

The Current State of Canada's Health Care System and the potential contribution of nursing education to strengthen it: An interview with the Chief Nursing Officer Dr. Leigh Chapman | L'état actuel du système de santé canadien et la possible contribution de la formation infirmière pour le renforcer : une entrevue avec l'Infirmière en Chef du Canada, Dr. Leigh Chapman

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The Current State of Canada’s Health Care System and the potential contribution of nursing education to strengthen it. An interview with the Chief Nursing Officer Dr. Leigh Chapman / L’état actuel du système de santé canadien et la possible contribution de la formation infirmière pour le renforcer, une entrevue avec l’Infirmière en Chef du Canada, Dr. Leigh Chapman

Interviewee: Dr. Leigh Chapman, RN PhD, Chief Nursing Officer (CNO) | Infirmière en chef (IC) du Canada

Interviewer: Dr. Jacinthe Pepin, Co-Editor-in Chief *Quality Advancement in Nursing Education* (QANE) | Co-rédactrice en chef *Avancées en formation infirmières* (AFI)

Dr. Jacinthe Pepin

Thank you very much Dr. Chapman for agreeing to this interview. Given the current challenges in our Canadian health care system, we would like to hear your perspective as the CNO on the implications for nursing education and the potential contribution of nursing education to strengthen it. In light of the fact that you have had the opportunity to meet and speak with many nurse leaders and health care decision makers, what do you consider to be the major health and health organizational issues to which nursing and particularly nursing education could contribute?

Dr. Leigh Chapman

I have been in the Chief Nursing Officer role for six months, and I have prioritized engagement across all the provinces and territories. What nurses have shared with me—this includes frontline nurses, faculty, organizational leaders, and students—is how difficult it is currently in the work environment and in the learning environment, how short staffed they are, how under supported and under resourced they are, in both education and patient care settings. I have heard that what we are currently approaching health care is not sustainable, that reform is inevitable, and that the system requires true transformation to ensure longevity, not only for the profession of nursing, but for our publicly funded system, which is currently under threat. Through this engagement, my hope is to develop an understanding of the circumstances, the barriers, and the priorities in each jurisdiction, because we have 13 different health care systems in this country. The nursing workforce issues are very complex with many stakeholders involved., When we think of nursing practice and education, the stakeholders include regulatory bodies, colleges, educators, unions, and organizations that employ nurses. And so how do we work together collectively to maintain a respected, mobile, and agile nursing workforce is a key question and challenge that is before us now. We need this agility to be able to respond to the health care needs of Canadians. One challenge that is particularly concerning to me is that we have 22 regulatory bodies in 13 jurisdictions in Canada in four different categories of regulated nurse., This is problematic as we endeavour to be a unified profession from coast to coast to coast.

Dr. Jacinthe Pepin

Do you include registered nurses and practical nurses? And are there regulatory bodies specific to nurse practitioners in Canada?

Dr. Leigh Chapman

Yes, all four categories: registered nurses, licensed/registered practical nurses, registered psychiatric nurses, and nurse practitioners. Nurse practitioners are regulated by the same bodies which regulate registered nurses. Only three provinces in Canada - British Columbia, Ontario and

Nova Scotia - have one regulatory body for all categories. Other jurisdictions have three - for example Alberta, Saskatchewan, and Manitoba. .

Dr. Jacinthe Pepin

I see the challenge. What do you consider to be the major health and health organizational issues to which nursing could contribute to improving?

Dr. Leigh Chapman

The major issue is that we need to break down the silos, which are not just political or interjurisdictional between provinces and territories. There are silos within our own profession. And I think that is very problematic. When we go forward with other stakeholders and we are not united as a profession, it is very easy to break apart. We just do not have a streamlined approach. For example, I would say in the last six months, the Canadian Medical Association has gone very far in advocating for national licensure for physicians and they are unanimous in that appeal. Nursing is far behind that work because we are so divided; however, there are some important initiatives underway. We are working on breaking down some of these silos. There has been some work on regulatory modernization efforts in different provinces and territories, having a more simplified legislative and regulatory framework. And in terms of thinking about the future of nursing regulation in Canada, I know there are jurisdictions that are working very hard on this, but we need to think about this from coast to coast to coast, taking a streamlined pan-Canadian approach to really address some of the current challenges and protect patient care. One of the issues that is being piloted is multi-jurisdictional registration. There is work being carried out on a pilot in British Columbia, Alberta, and Saskatchewan to address the issue that if you are registered in one province or territory, could you also be simultaneously licensed in the other provinces, and not have to submit the additional paperwork. It will be interesting to see how that process plays out, because nurses do want mobility, they want the possibility of portability of licensure, whether they choose to work in another province or territory or not. They do want their credentials recognized across the country. I think nurses regard themselves as, "I'm a nurse in Canada. I'm a Canadian and I'm a nurse." They do not think I am a nurse in this particular hospital, in this particular province. I hope they think of themselves as a nurse within the whole of our country. Nurses have a vital role to play in the delivery of health care in Canada.

Dr. Jacinthe Pepin

That is a one strategy that nurses are currently undertaking. If that was in place across Canada, then most likely good practices in one province could carry over into other provinces.

Dr. Leigh Chapman

It will, and I think there is great strength when we are united, as one profession within Canada, and I hope that is the spirit that we bring to the International Council of Nurses (ICN) Congress when we meet in Montreal in July: that we are united, as one profession in Canada.

Dr. Jacinthe Pepin

Regarding nursing education, what are your thoughts on the specific contributions it could make for improvement in the current state of the Canadian health care system?

Dr. Leigh Chapman

For nursing education, I think there is a key role to play in terms of streamlining the integration of Internationally Educated Nurses (IEN). Often, we do not think of IEN enough in nursing education because we think, well, they completed their nursing education elsewhere. There is often a bridging component that is required for IEN to be practice ready in Canada. That is a key role that nurse educators can play or nursing education can play because of the in-depth knowledge of bridging the gap analysis between curricula to indicate this is what you have studied, this is what we teach. Here is the gap, and here is how we can bridge that gap in an efficient and effective manner. I think helping streamline the integration of IENs is a critical role for educators.

Education has such a key role to play in ensuring nurses are prepared in our system, and I think that has been particularly challenging throughout the COVID-19 pandemic - to deliver health care education in a system that is under so much strain and duress. That challenge continues in the work environment. With staffing shortages, it is very hard to protect time for education or have staff be supernumerary and dedicated to mentorship and education. So, I think we need the expertise of nursing education to ensure that we are preparing nurses effectively now and for the future. There is a lot of pressure to increase nursing education seats to increase our domestic nursing workforce supply – this requires us to be mindful of faculty resources, the availability of clinical placement, and simulation lab resources. It is a very challenging time for health care, but it is also a very challenging time for nursing education. So, I certainly hope that out of this challenge comes some opportunity and that nursing education can be creative in terms of how it is delivering education to Canada's future nurses. Health care is a 24/7 endeavor. Maybe we need to really rethink how nursing education is delivered to be more agile and responsive to the challenges that we are facing, such as staggering intakes throughout the year, or conducting evening or weekend classes or changing where we are delivering education to ensure that it is accessible to nurses who are currently practicing and wishing to upgrade their education.

Dr. Jacinthe Pepin

Can you think of any competencies which future nurses might need to develop or for which they might need to be better prepared? What are your views?

Dr. Leigh Chapman

On the competencies, I always say nurses are experts in the therapeutic nurse-client or nurse-patient relationship. And so, when we go to an interprofessional environment, we are very skilled at the team dynamic. So, team-based care is certainly the way of the future. And I think that nurses have a lot to bring to the team environment in terms of our knowledge as to how the system works and there is the holistic view of the patient that we bring. We are often not just looking at the fractured leg. We are looking at whether they have stairs in their home, and all the social determinants that landed them with a broken leg and that holistic perspective is important. But I think nurses have been very adaptable over the pandemic in terms for example of changing personal protective equipment (PPE) requirements with COVID-19 or adapting care to the virtual environment. I have also heard of incorporating not just standard technology into the way that we are delivering education, but virtual reality. Using innovative approaches to be able to deliver health care is the way of the future and I think that those are the digital competencies, the relational competencies. Those are all key roles that nurses play currently. And I think we will have to continue to adapt as a profession as the health care system changes before our eyes.

Dr. Jacinthe Pepin

Absolutely, and what about advanced practice nursing specialties? How could future nursing specialties develop, not based on the medical model, but on the future nursing knowledge for delivering care?

Dr. Leigh Chapman

It is a good question. So much of our Canadian health care system has been focused on acute care, but I went from acute care to the community over the course of my 20 years in nursing. I worked in the intensive care unit (ICU) with cardiac monitors, and all kinds of intravenous technology, and high-tech equipment. Nurses really like all the bells and whistles. Then I worked in the community sector, where there are fewer resources, and you are really challenged to learn what resources exist within the community and how to navigate within the system. Given the fact that so many Canadians do not have access to primary care and nurses have a deep knowledge of social determinants of health, I would like to see nurses play more of an active role in primary health care service delivery. Of course, we are always going to need nurses in long-term care and in the hospital sector, in ambulatory settings and every acute sector, but I would like to see more nurses in primary health care. I think it is such a full role to be engaged with the patient and delivering that holistic care that nurses are so skilled at; keeping them well, so that they do not end up in the hospital. I would like to see more attention to social determinants of health. I think if we design the health care system to meet the needs of the most vulnerable, we will have a better system. And nurses know that.

Dr. Jacinthe Pepin

And that has implications for nursing education. Do you think of any other potential contributions of nursing education for our readers of *Quality Advancement in Nursing Education (QANE)* to envision: areas in which nurse educators could coalesce with other groups to make a difference for the population's health in the current environment?

Dr. Leigh Chapman

Nursing education organizations engage collaboratively with other stakeholders. The Canadian Association of Schools of Nursing (CASN) is a key contributor to some of our federal work and is part of the Coalition for Action, which is a group that was convened by the federal government in the fall, to have a forum for discussion of some of the complex issues in health care around workforce planning as well as education and management to ascertain some solutions. There is a lot of focus on recruitment and retention, and on improving our data, improving our workforce planning data. It is interesting because education is further ahead in some cases. CASN has started to collect data on Indigenous students and faculty, and the Canadian Indigenous Nurses Association has data sovereignty over that data, so it is very progressive, but we do not have that data from a regulatory perspective. We do not know whether the diversity of our nursing workforce reflects the diversity of our Canadian population. We do not have race data within our regulatory bodies in Canada. We need to collect richer data, more robust data in the health care, in health care generally and in nursing specifically, not from a research perspective or from an ideological perspective but because it actually has an impact on patient outcomes. It has an impact and nursing education knows this. When we think of Joyce Echaquan who was harmed because of racism it is very clear - we need that data. Educators could help work with other stakeholders to advance some

of that progressive thinking in terms of what we need in health workforce data, to inform our planning.

Dr. Jacinthe Pepin

I am glad that you are bringing this up. Is there anything else you would like to share with nurse educators and academic managers? What would be your key messages for this group?

Dr. Leigh Chapman

Part of the reinstatement of the Chief Nursing Officer role is recognition within the federal government that nurses have a voice within health care and within Canada. And so, thinking about that issue and the fact that I have been in the role for six months, I think it is really important that we collectively think about our contribution to care and that the country has to listen to nurses. We seem to have normalized some of the hardships that we are facing in the profession, for example, the staffing shortages that are closing emergency departments. These are not normal realities in our system, and we need to ensure that the voice and the perspective of nurses is united and is foregrounded in all the media. These occurrences should not be considered normal or commonplace. It is not normal to have nurses who have a sit-in because they have been required to work exceptionally long hours because of shortages. It is not normal to have to close emergency departments and nurses know that. And we also know that when care is impacted, patients will suffer. So, I want to certainly enlist the support of the Canadian nursing community in advancing some of these health workforce priorities and think that together we will emerge out of these challenges stronger than ever before and maintain the quality of the profession, but also ensure that nursing is a profession of choice and that students of the future, look to nursing, or look to health care and think that they want to be a nurse to have a vital role in contributing to our publicly funded system. I think there is really an opportunity for everyone to speak up and to develop these strategies for system transformation. I am a champion for nurses, but I am one nurse in this country, and so we need to work together and that is part of why I am engaging across the country. I am very interested in hearing from faculty, students, and nurses in all of the work that I do because I want to ensure that I am representing them well within government.

Dr. Jacinthe Pepin

Thank you Dr. Chapman, and what strategies is your office putting together to receive this input? For people reading this interview, how would they get in touch or get involved?

Dr. Leigh Chapman

I would say to start within their own organizations, , whether they are nurses in a health care facility, and there is a practice council or shared governance kind of committee, whether there is the possibility for involvement in the union or a board. If they are in a nursing faculty, get involved on committees and engage in some of this policy work. I am pleased to be attending the upcoming CASN biennial conference. Educators are such important stakeholders and I really look forward to connecting with them and I certainly welcome opportunities to meet with faculty or faculty groups or student groups, whether it is virtually or in person. I am very open to on an ongoing dialogue with nurses across the country and it is the only way I can be effective in my role.

Dr. Jacinthe Pepin

Thank you very much for these ideas and actions. I am impressed with what is being undertaken. Would you like to share a concluding message or a priority?

Dr. Leigh Chapman

I was given an agenda for action: accelerating the integration of internationally educated nurses (IEN), advancing multi jurisdictional registration, that portability of licensure, and then improving our data. I have also prioritized retention and engagement. So much of that work is already underway so now we need to take advantage of the opportunities before us. . I think we are approaching a unique moment in Canada, this July. We are the host country for the International Council of Nurses (ICN) Congress - where the world's nurses are delighted to come and join us in Canada. I think that is really a moment for unity within the Canadian nursing community. We know that not all the nurses in Canada can come to the ICN Congress because we need nurses who are still upholding the system and practicing. I certainly look forward to seeing nurses at the ICN Congress and ensuring that together, we can achieve so much in the profession if we work together. If we are divided, if we are fractured, and if there are divisions in the profession, it is very hard to achieve anything. But together we can do so much. My term is short, only a two-year appointment in the CNO position. It is a short timeline, but we can do a lot in two years and improve many things. That is why I am prioritizing the engagement, that I am reflecting the diversity of nursing perspectives across the country, nursing in Saskatchewan is different than nursing in downtown Toronto, but there are still similarities. We have language differences; we have geographic differences. There are many differences that we could point out in this country. We are one profession and I think that there is much strength and power in that fact. I would encourage all nurses to consider that when using your voice at all levels and in all environments — we are one profession, and we are much stronger when we think of ourselves as such.

Dr. Jacinthe Pepin

On behalf of Dr Florence Myrick, Co-Editor-in-Chief, and myself, I would like to extend our sincere appreciation for your time and important contribution to this edition of QANE/ AFI. Thank you very much.

Dr. Leigh Chapman

My pleasure. Thank you for the invitation.

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