*bonus chapter* **3**

# Nursing Leadership and Management in Canada

## OBJECTIVES

*After reading this chapter, the student should be able to:*

- Identify the concepts that underlie the Canadian health-care system.
- Identify the sources of law in the Canadian legal system.
- Describe the early history of nursing in Canada.
- List the licensed nursing practitioners in Canada.
- Compare the responsibilities of the regulatory bodies and professional associations in Canada.
- Compare entry to practice in Canada to the United States.
- Compare and contrast legal issues in Canada and the United States.
- Recognize key issues related to working in Canadian healthcare environments.

## OUTLINE


**Introduction to The Canadian Health-Care System**
**Canadian Legal System**
**History of Canadian Nursing**
**Nursing Practice In Canada**
Levels of Nursing Practice in Canada
Registered Nurse Demographics
Registered Nurse Organizations
*Regulatory Bodies*
*Professional Associations*
*Nursing Unions*
Entry to Practice for Registered Nurses
*Canadian Nurses Association/Association des Infirmieres et Infirmiers du Canada*

**Nursing Practice And The Law In Canada**
Nursing Standards
Legal Issues Relevant to Nursing

**Organization Issues in Canada**

**Conclusion**

## Introduction to The Canadian Health-Care System

Canada, a sovereign country and member of the British Commonwealth, shares its southern and northwest borders with the United States of America. A vast country, stretching from the Atlantic to the Pacific Ocean, Canada is divided into 10 provinces and 3 territories, with a total population of about 34 million (Statistics Canada, 2008). Canada has two official languages, English and French.

The Canadian health-care system affords universal access to all Canadian citizens and residents who qualify for health-care coverage. Known to Canadians as Medicare, the system was set up by the Canada Health Act (1984) "to protect, promote and restore the physical and mental well being of residents of Canada and to facilitate reasonable access to health services without financial or other barriers" (Canada Health Act, 1984 ). Crucial to the provision of health care in Canada are the following concepts:

1. **Public Administration:** Provincial and territorial health insurance plans are administered publicly and are strictly nonprofit. Health-care facilities of all types are accountable to the provincial or territorial governments.
2. **Comprehensiveness:** Provincial and territorial health insurance plans must ensure coverage for all insured health-care services, including hospitals, outpatient facilities, primary health care, and those services of other health-care practitioners that provincial/territorial laws require.
3. **Universality:** All Canadian residents who qualify for health-care coverage must receive uniform and equal access to health care.
4. **Portability:** Canadians moving from one province or territory to another will receive ongoing health-care coverage, including any waiting period that is contingent on permanent residency. In addition, the portability of health care in Canada entitles those insured to urgent or emergency care when absent from their home on a temporary basis.
5. **Accessibility:** Insured individuals must have reasonable access to all insured services "on uniform terms and conditions, unprecluded or unimpeded, either directly or indirectly, by charges (user charges or extra billing) or other means (e.g., discrimination on the basis of age, health status, or financial circumstances)" (Canada Health Act, 1984).

## Canadian Legal System

In a country like Canada, in which there are provincial governments and a central federal government, there are rules for dividing up power between the provincial legislatures and the federal parliament. These rules were set out in the Constitution Act of 1867 (formerly called the British North American Act). The terms of this act were negotiated by representatives of the various colonies that joined together to form Canada. This public law governs relationships between individuals and the state.

Canada inherited different traditions of law when it was created in 1867. The English-speaking colonists brought with them their own legal tradition, the common law. From this perspective, there is no single, comprehensive, and authoritative code, but rather the law is drawn from decisions by judges made in the cases brought before them by individuals.

In Quebec, the common law gave way in some areas to French *le droit civil* (civil law). *Le droit civil* is based on ancient Roman law and French custom and is recorded in a comprehensive Civil Code, enacted in Quebec in 1857. In 1991, a new code replaced the much-amended old one. The code contains a general statement of the rules, principles, and ideals that guides the province's private law in its decisions (Table 1).

## History of Canadian Nursing

In Canada, before the arrival of the French settlers, there existed an aboriginal society that had health knowledge, a health system, and care providers. However, most of the earliest history of nursing in Canada focuses on the colonists from Europe who settled in New France (Quebec). The first hospital north of Mexico was established in Quebec in 1639 by three Hospitaliers de la Misericorde de Jesus nuns (Ross-Kerr, 2003). In 1641, the first lay nurse, Jeanne Mance, came from France to the unsettled Ville de Marie (Montreal) to found a hospital. She not only founded the Hotel-Dieu Hospital but also assisted in the management of the colony and is considered one of the founders of the city of Montreal (DeRoy-Pineau, 1995). Today, the Canadian Nurses Association's highest award is named in her honor.

Table 3-1

**Sources of Law**

| | PRIVATE LAW (governs relationships between individuals) | | |
|---|---|---|---|
| | *Origin* | *Authority* | *Application* |
| **Common Law** | English judicial decisions | Precedent cases | In private (civil law) and criminal law |
| **Le Doit Civil (only Quebec)** | Roman law and French custom | Codified rules and principles | In private (civil) law in Quebec |

**PUBLIC LAW (governs relationships between individuals and the state)**

- Constitutional law (division of powers, Charter of Rights and Freedoms)
- Criminal law
- Administrative law (decisions of quasi-judicial tribunals, e.g., labor boards, licensing boards)

In 1737, the Canadian order of nuns—the Sisters of Charity of Montreal (also known as the Grey Nuns)—became the first visiting nurses. To offset hospital expenses, they made military garments and tents, started a brewery and tobacco plant, and operated a cartage and freight business (Kerr-Ross, 2003). During the war between the British and the French in 1756, the Grey Nuns operated the General Hospital of Montreal for the care of all the soldiers. Starting in 1844, the Grey Nuns from Quebec traveled west with their mission to care for the sick in Manitoba, Saskatchewan, and Alberta.

Much has been written about Florence Nightingale and the poor quality of care in Britain in the 1800s that was provided by women with little knowledge. In contrast, nursing and the quality of care was better in Canada because of the founding influence of the nuns from France (Bates, Dodd, & Rousseau, 2005).

The first hospital diploma school opened in 1874 in St. Catherine's Ontario. Even though nursing was considered a somewhat undesirable vocation for a refined lady who was not in a religious order, hospital schools of nursing were founded throughout the country. By 1930 there were 330 schools of nursing in Canada (CNA, 1968).

Between 1898 and 1911, nursing organizations such as the Victorian Order of Nurses, the American Society of Superintendents of Training Schools for Nurses of the United States and Canada (later to become the National League for Nursing), the Nurses' Associated Alumnae of the United States and Canada (later to become American Nurses Association), and the International Council of Nurses were formed. Uniquely Canadian nursing organizations began with the Canadian Society of Superintendents of Training Schools for Nurses in 1907. In the next year, the Provisional Society of the Canadian National Association of Trained Nurses (CNATN) was created.

From 1910 onward, legislation was passed in each province requiring registration. The CNATN became the Canadian Nurses Association in 1924, which later became the federation of provincial associations in 1930. Over time, all provinces and territories required all practicing nurses to register with the approved regulatory body in their jurisdiction (Canadian Institute for Health Information, 2006).

## Nursing Practice In Canada

### Levels of Nursing Practice in Canada

In Canada, there are three levels of licensed nursing practitioners who are required to write licensing examinations that demonstrate the competencies that are required for their level of practice. They are:

1. Registered Practical Nurses
2. Registered Nurses
3. Nurse Practitioners

### Registered Nurse Demographics

Nurses are the largest group of health-care providers in Canada, with 252,948 registered (Canadian Institute for Health Information, 2006). A concern for the future of Canadian health care is the decreasing number of nurses per capita.

Statistics about registered nurses in Canada (Canadian Institute for Health Information, 2006) include the following:

- 33% are degree-prepared
- 46.3% entry-to-practice RNs after 2000 are BScN prepared
- 7.7% are internationally educated
- 63.2% practice in hospitals
- 94.5% are female
- More than 50% graduated over 20 years ago

## Registered Nurse Organizations

In each Canadian province and territory, there are three types of organizations that support and influence the practice of nursing: regulatory bodies, professional associations, and nursing unions.

### *Regulatory Bodies*

In Canada, there are two associations that oversee nursing practice. For all provinces and territories excluding Quebec, the Canadian Nurses Association (CNA)/Association des Infirmieres et Infirmiers du Canada (AIIC) provides leadership. The overall regulation of practice, including the granting of licensure, is the responsibility of individual provinces and territories and is further discussed below. In Quebec, the Ordre des Infirmieres et Infirmiers du Quebec (OIIQ) serves as the regulatory body and also acts in a similar capacity to the CNA in addressing nursing issues in the province of Quebec.

The regulatory organizations are responsible for licensure and professional disciplinary activities. These organizations' primary mandate is protection of the public, and as such they deal with matters that establish requirements for entering the profession as well as determine and enforce the standards for nursing practice. The maintenance of nursing competencies and patient safety are of paramount interest and concern. Committee structures support the democratic and fair management of professional issues. Committee members, who represent both the profession and the public, determine penalties for professional breeches. This public participation of non-nurses ensures the legitimacy of all regulatory activities, including decisions on matters of professional misconduct, the penalties for which fall on a continuum of severity from reprimand, to temporary suspension and remediation, to revocation of the license to practice.

### *Professional Associations*

The professional organizations may or may not have regulatory responsibilities in addition to their aim of promoting excellence in nursing practice through professional development and continuing education. In some provinces and territories, the regulatory body and professional organizations are one and the same. Malpractice insurance for nurses is often a purchased benefit of professional memberships.

### *Nursing Unions*

Most provinces and territories have nursing unions that represent nurses as employees and address workplace issues. Grievance procedures are in place to ensure safe and quality workplace environments for nurses in Canada. Most nurses in Canada belong to a nursing union as a condition of their employment.

## Entry to Practice for Registered Nurses

In Canada, many provinces maintain the Baccalaureate as the entry-to-practice education requirement; other provinces and territories require education from an approved school of nursing with a minimum requirement of a Diploma in Nursing. Table 2 charts the different provinces, their registered nursing organizations, and requirements for entry to practice.

### *Canadian Nurses Association/ Association des Infirmieres et Infirmiers du Canada*

The CNA/AIIC is a federation of 11 provincial and territorial nurses' associations and colleges. CNA supports registered nurses and nurse practitioners in their practice regardless of their field (practice, education, research); they also advocate for healthy public policy and protect universal health care in Canada as outlined in the Canada Health Act. To this end,

1. CNA advances the discipline of nursing in the interest of the public.
2. CNA advocates public policy that incorporates the principles of primary health care (access, interdisciplinary practice, patient and community involvement, health promotion, including determinants of health and appropriate technology/roles/models) and respects the principles, conditions, and spirit of the Canada Health Act.

Table 3-2

**Entry to Practice for Registered Nurses**

| Province | Regulatory Body | Professional Association | Nursing Union | Entry to Practice |
|---|---|---|---|---|
| Newfoundland and Labrador | Association of Registered Nurses of Newfoundland and Labrador | ARNNL | Newfoundland and Labrador Nursing Union | BN or BScN |
| Prince Edward Island | Association of Registered Nurses of prince Edward Island | ARNPEI | Prince Edward Island Nursing Union | BN or BScN |
| Nova Scotia | College of Registered Nurses on Nova Scotia | CRNNS | Nova Scotia Nursing Union | BN or BScN |
| New Brunswick | Nurses Association of New Brunswick | NANB | New Brunswick Nursing Union | BN or BScN |
| Quebec | Ordre of Infirmieres et Infirmiers du Quebec | OIIQ | Confederation des Syndicats Nationaux | Diploma in Nursing |
| Ontario | College of Nurses of Ontario | Registered Nurses Association of Ontario | Ontario Nurses Association | BN or BScN |
| Manitoba | College of Registered Nurses of Manitoba | CRNM | Manitoba Nurses Union | BN or BScN |
| Saskatchewan | Saskatchewan Registered Nurses Association | SRNA | Saskatchewan Union of Nurses | BN or BScN |
| Alberta | College and Association of Registered Nurses of Alberta | CARNA | United Nurses of Alberta | Diploma in Nursing As of January 1, 2010 BN or BScN |
| British Columbia | College of Registered Nurses of British Columbia | CRNBC | British Columbia Nurses Union | Diploma in Nursing |
| Northwest Territories | Registered Nurses Association of Northwest Territories and Nunavut | RNANT/NU | | Diploma in Nursing |
| Yukon | Yukon Registered Nurses association | YRNA | Yukon Employees' Union | Diploma in Nursing |
| Nunavut | Registered Nurses Association of Northwest Territories and Nunavut | RNANT/NU | | Diploma in Nursing |

**3.** CNA advances the regulation of registered nurses in the interest of the public.

**4.** CNA works in collaboration with nurses, other health-care providers, health system stakeholders, and the public to achieve and sustain quality practice environments and positive client outcomes.

**5.** CNA advances health policy and development, in Canada and abroad, to support global health and equity.

**6.** CNA promotes awareness of the nursing profession so that the roles and expertise of registered nurses are understood, respected, and optimized within the health system. (CNA, 2009)

The CNA/AIIC is responsible for the development and administration of the licensure exams known as the Canadian Registered Nurses Examination (CRNE). The national examinations are held on the same day across the country (excluding Quebec) in

June, August, October, and February. The multiple-choice examination is competency based with a focus on the following four frameworks:

a. Professional Practice
b. Nurse-Person Relationship
c. Nursing Practice: Health and Wellness
d. Nursing Practice: Alterations in Health

The OIIQ is responsible for the licensure in Quebec. There is a requirement for fluency in both spoken and written French prior to candidates' writing the licensing examination in Quebec.

## Nursing Practice and The Law in Canada

### Nursing Standards

Nurses have a fiduciary relationship with clients. According to the CNA, nurses are responsible for providing safe, compassionate, competent, and ethical care (2008).

Nursing standards of care arise from a number of sources, including:

- statutes and common law related to human rights, privacy, negligence;
- provincial statutes that apply to health-care professionals/nurses; and
- detailed regulations, practice standards, and professional associations' codes of ethics.

Standards of care are legal guidelines for nursing practice. These standards establish expectations of safe and appropriate client care. All provinces and territories have health profession and/or nurse practice acts that define the scope of practice. In addition, CNA establishes standards of practice, policy statements, and resolutions.

### Legal Issues Relevant to Nursing

- **Abortion** Abortion is unregulated in Canada, which results in the legal entitlement to abortion.
- **Advance Directives** Advance directives focus on the client's treatment preferences, which may include both requests and refusal of treatment. The advance directive includes two forms: the instructional directive and the proxy directive. The instructional directive provides specific direction governing care. In the proxy directive, the client chooses a health agent to make treatment decisions on her/his behalf. Most, but not all, provinces recognize both forms of directives.
- **Death and Dying** Manitoba is the only province that has a statutory definition of death. However, "brain death" is the standard medical practice across Canada. In Canada, euthanasia is illegal.
- **Professional Liability** Most nurses in Canada are employed by publicly funded health-care facilities that carry malpractice insurance. If a nurse is found libel in a civil lawsuit, then the employer is usually ordered to pay damages. If the nurse exceeds the bounds of acceptable practice, then that nurse is fully libel for the negligence.
- Canadian Nurses Protective Society (CNPS) is a nonprofit society that provides free legal support and liability protection to nurses as a benefit for belonging to most provincial or territorial professional associations or colleges.
- Some provinces have passed Good Samaritan acts.

## Organization Issues in Canada

A number of issues are integral and influence the Canadian nurse's work environment.

- **Quality Practice** Quality environments produce better client outcomes and more satisfied clients and staff (CNA, 2005). The College of Nurses of Ontario *Quality Assurance Practice Consultation Program* (2008) and the College of Registered Nurses of Nova Scotia *Practice Environment Collaboration Program* (2006) are example s of provincial programs developed to assess organizational attributes that enhance practice.
- **Culture of Safety** The Canadian Patient Safety Institute (CSPI) identifies seven core safety domains for all health-care providers (2007). The CSPI defines safety as the "reduction and mitigation of unsafe acts within the healthcare system as well as the use of best practices shown to lead to optimal safety."
- **Evidence-Informed Care** In 1999, the Registered Nurses Association of Ontario (RNAO) developed evidence-informed best practice guidelines for practice. There are currently 29 published guidelines as well as a Toolkit and Educator's Resource to support implementation.
- **Nurse-Sensitive Outcomes** A number of provinces are focusing nursing practice on nursing-sensitive outcomes. The identified collection of standardized outcomes across the health-care system informs clinical practice and facilitates benchmarking and sharing of best practices.

- **Delegation** Delegation is the transferring of responsibility for the performance of an act that is outside the job description of another while maintaining accountability for the outcome.

Provincial regulations define the scope of RN practice differently. For example, in British Columbia the authorized acts are known as reserved acts, in Ontario controlled acts, and in Alberta restricted acts.

## Conclusion

In its centenary year in 2008, the CNA called on nurses to be the change agents for assuring quality health care. In the spirit of the CNA, Canadian nursing leaders will build on knowledge, give voice to their experience, and energize the debate to advance a stronger, more vibrant health system for all.

### Study Questions

1. How does the Canadian health-care system differ from the American system?
2. In what ways does the history of nursing in Canada differ in Canada and in Britain?
3. What are the differences between the Canadian nursing regulatory bodies and professional associations?
4. Why do you think most provinces require a BScN for entry to practice?
5. In what ways do you think working as a nurse may differ in Canada and in the United States?

### Critical Thinking Exercise

Your friend tells you that she is going to move to Canada to work as a nurse when she graduates.

1. What information should your friend gather before she makes the final decision to move?
2. Where can your friend find information about nursing in Canada?
3. What would you tell your friend about the differences between working as a nurse in Canada and in the United States?

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