CANADIAN FEDERATION
OF NURSES UNIONS
LA FÉDÉRATION CANADIENNE
DES SYNDICATS D'INFIRMIÈRES
ET INFIRMIERS

Standing Committee on Finance

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

**By the Canadian Federation of Nurses Unions
August 2023**

RECOMMENDATIONS

- **Recommendation 1:** That the government introduce a tax benefit for nurses and other health professionals that incentivizes the retention and return of health professionals to the workforce.
- **Recommendation 2:** That the government provide funding in the amount of $8 million over four years through the Public Health Agency of Canada to tailor and pilot an internet-delivered cognitive behavioural therapy program for nurses.
- **Recommendation 3:** That the government work with the provinces and territories to set legislated limits on consecutive hours of work for nurses.
- **Recommendation 4:** That the government include measures in bilateral health agreements with provinces and territories that:
    - Put a cap on the spending and usage of agency nurses;
    - Bolster permanent nursing positions across health care settings.
- **Recommendation 5:** That the government earmark $10 million in funding to establish a *Health Workplace Violence Reduction Plan*, that includes
    - a national awareness campaign with a pan-Canadian framework for the prevention of violence in health care settings enshrined in federal legislation;
    - appropriate training of prosecutors and public safety personnel in relevant legislation;
    - targeted funding to the provinces and territories to upgrade violence-prevention infrastructure and training.
- **Recommendation 6:** That the government lead a *National Nursing Retention Strategy*, that advances proven retention, return and recruitment initiatives including:
    - Adopting safe staffing measures;
    - Expanding nursing programs and supporting students with mentorship and paid preceptorships;
    - Supporting nurses across their careers through initiatives such as bridging programs and flexible schedules;
    - Expediting registration and workforce integration for internationally educated nurses through an ethical framework.

Background

The Canadian Federation of Nurses Unions (CFNU) is Canada's largest nurses' organization, representing 250,000 frontline nurses. We are proud to advocate for our members and promote the nursing profession on the national level, and we work tirelessly to protect the quality of health care for our patients and our public health care system.

Canada's nurses face an extremely dire daily reality. Overtime hours in Canada's public hospitals in 2020–2021 increased by 15% over the previous year – which partly highlights the immense pressure COVID-19 has put on nurses and other health care workers.[i] For the second consecutive summer, emergency services are being reduced or closed in communities across the country, continuing to threaten the sustainability of our cherished public health care system.

4 in 10 nurses are either intending to retire, leave their jobs, or leave the nursing profession entirely.[ii] Nurses and other health care workers are looking once again to the federal government to demonstrate urgent leadership to build on our pan-Canadian efforts to reverse the decline of our health care systems.

On July 11, 2023, CFNU met with the Council of the Federation. These discussions with Canada's premiers further underscored the reality that every province and territory is experiencing a critical shortage of nurses and other health care workers. No single jurisdiction can steer this ship on its own – federal leadership is needed.

Budget 2024 provides a critical opportunity for the federal government to build on its historic investments in our health care systems in 2023, with targeted and strategic supports that are urgently needed to address the nursing and broader health worker shortage crisis.

Below we outline our recommendations for the 2024 federal budget, which we regard as being integral parts of a more holistic *National Nursing Retention Strategy*.

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Recommendation 1: Tax benefit for nurses and other health professionals

The CFNU has heard directly from retired nurses, who have stated that their tax treatment is a deterrence for them to return to the workforce. Retired nurses are concerned the income they would receive if they return to work would bump them into a higher tax bracket and reduce their other entitlements (e.g., Old Age Security). We also hear from frontline nurses that they are paying higher taxes due to working extra shifts and extensive mandatory overtime.

The CFNU has commissioned an accounting firm to provide recommendations on the design of hypothetical federal tax incentives. This will include an estimated cost for the federal government to implement these proposed incentives and include financial projections of estimated cost savings resulting from the implementation of planned hypothetical personal tax incentives in different scenarios.

In the face of an unprecedented exodus of nurses from the profession, tax incentives could help tip the scales for frontline nurses on the verge of throwing in the towel while helping entice departed nurses back into the profession. Just as the federal government has supported other categories of workers with tax incentives, the time has come to support nurses.

Recommendation 2: Mental health supports for nurses

The Public Health Agency of Canada has expressed a strong interest in partnering with the CFNU and the research team behind the internet-delivered cognitive behavioural therapy program, PSPNET, to tailor the PSPNET program – which was designed for public safety personnel – to meet the needs of nurses. The tailored program would then be piloted nationally, open to any nurse or nursing student in the country.

PSPNET offers therapist-guided courses designed to improve depression, anxiety and post-traumatic stress injuries. Studies reveal clients have positive perceptions of the program and increased confidence to manage symptoms of mental disorders. It was established through a federally funded pilot program based on a $10-million investment over five years through Public Safety Canada. We commend the government for supporting the mental health of public safety personnel, and we call for comparable supports for nurses' mental health, who exhibit equal or higher rates of mental disorder symptoms.

Recommendation 3: Safe hours of work

The reliance on excessive overtime to address staff shortages predates the pandemic, but it has undoubtedly worsened since. In 2022, nurses who worked overtime worked a weekly average of 8.2 hours on top of their normal shifts – an average increase of almost two hours since 2000.[iii]

Nurses are now working shifts as long as 16-24 hours. Research shows that excess hours of continuous work impact nurse fatigue. Fatigue has been shown to have effects similar to those from alcohol intoxication[iv], and poses long-term health effects on individuals[v]. Long work hours have also been linked to work-related injury in nurses, contributing to nurse absenteeism and costing our healthcare system approximately $989 million annually.[vi]

Furthermore, evidence demonstrates the link between fatigue and safety incidents in health care.[vii] Canadian data shows the rate of hospital harm has gone up from pre-pandemic rates. In 2021-22, one in 17 hospital stays involved at least one harmful event.[viii] Canadians should receive safe care. Medical errors cost an estimated $2.75 billion in additional costs every year in Canada.[ix]

We owe it to patients, nurses and the healthcare system to proactively reduce nurse fatigue. The federal government has restrictions on work hours for employees in safety-sensitive industries such as civil aviation and transport. These types of safeguards must also be in place for nurses.

Recommendation 4: Eliminate private staffing agencies

There has been an alarming reliance on private staffing agencies to address gaps in our overburdened health care systems. The University Health Network (UHN) reported a 550% increase on agency nurses in 2022 compared to 2018. Alberta Health Services spent 13 times more in 2021-22 than in 2015-16, and in New Brunswick, the average cost per hour for Vitalité Health Network for an agency nurse was $295.

This approach not only misdirects precious health funding, it also results in compromised quality of care. In Quebec, research has linked agencies to staff turnover, deterioration of the quality of care, inequities in working conditions and salaries and destabilization of teams. Quebec's Bill 10 now intends to phase out agency nursing provincially by 2026.

To ensure public dollars are spent efficiently and in support of nurses loyal to their public employer, the CFNU calls on the federal government to work with the remaining provinces and territories to put a cap on the salary of private agency nurses, with the ultimate goal of phasing out agency nursing. The 2023 health funding agreement with the provinces and territories presents an opportunity for the Federal government to develop measures that can spur this needed change.

Recommendation 5: Taking next steps on workplace violence

Violence against nurses and other health workers has been a national emergency for many years – long predating the pandemic. A 2019 report from the Standing Committee on Health sounded the alarm, issuing nine recommendations to the federal government. With nine in 10 nurses experiencing some form of abuse in the last year, action cannot wait.

Nurses are looking to the federal government to show bold leadership through a *Health Workplace Violence Reduction Plan*, that would include key recommendations from the above-referenced 2019 report, such as a national awareness campaign, a pan-Canadian framework on preventing such violence enshrined in federal legislation and targeted funding to upgrade infrastructure and training for violence-prevention programs (i.e., devices linked to security, personal alarms, security de-escalation training, flagging of patients with a history of violence, etc.).

We applaud protections introduced for health care workers in Bill C-3, but are concerned by the lack of enforcement. The government must work to better inform prosecutors and public safety personnel of updates to the *Criminal Code* that strengthen protections for health care workers and ensure these changes are enforced.

Recommendation 6: Pan-Canadian nurse workforce planning

The recommendations highlighted above have an underlying cause: inadequate staffing.

We are encouraged by federal leadership in addressing this issue as evidenced by Budget 2023's investment toward establishing a Centre of Excellence for Health Workforce Data and Planning, to address a lack of sufficient data and informed planning of our health workforce. Similarly, we applaud federal increases to the Canada Health Transfer.

It is vital the bilateral health agreements with provinces and territories are anchored around a holistic *National Nursing Retention Strategy* led by the federal government. In addition to the recommendations highlighted above, the government should work with the provinces and territories, employers and regulators to implement proven retention, return and recruitment initiatives such as:

- Adopting minimum nurse-patient ratios, to ensure high-quality care for patients and high-quality work environments for health workers.
- Boosting nursing seats and providing new graduates with full-time permanent jobs. Enable employers to offer preceptorship programs to orient new nurses into the health care workplace.

- Bridging programs for Licensed Practical Nurses, Registered Nurses and Nurse Practitioners to increase the nursing skill mix and provide greater access to primary care and tuition assistance for nursing students to help fill positions in rural and remote regions.
- Harmonizing registration and licensure processes, supervision programs, bridging programs and other tailored strategies for internationally educated nurses. Further, this is an opportune moment for the federal government to develop a Canadian Code of practice for ethically recruiting internationally trained health professionals.

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[i] Canadian Institute for Health Information. (2023) Taking the pulse: A snapshot of Canadian health care.

[ii] Canadian Federation of Nurses Unions. (2023). CFNU Member Survey Report.

[iii] Statistics Canada. (2023). Employees working overtime (weekly) by occupation, monthly, unadjusted for seasonality (x 1,000).

[iv] Caruso, C. C., Baldwin, C. M., Berger, A., Chasens, E. R., Edmonson, J. C., Gobel, B. H., ... & Tucker, S. (2019). Policy brief: Nurse fatigue, sleep, and health, and ensuring patient and public safety. *Nursing outlook*, 67(5), 615-619.

[v] Caruso, C. C. (2014). Negative impacts of shiftwork and long work hours. *Rehabilitation nursing*, 39(1), 16-25.

[vi] Canadian Federation of Nurses Unions. (2017). Enough is Enough: Putting a Stop to Violence in the Health Care Sector.

[vii] Lo, W.-Y., Chiou, S.-T., Huang, N., & Chien, L.-Y. (2016). Long work hours and chronic insomnia are associated with needlestick and sharps injuries among hospital nurses in Taiwan: A national survey. International Journal of Nursing Studies, 64, 130-136.

[viii] Canadian Institute for Health Information. (2022). Patient harm in Canadian hospitals? It does happen.

[ix] Canadian Patient Safety Institute. (2017). The Case for Investing in Patient Safety in Canada.