NURSING MANAGEMENT CHALLENGES IN THE CANADIAN ENVIRONMENT

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Context

The Canadian population, which numbers close to 35 million, is concentrated close to the border between Canada and the United States. The country is headed by a federal government and organized as 10 provinces and 3 territories. Constitutionally the provinces and territories are responsible for establishing, maintaining and managing hospitals with the federal government setting and administering national principles for the health care system.

The Canadian health care system provides universal coverage for medically necessary health care services provided on the basis of need rather that the ability to pay.* The funding for health services is largely generated through tax revenues, and a system of fiscal transfers between the federal and provincial/territorial governments. The funding systems for health care services evolved between 1950 and 1970 and today, across Canada, there is universal coverage for hospital care and physician services.

Some community services receive government funding while others do not. As more health care services are provided in the community Canada is challenged to develop new systems and approaches to support care in the community.

Background

The comments in this article are based on the authors' consultation experience with clients representing hospitals, government, long-term care, rehabilitation and community settings in Canada, the US, Bermuda and Saudi Arabia. For the purposes of this article, the focus has been on nursing management within the hospital setting.

The content has been augmented by 3 recent interviews with senior Nursing Executives in Ontario, the largest province in Canada representing 38% of the Canadian population.

The 3 hospitals selected for interview were all full service community general hospitals with sizes ranging between 300 and 400 beds. Their notable variations include:

- One hospital operates predominantly on one site;
- One hospital is planning for a second site, equal in size to the current facility; and
- One site, as a result of amalgamation, operates with a total of 6 facilities.

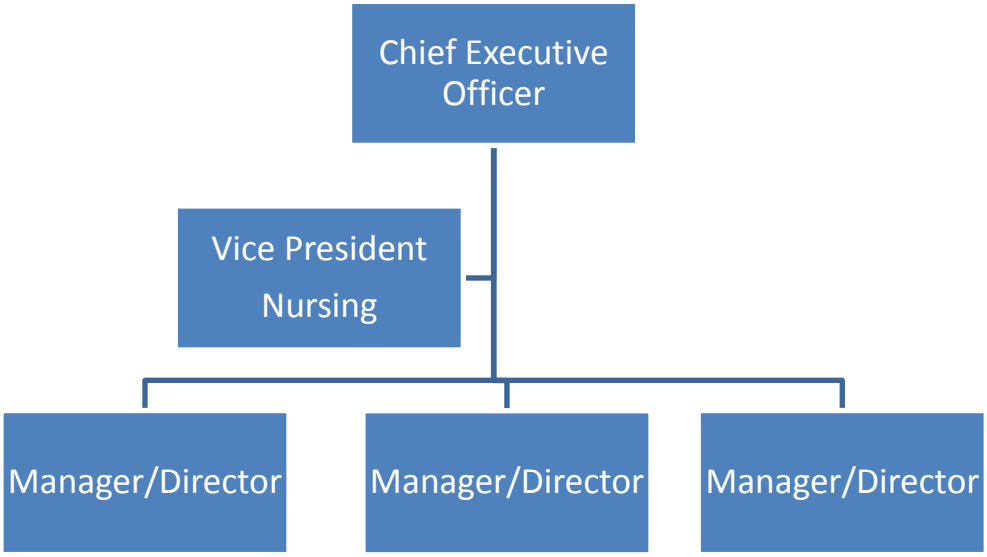
Organization Structure

* www.hc-sc.gc.ca Health Canada Role

The structure of an organization impacts the perception of management challenges from a nursing perspective. The figure below represents a common structure frequently used by Canadian hospitals. It is a corporate model with vertical reporting and accountability relationships. Variations can include:

- The Vice President level may be responsible for nursing or have additional patient care disciplines such as allied health or therapies.
- Depending on facility size the Vice President level may have responsibility for other departments such as pharmacy.

Figure 1



Another structure often seen in large, multi-site hospitals is described as a matrix organization. Individual Managers report to a Site Director and the Senior Nursing position is represented at the corporate level of the organization rather than at the individual site level. In a matrix model the Senior Nursing position often has responsibility for professional practice of all regulated disciplines and may have other responsibilities such as research and education. In a matrix model the Senior Nursing position is part of the Hospital's executive team while the fiscal accountabilities for clinical operations rest with the Managers and Site Directors.

One of the hospitals interviewed for this article operates with a matrix type structure. One reason commonly identified, in support of the matrix structure, is the separation of operational considerations from educational needs and identification of a focal point for the development t of professional practice.

In Canada we have successful examples of both corporate and matrix organization structures.

Nursing Management Challenges

Discussion of nursing management challenges is structured as 4 distinct but interrelated elements.

Figure 2



Nursing Recruitment and Retention

Nursing recruitment and retention was consistently identified, by those interviewed, as a major challenge and priority for their organization. The average age of the nursing workforce in Canada is over 45 years with many expected to retire in the next 10-15 years.[†]

Four generations are now found in the workplace, as described by the Canadian Federation of Nurses Unions:[‡]

- Generation Y (born 1981-2000) – Self –confident, highly educated and technically savvy, they value work flexibility and a collaborative team approach with constant positive reinforcement.
- Generation X (born 1965-1980) – Because they entered the labor market at a time of significant hospital restructuring and large scale layoffs of nurses, may were unable to find full-time employment and were forced to take several part-time positions or leave Canada to pursue a career in nursing.
- Baby Boomers (born 1946-1964) – Prepared to work long hours in return for rewards, they define themselves through their jobs and work performance.

[†] Canadian Institute for Health Information. (2010) Registered Nurses Database
[‡] Canadian Federation of Nurses Unions. (2009) pp.7-8.

- Veterans (born 1925-1945) – They tend to be respectful of authority and disciplined in their work habits: they are averse to risk and less likely to question organizational practices.

Nursing recruitment and retention also needs to be considered within the context of system changes in educational preparation and changes in the scope of nursing practice.

Canada has transitioned from the diploma level of nursing preparation to the baccalaureate degree, as the 'entry to practice' level. In 2010 less than 60% of the nursing workforce was diploma prepared and almost 40% were university graduates.

The RN of today models professional practice based on the skills of assessment, implementation, documentation and evaluation. They are accountable for many of the outcomes of care in hospitals.

Concurrent with changes in educational preparation, there have been changes in the scope of practice for the Registered Practical Nurse (RPN) a category which has assumed a number of nursing activities formerly assigned to the Registered Nurse. The RPN now administers medications and gives sub- cutaneous injections.

Cultivating an environment where nursing staff want to work is a long term challenge for nursing management. Some organizations address nursing retention by developing an environment that fosters professional practice. Others use survey data to assess levels of nursing satisfaction and to identify areas for organizational improvement.

Many nursing leaders would agree that recruitment receives significant attention, often times in isolation from the issues that impact nursing retention.

Clinical Practice and Accountabilities

In many instances hospitals have been organized and operate under traditional practices that are not based on research or evidence. Protocols may be implemented for all patients when in fact they should be applied to certain specific patients. These activities add to cost of care and they fail to improve or enhance the patient's experience.

Beyond a set of tasks, nursing is now accountable for its practice and a demonstrated set of responses related to their assessment, implementation, documentation and evaluation activities. It is a major challenge for nursing management to identify a framework for the examination of nursing practice as well as to set a culture that questions traditionally accepted approaches and behaviors.

In Ontario hospitals are required to report to government on indicators of accountability including:

- Hospital death rates

- Readmission rates within 30 days
- Hospital acquired infections (Number by type)

Nursing accountabilities as they relate to elements of practice and include:

- Medication errors and omissions
- Falls
- Wounds and skin ulcers
- Infections related to those with catheters and ventilators

Reporting requirements have escalated in recent years in Ontario. There is a cost to collecting this data, in many instances the data are not collected electronically and require the establishment of manual systems. Often times it is nursing management who needs to analyze, critique and interpret these data within the organization.

Effective Resource Utilization

Every health system in the world is challenged to effectively use their resources regardless of how they compare with other countries. Nursing resource accounts for 50-70% of a hospital's budget in Canada. Therefore there is significant attention paid to nursing resource allocation, productivity and utilization. This can often place nursing leaders in a conflict between fiscal management and the needs of other departments.

With significant resources assigned to nursing it is critical that nursing leadership establish and regularly review the budget and utilization of all units. Developing the flexibility to adjust nursing resources in response to the flow of patients throughout the hospital is a daily challenge for nursing management.

The Ontario government has structured accountability agreements with hospitals which specify certain levels of service, for example the number of cataract surgeries to be performed, as well as requiring the organization to operate with a balanced budget. These agreements necessitate regular monitoring of both clinical and fiscal performance by nursing management. At times, there may be conflict between physician goals, nursing management and balancing the budget.

Nursing Leadership

The challenges for nursing leadership are many but they are critical to the long-term delivery of health services particularly within a hospital setting.

The senior nursing presence in the hospital needs to be viewed as an active part of the patient care organization. This is a challenge which is in direct conflict with multi-meetings and constant crisis management.

There is also the challenge to manage the intergenerational workforce and the skills and attributes they bring to the work setting:

- Recent graduates need to become engaged in areas where they excel (i.e., computer skills)
- Older nurses bring a wealth of experience to the team and this expertise needs to be engaged
- Nurses who have had challenges with the labor market need to become secure team members.

The focus of professional practice is at the heart of what motivated people to become nurses. They want to excel as what they do and be proud to be a part of the organization.

It is the nursing leader that sets the expectations for care, works with the department to structure longer-term plans to advance care within the organization while supporting the learning needs of all staff to achieve these goals. It is a constant challenge to make changes in the way care is provided when the day-to-day volume of activity is very high.

Creating a culture that fosters evidence based professional practice and one that uses data to assess performance and improvement is one of the bigger challenges for nursing leaders.

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