1. Introduction
The Canadian Federation of Nurses Unions (CFNU) is pleased to have this opportunity to comment on the Staff Mix Decision-making Framework for Quality Nursing Care (Canadian Nurses Association, Canadian Council for Practical Nurse Regulators and the Registered Psychiatric Nurses of Canada, 2012).

We believe the framework is an effective tool that identifies the key elements required to make principled staff mix decisions, and we hope it will contribute to the increased implementation of evidenced-based staffing procedures that promote both optimal patient care and a healthy work environment for all health workers. We see this as one of many tools available to management teams.

Most important for the CFNU is matching patient needs with staff expertise within a continuum model that, for patients, is seamless and safe. That said we are particularly pleased that the framework emphasizes the need for front-line engagement, a move which is essential to reducing burnout and turnover, developing leadership, and ensuring that staffing decisions reflect the needs of patient care. We must remember that balancing the budget is not the only objective; we must always consider patient needs and front-line evidence.

2. Our take on staff mix
The CFNU is a federation of provincial nurses unions from across the country. While some of our member unions represent Registered Nurses (RNs) only, several represent RNs and Licensed Practical Nurses (LPNs) as well as Registered Psychiatric Nurses (RPNs) in some western provinces. Our nurses unions are well-versed in balancing the competing demands of the nursing community.

The CFNU has long promoted the value of RNs, RPNs and LPNs. We have advocated for the full extent of their ‘scope of practice,’ so that each type of regulated nurses can take on "...the full range of roles, responsibilities and functions that nurses are educated, competent and authorized to perform."1 Along with the CNA and other national and provincial nursing organizations, we see all nursing types as complementary and we believe that optimal health outcomes depend on having an appropriately balanced health care team.

Advocating on behalf of all types of nurses does not need to bring conflict. However, we recognize that researchers have identified role confusion as a serious problem. Nurses themselves often have a difficult time differentiating their roles, and this can cause tension on a nursing team.2 We also know that the current fast pace of our practice environment does not encourage team work or collaborative practice. The evidence is clear – knowledge, expertise and appropriate staffing levels must be matched with the needs and acuity of patients in all care environments. Staff substitutions and staffing levels based solely on financial consideration, rather than evidence-based practice standards, are simply not safe.

Though the CFNU does not represent unregulated health care workers, we do recognize their important contribution to the health care team. This recognition is particularly important given that these workers do not have provincial and federal regulatory bodies, and often not even unions, advocating on their behalf. However, recognizing their value does not mean the acceptance of using unregulated health workers interchangeably with nurses. There is a difference between asking for due recognition and elitism. A wealth of evidence makes the case for the essential value of nurses’ education and training.

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1 White et al., Nursing Scope of Practice: Descriptions and Challenges. Nursing Leadership 21(1): 44-57
2 White et al. Nursing Leadership, vol 21(1) 2008
Harrington et al., for example, found that residents in long-term care facilities which provided higher nursing hours per resident day had better outcomes, including lower mortality rates, improved nutritional status, better functioning physically and cognitively, lower urinary tract infection rates, fewer incidents of pressure sores, and fewer hospital admissions.3

A landmark study by Aiken et al., in 2010, pointed directly to the relationship between the incidence of adverse events including mortality and the ratio of nurses to patients in direct patient care. Relying on primary survey data from 22,336 hospital staff nurses in California, New Jersey and Pennsylvania, the authors estimated that 486 lives might have been saved in New Jersey and Pennsylvania over a two-year period if they had staffed nurses at the levels mandated in California.4

While we recognize the importance of an appropriate staff mix, the CFNU also believes that health workers should have the opportunity to advance in their field if they so desire. We have often called upon governments and employers to promote continuing education and professional development including calls for the federal government to extend the loan forgiveness program to health care workers who have gone back to school to upgrade their skills.

3. Union Concerns and Initiatives
Nurses unions across the country are concerned with the trend by governments and employers to implement models of care that surreptitiously result in cuts to nursing positions in the name of euphemisms like ‘efficiency savings’ or even better ‘maximizing the full scope of practice.’

Some practices run counter to overwhelming evidence in favour of the value of regulated nursing, and they thereby threaten patient care and the integrity of the nursing team. In Prince Edward Island, Nova Scotia and in some workplaces in Ontario, Collaborative Care Models or Models of Care initiatives have served as a pretext to not fill vacant RN and LPN positions, and to rely more extensively on the use of unregulated health care workers. Several nurses unions across the country have correctly identified this approach as a lack of appreciation for the value of nurses.

This was the finding of the Newfoundland and Labrador Nurses’ Union (NLNU) researchers who found the public unfamiliar with how RNs, LPNs and other health care professionals differ from one another. The NLNU study reported that few members of the general public were able to tell the difference between an RN and other health care staff. Based on this information, the union has embarked on its ‘Clarity Project,’ an effort to raise awareness surrounding the role and value of RNs. The College of Registered Nurses of Alberta has embarked on similar research.

The Nova Scotia Nurses’ Union is also concerned about the recognition of nurses (RNs and LPNs). As a result of the government-introduced model of care initiative, nursing staff are being replaced with unregulated personnel. Since most workers in health care settings wear the same apparel, typically scrubs, the public is frequently unaware of the decreasing numbers of regulated nursing staff. This is particularly problematic in light of the evidence linking nurse staffing to patient outcomes. With this in mind, the union negotiated for a common and distinctive uniform in the last round of collective bargaining as a means to facilitate recognition of regulated nurses and to help raise public awareness of cuts to nursing staff.

In addition to the different models being tested, we know that in many provinces austerity budgets are being implemented. For health care services this means fiscal restraint in spite of evidence of the need for greater investment to meet the increasing needs and expectations of a growing population.

The current atmosphere reminds us of the austerity budgets of the 1990s. As nurses unions, we kept our focus on aligning the evidence that links nurses to better outcomes for patients, and ultimately, better outcomes for the health budgets. After a long struggle, we won. In the last decade we have been able to reverse the decline in numbers of nurses. Now, in 2012,

we once again have to stand up for our profession and for quality and safe care. This time, we have even more evidence to bring and a compelling case to make.

In addition to daily interventions in reaction to cuts, the CFNU embarked on a project to study the issue of safe staffing with the aim of developing policies to reflect best practices. The products of overstretched health work places are well-known – high levels of nurse fatigue, absenteeism, injury, burnout, turnover and the well-documented negative impact on patient care. Overcapacity – the use of health services beyond their intended limits – is another symptom of bad planning. Bad planning may also include insufficient staff numbers, inadequate staffing plans, habitual and excessive use of overtime, and substandard working environments with insufficient space or equipment. These planning deficiencies and their profoundly negative consequences have become the new international norm in health facilities. They create significant challenges for nurses, negatively affecting the quality of their work environment and, ultimately, the quality of patient care they are able to deliver. Perversely, they increase costs rather than reduce them. The results mentioned above feed back into, and reinforce, root problems. High turnover, for example, decreases productivity, stresses the work environment, and causes a cycle of retention challenges. Despite general recognition of the cyclical nature of retention issues, few concrete steps have been taken to address them.

A 2009 Canadian Nurses Association position statement argued for system-wide solutions to address workload issues, rather than short-term measures like putting patient beds in hallways, or increasing the overtime of overworked nursing staff. The CFNU has prepared a report on safe staffing which proposes solutions at the system level. It considers the available literature on the topic and combines this with reports from front-line nurses, and insights from leading academics and policy makers. The CFNU safe staffing report explores workload issues with an eye to the impact on nurses’ work life, patient safety, and patient care outcomes. Given that the problems are clearly established, the report focuses on potential solutions, such as the implementation of nurse-patient ratios, and more nuanced safe staffing plans like the Synergy model. The CNA Staff Mix Decision-making Framework and the CFNU report are together valuable tools to help front-line teams create more responsive planning based on the expertise of staff and the evidence.

Regardless of whether we are talking about staff mix frameworks, models of care or nurse-patient ratios, as health professionals we realize that these are all different pieces of a complex puzzle surrounding a very complex human being – our patient. Our patient has many individual facets and likely is receiving care in a variety of environments. It is essential that the front-line nurse, and the nursing team, be recognized as the centre and the basis of the care the patient will receive. That recognition begins with respect for the professional judgment and experience of front-line nurses and confidence that, given the opportunity, time and sufficient funding, they will work towards, and achieve excellence in care.