nurses moving to private nursing agencies and self-employment, sometimes to avoid degrading working conditions. More than 18 million overtime hours were recorded in Canada's hospitals in 2020-2021, up by 15% over the previous year, translating to 9,000 full-time equivalents, from which 53.8% were for hospital care. The number of nurses feeling more stressed at work due to the pandemic has reached 92% in Q4 2021, significantly higher than any other health profession. Among nurses not intending to retire, 24.4% intended to leave or change jobs over 2022-2024.



To be sustainably resilient and efficient, while offering safe quality patient care, nurses need safe staffing levels and safe work environments. The federal government can directly or indirectly support these objectives through the federal health transfer and the bilateral agreements with the provinces and territories. Canada needs to retain its current workforce, train new nurses to adequate levels, enable nurses to work to their full scope of practice and expand that scope to its full potential when feasible, streamline the process for internationally educated nurses, remove violence, harassment, and racism from workplaces, address systemic barriers to underrepresented groups, increase nurses' mobility via the creation of a national unique identifier, and when possible, reintegrate those who left the profession or chose to work fewer hours per week. CNA recommends that the government strike a pan-Canadian HHR Strategy Task Force, with nursing leadership provided by the Chief Nursing Officer.

## **2. Ensure people in Canada can access a health-care provider.**

As the health human resources crisis worsens, many Canadians struggle to access primary care, especially those in rural and remote areas. Within Canada, jurisdictions with fewer family physicians tend to rely more heavily on nurse practitioners to guarantee primary care access. The average annual growth rate in the number of nurse practitioners between 2019 and 2021 reached 9.6%, one of the fastest-growing professions in health care, compared to 1.3% for family physicians. Nurse practitioners are part of the solution to expand access to cost-effective primary care for all Canadians under a “the right health professional, for the right patient, with the right treatment, at the right time, at the right cost” principle.

The traditional model of care has reached its upper limit, and interdisciplinary teams are the way forward. FPT bilateral agreements should consider access to a nurse practitioner as health family services and set national standards on access to family physicians and nurse practitioners. They should also seek to facilitate the training of new nurse practitioners, the creation of nurse practitioner positions, and the expansion of their current scope of practice in jurisdictions where it is more restricted. The federal government must support provinces and territories in expanding nurses' and other health professionals' current scopes of practice to their full potential. Historical funding mechanisms illustrate our overreliance on physicians to access primary care and created barriers to maximizing the use of nurses and other health professionals working in community settings.

The digitization of health services has rapidly increased in the wake of the pandemic and its deployment should be encouraged when appropriate. However, there is a need for a significant commitment to virtual access as we are seeing a reversal of that progress in

certain regions of the country. This also involves appropriate internet services coverage and bandwidth to rural and remote regions to support virtual care needs.

To stay true to its universalism, the Canadian public health-care system should support initiatives that aim to tackle the challenges of systemic barriers for underrepresented groups, including Indigenous Peoples in Canada in both urban and rural settings. Culturally appropriate and safe health service delivery should be improved in communities to reflect their demographic realities. The federal government has a responsibility toward First Nations, Métis, and Inuit to overcome historical mistreatment and current health-care issues for certain demographics, including people of racialized groups.

Climate change also increases the demand for health services and the likelihood of negative health outcomes, as illustrated by the 2023 forest fires and their impact on air quality. To prepare for these impacts, additional climate change mitigation funding should cover these associated forecasted expenses — notably for communities most at risk of poor air quality, floods, and other weather-related events — to ensure Canadians have access to health professionals when dealing with climate change-enhanced catastrophes.

### **3. Support health workers' mental health.**

As laid out in the 2023 federal health transfer funding agreements, our health-care system should support our health workers while improving access to quality mental health services. CNA believes these two goals are intertwined and should translate into specific direct support for health workers' mental health, either in FPT bilateral agreements or in separate funding mechanisms. Health professionals were seriously impacted by the pandemic but are also experiencing immense pressure from the worsening shortages. To retain the existing workforce and improve their working conditions, mental health support, such as British Columbia's [Care for Caregivers program](#), and ideally professional mental health services, should be deployed nationwide to address this troubling situation.

The pandemic has negatively impacted Canadians' mental health, and health workers have witnessed it firsthand, but it is imperative that we help those who have the multiplying impact of helping the general population. Obviously, improving working conditions and tackling the health human resources crisis would greatly decrease the prevalence of stress-induced mental health issues found among health workers. A program for health workers could be inspired by the program for public safety personnel [Supporting Canada's Public Safety Personnel: An Action Plan on Post-Traumatic Stress Injuries](#).

#### **4. Encourage nursing education and training, including specific funding for underrepresented groups and Indigenous nurses.**

With applications to nursing schools increasing in Canada, CNA recommends the creation of a federal fund targeted at expanding seats in nursing schools and professional programs across Canada, including in rural and remote regions, with a focus on diversity, equity, and inclusion, as well as capital funding for nursing schools that are restrained by space. This initiative would support the objective of Canada becoming more self-sufficient in its domestic supply of nurses, a goal reiterated during the International Council of Nurses Congress hosted in Montreal in 2023.

A targeted federal nursing education fund should address shortages of academic and clinical faculty. It should also increase the capacity for clinical placements, lab simulation learning, and preceptorship and mentorship programs. Funding should also include specific support for Indigenous, black, and racialized peoples to enrol in nursing schools. Another important area requiring funding is transition-into-practice programs for new nurse graduates as well as bridging programs for nurses who wish to practise in different or advanced nursing roles, and for personal support workers who wish to bridge to practical nursing. These funds should also support nurses who seek to transition to management positions. For now, entry-level nursing education does not adequately train nurses with the skills to transition into those roles, which, combined with nursing experience, would provide the best background for optimal nursing management.

Indigenous and non-Indigenous nurses have also voiced their interest in seeing more Indigenous cultural safety training in the workplace to the benefit of both staff and patients.

#### **5. Provide \$7 million per year to the Indigenous Research Chairs in Nursing.**

Launched in 2019, the six [Indigenous Research Chairs in Nursing](#) are expected to complete their five-year funding cycle in the fall of 2024. Provincial and federal sponsors, including the Canadian Institutes of Health Research, the Institute of Indigenous Peoples' Health, and the Institute of Gender and Health, have supported this initiative that conducts research in Indigenous health nursing, furthering the development of knowledge and best and wise practices in nursing practice, education, research, and administration. However, several research chair positions were filled in 2020, a year later than the program launch. To conduct sound research that will deliver better health outcomes for First Nations, Métis, and Inuit patients, an additional four years would be necessary. CNA recommends the government guarantees \$7 million per year in federal funding to extend the initiative by

four years, totaling \$28 million in federal funding over the 2024-2028 period, and seeks to increase the number of Indigenous Research Chairs from six currently to 13, the equivalent of one per province or territory. Where applicable, funding mechanisms should prioritize a distinction-based approach, recognizing the diversity of Indigenous groups rather than a one-size-fits-all model.

## **6. Introduce a tax benefit for nurses and other health professionals that incentivizes their retention and return to the workforce.**

Per [CIHI data](#), in 2022, there were 466,014 regulated nurses eligible to practise, a 1.5% increase from 2021. Nurses working full-time represented 62.9% of the workforce, while 27.5% were employed part-time, and 9.5% were employed on a casual basis.

The distribution of nurses by licence type is as follows:

- 315,715 registered nurses, +1.1% from 2021
- 8,206 nurse practitioners, +10.9% from 2021
- 135,582 licensed practical nurses and registered practical nurses, +2% from 2021
- 6,511 registered psychiatric nurses, +2.7% from 2021

In a 2022 CNA survey of 2,500 nurses, federal tax incentives were highlighted as one of the top three measures that can help address nursing shortages. Over these past years, several provinces have introduced financial incentives for nurses to switch to full-time employment. CNA recommends that the federal government complement provincial financial incentives by creating a federal tax benefit for health professionals, including nurses, who work in publicly funded health care full-time, rather than on a part-time or casual basis. The measure would also encourage other nurses who retired early or left the workforce to reintegrate into nursing.