



# Nursing Retention Toolkit:

Improving the Working Lives  
of Nurses in Canada



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# EXECUTIVE SUMMARY

## Background

Nursing is the largest group of regulated health professionals in Canada. Pressure on the nursing workforce has been building over time due to long-standing health systems issues such as an aging and growing population, lack of appropriate health workforce data, and inadequate recruitment and retention of healthcare providers. The growing demand for care is outpacing the supply of available nurses, putting pressure on health systems to rapidly address care gaps across federal, provincial, and territorial jurisdictions.

In recognition of the acute nursing shortages across the country and internationally, the *Nursing Retention Toolkit: Improving the Working Lives of Nurses in Canada* has been developed to support nursing retention. As a resource created 'by nurses, for nurses', the toolkit draws on the expertise of the nursing community, evidence-based practice, and current lived experiences of front-line nurses.

The toolkit:

- targets various phases of a nursing career and nursing roles including students, new graduates, mid-career, late-career, managers, leaders, executives and, educators and faculty;
- spans the continuum of care from acute care hospitals to community, public health and long-term care, including both rural and remote settings;
- compiles current retention strategies that have been implemented across Canada, which will help to foster knowledge transfer of best practices between provinces and territories; and,
- provides employers, organizations, and health system administrators with a retention framework that includes examples of initiatives to bolster new and already existing retention strategies.



# Themes and initiatives

The toolkit focuses on eight core themes that impact a nurses' day-to-day working life. Each of the core themes are underpinned by the values of respect, transparency, anti-racism and anti-oppression, and accountability. Each theme has a goal, and accompanying initiatives that can be used as a guide for employers and organizations to implement as strategies that target retention. The order in which the eight themes appear do not indicate priority or sequence. Each theme may have greater or lesser relevance depending on the local context of the specific employers, organizations, or health systems. The themes include

1. Inspired leadership
2. Flexible and balanced ways of working
3. Organizational mental health and wellness supports
4. Professional development and mentorship
5. Reduced administrative burden
6. Strong management and communication
7. Clinical governance and infrastructure
8. Safe staffing practices



| THEME   | GOAL  | INITIATIVE  |
|---|---|---|
| <b>Inspired Leadership</b>                                | Empower nurses of all levels, roles, and settings to experience fulfilment in their work and become leaders within their organizations.   | <ul style="list-style-type: none"> <li>• Cultural Change</li> <li>• Leadership Competencies</li> <li>• Emerging Nursing Leaders</li> </ul>  |
| <b>Flexible and Balanced Ways of Working</b>              | Promote nurse autonomy and flexibility in scheduling and career progression.  | <ul style="list-style-type: none"> <li>• Flexible Work Design</li> <li>• Scheduling Systems</li> <li>• Workplace Resources and Amenities</li> </ul>   |
| <b>Organizational Mental Health and Wellness Supports</b> | Increase timely and fulsome access to appropriate and effective preventative and acute health and wellness supports, with an urgency and focus on mental health supports.   | <ul style="list-style-type: none"> <li>• Zero-Tolerance for Violence, Bullying, and Racism</li> <li>• Moral Distress and Injury Care</li> <li>• Best Practices for Vacation and Time Off</li> </ul>   |
| <b>Professional Development and Mentorship</b>            | Provide nurses across the entire career span options to enhance their skills and pursue their career goals.   | <ul style="list-style-type: none"> <li>• Transition Programs</li> <li>• Mentorship Programs</li> <li>• Career Pathways and Bridging Programs</li> </ul>   |
| <b>Reduced Administrative Burden</b>                      | Free up nurses to focus on the tasks and care that they are uniquely skilled to provide.  | <ul style="list-style-type: none"> <li>• Work Re-design</li> <li>• Digital Preparedness</li> <li>• Documentation Requirements</li> </ul>  |
| <b>Strong Management and Communication</b>                | Promote cultures of transparent leadership and mutual respect between management and point-of-care nurses.  | <ul style="list-style-type: none"> <li>• Nursing Management Competencies</li> <li>• Supporting Nursing Leaders</li> <li>• Nurse Engagement and Listening</li> </ul>                                   |
| <b>Clinical Governance and Infrastructure</b>             | Ensure that supportive clinical governance and infrastructure is in place to ensure that nurses have a core role in decision-making and are at the forefront of driving the development of a sustainable health system. | <ul style="list-style-type: none"> <li>• Structured Participatory Governance</li> <li>• Nursing Shared Governance</li> <li>• Nurse-led Models of Care, Initiatives, and Practice Standards</li> </ul> |
| <b>Safe Staffing Practices</b>                            | Support physically safe and psychologically brave workplaces by implementing staffing practices (e.g., nurse-patient ratios) that reflect factors like patient acuity, nurse experience, and work-life balance.         | <ul style="list-style-type: none"> <li>• Clinical Supports</li> <li>• Safe Staffing Framework and Tools</li> </ul>  |

## Implementation and next steps

Implementation of retention strategies is fundamental to assist in bolstering the nursing workforce in Canada. There are many initiatives underway across Canada to support nursing retention. The toolkit provides a framework that can be utilized as a key resource for employers and organizations to enhance the current working conditions of nurses and outlines many of the initiatives.



## MESSAGE FROM THE CHIEF NURSING OFFICER (CNO) OF CANADA

I am pleased to introduce the *Nursing Retention Toolkit: Improving the Working Lives of Nurses in Canada*.

Since I was appointed to the CNO role, I have prioritized engagement with the nursing community from coast to coast to coast. During these visits with nurses, students, faculty and administrative leaders, it has been clear to me that the retention of nurses is a significant challenge. We must focus on solutions in order to improve nurses' work environment. I am inspired by the vitality of nurses across Canada, and I know that when we work together, we can create solutions that will drive meaningful change in the health care system.



The toolkit was developed to support nursing retention. It is the result of a pan-Canadian collaborative effort in partnership with the Canadian nursing community and with nurses who are committed to improving the working lives of nurses in Canada, now and in the future. As a resource created by nurses, for nurses, it draws on evidence-based practice, lived and living experiences of point-of-care nurses, and insights from nursing professionals at all career stages, including nursing students.

It is my hope that the toolkit will spark change in how we think about and value the nursing profession and build on the work others have done to improve nurses' working conditions in Canada. The toolkit provides an opportunity for employers and health authorities to work together to develop standardized programs across health care organizations and systems in Canada. It also provides an opportunity to focus on collaboration, working together to find economies of scale by identifying initiatives that can be scaled up and spread to different organizations and jurisdictions. Recognizing that nurses work in varied settings, the toolkit was not designed to be applicable to a specific workplace. Nursing workplaces have different realities and factors that influence how the initiatives in the toolkit can be implemented. As such, the initiatives provide a range of approaches for nurses and employers to work together to implement strategies that best suit the circumstances of their nursing workplace.

I want to personally thank all the nurses from various sectors of the health care system from across Canada who contributed to the development of the toolkit. It was developed in collaboration with an expert advisory committee comprised of esteemed members of the nursing community and validated through many sessions with the broader nursing community from every province and territory in Canada. I am so proud of nurses in Canada and am committed to working with all nurses to make nursing a profession of choice in Canada. I commend all nurses for the dedication you have shown and continue to show towards the nursing profession. Canada is fortunate to have individuals with such great knowledge, expertise and professionalism in the health system.

Canada's nurses are an integral part of our health system; even with the complex and ever-changing environment we work in, nurses respond with humanity, composure, expertise, competence, and professionalism. Ensuring a robust and sustainable workforce is foundational to increasing wellness in the profession and respect for the work that nurses do every day. More must be done to improve the working lives of nurses in Canada, and the Nursing Retention Toolkit is a great starting point to initiate lasting positive change.

Leigh Chapman, RN, PhD  
Chief Nursing Officer | Health Canada



## A MESSAGE FROM THE ADVISORY COMMITTEE

Every minute, day or night, in every corner of the country, nurses work to ensure the health of patients<sup>1</sup>, families, and communities. The work of nurses forms the base of health care, and the working conditions of our workforce are of vital importance to sustaining our publicly funded system in Canada. However, over the last several decades, the working lives and conditions of nurses have declined, leading to the national nursing retention crisis we are witnessing today. As a country and a society, it is past time to address the root causes of the nursing shortage with a commitment to nursing retention.

The Nursing Retention Toolkit is designed to support our commitment towards improving the retention of nursing staff. The first of its kind, it is built on the knowledge and experiences of nurses from every province and territory, united in articulating what we need to do to support nurses in their ongoing work. What we offer you are feasible retention initiatives that can be implemented immediately. Each initiative has been carefully validated with nurses in a wide range of roles and in diverse care settings, constituting a compendium of bold and innovative solutions for nurses, by nurses.

There is flexibility in the implementation of the initiatives in this toolkit. Each initiative can stand alone, and each grow stronger when taken up together. While directed towards retaining nurses caring for patients directly, each initiative can also be considered in other domains of nursing work, such as leadership, policy, research, and education. Every initiative can and should be explored, regardless of the shortage of nurses in any given practice setting. All require political will and a genuine commitment to involve nurses in change.

The toolkit offers a reminder that nurses are human beings, requiring what any other human needs: rest, nourishment, work-life balance, and fulfilment at work. It is also a reminder that nurses are not heroes who selflessly care despite the context. Nurses are professionals with knowledge, skills, and expertise that make a difference for people in Canada. Nurses know how important their work is to the health of all people. Nurses also know what we need to continue the critical work of sustaining health care for all. We ask that you use this toolkit to aid nurses in helping you protect the health care system in this country. We cannot act alone; we need all levels of health care governance to join us in this effort. This toolkit is an action plan, and we ask that you take action with us today.

**Cynthia Baker, RN, PhD**

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Canadian Nursing Students' Association

<sup>1</sup>The word patient in this document refers to people who require care and health services; other words in practice settings may include client or service user.

## PATIENT TESTIMONY

This toolkit needs to do exactly what the title says – improve the working lives of nurses in Canada. As patients, we have watched nurses care for us on our worst days, support us through the worst outcomes, and help us feel our very best under the worst of circumstances. But right now, nurses are having their worst days every day they go to work. They are experiencing the worst outcomes and circumstances, where they have so much care and support to give, but never enough time or resources to do it. Patients see you and support you. Nurses are the backbone of the health care system and without their passion, health care would be a scary place. I hope that, with the support of the initiatives in this toolkit, we can begin to show nurses the kindness, attention, and priority that nurses have always shown to us.

**Toni Leamon, BA, BScN, RN**

Past Patient Voice Chair (2020-2023),  
Canadian Medical Association

## MESSAGE FROM INDIGENOUS ELDER

Nurses are the ones who are always there for us, looking after us when we need it most. We must recognize that nurses deserve to be thanked, appreciated and that their wellbeing is critical. We must ensure that all nurses are taken care of as well. In a sense, they are mentors of care and wellbeing. We must ensure that there is place, space and time for them to be balanced in mind, body and spirit. These three pillars of life are essential for all, and ‘we’ should ensure and provide support for in whatever capacity we can in pursuing this life balance.

**Elder Cat (Mark), Criger, Cayugan**

Traditional Indigenous Philosopher



Health Canada gratefully acknowledges the participation of the Indigenous Research Chairs in Nursing (Canadian Institutes for Health Research) in the development of the Nursing Retention Toolkit.

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## PURPOSE

The *Nursing Retention Toolkit: Improving the Working Lives of Nurses in Canada* (“the toolkit”) was co-created by a uniprofessional group of Canadian nursing community members brought together in 2023 in a Nursing Retention Forum by Canada’s Chief Nursing Officer. The group is comprised of nursing experts, point-of-care nurses, nurse-employers, decision-makers, nursing regulators, union representatives and others who advise and support pan-Canadian efforts to address Canadian nursing retention.

The aim of the toolkit is to provide Canadian nurse-employers and health care organizations with practical strategies and tools to improve the retention of nurses. As a resource created by nurses, for nurses, it will draw on evidence-based practice, lived and living experiences of point-of-care nurses, and insights from nursing professionals at all career stages. The intended audience of the toolkit includes employers, organizations, health systems, as well as health systems administrators (e.g., Human Resource professionals).

The toolkit focuses on eight core themes (listed below) that impact nurses’ day-to-day working life in the domain of clinical care<sup>2</sup> and provides

corresponding tools that Canadian employers can implement to support nursing retention. It was created in the context of interdisciplinary team-based care environments. The order in which the eight themes appear do not indicate priority or sequence. As each theme may have greater or lesser relevance depending on the local context of the specific employers, organizations, or health systems, it is anticipated that not all themes will be pursued by all audiences. Each of the core themes are underpinned by the values of respect, anti-racism and anti-oppression, transparency and accountability. Themes include: inspired leadership, flexible and balanced ways of working, organizational mental health and wellness supports, professional development and mentorship, reduced administrative burden, strong management and communication, clinical governance and infrastructure, and safe staffing practices.

The target nursing population for the toolkit spans the various phases and stages of a nurse’s career lifecycle, such as: student, new grad, mid-career, late-career, managers, nursing leader or executive, and nursing educational faculty. Initiatives outlined may impact only one or all of these phases and positions.

<sup>2</sup> Refers to Registered Nurses, Licensed Practical Nurses, Nurse Practitioners and Registered Psychiatric Nurses.



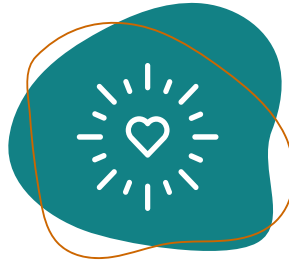
## GUIDING PRINCIPLES

The toolkit is comprised of tangible initiatives and actions that can be implemented by Canadian nursing employers and organizations to improve the working lives of nurses. Several guiding principles were utilized when selecting the tools, including the following:



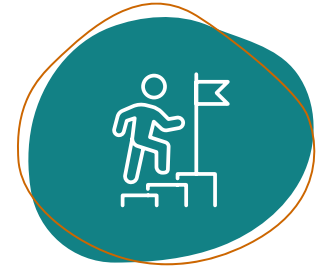
### Actionable

Tools must be within the scope of nurse-employers, implementable in the short term and yield benefits immediately or in the near term.



### Values-based

Tools are underpinned by the values of respect, anti-racism and anti-oppression, transparency and accountability.



### High-impact

Tools address systemic challenges at the organizational level faced by nurses in their career phases and positions.



### Organization-focused

Tools should be developed at the organization and health-system level for implementation rather than for the individual nurse to adopt.



### Future-focused

Where appropriate, tools should leverage and advance the use of technology to improve nurses' experience.

# Inspired Leadership

## GOAL STATEMENT

Empower nurses of all levels, roles, and settings to experience fulfilment in their work and become leaders within their organizations.

## INITIATIVE

**Cultural Change:** Create a culture that can inspire leadership at all levels.

## INTENDED OUTCOME

- Reduced turnover in leadership roles.
- Improved retention.
- Increased accountability across the organization.
- Healthier work environments in which nurses feel a sense of belonging and that they can advance within the organization to become leader.

## TARGET NURSING POPULATION

- All (Student, New Grad, Mid-Career, Late-Career, Managers and Faculty, etc.)

## STAKEHOLDER INVOLVEMENT/ROLE OF NURSES

- **Responsible and Accountable:** Executive Leaders, Point-of-Care Nurses
- **Consulted and Informed:** Nurses

## DESCRIPTION

**Role modeling:** This initiative is focused on creating an organizational culture that supports the cultivation of inspired leadership. All organizations have a unique culture, whether it is defined or not. Creative ideas, innovation and a cadre of motivated staff can be stymied if the existing organizational culture does not foster inspired leaders. Key principles for a culture that promotes inspired leaders include:

- **Starting at the top:** Leadership needs to commit to culture change that is aligned with the organization's values and should model the desired behaviours of inspired leadership in their interactions with staff, patients, and colleagues.
- **Nurse-centric leadership roles and structures:** Chief Nursing Officer/Executive (CNO/CNE) roles at organizations should be protected in a way that enables the CNO/CNE to drive a strategic vision that meets the needs of nurses. These roles, where possible, should not be combined with other operational roles and responsibilities. See "Structured Participatory Governance" for more.
- **Moving away from "crisis mode":** Leaders are encouraged to evaluate how to shift away from more autocratic leadership styles driven by a

sense of crisis, and move towards inclusive, collaborative leadership styles that truly listen to and consider the insights from the point-of-care.

- **Backed by resources:** Resources, time, and budgets need to be allocated to drive culture change. For example, a tool to build inclusive culture is hosting Nursing Councils, where nurses can meet, share challenges, and problem-solve together. However, without support (e.g., paid time, support on their shift to participate in Nursing Councils), attendance is inaccessible.
- **Channels for collaboration with accountability:** Channels that encourage nurses to raise concerns without fear of sanctions for criticism can create real opportunities for collaboration, dialogue, and understanding between different roles and levels of the organization. An anonymous culture survey is one example of a mechanism for collecting honest feedback and can inform the prioritization of initiatives. Importantly, channels designed to gather insights and feedback need accompanying accountability systems that track and measure how feedback is used and have impact.
- **Creating brave spaces and addressing bullying:** Leadership should actively create environments free from harm and discrimination, in which nurses feel safe and encouraged to share their perspectives even in the face of discomfort. See “Zero-Tolerance for Violence, Bullying and Racism” initiatives for more.
- **Training for nurse leaders:** Culture is largely influenced by the style and role modeling of managers and nurse leaders at all levels of the organization. Provide support so that nurses can lead with authenticity and best support their teams (e.g., open-door policy, validating experiences, administrative support, etc.)

“Nurses everywhere understand the importance of healthy policies at all levels of governance in healthcare; from the office of the federal minister of health, all the way to hospital units and clinics. Nursing work is an intricate mix of knowledge, expertise, emotional labor and leadership, and, as this toolkit shows, goes beyond the bedside. Leadership and advocacy is nursing.

- Natalie Stake-Doucet

- **Strategic plans:** Culture change requires a strategic plan with short-, mid-, and long-term goals and clearly articulated core values aligned with the principles of inspired leadership. A change management plan to guide the organization through a cultural shift with key performance indicators (KPIs) for employee satisfaction and retention to measure and evaluate progress are important considerations. Furthermore, to create sustained change, strategic plans should not be viewed as a one-time, short-term initiative. Ongoing monitoring and tracking of stated goals and core values are critical for lasting impact.

## REFERENCE RESOURCES AND EXAMPLES (SEE APPENDIX FOR LINKS)

**Nursing Councils in Quebec:** Such councils are strictly dedicated to the quality of care and are independent from management. The Nursing Councils are elected bodies that have direct access to the Board of Directors of an organization, so issues can be escalated when needed. In Quebec, Nursing Councils are enshrined in health care law. All health care institutions must have a Nursing Council. Other regions may want to consider the introduction of Nursing Councils to benefit from this important accountability mechanism.

- **Sinai Health's Magnet® designation from the American Nurses Credentialing Center's Magnet Recognition Program®:** This designation is a testament to nursing excellence and requires meeting exemplary standards in clinical outcomes, patient satisfaction and staff satisfaction. The program engages nurses and provides a roadmap to nursing excellence, including excellence in nursing leader roles.

“Nursing is and has been one of the most trusted professions by the public. With this honor comes a responsibility and expectation to use our voices and speak up when we have ideas that will improve the health of our fellow citizens. Nurses are leaders; however, leadership must be developed to have the biggest impact. More than ever, we must invest in developing and inspiring a future generation of nurses that represents the population we care for. This process starts by looking inward at our own organizations to ensure they create this opportunity.

- **Tim Guest**

## INITIATIVE

**Leadership Competencies:** Enhance or develop leadership training programs and tools focused on developing key leadership competencies.

### INTENDED OUTCOME

- Nursing leaders feel equipped to lead, regardless of their formal level, role or setting.
- An amplification of the voice of nursing at all levels of the organization.
- Increased mentorship and training opportunities accessible to developing leaders at an early stage.

### TARGET NURSING POPULATION

- All (Student, New Grad, Mid-Career, Late-Career, Managers and Faculty, etc.)

### STAKEHOLDER INVOLVEMENT AND ROLE OF NURSES

- **Responsible:** Regulatory bodies should consider building leadership development of nurses into their quality assurance and continuing competence tools. Managers and other leaders must also provide opportunities to all nurses to exhibit competencies.
- **Accountable:** Finance department and organization executive team
- **Consulted and Informed:** Nurses, Nurse Educators

### DESCRIPTION

This initiative is focused on enhancing or creating leadership training programs and tools for nurses that are focused on developing key leadership competencies. Programs and tools should prepare nurse leaders for both formal leadership roles (which include technical knowledge), and informal leadership.

Examples of training programs and tools include:

- **Leadership competencies** that are required for nurse leaders and help guide nurse leaders' development. These competencies should be aligned with the values of the organization. They should also include the development of financial and data-driven skills as they are critical for nurses to engage with leaders and nurses in the organization to improve quality of care.
- **Communities of practice** to foster mentorship and connections that support leadership development.
- **Situational leadership training** to prepare nurses at all levels, roles, and settings to be leaders in situations they find themselves in most often.
- **Training on "self" and emotional intelligence**, including developing emotional regulation, self-awareness, and self-care to foster empathy, understanding and care through leadership.

Planning considerations:

- **Accessibility** of the tools and programs need to be considered in their development. Programs, tools, and nurses' time in participating must be supported by the organization, accommodating nurses with different levels of experience and who work various shift schedules. Furthermore, accessibility of programs for nurses from diverse backgrounds is critical to create role models and empower nurses to step into leadership positions. It is not only important to recruit with an anti-racist and equity, diversity and inclusion (EDI) lens with attention to anti-indigenous racism but also to provide the right supports and environment for individuals to thrive.



- **Communities of practice**, which can facilitate the sharing of success stories, may provide support in identifying the right tools and programs for each organization.
- **Clear objectives and purpose** for tools and programs to guide content development and activities for the identified target audience and the appropriate types of leaders (e.g., management leaders, bedside leaders).
- **Involve skilled facilitators** who have strong leadership and communication skills to drive engagement and discussion for Communities of Practice and situational leadership training.
- **Engage nurses** through needs assessments, focus groups, or other means to inform the development (or ideally co-development) of tool and program content.

## REFERENCE RESOURCES AND EXAMPLES (SEE APPENDIX FOR LINKS)

### References on Leadership Competencies and Programs

- **Inspire Nursing:** A LEADS-based Nursing Leadership Program from the Canadian College of Health Leaders (CCHL)/Canadian Nurses Association (CNA) developed by nurses, for nurses, looking to explore and develop nursing leadership capabilities and influence change in the Canadian health system.
- **Bringing Leadership to Life in Health: LEADS in A Caring Environment:** This reading is part of the CNA/CCHL Inspired Nursing Program.
- **Canadian Association of Schools of Nursing (CASN) National Nursing Education Framework:** national framework (which includes leadership) outlining core expectations for baccalaureate, master's, and doctoral programs in nursing education.
- **Sigma Global Nursing Leadership Competency Framework:** A framework with 10 key competencies identified through collaboration with global nurses, which can be used as tool to develop leadership programs.
- **Standards de pratique et compétences:** Guide à l'intention des infirmières oeuvrant en gestion des soins infirmiers au Québec – Book on leadership competencies by Sylvain Brousseau.
- **American Organization of Nurse Leaders (AONL) competency resources:** Resources outlining Nurse Manager Competencies and Nurse Executive Competencies are available for organizations to draw inspiration from.

### References on Representation

- **Ted Rogers School of Management's Diversity Institute at the Toronto Metropolitan University (TMU):** The TMU Diversity Institute provides resources on representation in leadership, including best practices to advance racialized people to senior leadership positions.
- **An Introduction to Anti-Racism for the Nursing Professional by Nadia Prendergast:** An open education resource on anti-Black racism in the Canadian context specific to the nursing profession.
- **Action Plan by the Diversity, Equity, Inclusion, and Belonging Council (DEIB) at Horizon Health Services:** An action plan with commitments has been developed, and resources, best practices, approaches, and training are under development.
- **Canadian Nurses Association:** Provides resources on racism in healthcare focused on anti-black racism and anti-indigenous racism.

## INITIATIVE

### Emerging Nursing Leaders: Identify and support emerging leaders.

#### INTENDED OUTCOME

- More nursing leaders who demonstrate leadership skills.
- More nursing leaders who demonstrate the ability to create and support emerging leaders.
- Understanding of competencies that must be exhibited for developing nursing leaders.
- Democratize pathways to leadership with intentional talent spotting.

#### TARGET NURSING POPULATION

- Student, New Grad, Mid-Career, New Managers, Late-Career Nurses (for program support and mentorship)

#### STAKEHOLDER INVOLVEMENT AND ROLE OF NURSES

- **Responsible:** Human Resources, EDI teams, Chief Experience Officers, and Nurses.
- **Accountable, Consulted, and Informed:** All groups identifying and supporting emerging nursing leaders, and nurses who are receiving training and opportunities.

#### DESCRIPTION

This initiative is focused on identifying and supporting emerging nursing leaders in all levels, roles and settings. This can be accomplished through various mechanisms that can be implemented simultaneously. Several are described below:

- **Formal programs:** Formal emerging leader programs, where nurses who have shown interest and initiative in leadership activities are selected

and provided formal opportunities to develop their leadership skills. It is critical that any selection process is inclusive, done with an anti-racist and EDI lens and is unbiased. Prerequisite requirements may or may not be required for the program to be successful. Training may include information on leadership competencies and professional development skills, such as resume building, to support movement into progressive and formal leadership roles.

- **Talent spotting:** Informal process where emerging leaders are identified by existing leaders or peers, ideally at an early stage in a nurse's career, to recognize individuals with exceptional talent and develop a pipeline of capable leaders. Engage existing leaders in the talent spotting process, as their experience and insights may help identify individuals who exhibit qualities necessary for effective leadership. Identify potential leaders from diverse backgrounds and experiences and incorporate findings into succession planning processes as well as learning and development programs. Diversity in leadership brings a range of perspectives and ideas that can benefit the organization.
- **Performance management:** Annual performance management processes are an existing opportunity to identify and support emerging nursing leaders, since managers in nursing environments often have visibility over many nurse direct reports and emerging leaders. Consider ongoing feedback throughout the year to provide continuous guidance and input to help nurses excel in their roles.

Planning considerations:

- **Voice of nurses:** Seek to understand what inspires today's nurses to become nursing leaders in the development process. Newer generations of nurses have unique motivations and values.

- **Inspirational programming:** Formal opportunities to develop leadership skills should strive to inspire emerging nursing leaders to drive organizational cultural change and engagement.
- **Mentorship:** Development of emerging nursing leaders requires dedicated mentorship. See “Mentorship Programs” for additional

considerations related to components of a mentorship program.

- **Insights and mentorship from late-career nurses:** Consider how late-career nurses in your organization can utilize their skills and experience to support the development of emerging nursing leaders. See “Mentorship Programs” for considerations related to incentives and voluntary participation.

## REFERENCE RESOURCES AND EXAMPLES (SEE APPENDIX FOR LINKS)

- **Inspire Nursing:** A LEADS-based Nursing Leadership Program from the Canadian College of Health Leaders (CCHL)/Canadian Nurses Association (CNA) developed by nurses, for nurses, looking to explore and develop their leadership capabilities and influence change in the Canadian health system.
- **Michael Garron Hospital’s (MGH) Emerging Leaders Program (ELP):** A year-long hospital-wide leadership development program that provides staff and credentialed clinicians with opportunities to develop their leadership skills through hands-on experiences customized to their interests and developmental goals.
- **University of New Brunswick’s Certificate in Nursing Leadership and Management:** A certificate program, including courses on communication, change leadership, human resources, quality management, and financial stewardship specifically for nurses. Horizon Health Network sponsors an intake of employed nurses to take this formal leadership program.
- **McGill Leadership Program for Nurse Managers:** A three-module online course that aims to help organizations make leadership more concrete for nurse managers.
- **Canadian Nurses Association (CNA) Certification Program:** A nationally recognized nursing specialty credential for nurses consisting of 22 nursing practice specialties.



# Flexible and Balanced Ways of Working

## GOAL STATEMENT

Promote nurse autonomy and flexibility in scheduling and career progression.

## INITIATIVE

**Flexible Work Design:** Explore and enable flexible work opportunities that account for work preferences.

## INTENDED OUTCOME

- Increased nurse satisfaction, which may include improved work-life balance and increased autonomy.
- Decreased sick time, increased fill rates, improved patient outcomes, and net positive cost benefit for employers.
- Flexibility for nurses to contribute to unit-based quality improvement (QI) initiatives.
- Nurses are supported in career progression and education by being able to “earn to learn.”
- Seasoned nurses can maintain a role in the community (e.g., mentorship-focused roles).

## TARGET NURSING POPULATION

- All (Student, New Grad, Mid-Career, Late-Career, Managers and Faculty, etc.)

## STAKEHOLDER INVOLVEMENT AND ROLE OF NURSES

- **Responsible:** Clinical managers.
- **Accountable:** Employer leadership team.
- **Consulted:** Point-of-care nurses to provide perspective and insights on flexible work design options, co-design shift options, and contribute to the selection of shift options, and support ongoing implementation of new flexible work design, Clinical Managers, Union Representatives to ensure scheduling complies with collective agreements and labour regulations, and reflect negotiated terms such as shift length, breaks, and overtime rules, while also accommodating individual nurse preferences within those parameters.
- **Informed:** All levels of nursing staff.

## DESCRIPTION

This initiative involves exploring, identifying, and implementing an alternate, flexible work design – beyond traditional full-time shifts – to support nurses' needs and their continued career progression. Addressing the rigidity and constraints of full-time roles is anticipated to help align nursing opportunities to work preferences, including younger nurses' desire for greater work-life balance, mid-career nurses' desire for continued learning and career progression into leadership roles, and late career nurses' preference for less strenuous and more mentorship-focused roles. Types of flexible work design may include:

- **Part-time roles:** Part-time work arrangements that are stable (e.g., 0.7 and always on the same unit) can provide team stability, a stable schedule for nurses, while still offering work-life flexibility.
- **Job sharing:** Work arrangements where two (or more) individuals share the responsibilities, hours, duties of a single full-time position, similar to the flexibility offered through line sharing. Each nurse typically works part-time.
- **Provincial float pool:** Work arrangements where nurses are hired on a temporary basis to work at various health care facilities particularly in rural and remote areas, and the labour union acts as the intermediary between float nurses and their employers.
- **Dual roles:** Nurses who express interest in dual roles are cross-trained to work in multiple units and nursing teams within or across nursing organizations to help balance workload and diversify day-to-day experience.
- **Weekend workers:** Work arrangements where individuals can work exclusively or primarily on weekends.
- **Casual positions:** Work arrangements where nurses work on an as-needed basis, providing flexible staffing support to cover shifts when regular staff members are unavailable.

Planning considerations:

- **Incentives:** Benefits packages for part-time positions and premiums for less attractive shifts (e.g., night shifts, weekends) may be considered. In union environments, contract negotiations with unions would be required.
- **Maintaining stability:** A balance between flexibility and stability of the team environment. The right ratio between casual positions and permanent positions within teams will vary by unit and nursing workplaces but should be carefully considered. Trust between team members can be compromised when there is lack of consistency and stability in staffing, and new or unfamiliar environments can be taxing to work in. Additionally, regular assessment of patient acuity and nurse-patient ratios should be conducted.
- **Float team:** Float teams, involving nurses who are not assigned to a particular team, unit or setting and who are assigned to work where there is a need due to volume, acuity or vacancies, may be more suitable for nurses with more seniority or

“The Canadian Nursing Retention Toolkit provides unique evidence-based opportunities for actionable solutions to support nurses in their workplaces, improve their working lives, enrich work and work settings for the current and next generation of nurses and begin to resolve Canada's nursing retention challenges while equipping nurses to manage the pressing healthcare issues facing Canadians.

- Linda McGillis-Hall

who are in progressive retirement. Explore ways to encourage nurses to stay in the public health system by improving retention. For example, facilitating the process of transitioning between facilities, and in turn, reducing administrative burden, could be a benefit over working with a private agency.

- **Supporting leaders:** Consider how flexible work design can support nursing leaders to be present in clinical areas where care delivery occurs, which can enhance their credibility with point-of-care nurses they support.

- **Mitigating conflicts:** Conflict mitigation strategies should be developed to address potential conflicts among point-of-care nurses or between point-of-care nurses and individuals responsible for shift scheduling.
- **Voluntary redeployment:** The regularization of cross-training across teams and units may bring positive outcomes. Note: forced redeployment should be avoided at all times as it does not promote nursing retention

## REFERENCE RESOURCES AND EXAMPLES (SEE APPENDIX FOR LINKS)

- **Manitoba Weekend Premium and Full-Time Incentive for Nurses (through Shared Health Manitoba):** Through the Health Human Resource Action Plan, the Manitoba Government introduced a weekend premium where employees receive an \$8 premium for each eligible hour worked, a full-time incentive of \$10,000 per year for nurses who work in qualifying full-time equivalent positions with a rotation pattern, of either days/evenings or days/nights or straight evening or nights.
- **Manitoba Provincial Nursing Float Pool (through Shared Health Manitoba):** A provincial nursing float pool was negotiated between Shared Health and the Manitoba Nurses Union; the collective agreement provides nurses a premium wherein they agree to an assignment away from their home site to support staffing needs across Manitoba.
- **British Columbia Nurses Union (BCNU) Job Sharing and Full-Time Incentive:** In BCNU's collective agreement language related to job sharing, procedures for requesting and approving job sharing agreements are outlined. BCNU also has a full-time incentive where nurses receive a premium of up to an additional \$2 per hour.
- **Saskatchewan Union of Nurses (SUN) Job Sharing and Weekend Worker:** The SUN collective agreement includes job sharing arrangements and weekend worker positions.



## INITIATIVE

**Scheduling Systems:** Modernize scheduling systems to improve staff's ability to modify their schedules, provide transparency, and timely responses to meet staffing needs.

### INTENDED OUTCOME

- Nurses have greater control over their schedules and flexibility that addresses their individual needs and preferences.
- Increased nurse satisfaction, improved work-life balance, and increased autonomy.
- Employers may see decreased sick time, improved patient outcomes, and net positive cost benefit.
- Improved decision-making and transparent, equitable shift distribution with real-time access to information on available shifts and staffing needs.

### TARGET NURSING POPULATION

- All (Student, New Grad, Mid-Career, Late-Career, Managers and Faculty, etc.)

### STAKEHOLDER INVOLVEMENT AND ROLE OF NURSES

- **Responsible:** Project Manager, IT team, point-of-care nurses to understand self-scheduling requirements for supporting needs of the nursing workplace.
- **Accountable:** Employer leadership team.
- **Consulted:** Point-of-care nurses to voice concerns, co-design scheduling system, and implementation of the schedule system; Clinical Managers; Union Representatives to ensure scheduling complies with collective agreements.
- **Informed:** All levels of nursing staff.

### DESCRIPTION

This initiative addresses modernized scheduling systems, including evaluating, selecting, and implementing a digital, user-friendly scheduling system. Modernizing scheduling systems may help to increase nurses' autonomy and flexibility, enabling nurses to conveniently select and change shifts based on their availability, preferences, and skills, ultimately promoting a better work-life balance.

Planning considerations include:

- **Use and optimize existing scheduling tools:** Organizations are encouraged to conduct a needs assessment to understand nurses' scheduling concerns and existing tools used to support scheduling (e.g., private Facebook groups for shift swaps). Where possible, new scheduling systems should reflect existing, proven processes, and strive to make scheduling easier for nurses, not more complicated.
- **Effective skill mix:** Identifying effective skill mix should remain top of mind throughout any scheduling modernization processes and supports for nursing leaders to do so effectively should be provided. See "Safe Staffing Framework and Tools" for more.
- **Create organization-specific self-scheduling guidelines:** Develop guidelines to support a standard approach to implementing the scheduling system. Individual units and other nursing workplaces can tailor guidelines to their needs, based on the patient care demands. Include mandatory requirements for compliance with

labour laws and union agreements in self-scheduling guidelines.

- **Engage unions as partners:** Actively partner with local nursing unions to develop scheduling systems and associated guidelines. Consider implementing a pilot as a proof-of-concept for subsequent contract renegotiation.
- **Develop scheduling principles that support team-based models and continuity of care:** Shift swaps should be made in accordance with local policies. For example, restricting shift swaps to be within units or nursing teams where a nurse has been trained can maintain a connection between team members. Fairness, flexibility, and patient care priorities are additional principles to consider.
- **Communication about balancing individual versus team needs:** Success of self-scheduling approaches requires participating nurses to be sensitive to the balance of individual versus team needs. While self-scheduling introduces greater flexibility for individuals, the needs of the team should not be compromised. Aims of self-scheduling should be clearly communicated and upheld by leadership.
- **Clarify roles and responsibilities for scheduling:** Where possible, dedicated scheduling staff should be trained to use the software and be available to support scheduling. Clarifying roles and responsibilities can help prevent scheduling from falling onto nursing managers. Conflict resolution approaches, including escalation paths, should also be developed.
- **Define baseline criteria:** Organizations should set baseline criteria for their scheduling needs. These may include a user-friendly interface, customization to support a variety of shift types and rotation patterns, mobile accessibility to allow staff to manage their schedules on-the-go. Additional features that may support nursing leaders include reporting and analytics capabilities to support decision-making about staffing levels, and accurate forecasting of staffing needs.
- **Leadership support and responsibilities:** Leadership support to test the system and processes can be critical to developing impactful solutions. Leadership has responsibility to manage scheduling conflicts with effective conflict mitigation strategies.

## REFERENCE RESOURCES AND EXAMPLES (SEE APPENDIX FOR LINKS)

- **Newfoundland and Labrador Provincial Self-Scheduling Guidelines:** Guidelines support employers and point-of-care nurses when organizations deploy self-scheduling services.
- **Vancouver Coastal Health's My Schedule program:** This program includes scheduling functionality and shift swapping.
- **Living Lab Charlevoix:** Self-Scheduling Solution by the "Living Lab" in Quebec.
- **Horizon Health Flexible Scheduling Project:** A toolkit has been created for nursing units interested in developing a self-scheduling option. Lessons learned include the importance of having in-house self-scheduling expertise and engagement with collective bargaining representatives.
- **Manitoba Nursing Union (MNU) collective agreements:** The MNU collective agreements include specific language about self-scheduling for organizations to reference.



## INITIATIVE

**Workplace Resources and Amenities:** Establish and promote workplace resources and amenities that can support nurses while working on-site.

### INTENDED OUTCOME

- Increased nurse satisfaction, which may include improved work-life balance, increased autonomy, increased perceived respect and value of nurses from the community.
- Decreased sick time, increased fill rates, improved patient outcomes, and net positive cost-benefit for employers.
- Nurses may have increased capacity to contribute to unit-based and workplace QI initiatives and engage in personal or professional development.

### TARGET NURSING POPULATION

- All (Student, New Grad, Mid-Career, Late-Career, Managers and Faculty, etc.)

### STAKEHOLDER INVOLVEMENT AND ROLE OF NURSES

- **Responsible:** Employer-supported project teams and nurses to support ongoing implementation.
- **Accountable:** Employers and nurses.
- **Consulted:** Point-of-care nurses to provide insight on, prioritize and co-design high priority resources and amenities; Clinical Managers; Ministry; Industry partners.
- **Informed:** All levels of nursing staff.

### DESCRIPTION

This initiative aims to establish and promote a range of essential resources and amenities to support nurses while working on-site. These offerings are aimed at enhancing employee well-being, promoting work-life balance, creating a supportive work environment, and fostering a culture of continuous growth and development. These resources and amenities may include:

- **Childcare:** Developing childcare supports to meet the needs of the nursing population, especially those who work 12 hour shifts or irregular hours outside the usual Monday to Friday from 9 to 5.
- **Making getting to work easier:** Supporting conveniently accessible transit options, including options that promote environmentally-friendly transit decisions.
- **Supports for nutrition and rest:** Providing organizational supports to meet nurses' foundational needs, including getting the nutrition and rest they need to stay healthy.
- **Housing:** While housing affordability is much broader than health systems, organizations could consider advocating for housing assistance specifically for nurses. Organizations may provide temporary, subsidized or pro-rated housing, particularly in rural and remote areas where it is difficult to recruit and retain nurses.

Planning considerations include:

- **Childcare accessibility:** Ideally, on-site childcare is offered at a reasonable cost, and nurses who work shifts and need childcare services outside of “regular” work hours are not charged a premium. Also, consider childcare supports for unplanned childcare needs. Some organizations have adjusted shift change times to align with childcare hours (e.g., shift change time modified to 8 a.m. to accommodate childcare drop offs).
  - ▶ **Leveraging programs:** Seek information on provincial programs, local programs, and availability of childcare subsidies to support nurses.
- **Transportation:** Consider how to support multiple modes of transportation (i.e., subsidized parking spaces and public transit, carpooling services, shuttles from key parking lots in the area). Additional considerations for rural areas include kilometer reimbursements and gas allowance.

For all modes of transport, consider accessibility throughout the day and night, and transit safety.

- **Rest spaces:** On-site rest spaces for nurses should be both private and secure.
- **Nutrition:** Expand times when nutritious meals are available on-site, ensure water is easily accessible as well as access to coffee and snacks, and support access to fitness facilities (e.g., gym facility or membership, explore discounts available from professional organizations and unions).
- **Nursing students:** Where possible, extend workplace resources and amenities to nursing students.
- **Union collaboration:** Work collaboratively with unions while respecting collective agreements in the development of new workplace resources.
- **Housing support:** Organizations may provide temporary, subsidized or pro-rated housing.

## REFERENCE RESOURCES AND EXAMPLES (SEE APPENDIX FOR LINKS)

- **Churchill Health Centre Amenities:** Churchill Health Centre in Manitoba provides a variety of amenities to support the retention of health care staff in northern, rural, and remote communities.
- **Jewish General Hospital and McGill University Health Centre Relaxation Booths:** Relaxation booths have been introduced for staff to rest and recharge. Sessions are booked through an app.
- **Jewish General Hospital Subsidized Daycare:** This daycare centre offers 80 spaces and gives priority to CIUSSS employees.
- **Sunnybrook Daycare:** This workplace daycare offers 71 spaces for children and has subsidized options for families.
- **Salt Spring Community Housing for Nurses:** Hospital foundation and community on Salt Spring Island have come together to build apartment units to house their nurses.
- **SickKids Housing for Staff:** SickKids in Ontario offers rental housing accommodations for nurses and other types of employees coming from across Canada and abroad.

# Organizational Mental Health and Wellness Supports

## GOAL STATEMENT

Increase timely and fulsome access to appropriate and effective preventative and acute health and wellness supports, with an urgency and focus on mental health supports.

## INITIATIVE

**Zero-Tolerance for Violence, Bullying and Racism:** Develop enforceable policy to address bullying and increase awareness of Bill C-3.

## INTENDED OUTCOME

- Improved knowledge of the standards regarding the psycho-social, mental, and emotional requirements among nurses that are to be honored in the workplace by patients, family members, colleagues, leadership, and management.
- Improved retention of nurses who may otherwise leave organizations owing to racism in the workplace.

## TARGET NURSING POPULATION

- All (Student, New Grad, Mid-Career, Late-Career, Managers and Faculty, etc.)

## STAKEHOLDER INVOLVEMENT / ROLE OF NURSES

- **Responsible:** Nursing employers and organizations must acknowledge their role in addressing violence, bullying, and racism in the workplace

and be equipped with the tools and strategies to: 1) handle incidents with consequences, 2) support victimized staff, 3) prevent future occurrences.

- **Accountable:** Nursing employers, educational institutions, organizations, unions, and regulatory bodies must have accountability measures in place to enforce consequences for violence and bullying in the workplace. They must also promote cultural safety in the workplace by providing training opportunities.
- **Consulted:** All levels of nursing students and staff.
- **Informed:** Nurses need to be educated about what violence, bullying, and racism looks like in the workplace, as well as the measures that are taken to prevent occurrences and instill consequences. Nurses also need to be educated about what anti-racism looks like in the workplace and promote cultural safety.

## DESCRIPTION

This initiative focuses on bringing awareness to the zero-tolerance behaviours that are not acceptable towards or within the nursing community. This initiative should include zero-tolerance for violence, zero-tolerance for bullying, and zero-tolerance for racism.

- Achieving zero-tolerance involves the development and implementation of policies, procedures, and actions against violence, bullying, and racism directed at nursing professionals, as well as internal, horizontal violence. Policies should be accompanied by organizational supports for nurses when incidences of violence, bullying, and racism do occur.
- Anti-racism policies are often embedded into EDI practices; however, anti-racism is not captured in EDI, and instead, organizations should adopt Equity, Diversity, Inclusion, and Anti-Racist (EDIA) practices, i.e., anti-racism should not be blanketed and “sandwiched” into EDI practices. For example, anti-racism practices need to promote allyship so people feel safe in an environment that supports zero tolerance for racism. EDI practices help to promote fairness and representation in the workplace, such as outlined in the Action Plan by the Diversity, Equity, Inclusion, and Belonging Council (DEIB) at Horizon Health Services.

Planning considerations:

- **Wrap-around programmatic supports:** Policies alone are insufficient. A program of supports is critical to address nurses’ needs including mental health after incidences occur. For example, nursing contracts can be revised to include leave for nurses who experience violence.
- **Training for nursing teams:** Comprehensive training on recognizing and addressing zero-tolerance for unacceptable behaviours, which includes what nurses and nursing teams can do in the moment when violence, bullying or racism is occurring (e.g., specific language that can be used, specific processes such as “Code Whites”), and training

“ Addressing racial inequities and racial trauma in healthcare enables organizations to facilitate healing for nurses, patients and care teams. To accomplish this, we must create and sustain an environment that provides psychological safety and supports ongoing mental health and wellness. Organizations need bold policies around prevention of violence, bullying and racism.

Departments such as human resources, in collaboration with a human rights officer, must be impartial and centered on preventing the retraumatization of the victim. Policies and pathways for addressing racial trauma must be accompanied with unwavering pathways of accountability and support (even external support).

Working towards dismantling systemic and institutionalized racism requires a focus on protecting the harmed, rebuilding trust and encouraging reconciliation of all parties involved in a timely manner. This is imperative to retaining our nursing workforce

- **Ovie Onagbeboma**

on horizontal violence (e.g., bullying and racism in the workplace among co-workers).

- **Reporting mechanism:** A confidential reporting system that ensures protection for those reporting.
- **Awareness campaigns and community collaboration:** Create awareness with campaigns and accompanying workshops, and engage nursing associations, unions, advocacy groups to amplify impact.
- **Surveys on perceptions of safety:** Conduct surveys to measure nurses’ perceptions of safety, inclusion, and support within the organization or health system.

- **Monitor number of reported incidents:** Track and analyze trends to assess the impact of initiative (e.g., frequency and severity of incidents).
- **Monitor policy compliance:** Evaluate adherence to policy compliance and whether appropriate

actions are taken in response to reported incidents. What happens after an incident is reported must be monitored and measured to understand the experience and outcomes of the nurses' journey throughout the process.

## REFERENCE RESOURCES AND EXAMPLES (SEE APPENDIX FOR LINKS)

Call to Action:

- **Joyce's Principle:** A call to action and a commitment from governments to end systemic racism lived by Indigenous people in health care and social services.

Legislation:

- **Bill C-3:** This federal bill amends the Criminal Code in Canada to enhance protections for health care workers, including nurses.

Declaration:

- **Nursing Declaration Against Anti-Black Racism in Nursing and Health Care:** Nurse associations from across Canada joined together to create this nursing declaration, which can be referenced by health care organizations.

Toolkits and Courses:

- **Innovation, Science and Economic Development Canada's 50-30 Challenge:** Your Diversity Advantage: An online toolkit designed for all Canadian organizations looking to implement equality, diversity, and inclusion practices.
- **PSPNET Posttraumatic Stress Injury Resources:** Resources such as therapist and self-guided courses for public safety personnel and their families.
- **Ontario Anti-Racism Directorate resources:** Ontario's Anti-Racism Data Standards were established to help identify and monitor systemic racism and racial disparities within the public sector.

Reports and Recommendations:

- **House of Commons Standing Committee on Health Studies:** Violence Facing Health Care Workers in Canada Report: Report with nine recommendations on how the health system can address workplace violence.
- **Centennial College Anti-Black Racism Task Force Report:** This task force report includes working group descriptions and the task force's commitments related to curriculum, education and awareness, and psychologically-safer environments, anti-racist and interculturally-competent leadership, human resources, data collection and reporting, which can be leveraged by health care organizations.

- **Registered Nurses' Association of Ontario's (RNAO) Acknowledging, Addressing and Tackling Anti-Black Racism and Discrimination Within the Nursing Profession:** The RNAO's Black Nurses Task Force (BNTF) released a report that features 19 recommendations, many of which are applicable at the health care organizational level.
- **CASN Promoting Anti-Racism in Nursing Education in Canada Report:** The CASN Anti-Racism in Nursing Education Working Group has prepared this report to present recommended strategies for schools of nursing to incorporate an anti-discriminatory pedagogy, provide culturally safe context for learning, and educate students to actively challenge racism. Recommendations within this report can be adapted by nurse employers and health care organizations.

Example Policies, Standards, Communications Materials:

- **BCCNM Practice Standards on Indigenous Cultural Safety, Cultural Humility and Anti-Racism:** BCCNM has established practice standards with principles related to self-reflective practice, building knowledge through education, anti-racist practice, creating safe health care experiences, person-led care and strengths-based and trauma-informed practice.
- **Horizon Health Network Code White:** Horizon Health Network has policies for immediate action against violence, including Code White Team responders – a multidisciplinary team trained to provide a coordinated approach to violence intervention.
- **IWK Health in Nova Scotia Anti-violence Posters:** IWK Health has posters related to their anti-violence and anti-racism initiatives that can be leveraged by other organizations.
- **BC Cancer Centre violence prevention and management policy:** The policy has been implemented and is actively used by nurses.
- **Canada Labour Code:** The Act that defines the rights and responsibilities of workers and employers in federally regulated workplaces, and sets out federal labour law practice, building knowledge through education, anti-racist practice, creating safe health care experiences, person-led care and strengths-based and trauma-informed practice.
- **Horizon Health Network Code White:** Horizon Health Network has policies for immediate action against violence, including Code White Team responders – a multidisciplinary team trained to provide a coordinated approach to violence intervention.
- **IWK Health in Nova Scotia Anti-violence Posters:** IWK Health has posters related to their anti-violence and anti-racism initiatives that can be leveraged by other organizations.
- **BC Cancer Centre violence prevention and management policy:** The policy has been implemented and is actively used by nurses.
- **Canada Labour Code:** The Act that defines the rights and responsibilities of workers and employers in federally regulated workplaces, and sets out federal labour law.

## INITIATIVE

**Moral Distress and Injury Care:** Provide trauma-informed care (distinct from critical incidents), which involves an institution-wide cultural shift, and prioritizes trauma-informed principles of safety, choice, collaboration, trust, and empowerment.

## INTENDED OUTCOME

- Leading practices at the individual and organizational level to support nurses through morally distressing situations, including the removal of barriers to mental health care, and supports for post-moral-injury situations are created and implemented.
- Nurses are provided with the autonomy to create and utilize support plans.
- To protect them, nurses are removed from situations that cause morally distressing experiences.

## TARGET NURSING POPULATION

- All (Student, New Grad, Mid-Career, Late-Career, Managers and Faculty, etc.)

## STAKEHOLDER INVOLVEMENT AND ROLE OF NURSES

- **Responsible:** Nursing employers and organizations must be responsible for: 1) creating moral injury care practices, 2) making practices accessible to all nurses, 3) protecting nurses from morally distressing situations after they are reported.
- **Accountable:** Nursing employers, educational institutions, organizations must be accountable for implementing and providing moral injury care.
- **Consulted and Informed:** All levels of nursing staff.

## DESCRIPTION

This initiative focuses on creating a cultural shift that provides support and healing to those who have experienced moral injury and distress in the workplace. This initiative should include:

- **Individualized care plans:** Each moral distressing experience must be honoured alongside one's morals, feelings, and experiences, which may differ from others in similar situations. Nurses need the ability to apply trauma informed care to their own experiences and self-care. For example, Alberta Health Services offers trauma informed care training to staff, which includes a module on workplace trauma exposures and self-care.
- **A single reporting system:** Organizations can reduce the occurrence of nurses reliving traumatic experiences by implementing a single system to report the moral injury or distress in the workplace.
- **Standardized care programs:** Implement more standardized, structured care programs across the organization to support nurses during and after morally distressing situations.
- **Cultural shift:** Foster an environment that encourages and supports an individualized approach yet supports the broader nursing community within the organization and where all individuals feel a sense of responsibility to prioritize trauma-informed care (i.e. recognizes the impact of trauma and life experiences in order to deliver effective care).

Planning considerations:

- **Engagement of nurses in policy and protocol development:** Co-develop trauma-informed care policies and protocols that are relevant to nurses experiencing moral distress or injury.
- **Collaboration and consultation with mental health professionals:** Seek expertise when developing resources and interventions tailored to nurses' needs and provide independent resources for nursing staff to utilize when seeking support as the uptake of external resources is higher in some regions compared to in-house employee assistance programs.
- **Developing management competencies:** Educate nurse leaders, managers, executives and directors in moral distress or injury care to increase comfort and confidence in responding to trauma-related situations.
- **Referral procedure and training:** Develop a process for nurse leaders, managers, executives and directors to refer individuals to the appropriate team or individual for support. Train managers and leaders on the referral procedure regularly.
- **Appropriate trauma-informed mental health supports:** Support for nurses should be provided

by trained mental health clinicians who understand the nursing profession, the impact of personal trauma on a nurse's practice, and culturally sensitive care. Organizations may want to consider a float team of mental health clinicians to support health workers, including nurses. Dedicated Occupational Health & Safety resources can be implemented to provide support and understand the nursing profession through additional training if required.

- **Communication about available mental health supports:** Equip nurses with the knowledge to be able to seek out information and mental health supports within the organization or externally, especially for nurses who are new to the organization.
- **Monitoring procedures:** Monitor utilization of support services, analyze trends in reported incidents to understand patterns and triggers, and track resolution time.
- **Longer-term support resources:** While organizations may have crisis counselling, long-term counselling options are limited, especially in rural areas. Additional resources (e.g., from Occupational Health & Safety) should be mobilized where needed.

## REFERENCE RESOURCES AND EXAMPLES (SEE APPENDIX FOR LINKS)

Immediate Resources:

- **9-8-8 Suicide Crisis Helpline:** Canada's national three-digit number for suicide prevention and emotional distress is available to everyone in Canada. Funded by the Government of Canada and led by the Centre for Addiction and Mental Health.

Standards and Frameworks:

- **Mental Health Commission of Canada (MHCC) National Standard for Psychological Health and Safety in the Workplace:** The standard is a set of guidelines, tools and resources focused on promoting employees' psychological health and preventing psychological harm due to workplace factors.
- **MHCC Quality Mental Health Care Framework:** 10-dimension framework that can be implemented by organizations to support a healthy work-life environment for health care providers.



- **Directive on the Prevention and Resolution of Workplace Harassment and Violence:** requires Federal departments to better prevent and respond to harassment, and to provide support to those affected by harassment and violence in the federal public service.

Example Programs:

- **UHN CARES (Coping and Resilience for Employees and Staff):** Program that provides a stepped care model to address health care worker (HCW) mental health, including a “self-triage” process based on their needs. Resources can be accessed through UHN’s corporate intranet or through the program coordinator, including self-management tools, virtual group care, and individual self-referred counselling/psychiatric care.
- **Expanded virtual mental health and cultural-humility supports for B.C. nurses:** Nurses and Nurse Practitioners of British Columbia (NNPBC) implemented third-party virtual supports for nurses, which are available 24/7.
- **Health PEI’s third-party mental health support:** Health PEI paired with MindBeacon to provide third-party mental health support for employees, including nurses. Uptake was higher in in-house EAP supports.



## INITIATIVE

**Best Practices for Vacation and Time-Off:** Develop and implement practices and policies to ensure equitable opportunities for people to take time off work.

## INTENDED OUTCOME

- Nurses and organizations will honour vacation time to prevent future burnout.
- Improved health and wellness as well as fulfilment at work.
- Equity in vacation schedules.

## TARGET NURSING POPULATION

- All (Student, New Grad, Mid-Career, Late-Career, Managers and Faculty, etc.)

## STAKEHOLDER INVOLVEMENT AND ROLE OF NURSES

- **Responsible:** Nursing employers and organizations must encourage and honour a nurse's autonomy in setting and using vacation time.
- **Accountable:** Each nursing employer and organization is accountable for ensuring that best practices are in place for nurses to fairly utilize vacation time.
- **Consulted:** Collaboration between unions, nursing employers, organizations, and other regulatory bodies must occur to ensure that vacation rights are honoured and best practices are uniform across all nursing parties.
- **Informed:** Nurses must be informed of their rights to use vacation, along with their organization's responsibility to honour vacation time and requests.

## DESCRIPTION

This initiative focuses on providing vacation best practices to nursing teams by ensuring that nurses have autonomy, flexibility, and choice as to how vacation time is utilized. In order to implement vacation best practices, organizations require extra capacity in the system, and management competencies to plan, design and support best practices. While health system barriers exist (e.g., foundational issue of nursing shortages, legislation that forces nurses to work, organizational policies, and collective agreements), organizations may consider:

- **Vacation relief float teams:** The purpose of this team is to ensure nurses take vacation. Nurses are hired into vacation relief float teams as permanent employees and can work across units.
- **Student roles:** Organizations may have paid clinical externships for students, which provide exposure to different nursing units and teams. These roles may provide support especially during peak vacation periods. (See Safe Staffing Practices: Clinical supports for more considerations.)

Vacation best practices should include the following:

- **Equitable opportunities:** Nurses should have opportunities to take vacation time when desired and should be equitable for all nursing staff. This will encompass equitable leave opportunities at all seniority levels.
- **Vacation versus sick time:** Encourage taking days off (for mental or physical health) as sick leave rather than using up vacation days for this purpose.

- **Active planning related to retirement and unlimited vacation carry-over policies:** When individuals use banked up vacation in a single stretch of time (e.g., before retiring, or using many vacation days from unlimited carry-over), it can prevent others in the team from taking vacation. Include planning resources for teams with nurses close to retiring (e.g., retirement exit plans, relief dollars, re-evaluating the number of individuals permitted off at one time).
- **Cultural shift:** Re-enforcing with leadership the long-term benefits of nurses taking vacation and being able to disconnect from work (e.g., to support their well-being).

“ We are at the cusp of a crucial culture shift regarding vacation best-practices for nurses. Nurses are no longer prepared to wait on the backburner for vacation they are entitled to and in desperate need of. A healthy work-life balance is reiterated in all aspects of employee wellness and vacation cannot be left out of this equation any longer. With this Toolkit Initiative, we hope to show you that vacation best-practices can be implemented in ways that promote both the successful functioning of the nurse’s workplace and the successful autonomy of nurses in utilizing their time off. Nurses who are supported in prioritizing their self-care and well-being are the nurses who will in turn prioritize their commitment to their workplace.

- **Toni Leamon**

## REFERENCE RESOURCES AND EXAMPLES (SEE APPENDIX FOR LINKS)

- **Manitoba Nurses Union (MNU) and Vacation Requests:** All approved vacation requests must be honoured by all nursing employers and organizations as per MNU collective agreements. Clear policies and communications about vacation requests and number of staff required in units during specific time periods are provided.
- **Unit-Based Relief Team at Health Sciences Centre in Manitoba:** Dedicated relief dollars are dedicated to nursing positions that cover vacation relief. Nurses are hired into a non-conforming schedule. This strategy has been very successful, more so than site-based float positions that require nurses to work across multiple units in the organization.
- **Undergraduate Nurse Employee Program in Alberta:** Students in the nursing program are eligible to work as employees and can provide support for vacation relief, especially in the summer months.
- **Shared Health Manitoba Clinical Transition Program:** Students in the nursing program are paired with an experienced nurse and can provide support for vacation relief especially in the summer months.

# Professional Development and Mentorship

## GOAL STATEMENT

Provide nurses across the entire career span options to enhance their skills and pursue their career goals.

## INITIATIVE

**Transition Programs:** Develop and implement formal transition program for new grads, new managers or leaders, etc. that foster development of clinical and leadership competencies.

## INTENDED OUTCOME

- Strong transition programs enable a smooth transition from being a new graduate to a practising nurse, and provide support for mid-career nurses in times of transition into a new professional role.

- **Accountable:** Each health care organization is accountable for the transition program.
- **Consulted:** Collaboration should occur between the transition program and local educational institutions to ensure best practices are up to date and align with educational teaching methods.

## TARGET NURSING POPULATION

- **Those entering and re-entering the workforce or transitioning to new roles:** Students (including clinical externs), New Grad, New Managers or Leaders, Mid-Career in transition (e.g., new unit, returning to work), Internationally Educated Nurses (IENs), Late Career, underrepresented populations within the nursing community (e.g., Indigenous, Black).

## DESCRIPTION

This initiative focuses on providing programs for nurses going through transitional periods in their career.

- **Scope:** Transition programs should be applied across health settings, including hospital, home, and community care settings. Led by nurse educators and nurse managers, such programs provide education, reduce stress, and offer moral support. The program curriculum is a key component and should include clinical and leadership competencies to prepare nurses for the diverse aspects of their new professional role.
- **Duration:** Transition programs vary in duration. Some entry-to-practice programs last for the first year of practice, and the period of support may be

## STAKEHOLDER INVOLVEMENT AND ROLE OF NURSES

- **Responsible:** Nursing leaders and nurses should be empowered to lead the development, maintenance, and implementation of transition programs and practices.

expanded for further competency development including preceptor or mentorship skills. Transition programs may begin before graduation (e.g., nurse learners who have completed over half of their program), with the completion of the academic program in a clinical environment. The duration of programs for new managers depend on program objectives and customized to the needs of nurses.

- **Integration:** To prepare nursing students for practice, a transition program may be integrated with university or college programs, to begin supporting transition to practice before exiting the classroom. For programs for new graduates or new managers in the workforce, nursing faculty may be invited to participate in, or collaborate with the programs, providing insights into the current state of health care practice and aligning educational content with real-world needs. Strong academic and health system partnerships can help to support program development and resourcing.

Planning considerations include:

- **Educator and manager involvement:** Engage experienced nurse educators and managers to lead the program, offering guidance, mentorship, and support.
- **Practical application:** Incorporate hands-on experiences, simulation training, and real-life scenarios to bridge the gap between theory and practice.
- **Resource allocation:** Organizations need to consider allocation of resources to curriculum development, training materials, and mentorship support. Organizations also need to build in sufficient time for knowledge transfer when new grads are entering roles to ensure continuity.
- **Preceptor development:** Provide training and support for preceptors and mentors to effectively guide and mentor new graduates and managers.

- **Collaborative workshops and training:** Health care organizations, universities and colleges can jointly organize workshops, seminars, or training sessions that bridge the gap between theoretical knowledge and practical application.
- **Monitor Program Outcomes:** Pre- and post-program assessments can be used to monitor clinical competency and leadership. Participant feedback surveys and program completion rates may also be monitored.

“ Formal transition programs are an essential tool for supporting new graduates as they transition from nursing school to the practice environment. Many nursing students graduate with a sense of unpreparedness for the role of a practicing nurse, so transition programs are vital to ensuring formal support remains available to them as they bridge the gap between theory and practice. By increasing the availability of these programs across Canada, we can help new graduates successfully navigate the early stages of their career and have long fruitful careers in nursing.

- Eyasu Yakob

## REFERENCE RESOURCES AND EXAMPLES (SEE APPENDIX FOR LINKS)

- **McGill University Health Centre (MUHC) Genesis Nurse Residency Program:** Program designed to support new graduate nurses (0-12 months) in their transition to professional practice by providing a structured curriculum, mentorship, and clinical experiences. The program aims to enhance critical thinking and clinical reasoning skills while fostering a supportive learning environment. Includes both educational support (through experiential, case-based learning) and moral support (through dedicated time for new graduate nurses to connect with nurse managers).
- **Shared Health Manitoba Clinical Transition Program:** Students in the nursing program are paired with an experienced nurse to introduce them to the department, act as a mentor and help guide them through to graduation.
- **Nova Scotia's International Community of Health Workers Engagement (NICHE) Program:** provides integration support through education, training, and supervision to internationally educated health professionals entering the health care system.
- **CASN National Nursing Residency Program:** This 6-month competency-based transition to practice program is targeted to new graduate Registered Nurses.
- **CASN Preceptor-Mentor Training Program:** This online training program builds experienced nurses' capacity to mentor new nurses.
- **Patricia Benner's "From Novice to Expert" book:** Transition programs can be built with the "From Novice to Expert" Concept, which involves skill and knowledge development through a combination of education and personal experiences.
- **Nursing the Future:** Framework and resources available related to the state of new graduate transition challenges.
- **Saskatchewan Association of Nurse Practitioners (SANP) Mentorship Program:** Mentors provide guidance and advice on career transition, clinical resources, work-life balance and more to new Nurse Practitioners.



## INITIATIVE

**Mentorship Programs:** Deliver formal mentorship program, characterized by relationships that are based on collaboration and trust, and include training for mentors.

## INTENDED OUTCOME

- Retention of nurses and longevity of nursing careers are promoted within the profession while nurses are supported to help define their own development path over their careers.
- Safe and effective patient care enabled by formal mentorship systems.

## TARGET NURSING POPULATION

- Those entering and re-entering or transitioning to new roles: Students (including clinical externs), New Grad, New Managers or Leaders, Mid-Career in transition (e.g., new unit, returning to work), Internationally Educated Nurses (IENs), Late Career, underrepresented populations within the nursing community (e.g., Indigenous, Black).

## STAKEHOLDER INVOLVEMENT AND ROLE OF NURSES

- **Responsible:** Nursing leaders and nurses should be empowered to lead the development, maintenance, and implementation of mentorship programs and practices.
- **Accountable:** Each health care organization would be accountable for their mentorship programs. Organizations could seek supports to develop and implement their programs.
- **Consulted:** Collaboration should occur between the mentorship program and local educational institutions to ensure best practices are up to date and align with educational teaching methods.

- **Informed:** All nursing staff (to increase awareness of mentorship opportunities), HR (to monitor and address workload adjustments and align the program with organizational policies), Nursing Associations and Unions and Educational Institutions (to foster collaboration, support, alignment).

## DESCRIPTION

This initiative focuses on the delivery of formal nursing mentorship systems and programs in Canadian health care organizations. Mentorship programs outside of clinical care settings should encompass the following attributes:

- **Scope:** Programs should accommodate skills and individual scopes of practice across a variety of different roles and phases of a career within nursing. Mentorship should be provided outside the clinical setting. Remote or virtual mentorship relationships can be explored to better meet the needs of the mentee. Mentorship may be part of a formalized nursing residency programs.
- **Dedicated time to participate in programs:** Dedicated time should be provided for nurses to access mentorship and professional development. This may include the development of formalized nursing residency programs and consideration for the diverse learning needs of adults. Furthermore, mentorship should be provided by mentors with a dedicated position (or protected time in role) and title. (See Clinical Supports for more information on protected time and incentives for mentors and diversity in pool of mentors.)

- **Interdependencies:** Mentorship programs should be closely integrated with nursing orientation, preceptorship, and succession planning programs.
- **Participation:** Voluntary participation in programs is recommended as research has shown that mandated programs have lower success rates. Staff should be provided the opportunity to identify their need for a mentor and the organization should respond to this need by resourcing mentors. Mentees should have the opportunity to be mentored by someone with similar lived experiences to themselves. Organizations should promote equitable distribution of mentorship roles across their workforce.
- **Length:** The length of time of the program should be flexible and directly tied to the need of the mentee, rather than a set time period.

“ The Canadian Association of Schools of Nursing (CASN) has been strongly advocating for formalized systems of transition support including residency programs for entry-to-practice nurses and mentorship programs for international educated nurses (IENs). We believe the inclusion of the professional development of nurses in this toolkit will have a significant impact on the quality of nursing care in our health care system and on the retention of nurses.

- Cynthia Baker

## REFERENCE RESOURCES AND EXAMPLES (SEE APPENDIX FOR LINKS)

- **Ontario’s Clinical Scholar Program:** This program pairs an experienced nurse as a mentor with newly graduated nurses, IENs, and nurses wanting to upskill to ensure that they have the support they need to confidently transition.
- **UBC’s Mentorship Program:** This program connects senior nursing students with program alumni as they enter the workforce.
- **Alberta Health Services Nursing Mentorship Network:** This system-wide network provides mentorship opportunities and monthly community of practice sessions to listen and learn from one another.
- **The Ottawa Hospital’s Clinical Coach Initiative:** A new role called “Clinical Coach” was created at The Ottawa Hospital to translate nursing knowledge, skill, experience, and expertise from retired nurses to novice nurses through coaching sessions focusing on non-technical skills (critical thinking, organization, prioritization, and time management) with the goal of enhancing nursing practice, patient care, and nurse retention.
- **Trillium Health Partners Mentorship Program:** This program provides mentors to nurses who have registered as a nurse within the last year.



## INITIATIVE

**Career Pathways and Bridging Programs:** Develop programs that provide supports for clinical nurses who are interested in other domains such as clinical education, research, and policy.

## INTENDED OUTCOME

- The enablement of clear developmental pathways for nurses to advance their careers, including dedicated resources and supports at an organizational level for nurses to pursue career pathways and bridging programs.
- Increased retention of nurses through job satisfaction, ultimately creating workforce stability.
- Increased opportunities for internationally educated nurses who have experience or interest in education, research and policy, so they are better able to utilize and apply their diverse skills in the Canadian health care system.

## TARGET NURSING POPULATION

- Those entering and re-entering the workforce or transitioning to new roles: New Grad, Mid-Career in transition (e.g., returning to work, changing designation, exiting clinical practice to academia), Internationally Educated Nurses (IENs), under-represented populations within the nursing community (e.g., Indigenous, Black).

## STAKEHOLDER INVOLVEMENT AND ROLE OF NURSES

- **Responsible:** Nurses should be empowered to develop career pathways within their organizations, in partnership with professional practice, or education and professional development teams. Nurses, in collaboration with post-secondary institutions, support and develop bridging programs.
- **Accountable:** Employers will be accountable for provided resources and supports.
- **Consulted and Informed:** Unions.

## DESCRIPTION

This initiative focuses on enabling career pathways (lateral or upward) and bridging (e.g., to a new designation, renewal of licence) for nurses throughout their careers. This initiative recognizes that the nursing profession is comprised of multiple domains – not only clinical, but also education, research, policy, and other domains; the direction of pathways or bridging may not always start from the clinical domain (e.g., nurses may re-enter clinical practice from the research domain). To do so, it is recommended that organizations, in collaboration with nursing education programs, consider:

- **Bridging programs:** Opportunities should be explored to reduce the time needed to complete bridging programs, in particular those from Registered Practical Nurse or Licensed Practical

Nurse to Registered Nurse, and Registered Nurse to Nurse Practitioner. This includes facilitating and streamlining education that supports bridging from one licensed nursing role to another. Bridging programs for IENs should be standardized across organizations to support labour mobility and be designed to support nurses to stay in the workforce while being enrolled.

- **Career pathways:** Career pathways can be project-based and self-directed for nurses to complete and may provide nurses with opportunities for targeted professional growth, and enhance career satisfaction, expertise, and versatility.

Planning considerations include:

- **Interdependencies:** Career pathways should incorporate leadership development and be closely integrated with mentorship programs.
- **Clear communications:** Guidance should be available within organizations on the different roles that exist in nursing and how these may be

pursued. Communication strategies should be developed or refined to support nurses in understanding available bridging and career pathway opportunities.

- **Support:** Providing support to nurses pursuing career pathways or bridging opportunities through financial reimbursement, reduced work arrangements, temporary leave, and protected time. Specific supports may be required for IENs as they integrate into the Canadian health system for the first time (e.g., community support).
- **Alignment with nurses' career aspirations:** Needs surveys can help inform the design of career pathways and bridging programs at specific organizations.
- **Monitor Program Outcomes:** Pre- and post-program assessments can help track successful transitions to different clinical areas or positions, job placements, career advancement. Participant feedback surveys and program completion rates may also be monitored.

## REFERENCE RESOURCES AND EXAMPLES (SEE APPENDIX FOR LINKS)

- **New Brunswick's Step Up to Nursing Initiative:** Combines work and education by providing salary and tuition support for Personal Support Workers to bridge to Licensed Practical Nurse, or Licensed Practical Nurse to Registered Nurse.
- **Vancouver Community College Nursing (BSCN) Advanced Entry:** Practising Licensed Practical Nurses will receive advanced standing into term 5 of the BScN program following completion of admission requirements and the 4 required Bridging Licensed Practical Nurse to BScN courses.
- **Micro-credentialing with the Michener Institute of Education at UHN:** This institute offers a wide variety of courses and certificate programs for health professionals to refresh skills, and gain micro-credentials (e.g., critical care nursing, clinical research).
- **Support for Bridging Programs in Manitoba:** The collective agreement in Manitoba supports nurses taking a Leave of Absence for bridging programs. Nurses are also supported to pursue education positions for up to two years.
- **Career laddering pilot at the McGill University Health Centre (MUHC):** This pilot included both horizontal laddering (e.g., to other specialties such as wound care) and vertical laddering (e.g., education).

# Reduced Administrative Burden

## GOAL STATEMENT

Free up nurses to focus on the tasks and care that they are uniquely skilled to provide.

## INITIATIVE

**Work Re-Design:** Identify opportunities to free up nurses to focus on professional nursing practice.

## INTENDED OUTCOME

- Improved mental health, decreased workload or burden, and increased job satisfaction.
- Optimized scope of practice for nurses, allowing them to focus on nursing-specific tasks and patient care.
- Reduction of administrative burden on nurses by delegating non-nursing tasks to dedicated support staff.
- Increased patient satisfaction due to enhanced nursing-focused care delivery.

## TARGET NURSING POPULATION

- All (Student, New Grad, Mid-Career, Late-Career, Managers and Faculty, etc.)

## STAKEHOLDER INVOLVEMENT AND ROLE OF NURSES

- **Responsible:** Nurse Leaders will be responsible for overseeing work re-design; HR leadership will be responsible for modifying tasks and responsibilities in role descriptions for hiring or evaluation purposes.
- **Accountable:** Employers will be accountable for providing resources and supports.
- **Consulted and Informed:** Nurse leaders and point-of-care nurses should be consulted to identify task shifting opportunities and informed on decision-making throughout the planning and implementation process.

## DESCRIPTION

This initiative aims to have the most appropriate health care provider and administrative support staff undertake the most appropriate work. This can be done by re-designing who is assigned certain tasks or duties, and alleviating nurses of administrative burdens and other duties outside the scope of nursing practice. There is wide recognition that nurses are often burdened with administrative tasks, as well as other duties outside the scope of a nurse, such as notifying patients of appointments, moving charts, cleaning exam rooms, and restocking supplies. Work re-design supports freeing up nurses to focus on what they are uniquely trained and skilled to provide. This initiative also applies to managers, who need to be supported to prioritize clinical leadership over non-nursing duties. Two main areas for work re-design include:

- **Non-clinical and administrative burdens:** Identifying opportunities for non-clinical and administrative burdens to be streamlined. Burdens are often a result of how the structures and systems in an organization require a nurse to document in a way that is burdensome. Organizations can work to alleviate burdens by updating and clarifying the tasks/duties and structures of nurses and other supporting occupations, such as housekeeping and clerical roles, to better respond to the needs of both nurses and patients, and ensuring appropriate staffing of the supporting occupations. Technological solutions can also be introduced to support routine tasks (see “Digital Preparedness” for more.)
- **Clinical work of another care provider:** Across the health system, organizations try to have the most appropriate health care provider to deliver the most appropriate work for their scopes of practice. Unfortunately, due to system supply shortages and capacity constraints, this is challenging and, as a result, nurses often do work

that could be done by another care provider. Health organizations should strive to identify the most appropriate work for each role across their interprofessional teams, including nurses, occupational therapists, physical therapists, recreational therapists, patient care aids (PCAs), and personal care workers (PCWs) across care settings (e.g., long-term care, acute care, community). Successfully doing so will create a team-based approach to care delivery and enable nurses as well as other providers to work to the top of their licence. Designing and providing dedicated training programs (e.g., simulation and practise with interprofessional teams) may be a required activity to realize the value of this activity.

Planning Considerations:

- **No “one-size fits all” solution:** Nursing workplaces and units should be evaluated individually for work re-design, as administrative needs and responsibilities considered out of scope for nurses should be distributed in a way that yields optimal patient outcomes.
- **Collect and assess data to drive work re-design:** Organizations should collect and assess data that measures the extent to which nurses are engaged in non-nursing tasks, particularly non-clinical tasks in addition to measuring nurse-sensitive indicators. This evaluation can provide insights into how specific duties place undue stress on nurses, impacting both the quality of care and the well-being of the nursing staff. These findings could serve as a catalyst for garnering support and resources to re-design and optimize work as well as identify financial and workload impacts.
- **Utilizing paid student positions:** Students and new graduates can help contribute to administrative efficiency. It is essential, however, to design these paid positions or external roles to provide ample learning and development opportunities.

## REFERENCE RESOURCES AND EXAMPLES (SEE APPENDIX FOR LINKS)

- **Sunnybrook Clinical Extern:** This program invites nursing students to work part time and support interprofessional teams in the clinical environment.
- **Alberta Health Services Undergrad Nursing Employee:** Undergraduate nurses can provide patient care under supervision and take on tasks such as documenting assessments, decisions, observations and revisions, etc.
- **Nova Scotia RN Prescribing:** RNs with specialized education can prescribe medication in their area of expertise and conditions defined by their employer.
- **RNAO Guidelines for Developing and Sustaining Interprofessional Health Care:** These evidence-based guidelines for developing and sustaining an interprofessional health care environment can be leveraged by individual organizations.
- **Horizon Health Insights on the Relationship between Quality Indicators and Administrative Burdens:** Assessment of quality indicators across nursing units has shown that administrative burdens are often linked to low care quality scores.



## INITIATIVE

**Digital Preparedness:** Prepare and support nurses through digital transformation opportunities that will result in a reduction of administrative burden.

### INTENDED OUTCOME

- Decreased administrative burden on nurses.
- Increased time for nurses to dedicate to nursing-specific tasks.
- Increased value of existing digital tools (e.g., digital charting is aligned with nursing workflows, redundant documentation tasks are reduced or eliminated).
- Digital tools are relevant to nursing environment, as nurses are involved as end-users throughout the entire spectrum of digitalization.
- Introduction of nursing informatics specialists where possible, to maximize benefits of digital transformation.

### TARGET NURSING POPULATION

- All (Student, New Grad, Mid-Career, Late-Career, Managers and Faculty, etc.)

### STAKEHOLDER INVOLVEMENT AND ROLE OF NURSES

- **Responsible:** IT system team or administrators, decision-makers in digitalization, and nursing informatics officer or leaders to support digital transformation initiatives.
- **Accountable:** Employers and health systems.
- **Consulted and Informed:** Clinical Managers and point-of-care nurses to provide insights based on clinical experience, IT experts.

### DESCRIPTION

This initiative focuses on supporting nurses through the adoption of technology that reduces administrative burden. By engaging nurses throughout the digital transformation process, this initiative aims to make technology work effectively for nursing professionals and enhance patient care outcomes.

Key activities:

- **Establish a nursing informatics role or team:** Establish a dedicated nursing informatics role or team with expertise in both clinical practice and technology to guide the integration of technology solutions that address nursing workflows and needs.
- **Technology needs assessment:** Conduct a thorough assessment to identify the specific technology needs and challenges faced by nurses across different nursing workplaces and units.
- **Identify, select, and procure digital tools:** Collaboratively identify and select digital solutions that meet the needs of nurses in your organization (e.g., digital solution co-creation workshops). Ideally, procured tools are specifically designed for nurses. Nurses may receive new resources (e.g., phone, laptop, smart tablet) to access digital tools and support digital preparedness.
- **Customize digital tools:** Collaborate with nurses to customize digital tools to support professional practice of nurses.

Planning considerations:

- **Equitable access:** Ensuring equitable access to technology across different regions and generations.

- **Customization:** To meet the diverse needs of various nursing workplaces, units, and specialties.
- **Inclusion of nursing informatics expertise:** With knowledge of digital and AI at all planning stages.
- **Training and support:** Strong nursing-specific informatics support and training programs to support adoption. Provide continuous training, especially when updated features or enhancements are introduced, and consider “Nurse Technology Champions,” i.e., nurses or leaders within units who can serve as technology advocates and provide support to colleagues during the adoption process.
- **Change management:** Change management plans can support buy-in of nurses during the implementation process and help change mindsets and attitudes towards digital transformation.
- **Standardization:** Find opportunities for standardization so technology and systems work together.
- **Co-creation:** Co-creation of digital tools tailored to nurses’ workflows, and demonstration of the impact tools will have on workflows and the way nurses do their work. Nurses should also be consulted on the type of digital documentation required when digital tools are created to ensure that documentation is relevant to patient outcomes. (See “Documentation Requirements” for more information.)
- **Integration with quality improvement:** Integration of quality improvement personnel and clear feedback mechanisms to understand the impact of tools on nurses.
- **Public education campaigns:** Public education campaigns or communications training for nurses may be needed to educate patients, families and caregivers on the use of digital tools and devices by nurse and other health care staff. This can help mitigate potential misinterpretation of health care professionals being distracted by digital tools and devices when they are using these devices to support and improve patient care.



“ I am excited for the advancement of technology solutions that will reduce the administrative burden for nurses. Changes that can support nurses to focus more on patient care and less on the associated paperwork, will be a benefit to the system overall.

- Cynthia Johansen

## REFERENCE RESOURCES AND EXAMPLES (SEE APPENDIX FOR LINKS)

- **Hamilton Health Sciences CNIO Role:** HHS introduced its first CNIO in 2020 who is leading HIS transformation.
- **Canadian Nursing Association (CNA) and Canadian Nursing Informatics Association (CNIA) CNIO Role Overview:** CNA and CNIA have developed a sample CNIO Role Overview and Description, and provides a summary of the value of a CNIO in an organization.
- **My SE Life App:** This app was co-designed with direct care providers, managers, administrators, and billing leads to capture gaps and processes and opportunities in new workflows to create a digital application that truly supports nurses. The application provides real time access to secured client and visit information to support caseload management and continuity of care. Workflows supported include point-of-care documentation, reporting, accountability and communication.
- **HIMSS CNIO Role Description:** outlines qualifications, responsibilities, and reporting structure for a CNIO role.

## INITIATIVE

**Documentation Requirements:** Streamline and reduce documentation by clarifying the purpose and importance of documentation that nurses are required to perform.

### INTENDED OUTCOME

- Minimized delays with patient care activities.
- Nurses practicing at the top of their scope.
- Identification of redundancies and reduced or eliminated redundant documentation.
- Standardized and centralized documentation across care settings (e.g., between long-term care (LTC), acute care facilities, home care agencies) to ensure no information falls through the cracks.

### TARGET NURSING POPULATION

- All (Student, New Grad, Mid-Career, Late-Career, Managers and Faculty, etc.).

### STAKEHOLDER INVOLVEMENT AND ROLE OF NURSES

- **Responsible:** Nurse Leaders will be responsible for providing information to nursing staff on documentation changes and updates; HR leadership will be responsible for modifying task requirements and responsibilities in role descriptions for hiring and evaluation purposes.
- **Accountable:** Employers will be accountable for providing resources and supports.
- **Consulted and Informed:** Nurse leaders and point-of-care nurses should be consulted to identify how documentation can be streamlined and informed on decision-making throughout the planning and implementation process.

### DESCRIPTION

This initiative aims to address challenges related to documentation in nursing practice, with a focus on streamlining processes and reducing duplication and unnecessary paperwork. By clarifying the purpose of documentation (i.e., relevance to patient care and quality metrics), nurses can maximize their time for patient care and nursing activities. This initiative supports nurses in practising their full scope while effectively documenting essential assessment information.

Key activities:

- **Assessing current documentation practices:** Assess current state of documentation practices to identify redundancies or unnecessary burden.
- **Developing documentation guidelines:** Develop clear and concise guidelines outlining the essential information nurses need to document for different types of interactions.
- **Designing efficient documentation workflows:** Create and refine documentation workflows to improve efficiency and integration with clinical nursing workflows.

Planning considerations:

- **Nurse involvement:** Engage nurses at all levels (nurse experts, point-of-care nurses) to understand nurses' needs and perspectives and to identify essential documentation. Prioritize the voices of nurses as end-users and seek meaningful feedback. Promote critical thinking when assessing the value and relevance of documentation.



- **Training sessions:** Provide comprehensive training sessions to help nurses get familiar with the new documentation processes, tools, and guidelines.
- **Nurse satisfaction:** Collect feedback from nurses to gauge their satisfaction with the streamlined documentation processes and the perceived impact on their workload.
- **Communication plan:** Communicate the new documentation requirements clearly to all nursing staff, highlighting the benefits of streamlined documentation for both patient care and nursing practice.
- **Quality metrics:** Make connections between documentation requirements and specific quality metrics to ensure requirements are relevant to patient care.

## REFERENCE RESOURCES AND EXAMPLES (SEE APPENDIX FOR LINKS)

- **Ontario's "Axe the Fax":** Replacing out-of-date fax machines with digital communication alternatives.
- **Cortellucci Vaughan Hospital Digital Communication and Workflow:** Enables the hospital's overhead communication system to integrate with smartphones using a mobile application. This allows staff to respond to emergency codes and access critical information on touch screens helping to direct them where they are needed most in times of crisis.
- **Horizon Health's Forms Committee:** A Forms Committee was formed to oversee the creation of new forms. They evaluate if existing hospital forms can serve the purpose, aiming to streamline processes, like consolidating multiple discharge instructions into one, with set implementation deadlines.



# Strong Management and Communication

## GOAL STATEMENT

Promote cultures of transparent leadership and mutual respect between management and point-of-care nurses.

## INITIATIVE

**Nursing Management Competencies:** Enhance or create management training programs for nurse-managers to develop key manager competencies.

## INTENDED OUTCOME

- Increased team engagement.
- Increased accountability.
- Safe, supportive work environment.

## TARGET NURSING POPULATION

- All leaders and managers in nursing environments.

## STAKEHOLDER INVOLVEMENT AND ROLE OF NURSES

- **Responsible:** Nurses, should be enrolled in HR courses if they wish to become a manager.
- **Accountable:** Management and leadership.
- **Consulted:** Private education organizations working with health institutions, and education institutions to help with early learning in managerial skills.

- **Informed:** Point-of-care nurses interested in building nursing competencies.

## DESCRIPTION

This initiative is focused on enhancing and creating management hiring processes, and management training programs to ensure that managers in nursing environments are well-equipped with key nurse management competencies. Advancing this initiative will support organizations in developing and supporting managers in nursing environments, ultimately enabling nurses to be attracted to and stay in management positions. This involves:

- **Utilizing a Core Competency Framework:** A standardized competency framework that outlines essential leadership and managerial skills should be leveraged and customized to the organization or unit. Organizations can reference this framework to define manager roles and expectations and to develop additional processes or tools described below. This can provide a clear roadmap for leadership and managerial development

and help ensure consistency and alignment across manager roles. Understanding quality indicators, finances, and ability to engage with staff, from various roles within the unit, should be included among core competencies.

- **Delivering Structured Onboarding Program:** Design a structured onboarding program that aligns with the competency framework to increase awareness of expected skills and knowledge of managers in nursing environments from the outset. It is important for nurses to have built in time for training and learning (which can include mentorship and job shadowing) and tailor the onboarding program to the health care setting.
- **Delivering Robust Training Programs:** Develop training programs for managers in nursing environments, drawing inspiration from validated, established models in other regions or jurisdictions. These programs could include formal courses, workshops, and online resources that address management principles, leadership. Special consideration should be given to developing programs or modules for non-nurses who take on managerial roles in nursing environments.
- **Supporting Managers in Nursing Environments to Practise Clinically Where Permitted:** Providing opportunities for managers in nursing environments to practise clinically within their organization can help strengthen relationships and patient care. In union environments, organizations may need to hire Nurse Managers into multiple roles (i.e., managerial and clinical).

“Nursing management is not the same as nursing leadership; it is a craft and it needs to be valued as such. Nursing management requires unique set of skills and competencies, and it should be recognized as specialty in nursing.

- Liliana Canadic

- **Communicating Clear Expectations in Hiring Process:** Develop comprehensive job descriptions that include defined competencies for management roles, encompassing both nursing expertise and managerial skills. This can support alignment of candidate qualifications with role requirements for effective recruitment.
  - ▶ Job requirements should define what universal or standardized competencies are necessary for a manager and have some commonality between organizations. There needs to be clear definitions for what management roles entail.
  - ▶ In addition to tenure, skills, experience and ability must be factored into manager hiring decisions.
  - ▶ Where possible, leaders in nursing environments should be nurses. All leaders should understand and embody nursing values and understand the practice. Leaders who do not have a nursing background may benefit from support from Advanced Practice Nurses or other nursing professionals.

## REFERENCE RESOURCES AND EXAMPLES (SEE APPENDIX FOR LINKS)

- **AONL Nurse Leader Core Competencies:** The AONL has developed a framework of leadership skills associated with effective nursing leadership.
- **Canadian College of Health Leaders Organizational Leadership Development and Individual Leadership Development Resources:** These resources can be referenced for the enhancement of creation of organization-specific programs.
- **McGill's Strength Based Nursing and Health Care Program:** This innovative online program has 6 days of training and 6 months of mentorship to strengthen leadership skills.

## INITIATIVE

**Supporting Nursing Leaders:** Providing nursing leaders with more supporting tools and opportunities.

### INTENDED OUTCOME

- Increased retention; nurses' connection to their manager is often the crux for why they stay.
- Increased job satisfaction for managers and the nurses they lead.
- More interest from managers in pursuing leadership roles.
- Stability in the management team.
- Improvement in psychological health and safety.
- Increased accountability for the organization.

### TARGET NURSING POPULATION

- All leaders and managers in nursing environments.

### STAKEHOLDER INVOLVEMENT AND ROLE OF NURSES

- **Responsible and Accountable:** Organizations have responsibility and accountability to provide support to their managers, nurses to provide 360 feedback on needs and expectations.
- **Consulted and Informed:** Nurse managers, and those who manage on weekends.

### DESCRIPTION

This initiative focuses on providing nursing leaders with more tools and opportunities that will support nursing leaders in their role such as:

- **Self-care training:** For nurse leaders to identify boundaries for themselves and self-care techniques, that can be accomplished while not stretching beyond the formal role.

- **Tools and programs to increase awareness of mental health challenges:** For leaders and staff, depending on setting and role, including psychological safety leadership training for both nursing leaders and support staff.
- **Tools that are consistently implemented to collect feedback on the work environment:** To provide nurse leaders with insight into the team and how they function.
- **Appropriate performance management:** Performance management tools and systems (e.g., 360-degree feedback, goal setting and progress tracking, formal performance appraisals) to support clear communication of expectations, unbiased assessment, and equitable treatment, and to foster trust and accountability between nursing leaders and nurses.
- **Formalized check-ins and performance development opportunities** (e.g., regular development discussions, regular goal check-in, management certifications, leadership workshops, professional conferences) to empower nursing leaders to engage in open dialogue about development, and to cultivate a culture of collaboration, continued learning and growth.

Planning considerations include:

- **Financial support and protected time:** Organizations should provide financial support, where possible, and ensure protected time for the implementation of tools and programs, and communication between nurses and their leaders.
- **Supporting all leaders in nursing environments:** While not all positions may include the word "leader" or "manager" in the title, it is important to support all staff who have a leadership or managerial role.

## REFERENCE RESOURCES AND EXAMPLES (SEE APPENDIX FOR LINKS)

- **Healthcare Excellence Canada Innovation Challenge:** This outcomes-based challenge aims to improve workforce retention and support, which includes expert coaching supports, evidence-informed tools, and support for team tracking.
- **SickKids Performance Management Tools and Systems for Nurses:** Tools and systems provided by SickKids for nursing managers are closely tied to regulatory requirements and leading practice research.
- **Canadian Mental Health Association's Your Health Space:** CMHA provides a free workplace mental health service for Ontario's health care organizations that has helped to implement standards for psychological safety and mental health. Training for both nursing leaders and support staff on psychological safety are available.
- **IWK Nova Scotia's 90 Second Nurse:** This program was developed as a retention initiative to provide psychological support for nurses and help promote well-being and resiliency. A brief weekly health letter designed for nurses is delivered by email and is based on best scientific evidence to support and improve the well-being of various stakeholder groups including nurses.
- **Schwartz Rounds on Caring for the Caregiver:** Schwartz Rounds are held to discuss the emotional impact of patient care on care providers, including nurses, creating a space for group reflection.



## INITIATIVE

**Nurse Engagement and Listening:** Create mechanisms for nurses across all levels and roles to share experiences and feedback.

### INTENDED OUTCOME

- Open lines of communication.
- Increased engagement.
- Increased sense of belonging and feeling heard.

### TARGET NURSING POPULATION

- All (Student, New Grad, Mid-Career, Late-Career, Managers and Faculty, etc.)

### STAKEHOLDER INVOLVEMENT AND ROLE OF NURSES

- **Responsible:** Ministries of Health, for creation of benchmarks and common approaches, union group engagements.
- **Accountable:** Communication teams, point-of-care nurses (to be involved in communication plans).
- **Consulted and Informed:** Interprofessional health teams.

### DESCRIPTION

This initiative is focused on ensuring nurses' voices are heard, and feedback is integrated to improve their working lives. To do this at the organizational level:

- **Safe spaces:** Create a safe space within organizations for nurses to share experiences and feedback, and assure nurses that shared experiences and feedback will not be attributed to individuals. Impartial or third-party organizations with reputable facilitators or moderators can facilitate

challenging conversations and create safety for staff and leaders to voice their true opinions.

- **Open lines of communication:** Build an open line of communication between managers and point-of-care workers and between each other (e.g., one-on-one meetings, regular team huddles and staff meetings, open-door policies, anonymous surveys), paired with a systematic approach to providing feedback to support all those involved.
- **Celebratory feedback systems:** Celebratory feedback systems (e.g., shoutouts) can be implemented to promote exceptional behaviours of colleagues and should be both timely and widely visible.
- **Accessibility:** Listening opportunities need to be made available for both day and night shifts.
- **Communication:** Innovative ways are needed to communicate with point-of-care staff, as many current communication methods (emails, forums, etc.) do not reach the target audience.
- **Accountability:** After receiving feedback, organizations should communicate the results and follow up on specific action items informed by the feedback (e.g., collected through focus groups, anonymous surveys, comment cards, etc.). The feedback needs to be acted upon in a timely manner.
- **Monitoring and evaluation:** To ensure feedback is implemented and effective, indicators and accountabilities should be defined, measured, and visualized (e.g., through a dashboard). Monitoring and evaluation is critical for long-term implementation; nurse engagement and listening should be an ongoing initiative and not limited to times of crisis.

Planning considerations include:

- **Confidentiality:** Develop feedback mechanism that assures nurses that shared experiences and feedback will not be attributed to individuals.
- **Gather insights from diverse representation of roles** (i.e., different nursing workplaces, units, shifts, backgrounds).
- **Training on active listening and conflict resolution:** Consider training opportunities for active listening and conflict resolution for all levels of management to ensure leaders are trained in responding to difficult feedback.
- **Dedicated time and resources:** Consider how to formalize nurse engagement and utilize new or existing roles to ensure sufficient time and resources are dedicated to nurse engagement.
- **Team and individual needs:** Both team and individual needs should be strengthened through nurse engagement and listening.

## REFERENCE RESOURCES AND EXAMPLES (SEE APPENDIX FOR LINKS)

- **Casey-Fink Surveys:** A self-report instrument created to measure new nurses' perceptions of issues with role transition experienced at entry into practice and through the first year of professional practice.
- **Canadian Mental Health Association's Your Health Space:** CMHA provides a free workplace mental health service for Ontario's health care organizations that includes facilitation of challenging conversations around mental health.
- **Accreditation Canada's Simulated Survey:** A simulated survey is provided by Accreditation Canada to help providers meet global standards, and surveys can be leveraged to gather nurse sentiment.
- **College of Nurses of Ontario (CNO) Conflict Prevention and Management Practice Guideline:** This practice guideline includes information on the key factors, prevention, and management of conflict with colleagues and in the workplace.



# Clinical Governance & Infrastructure

## GOAL STATEMENT

Ensure that supportive clinical governance and infrastructure is in place to ensure that nurses have a core role in decision-making and are at the forefront of driving the development of a sustainable health system.

## INITIATIVE

**Structured Participatory Governance:** Ensure nursing leadership is present in governance and has meaningful authority.

## INTENDED OUTCOME

- Having the voice of point-of-care nurses in decision-making to meet the needs of nurses.
- More efficient decision-making and meaningful participation by allowing time for different point-of-care staff to participate in governance.

## TARGET NURSING POPULATION

- All (Student, New Grad, Mid-Career, Late-Career, Managers and Faculty, etc.)

## STAKEHOLDER INVOLVEMENT AND ROLE OF NURSES

- **Responsible:** Boards of directors, Ministry of Health and CEOs, who are able to influence significant structural change.
- **Accountable, Consulted, Informed:** Those involved in direct care, which reinforces cascading governance structures.

- Note that CNOs currently have no operational authority in certain provinces. Ensure role clarity to prevent confusion among nurses. A shift to structured participatory governance may help address this.

## DESCRIPTION

This initiative aims to ensure nursing leadership is present across all organizational governance structures, including at the executive table and board, and includes their ability to lead clinical care design, delivery, and evaluation. Participatory governance facilitates executive leadership being informed and accountable to the nursing workforce. Key activities include:

- **Defining the structural elements:** A Chief Nurse Executive should participate at the C-suite level, reporting to the CEO and maintaining a seat on the Quality Committee of the Board. Shared decision-making structures should be developed, with clear decision-making authorities. Roles for Advanced Practice Nurses to participate at leadership levels should be well defined.



- **Establishing a Nursing Advisory Committee:** Ensure that nursing has a voice at the organizational level through the development of a Nursing Advisory Committee, with various levels of nurses represented and participating. This committee should report to the Chief Nursing Executive, who would then bring issues to the Board.

Planning considerations include:

- **Long-term organizational commitment:** Sustainability and longevity of the structural elements can be supported by updating organizational structure-related documents and organizational policies. These activities can facilitate structured participatory governance that is incorporated into the fabric of the organization. Structural elements, including the governance responsibilities of Chief Nursing Officers (CNOs) in job descriptions, and developing nurse or administration dyads (e.g., CNOs and Chief Operating Officers (COOs)) may support sustained results.
- **Creating feedback loops:** Develop processes to continuously monitor and evaluate whether

elements of structured participatory governance (i.e., specific roles, committees, decision-making structures) exist and are functioning as intended, and whether input from nursing leaders and structures such as Nursing Advisory Committees is actively implemented and used. For example, integration of nurse-initiated protocols that aim to better meet the needs of scope of practice could be audited. Employing methods such as Plan-Do-Study-Act (PDSA), which is a four-stage problem-solving model, can support the use of evaluation mechanisms.

- **Preserving the distinct role of nursing:** Organizations need to recognize the need for inclusive leadership structures that enable interprofessional practices and encompass all health care and social services staff while preserving the distinct role of nursing to ensure effective management of the nursing workforce. CNO roles at organizations should be protected roles that enable the CNO to drive a strategic vision that meets the needs of nurses. These roles, where possible, should not be combined with other operational roles and responsibilities.

## REFERENCE RESOURCES AND EXAMPLES (SEE APPENDIX FOR LINKS)

- **RNAO Chief Nursing Executive Role Framework:** Provides an overview of the Chief Executive role and responsibilities such as participating in a voting role on Quality committees and ensuring forums exist within organizations for nursing decision-making.
- **The Ottawa Hospital Nursing Unit Councils:** Forums for all nurses to participate in discussion and decision-making related to professional practice and patient care on a unit level.
- **The Ottawa Hospital Corporate Nursing Clinical Practice Committee:** A forum for clinical nurses representing 60-70 units across the organization to participate in discussion and decision-making that impacts nursing practice.
- **Nursing and Allied Health Advisory Council at Island Health, British Columbia:** A nurse-led, multidisciplinary Council aligned to the Chief Nurse Executive, directly advising senior executive, leaders, operational care areas, and beyond in policy, direction, strategy, and implementation.
- **Saskatchewan Nursing Leadership Network (SNLN):** This network consists of provincial nursing regulatory bodies, health authorities, nursing associations, educational institutions, nursing unions, nursing students and government representation. The network aims to support the nursing workforce in Saskatchewan through leadership, collaboration, information sharing and innovation and has defined Terms of Reference for governance.

## INITIATIVE

**Nursing Shared Governance:** Create nursing structures to connect nurses and involve them in decision making.

### INTENDED OUTCOME

- Solutions are not being re-worked: they are designed with delivery in mind.
- Enablement of varied tasks (e.g., research, quality improvement), as a result of a formal structure with protected time. This also creates more joy in work and may improve retention.
- Greater organizational awareness, efficiency, fiscal responsibility and improved patient outcomes as a result of shared decision-making structures that enable real-time decision-making.

### TARGET NURSING POPULATION

- All (Student, New Grad, Mid-Career, Late-Career, Managers and Faculty, etc.)

### STAKEHOLDER INVOLVEMENT AND ROLE OF NURSES

- **Responsible:** Chief Nursing Officer (if possible), Board of Directors, Unit-level leadership (clinical nurse managers and managers to ensure participation).
- **Accountable:** Current structures for governance.
- **Consulted and Informed:** Advanced Practice Nurses, point-of-care nurses, clinical nurse educators – (unit or workplace setting specific), union leaders, Canadian communities of practices that can help advance this initiative.

### DESCRIPTION

Nursing shared governance is about nurses being involved in decision making. This initiative is about putting nursing shared governance in place. It is centered on developing or refining formal nursing structures to enable nursing practices that connect nurses caring for patients to nurse leaders, nurse educators, and nurse-led research within the organization. This involves:

- Removing hierarchy and reducing top-down approaches. Decisions need to start at the point-of-care, rather than in a way that applies downward pressure. There is a need for a meaningful voice that impacts decisions, rather than performative inclusion. Nurses should be empowered to initiate the decision-making process as needed.
- Creating a culture of psychological safety to broaden perspectives and allow nurses to feel comfortable bringing opinions to the table.
- Embedding nurse scientists, researchers, and educators, within improvement processes. Specifically, having embedded quality leaders – someone who has worked in the area and works in a team on a long-term basis. This results in better patient outcomes.
- Specific roles for quality improvement in a nursing workplace and unit, or point-of-care representation from all relevant nursing departments in quality improvement processes and initiatives.
- Indigenous perspectives must also be considered in nursing governance to include indigenous ways of knowing in order to improve access to high-quality, culturally relevant health services.

- Intentionality is needed in decision-making, rather than just data collection. A safe space to share ideas is an enabler to ensuring that decision-making is informed by point-of-care nurses' perspectives.

Planning considerations include:

- **Participatory governance structures and resources:** Creating shared participatory governance structures (detailed in initiative “Structured Participatory Governance”) that enable nurse-led decision-making. Governance should include a framework that allows participation of all staff through communication channels. Nurses need to be supported to participate in governance structures through dedicated resources (e.g., communications plan). Governance structures may include a multi-disciplinary and pan-organizational steering group or council with meaningful decision-making authority.
- **Empowering nurses to get involved in governance:** Encourage nurses to participate in governance through training, and improve communication about opportunities to get involved.
- **Embracing a dynamic journey to achieving nursing shared governance:** Establishing and refining nursing shared governance is typically a dynamic process. Organizational leadership teams need to develop a tolerance for failure and be willing to test and try different approaches.
- **Monitoring efficacy:** Existing organizational mechanisms, such as healthcare accreditation surveys, can be leveraged and adjusted to gather feedback from staff annually.

## REFERENCE RESOURCES AND EXAMPLES (SEE APPENDIX FOR LINKS)

- **Le Secrétariat international des infirmières et infirmiers de l'espace francophone (SIDIIEF):** Community of practice with French-speaking clinicians and nurses to share knowledge.
- **Health Standards Organization (HSO) Governance Standards:** HSO's governance standards include guidance on how to set up effective approaches to collaboration to make shared clinical decisions at the direct-care level. HSO's Clinical Governance Standards are forthcoming.
- **Health PEI Provincial Nursing Leadership Committee (PNLC):** provides strategic and operational direction and leadership to nursing and nursing services within Health PEI. The goal of the PNLC is to standardize and advance the professional practice of nursing in all practice contexts to enable quality nursing services to be delivered to the residents of Prince Edward Island.
- **Alberta Health Services (AHS) CoACT Collaborative Care:** AHS has developed a framework for collaborative care and delivers an introductory course for Unit Leads, including nursing leaders, to support their involvement in implementing and sustaining collaborative care and quality improvement in their practice environments.
- **Process and Quality Improvement (PQI) Nurse position at the Royal Alexandra Hospital (RAH) Emergency Department:** The PQI nurse facilitates the development and implementation of projects to improve care and experience in the department for patients and staff alike and reports to the Patient Care Manager.

## INITIATIVE

**Nurse-led Models of Care, Initiatives and Practice Standards:** Ensure nursing care provision is defined by nurses and supported by practice standards grounded in nursing knowledge.

## INTENDED OUTCOME

- By enabling nurses to operate at full capacity and full scope in areas where there is a need may increase feelings of belonging and allow nurses to stay in their organization or community while still gaining career growth opportunities.
- Nurses feel respected and recognized for clinical skills by having a meaningful seat at the table.
- Jurisdictional consistency on nursing models and parity of opportunities.
- Decreased moral injury given nurse-led models are enacted in a way that respects nurses' clinical skills and voices.

## TARGET NURSING POPULATION

- All (Student, New Grad, Mid-Career, Late-Career, Managers and Faculty, etc.): This initiative will create a shift in culture enabling full scope and capabilities, affecting all areas of nursing.

## STAKEHOLDER INVOLVEMENT AND ROLE OF NURSES

- **Responsible and Accountable:** All staff ranging from point-of-care to Senior Leadership teams, in particular nurse executives or leaders, with a focus on shifting power to the voice of direct care in decision-making.
- **Consulted:** Educators, regulators employer groups, and nurses specifically with novice experience.
- **Informed:** Nursing faculty should be involved, as they help create change at the baseline, school

level to push forward meaningful long-term culture shifts.

## DESCRIPTION

This initiative is focused on ensuring that the care that nurses provide is defined by nurses and supported by practice standards grounded in nursing knowledge, and formulated, documented, implemented, evaluated, and refreshed by nursing practice leadership structures. It is critical that nursing staff are able to adjust models of care as patient composition shifts. This change will have a significant impact in the long term but requires patience in the short term. This involves:

- **Nurses having a voice at decision-making tables to design care and influence how care is structured:** Making it clear to partners that nurses are experts in their field, are at the center of patient needs, and that they must be involved in the design of models of care.
- **Incorporating research from point-of-care nurses in designing action plans, roadmaps and policies (e.g., Staffing Issues Working Group):** Ensuring that knowledge translation and actions actually benefit point-of-care nurses.
- **Empowering nurse leadership:** Refining and strengthening nurse leadership structures, if needed, to ensure that nurses have a significant role in defining care models and practice standards and decision-making processes. In addition, providing nurse leaders with ongoing educational support and access to continuous learning (e.g., new models of care).

“Clinical governance is a key feature of high quality, high reliability health organizations. However, the tangible infrastructure to implement good governance in the complexity of health care is too often designed without involving or considering nurses. Establishing structures for participatory governance, implementing nursing shared governance, and clearing the way for nurse-led models of care are meaningful and necessary steps health organizations can take to ensure Canadians have access to the exceptional care only nurses can provide. These structures also keep nurses at work by respecting and valuing nursing knowledge, autonomy, and leadership.

- Angela Wignall

Planning considerations include:

- **Resources for innovation:** Dedicated time, physical space, and funding are required to support nursing innovation.
- **Facilitate knowledge translation:** Develop mechanisms to translate research and insights from point-of-care nurses into actionable plans and policies, ensuring that nursing knowledge informs care delivery and practice standards.
- **Regular feedback mechanisms:** Implement regular feedback loops (e.g., surveys, dedicated time at team meetings) involving point-of-care nurses, nurse leaders, and other stakeholders to assess the effectiveness of nurse-led models of care and practice standards in meeting patient needs.
- **Outcome metrics:** Establish key outcome metrics, such as patient satisfaction scores, care outcomes, and retention outcomes to measure the impact of nurse-led care initiatives.
- **Employer policy:** Employer policy is a key enabler for nurse practice advisors and experts to participate in the development of nursing standards and innovation.

## REFERENCE RESOURCES AND EXAMPLES (SEE APPENDIX FOR LINKS)

- **Winnipeg Regional Health Authority Professional Committee:** Comprised of roles such as allied health and nursing leadership councils, medical advisory committee, and long-term care representatives to advise the local board of directors on policy issues related to interprofessional clinical practice.
- **Leadership Exchange / Leadership Network:** Bring together nurse leaders and aspiring nurse leaders for networking and learning opportunities (e.g., Association of Regulated Nurses Manitoba).
- **Nursing Innovation Labs:** Dedicated time and space for nurses to collaborate on innovative ideas and projects (e.g., UBC Nursing IDEA Lab, Duke University School of Nursing Health Innovation Lab).
- **Island Health Innovation Lab:** This innovation lab was established within a health authority with the explicit intention of bringing innovation as close to care providers and patients as possible. It has grown to include mentorships for innovation activities in other health authorities and provinces. The innovation lab's annual "Code Hack" event puts 100 hackers into a hospital environment for a design sprint solving crowdsourced problems.

# Safe Staffing Practices

## GOAL STATEMENT

Support physically safe and psychologically brave workplaces by implementing staffing practices (e.g., nurse-patient ratios) that reflect factors like patient acuity, nurse experience, and work-life balance.

## INITIATIVE

**Clinical Supports:** Establish processes to identify and ensure the accessibility of appropriate supports (i.e., mentors, preceptors, educators, leaders) for nurses.

## INTENDED OUTCOME

- Enhanced physical and psychological safety for nurses at work, ultimately leading to better patient outcomes and safety.
- Improved health system cost-effectiveness through reduced staff turnover costs and sick time from increased nursing satisfaction.
- A deeper understanding into why clinical supports are needed and for what they are being used.

## TARGET NURSING POPULATION

- New Grad nurses: To target those who are new to the workforce and nursing profession.
- Internationally Educated Nurses (IENs): Provide clinical supports that address their specific needs and circumstances (e.g., cultural norms, commu-

nity integration), create a safe and supportive environment for racialized and marginalized communities, and ensure ethical recruiting practices are followed.

- Mid-career nurses: To support nurses transitioning from one clinical area or sector to another, or who are returning to work after an extended leave.

## STAKEHOLDER INVOLVEMENT AND ROLE OF NURSES

- **Responsible:** Management.
- **Accountable:** Senior executive leaders.
- **Consulted:** Unions, professional organizations, point-of-care staff, college of nurses, educational institutions.

## DESCRIPTION

This initiative focuses on creating clinical supports for nurses to enable safe staffing practices.

Examples of supports include:

- **Dedicated positions for clinical nurse experts, coaches, and mentors:** Clinical support and mentorship should be provided by individuals with a dedicated position (or protected-time in existing role) and title, preventing these nurses from being floated to other areas for clinical responsibilities. These supports can help with students' and other nurses' workload, education, and development of non-technical skills (e.g., soft skills). Embedding protected mentorship time into collective bargaining agreements could be a key enabler for these clinical support roles.
- **Diversity in clinical supports and mentors:** An organization's clinical supports and/or mentorship pool should reflect the intersectional and diverse identities of the workforce.
- **Engaging retired nurses:** Support may be offered by engaging retired nurses and end-of-career nurses to transition to a clinical support or mentorship role. Those who fill these positions should be provided guidance and mentorship themselves.
- **Incentives:** Incentives to participate as a mentor should be outlined. This may include allocated

time and decreased workload, financial incentives (e.g., pay premiums per hour, and formal recognition by the organization). Embedding incentives into collective bargaining agreements could be a key enabler.

- **Support from students:** Introduce students and new grads to float teams to support workload with appropriate measures to ensure team integration, such as assigning a home base, and implementing a "solidification period" where students and new graduates become comfortable in one team before moving on to another.
- **Digital tools:** Implement innovations that address how support is delivered (i.e., nursing-to-nursing support delivered via technology).

Planning considerations include:

- Develop feedback mechanisms for all clinical support programs to ensure the success and sustainability of implemented supports. Nurses can use these feedback mechanisms to share the value of the program, what was useful, and why they use it.
- Recognition for support provided, in the form of payment, should be standard whenever possible.
- Consider clinical nurse specialist roles where feasible.

## REFERENCE RESOURCES AND EXAMPLES (SEE APPENDIX FOR LINKS)

- **SE Health Clinical Practice Coaches:** A coaching, mentoring, and quality improvement approach is used to provide clinical practice leadership to nurses, PSWs, and allied health professionals.
- **RNAO Advanced Clinical Practice Fellowship:** This fellowship provides the opportunity for Registered Nurses and Nurse Practitioners to build their clinical research skills and expertise by advancing projects to meet a service gap in their organization.
- **Canadian Association of Schools of Nursing (CASN) National New Nurse Residency Program:** aims to support the retention of newly licensed registered nurses in Canada's health care workforce by enhancing their competence and resilience and reducing job stress.
- **Canadian Black Nurses Alliance (CBNA) National Professional Mentorship Program:** CBNA offers one-on-one mentorship for professional and practising nurses.

- **Black Nurses and Students Allied for Success (BNSAS) Undergraduate Mentorship Program:** Nursing learners are paired with mentors based on their individual interests and professional and academic goals. This mentorship program will be scaled across 15 academic chapters over the next five years.
- **UHN 80/20 Model:** This model enables staff to spend 80% of their time on direct patient care and 20% on professional development activities.
- **Prairie Mountain Health (PMH) Emergency Department New Graduate Program:** In this program, new graduates are supernumeraries and buddied with an experienced nurse for 6 weeks of extended training specific to the emergency department.
- **Prairie Mountain Health (PMH) Nurse Specialty Orientation:** PMH offers a program to nurses interested in critical care, which includes online and in-class learning, followed by a “buddied” clinical learning phase where learners are paired with an experienced nurse on the unit to provide patient care. This is further followed by a “Specialized Orientation” phase where learners care for patients independently with an assigned preceptor. The program aims to build knowledge, independence, and integration into the unit over the three phases of training.
- **Health Careers Manitoba’s Undergraduate Nurse Employee Program:** Undergraduate nursing students in their third or fourth years can apply to be an undergraduate nurse employee (UNE) who works under the supervision of a Registered Nurse or Registered Psychiatric Nurse to gain practical experience with direct clinical support from experienced nurses.
- **Canadian Nurses Association Clinical Nurse Specialist (CNS) role overview:** An overview of the CNS role is provided, including an explanation of how this role differs from the Nurse Practitioner practice role.





## INITIATIVE

**Safe Staffing Framework and Tools:** Develop a comprehensive framework to help understand staffing needs and their impact on immediate and long-term outputs, and identify supporting tools for the implementation of the framework.

## INTENDED OUTCOME

- Enhanced physical and psychological safety for nurses at work, ultimately leading to better patient outcomes and safety.
- Improved health system cost-effectiveness through reduced turnover and sick time from increased nursing satisfaction.
- A deeper understanding into why safe staffing frameworks and tools are needed and what they are being used for.

## TARGET NURSING POPULATION

- All point-of-care nurses (Student, New Grad, Mid-Career, Late-Career, etc.), managers and leaders in nursing environments.

## STAKEHOLDER INVOLVEMENT AND ROLE OF NURSES

- **Responsible:** Management.
- **Accountable:** Senior executive leaders.
- **Consulted and Informed:** Unions, Professional organizations, Point-of-care staff, College of Nurses.

## DESCRIPTION

This initiative focuses on the development of a safe staffing framework that may be used and adjusted by individual departments and units depending on their local context. Safe staffing tools should also be identified, which can help determine patient needs

and required workloads to ensure that enough nurses are available to provide care. The purpose of the framework is to serve as a guiding principle.

Planning considerations include:

- **Evidence-based:** Staffing ratios should be informed by evidence and leading practices to enable safe staffing. Review existing evidence-based literature, research, and guidelines related to staffing ratios in your specific care setting, specialty, and geographic region.
- **Include key considerations:** The framework should consider patient acuity, the care environment (e.g., rural, remote, urban, supports available, the care area of specialty), education / experience of the nurses.
- **Thoughtful replacements:** A nurse's education, experiences, and scope of practice should be considered when creating and updating shift schedules and doing workforce planning. Review the education, experience, and scope of practice of nurses in your specific care setting. Determine ratios that align with the skills and competencies of the nursing staff.
- **Feedback loop:** All safe staffing frameworks and tools should have a feedback mechanism that enables nurses to share the value of the framework and tools, what was useful, and why they use it.
- **Customizability and flexibility:** Each unit or nursing site needs to have a committee structure to tailor the staffing framework to its needs, and include insights based on clinical judgment. Further, the framework should be flexible,

because patient acuity is fluid and staffing demands can change frequently.

- **Opportunity for nurses to provide input on safety:** Nurses should be given the opportunity to provide input on what safety means to them, to inform the refinement (or new development) of safe staffing tools, and assessments.
- **Empowerment by nursing leadership:** Nurses need to feel empowered by nursing leadership to set boundaries when patient needs and workloads exceed levels of safety.
- **Increase attractiveness of organizational positions:** Consider approaches for increasing attractiveness of organizational positions (i.e., full time, part time, and casual) to minimize the use of agency nurses. See “Flexible Work Design” for more considerations.

“Retention initiatives = Respect! For years, nurses have asked to be treated like the responsible health professionals they are. It all starts with respecting nurses as individuals and allowing them the ability to find work-life balance. Respecting nurses as professionals means providing them with the conditions and resources they need to do their jobs. To retain and recruit nurses, we need to ensure safe hours of work, implement nurse-to-patient ratios, and offer competitive compensation packages.

- Linda Silas

## REFERENCE RESOURCES AND EXAMPLES (SEE APPENDIX FOR LINKS)

- **CNA/CFNU Evidence-based Safe Nurse Staffing Toolkit:** This toolkit includes tools related to Real-Time Assessments of Patient Needs, Nursing Workload and its Management, Professional Responsibility Concerns, Staff Mix Decisions, and Nursing Care Delivery Models to promote safe nurse staffing practices.
- **CNA Staff Mix Framework:** This decision-making framework is intended to support staff mix decisions by nurse managers, point-of-care staff and nurse executives.
- **Acuity-based staffing model pilot project in Newfoundland and Labrador:** A system called “Integrated Capacity Management” (ICM) that supports staffing based on patient acuity was introduced to improve quality outcomes.
- **RNAO “Developing and Sustaining Safe, Effective Staffing and Workload Practices” Best Practice Guideline (recommendation 2.1, pages 11, 33):** Organizations use electronic health records (EHRs) and other integrated systems as appropriate to support safe, effective workload processes.
- **Department of Health, Government of Nunavut policies and procedures for safe staffing:** These policies include clear delegation tables, “must do” and “must not do” lists of tasks for specific nursing ratios, and guidelines for when virtual triage is triggered.

## IMPLEMENTATION

Implementation of retention strategies is fundamental to assist in bolstering the nursing workforce in Canada. There are many initiatives underway across Canada to support nursing retention. The toolkit provides a framework that can be utilized as a key resource for employers and organizations to enhance the current working conditions of nurses and outlines many of the initiatives. For the toolkit to have an impact on retention, employers and health authorities are encouraged to:

- Share the toolkit through social media, emails, staff meetings, and with colleagues and other health care organizations;
- Connect with facilities and organizations throughout Canada that are highlighted in the toolkit as best practice initiatives; and
- Adopt and implement the best practice initiatives by focusing on the themes that have the most value for your organization or health authority.



## APPENDIX: SOURCES TO REFERENCE RESOURCES AND EXAMPLES

### Disclaimer

The resources and examples provided in this toolkit are intended to serve as references for nurse retention initiatives. They have been included based on contributions from participants of the Nursing Retention Forum. Please be aware that this list is not exhaustive. It represents a snapshot of leading practices and is subject to evolving trends and innovations in nurse retention strategies.

### INSPIRED LEADERSHIP

| INITIATIVE                     | REFERENCE RESOURCES AND EXAMPLES  | SOURCE  |
|--------------------------------|---|---|
| <b>Cultural Change</b>         | Conseil des infirmières et infirmiers (In French only)  | Link to <a href="#">Conseil des infirmières et infirmiers</a>   <a href="#">OIIQ</a>                |
|                                | Sinai Health Magnet Designation   | Link to <a href="#">article</a> , link to <a href="#">Sinai Health Strategic Plan</a>               |
| <b>Leadership Competencies</b> | Inspire Nursing: A LEADS-based Nursing Leadership Program   | Link to <a href="#">program description</a>   |
|                                | Bringing Leadership to Life in Health: LEADS in A Caring Environment  | Link to <a href="#">book</a>  |
|                                | Canadian Association of Schools of Nursing (CASN) National Nursing Education Framework  | Link to <a href="#">framework</a>   |
|                                | Sigma Global Nursing Leadership Competency Framework  | Link to <a href="#">Framework with 10 key competencies</a>  |
|                                | American Organization of Nurses Leaders (AONL) competency resources   | Link to <a href="#">nurse manager competencies</a> and <a href="#">nurse executive competencies</a> |
|                                | Standards de pratique et compétences : Guide à l'intention des infirmières oeuvrant en gestion des soins infirmiers au Québec by Sylvain Brousseau (In French only) | No further publicly available information   |
|                                | Ted Rogers School of Management's Diversity Institute at the Toronto Metropolitan University  | Link to <a href="#">Diversity Institute reports webpage</a>   |
|                                | An Introduction to Anti-Racism for the Nursing Professional by Nadia Prendergast  | <a href="#">Link to open resource textbook</a>  |
|                                | Action Plan by the Diversity, Equity, Inclusion, and Belonging Council (DEIB) at Horizon Health Services  | Link to <a href="#">Action plan and commitments</a>   |
|                                | Canadian Nurses Association Resources   | Link to <a href="#">resources</a>   |

| INITIATIVE                      | REFERENCE RESOURCES AND EXAMPLES   | SOURCE   |
|---------------------------------|--|--|
| <b>Emerging Nursing Leaders</b> | Inspire Nursing: A LEADS-based Nursing Leadership Program                      | Link to <a href="#">program description</a>  |
|                                 | Michael Garron Hospital Emerging Leaders Program                               | No further publicly available information  |
|                                 | University of New Brunswick's Certificate in Nursing Leadership and Management | Link to <a href="#">announcement of the certificate program</a> , link to <a href="#">course information</a> |
|                                 | McGill Leadership Program for Nurse Managers                                   | Link to <a href="#">course description</a>   |
|                                 | Canadian Nurses Association (CNA) Certification Program                        | Link to <a href="#">certification program information</a>  |

## FLEXIBLE AND BALANCED WAYS OF WORKING

| INITIATIVE                  | REFERENCE RESOURCES AND EXAMPLES   | SOURCE  |
|-----------------------------|--|---|
| <b>Flexible Work Design</b> | Manitoba Government weekend premium and full-time incentive (through Shared Health Manitoba) | Link to <a href="#">news release</a>                                      |
|                             | Manitoba provincial float pool (through Shared Health Manitoba)                              | Link to <a href="#">news release</a>                                      |
|                             | British Columbia Nurses Union (BCNU) Job Sharing and Full-time Incentive                     | Link to <a href="#">collective agreement</a>                              |
|                             | Saskatchewan Union of Nurses (SUN) Job Sharing and Weekend Worker                            | Link to <a href="#">collective agreement</a>                              |
| <b>Scheduling Systems</b>   | Newfoundland and Labrador provincial self-scheduling guidelines                              | Link to <a href="#">provincial guidelines</a>                             |
|                             | Vancouver Coastal Health's My Schedule program   | Link to <a href="#">how-to guide</a> , link to <a href="#">user guide</a> |
|                             | Solution d'autogestion proposée par le Living Lab (In French only)                           | Link to <a href="#">article on solution</a>                               |
|                             | Horizon Health self-scheduling   | Link to <a href="#">more information</a>                                  |
|                             | Manitoba Nursing Union (MNU) collective agreements   | Link to <a href="#">collective agreement</a>                              |

| INITIATIVE                               | REFERENCE RESOURCES AND EXAMPLES  | SOURCE   |
|--|---|--|
| <b>Workplace Resources and Amenities</b> | Churchill Health Centre Amenities   | Link to <a href="#">white paper on retention promoting resources</a> |
|  | Jewish General Hospital and McGill University Health Centre Relaxation Booths | Link to article on <a href="#">relaxation booths</a>                 |
|  | Jewish General Hospital Subsidized Daycare                                    | Link to <a href="#">daycare webpage</a>                              |
|  | Sunnybrook Daycare  | Link to <a href="#">daycare webpage</a>                              |
|  | Salt Spring Island Community  | Link to <a href="#">article</a> on housing for nurses                |
|  | SickKids Housing for Staff  | Link to <a href="#">rental housing webpage</a>                       |

## ORGANIZATIONAL MENTAL HEALTH AND WELLNESS SUPPORTS

| INITIATIVE                                      | REFERENCE RESOURCES AND EXAMPLES   | SOURCE  |
|---|--|---|
| <b>Moral Distress and Injury Care</b>           | 9-8-8 Suicide Crisis Helpline  | Link to <a href="#">website</a>                                     |
|   | UHN CARES (Coping and Resilience for Employees and Staff) Program  | Link to <a href="#">program</a>                                     |
|   | Nurses and Nurse Practitioners of British Columbia (NNPBC) third-party mental health support                     | No further publicly available                                       |
|   | Health PEI third-party mental health support   | Link to <a href="#">communication material for Health PEI staff</a> |
|   | Mental Health Commission of Canada (MHCC) National Standard for Psychological Health and Safety in the Workplace | Link to <a href="#">national standard</a>                           |
|   | Mental Health Commission of Canada (MHCC) Quality Mental Health Care Framework                                   | Link to <a href="#">information on the framework</a>                |
|   | Directive on the Prevention and Resolution of Workplace Harassment and Violence                                  | Link to <a href="#">directive</a>                                   |
| <b>Best Practices for Vacation and Time Off</b> | Manitoba Nurses Union (MNU) and Vacation Requests  | Link to <a href="#">contract interpretation manual</a>              |
|   | Unit-Based Relief Team at Health Sciences Centre in Manitoba   | No further publicly available information                           |
|   | Undergraduate Nurse Employee Program in Alberta  | Link to <a href="#">program</a>                                     |
|   | Shared Health Manitoba Clinical Transition Program   | Link to <a href="#">program</a>                                     |

| INITIATIVE                                       | REFERENCE RESOURCES AND EXAMPLES   | SOURCE   |
|--|--|--|
| Zero-Tolerance for Violence, Bullying and Racism | Joyce's Principle  | Link to <a href="#">Joyce's Principle</a>                    |
|  | Bill C-3   | Link to backgrounder on <a href="#">Bill C-3</a>             |
|  | Nursing Declaration Against Anti-Black Racism in Nursing and Health Care   | Link to <a href="#">declaration</a>                          |
|  | Innovation, Science and Economic Development Canada's 50 – 30 Challenge: Your Diversity Advantage  | Link to <a href="#">online toolkit</a>                       |
|  | PSPNET Posttraumatic Stress Injury Resources   | Link to <a href="#">resources</a>                            |
|  | Ontario Anti-Racism Directorate Resources  | Link to <a href="#">Ontario's Anti-Racism Data Standards</a> |
|  | House of Commons Standing Committee on Health Studies: Violence Facing Health Care Workers in Canada Report  | Link to <a href="#">report</a>                               |
|  | Centennial College Anti-Black Racism Task Force Report   | Link to <a href="#">report</a>                               |
|  | Registered Nurses' Association of Ontario's (RNAO) Acknowledging, Addressing and Tackling Anti-Black Racism and Discrimination within the Nursing Profession | Link to <a href="#">report</a>                               |
|  | BCCNM Practice Standard on Cultural Safety   | Link to <a href="#">practice standard</a>                    |
|  | BC Cancer Centre violence prevention and management policy   | No further publicly available information                    |
|  | Horizon Health Network Code White for immediate action against violence  | No further publicly available information                    |
|  | IWK Health in Nova Scotia Antiviolence Posters   | No further publicly available information                    |
| Canada Labour Code                               | Link to <a href="#">Code</a>   |  |

## PROFESSIONAL DEVELOPMENT AND MENTORSHIP

| INITIATIVE                                   | REFERENCE RESOURCES AND EXAMPLES   | SOURCE  |
|--|--|---|
| <b>Transition Programs</b>                   | McGill University Health Centre (MUHC) Genesis Nurse Residency Program             | Link to <a href="#">program</a>   |
|  | Shared Health Manitoba Clinical Transition Program                                 | Link to <a href="#">program</a>   |
|  | Nova Scotia's International Community of Health Workers Engagement (NICHE) Program | Link to <a href="#">program</a>   |
|  | CASN Preceptor-Mentor Training Program   | Link to <a href="#">program</a>   |
|  | CASN National Nursing Residency Program  | Link to <a href="#">program</a>   |
|  | Program Patricia Benner's "From Novice to Expert Concept"                          | Link to <a href="#">website</a>   |
|  | Nursing the Future   | Link to <a href="#">website</a>   |
|  | Saskatchewan Association of Nurse Practitioners (SANP) Mentorship Program          | Link to <a href="#">program</a>   |
| <b>Mentorship Programs</b>                   | Ontario's Clinical Scholar Program   | Link to <a href="#">program</a>   |
|  | UBC's Mentorship Program   | Link to <a href="#">program</a>   |
|  | Alberta Health Services Nursing Mentorship Network                                 | Link to <a href="#">mentorship network</a>                                  |
|  | The Ottawa Hospital's Clinical Coach Initiative                                    | No further publicly available information                                   |
|  | Trillium Health Partners Mentorship Program  | No further publicly available information                                   |
| <b>Career Pathways and Bridging Programs</b> | New Brunswick's Step Up to Nursing Initiative                                      | Link to <a href="#">initiative</a>  |
|  | Vancouver Community College Nursing (BSCN) Advanced Entry                          | Link to <a href="#">program</a>   |
|  | Micro-credentialing with The Michener Institute of Education at UHN                | Link to <a href="#">institute website</a>                                   |
|  | Support for Bridging Programs in Manitoba  | Link to <a href="#">collective agreement contract interpretation manual</a> |
|  | Career laddering pilot at the McGill University Health Centre (MUHC)               | No further publicly available information                                   |



## REDUCED ADMINISTRATIVE BURDEN

| INITIATIVE                        | REFERENCE RESOURCES AND EXAMPLES  | SOURCE                                    |
|-----------------------------------|---|---|
| <b>Work Re-design</b>             | Sunnybrook Clinical Extern  | Link to <a href="#">program</a>           |
|                                   | Alberta Health Services Undergrad Nursing Employee  | Link to <a href="#">program</a>           |
|                                   | Nova Scotia RN Prescribing  | Link to <a href="#">information</a>       |
|                                   | RNAO Guidelines for Developing and Sustaining Interprofessional Health Care                               | Link to <a href="#">guidelines</a>        |
|                                   | Horizon Health Insights on the Relationship between Quality Indicators and Administrative Burdens         | No further publicly available information |
| <b>Digital Preparedness</b>       | Hamilton Health Sciences CNIO Role  | Link to <a href="#">role</a>              |
|                                   | Canadian Nursing Association (CNA) and Canadian Nursing Informatics Association (CNIA) CNIO Role Overview | Link to <a href="#">role overview</a>     |
|                                   | My SE Life App  | Link to <a href="#">article</a>           |
|                                   | HIMSS CNIO Role Description   | Link to <a href="#">role description</a>  |
| <b>Documentation Requirements</b> | Ontario's "Axe the Fax"   | Link to <a href="#">article</a>           |
|                                   | Cortellucci Vaughan Hospital Digital Communication and Workflow   | Link to <a href="#">workflow</a>          |
|                                   | Horizon Health's Forms Committee  | No further publicly available information |

## STRONG MANAGEMENT AND COMMUNICATION

| INITIATIVE                             | REFERENCE RESOURCES AND EXAMPLES   | SOURCE   |
|--|--|--|
| <b>Nursing Management Competencies</b> | AONL Nurse Leader Core Competencies  | Link to <a href="#">competency framework</a>   |
|  | Canadian College of Health Leaders programs                                    | Link to <a href="#">Organizational Leadership Development resources</a> and <a href="#">Individual Leadership Development programs</a> |
|  | RNAO's "Developing and Sustaining Nursing Leadership" Best Practice Guidelines | Link to <a href="#">guidelines</a>   |
|  | McGill's Strength Based Nursing and Healthcare Program                         | Link to <a href="#">program</a>  |
| <b>Supporting Nursing Leaders</b>      | Healthcare Excellence Canada Innovation Challenge                              | Link to <a href="#">challenge</a>  |

| INITIATIVE                            | REFERENCE RESOURCES AND EXAMPLES   | SOURCE   |
|---------------------------------------|--|--|
| <b>Supporting Nursing Leaders</b>     | SickKids Performance Management Tools and Systems for Nurses                             | No further publicly available information              |
|                                       | Canadian Mental Health Association's Your Health Space                                   | Link to <a href="#">program</a>                        |
|                                       | IWK Nova Scotia's 90 Second Nurse  | Link to <a href="#">90 Second Nurse</a>                |
|                                       | Schwartz Rounds on Caring for the Caregiver  | Link to <a href="#">information on Schwartz Rounds</a> |
| <b>Nurse Engagement and Listening</b> | Casey-Fink Surveys   | Link to <a href="#">surveys</a>                        |
|                                       | Canadian Mental Health Association's Your Health Space                                   | Link to <a href="#">program</a>                        |
|                                       | Accreditation Canada Survey  | Link to <a href="#">survey</a>                         |
|                                       | College of Nurses of Ontario (CNO) Conflict Prevention and Management Practice Guideline | Link to <a href="#">practice guideline</a>             |

## CLINICAL GOVERNANCE AND INFRASTRUCTURE

| INITIATIVE                                 | REFERENCE RESOURCES AND EXAMPLES  | SOURCE   |
|--|---|--|
| <b>Structured Participatory Governance</b> | RNAO Chief Nursing Executive Role Framework   | Link to <a href="#">framework</a>  |
|  | The Ottawa Hospital Nursing Unit Councils   | Link to <a href="#">more information on unit councils</a>                                      |
|  | The Ottawa Hospital Corporate Nursing Clinical Practice Committee   | Link to <a href="#">more information on clinical practice committee</a>                        |
|  | Saskatchewan Nursing Leadership Network   | No further publicly available information  |
|  | Nursing and Allied Health Advisory Council at Island Health, British Columbia                                 | Link to <a href="#">more information on the Council</a>  |
| <b>Nursing Shared Governance</b>           | Le Secrétariat international des infirmières et infirmiers de l'espace francophone (SIDIIEF) (In French only) | Link to <a href="#">community of practice</a>  |
|  | HSO's Clinical Governance Standards and Accreditation Survey  | Link to <a href="#">governance standards</a> and <a href="#">clinical governance standards</a> |
|  | Health PEI Leadership Forum and Provincial Nurse Leadership Council   | No further publicly available information  |
|  | Alberta Health Services (AHS) CoACT Collaborative Care  | Link to <a href="#">program</a>  |
|  | Process and Quality Improvement (PQI) Nurse position at the Royal Alexandra Hospital (RAH)                    | No further publicly available information  |

| INITIATIVE  | REFERENCE RESOURCES AND EXAMPLES                          | SOURCE  |
|---|---|---|
| <b>Nurse-led Models of Care, Initiatives and Practice Standards</b> | Winnipeg Regional Health Authority Professional Committee | Link to <a href="#">committee</a>   |
|   | Leadership Exchange / Leadership Network                  | Link to <a href="#">Association of Regulated Nurses of Manitoba</a>                               |
|   | UBC Innovation Lab  | Link to <a href="#">UBC Nursing IDEA Lab</a>  |
|   | Island Health Innovation Lab                              | Link to <a href="#">Island Health Innovation Lab</a> , link to <a href="#">video on Code Hack</a> |

## SAFE STAFFING PRACTICES

| INITIATIVE                               | REFERENCE RESOURCES AND EXAMPLES  | SOURCE   |
|--|---|--|
| <b>Clinical Supports</b>                 | SE Health Clinical Practice Coaches   | No further publicly available information              |
|  | Canadian Black Nurses Alliance (CBNA) Mentorship Program                              | Link to <a href="#">mentorship program information</a> |
|  | Black Nurses and Students Allied for Success (BNSAS) Undergraduate Mentorship Program | Link to <a href="#">article on mentorship program</a>  |
|  | CASN National Nursing Residency Program   | Link to <a href="#">program</a>                        |
|  | UHN 80/20 Model   | Link to <a href="#">fellowship program</a>             |
|  | Prairie Mountain Health (PMH) Emergency Department New Graduate Program               | No further publicly available information              |
|  | Prairie Mountain Health (PMH) Nurse Specialty Orientation                             | No further publicly available information              |
|  | Health Careers Manitoba's Undergraduate Nurse Employee Program                        | Link to <a href="#">program</a>                        |
|  | Canadian Nurses Association Clinical Nurse Specialist (CNS) role overview             | Link to <a href="#">role overview</a>                  |
|  | RNAO Advanced Clinical Practice Fellowship  | Link to the <a href="#">website</a>                    |
| <b>Safe Staffing Framework and Tools</b> | CNA/CFNU Evidence-based Safe Nurse Staffing Toolkit                                   | Link to <a href="#">toolkit</a>                        |
|  | CNA Staff Mix Framework   | Link to <a href="#">framework</a>                      |
|  | Acuity-based staffing model pilot project in Newfoundland and Labrador                | Link to <a href="#">article about pilot project</a>    |
|  | RNAO Developing and Sustaining Safe, Effective Staffing and Workload Practices        | Link to <a href="#">guideline</a>                      |
|  | Government of Nunavut policies and procedures for safe staffing                       | No further publicly available information              |