



# Canadian Health Workforce Conference

Date: October 21st-22nd 2014

Location: Château Laurier, Ottawa, ON



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The management of the health workforce and its associated and expanding wage bill is the most pressing challenge for health system planners in Canada. To begin to address this challenge, we will bring together health workforce researchers, stakeholders and decision-makers for a national dialogue to advance health workforce management and planning across all jurisdictions in Canada.

## CALL FOR ABSTRACTS

CHHRN is now accepting abstract submissions for the Canadian Health Workforce Conference on the following themes:

- ◆ Health Workforce Planning and Forecasting
- ◆ Scopes of Practice/Task Shifting/Skill Mix/Models of Care/ Interprofessionalism
- ◆ Mobility/Migration/Internationally Educated Health Personnel
- ◆ Rural/Remote Health Workforce Issues
- ◆ Aboriginal Health Workforce Issues
- ◆ Work/Life Balance, Satisfaction and Well-Being of Health Workers
- ◆ Linguistic and Cultural Competencies of the Health Workforce

We also invite you to select from one of the following three presentation formats:

- ◆ Oral/Paper Presentations
- ◆ Poster Presentations
- ◆ Round Table Discussions (for research/work in progress)

Deadline to apply is Monday July 14th 2014

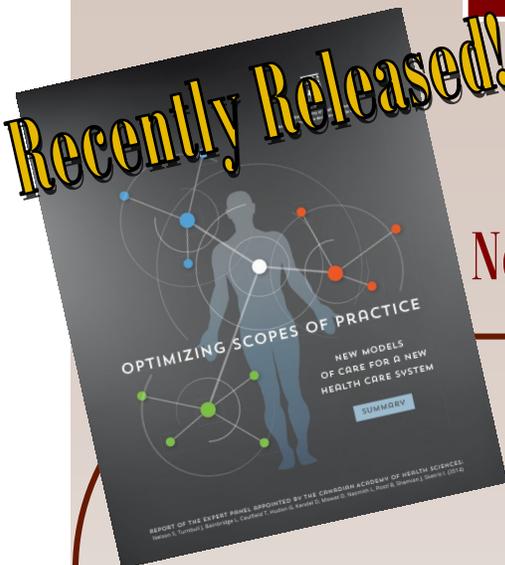
For more information visit: [www.hhr-rhs.ca](http://www.hhr-rhs.ca)



**Recently Released!**

# Optimizing Scopes of Practice

## New models of care for a new health care system



In December 2012, the Canadian Academy of Health Sciences (CAHS) undertook a major assessment dealing with a critically important element to improve the sustainability of health care in Canada in the future: scopes of practice. The issue was identified during a Forum on the Future of Health Care in Canada at its annual meeting in 2011. The CAHS Board formulated a prospectus and raised support from a wide range of stakeholder groups to address the overarching research question,

‘What are the scopes of practice that will be most effective to support innovative models of care for a transformed health care system to serve all Canadians?’

CAHS assembled an Expert Panel in 2012 to conduct an assessment of the evidence regarding the optimization of health care professional scopes of practice. Co-chaired by Drs. Sioban Nelson (University of Toronto) and Jeffrey Turnbull (Ottawa Hospital), the Panel has finalized the report that explores ways to transform the health care system through the reconfigurations of scopes of practice and models of care that are informed by patient, community, and population needs.

The Expert Panel considered: peer reviewed articles; grey literature; evidence from interviews with key experts, innovators and policy makers; and an analysis of relevant regulatory, legal and case law documentation.

The report will set the stage for a national summit in Ottawa this October with major stakeholder groups.

# Summit on Health Professional Scopes of Practice

**Date: October 20th 2014**

**Location: Ottawa, ON**

Following the release of the CAHS Assessment ‘Optimizing Scopes of Practice: New Models of Care for a New Health Care System’ we will hold a Summit of key Stakeholders to discuss an Action Plan moving forward. Stay tuned for more details!

**For more information visit: [www.hhr-rhs.ca](http://www.hhr-rhs.ca)**

# International Health Human Resources

## Advisory Committee



### Dr. Karen Bloor

*Professor of Health Economics and Policy  
University of York  
United Kingdom*



**K**aren Bloor is Professor at the University of York, where she has worked since joining the University as a junior research fellow in 1991. Karen leads the Health Services and Policy Research Group in the Department of Health Sciences.

Her research interests focus on the application of economics to health policy, particularly in the field of the health care workforce. She has carried out research projects on a range of subjects relating to the financing and delivery of health care, including analysis of medical labour markets (particularly pay and productivity of hospital specialists), also regulation of the pharmaceutical industry and various aspects of health care reform. She led the English contribution to a recently completed EU funded project, the 'European Collaboration for Health care Optimisation (ECHO)', a project which includes analysis of geographical variations and organisational quality indicators in six European countries.

Karen teaches health policy and evaluation methods at graduate level and to undergraduate medical and nursing students, and has delivered short courses on health economics and health policy to numerous international groups for organisations including the World Bank and the World Health Organisation. With Professor Alan Maynard she delivered training on provider payment mechanisms to many cohorts of attendees at the World Bank's Flagship Programme on Health Sector Reform and Sustainable Financing in Washington, DC and at partner institutes in Lebanon and Hungary. She is been a member of the International Health Workforce Collaborative since 1998 and a member of the Wennberg International Collaborative since 2012.

CHHRN is very pleased to have Dr. Bloor as a member of the CHHRN International Advisory Committee which benefits greatly from her knowledge, expertise and advice.

*"People are the most important resource in any health care system, and also the biggest cost. This is not reflected in research and analysis, where the health care workforce has been relatively neglected for far too long. CHHRN is an internationally valuable effort to address that imbalance by collating evidence and linking academics with decision makers in this important field. ."* **Karen Bloor**

**For more information visit: [www.hhr-rhs.ca](http://www.hhr-rhs.ca)**

# CAHSPR Conference

## HHR Theme Group, May 12-15, 2014



CHHRN supports an HHR Theme Group as part of the Canadian Association of Health Services and Policy Research (CAHSPR). At the most recent conference in Toronto, the following were winners of the CAHSPR HHR Theme Group "Best HHR Presentation/Poster Awards".

### Best Non-Student Poster Award



**Dr. Maureen Markel Reid** is an Associate Professor and a Canada Research Chair in Aging, Chronic Disease and Health Promotion Intervention in the School of Nursing, and the scientific Director of the Aging Community and Health Research Unit at McMaster University.

**The Feasibility, Acceptability and Effects of an Interprofessional Nurse-Led Mental Health Promotion Intervention in Older Home Care Clients.**

**Poster Summary:** The objectives of this study were to examine the feasibility and acceptability of a new 6-month interprofessional (IP) nurse-led mental health promotion intervention, and to explore its effects on reducing depressive symptoms in older home care clients (> 70 years) using personal support services. A one-group pre-test study design was used. The intervention was six-month evidence-based depression care management strategy led by a Registered Nurse

(RN) that used in IP approach. Of the 142 study participants, 56 % had depressive symptoms, and 38% of these participants had moderate to severe depressive symptoms. The findings provide initial evidence for the feasibility, acceptability and sustained effects of the intervention in reducing depressive symptoms and anxiety, improving health-related quality of life (HRQoL), and reducing use of hospitalization, ambulance services, and emergency room visits over the study period. Future research should evaluate its efficacy using a randomized clinical trial in different settings.

### Best Non-Student Presentation Award



**Mrs. Danielle Fréchette** is Executive Director of the Office of Health Systems Innovation and External Relations at the Royal College of Physicians and Surgeons of Canada. With more than 25 years experience in the field of social policy, she has supported the development of the Royal College's health policy and governance functions since the early 1990s.

**Examining factors for specialist physician un- and underemployment in Canada.**

**Presentation Summary:** There have been signs and growing evidence that some newly certified medical specialists have had difficulties obtaining employment in their field. The main objective of this longitudinal study is to examine the factors underlying new medical specialist under/unemployment in Canada. A mixed method research design combining qualitative and quantitative approaches was

applied. Fifty-one voluntary, confidential interviews were conducted with selected stakeholders including specialty and subspecialty medicine committee chairs and program directors, senior hospital leaders, postgraduate deans, medical & surgical residents, recent graduates, government officials & practicing medical specialists. Quantitative survey data was collected since 2011 through an online survey administered to every new Royal College specialty and subspecialty certificant (N=3D2002 in 2011 and N=3D2231 in 2012 with response rates of 655(32.9%) and 713(31.9%) respectively. Most impacted specialists are from procedural disciplines; 16% new specialists reported employment challenges post-certification; additional training is sought as an alternative to unemployment or to be more employable. Driving factors are: (1) Economic: decreased hospital hiring, operating room time and resources; delayed retirements; (2) Health System: increased reliance on residents for call service and patient care reduces job openings; misalignment between workforce plans and residency intake resulting in some 'oversupply'; compensation models not incentivizing creation of positions; interprofessional care models/changing scopes of practice reducing the need for specialist positions; (3) Individual/Contextual: work location influencers include desire to be in the same city as spouse/partner and family members, and preference for a particular city or academic center; lack of career counseling.



## Best Student Presentation Award

**Ms. Olena Kapral** is a first year PhD student at the Johnson-Shoyama Graduate School of Public Policy at the University of Regina. She obtained a Bachelor of Health Sciences at the University of Ontario Institute of Technology and a Master of Arts in Public Administration at the University of Ottawa.

**Presentation Summary:** Many provinces have furthered the implementation of primary care teams through the enhancement of the scopes of practices of regulated professions as a mechanism to help facilitate collaboration between health providers. In particular, recognizing the value of pharmacists in developing and managing drug therapies for patients with complex and chronic diseases, there has been a movement across Canada to integrate pharmacists into primary care teams. While there has been notable progress at the clinical level in developing the role of clinical pharmacists, there is limited information about the structural or institutional level factors of primary care models that may affect the integration of clinical pharmacists in primary care teams. This study focused one of these factors: the regulatory and legislative context. A comparative case study of the regulatory and legislative context in Ontario and Saskatchewan was developed using discourse analysis of publicly available documents (i.e. reports, house Hansard transcripts, news articles, etc.) and policy analysis of legislative amendments. Results of the study provide initial evidence that the regulatory frameworks governing health professions appear to create exclusive policy networks for the provincial government, regulatory bodies and professional associations. The discussions supported the idea that enhancing scopes of practice would facilitate collaboration but the resulting amendments do not appear to impact the role of clinical pharmacists in primary care teams. Further research involving interviews with key stakeholders is needed to identify what factors will help integrate pharmacists, and other health professions, into primary care teams.

## Best Student Poster Award



**Dr. Jenna Evans**

is a Post-Doctoral Fellow at the Institute of Health Policy, Management & Evaluation at the University of Toronto, and a Certified Health Executive with the Canadian College of Health Leaders.

**Ms. Agnes Grudniewicz**

is a PhD Candidate at the Institute of Health Policy, Management & Evaluation at the University of Toronto and a trainee at the Li Ka Shing Knowledge Institute at St. Michael's Hospital.



**Poster Summary:** The mixed performance outcomes of integrated care models may be explained partly by differences in organizational context and capabilities. This study aims to conceptualize the context for integrated care, and to identify, organize, and assess measurement instruments and scales that can be used to describe and compare the organizational context and capabilities required for effective integrated care delivery. More explicit attention to organizational capabilities and context, through standardized measurement and monitoring, offers a promising avenue for improving the implementation, management, performance, and/or sustainability of integrated care interventions by providing information on organizational characteristics, strengths and weaknesses, and potential threats or opportunities. A key theme emerging from this work is the need to measure the quality of work environments as a means to better understand the performance and sustainability of new models of care. A healthy workplace and engaged workforce increase the probability of successful change.

# Join the CAHSPR HHR Theme Group!

For more information visit:

[www.cahspr.ca](http://www.cahspr.ca)



## Other HHR Presentations @ CAHSR

- ◆ A longitudinal analysis of nurse retention in Ontario (2003-2010): Recommendation for policy and practice– *Mohamad Alameddine*
- ◆ Knowledge Synthesis of Internationally Educated Health Professionals in Canada: Gap Analysis and Recommendations for Research - *Christine Covell*
- ◆ Towards a more nuanced understanding of health profession organizations as interest groups in health policymaking– *Sarah Boesveld*
- ◆ Could primary care NPs turn out to be a disruptive innovation?  
-*Damien Contandriopoulos*
- ◆ Nurse practitioner productivity and National comparison of nurse practitioner salaries in primary health care– *Kelley Kilpatrick*
- ◆ The impact of an economic downturn on employment of nurses: Does policy play a role?– *Mary Crea-Arsenio*
- ◆ Best elder care and acutely admitted older adults: mapping the geriatric educational needs of practicing nurses in Ontario– *Mary Fox*

For more information visit:

[www.cahspr.ca](http://www.cahspr.ca)

# Queen's Health Policy Change Conference

## *Creating Strategic Change in Canadian Healthcare*

The Queen's school of Business recently held the second conference in a series of three conferences focused on transformational change in Canadian Healthcare this past May 15, 16, 2014.

This second conference, entitled “Creating Strategic Change in Canadian Healthcare” brought together 150 senior-level participants from healthcare, government, academe and business sectors with the goal of addressing the question “What should the form and substance of a Canadian healthcare strategy?”

Three major themes were covered to explore this question: designing, building and implementing strategic change in Canadian healthcare respectively. Within the “building a strategic change in Canadian healthcare” theme, health human resources was explored in greater depth among three additional sub-themes.

Dr. Ivy Lynn Bourgeault was tasked with preparing a white paper on this topic—a draft of which is available for download at: <http://moniesonhealth.com/resources/2014-WhitePaper-Bourgeault.pdf>

Comments on the draft white paper are most welcome—please contact Ivy directly. Revisions will be made in August and published along with the other white papers from the conference with McGill-Queen's University Press

The panelists below were identified as the leading thinkers in HHR and were invited to speak about the justification for and substance of a Canadian HHR strategy as well as to present potential paths to implementation.

**Building strategic change in Canadian healthcare- health human resources:**



Dr. David Walker  
Moderator  
Professor of Family & Emergency Medicine  
Queen's University

Dr. Ivy Lynn Bourgeault,  
Professor & CIHR Research Chair in HHR  
University of Ottawa



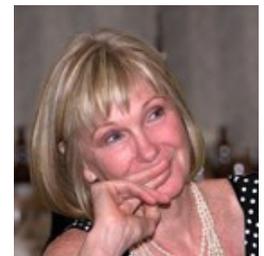
Dr. Richard Reznick,  
Dean, Faculty of  
Health Sciences

Danielle Fr chette,  
Executive Director, Office of Health  
Systems Innovation and External  
Relations Royal College of Physicians and  
Surgeons of Canada



Jesse Pasternak,  
HHR Committee Chair  
Canadian Association of Interns & Residents

Sandra MacDonald-Rencz  
Nursing Executive & Acting Senior Director,  
HHR Policy Division  
Health Canada



For more information visit:  
[www.moniesonhealth.com](http://www.moniesonhealth.com)



# HHR Planning Theme

## UPDATE: Physician Resource Planning Task Force Technical Steering Committee

In June 2012, the Conference of Deputy Ministers of Health directed the Committee on Health Workforce (CHW) to work with the Association of Faculties of Medicine of Canada (AFMC) to examine ways in which to advance Recommendation One of the Future of Medical Education in Canada Postgraduate Project Report “to produce the right mix, distribution, and number of physicians to meet societal needs”. The resulting Physician Resource Planning Task Force, co-chaired by the province of Ontario and the AFMC, was established to facilitate the collaboration and coordination of pan-Canadian physician human resources planning in support of Deputy Ministers of Health and Deans of Medicine.

One of the central activities of the Task Force is to develop a pan-Canadian physician planning tool to better understand the complexities of physician supply. A Task Force Technical Steering Committee has been formed to lead the development of a planning tool that will generate physician supply scenarios reflecting different specialty mixes, track physician migration across jurisdictions, provide interprovincial comparisons, and make projections for both rural and urban communities. A request for proposals is scheduled for release in the summer of 2014 with the aim of recruiting a technical contractor who will develop the pan-Canadian physician supply planning tool throughout the fall and winter of 2014-15.

Like any projection model, the physician supply planning tool will have limitations based on current data holdings and the tool’s stage of development. The tool will not distinguish between clinically active vs. inactive physicians, or account for functional specialty. In its initial stage of development, the tool will be limited to projections of physician supply based on changes in the physician workforce. Should this work prove successful, it is hoped that the planning tool will be further developed to consider population health needs.

## UPDATE: CIHI Health Human Resources Minimum Dataset

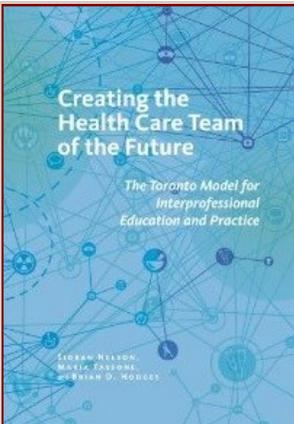


### CIHI establishes new standards for HHR data collection

Effective health human resources (HHR) management relies on good quality data. And good quality data requires standardized definitions and values that can be collected in a comparable way across the country. Through a collaborative process with F/P/T ministries, regulatory colleges, professional associations and research community stakeholders, CIHI developed a data set to support HHR data collection and reporting.

Titled *Health Human Resources Minimum Data Set Guide*, the document introduces more than 80 data elements that will assist organizations interested in establishing HHR data sets. And later this year, CIHI will launch a new collaborative initiative designed to identify the 10-15 most essential data elements for pan-Canadian HHR reporting.

Stay tuned to [www.cihi.ca/hhr](http://www.cihi.ca/hhr) for more information!



# Scopes of Practice Theme

## Creating the Health Care Team of the Future: The Toronto Model for Interprofessional Education and Practice

Authors Sioban Nelson, Maria Tassone and Brian D. Hodges

*“Unless you instill in the next generation a commitment and expectation that collaboration is normal and will be accomplished, it can never be accomplished. We have to believe in interprofessionalism in order for it to be possible.”*

One way to significantly improve the delivery of health care is to teach the health professionals who provide care to work together, to communicate with each other across professional boundaries, and to start to think and act like a team that has the patient at its center. The team-based care movement is at the heart of major changes in medical education and will become an element in the new accreditation standards.

Through its Centre for Interprofessional Education, the pioneering approach in this area taken by the University of Toronto has attracted international attention. The role of Centre for IPE, a formal partnership between the University of Toronto and the Toronto Academic Health Sciences Network, is to create a hub for the university and the many teaching hospitals where all core parties can be actively engaged in redesigning this new model of health care. In *Creating the Health Care Team of the Future*, Sioban Nelson, Maria Tassone, and Brian D. Hodges give a brief background of the Toronto Model and provide a step-by-step guide to developing an IPE program.



Sioban Nelson

## The Utilization of Nurse Practitioners and Physician Assistants: A Research Synthesis

Authors: Sabrina T. Wong, Vicki Farrally

Prepared for the Michael Smith Foundation for Health Research

The Michael Smith Foundation for Health Research (MSFHR) funded this Research Synthesis for Health Research on behalf of the Nursing Research Advisory Council (NRAC). Its purpose was to: 1) provide decision makers in the British Columbia (BC) health sector with a comprehensive international review and synthesis of the research literature pertaining to nurse practitioners (NP) and physician assistants (PA), including information regarding their current and potential organization, financing, funding, regulation, and service delivery in BC; and 2) offer pragmatic advice in regard to the future implementation and utilization of these two professions within this province. A set of nine questions posed by NRAC provided a framework for the project.

Visit the CHHRN Scopes of Practice Theme Page Feature Module: [www.hhr-rhs.ca](http://www.hhr-rhs.ca)

# Rural, Remote & Aboriginal Theme



## National Aboriginal Council of Midwives Toolkit

### Using the Toolkit: A Guide to Structure, Language and Key Concepts

In May 2014, the National Aboriginal Council of Midwives launch a toolkit that has been designed to provide information and activities for Aboriginal communities interested in learning more about maternal, newborn and infant health, and midwifery care. The toolkit provides both background information and suggested workshops in order to find out information about your particular community.

NACM understands that accessing midwifery care in Aboriginal communities is a complex undertaking. It includes addressing issues of inter-governmental jurisdiction and access to services, midwifery education, and Aboriginal rights and sovereignty.

NACM recognizes the diversity in Aboriginal communities across Canada. It is important to take this diversity into account when developing models of midwifery care for Aboriginal peoples and to address the historical, cultural and spiritual realities of each community when restoring midwifery care to Aboriginal populations.

The toolkit is organized into four main sections. These are:

- ◆ Introduction: A Call to Action
- ◆ Assessing Current Maternal Health Needs
- ◆ Midwifery regulation, governance and models of care
- ◆ Developing midwifery services closer to home

The sections do not have to be read in order, and the toolkit was designed so that the reader can move between sections, depending on their needs.

For more information  
contact :



**NACM**  
NATIONAL ABORIGINAL  
COUNCIL OF MIDWIVES

**Visit the CHHRN Rural, Remote & Aboriginal Theme Page to Learn More**

### Recently released publications from CHHRN Eastern Hub:

#### **Evaluation of recruitment and retention strategies for health workers in rural Zambia**

**Authors:** Fastone M Goma, Gail Tomblin Murphy, Adrian MacKenzie, Miriam Libetwa, Selestine H Nzala, Clara Mbwili-Muleya, Janet Rigby, Amy Gough

**Health Human resources for Health 2014, 12 (Suppl 1): S1 (12 May 2014)**

#### **Pilot-testing service-based planning for health care in rural Zambia**

**Authors:** Fastone M Goma, Gail Tomblin Murphy, Miriam Libetwa, Adrian MacKenzie, Selestine H Nzala, Clara Mbwili-Muleya, Janet Rigby, Amy Gough

**BMC Health Services Research 2014, 14 (Suppl 1): S7 (12 May 2014)**

# Mobility & Migration:

## Changes ahead for international medical graduates hoping to practice in Canada

By Vanessa Milne, Christopher Doig & Irfan Dhalla



Although international medical graduates are a well-established part of Canadian health care and used to help address the shortage of doctors in underserved areas, according to the June 5 2014 issue of *healthy debate*, the landscape is becoming more competitive, thanks to an increase in the number of new doctors graduating from Canadian Universities and rising number of international medical graduates trying to enter Canada. Furthermore it is argued that at the same time, Canadians who have gone abroad to study medicine are making up a larger percentage of the international group.

### The following are a few highlights taken directly from the *healthy debate* article:

“In term IMG includes both immigrants and Canadians who have gone aboard for their medical degrees The Canadian cohort has increased substantially over the past few years, with a 2011 survey suggesting more than 3,600 Canadians were studying medicine abroad.

In 2008, 12% of the IMGs in the CaRMS match were Canadians who had studied overseas. By 2011, that had increased to 25%. The shift has been so distinct that the Centre for the Evaluation of Health Professionals Educated Aboard changed its programming in response, says Ardal, the organization’s CEO.

The Canadian IMG subgroup also seems to enjoy an advantage: In 2011, they made up about 25% of IMG applicants, but obtained more than half of the first-year residency positions given the international medical graduates.

Over 90 per cent of Canadians studying aboard hope to return to Canada for their postgraduate training, and some people have even called for their preferential treatment over other IMGs. But that may be a violation of the Charter of Rights and Freedoms, since the Canadians would be getting ahead just because of their country of birth.

Adding to the confusion is the fact that many Canadians who study medicine overseas believe there is a doctor shortage in Canada. Students get their information from the media, where many articles are about shortages, says Barer. “So they will assume there are shortages, and they will assume there will be no problem getting in.”

Barer’s CMAJ article highlights the need for increased communication. “Policy makers in both government and medicine should be crystal clear” about the prospects for Canadians thinking of studying medicine abroad, it reads. “Anything else seems irresponsible and invites understandable backlash.”

### To read full article:

<http://healthydebate.ca/2014/06/topic/international-medical-graduates-canada>

**healthydebate**  
unbiased facts. informed opinions.

Visit the CHHRN Mobility & Migration Theme Page to Learn More

### Recently released publications from CHHRN Western and Central Hubs:

#### **Economic and Social Integration of Immigrant Live-in Caregivers in Canada**

*Authors: Jelena Atanackovic and Ivy Lynn Bourgeault*

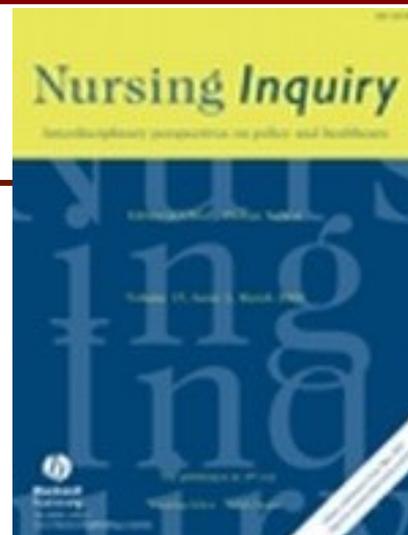
*Institute for Research on Public Policy, No. 46, April 2014*

#### **False hope for Canadians who study medicine abroad**

*Authors: Morris, L. Barer, Robert G. Evans, Lindsay Hedden*

*Canadian Medical Association Journal (2014), Volume 186 (8), 552.*

# Quality of Worklife



## Recently Released Report: Conceptualizing Structural Violence in the Context of Mental Health Nursing

**Authors:** Jacqueline A Choiniere, Judith A MacDonnell, Andrea L Campbell and Sandra Smele

*Nursing Inquiry (2014), Volume 21(1), 39-50*

### Abstract:

This article explores how the intersections of gendered, racialized and neoliberal dynamics reproduce social inequality and shape the violence that nurses face. Grounded in the interviews and focus groups conducted with a purposeful sample of 17 registered nurses (RNs) and registered practical nurses (RPNs) currently working in Ontario's mental health sector, our analysis underscores the need to move beyond reductionist notions of violence as simply individual physical or psychological events. While acknowledging that violence is a very real and disturbing experience for individual nurses, our article casts light on the importance of a broader, power structure analysis of violence experienced by nurses in this sector, arguing that effective redress lies beyond blame shifting between clients/patients and nurses. Our analysis illustrates how assumptions about gender, race and care operate in the context of global, neoliberal forces to reinforce, intensify and create, as well as obscure, structural violence through mechanisms of individualization and normalization.

**To read full report: [www.onlinelibrary.wiley.com](http://www.onlinelibrary.wiley.com)**

**Visit the CHHRN Quality of Worklife Theme Page to Learn More**

## Other Quality of Worklife Publications Written by Dr. Jacqueline Choiniere

### **Challenging everyday violence taking race and gender into account: Policy implications.**

**Authors:** Jacqueline Choiniere, Judith MacDonnell,  
*Canadian Diversity Magazine (2012), 9(1): 65-69*

### **Nursing home staffing standards and staffing levels in six countries.**

**Authors:** Charlene Harrington, Jacqueline Choiniere, Monika Goldman, Frode Fadness Jacobsen, Liz Lloyd, Margaret McGregor, Vivian Stamatopoulos, Marta Szebehely  
*Journal of Nursing Scholarship (2012) Journal of Nursing Scholarship, 44(1): 89-98.*

**Visit the CHHRN Quality of Work life Page to Learn More**

# OTHER CHHRN UPDATES

## Introduction to Health Occupations Textbook



A number of associates with the Canadian Health Human Resources Network (CHHRN), in partnership with CIHI, are writing a text/resource book on an introduction to health professions in Canada. The health professions that will be covered in this textbook include:

*\*\*Will not necessarily be listed in this order nor will the chapters be presented within the same group\*\**

- ◆ Audiology
- ◆ Speech Language Pathology
- ◆ Chiropractic
- ◆ Dentistry as well as Dental Surgeons, Specialists, Assistants, Hygienists, therapists, technicians
- ◆ Dieticians and Nutritionists
- ◆ Massage Therapy
- ◆ Medical Laboratory Technologists
- ◆ Medical Radiation Technologists
- ◆ Midwifery
- ◆ Naturopathy, Homeopathy, Traditional Chinese Medicine and Acupuncture
- ◆ Nursing (including practical, psychiatric and advanced practice nurses)
- ◆ Occupational Therapy, Physical Therapy and Kinesiology
- ◆ Optometry and Opticians
- ◆ Paramedics and Emergency Medicine
- ◆ Physicians and Surgeons
- ◆ Podiatry
- ◆ Psychology and Social Work
- ◆ Respiratory Therapy
- ◆ Personal Support Workers and Community Health Workers
- ◆ Physician Assistants

The content from this book will be used for multiple purposes, including students interested in the health sciences and in health workforce policy and those already in these fields or in managerial positions.

National health profession associations and other key stakeholders are being invited to become involved in this project by reviewing the chapter on this profession and presenting topical issues affecting the profession.

The anticipated date of release for the textbook is fall 2015.

*Please contact CHHRN if you'd like to know more about this project!*

**For more information contact: [info@hhr-rhs.ca](mailto:info@hhr-rhs.ca)**



Andrea Baumann

**D**r. Andrea Baumann is the Scientific Director of the Nursing Health Services Research Unit (NHSRU), McMaster University site and Associate Vice-President of Global Health, Faculty of Health Sciences. The NHSRU is a centre of excellence in systematic evaluation and a repository for research and longitudinal databases. In her role as Scientific Director, Dr. Baumann provides essential evidence on the nursing workforce and is a resource for government bodies, nurses, researchers and professional organizations provincially, nationally and internationally. Dr. Baumann has authored/edited three books and has numerous peer-reviewed publications focusing on decision making and health human resources (HHR). She is a renowned HHR researcher and has won awards of excellence for her publications in this area. Her nursing health services publications range from instrument development to process evaluations related to nursing workforce interventions and safety.

#### **MOST RECENT HEALTH HUMAN RESOURCE PUBLICATIONS**

##### **Measuring the job stickiness of community nurses in Ontario (2004-2010): Implications for policy and Practice**

*Alameddine, M., Baumann, A., Laporte, A., Mourad, Y., Onate, K, & Deber, R. (2014). Health policy. 114 (2014), 147-155.*

##### **The road to providing quality care: Orientation and Mentorship for New Graduate Nurses.**

*Hunsberger, M., Baumann, A., & Crea-Arsenio, M. (2013). Canadian Journal of Nursing Research, 45(4), 72-87.*

#### **FORTHCOMING PUBLICATIONS:**

##### **Accountability: A Pan-Canadian Perspective of Regulators of Medicine and Nursing.**

*Baumann, A., Norman, P., Blythe, J., Kratina, S., Deber, R. (2014, Spring). Longwoods Publishing. Special Issue.*

#### **OTHER HHR PUBLICATIONS:**

##### **Internationally Educated Nurses: On-line Employer's Guide:**

<http://ien.oha.com/Pages/IENMain.aspx>

##### **A framework for integrating internationally educated nurses into the healthcare workforce**

*Baumann, A., Blythe, J., Idriss-Wheeler, D., Fung, M., & Grabham, A. (2013). Report*

[http://nhsru.com/wp-content/uploads/2013-Series-36-](http://nhsru.com/wp-content/uploads/2013-Series-36-Framework_for_Integrating_IENs_into_the_Healthcare_Workforce_FINAL_REPORT_March-28_2013_-NHSRU_OHA.pdf)

[Framework\\_for\\_Integrating\\_IENs\\_into\\_the\\_Healthcare\\_Workforce\\_FINAL\\_REPORT\\_March-28\\_2013\\_-NHSRU\\_OHA.pdf](http://nhsru.com/wp-content/uploads/2013-Series-36-Framework_for_Integrating_IENs_into_the_Healthcare_Workforce_FINAL_REPORT_March-28_2013_-NHSRU_OHA.pdf)

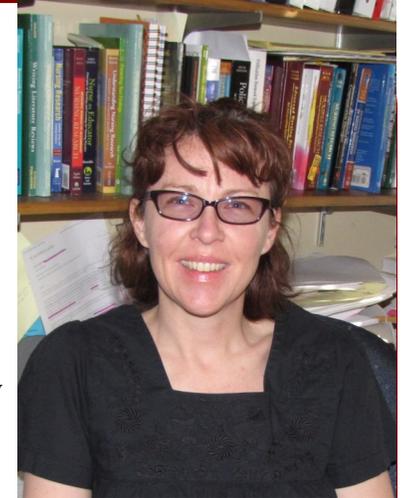
#### **NEWEST GRANT:**

Dr. Baumann is the principal Investigator on Partnering with Employers: Increasing IEN Employment in Healthcare Organizations, funded by the Ministry of Citizenship and Immigration, 2014-2017.



#### **SAVE THE DATE:**

Knowledge Exchange Forum: The Most Recent Evaluations of the Nursing Graduate Guarantee and the Late Career Nurse Initiative. (*see page 19 for details*)



**Kellie Thiessen**

**K**ellie Thiessen is prepared as both a nurse and a midwife and has an extensive clinical background in maternal health care. She obtained her Master of Science in Nurse-Midwifery from Georgetown University in 2002. Kellie completed her doctorate from the University of Manitoba in January 2014, in the Applied Health Sciences Program. Her dissertation was entitled, *A Case Study of the Implementation of Regulated Midwifery in Manitoba*. Her research focused on health policy and its impact on delivery of programs, specifically as it related to the utilization of midwifery services in Manitoba. During her time as a doctoral student, she has presented provincially, nationally and internationally on the topic of midwifery in Manitoba.

### **A Case Study of the Implementation of Regulated Midwifery in Manitoba**

In 2000, midwifery was regulated in the Canadian province of Manitoba. Since the inception of the midwifery program, little formal research has analyzed the utilization of regulated midwifery services. Currently, many women are denied access to midwifery care due to the shortage of midwives in Manitoba. The specific objectives of this mixed-methods case study were to describe the utilization of midwifery health care services in Manitoba from 2001/02 to 2009/10 and to explore factors influencing the implementation and utilization of regulated midwifery services in Manitoba. The study was guided by the Behavioral Model of Health Services Use (Andersen, 1995).

Data collection and analysis were an iterative process between documents, interviews, and administrative data. The quantitative analysis used the population-based administrative data housed at the Manitoba Centre for Health Policy to study the utilization of midwifery care. There was modest growth in the overall rate of midwifery-attached births, as well as in the number of midwives over the 10-year time period. Twenty-four key informants were purposefully selected to participate in semi-structured interviews for the qualitative component. Interviews were audio-taped, transcribed verbatim and analyzed using content analysis. Three main topic areas were identified: barriers, facilitators, and future strategies/recommendations. Themes arising under barriers included conflict and power; lack of an educational program; perceptions of the profession, and a precarious profession. Issues of gender underpinned some of these barriers. Constituent influence was prominent facilitator of the profession.

Future strategies for sustaining the midwifery profession focused on ensuring avenues for registration and education, improving management strategies and accountability frameworks, enhancing the work environment, and evaluating the model for practice and employment. Results of the document analysis supported the themes arising from the interviews. In spite of scientific evidence that support the midwifery model of care, there remains an inherent struggle to justify the profession and ensure its widespread implementation in Manitoba. The findings have implications for maternal child health professionals working on collaborative efforts to facilitate access to midwifery services for women. This study adds to the growing body of literature related to midwifery in Canada.

**For more information visit: [www.hhr-rhs.ca](http://www.hhr-rhs.ca)**

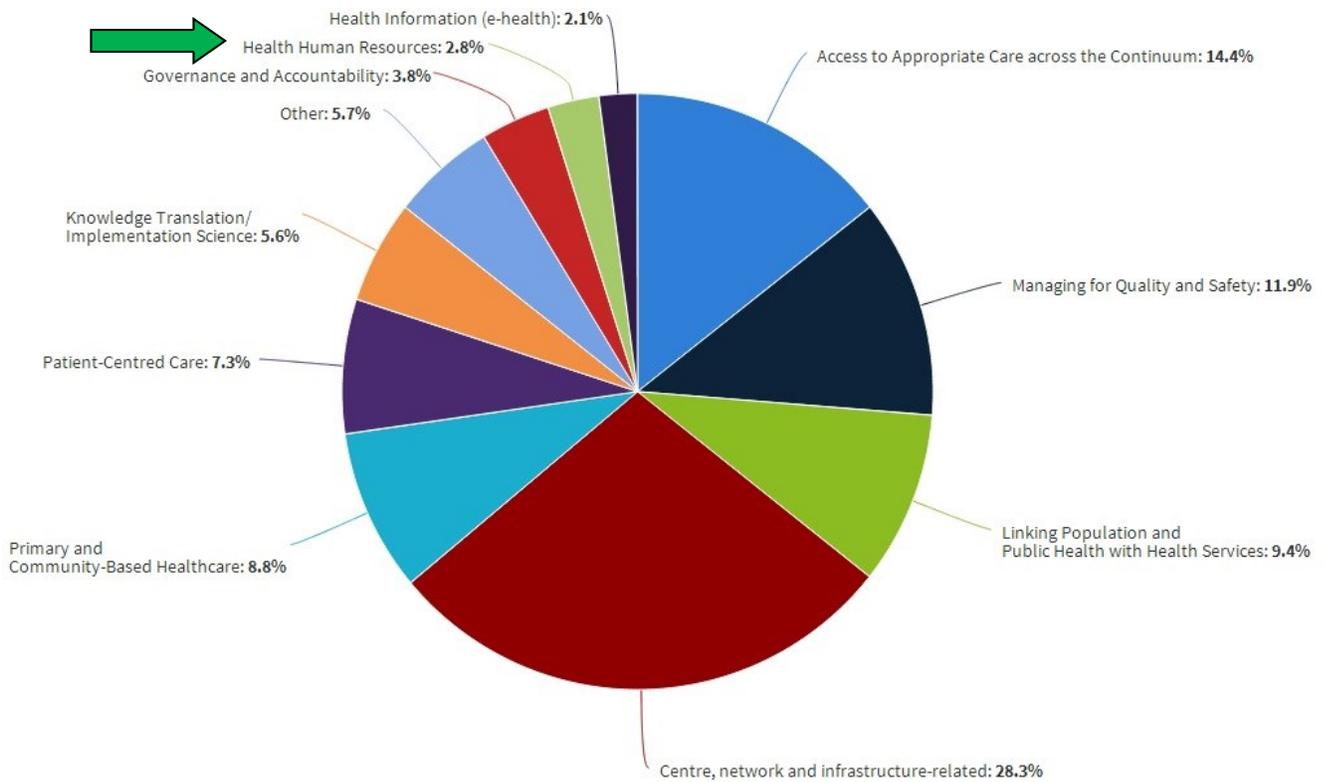
## Health Services and Policy Research Investments

*A portrait of Canada's investments, assets and resources  
from 2007/2008 to 2011/2012*

### Canadian total by research theme

% of total investment (in millions of dollars)

> Hover over chart to view amount in millions



Note: Investments were categorized according to 14 research themes. A "Centre, network and infrastructure-related" category was used to capture funds that flowed to large data centres and networks/centres lacking a domain focus.

Source: Retrieved from [http://www.cihr.ca/map-carte\\_ihspr-isps/e/ca\\_theme.html](http://www.cihr.ca/map-carte_ihspr-isps/e/ca_theme.html)



For more information visit: [www.cihr.ca](http://www.cihr.ca)



# Upcoming HHR Research Funding Opportunities



## CIHR Knowledge to Action Operating Grant

**Application Deadline:** October 1 2014

**Anticipated Notice of Decision:** March 31 2015

**Funding Start Date:** March 1 2015



## CIHR Partnership for Health System Improvement Grant

**Application Deadline:** October 15 2014

**Anticipated Notice of Decision:** June 19 2015

**Funding Start Date:** June 1 2015



*For more information about these opportunities visit:*

*[www.researchnet-recherchenet.ca](http://www.researchnet-recherchenet.ca)*

## CHHRN Letter of Support



We are very pleased to provide letters of support for upcoming research proposals in HHR– from the CIHR Meeting, Planning and Dissemination Grants, the Open Operating Grants and Partnership for Health System Improvement Grants and beyond. These letters outline the many resources available to members as well as the provision of in-kind support through CHHRN’s knowledge brokering capacity including knowledge dissemination of HHR research through pan-Canadian webinars and the opportunity to showcase your research on the CHHRN website, social media and newsletter.

**For more information contact:**

**[info@hhr-rhs.ca](mailto:info@hhr-rhs.ca)**



**Join the Network!**

**Membership is**

**FREE!!!**

# CHHRN Fireside Chat Series

## Podcasts Now Available!

In December 2013 to June 2014, the Canadian Health Human Resources Network and CHNET-Works! hosted a series of Fireside Chat Webinars on HHR Tools and Innovations across the country (two of which were highlighted in the Innovations to Action report), and in the United States in order to increase awareness about these key innovations and facilitate important discussion around scaling up these innovations, discuss the successes and lessons learned from innovation teams and discuss issues around scopes of practice.



We are very pleased to announce that the presentations and podcasts for this series is now available for download on the CHHRN website:



**Interprofessional Teams in the Chinook Primary Care Networks**

**Enhancing Primary Care Delivery in the Inner City Through Interprofessional Team Work**

**Of Walls, Moats, and Ceilings: Reconceiving HHR in the Era of Quality Improvement**

**Transforming Musculoskeletal Care in Alberta: Moving Upstream with Collaborative Teams in Primary Care**

**The ROI in Team– Developing a Return on Investment Framework for Team-Based Care**

**Geoportal of Minority Health**

**Occupational Therapists in Community Mental Health**

**Building a Healthcare Human Resource Database Index: 5 Not-So-Simple Steps**

**The Law and Interprofessional Collaboration in Canada**



The fireside chats marked with  are innovations that were highlighted in the Council of Federation Report *“From Innovation To Action: The First Report of the Health Care Innovation Working Group”*

**For more information about these HHR innovations webinars visit:**

**[www.hhr-rhs.ca](http://www.hhr-rhs.ca)**

# Upcoming Events in HHR



**NHSRU-KTEP**

Nursing Health Services Research Unit -  
Knowledge Translation & Exchange Program

**For more information contact:**

**Theresa Noonan at  
noonant@mcmaster.ca**

## Knowledge Exchange Forum:

**The Most Recent Evaluations of the Nursing Graduate Guarantee & Late Career Nurse Initiatives**

**Date: Monday, September 15, 2014**

**Time: 1:30pm-4:30pm (EST)**

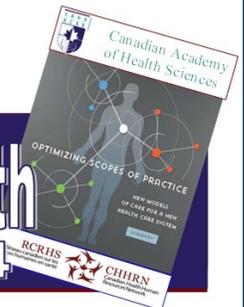
**Venue: The Allan Waters Family Auditorium, 2nd floor, Room 209  
Li Ka Shing Knowledge Institute, St. Michael's Hospital**



# Save the Date!

## Summit on Health Professional Scopes of Practice

**Oct 20th  
2014**



**Date: October 20th 2014**

**Venue: Ottawa, On**

Following the release of the CAHS Assessment 'Optimizing Scopes of Practice: New Models of Care for a New Health Care System' we will hold a Summit of key Stakeholders to discuss an Action Plan moving forward.

For more information contact: [info@hhr-rhs.ca](mailto:info@hhr-rhs.ca) or visit [www.hhr-rhs.ca](http://www.hhr-rhs.ca)



# Save the Date!

**Call for abstracts  
now available!**

## Canadian Health Workforce Conference

**Oct 21-22, 2014**

**Date: October 21st-22nd 2014 Venue: Fairmont Château Laurier, Ottawa, On**

**See cover page for details**

# HHR Tools and Resources

## CHHRN Online HHR Library & Data Directory



The CHHRN online library contains over 5,400 French and English resources including:

- Journal articles as well as citation and summary information for restricted publications with links to full content.
- Grey literature such as reports
- Research0based resource materials
- Power point presentations
- Over 230 (and growing) healthcare databases.

**New Resources  
Updated Frequently!**

Need to draw a random sample of dentists in Nova Scotia? We have access information for that database. Need background on how those dentists are regulated or recent research results on the availability of dentists there? Those resources are all available – all within the CHHRN Library!

**You never know what you might discover!!**

For more information visit: [www.hhr-rhs.ca](http://www.hhr-rhs.ca)

## CHHRN Online HHR Expert Directory



The pan-Canadian Health Human Resources Network's Expert Directory (CHHRN-ED) is a searchable online database of key researchers, experts and decision-makers in health human resource issues in Canada . The purpose of the directory is to link expert resources in health human resources research to a range of stakeholders to help build capacity, inform health policy and share innovative ideas and research on important health human resources issues.

**Approaching  
200 MEMBERS!**

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