FPT COMMITTEE ON HEALTH WORKFORCE

A VISION FOR THE FUTURE OF NURSING IN CANADA

vision

Acknowledgements

The Principal Nursing Advisors Task Force gratefully acknowledges the traditional, ancestral and unceded territories across this country where the provincial-territorial and pan-Canadian consultations were held.

The Task Force gratefully acknowledges the collective wisdom of nursing leaders who participated in provincial-territorial and pan-Canadian consultations, and contributed to the development of this Vision for the Future of Nursing in Canada.

Également disponible en français sous le titre :
Vision pour l'avenir des soins infirmiers au Canada

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Publication date: April 2020

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1.0 Introduction

In 2017, the Federal/Provincial/Territorial Committee on Health Workforce asked the Principal Nursing Advisors Task Force to develop a vision for the future of nursing in Canada that could benefit Canadians, and that could support and strengthen pan-Canadian health human resources planning. The Conference of Deputy Ministers of Health also supported the initiative.

As a pan-Canadian subcommittee of the Committee on Health Workforce, the Task Force monitors and analyzes nursing human resources trends to better inform nursing and health policy federally, provincially and territorially. Through its analysis, the Task Force determined that from a policy and strategic perspective, nursing human resources optimization and overall sustainability requires:

- a pan-Canadian nursing regulatory framework;
- integrated entry-level nursing education; and
- the opportunity for nurses to work at their optimal scope of practice.

Evolving health care systems create challenges related to changing patient and population health needs, sustainability and equitable access to health care services. Canadian nurses and those charged with the responsibility of managing the health care workforce effectively must be adequately prepared to meet those challenges. This Vision for the Future of Nursing in Canada outlines a future for nursing that enables nurses to play an integral role in change leadership in addressing the evolving challenges of health care in the 21st century. The Vision positively positions nurses as change leaders at the forefront of health care system transformation.

This Vision was developed in consultation with the broad nursing community and partners, through the expert knowledge of Task Force members, and through provincial-territorial (PT) and pan-Canadian roundtable consultations.

2.0 Context

2.1 Supply of Nurses in Canada

Self-regulated nurse professionals, or regulated nurses, include registered nurses (RNs), nurse practitioners (NPs), registered psychiatric nurses (RPNs) and licensed practical nurses (LPNs — called registered practical nurses or RPNs in Ontario). They represent the largest single group of health professionals in Canada.

In 2018, the supply of regulated nurses with an active registration in Canada grew to 431,769, reflecting an increase of 1.0% between 2017 and 2018. The annual growth rate has decreased over the last five years, down from 2.2% in 2014.

Canadians trust and respect nurses — they are the only health professional respected by more than nine-in-ten Canadians.[i] Health ministries and health care system colleagues also strongly support the role of nursing in Canada, and acknowledge nurses as essential knowledge professionals and change leaders in the country's evolving health care system.

The impact of nursing is even more pronounced in rural, remote and Indigenous communities. A 2017 report on Nunavut health care services by the Auditor General of Canada stated that the success of the Nunavut health care system is highly dependent on the availability and performance of nurses.[ii] Similarly, a 2018 report by the Auditor General of British Columbia noted that "Nurses play a critical role in the accessibility and sustainability of health services in northern B.C.'s rural and remote communities. They deliver the majority of direct patient care, and in some communities, they are the only resident health care provider."[iii]

NURSING CATEGORY—REGULATED NURSES IN CANADA	NUMBER
Registered Nurse	297,449
Nurse Practitioner	5,697
Registered psychiatric nurse	6,023
Licensed/registered practical nurse	122,600
TOTAL	**431,769**

Source : Canadian Institute for Health Information (CIHI) (2019). Nursing in Canada, 2018: a lens on supply and workforce [PDF]. Ottawa, ON: CIHI. Retrieved from https://www.cihi.ca/sites/default/files/document/regulated-nurses-2018-report-en-web.pdf

"Nursing organizations, both within and across jurisdictions, need to collaborate to develop strategies that optimize the role of nurses in health service delivery."

2.2 Health Care in Canada

Health care in Canada is experiencing unprecedented challenges that have been a catalyst for health care system transformation. According to the Canadian Foundation for Healthcare Improvement, "Canada continues to face persistent challenges in achieving efficient, coordinated, patient-and family-centred healthcare in all provinces and territories."[iv] Canada's health care system ranks below the middle of the pack in international comparisons[v] and has done so for many years. Transformation is required to develop new approaches that address the realities of changing patient and population health needs, and escalating health care costs to support the evolution and sustainability of the health care system.[vi]

Current health care system transformation in Canada includes policy initiatives to make the system sustainable and effective. Examples of these initiatives include:

- shifting care out of institutions into home and community settings;
- advancing interdisciplinary team-based collaborative care;
- focusing on quality improvement and improvement science;
- enhancing use of technology; and
- improving partnerships with individuals and families in their care.[vii]

The Quadruple Aim Framework — improved patient experience, improved population health, reduced costs and improved work life of providers[viii] — is broadly accepted as a means to optimize health care system performance and foster health care system sustainability. Furthermore, many policy makers are embracing value-based health care, which links dollars spent to outcomes that matter to patients, rather than to the volume of services or to specific processes or products that may or may not achieve those outcomes.[ix]

2.3 The Opportunity for Nursing

Effective health care transformation requires a robust nursing workforce. Nurses make up the largest group of health professionals in Canada and work across the lifespan, the continuum of care and in all health sectors. Nurses have an opportunity to be at the forefront of health care system change but to do so requires modernization and alignment of the profession. While nursing regulation, education and practice are slowly evolving to respond to challenges in the health care system and health care itself, an accelerated, harmonized, concerted and coordinated approach is required to effectively position nursing to meet the needs of the 21st century.

"Nursing, like other professions, needs to overcome thinking in silos"[x] and create an infrastructure that promotes greater intraprofessional unity. Several nursing organizations and jurisdictions are embarking on a path to integrate categories of regulated nurses, key examples being British Columbia and Nova Scotia.

Nursing organizations, both within and across jurisdictions, need to collaborate to develop strategies that optimize the role of nurses in health service delivery. Specifically, strategies are needed to ensure that all nurses are enabled to work to their optimal scope of practice — both autonomously and as part of effective interdisciplinary teams.

3.0 The Vision for the Future of Nursing in Canada

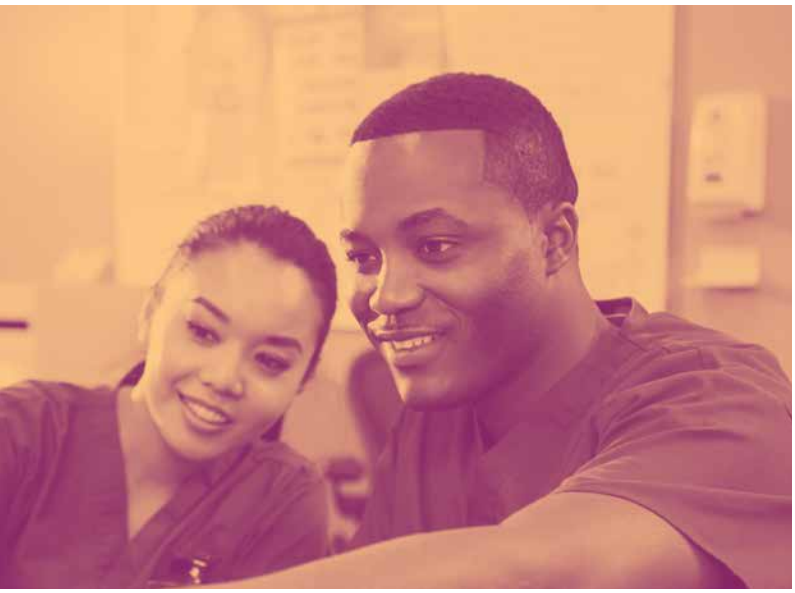
The Vision for the Future of Nursing in Canada is a coordinated, systemic pan-Canadian approach across nursing regulation, education and practice that helps drive access to and availability of:

- a mobile and nimble nursing workforce;
- nursing data to better describe and forecast nursing resources across Canada to support pan-Canadian health workforce planning;
- an approach to nursing education that promotes interprofessional and intraprofessional collaboration and teamwork to better serve the health needs of individuals, families, communities and populations, as well as to align with evolving care models and environments; and
- opportunities for nurses to work to their optimal scope of practice in current and emerging care models and settings.

3.1 Principles

The Vision is premised on the following principles:

1. ***Bilingual*** nursing workforce through respect for official languages in education, regulation, professional development and nursing services
2. ***Clarified*** roles and responsibilities of the four regulated nursing groups to increase awareness and knowledge among employers, health care professionals and the public of the roles filled by nurses
3. ***Collective, collaborative, communicative and transparent*** to foster a systems perspective with shared responsibility and accountability among the four regulated nursing groups, and between educators, regulators, professional associations, employers and unions
4. ***Consistent and harmonized*** nursing practice, education, regulation, standards, competencies and scope of practice within and across each of the four regulated nursing groups
5. ***Evidence-based*** such that metrics will be developed and monitored as part of the implementation of the Vision
6. ***Future-based and innovative*** to continue to promote nursing leadership in collaborative care models and the use of information technology, to reflect emerging trends and leading practices globally, and to position Canada to be competitive in the global nursing labour market
7. ***Integrated, person-centred primary health care*** that puts the comprehensive needs of people and communities at the centre of health care systems, and empowers people to have a more active role in their own health[xi]
8. ***Optimized*** scope of practice for all four regulated nursing categories to support achievement of the Quadruple Aim Framework of safe, high-quality, value-based care, and support the critical contribution of nurses to the health care system and the health and well-being of Canadians
9. ***Pan-Canadian*** in its design and function to support mobility of nurses between care sectors, within and across jurisdictions; to support a common understanding of nursing among other health care professionals and the public; and to achieve efficiencies and streamline processes
10. ***Responsive and flexible*** to address ever-changing patient and population health needs and policy priorities, including the Truth and Reconciliation Commission Calls to Action and the unique health needs of rural and remote communities
11. ***Synergistic*** policies, terminology and practices among nursing education, regulation, professional practice, employers and unions



3.2 Areas

The Vision comprises three interdependent areas:

A. a pan-Canadian nursing regulatory framework;

B. integrated entry-level nursing education; and

C. optimal nursing scope of practice.

A. Pan-Canadian Nursing Regulatory Framework

CONTEXT

Nursing is a self-regulated profession, which means that PT governments have given nurses the authority to set guidelines, standards and codes of conduct for themselves. This authority comes from PT legislation that outlines overall standards for nursing, and creates nursing regulatory colleges, as well as gives these colleges the authority to develop the detailed requirements and responsibilities of nursing.

Currently, nursing regulation varies across jurisdictions and across the four regulated nursing categories. For some jurisdictions, enabling legislation for nursing regulatory colleges is nursing-specific; for others, nursing falls under more far-reaching health professionals legislation. In all jurisdictions, however, regulation is a continuum, from PT legislation to the aligned detailed guidelines and standards of the regulatory colleges. The regulatory framework that governs nursing includes all levels of regulation, from PT-enacted legislation to the work of the regulatory colleges.

While the four regulated nursing categories in Canada each have their own pan-Canadian entry-to-practice competencies, they employ different frameworks and terminology. Differences across jurisdictions and across nursing categories hinder the effective utilization of nursing roles including advanced practice nursing roles such as nurse practitioner and clinical nurse specialist, and impedes the clear understanding of nursing roles within and outside of the profession by other health care professionals and the public.

Modern approaches to regulation are used effectively in other parts of the world. For example, in the United Kingdom, "right touch regulation" integrates an approach that ensures the level of regulation is proportionate to the level of risk to the public. It focuses on outcomes, uses regulation only when necessary, checks for unintended consequences, and reviews and responds to change.[xii] Right touch regulation has been adopted by Alberta, British Columbia, Nova Scotia and Ontario nursing regulatory bodies. Interprofessional health regulatory collaboration is also taking shape around the globe to support interprofessional collaborative care, including the Australian Health Practitioner Regulation Agency and the Federation of Health Regulatory Colleges of Ontario.

Within Canada, several nursing regulatory bodies are making progress toward pan-Canadian consistency by engaging in collaborative and collective discussions regarding ways to streamline operations between jurisdictions. Expansion to all regulated nursing categories and nursing partners would benefit nursing in Canada.

"While the four regulated nursing categories in Canada each have their own pan-Canadian entry-to-practice competencies, they employ different frameworks and terminology."

Elements of a Pan-Canadian Nursing Regulatory Framework

1. A pan-Canadian, harmonized nursing regulatory framework encompassing all four regulated nursing categories that supports intraprofessional and interprofessional collaboration and includes, but is not limited to:
   - a common set of nursing entry-level competencies for each regulated nursing category that are aligned using a common format, structure and terminology;
   - a single code of ethics and a common approach to professional conduct review processes for all four regulated nursing categories;
   - pan-Canadian harmonized standards of practice for each of the four regulated nursing categories using common format, structure and terminology;
   - modern approaches to nursing regulation in which the level of regulation is proportionate to the level of risk to the public; and
   - common regulatory requirements within each regulated nursing category and across nursing categories as appropriate.
2. A single national nursing identification number for all nurses in Canada to enhance data collection and support health workforce planning, with the data hosted in Canada and governed by Canadian privacy laws and standards.

B. Integrated Entry-Level Nursing Education

CONTEXT

Historically, learners in the various nursing categories have been educated and evaluated separately. This practice limits opportunities for nurses in one category to fully understand the roles and scope of work for their colleagues in other categories, impacting the cohesion of the nursing profession and limiting the ability of nurses to provide effective collaborative care after graduation. This approach further divides the nursing profession into separate categories that are socialized to cultural norms and hierarchies that, once ingrained, are difficult to overcome. Within the nursing workforce, there are limited educational opportunities to move between nursing categories.

Canadian registered nurses and licensed practical nurses graduate from nursing schools as entry-level generalists and are competent to practise at a novice level in a vast array of settings with many populations. Only registered psychiatric nurses graduate from their undergraduate program with a greater concentration in one area of practice (mental health).

The transition from education to practice for new graduates can be daunting for numerous reasons. They can find it difficult to practise confidently in some areas of focus that require a depth of knowledge and skills that extends beyond their entry-level competencies. In addition, employer support to assist new graduates to integrate knowledge into certain practice areas varies across the country. This has resulted in a growing need for additional education after graduation to meet workforce needs in select practice settings such as critical care. The outcome is a significant number of nursing vacancies in select areas and settings of practice.

A number of jurisdictions and employers have implemented or are exploring transition support programs and models to enhance the entry-level practice readiness of nurses so that they can function effectively in fast-paced, complex health care environments. These vary in structure, length, level of support and resources. Ontario and Nunavut have implemented formal, structured nursing education-to-practice transition programs. Evidence suggests nurse retention rates can be positively affected by a supportive transition program during the first 12 months of employment.[xiii]

Elements of Integrated Entry-Level Nursing Education:

1. a common entry-level competency framework for the four regulated nursing categories that prepares nurses for effective, collaborative, team-based care that includes pan-Canadian core competencies;
2. articulated post-secondary education of all regulated nursing categories that facilitates bridging opportunities for nursing categories, supports career progression and reduces repetition;
3. an intraprofessional approach for teaching and learning foundational nursing competencies that would bring together future licensed practical nurses, registered psychiatric nurses and registered nurses to better understand one another;
4. strengthened pan-Canadian partnerships between ministries of health, departments of education, regulators, professional associations, post-secondary institutions and employers;
5. strengthened relationships between academic institutions and employers to create clinical practicums in areas of focus in the final year of the nursing program;
6. creation of new nursing learning opportunities, such as in rural and remote or underserved areas of identified need; and
7. implementation of onboarding and mentorship programs for new nursing graduates to support them as they move from student to nurse.

C. Optimal Nursing Scope of Practice

CONTEXT

Nursing scope of practice is influenced by regulators, educators, employers and nurses themselves. Variation in regulatory approaches and interpretation has led to differences in the scope of practice in which nurses are able to carry out their specific roles, and in their nursing category overall. This has resulted in a lack of clarity among the four regulated nursing categories, employers, health care providers and leaders, and members of the public with regard to the roles and scope of practice for nurses.

At the same time, health care systems are shifting to better meet the needs of patients. This creates an opportunity for nursing scope of practice to also evolve to better meet health care system and health care needs of all Canadians, regardless of geographical location or type of work setting. This may be through the development of evidenced-informed models of care that optimize the role of the nurse to provide high-quality, cost-effective care,[xiv] or through an enhanced, authorized nursing scope of practice as seen with registered nurses now prescribing in several jurisdictions. Expanded nurse autonomy improves access to quality care in many sectors and improves transitions to care.[xv]

Today, as health care teams expand and diversify, nurses have the opportunity to collaborate with diverse partners such as community health workers, city planners and others, both in roles that nurses have traditionally occupied and also in new spaces where nurses have been less present.[xvi] Nurses are natural "boundary spanners" as they use care coordination and transition management to connect patients across health care and community settings.[xvii] They also make connections across departments, professions, organizations, sectors and geographic areas to develop new care strategies and population health models. It is these new associations and partnerships that lead to innovation.[xviii]

This new paradigm requires a modernization and alignment of nursing regulation, education and scope of practice to support future health care requirements in complex care environments. This includes a strategic shift from the acute care sector to primary and community care across urban, rural and remote settings.

Elements of Optimal Nursing Scope of Practice:

1. a pan-Canadian scope of practice statement;
2. optimization of existing scope of practice and alignment across Canada to best address population health needs;
3. a consistent, pan-Canadian regulatory approach for all nursing categories to follow regarding expanding or changing scope of practice to meet the evolving needs of health care and to respond to the future health needs of patients, communities and populations; and
4. a pan-Canadian, collaborative knowledge mobilization and communications strategy regarding scope of practice for informing nurses, other health professionals, employers and the public.

4.0 Conclusion

This Vision for the Future of Nursing in Canada outlines a principle-based, modern and aligned future that provides a coordinated, systemic, pan-Canadian approach across three areas: a pan-Canadian nursing regulatory framework, integrated entry-level nursing education, and optimal nursing scope of practice.

Implementing this Vision will optimize the role of nursing, enable nurses to play an enhanced change leadership role in health care system transformation, promote optimal health service delivery to address current and future health care needs of patients and populations in an evolving care environment, and, ultimately, lead to improved health and well-being for Canadians.

5.0 Glossary

Clinical nurse specialist: Clinical nurse specialists (CNSs) "have been introduced to provide highly complex and specialised care, develop nursing practice and support nurses at the point-of-care, and lead quality improvement and evidence-based practice initiatives in response to research advances in treatment and technology" (Bryant-Lukosius & Martin-Misener, 2015, p. 2). Three substantive areas of CNS practice include management and care of complex and vulnerable populations, education and support of interdisciplinary staff, and facilitation of change and innovation within the health-care system (Lewandowski & Adamle, 2009). "(p. 20 of *Advanced Practice Nursing*) "CNSs' expert specialty knowledge, skills and abilities enable them to autonomously provide consultation on highly complex clients with primary care providers that impacts diagnosis and prescribed treatments (including medications) and to assist in the performance of specific treatments within their legislated scope of practice. "(p. 19 of *Advanced Practice Nursing*)

Source:
Canadian Nurses Association (2019). Advanced practice nursing: a pan-Canadian framework [PDF]. Retrieved from https://cna-aiic.ca/-/media/cna/page-content/pdf-en/apn-a-pan-canadian-framework.pdf?la=en&hash=E1387634D492FD2B003964F3CD4188971305469F

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Bryant-Lukosius, D., & Martin-Misener, R. (2015). Advanced practice nursing: An essential component of country level human resources for health [PDF]. Retrieved from http://www.who.int/workforcealliance/knowledge/resources/ICN_Policy-Brief6AdvancedPracticeNursing.pdf

Lewandowski, W., & Adamle, K. (2009). Substantive areas of clinical nurse specialist practice: A comprehensive review of the literature. Clinical Nurse Specialist, 23(2), 73-90.

Community care: According to the Health Canada website, "Home and community care" services help people to receive care at home, rather than in a hospital or long-term care facility, and to live as independently as possible in the community. Home and community care is *delivered by* regulated health care professionals (e.g., nurses), non-regulated workers, volunteers, friends and family caregivers.

Source:
Health Canada (2018). Home and community health care. Retrieved from https://www.canada.ca/en/health-canada/services/home-continuing-care/home-community-care.html

Competencies: The knowledge, skills, judgment and attributes required of a nurse to practise safely and ethically in a designated role and setting.

Source:
Canadian Nurses Association (2015). Framework for the practice of registered nurses in Canada [PDF]. Retrieved from https://www.cna-aiic.ca/~/media/cna/page-content/pdf-en/framework-for-the-pracice-of-registered-nurses-in-canada

Entry to Practice: The competencies required for entry-level regulated nurses to provide safe, competent, compassionate and ethical nursing care in a variety of practice settings. The competencies also serve as a guide for curriculum development and for public and employer awareness of the practice expectations of entry-level regulated nurses.

Source:
Canadian Council for Registered Nurse Regulators (2012). Competencies in the context of entry-level registered nurse practice [PDF]. Retrieved from http://www.ccrnr.ca/assets/jcp_rn_competencies_2012_edition.pdf

Health human resources: Health human resources — also known as human resources for health or health workforce — is defined as "all people engaged in actions whose primary intent is to enhance health."

Source:
World Health Organization (2006). Working together for health — the world health report 2006 [PDF]. Retrieved from http://www.who.int/whr/2006/whr06_en.pdf?ua=1

Licensed practical nurse: Licensed practical nurses (LPNs) are self-regulated and work independently or in collaboration with other members of a health care team. They autonomously assess, plan, implement and evaluate care for clients with less complex health care needs across the lifespan. They work in a variety of practice settings, including hospitals, nursing homes, long-term care facilities, community health centres and doctors' offices. LPNs are currently regulated in all 13 provinces and territories. In Ontario, LPNs are referred to as registered practical nurses.

Source:
Canadian Institute for Health Information (2017, June). Regulated nurses, 2016 [PDF]. Retrieved from https://secure.cihi.ca/free_products/regulated-nurses-2016-report-en-web.pdf.

Nurse practitioner: Nurse practitioners (NPs) are registered nurses who have additional education and nursing experience. NPs are advanced practice nurses with graduate education, which enables them to: autonomously diagnose and treat illnesses; order and interpret tests; prescribe medications; and perform medical procedures. NPs are health-care professionals who treat the whole person, an approach that includes: addressing needs relating to a person's physical and mental health; gathering medical history; focusing on how an illness affects a person's life and family; offering ways for a person to lead a healthy life; and teaching persons how to manage chronic illness. NPs are also educators and researchers who can be consulted by other health care team members.

Source:
Canadian Nurses Association (2018). Nurse practitioners. Retrieved from https://cna-aiic.ca/en/nursing-practice/the-practice-of-nursing/advanced-nursing-practice/nurse-practitioners

Registered nurse: Registered nurses (RNs) are self-regulated health-care professionals who work autonomously and in collaboration with others to enable individuals, families, groups, communities and populations to achieve their optimal levels of health. At all stages of life, in situations of health, illness, injury and disability, RNs deliver direct health care services, coordinate care and support clients in managing their own health. RNs contribute to the health care system through their leadership across a wide range of settings in practice, education, administration, research and policy.

Source:
Canadian Nurses Association (2015). Framework for the practice of registered nurses in Canada [PDF]. Retrieved from https://cna-aiic.ca/-/media/cna/page-content/pdf-en/framework-for-the-pracice-of-registered-nurses-in-canada.pdf?la=en&hash=55716DC66A8C15D13972F9E45BE4AC7AE0461620

Registered psychiatric nurse: Registered psychiatric nurses (RPNs) are self-regulated, autonomous professionals. They work collaboratively with clients and other health care team members to coordinate health care and provide client-centred services to individuals, families, groups and communities. RPNs focus on mental developmental health, mental illness and addictions while integrating physical health care and utilizing bio-psycho-social and spiritual models for a holistic approach to care. The practice of psychiatric nursing occurs within the domains of direct practice, education, administration and research.

Source:
Registered Psychiatric Nurse Regulators of Canada (2018, April 16). "Registered psychiatric nursing in Canada." Retrieved from http://www.rpnc.ca/registered-psychiatric-nursing-canada

Regulated nurse: The term regulated nurses is used to describe the four categories of regulated nursing professionals as a whole: registered nurses, nurse practitioners, registered psychiatric nurses, and licensed practical nurses (registered practical nurses in Ontario).

Right-touch regulation: This is an approach used by regulatory bodies in the disciplinary process. The concept of right-touch regulation emerges from the application of the principles of good regulation identified by the U.K.'s Better Regulation Executive. The principles state that regulation should aim to be:

- proportionate: regulators should intervene only when necessary — remedies should be appropriate to the risk posed, and costs identified and minimized;
- consistent: rules and standards must be implemented fairly;
- targeted: regulation should be focused on the problem, and minimize side effects;
- transparent: regulators should be open, and keep regulations simple and user-friendly;
- accountable: regulators must be able to justify decisions, and be subject to public scrutiny; and
- agile: regulation must look forward and be able to adapt to anticipate change.

Source:
Professional Standards Authority (2015, October). Right-touch regulation — revised [PDF]. Retrieved from https://www.professionalstandards.org.uk/docs/default-source/publications/thought-paper/right-touch-regulation-2015.pdf?sfvrsn=eaf77f20_18

Scope of practice: The scope of practice of a nursing profession means the range of activities that the members of that profession are educated and legally authorized to provide. The basic education program ensures that members entering the profession can demonstrate the entry-level competencies and can practise safely, competently and ethically in situations of health and illness with people of all ages and genders in a variety of health care environments. The legal authority for a profession's scope of practice is found in legislation/regulation. Each of the regulated nursing groups has their scope of practice legally defined within their respective jurisdiction; these definitions are available on each of the nursing regulatory body websites.

Source:
College of Registered Nurses of Manitoba (2018, May). Scope of Practice for Registered Nurses [PDF]. Retrieved from https://www.crnm.mb.ca/uploads/ck/files/RN%20Scope%20of%20Practice%20with%20watermark.pdf

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