Resolutions

Report of the Resolutions Committee

to the Canadian Federation of Nurses Unions

19th Biennial Convention

Fredericton, New Brunswick

June 3-7, 2019

Resolutions Committee Chair:
Janet Hazelton, Nova Scotia Nurses' Union

Resolutions Committee Members:
Paula Doucet, President, New Brunswick Nurses Union
Vicki McKenna, President, Ontario Nurses' Association
Jane Sustrik, Vice-President, United Nurses of Alberta
Linda Silas, President, Canadian Federation of Nurses Unions – ex officio

The Committee met through e-mail and conference calls. The Committee reviewed the resolutions submitted at the 2017 Biennium.

Notice was sent to all counterparts regarding the March 4, 2019, deadline for submission of resolutions. The Committee will meet again following the June 6, 2019, emergency resolution deadline to review emergency resolutions.

CFNU Biennial Resolutions

We received 14 draft resolutions from the NEB. The Committee reviewed the resolutions and found them all in order. The Resolution Committee accordingly submits the following 14 resolutions.

Respectfully submitted,

Janet Hazelton, Chair
(on behalf of the Resolution Committee)

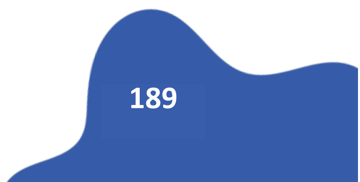
2017 Resolution Actions

RESOLUTION	ACTION
Resolution #1 – Violence against Health Care Workers **BE IT RESOLVED** that the Canadian Federation of Nurses Unions work with its Member Organizations, and the CLC and its affiliates, to lobby the federal government to amend the *Criminal Code* and make it a criminal charge to assault those working at the service of the public, such as workers who perform jobs in health care, long-term care or home care field, especially when caring for vulnerable patients, residents or clients. **Withdrawn by Committee**	n/a
Resolution #2 – PTSD Legislation: Don't Forget Nurses **BE IT RESOLVED** that the CFNU and its Member Organizations lobby every level of government to include nurses and all health care workers in the legislative framework around PTSD. **CARRIED**	• Bill C-211 lobby action with MPs and Senators • Working with Canadian Institute for Public Safety Research and Treatment (CIPSRT) to undertake survey with CIPSRT to determine the prevalence of PTSD amongst nurses, and identify effective interventions and provide future direction for research and programs • Presentation at international violence conferences (GNU, OUD, ICN) • Senators wrote observations attached to Bill C-211, recommending Health Minister include nurses in Bill • Ontario and Nova Scotia governments included nurses in presumptive PTSD legislation • PEI and Newfoundland and Labrador governments include PTSD presumption for all workers (effective July 1, 2019)
Resolution #3 – Safe at Home, Safe at Work **BE IT RESOLVED** that the CFNU will work with our Member Organizations to lobby and negotiate for paid leaves of absence for use by nurses who are victims of domestic violence. **CARRIED**	• Added to Long-Term Bargaining Goals • UNA and RNUNL proposals at the bargaining table • NBNU and NSNU included educational sessions in their labour school • Legislation gain in Alberta, Saskatchewan, Manitoba, Nova Scotia, Ontario, New Brunswick, Prince Edward Island and Newfoundland and Labrador
Resolution #4 – Moratorium on All Health Care Cuts **BE IT RESOLVED** that the CFNU and its Member Organizations lobby all levels of government to place a	• Created *Mythbuster*, issue alert for Health Ministers' Meeting • Look at language to strengthen the nursing component within collective agreements • Ongoing lobby to hire more nurses and against cuts

moratorium on any reduction of nursing hours in any sector of health care. **CARRIED**	• Presented nurse practitioner project at Health Ministers' Meeting in 2018 • Presented Home Care Strategy at Health Ministers' Meeting in 2017 • Achieved through collective bargaining by NBNU, NSNU, PEINU and UNA
Resolution #5 – Truth and Reconciliation **BE IT RESOLVED** that the CFNU will promote advocacy efforts to support the health and well-being of First Nations, Metis and Inuit communities in Canada; **BE IT FURTHER RESOLVED** that the CFNU will ensure the views of Indigenous Peoples in Canada are reflected in future policy and advocacy efforts; **BE IT FURTHER RESOLVED** that the CFNU will partner with the Canadian Indigenous Nurses Association to bring a strong nursing voice to the Truth and Reconciliation Commission of Canada actions. **CARRIED**	• MNU intervenor status in the Jordan's Principle court case • Ongoing financial support to Canadian Indigenous Nurses Association (CINA), Native Women's Association of Canada (NWAC) and First Nations Child & Family Caring Society • Lobby focus on health policies within the call to action • Alberta new stat holiday for June 21 (National Indigenous Peoples Day) – Day of Recognition • CNSA has appointed a new Director of Indigenous Health Advocacy • Added to CFNU Long-Term Bargaining Goals • CFNU biennial convention workshop • Education sessions offered at labour schools
Resolution #6 – Supporting Grandmothers to Grandmothers Campaign **BE IT RESOLVED** that the CFNU encourage its Member Organizations to align with local chapters of the Stephen Lewis Foundation (SLF)'s Grandmothers to Grandmothers campaigns as part of making efforts to think globally and act locally. **CARRIED**	• Encourage Stephen Lewis Foundation booths at all MO AGMs
Resolution #7 – Early Learning and Child Care for All **BE IT RESOLVED** that the CFNU will work together with NGOs, such as the Child Care Advocacy Association of Canada, and with the CLC to call on the federal government to establish a national program for early learning and child care with all provinces and territories. **CARRIED**	• Financial support to CCAC every year • Will be in CFNU Federal election platform • Success: Nova Scotia now offering free childcare in schools
Resolution #8 – Child Poverty **BE IT RESOLVED** that the CFNU support organizations committed to promoting and protecting the health,	• Support minimum wage campaign in provinces: Alberta, Nova Scotia, Ontario, Prince Edward Island

well-being and rights of all children as it relates to poverty; **BE IT FURTHER RESOLVED** that the CFNU ensures the rights and views of children are reflected in future policy and advocacy efforts. **CARRIED**	
Resolution #9 – Defending Canada's Public Health Care System: No to Dr. Day's BC Private Clinics **BE IT RESOLVED** that the CFNU and its Member Organizations support the BC Health Coalition, the Canadian Health Coalition and Canadian Doctors for Medicare in their interveners' status in the Cambie private clinics case in BC. **CARRIED**	• Financial support to BC Health Coalition legal activities • Ongoing lobby
Resolution #10 – Trade Agreements **BE IT RESOLVED** that the CFNU will continue to protect and speak out for Canada's current and future public services, such as health care and pharmacare, at all levels (municipal, provincial, territorial and national), in lobbying the federal government around any trade agreements with different countries around the world. **CARRIED**	• Ongoing work with CLC • Represented health care and nurses' voice at United States–Mexico–Canada Agreement (USMCA) and Comprehensive and Progressive Agreement for Trans-Pacific Partnership (CPTPP) consultations held by federal department of labour
Resolution #11 – Health in All Policies (HiAP) **BE IT RESOLVED** that the CFNU and its Member Organizations lobby governments across Canada to apply a health lens to all draft legislation, regulations and policies. This health lens would analyze the potential impact of the proposed legislation, regulations or policies on the lives of people living in Canada, as well as account for the potential financial impacts on health care budgets; **BE IT FURTHER RESOLVED** that the proposed HiAP would positively influence the lives and health of people living in Canada and reduce the stress on our health care system. **CARRIED**	• Promote HiAP at all levels (municipalities, provincially and nationally) • HiAP position statement • Success – Special Adviser: Health-in-all Policies (HiAP) at Cabinet Secretariat – Government of Newfoundland and Labrador

Resolution	Actions
Resolution #12 – Protecting Health Care Workers Who Work in Conflict Zones **BE IT RESOLVED** that the CFNU will call on the federal government to reaffirm its unequivocal commitment to international humanitarian laws, and to furthermore uphold the emergency UN Security Council's resolution 2286 condemning attacks on medical personnel in conflict situations; **BE IT FURTHER RESOLVED** that the CFNU will support MSF and other health humanitarian organizations' urgent calls to action #NotATarget, to protect health care workers who assist in conflict zones. **BE IT FURTHER RESOLVED** that the CFNU sign on in support of Safeguarding Health in Conflict Coalition. **CARRIED**	• Registered Nurse Response Network RNRN financial support from CFNU • Wrote to Minister of Foreign Affairs, calling for enforcement of UN resolution 2286 • Joined the Safeguarding Health in Conflict Coalition • Statement against killing of a Palestinian nurse Razan Al-Najar • Wrote letter to PM and Minister of Foreign Affairs in February 2018, following bombing of Syrian medical facilities
Resolution #13 – No to Taxing Private Health and Dental Insurance Plans **BE IT RESOLVED** that the CFNU will work with the CLC to stop any initiatives to include private and negotiated health and dental benefits insurance under taxable benefits. **CARRIED**	• Work with CLC • Federal government stopped this initiative 😊
Resolution #14 – National Pharmacare Program **BE IT RESOLVED** that the CFNU will continue to call for a national public prescription drug program for all those living in Canada as a key priority. **CARRIED**	• Ongoing • Parliamentary breakfast • Council of the Federation meeting • *Body Count* research project • Lobbying at NDP and Liberal conventions • Participating in national consultations • Working with allies to develop consensus principles • Submission to the Advisory Council on the Implementation of National Pharmacare • The *Big Money Club* paper • Environics poll on pharmacare • Ongoing work with CLC campaign



Emergency Resolution # 1 – Paid Clinical Hours for Nursing Students **BE IT RESOLVED** that the Canadian Federation of Nurses Unions will investigate financial remuneration for nursing students during their final practicum/clinical placement, including potential means of financing such as EI apprenticeship programs. **CARRIED**	• Developed a discussion paper • Added to Long-Term Bargaining Goals • Prepared resolution for CFNU Biennium 2019
Emergency Resolution # 2 – Enough is Enough: Putting a STOP to violence in the Health Care Sector **BE IT RESOLVED THAT THE CFNU:** **<u>Identify and advocate for provincial policy and legislative levers</u>** **That the CFNU and its Member Organizations work with provincial/territorial governments:** • To strengthen and improve OH&S legislations so as to create safe workplace standards for health care workplaces • To ensure meaningful and consistent enforcement and reporting, as well as strong language around the prevention of violence and bullying in health care workplaces, through risk assessments, education, training and emergency preparedness **<u>Identify and advocate for federal policy and legislative levers</u>** **That the CFNU and its Member Organizations work with the federal government:** • To ensure charges are laid, when appropriate, under Bill C-45, otherwise known as the Westray Bill (Section 217.1 of the *Criminal Code*) against organizations and individuals if they fail to ensure the safety of workers and the public • To amend the federal *Criminal Code* (Section 269.01) to require a court to consider the fact that the victim of an assault is a health care worker to be an aggravating circumstance for the purposes of sentencing • To include health care workers and physicians in the federal PTSD framework across Canada	• Presentation at international conferences (GNU, ICN, Oud Conference) • January 2018 hosted roundtable of health care unions • Produced *Enough Is Enough* report • Working with the House of Commons Standing Committee on Health to study violence in health care • Further work needed on amending the federal *Criminal Code* • Further work needed to build alliances • Developed and launched a Workplace Violence Toolkit on best practices to eliminate violence in the workplace https://nursesunions.ca/violence/ • 8,743 signatures garnered on the House of Commons E-petition calling on the government to develop a pan-Canadian prevention strategy to address growing incidents of violence against health care workers, and that this strategy draw upon international and domestic best practices to ensure all health care settings across the country are free from violence (co-sponsored by the CFNU President Linda Silas and MP Doug Eyolfson) • June 2018 unanimous assent to MP Doug Eyolfson's motion that the Standing Committee on Health study violence faced by health care workers in hospitals, long-term care facilities and in home care settings, in order to develop a comprehensive report and recommendations on actions that the federal government can take, in partnership with the provinces and territories, to improve violence prevention in health care (by June 2019)

<u>**Identify and develop potential enablers/alliances**</u> **That the CFNU and its Member Organizations:** • Develop Memorandums of agreement with the Crown and police to improve the investigation of workplace safety incidents and make it easier to lay criminal charges against patients who assault nurses. • Host a meeting with federal/provincial/territorial health ministers on the Violence Is Not Part of the Job campaign. <u>**Act as the lead on violence prevention, developing national resources and data**</u> **That the CFNU and its Member Organizations:** • Host a national roundtable on violence in health care • Develop and disseminate a communications strategy to bring national attention to the issue of violence against nurses • Highlight best practices in the health care sectors with a national violence prevention toolkit • Undertake a national survey to obtain data on workplace violence from all provinces **CARRIED**	

Resolution #1 – Equity and Human Rights

WHEREAS the Canadian Federation of Nurses Unions promotes and supports human rights and equity for all and is committed to advancing the same in our workplaces and in our communities;

WHEREAS the CFNU recognizes and values the importance of inclusion of the voices of marginalized members who experience historic and systemic discrimination;

WHEREAS the CFNU established equity caucuses at its convention in 2005 (these caucuses were established to provide members with the space to speak openly on issues that can often be sensitive and require support and understanding of those who may hold similar experiences);

WHEREAS the strength of our union is reflected in the work we do daily as nurses (To protect human rights and promote equity means fighting for people's rights, free of fear and intimidation. It means building awareness through grassroots and political action.),

BE IT RESOLVED that the Canadian Federation of Nurses Unions establish a Human Rights and Equity Committee of the National Executive Board by the 2021 Convention, to advance policies, guidelines, best practices and campaigns with regard to equity and human rights in the nursing profession, and to assist Member Organizations in the same.

BE IT FURTHER RESOLVED that the CFNU establish a Human Rights and Equity Council by the 2021 Convention, comprised of a representative of each of the equity caucuses, who will advise the Human Rights and Equity Committee, as well as provide space for members to come together to address matters of relevance.

Submitted by: National Executive Board
Canadian Federation of Nurses Unions

Resolution #2 – United Nations' Sustainable Development Goals (SDGs)

WHEREAS the United Nations has identified 17 sustainable development goals as a blueprint to achieve a better and more sustainable future for all;

WHEREAS the 17 goals address the elimination of poverty and inequality, and the need to tackle hunger and provide clean water and sanitation, as a foundation for good health and well-being;

WHEREAS the 17 goals address the need for climate action to address pollution of our waters and erosion of our lands, by transitioning to clean energy sources through technology and innovation, and developing sustainable livable cities and communities;

WHEREAS the 17 goals address the need for gender equality as a necessary foundation for peaceful, prosperous and sustainable living, with education for all, leading to decent work and economic growth that is compatible with the environment. An educated population that supports a green economy will engage in responsible production and consumption;

WHEREAS the SDGs are interrelated and mutually dependant, and it is important we achieve each goal, with the target of 2030 to create a better world,

BE IT RESOLVED that the CFNU and its Member Organizations as part of our commitment to the United Nations' Sustainable Development Goals (SDGs) will become civil society partners acting to move forward to implement the SDGs – such as in our work with the Global Nurses United, the International Council of Nurses and the Canadian Labour Congress – to create a better, more sustainable future for all both in Canada and abroad.

Submitted by: National Executive Board
Canadian Federation of Nurses Unions

Resolution #3 – Nursing and Climate Change

WHEREAS the CFNU's *Climate Change and Health* discussion paper for Convention 2019 finds climate change is a global threat to humans and the ecosystems that support our life on Earth;

WHEREAS nurses must be knowledgeable about how to anticipate and respond and take action to address the health impacts of climate change;

WHEREAS climate change will result in many environmental changes, including extreme heat, air pollution, water contamination, rising sea levels and more extreme weather events that will have adverse effects on the health of people in Canada;

WHEREAS Canada is already experiencing the dramatic environmental effects of climate change with examples such as the British Columbia and Albertan forest fires in 2016, 2017 and 2018, extreme flooding in New Brunswick, deadly heat waves in Eastern Canada,

BE IT RESOLVED that the CFNU and its Member Organizations recognize within their position statements that climate change as a global crisis and health emergency;

BE IT FURTHER RESOLVED that the CFNU and its Member Organizations support sustainable health care practices in hospitals and community facilities to reduce greenhouse gas emissions in health care settings;

BE IT FURTHER RESOLVED that the CFNU and its Member Organizations engage with community stakeholders, such as the Canadian Labour Congress, in initiatives and campaigns that raise the public's awareness about the serious health implications of climate change;

BE IT FURTHER RESOLVED that the CFNU and its Member Organizations call on the federal government and provincial governments to undertake the necessary policies to meet Canada's obligations under the United Nations Framework Convention on Climate Change (the Paris Agreement), including scientifically based and enforceable reductions in greenhouse gas emissions causing climate change.

Submitted by: National Executive Board
Canadian Federation of Nurses Unions

Nursing and Climate Change by the Numbers[1]

Summary

Climate change is a public health issue. Canada is not immune to the impact of climate change. In fact, we are warming at twice the global rate, resulting in heat waves, rampant fires and the resultant pollution, droughts, rising sea levels and flooding. Most climate change is caused by human activity. Its impacts are being felt in communities across Canada, and without concerted action Canada will continue to warm, meaning increased threats to food security, water shortages, displacement, and an increase in a myriad of health conditions.

International and national data

12 years – time remaining to take serious action on climate change to prevent a catastrophic 2 degrees Celsius minimum rise in temperatures by the end of the century, according to the Intergovernmental Panel on Climate Change (IPCC).

- **2x:** Canada is warming at twice the global rate.
- **3x:** Northern Canada warming at thrice the global rate.
- **24%** of greenhouse gas emissions globally are attributable to existing agricultural practices around cattle and dairy as significant contributors to climate change.
- **135 years** since there has been such a dry growing season as experienced in Saskatchewan in 2017 and 2018.
- **20% increase** in air pollution-related deaths in Toronto by 2050.
- **3rd-highest** – among the 194 countries analyzed, Canada has the third-highest rate of new traffic-related asthma cases.
- **3.4 billion weeks of missed work; 157 million people exposed to heatwaves –** predictions are for a future with more frequent and intense heatwaves in Canada, without the reprieve of cooler nights.
- **45 degrees Celsius** (with humidex) was the average temperature in late June and the first week of July 2018 in Quebec, where more than **90 people died** from heat-related health issues during a heatwave.
- **Fifth-worst air quality in the world** in 2018 in Vancouver because of widespread BC wildfires.
- **20 cm** by 2050 and up to **one meter** by 2100 rise in Canada's urban waterfronts.
- **10-20% increase** in the intensity of flooding in New Brunswick due to climate change.
- **4x** – predicted increase in the number of floods in Halifax.

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[1] CFNU. (2019). *Climate Change & Health: It's time for nurses to act*. A Discussion Paper.

Resolution #4 – Pharmacare

WHEREAS the United Nations and the World Health Organization have declared all countries should provide access to all necessary medicines to their population, and Canada remains the only country with a universal health care system that does not include coverage for prescription medications;

WHEREAS the Parliamentary Budget Officer has found that a universal public pharmacare program would save a minimum of $4.2 billion in health care dollars per year;

WHEREAS the CFNU *Body Count* report from 2018 found up to 640 Canadians with ischemic heart disease die prematurely every year because of a lack of pharmacare, and up to 70,000 Canadians 55+ suffer avoidable deterioration in their health status every year because of a lack of pharmacare;

WHEREAS the CFNU's *Big Money Club* report from 2019 revealed the deep-pocketed interests, including Big Pharma, Big Insurance and billionaires, have been bankrolling a campaign to prevent pharmacare from coming to Canada;

WHEREAS Canada's nurses have campaigned for nearly 30 years for the establishment of a national pharmacare program for Canada,

BE IT RESOLVED that the CFNU and its Member Organizations recommit to advocate to provincial and federal governments for a national pharmacare program;

BE IT FURTHER RESOLVED that the CFNU and its Member Organizations campaign to encourage every major political party to include national pharmacare in their platform during the 2019 federal election.

Submitted by: National Executive Board
Canadian Federation of Nurses Unions

Pharmacare in Canada by the Numbers

Summary

Canada needs a public, universal, single-payer pharmacare program with a national formulary based on the evidence.

Inadequate access

- **Nearly 25% of households** include someone who is not taking their prescription medicines as prescribed because of cost[1]
- **About 8.4 million working people** living in Canada (self-employed and in paid employment) do not have employer-based health benefits[2]
- **One in 10 patients** cannot afford to take their prescribed medicines at all[3]
- **About 1,000 patients** die each year from just two health conditions alone because of the prohibitive cost of prescription drugs[4]

High cost for governments, individuals and employers

- **Third highest** in the world per capita prescription drug prices[5]
- **Second largest** prescription drugs as a component of Canada's total health care spending[6]
- **$62 billion health care dollars** wasted in Canada without pharmacare from 2006 to 2015[7]
- **$14,000 health care dollars** wasted every minute of every day without pharmacare[8]
- **$6 billion annually** spent out of pocket by people living in Canada on medicines they need[9]
- **22%** is the proportion of out-of-pocket spending on prescription drugs[10]
- **40%** is the proportion of patented medicine sales of drugs costing at least $10,000 per year, **up from 7.6%** in 2006[11]
  - **Less than 1%** of the population use these medicines

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[1] http://angusreid.org/prescription-drugs-canada/
[2] http://www.ourcommons.ca/Content/Committee/421/HESA/Brief/BR8604329/brexternal/CanadianLabourCongress-e.pdf
[3] http://www.cmaj.ca/content/184/3/297
[4] https://nursesunions.ca/research/body-count/
[5] https://www.ourcommons.ca/Content/Committee/421/HESA/Reports/RP9762464/hesarp14/hesarp14-e.pdf
[6] https://www.cihi.ca/en/health-spending/2018/national-health-expenditure-trends/where-is-most-of-the-money-being-spent-in-health-care-in-2018
[7] https://nursesunions.ca/wp-content/uploads/2017/05/Down_The_Drain_Pharmacare_Report_December_2017.pdf
[8] Ibid.
[9] http://cmajopen.ca/content/6/1/E63.full
[10] Ibid.
[11] https://nursesunions.ca/big-money-club/

- **$50 billion by 2028** Prescription drug cost projections (up from $34 billion)[1]
- **$8,330 per FT employee** The average cost of providing benefits for employees of which prescription drugs make up a significant and growing component[2]
- **700,000 people** went without food to pay for their prescriptions in 2016 – a population the size of the city of Winnipeg[3]

Potential savings

- **$9 and 11 billion annually** in savings if Canada implemented a public universal single-payer pharmacare program[4]
- **$7.3 billion annually** is a *CMAJ* estimate of reduced costs in overall total spending on prescription drugs in Canada, with an increased cost to governments estimated at $1 billion[12]
- **$4.2 billion annually** is the annual savings potential of a national pharmacare plan as estimated by the Parliamentary Budget Officer in 2017[5]

Support for Pharmacare

- House of Commons Standing Committee on Health[6]
- **280 Canadian academics**[7]
- **3.3 million workers** who are members of the Canadian Labour Congress[8]
- **88%** of the Canadian public support a single universal pharmacare program, rather than a patchwork[9]
    - **85%** believe it is worth investing public money to implement the program
    - **2/3** are worried about losing their existing coverage if they switch jobs
- Municipal governments, provincial governments and business groups, including the BC Chamber of Commerce[10]

Opposition to Pharmacare[11]

- **15 meetings (2008) to 104 meetings (2018) increase** in Big Pharma lobbying
- **61% increase** in lobbying activity from 2017 to 2018 by Health Insurance lobby group

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[1] https://www.canada.ca/en/health-canada/corporate/about-health-canada/public-engagement/external-advisory-bodies/implementation-national-pharmacare/interim-report.html
[2] https://www.conferenceboard.ca/press/newsrelease/15-11-09/Providing_Employee_Benefits_Continues_To_Be_A_Significant_Cost_For_Employers.aspx
[3] https://nursesunions.ca/big-money-club/
[4] https://nursesunions.ca/wp-content/uploads/2017/05/Pharmacare_FINAL.pdf
[5] https://www.pbo-dpb.gc.ca/en/blog/news/Pharmacare
[6] https://www.ourcommons.ca/Content/Committee/421/HESA/Reports/RP9762464/hesarp14/hesarp14-e.pdf
[7] http://pharmacare2020.ca/
[8] http://www.aplanforeveryone.ca/why_pharmacare
[9] https://nursesunions.ca/research/poll-national-pharmacare-and-health-care/
[10] http://www.canadiandoctorsformedicare.ca/Press-Releases/support-for-pharmacare-escalates-in-canada.html
[11] https://nursesunions.ca/big-money-club/

Resolution #5 – Home Care and LTC Funding

WHEREAS home care and long-term care are not covered by the *Canada Health Act* even though they are integral pieces of the overall health care system;

WHEREAS 91% of Canadians feel all older Canadians should be guaranteed the same standards for care, regardless of where they live or how much money they have;

WHEREAS most Canadians express the desire to 'age in place', and governments across Canada have made efforts to ensure Canadians receive more of their health care needs at home;

WHEREAS Canada has also witnessed a large growth in the number of long-term care residents;

WHEREAS the acuity and complexity of care provided to both home care clients and long-term care residents has greatly increased over the past ten years;

WHEREAS nurses and other care providers in home care and long-term care often lack the time and resources to provide optimal quality care;

WHEREAS short-staffing in long-term care facilities is associated with reduced quality of care and an increased potential for violence;

WHEREAS 94% of Canadians feel that long-term care should focus not on private profit but on making sure seniors live with dignity, and 83% of Canadians agree that Canada is failing to provide sufficient public long-term care options for seniors,

BE IT RESOLVED that the CFNU and its Member Organizations lobby all levels of government to increase and stabilize funding for home care (including palliative home care) and long-term care, ensuring clients and residents receive high-quality care, and care providers are given adequate time and resources to provide it.

Submitted by: National Executive Board
Canadian Federation of Nurses Unions

Summary

Canada scores below the international average, when compared to 10 other high-income countries, on almost every measure when it comes to funding long-term care. Canada has failed to invest in the transition to community and seniors continuing care, even as it cuts funding to the hospital sector. We lag behind even the U.S. in terms of the number of hospital beds. The result is that informal caregivers are struggling to keep up, as the number of seniors over 85 who are frail, suffering from dementia and other cognitive or functional impairments, continues to grow. Investments are needed in public funding and delivery of long-term care, since private care has been shown to result in poorer health outcomes for seniors. Staffing is not keeping up with the minimum standard to prevent residents from rapidly declining once they enter long-term care. RNs – caring for as many as 120 residents on average – are unable to safeguard residents' health by assessing residents, while all staff are overworked, unable to provide even timely basic care (feeding, toileting, bathing, medications). Everyone is stressed to the limit. The result is often daily physical violence against staff and an increase in violence between residents. This is not what people in Canada want for our seniors. Almost all (94%) of Canadians agree that long-term care should focus on ensuring seniors live with dignity, and not on private profit, and 91% agree that all older Canadians should be guaranteed the same standards of care regardless of where they live or how much money they have.[1] The CFNU is calling for a minimum standard of 4.1 direct care hours per resident day to safeguard residents' health.[2]

International comparisons[3]

- **7.4%** – *public* spending on health as % of total national GDP, **below** average (8.4%) and **below** that of the U.S. (8.3%)
- **9.5** nurses per 1,000 population, third lowest among 11 countries, **below** the average of 11.8
- **14%** – Canada is fourth for spending on LTC as a % of total national health expenditure, when compared to 10 other high-income countries; **below** the average of 16%; **far below** Sweden at 26%, the Netherlands at 26%, and both Switzerland at 19% and Japan at 19%
- **2.7** hospital beds per 1,000 population, **below** the U.S. and **below** the average of 4.8
- **53.7** – long-term care beds per 1,000 population aged 65 and older; **below** the average of 54.2

[1] https://nursesunions.ca/wp-content/uploads/2019/02/Environics-CFNU-Report-Jan-25-19_FINAL.pdf
[2] https://nursesunions.ca/wp-content/uploads/2017/05/CFNU-Seniors-Book-2015_FINAL.pdf
[3] Analysis of data primarily from 2013-2016 from key international organizations, including the Organisation for Economic Co-operation and Development (OECD), comparing underlying differences in structural features, types of health care and social spending, and performance amongst Canada and 10 high-income countries from 2018;319(10):1024-1039. doi:10.1001/jama.2018.1150

National data

- **16.9%** – proportion of Canadian seniors 65 or older (19.4% in NL and PEI, 19.9% in NB and NS, 18.3% in BC) – nationally this proportion is projected to rise to about 25% by 2030[1]
- **2:1** – ratio of women to men among the 770,780 people aged 85 and older in 2016 in Canada[2]
- **8 million** people in Canada provide informal care, and more than 1 million are 65 or older[3]
    - **44%** of caregivers aged 45-64 care for both parents and children
    - **35%** of Canada's workforce provides informal, unpaid work while working, and **1.6 million** have had to take time off work to provide care
    - **$24 billion to $31 billion annually** – the economic value of caregivers
- **About 14% or 7,500 beds** in Canadian hospitals are filled with patients who are ready to be discharged but for whom there is no appropriate place to go to (alternate level of care patients)[4]
- **86** – average age of seniors in residential care; majority women residents[5]
- **67%** have a diagnosis of dementia[6]
- **98%** have some cognitive and/or functional impairment[7]
- **Nearly 2/3** of seniors in LTC take **10 or more drugs**[8]
- **199,000** new long-term care beds are needed by 2035[9]
- **Public versus private LTC: majority** of research studies favour public in that the quality of care was found to be lower in most for-profit nursing homes in comparison with not-for-profit nursing homes. In these studies (mostly U.S.) not-for-profit ownership is associated with higher staffing levels, lower staff turnover and better outcomes, compared with for-profit-ownership.[10] In Ontario, which has the highest proportion of private long-term care facilities, and British Columbia, for-profit facilities employed fewer nursing staff than did not-for-profit facilities, resulting in a reduction of hours per care per resident day[11] with **2.71** worked staffing hours per resident day in Ontario,[12] and **between 2.96 and 3.22** (depending on ownership type) direct care hours in BC.[13]

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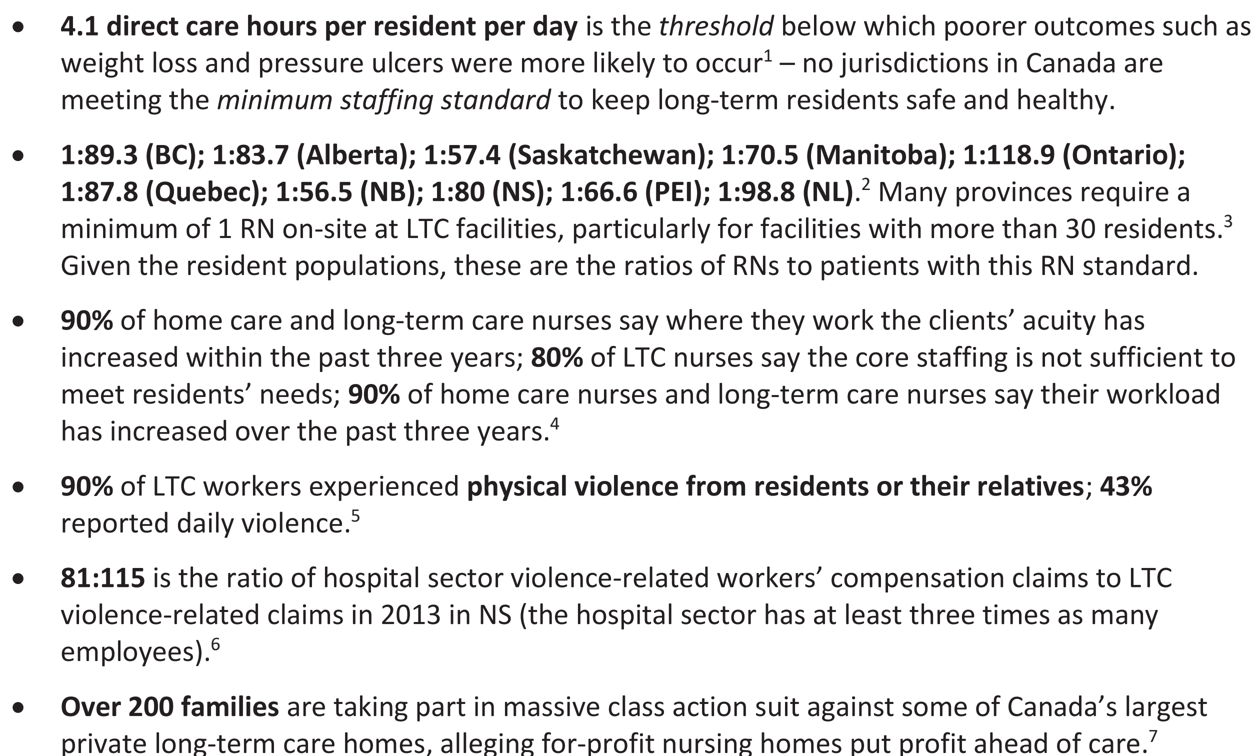
[1] https://www12.statcan.gc.ca/census-recensement/2016/rt-td/as-eng.cfm
[2] https://www12.statcan.gc.ca/census-recensement/2016/as-sa/98-200-x/2016004/98-200-x2016004-eng.cfm
[3] http://www.carp.ca/2016/08/10/caregiving-by-the-numbers/
[4] https://www.cfhi-fcass.ca/sf-docs/default-source/commissioned-research-reports/0666-HC-Report-SUTHERLAND_final.pdf
[5] CIHI Continuing Care Reporting System, 2015-2016
[6] Ibid.
[7] Ibid.
[8] https://www.cihi.ca/sites/default/files/document/seniors_public_sum_en.pdf
[9] https://www.conferenceboard.ca/press/newsrelease/2017/11/27/demand-for-long-term-care-beds-in-canada-could-nearly-double-in-little-more-than-15-years
[10] http://www.canadiandoctorsformedicare.ca/e-Rounds/no-29-quality-of-care-in-for-profit-and-not-for-profit-nursing-homes.html
[11] https://www150.statcan.gc.ca/n1/pub/82-003-x/2010004/article/11390/findings-resultats-eng.htm
[12] http://www.ontariohealthcoalition.ca/index.php/ontario-health-coalition-to-release-new-report-situation-critical-homicide-and-violence-in-ontarios-long-term-care-home/
[13] https://bccare.ca/2017/02/the-case-for-minimum-direct-care-hours-per-site/



- **4.1 direct care hours per resident per day** is the *threshold* below which poorer outcomes such as weight loss and pressure ulcers were more likely to occur[1] – no jurisdictions in Canada are meeting the *minimum staffing standard* to keep long-term residents safe and healthy.
- **1:89.3 (BC); 1:83.7 (Alberta); 1:57.4 (Saskatchewan); 1:70.5 (Manitoba); 1:118.9 (Ontario); 1:87.8 (Quebec); 1:56.5 (NB); 1:80 (NS); 1:66.6 (PEI); 1:98.8 (NL)**.[2] Many provinces require a minimum of 1 RN on-site at LTC facilities, particularly for facilities with more than 30 residents.[3] Given the resident populations, these are the ratios of RNs to patients with this RN standard.
- **90%** of home care and long-term care nurses say where they work the clients' acuity has increased within the past three years; **80%** of LTC nurses say the core staffing is not sufficient to meet residents' needs; **90%** of home care nurses and long-term care nurses say their workload has increased over the past three years.[4]
- **90%** of LTC workers experienced **physical violence from residents or their relatives**; **43%** reported daily violence.[5]
- **81:115** is the ratio of hospital sector violence-related workers' compensation claims to LTC violence-related claims in 2013 in NS (the hospital sector has at least three times as many employees).[6]
- **Over 200 families** are taking part in massive class action suit against some of Canada's largest private long-term care homes, alleging for-profit nursing homes put profit ahead of care.[7]

[1] https://www150.statcan.gc.ca/n1/pub/82-003-x/2010004/article/11390/findings-resultats-eng.htm
[2] http://www.jnursinghomeresearch.com/848-what-is-the-right-number-of-nursing-home-beds-for-population-needs-an-indicator-development-project.html
[3] https://www.ncbi.nlm.nih.gov/pubmed/22340814
[4] https://nursesunions.ca/research/national-survey-of-nurses-perspectives-on-safe-home-care/
[5] https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4069106/
[6] http://www.nsnu.ca/en/home/advocacy/BrokenHomes/default.aspx
[7] https://www.ctvnews.ca/w5/groundbreaking-legal-action-alleges-nursing-home-chains-put-profit-ahead-of-care-1.4155852

Resolution #6 – Income Security

WHEREAS income security remains a barrier to retirement when employers fail to fulfill their commitment to workplace pension plans;

WHEREAS recently there have been a number of high-profile company bankruptcies, including Nortel, Can-West, U.S. Steel and Sears, that have impoverished thousands of Canadians;

WHEREAS workers pay into pension plans, expecting pension security in their retirement;

WHEREAS workers and pensioners should not be at the end of the line when companies fail;

WHEREAS pension insecurity affects seniors' health, as well as the health of the broader economy,

BE IT RESOLVED that bankruptcy laws should be amended so workers are first in line to receive compensation when companies go bankrupt;

BE IT FURTHER RESOLVED that, in order to support all workers in their transition to a secure retirement, in conjunction with the Canadian Labour Congress (CLC), the CFNU lobby the government of Canada to develop and implement workers' pension and benefits protection legislation.

Submitted by: National Executive Board
Canadian Federation of Nurses Unions

Income Security[1]

Summary

Legislation needs to be amended to protect workers and their pensions. Workers need to be first in line when companies seek bankruptcy protection. Workers who pay into pension plans, expecting a secure retirement, should not be penalized when a company goes bankrupt. When retirees' income security is threatened or their income is reduced, the whole community suffers.

International comparisons

Unlike the U.S. and the U.K., Canada lacks mandatory pension insurance. Of the provinces, only Ontario has a mandatory fund. Created in 1980, it has guaranteed pensions to a maximum of $1,000.00 per month; this ceiling was recently increased to $1,500.00 per month.

What currently exists in Canada

When a company fails, federal law takes precedence. Unfortunately, under current federal law for bankruptcy and restructuring, pensions are not protected when a company goes bankrupt. Instead pensions are treated as an 'unsecured debt or liability' and can be reduced in any deal reached during restructuring under the *Bankruptcy and Insolvency Act*.

The impacts

- **5 companies** in the last 10 years with underfunded pension plans where insolvency meant pensioners were put at risk.
- **16,000 Sears retirees** face an uncertain future with their underfunded pension plans.
- **20,000 Nortel retirees** battled for seven years after having their pensions dramatically reduced in the wake of Nortel's bankruptcy in 2009.
- **14,000 Stelco pensioners and beneficiaries** were left with an uncertain future and an underfunded plan, when Stelco in Hamilton sought bankruptcy protection.

[1] Canadian Labour Congress. (2019). *Governments can and must put pensioners and workers first.*

Resolution #7 – Nurses as Double-Duty Caregivers

WHEREAS, according to research, about 40% of nurses are double-duty caregivers, with 24/7 responsibilities for caregiving, at risk for mental exhaustion or physical exhaustion or illness;

WHEREAS both within the general population and within the nursing workforce, demographics indicate the proportion of nurses (and others) assuming the role of double-duty caregivers will continue to increase, impacting the health of the aging nursing workforce;

WHEREAS in order to retain mid- to late-career nurses, research shows supports must be provided to help nurses achieve greater work-life balance,

BE IT RESOLVED that the CFNU and its Member Organizations negotiate with employers to support the retention of nurses by offering 'family-friendly' working arrangements to enable nurses to effectively integrate their caring obligation;

Submitted by: National Executive Board
Canadian Federation of Nurses Unions

Nurses as Double-Duty Caregivers

The average age of nurses in Canada is in the mid-40s, meaning that many will be assuming the dual roles of caring for their aging parents while continuing to care for their young children. Double-duty caregivers such as nurses also assume the role of caregivers in their workplace. Caregiving for family members has been shown to have physical and mental consequences, resulting in increased absenteeism for those in the sandwich generation. For nurses, since their work involves caregiving, the added dimension of caring for family could contribute to emotional exhaustion, burnout and other health consequences. Nurses in the sandwich generation need to be actively supported by their employers with enhanced family-related leave to promote retention and recruitment.

- **44.8 years** – average age of a nurse in Canada[i]
- **8 million** people in Canada provide informal care, and more than 1 million are 65 or older[ii]
  - **44%** of caregivers aged 45-64 care for both parents and children
  - **35%** of Canada's workforce provides informal unpaid work while working, and **1.6 million** have had to take time off work to provide care
  - **$24 billion to $31 billion annually** – the economic value of caregivers

[i] https://secure.cihi.ca/free_products/regulated-nurses-2017-PT-highlights-en-web.pdf
[ii] http://www.carp.ca/2016/08/10/caregiving-by-the-numbers/

A national survey of work-life balance amongst 25,021 employees found: [iii]

- **40%** of workers in the overall survey report high levels of overload – both at work and at home.
- **25-30%** of caregivers cope with the pressures of work and family by bringing work home, reducing sleep and social activities – which increases the potential for employee burnout.
- **20%** of male and female employees who are caregivers turn down promotions because their plate is too full.
- **63%** of caregivers report emotional consequences of juggling work and looking after family, which includes stress, anxiety and frustration.
- **80%** of the caregivers interviewed described caregiving as overwhelming.
- **83%** of the caregivers interviewed experienced physical consequences as a result of caregiving.
- **13.4 days for men and 19.4 days for women** annual absenteeism for those in the sandwich group in this study.

Compassion fatigue, emotional exhaustion and burnout

- **15-85%** – estimates of the occurrence of compassion fatigue during the course of nursing careers vary widely[iv]
- **45%** of B.C. nurses studied experienced high levels of emotional exhaustion, and another 25% experienced moderate rates.[v]
- Research suggests that nurses who care for their elderly parents experience a 'blurring of boundaries', which predisposes them to compassion fatigue and other negative health consequences.[vi]

[iv] https://www.gapmedics.com/blog/2015/03/31/understanding-compassion-fatigue-in-nursing/
[v] https://www.bcnu.org/News-Events/MediaRoom/Documents/Community%20Nurse%20Outreach%20info%20sheet.pdf
[vi]http://ojin.nursingworld.org/MainMenuCategories/ANAMarketplace/ANAPeriodicals/OJIN/TableofContents/Vol-16-2011/No1-Jan-2011/Compassion-Fatigue-and-Double-Duty-Caregiving.html

Resolution #8 – National Nursing Shortage

WHEREAS provinces across Canada continue to cope with aging populations and an increase in health care services;

WHEREAS global evidence links lower nurse staffing and skill mix to adverse patient outcomes;

WHEREAS research indicates that the total economic burden of adverse care events in Canada can surpass $1 billion annually;

WHEREAS staff shortages result in regular weekly paid and unpaid overtime, costing the health care system almost $1 billion annually (2016);

WHEREAS staffing shortages and increased workload lead to negative impacts on staff, such as burnout and compassion fatigue;

WHEREAS research indicates Canada is in the midst of an increasingly concerning nursing shortage,

BE IT RESOLVED that the CFNU and its Member Organizations lobby governments across Canada to take demonstrable steps to strengthen its health human resources planning, and effectively address Canada's national nursing shortage through hiring increased numbers of nurses to meet demand.

Submitted by: National Executive Board
Canadian Federation of Nurses Unions

Nursing Shortage in Canada by the Numbers

Summary

The growth in the regulated nursing workforce is slowing. Many RNs, who make up the majority of the nursing workforce, are on the cusp of retirement. Amongst regulated nurses, the proportion of those in mid-career has also declined, meaning there are less experienced nurses at all levels. Even as this transition in the workforce is happening, the majority of younger nurses are taking casual or part-time jobs. In international comparisons with 10 high-income countries, Canada stands in the bottom three in terms of the number of nurses per 1,000 population. Within this environment, vacancies are going unfilled or insufficient numbers of nurses are being hired. The resulting nursing shortage is leading to increased involuntary overtime, excessive workloads, increased absenteeism and burnout. What this means for our health care system is emergency department closures, long-term care shortfalls in staffing and other repercussions for patients. Nurses unions across the country are taking innovative actions, negotiating with employers and governments to address the growing crisis.

International comparisons – JAMA report 2018[1]

An international study based on OECD data found that compared to 10 other high-income countries, Canada was in **the bottom three** in terms of nurses per 1,000 people at **9.5** – well below the numbers for Denmark (16.3), Germany (13), Australia (11.5) and even the U.S. (11.1) as well as the average of 11.8.

Canadian Nurses Association[2]

In 2009, CNA published *Tested Solutions for Eliminating Canada's Registered Nurse Shortage*, which found that unless concerted action was taken, the shortage of registered nurses who provide direct care to Canadians would rise to **60,000 FTEs in 2022** (from 11,000 in 2007). Despite this call to action, during the past decade as we approach 2022, there has been no national focus on pan-Canadian health human resources planning.

CFNU[3]

- In 2016, public sector health care nurses worked an estimated **20.1 million hours annually of both paid and unpaid overtime** (up from 2014) at an estimated cost of $968 million annually. This number is equivalent to **11,100 full-time positions**, suggesting that overtime is being used as a regular part of scheduling in health care facilities, instead of filling vacancies or replacing staff when they are absent.

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[1] Analysis of data primarily from 2013-2016 from key international organizations, including the Organisation for Economic Co-operation and Development (OECD), comparing underlying differences in structural features, types of health care and social spending, and performance amongst Canada and 10 high-income countries from 2018. 319(10):1024-1039. doi:10.1001/jama.2018.1150

[2] https://www.cna-aiic.ca/en/news-room/news-releases/2009/eliminating-canadas-rn-shortage

[3] https://nursesunions.ca/research/overtime-and-absenteeism-fact-sheet-2017/

- **Hours lost due to own illness or disability in 2016** was equivalent to the annual workload of almost **15,900 nurses**. In other words, 28.8 million work hours had to be found to replace those workers who are absent.
- Over a 12-month period, **61% of nurses polled by the CFNU reported at least one serious violent incident**. Lost-time claims related to violence experienced by health care workers rose by almost 66% over a 10-year period, exceeding the rate of increase for police and correctional officers, illustrating the toll short-staffing is having on all health care workers.[1]

Canadian Institute for Health Information (2017 and 2018 Reports)[2]

- In 2017, CIHI reported that between 2006 and 2015, the proportion of regulated nurses age 35 to 54 declined by more than 10 percentage points; this age group accounted for less than half (48.0%) of the supply of regulated nurses in Canada in 2015. According to CIHI's nursing workforce report, "the decline of regulated nurses age 35 to 54 is an important trend to watch, because they are the foundation of the nursing workforce, often working autonomously while simultaneously supporting older regulated nurses and mentoring new regulated nurses in the workforce."
- In 2018, CIHI reported that the **annual growth of the regulated nursing workforce** (RNs, LPNs, RPNs) **was the slowest in 10 years**: 0.7% annual growth from 2016-2017, compared with growth rates of 1.3% to 2.8% over the past decade.
- CIHI attributes the slowdown in the growth of the regulated nursing workforce to the following trends: a) declining numbers of new nursing graduates, b) retirement, as growing numbers leave the profession late in their careers and c) an increase in part-time and casual positions.
- Over the past decade (2008-2017), the growth in the number of RNs employed in the workforce, who make up the majority of the nursing workforce, has been the slowest of all the regulated nursing categories (9.3%).
- As of 2017, almost 40% (37%) of the RN supply was 50 and older, representing challenges for the future of the health care system since RNs make up about 70% of all regulated nurses; regulated nurses, in turn, make up the majority of the professional health care workforce (48.5%) providing most frontline care.
- 72% of new graduates employed in regulated nursing in Canada in 2017 held part-time and casual positions — an increase of 19 percentage points since 2008 (53%).
- In some provinces, nurses may be choosing part-time or casual positions over full-time work, making it difficult to staff full-time positions. In some cases, this may be because excessive unsustainable workloads and regular overtime lead nurses to choose not to work full time.

Conference Board of Canada (2017)[3]

- According to a 2017 Conference Board of Canada report, demand for nursing services is expected to increase at a much stronger pace than the supply of nurses as Canada's population ages.

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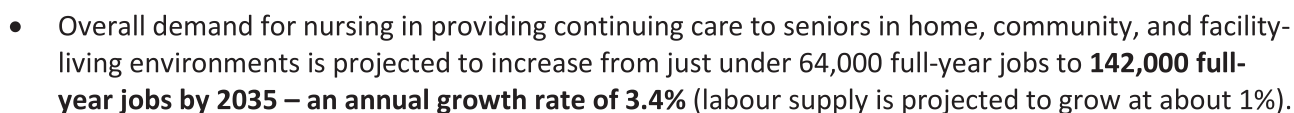
[1] https://nursesunions.ca/wp-content/uploads/2017/05/CFNU_Enough-is-Enough_June1_FINALlow.pdf
[2] https://www.cihi.ca/en/regulated-nurses-2017; https://www.cihi.ca/en/regulated-nurses-2016
[3] https://www.conferenceboard.ca/press/newsrelease/17-03-14/Demand_for_Nursing_Services_Challenging_to_Meet_as_Canada_s_Population_Ages.aspx



- Overall demand for nursing in providing continuing care to seniors in home, community, and facility-living environments is projected to increase from just under 64,000 full-year jobs to **142,000 full-year jobs by 2035 – an annual growth rate of 3.4%** (labour supply is projected to grow at about 1%).

Provincial examples

Newfoundland and Labrador

- In January 2018, RNUNL reported that over a two-year period 350 surgeries had been cancelled because of staff shortages.[1]
- Workload and staffing are the two biggest concerns in N.L. so the RNUNL is currently negotiating with the government to ensure that patients are properly matched to staffing so patient care doesn't suffer and nurses don't burn out.[2]

Prince Edward Island

- The P.E.I. Nurses' Union said in January 2018 the province is short roughly 70 full-time and part-time registered nurses.[3]

Nova Scotia

- ER closures in N.S. jumped from 22,934.5 hours in fiscal 2016-2017 to 30,493.5 hours in 2017-2018, a 33% year-over-year increase with much of this attributed to short-staffing.[4]
- In 2019, the chair of a panel looking at Nova Scotia's long-term care system said staffing levels at some homes have reached a crisis point and need to be increased to deal with increasingly complex needs for residents.[5]
- Short-staffing in LTC, often resulting in violence and unsafe working conditions, has also been highlighted in NSNU's pivotal report *Broken Homes*, showing that LTC accounts for a disproportionate percentage of lost-time claims.[6]
- A poll in April 2019 found that 93% of nurses surveyed say they believe patients are being put at risk due to working short.[7]

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[1] https://www.cbc.ca/news/canada/newfoundland-labrador/nurses-bargaining-workload-1.4482634
[2] Ibid.
[3] https://peinu.com/nursing-shortage-p-e-taking-toll-morale-union-says/
[4] https://globalnews.ca/news/4782465/nova-scotia-says-hospital-emergency-departments-closing-more-often/
[5] https://www.thechronicleherald.ca/news/local/updated-long-term-care-homes-in-nova-scotia-in-crisis-need-more-staff-panel-recommends-275910/
[6] http://www.nsnu.ca/en/home/advocacy/BrokenHomes/default.aspx
[7] https://globalnews.ca/news/5131246/nsgeu-survey-nurses/

New Brunswick

- Seniors are stuck in N.B. hospitals due to widespread staffing shortages in N.B. LTC facilities.[1]
- Overtime has increased dramatically.[2]
- According to NBNU, there are hundreds of vacant positions going unfilled across the province, and there are probably between 600 and 700 nurses absent daily in part due to injuries, excessive workloads and untenable overtime.[3]

Ontario

- ONA/RNAO has reported that there are 10,000 RN vacancies in ON.[4]
- Ontario has the lowest nurse to population ratio in the country: only 6.7 RNs per 1,000 people, compared to a national average of 8.3 RNs per 1,000 (CIHI, 2018); the number of RNs employed in direct care was even lower at 6.37.[5]
- Hallway medicine is commonplace.

Quebec

- Given forced overtime, and the recent crisis highlighted amongst the younger generation of nurses who are threatening to leave nursing if conditions don't improve, positions are going unfilled.
- FIQ recently held a strike (April 2019) where nurses were told to refuse forced overtime, to get the government to recognize the need to fill vacancies rather than use overtime as part of regular scheduling.[6]
- FIQ is undertaking nurse-patient ratios pilot projects in the province.

Manitoba

- Mandatory overtime is being routinely used.
- In March 2019, it was reported that the wait list for elective heart surgery had jumped to 102 in the past few months from the usual 40-60 cases, with 75% of cardiac surgeries having to be cancelled partly because the nurse vacancy rate stood at 22% for Winnipeg's critical care unit.[7]
- At a number of hospitals, the vacancy rate in different departments for nurses ranges between 30% and 40%,[8] affecting wait times and leading to hallway medicine.
- The proportion of regulated nurses employed full time decreased from 46.3% in 2008 to 43.9% in 2017.[9]

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[1] https://www.cbc.ca/news/canada/new-brunswick/nursing-home-shortages-strike-vote-nb-1.5055381
[2] https://www.cbc.ca/news/canada/new-brunswick/nurses-new-brunswick-shortage-overtime-1.5004965
[3] https://power97.com/news/5142287/nurse-medical-leave-new-brunswick-nurses-union/
[4] https://rnao.ca/news/media-releases/2018/05/07/ontario-patients-need-more-registered-nurses-hospitals-must-fill-1000
[5] https://rnao.ca/news/media-releases/2018/06/14/ontario-has-worst-rn-population-ratio-canada-province-must-hire-more-
[6] https://www.cbc.ca/news/canada/montreal/mandatory-overtime-nurses-quebec-1.5082050
[7] https://www.cbc.ca/news/canada/manitoba/cardiac-surgery-wait-list-doubles-1.5040103
[8] https://winnipeg.ctvnews.ca/nurse-vacancies-at-st-boniface-hospital-impact-care-manitoba-ndp-1.4312496
[9] https://www.cihi.ca/en/regulated-nurses-2017

Saskatchewan[1]

- Saskatchewan continues to struggle to attract nurses, particularly to rural areas. In January 2019, there were 170 nursing job postings under "health careers" on the government website, in communities outside Regina and Saskatoon, and over the past five years there have been 2,500 postings on average per year.
- 23% of positions needed to be reposted because they remained unfilled.

Alberta[2]

- There recently have been critical nurse shortages in a rural emergency department as the facility failed to post vacancies, resulting in more than 1,000 nursing hours of mandatory overtime.
- After two years of negotiation, in 2019 UNA successfully negotiated the hiring of 11.7 FT RNs for relief positions to be used exclusively in the emergency department.

British Columbia

- B.C. has the second lowest nurse to patient ratio in Canada, with only 6.76 direct care RNs per 1,000[3]
- There are hundreds of nurse job postings going unfilled; Vancouver Island alone has 309[4] nurse vacancies, and B.C.'s Auditor General has said that hundreds of thousands of Northern B.C. patients were at risk because of nurse shortages.[5]
- BCNU has negotiated a new 'working short' premium in an effort to encourage employers to fill vacancies; they also plan to implement a patient needs assessment tool as of April 2020.[6]

Nunavut[7]

- In 2018, it was reported that the Nunavut government paid out more than $28 million in overtime in 2016-2017, with 13 employees – most of whom were frontline nurses – working more than $100,000 worth of overtime.

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1 https://www.westcentralonline.com/local/nursing-in-rural-saskatchewan-staff-shortages-and-incentives
2 https://globalnews.ca/news/4850456/ahs-alberta-nurses-union-red-deer-emergency-staffing/
3 https://www.cihi.ca/en/regulated-nurses-2017
4 https://www.nanaimobulletin.com/news/overworked-and-understaffed-more-than-300-vacancies-in-vancouver-island-nursing/
5 https://www.cbc.ca/news/canada/british-columbia/northern-health-still-struggles-with-nursing-shortage-1.4952749
6 https://www.bcnu.org/news-and-events/update-magazine/2018/dec2018-1-staffing-and-workload
7 https://www.cbc.ca/news/canada/north/government-of-nunavut-overtime-2016-2017-1.4694952

Resolution #9 – Healthy Health Care Workplaces

WHEREAS in the midst of a nursing shortage, retention and recruitment of nurses are of concern to governments, employers, nurses unions and patients;

WHEREAS research indicates the health care workplace is one of the most stressful professional work environments with excessive workloads, high rates of violence, involuntary overtime and high nurse-patient ratios having significant impacts on both the physical and psychological health of nurses;

WHEREAS an unhealthy workplace environment impacts health care providers and is linked to increased absenteeism with significant financial costs for our health system, totalling almost $1 billion annually (2016);

WHEREAS an unhealthy workplace environment impacts patient care;

WHEREAS health care workplaces should be healthy for everyone, patients and providers alike,

BE IT RESOLVED that the CFNU and its Member Organizations make creating healthy workplaces a number one priority for 2019 and beyond.

Submitted by: National Executive Board
Canadian Federation of Nurses Unions

Healthy Health Care Workplaces by the Numbers

Summary

The health care workplace is one of the *least* healthy work environments. Health care providers, who provide care to patients, have the highest rates of workplace injuries. Workplace violence, musculoskeletal disorders and exposures amongst nurses tend to be higher than in manufacturing, construction and mining, and the number of falls is also very high. As a result of a stressful work environment, characterized by high levels of violence, nurses experience high burnout rates, above average rates of PTSD symptoms, depression and anxiety. The result is nurses have high rates of absenteeism, resulting in significant financial and personal costs. As well, patient care may be negatively impacted, health care budgets are stretched due to sick leave, and overtime and turnover rates are high.

The data

- **#1** Health care and social services is the industry with the highest number of accepted lost-time claims for injuries, more than manufacturing, construction and mining[1]
  - **17.8%** – health care and social services proportion of all accepted lost-time claims

[1] http://awcbc.org/?page_id=14

- **#1** Health care had more lost-time injuries for exposures (e.g., to infectious disease, mould, radiation), musculoskeletal disorders (back injuries, etc.) and workplace violence than manufacturing, construction and mining (Ontario 2017)[1]
- **#1** Health care had more lost-time injuries than manufacturing, construction and mining for exposures, musculoskeletal disorders and workplace violence (Alberta 2017)[2]
- **16,617 violence-related** accepted lost-time claims across Canada were made by health care workers from 2006 to 2015, compared to 7,517 violence-related accepted lost time claims made by police and correctional officers combined[3]
- **9%:5.7%** – the rate of absenteeism for public sector health care nurses working full time, compared to the average of all other occupations[4]

The costs

- **$989 million a year in 2016** – the annual cost of absenteeism due to own illness or disability to the health care system[5]
- **70% of nurses** reported moderate (25%) to high (45%) levels of emotional exhaustion, a key indicator of burnout, in a recent BC study[6]
- **25%** of nurses consistently experience PTSD symptoms[7]
- **53%** of nurses have experienced critical incident stress[8]
- **9%** of nurses experienced clinical depression during a 12-month period[9]
- **1 in 3** nurses said that at least some of the time in the previous month their physical health had made it difficult to handle their workload[10]
- **19.9%** is the average turnover rate for hospital nurses[11]
- Burnout and poor well-being are associated with reduced patient safety and a decline in patient outcomes[12]

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[1] http://violence.ona.org/the-statistics/
[2] UNA analysis of WCB data
[3] https://nursesunions.ca/wp-content/uploads/2017/05/CFNU_Enough-is-Enough_June1_FINALlow.pdf
[4] https://nursesunions.ca/wp-content/uploads/2017/05/Quick_Facts_Absenteeism-and-Overtime-2017-Final.pdf
[5] Ibid.
[6] https://www.bcnu.org/News-Events/MediaRoom/Documents/Community%20Nurse%20Outreach%20info%20sheet.pdf
[7] https://manitobanurses.ca/psychological-health
[8] Ibid.
[9] https://secure.cihi.ca/free_products/NHSRep06_ENG.pdf
[10] Ibid.
[11] https://www.cna-aiic.ca/-/media/cna/page-content/pdf-en/roi_nurse_turnover_2009_e.pdf?la=en&hash=1A3763298956B55167FA8F80D10C768E5E5316B5
[12] https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4938539/

Resolution #10 – Workplace Violence

WHEREAS national data shows the number of violence-related accepted lost-time injuries for frontline health care workers increased by close to 66% between 2006 and 2015;

WHEREAS national survey data shows 61% of nurses experienced a serious problem with some form of violence over a recent 12-month period;

WHEREAS provincial data shows accepted lost-time injury claims due to workplace violence are higher in health care than in mining, manufacturing or construction;

WHEREAS violence in our health care system undermines the quality of care received by patients;

WHEREAS health care workers are employed to provide care for patients, not to be subjected to violence, and an unsafe workplace is unsafe for everyone, patients and providers alike;

WHEREAS 8,743 health care workers from coast to coast have signed House of Commons e-petition 1902 calling on the Minister of Health to develop a pan-Canadian prevention strategy to address growing incidents of violence against health care workers;

WHEREAS the House of Commons Standing Committee on Health passed a motion to study the violence faced by health care workers in hospitals, long-term care facilities and in home care settings in order to develop recommendations on actions that the federal government can take, in partnership with the provinces and territories, to improve violence prevention in health care.

WHEREAS the CFNU supported private member's Bill C-434, *An Act to amend the Criminal Code (assault against a health care sector worker)*,

BE IT RESOLVED that the CFNU and its Member Organizations call on Health Canada to develop a pan-Canadian prevention strategy to address the growing incidents of violence against health care workers;

BE IT FURTHER RESOLVED that the CFNU and its Member Organizations call for legislative measures to hold both the employer, and the perpetrator of workplace violence, accountable for their actions or inaction.

Submitted by: National Executive Board
Canadian Federation of Nurses Unions

Workplace Violence in Canada by the Numbers

Summary

Workplace violence is increasing in the health care sector in every province in the country. The result is that nurses, and all health care workers, are getting injured on the job. This is unacceptable. Governments must step up to put in place funding, strategies and polices to address the increase in violence. Employers must implement a zero-tolerance policy and comprehensive programs to keep both staff and patients safe. Nurses must report violence whenever it occurs – even if it means that the aggressor is charged with a criminal offense – and must stand up with a unified voice to declare: Violence is NOT part of the job!

The data

61% of nurses reported a serious problem with violence in the past year, including bullying, emotional or verbal abuse, racial or sexual harassment, or physical assault:[1]

- ○ **66%** – nurses who considered leaving their job to work for a different employer or in a different occupation.
- ○ **Increased by almost 66% -** the number of violence-related accepted lost-time claims for frontline health care workers (2006-2015), **3 x** the rate of increase for police and correctional service officers combined.
- ○ **16,617** (2006-2015) accepted violence-related lost-time claims made by frontline health care workers, compared to 7,517 claims made by police and correctional officers.

- **30% of ER nurses** in Manitoba reported being physically assaulted at least once per week.[2]
- **1,200% increase** - in meth-related hospital visits over the past 5 years in Manitoba emergency departments, resulting in more, and more violent, assaults.[3]
- **26 nurses a month** in BC suffer a violent injury at work. LPNs, RNs and RPNs alone account for 31% of injuries from all acts of violence in BC (BCNU). [4]
  - ○ Worksafe BC reported a 50% increase in the injury rate due to violence in health care settings between 2006 and 2015.
- **4 x higher** - the rate of violence-related claims accepted from the health care sub-sector in Alberta, compared to the rate of claims for workers in mining, manufacturing and construction, government and education *combined*.[5]

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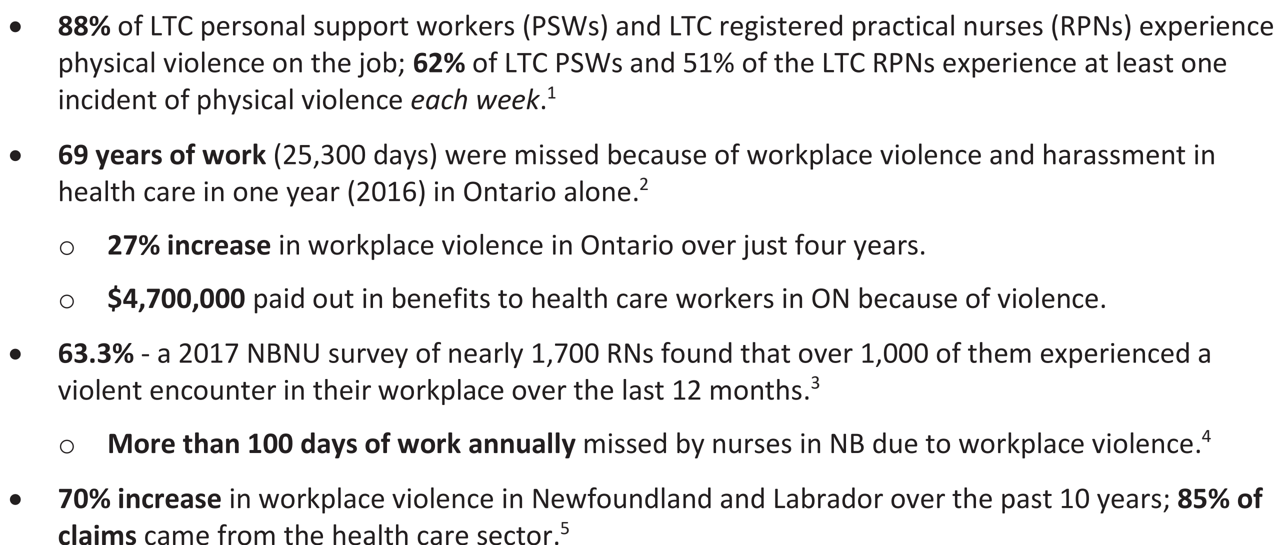
[1] https://nursesunions.ca/wp-content/uploads/2017/05/CFNU_Enough-is-Enough_June1_FINALlow.pdf
[2] http://traumadoesntend.ca/wp-content/uploads/2015/04/75005-MNU-PTSD-BOOKLET-SCREEN.pdf
[3] https://www.cbc.ca/news/canada/manitoba/1-200-surge-in-meth-related-hospital-visits-tied-to-increased-violence-manitoba-nurses-union-1.4829163
[4] https://globalnews.ca/content/3293577/violence-against-nurses-on-the-rise-in-british-columbia/
[5] United Nurses of Alberta analysis of WCB data



- **88%** of LTC personal support workers (PSWs) and LTC registered practical nurses (RPNs) experience physical violence on the job; **62%** of LTC PSWs and 51% of the LTC RPNs experience at least one incident of physical violence *each week*.[1]
- **69 years of work** (25,300 days) were missed because of workplace violence and harassment in health care in one year (2016) in Ontario alone.[2]
  - **27% increase** in workplace violence in Ontario over just four years.
  - **$4,700,000** paid out in benefits to health care workers in ON because of violence.
- **63.3%** - a 2017 NBNU survey of nearly 1,700 RNs found that over 1,000 of them experienced a violent encounter in their workplace over the last 12 months.[3]
  - **More than 100 days of work annually** missed by nurses in NB due to workplace violence.[4]
- **70% increase** in workplace violence in Newfoundland and Labrador over the past 10 years; **85% of claims** came from the health care sector.[5]

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[1] https://www.newswire.ca/news-releases/bloodied-broken-and-burned-out-88-of-long-term-care-staff-experience-violence-887869251.html
[2] http://violence.ona.org/the-statistics/
[3] https://globalnews.ca/news/5057703/improved-safety-moncton-nurse-assaulted/
[4] NBNU analysis of WCB data
[5] https://www.cbc.ca/news/canada/newfoundland-labrador/workplace-harassment-occupational-health-safety-1.4980178

Resolution #11 - Supporting Nurses in Need

WHEREAS nurses' work environments are stressful, including high levels of violence;

WHEREAS nurses experience cumulative trauma resulting from primary, secondary and vicarious trauma;

WHEREAS nurses experience excessive workloads and involuntary overtime;

WHEREAS research shows that burnout and compassion fatigue are commonly experienced by nurses;

WHEREAS nurses experience high levels of both physical and mental stress on a daily basis;

WHEREAS provincial data reveals one quarter of nurses suffer from PTSD symptoms resulting from workplace trauma;

WHEREAS data shows that nurses experience depression and anxiety at higher rates than in the general population and, that depression and anxiety may be manifested as symptoms of PTSD;

WHEREAS the Ontario Nurses' Association, the Registered Nurses Association of Ontario, the Registered Practical Nurses of Ontario and the College of Nurses of Ontario have recently launched the Nurses Health Program, a new bilingual program administered by LifeMark Health Group, which offers nurses access to resources, a dedicated case manager, comprehensive assessment, an individualized support and treatment plan, and monitoring,

BE IT RESOLVED that the CFNU and its Member Organizations call for provincial nursing colleges, in conjunction with associations and unions, to develop programs to support nurses struggling with mental health and addiction issues.

Submitted by: National Executive Board
Canadian Federation of Nurses Unions

Resolution #12 – PTSD Legislative Frameworks Must Include Nurses and Health Care Workers

WHEREAS Bill C-211, *An Act respecting a federal framework on post-traumatic stress disorder*, was passed without including nurses or other workers;

WHEREAS the Senate of Canada wrote a recommendation to include health care workers in the implementation of the federal framework;

WHEREAS Ontario and Nova Scotia now include nurses* in presumptive PTSD legislation;

WHEREAS Manitoba and PEI passed presumptive PTSD legislation that includes all workers*, and the Newfoundland and Labrador government has introduced similar legislation to come into effect July 1, 2019;

WHEREAS Saskatchewan passed presumptive legislation that includes all workers* suffering from psychological injuries (including PTSD),

BE IT RESOLVED that the CFNU and its Member Organizations continue to lobby every level of government, including at the federal level, to include nurses and all workers in the legislative framework around the prevention of PTSD and presumptive coverage for PTSD.

Submitted by: National Executive Board
Canadian Federation of Nurses Unions

*Includes those covered by workers' compensation

PTSD & Legislation

Summary

Nurses unions have been at the forefront of discussions around a national PTSD framework and have made rapid inroads in terms of having nurses' PTSD diagnoses presumed to be workplace-related in provincial legislation across Canada. To augment these efforts, nurses also need to be included in any strategies on prevention, interventions and research, as untreated occupational stress injuries impact both nurses and our health care system's sustainability. It can be argued that nurses exist as a profession along the public safety continuum, which extends from the emergency dispatch officers to the paramedics, firefighters and police who attend an event, to the emergency room and patients arriving in hospital beds. Workplace violence – which has been linked to PTSD amongst nurses[1] – is a widespread feature of nurse workplaces across Canada, which leads to cumulative trauma.

The data

- **25% of nurses –** a 2015 Manitoba Nurses Union report found that a quarter of its members consistently experience PTSD symptoms[2]
  - **53% of nurses** had experienced critical incident stress
- **9.2%** lifetime prevalence for the general Canadian population[3]
  - **#1 lifetime prevalence rate –** Canada amongst 24 countries studied
  - **2x** – the rate at which women experience PTSD when compared to men
- **7** – number of provinces where there is a rebuttal presumption that, when a nurse is diagnosed with PTSD, the workplace was the cause of it
- **Top 5 stressors related to PTSD in nurses** are:[4] (1) death of a child, particularly due to abuse, (2) violence at work, (3) treating patients that resemble family or friends, (4) death or injury of a patient after undertaking extraordinary efforts to save a life, and (5) heavy patient caseload.
- **45% of B.C. nurses** studied experienced high levels of emotional exhaustion, a key indicator of burnout, which has been linked to PTSD[5]
- **79% of women and 88% of men** with PTSD have at least one lifetime mental health diagnosis[6]
  - Intense sadness, changes in appetite, self-blame, guilt and shame, anxiety and panic, physical symptoms and health problems, a sense of loss, increased substance use, loss of energy and motivation, interpersonal problems (work and home) are potential manifestations
  - Partial syndrome can be as disabling and hard to treat as full-blown PTSD

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[1] http://traumadoesntend.ca/
[2] Ibid.
[3] https://www.cbc.ca/natureofthings/features/ptsd-canada-has-the-highest-rate-and-other-surprising-things
[4] http://traumadoesntend.ca/
[5] https://www.bcnu.org/News-Events/MediaRoom/Documents/Community%20Nurse%20Outreach%20info%20sheet.pdf
[6] From a presentation by Dr. A. Heber at the CFNU roundtable on workplace violence in the health care sector held January 17-18, 2018

Resolution #13 – Nurse Practitioners

WHEREAS research shows investing in nurse practitioners represents a positive return on investment;

WHEREAS CFNU's nurse practitioner report entitled *Untapped Potential* found that, based on the Canadian Institute for Health Information's geo-mapping, many areas of Canada have no primary care provider, or family physician only, and would benefit from the introduction of nurse practitioner positions;

WHEREAS CFNU's survey results indicate remuneration is the biggest source of job dissatisfaction for nurse practitioners, and significant remuneration variation exists across the country and within provinces;

WHEREAS CFNU's 2018 report on nurse practitioners entitled *Untapped Potential* found a lack of comprehensive team-based funding models to support the nurse practitioner role continue to limit Canadians' access to health care in all health care settings,

BE IT RESOLVED that the CFNU and its Member Organizations investigate the potential for targeted public funding models for nurse practitioners in both acute and primary care settings to ensure governments' health care budgets, drawing on the evidence of the return on investment of investing in nurse practitioners, are optimally utilized to increase access to health care for all Canadians.

Submitted by: National Executive Board
Canadian Federation of Nurses Unions

Nurse Practitioners by the Numbers[1]

Summary

Nurse practitioners (NPs) represent an innovative opportunity for Canada to address its growing health care needs, especially within underserved populations, communities and settings. NPs are uniquely suited to help address these issues, in part because they go beyond traditional medical care models to provide holistic health promotion and illness prevention. The major hurdle is effective targeted funding models that support NP practice with a team-based model. CFNU's groundbreaking report *Fulfilling Nurse Practitioners Untapped Potential in Canada's Health Care System*,[2] the largest survey of its kind ever undertaken in Canada, had the following recommendations.

Remuneration

That within two years:

- The provinces/territories harmonize NPs' salaries across all health care settings;
- Employers enhance NPs' benefit packages to include premiums for on-call work, and mentoring and preceptorships, and improve the sustainability of employment relationships (i.e. through provision/expansion of NP pensions, health benefits, vacations and other leave provisions such as for professional development, etc.).

Funding models

That federal/provincial/territorial governments, within the next year:

- Adopt/implement sustainable funding models to reflect population health needs, support interprofessional collaboration, enable optimal scope of practice for all providers, and involve NPs in the development, implementation and evaluation of their role;
- Adopt a mechanism — inclusive of governments, employers, unions, associations and NPs — to overcome barriers to NP practice;
- Expand or create NP-led clinics.

Health human resources planning

That federal/provincial/territorial governments:

- Fund permanent employment positions for NPs in a variety of settings to meet the health needs of underserved populations;

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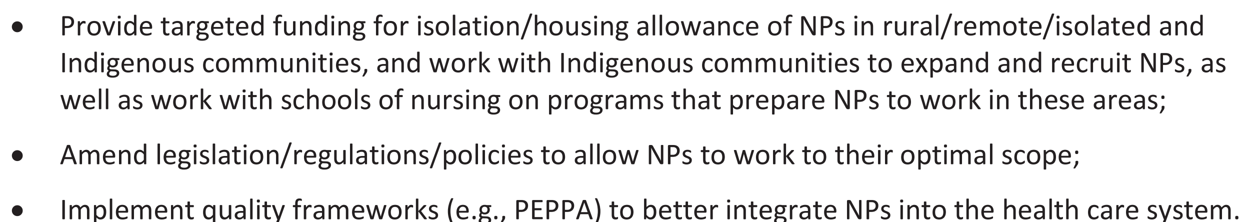
[1] https://nursesunions.ca/wp-content/uploads/2018/06/CFNU_UntappedPotential-Final-EN.pdf

[2] Ibid.



- Provide targeted funding for isolation/housing allowance of NPs in rural/remote/isolated and Indigenous communities, and work with Indigenous communities to expand and recruit NPs, as well as work with schools of nursing on programs that prepare NPs to work in these areas;
- Amend legislation/regulations/policies to allow NPs to work to their optimal scope;
- Implement quality frameworks (e.g., PEPPA) to better integrate NPs into the health care system.

The data

- **5,274 NPs** in Canada (**248,000+ NPs** in the U.S.)
- **1 NP per 6,994 people** in Canada (versus **1 NP per 1,314 people** in the U.S.)
- **1 in 6** people in Canada do not have a regular primary care provider
- **3 million** receive primary care from an NP
- **93%** are confident that NPs can meet their needs
- **57% of supply** (3,000 of all NPs) are in Ontario, making it difficult to access an NP
- **20%** reduction in emergency room visits linked to having access to an NP
- **55%** reduction in use of multiple medications linked to having access to an NP
- **$1.00:$4.22** – cost-benefit ratio which shows the results of every dollar spent on adding one NP to an in-patient trauma service team in Ontario
- **26%** of NPs not working to their full scope of practice
- **3-4 hours** – unpaid overtime worked by NPs per week
- **47%** of NPs noting the lack of opportunities for continuing education/professional development as one of top three sources of dissatisfaction
- **6%** of NPs work in residential care, representing an opportunity for investments by governments
- **25%** of NP-led clinics in Ontario operating at maximum capacity with patient wait lists
- **25** underserviced communities in Ontario that have completed a formal expression of interest in funding for an NP-led clinic

Resolution #14 – Supporting Nursing Practicum Students

WHEREAS, in recent years, concerns around the exploitation of interns in Canada and elsewhere have become more pronounced with an increase in public discussion and media reports;

WHEREAS the Canadian Nursing Students' Association's *Nursing Students Bill of Rights and Responsibilities* calls for "supportive, educational and safe teaching and learning environments";

WHEREAS baccalaureate nursing students across the country complete internships as a part of their degree programs, often working full time during their last semester for periods ranging from two to four months;

WHEREAS research shows that student nurses face significant financial, emotional, and psychological stress related to their final clinical placement due to deficit in time, finances, staffing adequacy, combined with high levels of patient acuity, as well as workplace bullying;

WHEREAS unpaid practicums are likely to place greater stress on disadvantaged nursing students (minority applicants, those without sufficient financial resources, single mothers, etc.) who by any measure already face the greatest challenges both in terms of time and money;

WHEREAS nursing students in their final fourth-year practicum are likely to be providing valuable contributions to their units or facilities, justifying compensation,

BE IT RESOLVED that the CFNU and its Member Organizations, as part of our commitment to equity, as well towards encouraging the sustainable development of our nursing workforce, will explore measures to better support nursing students during nursing placements.

Submitted by: National Executive Board
Canadian Federation of Nurses Unions