



**Phase I of Alberta Nursing  
Education Strategy Report  
and Working Document**

Results of a Key Stakeholder Forum  
November 9, 2005

Funding provided by  
Alberta Health and Wellness

**Alberta Nursing Education Administrators  
April 11, 2006**

## Table of Contents

<b>INTRODUCTION</b> .....	<b>3</b>	
<b>PRE-FORUM INFORMATION IMPACTING DISCUSSIONS</b> .....	<b>5</b>	Deleted: 5
<b>EDUCATION ISSUES RELATED TO ADEQUATE SUPPLY</b> .....	<b>6</b>	Deleted: 6
STRATEGIC GOAL .....	<b>6</b>	Deleted: 6
OUTCOME .....	<b>6</b>	Deleted: 6
CHALLENGES AND OPPORTUNITIES: .....	<b>6</b>	Deleted: 6
STUDENTS .....	<b>6</b>	Deleted: 6
CURRICULUM .....	<b>7</b>	Deleted: 6
EDUCATORS .....	<b>7</b>	Deleted: 7
PRECEPTORS/ MENTORS .....	<b>8</b>	Deleted: 7
NEW GRADUATES .....	<b>9</b>	Deleted: 8
RURAL/ SPECIALTY AREAS .....	<b>10</b>	Deleted: 9
<b>PRIORITY RECOMMENDATIONS EMERGING FROM PHASE I</b> .....	<b>11</b>	Deleted: 10
<b>APPENDIX A: ADDITIONAL INFORMATION FROM FOCUS GROUP PARTICIPANTS RELATED TO THE FOUR WORKFORCE PLANNING BUILDING BLOCKS</b> .....	<b>13</b>	Deleted: 11
1. BUILDING PLANNING CAPACITY .....	<b>13</b>	Deleted: 13
2. ADEQUATE SUPPLY .....	<b>13</b>	Deleted: 13
3. APPROPRIATE UTILIZATION .....	<b>15</b>	Deleted: 13
4. HEALTHY WORKPLACES .....	<b>15</b>	Deleted: 15
		Deleted: 15

## Introduction

The Nursing Advisory Council of Alberta (NACA) has begun the process of creating an evolutionary nursing workforce strategy. NACA's membership includes representatives from the College and Association of Registered Nurses of Alberta (CARNA), the College of Licensed Practical Nurses of Alberta (CLPNA), the College of Registered Psychiatric Nurses of Alberta (CRPNA), Alberta Health and Wellness (AHW), the Clinical and Nursing Practice Leaders Network (CNPLN) and the Alberta Nursing Education Administrators (ANEA). (Note: The CNPLN is comprised of an executive/leader from each of the nine Health Regions and the Alberta Cancer Board responsible for clinical and/or nursing services)

In November 2004, AHW hosted a forum to support dialogue among provincial stakeholders. Emerging from this forum was the document entitled, *Alberta's Nursing Workforce Strategy (NACA, 2004)*. Significantly, four pillars were identified for purposes of structuring future discussions and activities. These four pillars included:

- Building planning capacity,
- Adequate supply,
- Appropriate utilization, and
- Healthy workplaces.

This document has been widely circulated and provides the impetus for further collaboration and consultation to achieve goals central to ensuring sufficient numbers of qualified nurses in all practice settings in Alberta.

On 9 November 2005, ANEA was pleased to host a Nursing Workforce Planning forum in Edmonton, AB, to begin to address some of issues identified at the November 2004 forum related to supply and demand. Such issues are particularly relevant to ANEA given that its membership includes senior administrators of programs educating nurses from the three regulated nursing professions (i.e., Licensed Practical Nurses (LPN), Registered Psychiatric Nurses (RPN), and Registered Nurses (RN) — baccalaureate through doctorate).

Working toward ensuring an adequate supply of nurses to meet health service requirements in Alberta is a complex and multi-dimensional process, as is overall workforce planning, and requires collaboration among a wide variety of stakeholders. With this complex process in mind, participants in the November 2005 forum included representatives from the three professional regulatory bodies, ANEA, government, regional health authorities, continuing care employers, First Nations and Inuit Health Branch (FNIB) of Health Canada, and Alberta Union of Provincial Employees (AUPE). This report reflects the contributions of forum participants.

Pursuant to recommendations in Alberta's Nursing Workforce Strategy as released by NACA in April of 2004, ANEA undertook to lead the development of a nursing education strategy that would take into consideration issues such as:

- formulating nursing education programming, taking into consideration clinical placement capacity and infrastructure opportunities and constraints, to support the health system;
- developing a shared understanding of required core competencies as identified by employers, academia and the professional regulatory colleges;
- developing an understanding of the supports required by nursing students in rural and remote settings (e.g. travel and living expenses, accommodations, preceptors), and implementing strategies to address this issue as appropriate;
- developing a better understanding of enrollment and completion issues for Master's and Doctorate students (with particular attention to the preparation of nurses for the academic stream), and implementing strategies to address these issues as appropriate;
- developing collaborative, inter-professional education programs (e.g., with physicians, pharmacists and other disciplines) that consider initiatives such as joint participation in broadly focused courses and joint practica;
- increasing alternatives to traditional educational programming, including online and distance education programs as well as refresher programs and articulation programs among the three nursing professions;
- enhancing leadership development in basic and advanced educational programs;
- placing an increased emphasis on recruitment and retention issues for nurse educators; and,
- easing pathways from licensed practical nurse (LPN) programs to baccalaureate (BN) programs, as well as certificate and graduate programs.

At the forum, focus group discussions were held to discuss the following topics.

- What are the challenges and opportunities facing the nursing workforce related to the supply of and demand for direct-care providers as well as leaders, managers, faculty and others? What are the recommended solutions?
- What are the supply and demand issues related to the unique needs of rural/remote and specialty areas and how might challenges and opportunities in these areas be addressed by the various stakeholders within the province?
- What are the transition issues facing new graduates as they enter the workforce?
- What are the priorities for moving the nursing workforce strategy forward in Alberta?

This report reflects the information gleaned from the focus group discussions. It will be used by ANEA to formulate more specific recommendations related to the ongoing development of the nursing education strategy. The resulting nursing education strategy will be reviewed and updated by ANEA on a regular basis, using a consultative process that includes all appropriate stakeholders.

Participants in the forum also expressed their views with respect to a number of issues not directly related to nursing education, attesting to the complexity and interrelatedness of the four pillars of the Alberta Nursing Workforce Strategy (NACA, 2004) and the issues that need to be addressed. Their comments are summarized in Appendix A.

The Alberta Nursing Workforce Strategy (NACA, 2004) clearly stated that the nursing profession must seize the opportunity, by coming together as a community, to work with government and employers to meaningfully contribute to health reform. Affirming this mandate, participants at the November 9, 2005 education strategy forum agreed that,

**“There is an absolute urgency for the nursing community to work together and with stakeholders to ensure there is an adequate supply of nurses to meet health service requirements now, into the next ten years and beyond.”**

## Pre-Forum Information Impacting Discussions

Following are some general understandings that informed, at least in part, the discussions of participants in the nursing education forum.

- The migration of nurses both into and out of the province has an impact on supply but the net gain of nurses will not be sufficient to address anticipated shortages, especially in light of approaching retirements.
- The cost in 2005 of adding a nursing full-load learning equivalent (FLE) is about \$8,800/year at the colleges and about \$11,300 for years 1 and 2 and about \$12,700 for years 3 and 4 at the universities. Discussions related to the supply of nurses need to consider program quotas, actual numbers of students admitted, full-load learning equivalents (FLE), anticipated attrition and the number of graduates entering the workforce in any given year.
- The wage difference between nurses in academia and regional health authorities, along with limited financial resources available to nurses to support their enrollment in Masters and PhD programs, combine to have a significant impact on supply of nurses across academia.

- There are nursing “shortage hot spots” (i.e., areas where there are identified high vacancy rates and/or difficulty recruiting and/or retaining nurses) in the province that are particular to employers and that may not be evident at the provincial level. Hot spots are generally particular to a department (e.g., specialty area), to geography (e.g., rural and remote locations) and to work schedules (e.g., vacation times, special occasions, specific shifts).
- There is not enough sound data to determine what the demand for nurses will be given factors such as retirement, full and appropriate utilization of the nursing workforce, changing service delivery models, or changing service demands in light of population changes and the aging of the population.
- In response to identified and emerging needs, innovative nursing programs and strategies have been, and continue to be, developed in Alberta.

### Education Issues related to Adequate Supply

The following strategic goals and outcomes for the Nursing Education Strategy are derived from the Alberta Nursing Workforce Strategy (NACA, 2004). Examples of challenges and opportunities, as identified by stakeholders who participated in the nursing education forum, as well as recommendations for moving forward are highlighted in what follows.

<b>Strategic Goal</b>	To educate sufficient numbers of nurses to support the province in meeting the health service requirements of Albertans.
<b>Outcome</b>	An adequate supply of nurses will be available to support the delivery of the health services in Alberta.

### Challenges and Opportunities:

<b>Students</b>	<ol style="list-style-type: none"> <li>1. Consultation should occur regarding potential opportunities for providing academic credit for activities such as summer employment experiences of nursing students.</li> <li>2. There is a need to explore increasing the number of bridging opportunities throughout the entire spectrum of nursing education.</li> <li>3. Facilitate the recruitment of an increasingly diverse group of students into nursing programs.</li> </ol>
-----------------	---

<b>Curriculum</b>	<ol style="list-style-type: none"><li>1. Develop and enhance expertise in new and different modalities of education delivery (e.g., internship programs, e-campus opportunities for current employees pursuing specialty educational opportunities, simulation, e-learning).</li><li>2. Continue discussion among appropriate stakeholders to ensure basic nursing education programs are preparing students for entry into the workplace.</li><li>3. Clinical simulations have been identified as one methodology for reducing pressures for suitable clinical placements. It was noted, however, that consideration needs to be given to the appropriate placement of simulations in programs.</li><li>4. Explore underlying assumptions about interprofessional education and work toward removing barriers and optimizing opportunities for streamlining knowledge delivery to interprofessional groups of students.</li></ol>
<b>Educators</b>	<ol style="list-style-type: none"><li>1. Educational institutions and employers should strive to provide workplace environments (including remuneration, benefits and incentives) that will attract and retain an adequate supply of managers, leaders and educators (from clinical instructors to professors).</li><li>2. More attention needs to be paid to integrating the joint roles of academia and practice.</li><li>3. Educational institutions need to maximize the utilization of faculty through innovative initiatives such as supporting interprofessional teaching and/or using new teaching modalities.</li></ol>

<b><i>Preceptors/ Mentors</i></b>	<ol style="list-style-type: none"><li>1. Preceptoring and mentoring of nurses (i.e., by direct-care providers, leaders, managers and educators) are challenging roles that should be both valued and supported by employers and educators.<ul style="list-style-type: none"><li>• Preceptors/mentors should have the required education to take on these roles. Preceptor/mentoring education must be accessible across the province.</li><li>• Employers should provide time for preceptorship and mentorship to occur and education institutions should provide time for educators to support preceptors in the employment setting. Similarly, it is important to budget for both time and funds to support mentorship in both settings.</li><li>• Educators and employers should prepare new entrants to the workforce to understand their role as “life-long teachers” and to encourage them to take on that role.</li><li>• Employer job descriptions should include the life-long teacher role and expectations relative to supporting new entrants either as preceptors or mentors.</li></ul></li></ol>
---------------------------------------	--

<b>New Graduates</b>	<ol style="list-style-type: none"><li>1. Based on current projected demands, a potential supply gap of nurses has been identified. Strategies to address the projected gap that should be considered include:<ul style="list-style-type: none"><li>• Graduating more nurses in the short-term while employers continue to more clearly define what the supply gap will be in the next ten years and beyond.</li><li>• Graduating more nurses while working toward increasing funding supports for infrastructure, preceptorship/mentorship programs, students completing clinical placements in rural areas, supernumery positions, the undergraduate nursing employee program and for nurses to move to specialty programs, Master's and PhD levels of preparation.</li></ul></li><li>2. Nursing students are educated to meet professional entrance level competencies as established by the regulatory bodies. Employer expectations of new graduates are related to job-associated competencies and ability to move directly into positions within the work place. Educators and employers need to continue to work together to identify and align expectations. Some other strategies that should be considered include:<ul style="list-style-type: none"><li>• Nursing programs be reviewed and revised as appropriate to enhance the alignment between education and practice readiness.</li><li>• Employers continue to provide students with student employment opportunities and facilitate clinical placement opportunities in areas in which students plan to seek employment as new graduates.</li></ul></li><li>3. Technology is changing rapidly and new entrants, as well as the current nursing workforce, need to be educated to utilize changing technology to its fullest capability.</li><li>4. The system cannot easily manage a process whereby all potential nursing graduates are entering the workforce at the same time. Staggered entry times into nursing programs may be one option to support employment requirements throughout the year.</li><li>5. ANEA needs to work toward building a database that will support a supply forecasting model relative to students. The database needs to incorporate common definitions of terms and provide data related to admissions, expected date of graduation, attrition rates, graduate numbers, etc.</li></ol>
----------------------	--

<b>Rural/ Specialty Areas</b>	<ol style="list-style-type: none"><li>1. There are nursing “shortage hot spots” in specialty areas (e.g., critical care, long-term care, mental health) and in some geographic areas (e.g., rural and remote).<ul style="list-style-type: none"><li>• There needs to be collaboration between employers and educators to define expected shortages in specialty areas so that students can be encouraged to request focused practica in these areas or in areas that will better prepare them to move into those specialty areas.</li></ul></li><li>2. Rural nursing should be promoted as a specialty with unique benefits (e.g., allows a nurse to work across a spectrum of areas or with diverse population groups such as the Aboriginal population; allows for more independent practice as well as more collaborative practice with other professional groups; etc.).<ul style="list-style-type: none"><li>• Students should be recruited from rural areas and then encouraged to focus their practica in this specialty area.</li><li>• Employers should work toward increasing appropriate clinical placements in rural settings.</li><li>• All stakeholders need to work together to resolve issues for students completing clinical placements in rural settings (e.g., housing availability, housing and travel costs). It is suggested that a Rural Action Plan similar to the Rural Physician Action Plan could be a forum for addressing these issues.</li><li>• Employers and educators should work together to support the transition from the academic setting to rural and specialty workplaces.</li></ul></li></ol>
-------------------------------	---

## Priority Recommendations Emerging From Phase I

Following are a number of recommendations arising from the nursing education forum. It is important to note that a number of initiatives have been implemented across the province to address these issues. Work needs to continue on a province-wide basis.

To ensure that progress is achieved regarding these recommendations, it behooves all stakeholders to continue to dialogue for the purposes of prioritizing strategies and to support the process by taking appropriate action in a timely fashion.

<b>Phase I Recommended Strategies</b>
Educators and employers continue to work together to develop strategies to related to: <ul style="list-style-type: none"><li>• creating a life-long teaching and a life-long learning culture for all nurses,</li><li>• developing a shared understanding of professional and practice readiness,</li><li>• enhancing the alignment between education and practice readiness,</li><li>• exploring potential opportunities for providing academic credit associated with activities such as summer employment,</li><li>• enhancing preceptorship,</li><li>• facilitating utilization of new approaches to ease the transition of new graduates into the workplace,</li><li>• facilitating the recruitment of an increasing diverse group of students into nursing programs,</li><li>• providing experience in specialty areas within basic programming for baccalaureate students,</li><li>• striving to provide clinical placement and summer employment opportunities that more closely match students' employment aspirations upon graduation,</li><li>• systematically developing opportunities to incorporate clinical practice into academic nursing positions,</li><li>• considering the possibility of staggered entry/exit points to nursing programs, and</li><li>• using clinical simulation and virtual learning opportunities, as appropriate.</li></ul>
Increase the number of graduates from nursing programs, according to requirements identified by employers and academia and within the constraints imposed by institutional capabilities, available funding and clinical placement capacity.
Define the core or foundational knowledge that is common across the nursing professions and what level of knowledge (depth or breadth) differentiates them.
Request Alberta Health and Wellness provide ongoing support for nursing students

undertaking clinical placements in rural Alberta.

Request Alberta Health and Wellness and Alberta Advanced Education provide support for the development of the ANEA database.

## **Appendix A: Additional Information from Focus Group Participants Related to the Four Workforce Planning Building Blocks**

Four building blocks form the foundation for workforce planning in Alberta: Building Planning Capacity, Adequate Supply, Appropriate Utilization, and Healthy Workplaces. Each building block has a defined strategic goal and outcome.

It is recognized that no building block can stand alone and that all building blocks are interdependent on each other. In Alberta's Nursing Workforce Strategy (NACA, 2004), particular stakeholders have been identified as being responsible for taking the lead on recommendations relative to each of the building blocks.

The information presented in what follows, relative to those responsibilities, is intended to reinforce the continued need, as well as urgency, for nursing leaders to address particular issues.

### **1. Building Planning Capacity**

- Adequate information/data for accurately forecasting supply of and demand for nurses in Alberta is not currently available. Unique identifiers may be one tool that assists with building information/data required to support supply and demand forecasting.
- Planning capacity should be able to:
  - track new graduates and provide data on employment status, retention rates in nursing as well as retention rates in the province.
  - consider supply and demand 15 years hence and beyond so that the cycle of over/under supply of nurses can be eliminated, and
  - make adjustments related to changes in service delivery models including incorporating the current movement toward primary care and interprofessional practice.
- The vision for workforce planning should be clearly articulated so that it is not perceived to be “on-the-fly” planning.

### **2. Adequate Supply**

This building block is focused on educating, recruiting and retaining sufficient numbers of nurses to meet health service requirements. The following sections provide information from focus group participants relative to recruiting and retaining nurses over and above information requested related to adequate supply. It does not reflect all the issues pertaining to recruitment and retention, but only the issues discussed at the forum.

#### **Recruitment**

- Nurses need to promote an image of nursing that attracts new individuals to health care careers and, in particular, to nursing careers that can include a broad spectrum of opportunities including bedside nurse, researcher, educator or administrator, in urban to rural settings.

- The nursing profession needs to consider employee mobility in today's world and try to attract new entrants from other professions while retaining current nurses by ensuring their ability to move around within the profession.
- Rural employers should collaborate with appropriate stakeholders to ensure barriers to re-location (such as access to full-time work) are reduced or eliminated. Nurses do not want to relocate to rural areas for part-time or casual work and yet most current postings on web sites are for part-time/casual employees.
- Employers and the professional regulatory bodies need to explore ways to attract nurses who have left the profession back into the workforce.
- Employers need to consider what attracts different generations or different cultures to the profession and work place and ensure that recruitment and retention activities take those factors into consideration.
- Regulatory bodies, employers and educators must continue to work to facilitate the entry of internationally educated students and nurses into the nursing workforce.

### **Retention**

- Employers should clearly define and communicate to all stakeholders what employer expectations are of novice and expert practitioners and how these expectations are related to professional readiness and practice readiness.
- Nursing planners and leaders need to be closely linked with overall human resource planning and with budgeting processes to support initiatives pertaining to healthy workplaces and the subsequent retention of the workforce.
- The health care system is at risk because of the impending loss of "retirement eligible" nurses who can support significant development of new entrants to the workforce through mentorship and preceptorship experiences. Employers need to pursue opportunities to fully utilize this pool of valued nurses in new and innovative ways in an effort to retain and support them in the workforce.
- In rural and remote settings, employers and employees need to work together to address issues such as relocation, cost of living, recruitment and retention.
- In order to mitigate the risk of not having an adequate supply of appropriately prepared leaders and managers, employers should act now to define role descriptions and competencies, to establish education requirements and to implement effective preceptor and mentorship strategies for leaders and managers.
- Employers might consider supernumery positions as a workforce retention strategy for new graduates.
- Post-graduate specialty education opportunities should be considered by members of the nursing professions and promoted and supported through a number of approaches developed in consultation with members, employers, educators and regulatory bodies.

### **3. *Appropriate Utilization***

- Administrators, leaders, decision makers and nurses, as well as the public, need to have a clear and current understanding of roles (e.g., care provider, coordinator, supervisor, leader) and educational preparation of direct-care nurses so they can work to their full scope of practice within the full spectrum of current and emerging service delivery models, while taking into consideration changing acuity levels and new technology.
- Given that the roles of nurse leaders and managers are complex and multi-faceted, and given that there is confusion of what those roles entail, employers should more clearly define roles, competencies and scopes of responsibility for nurse leaders and managers from direct-care to executive decision-making levels within all employment settings.
- Provincial research to support effective decision-making about the utilization of the workforce (nursing as well as all health care providers) needs to continue and increase.

### **4. *Healthy Workplaces***

- New entrants to the workforce should be supported in their transition from student to employee.
- Nursing leaders need to articulate the costs and benefits (human as well as material) of supporting the transition from student to new employee to financial staff.
- The ergonomics of the work place needs to be examined with the intent of reducing work place injuries and subsequent costs (i.e., human and material costs).
- There is a need to address issues influencing work satisfaction.
- Achieving life-long learning plans/goals of nurses is a mutual responsibility of nurses and employers.