CANADIAN COLLEGE OF
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Engaging Health Leaders in Canada's HHR Crisis

CCHL National Conversation Executive Summary

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Engaging Health Leaders in Canada's HHR Crisis

National Conversation Topic Summary

Topic

What role may health leaders play to retain the current health human resource (HHR) workforce and prepare for the influx of a new and younger workforce, so that the health system is sustainable, and the HHR workforce is engaged, empowered, and retained.

The Problem

Health Canada's Health Human Resources Symposium, 2022, summarized the HHR crisis:

"The health human resources (HHR) crisis is one of the greatest challenges facing Canada's healthcare system today. Domestically and globally, health workforces today are facing unprecedented challenges – including a dwindling supply of healthcare workers, low retention, and workplace conditions that place undue pressure on workers. These challenges have been further exacerbated by COVID-19, where high patient workloads, resource scarcity, and fear for personal safety have led to unprecedented levels of burnout, absences, and turnover."

Health Canada, 2022, Introduction

The 2022 Health Human Resources Symposium identified five key challenges, with opportunities for action.

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Recruitment for future needs	Health system usage trends and an aging population are **increasing demand for care**, particularly in long-term care and home care settings, where the total cost of care is estimated to rise from $29.7 billion in 2019, to $58.5 billion in 2031. Presently, the World Health Organization projects a **shortage of 15 million healthcare workers by 2030**, increasing demand for talent globally.

Retention of Healthcare Workers	A 2021 survey by the RNAO found that 15.6% of nurses shared that they were **likely to leave nursing for a new occupation post-pandemic,** and a similar Canadian study found that **50% of PSWs leave the healthcare sector** after less than 5 years.
Workforce Mental Health and Well- Being	Multiple Canadian studies, including a study conducted by the Ontario Science Advisory Table, indicated that **severe emotional exhaustion in Canadian healthcare workers has increased** to 60% by mid-2021 (up from an estimated 30-40% in mid-2020).
Data to Support Effective Work-force Planning & Management	Canada **falls behind OECD comparators such as the US, UK, and Australia** on the robustness of health workforce data, as well as the availability of said data to support workforce planning.
Productivity and Models of Care	OECD estimates that **79% of nurses and 76% of physicians perform tasks that they are overqualified for,** providing an opportunity to examine task suitability. Canada's **traditional approach to care delivery** has led to unintended consequences – including limitations to workforce productivity, and workers not being optimized to the top of their scope.

At the CCHL Strategic Alliance webinar, held on April 18th, 2024, 200+ participants were asked to describe, in one word, the current climate of their organization:

At the CCHL National Conference, during Part Two of the 2024 National Conversation, on June 3rd, 2024, 150+ participants were also asked, in one word, to describe the current climate of their organization:
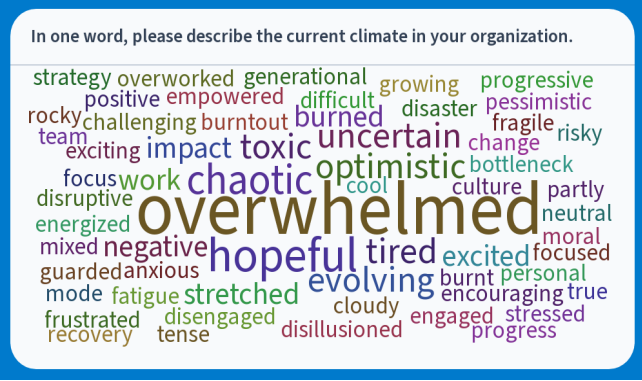
With these responses, it is apparent that the current climate in healthcare organizations in Canada are primarily challenging, with 'busy' and 'overwhelmed' representing most of the responses. It was encouraging to note positive responses in the second word cloud ('hopeful', 'evolving') optimistically an indication and consequence of the actions of many to address the challenges facing healthcare.

The Federal Government's Standing Committee on Health made 20 recommendations in their March 2023 report Addressing Canada's Health Workforce Crisis, indicating the need for the Government of Canada to partner with provincial and territorial governments, as well as organizations, to implement the recommendations. The 20 recommendations may be categorized into four general themes:

1. **Policies** that address the requirements for internationally educated healthcare professionals and credential mobility to improve access to jobs in a timely manner.
2. **Training and Education** that increase the capacity of education programs and accelerate integration into practice.
3. **Funding** that goes directly to the front line and to organizations.
4. **Recruitment and Retention Strategies** that encompass psychological safety, cultural safety, workload management, and scopes of practice.

2024 National Conversation Outline
Part One: Online Panel of Experts

May 2024

Topic: What is being done at the systems level to engage, support, and retain the current health human resource workforce, and prepare for a new health workforce across Canada?

Panelists:
- **Dr. Ivy Bourgeault,** Professor, School of Sociological and Anthropological Studies, University of Ottawa, uOttawa Research Chair in Gender, Diversity, and the Professions; Director, Canadian Health Workforce Network
- **Deborah Gordon, CHE**, Interim CEO, Health Workforce Canada
- **Dr. Karima Velji, CHE,** Assistant Deputy Minister of Health and Chief of Nursing and Professional Practice, Ontario Ministry of Health

Facilitator: **Dr. Michael Gardam, CHE**, Chair of the Board of Directors at Health*Care*CAN, former Chief Executive Officer at Health PEI.

Click here to access the Executive Summary of Part One.
Click here to access the full summary of Part One.

Part Two: Concurrent Session at CCHL National Conference

June 2024

Topic: How are healthcare organizations engaging, supporting, and retaining their workforce? What changes are they making to prepare for a new workforce to ensure health system sustainability?

Panelists:
- **Kelly Kimens,** Executive Vice-President, People Services and Governance, William Osler Health System
- **Kathy MacNeil, CHE**, President and CEO, Island Health, Vancouver Island Health Authority
- **Mike Nader,** President and CEO, Winnipeg Regional Health Authority

Facilitator: **Brenda Lammi,** Senior Vice-President, Professional and Leadership Development, CCHL

Presenter and Co-Facilitator: **Steve Kovacic, CHE,** Vice-President and CHRO, Good Samaritan Canada

Presenter: **Jan Byrd, CHE**, Director, Health Policy, Healthcare Excellence Canada (HEC)

Click here to access the Executive Summary of Part Two.
Click here to access the full summary of Part Two.

Executive Summary Part One

Part One: Online Panel of Experts

Facilitated by Dr. Michael Gardam

The panelists discussed the vision for a health system where the HHR workforce in Canada is fully engaged and supported. They emphasized the need to address a variety of small issues to create a supportive and inclusive environment for all healthcare workers, focusing on long-term sustainability and adapting to the evolving needs of the population. Deborah Gordon envisioned an ideal workforce that delivers superior care at optimal costs, with a focus on equity, comprehensive education, and robust support for health leaders. She highlighted the importance of mentorship and collaborative initiatives to nurture emerging leaders, emphasizing the well-being, growth, and development of the healthcare workforce. Dr. Ivy Bourgeault stressed the need for an inclusive approach that involves all stakeholders, considering the gendered nature of healthcare work and planning for future needs with a focus on retention over recruitment.

In Ontario, Dr. Karima Velji highlighted efforts to address healthcare shortages through long-term planning, education expansion, expedited registration pathways, enhanced scopes of practice, and improved workforce retention and distribution. Gordon and Bourgeault discussed current measures to tackle the HHR crisis, including significant investments, streamlined processes for internationally trained professionals, and improved data collection and modeling. They emphasized the importance of programs that support worker wellness and leadership development. The conversation also touched on the need for a cultural shift within the healthcare system to meet the expectations of new generations, with a focus on inclusivity, interdisciplinary collaboration, and addressing early career challenges. Gardam underscored the importance of using high-level approaches as guiding principles for developing solutions and highlighted the urgency for bold actions to address the healthcare crisis, leveraging successful strategies from other contexts.

Summary of Participant Comments

Participants comments provided highlights of key elements needed for a cultural shift in healthcare in four areas:
- Cultural Transformation
- Professional Practice and Leadership
- Work-Life Balance and Wellness
- Education and Inclusivity
- Mentorship

These elements collectively aim to create a more supportive, inclusive, and effective healthcare environment that values the well-being and development of its workforce.

Executive Summary Part Two

Part Two: Concurrent Session at CCHL National Conference

Co-facilitated by Steve Kovacic and Brenda Lammi

Panelist Dialogue

Engaging and Supporting the Health Workforce

Mike Nader, President and CEO of the Winnipeg Regional Health Authority, highlighted the importance of engagement and support to achieve retention. During the pandemic, the absence of visible executive leadership was a significant issue. To address this, efforts were made to improve visibility and engagement through various initiatives, such as distributing ice cream, holding open office hours, organizing "Ask Me Anything" (AMA) sessions, and conducting daily huddles to address staff issues in real-time. Despite these efforts, challenges like high work-safe injury rates and the loss of many mid-level leaders persisted, underscoring the need to focus on and support mid-level leaders.

Kathy MacNeil from the Vancouver Island Health Authority shared that a strategic team was established at her organization to address workforce challenges, focusing on training and development, good leadership, flexibility, childcare, and housing impacts. The development of a new leader program and peer recognition initiatives were key steps. Safety was prioritized, with a concerted effort to promote cultural safety and address workplace risks, and regularly discussed in town halls.

Kelly Kimens shared that at the William Osler Health System, staff feedback was actively sought and addressed, using engagement surveys, exit interviews, new hire surveys. In addition, feedback and solutions are sought through an organizational wide Shaping Our Culture network. This network supports reviewing survey results and is an important part of action plan development, communication, and championing of initiatives. The engagement and wellness strategy, built on the concept of "I, we, and you," emphasizes personal, collective, and organizational actions, fostering shared ownership and accountability.

Impact of Efforts to Retain the Health Workforce

Kimens mentioned using data from focus areas and walkabouts (informal and formal leader visits to clinical and non clinical areas to discuss safety issues as well as promoting operational and cultural outcomes) to assess whether engagement and support strategies are effective, sharing this data with employees. MacNeil emphasized the importance of effective communication, using employee and pulse surveys and conducting walkabouts to gather feedback. Nader reported using pulse surveys and quick access surveys, encouraging leadership to shadow workers and receive direct feedback. An email account for direct communication with the CEO also helped gauge employee sentiment.

Gen Z in the Workforce

William Osler Health System shifted focus from only traditional training to experiential learning, providing mentorship and hands-on development, aligning with Gen Z's preference for direct experience and real-time guidance. MacNeil highlighted flexibility as a top priority, leveraging Gen Z's strengths in electronic health records implementation and providing mentorship where needed. The Employee Student Nurses program and Earn and Learn Programs were mentioned as ways to integrate and support new entrants into the workforce.

Nader suggested that Gen Z's emphasis on work-life balance and flexibility reflects desires that previous generations had but did not express. Flexibility should be tailored to individuals' life stages rather than strictly by generation, leveraging diverse skills and perspectives across all team members.

Leaders as Mentors

Nader stressed the need for leaders to have time for reflection and engagement with their teams to understand their needs, creating opportunities for mentorship and coaching. MacNeil emphasized long-term planning and learning from newcomers, incorporating planetary health and climate change into strategic plans. Kimens added the importance of meaningful interactions and engagement on the unit, ensuring programs and processes translate into real, lived experiences for Gen Z employees.

Kovacic concluded by emphasizing the principle "nothing about them without them," advocating for involving employees in future planning to ensure better service for patients and residents.

Summary of Presentations

Healthcare Excellence Canada's HHR Initiatives
Jan Byrd, CHE

The **Health Workforce Innovation Challenge** aimed to inspire and support healthcare leaders and teams working on innovative solutions to support and retain the current workforce, addressing critical issues like patient and workforce safety. According to CIHI's 2022-2023 data, 1 in 17 hospital stays involved unintended harm, linked to workforce issues such as sick time, purchased hours and overtime. The Challenge invited publicly funded teams to further their existing initiatives or try new approaches to **retain and support the workforce** in one or more of six areas: fostering safe work environments, enhancing sustainable staffing models, building flexible work structures, providing equitable and appropriate compensation, ensuring supportive and inclusive workplaces, and supporting career advancement. With 148 teams participating and over $700,000 awarded, the initiative reached over 20,000 healthcare workers.

Additionally, a policy lab was held to explore the factors that support the retention of internationally trained healthcare workers, including multi-sectoral considerations related to settlement, mentorship, regulatory approaches, and the holistic needs of health professionals and their families. The initiative aims to develop policy considerations by July 31, 2024.

HEC held a second policy lab examining use of staffing agencies, exploring factors related to their use, motivations for staff choosing agency work, and how to optimize their role in health systems. A framework that considers impacts to value, quality and safety, and recruitment and retention was shared. Policy considerations will be published in Fall 2024.

Gen Z in the Workplace

Steve Kovacic, CHE

By 2025, Gen Z will make up 27% of the workforce, with many aiming to ascend the career ladder or manage employees within five years post-college. They anticipate working with an average of four organizations and prioritize growth opportunities, generous pay, positive impact, job security, comprehensive benefits, flexible hours, and mentorship. Gen Z values honesty, integrity, and mentorship in managers and are adept at adopting new technologies, playing a crucial role in healthcare modernization. However, there's a declining interest in healthcare careers post-pandemic, highlighting the need for proactive, inviting environments. Gen Z's strengths include adaptability, resilience, multitasking, and digital proficiency, while they need effective mentors, work-life balance, and continuous learning opportunities.

Preparing for Gen Z involves focusing on mentorship, experiential learning, flexibility, and addressing systemic issues, leveraging their tech skills for modernization, and providing holistic support like housing and childcare. Emphasizing micro-credentialing, micro-learning, and accelerated education will be essential for future generations.
Summary of Small Group Dialogue

Summary of Small Group Dialogue

What actions are being taken by health organizations to engage, support, and retain the HHR workforce?

Health organizations are actively engaging, supporting, and retaining the HHR workforce through a variety of inclusive and collaborative strategies. These include forming working groups and committees involving frontline staff, enhancing benefits and support, offering flexible work arrangements, and providing financial incentives. Emphasis is placed on equity, diversity, and inclusion, as well as shifting the focus to workload, wellness, and working conditions. Regular feedback mechanisms, leadership engagement, and transparent communication are prioritized, along with comprehensive training, development, and safety initiatives. Recognition and appreciation events, strategic recruitment efforts, and robust wellness programs further contribute to creating a supportive and sustainable work environment.

What roles to health leaders play in supporting their organizations actions?

The participants responses outlined key strategies for effective leadership and team engagement. The responses emphasized leading by example through visible and physical presence, encouraging meaningful conversations that promote wellness ideas, and fostering ongoing brainstorming sessions. Transparency and care were highlighted as essential, urging leaders to speak up and inquire about what matters to their team members. Empowerment is

crucial, with a focus on removing barriers for frontline management and empowering staff to take on leadership roles. Achieving results involves actively responding to established plans, distilling drivers of motivation, and leveraging technology for efficiency gains. Leaders are also urged to prioritize staff satisfaction through initiatives in wellness, mental health, and recognition, while advocating for necessary resources and supporting innovative projects. Additionally, the responses stressed the importance of engaging with communities, and fostering academic partnerships to drive systemic transformation and accountability.

Summary of Participant Poll

What roles do health leaders play in engaging, supporting, and retaining the HHR workforce?

Effective leaders should be present, visible, caring, supportive, authentic, curious, empathetic, accessible, brave, and humble. They need to actively listen to understand and gather feedback, act to help and engage staff, communicate truthfully, embrace challenges, and lead by example. Leaders should also continuously give feedback, support professional development, invest in frontline leadership and career planning, innovate, follow through on commitments, empower teams, keep safety in mind, recognize and celebrate achievements, monitor improvements, and enjoy their work. Building a common purpose, understanding work-life balance, strategic workforce planning, creating psychological safety, sharing a clear vision, addressing systemic challenges like EDI initiatives, prioritizing HHR, managing workloads, providing flexibility, and encouraging wellness within teams are also crucial actions for leaders.

Synopsis of Part One

Online Panel, May 2024
Facilitated by Dr. Michael Gardam

Dialogue Summary

Envisioning a Health System with an Engaged and Supported HHR Workforce in Canada

The panelists comments emphasized the importance of addressing a multitude of small issues to achieve significant improvements, creating a supportive and inclusive environment for all healthcare workers, planning for long-term sustainability, and adapting to the evolving needs of the population.

Deborah Gordon articulated the characteristics of an ideal workforce, envisioning a healthcare system that delivers superior care at optimal costs, achieving the best possible outcomes while consistently upholding principles of equity. In this model, health leaders would receive comprehensive education and robust support, enabling them to foster a strong organizational culture and lead their teams with confidence and resilience. Emerging leaders would be nurtured through mentorship and collaborative initiatives. The emphasis would be on the well-being, growth, and development of the healthcare workforce, ultimately resulting in enhanced outcomes. The ideal health system would provide integrated and seamless services delivered by health workers defined more inclusively. These workers would feel safe, maintain good health, and be deeply embedded within the system's fabric.

The approach to the HHR crisis should be inclusive, Dr. Ivy Bourgeault stated, an approach involving all stakeholders, including health leaders, and leveraging the investments made by the public and workers in their training. It is crucial to utilize the diverse skills and knowledge across different sectors, considering inclusivity and the gendered nature of healthcare work, as it is the primary sector for women. Planning must account for gendered lives and cohort effects, recognizing the intersections of identities. A focus on supporting workers downstream should be complemented by proactive upstream planning, ensuring that the right sectors are adequately equipped to meet future needs. Health leaders play a vital role in fostering a culture of long-term planning, moving away from short-term solutions that are often not evaluated for their long-term impact.

In Ontario, Dr. Karima Velji reports, efforts to address healthcare dilemmas have intensified, spurred by past failures to anticipate impending shortages and ensure sustainability fifteen years ago, resulting in shortages even before the pandemic struck. Recognizing the predictability of these challenges, recent efforts have begun to incorporate long-term planning, considering projected population growth and aging needs. This strategy hinges on four pillars: firstly, expanding education to meet future demands across healthcare professions, from nursing and medical schools to personal support workers (PSWs) and soon to other registered health professionals like medical radiation technologists (MRTs), occupational therapists (OTs), and physiotherapists (PTs). Secondly, there is a focus on expediting the registration pathways for those health professionals who want to live and work in Ontario.

Thirdly, enhancing scopes of practice, such as allowing pharmacists to address minor ailments and promoting family caregivers' education. Innovation and creative solutions for roles are essential. Fourthly, efforts are directed towards improving workforce retention and equitable distribution, particularly in underserved regions like Northern Ontario, through collaborative solution design.

Addressing the HHR Crisis and Initiatives in Canada

Progress in addressing healthcare workforce challenges is underway with a collaborative effort involving governments, employers, healthcare providers, unions, researchers, and professional associations, to name a few, Gordon began. At the system level, significant investments and commitments have been made to tackle these challenges, supported by a Committee for Health Workforce, made up of federal, provincial, and territorial representatives, that work together on aligning approaches and streamlining processes for key health workforce policies across the country. Healthcare workforce planning is now occurring at various levels, including a new national Health Workforce Canada organization that will help advance data and planning across the country. Good progress is being made on a number of fronts. Several new data tools have emerged such as CIHI's Physician Resource Planning Tool (PRP tool) which allows for the forecasting of physicians, by specialty, for 20 years into the future. Efforts to enhance standardized data collection by major data organizations are enhancing decision-making, while advancements in data modeling by governments, health regions, professional associations and researchers are aiding in workforce tracking and planning. Initiatives like the HSO Global Workforce Survey by Accreditation Canada are promoting workplace improvements to attract and retain talent. Programs focusing on worker wellness are emerging across the country, as are leadership programs aimed at developing the skills required to enhance retention through supportive leadership practices. The focus remains on improving fair employment practices and fostering team-based care across all levels of healthcare, recognizing areas for ongoing improvement.

Bourgeault described that the Canadian Health Workforce Network (CHWN) focuses on two main areas: retention and data for planning. Emphasizing retention over recruitment, as retention provides the greatest return, CHWN advocates for adapting existing practices and toolkits to local contexts. An example of an upstream approach to retention is a shift towards proactive stay interviews rather than reactive exit interviews highlights the importance of addressing ongoing concerns (the 'ought to's') rather than merely responding to immediate needs (the 'got to's'), as referenced in New Brunswick Child, Youth and Seniors Advocate, 2024. Regarding data for planning, CHWN promotes a nuanced understanding beyond simplistic modeling, emphasizing frontline input to determine essential information for informed decision-making. This approach fosters a culture of using qualitative and quantitative data effectively, supporting scalable and adaptable strategies across healthcare settings.

Effective leadership in healthcare requires a proactive approach where leaders engage directly with frontline staff and operations, stated Velji. Learning from the frontline entails being attentive to emerging issues and successes within micro-cultures, where exemplary organizations can serve as models for others, showcasing practices like low turnover rates and minimal agency reliance. This approach underscores the importance of learning from successful organizations rather than solely relying on government decisions, which can often be influenced by political factors, thus advocating for leadership that is responsive and grounded in practical insights from within the healthcare system itself.

Gardam expanded, based in complexity science, that while we can learn from one another, ideally, we use the high-level approaches of others as guiding principles for our own solutions.

Cultivating a Healthcare Culture for Changing Generational Needs

A culture shift is required to attract and retain these individuals in the HHR workforce, thereby ensuring job satisfaction and the sustainability of the health system

Bourgeault emphasized that an intersectional approach which considers age, gender, and other identities is crucial in addressing the attrition rates within the healthcare workforce. Data indicates that OTs often leave within two years, midwives exit during training, and physicians and nurses tend to leave within five years of practice. These early career challenges necessitate focused attention and targeted interventions. Recruitment and mentoring are vital strategies, with mentoring being particularly effective in retaining later career professionals by shifting their roles to support new entrants. Understanding and supporting the career trajectories and practice patterns of these experienced professionals is essential, as their experiential knowledge is invaluable. For instance, the replacement of experienced nurses with travel nurses has highlighted the critical importance of relational and experiential knowledge, especially evident in emergency rooms, and this insight extends to other healthcare professions.

To attract the next generation to healthcare careers, Gordon indicated that it is crucial to start engagement from a young age and to positively present healthcare careers. Providing access to appropriate and innovative educational opportunities are essential in preparing future professionals. Emphasizing team-based care, rather than sole practice, fosters a culture of interdisciplinary collaboration, reduces burnout, and builds resilience, all leading to retention within the system. Addressing system inequities, creating a supportive and inclusive environment, embracing diversity, promoting flexibility, and integrating technology are also vital. Additionally, addressing burnout and well-being by de-stigmatizing the need for support within HHR careers is critical for sustaining a healthy workforce.

Finding a balance between addressing early career turnover and enhancing retention is essential, Velji explained. Initiatives like Ontario's Clinical Scholars programs help retain expert nurses by allowing them to mentor new graduates and internationally trained professionals, fulfilling their desire for meaningful work. Additionally, offering students externships in clinical settings, where they are paid while learning, provides practical experience and financial support, further encouraging them to stay in the healthcare workforce.

Gardam highlighted the current crisis in Canadian healthcare, emphasizing that while fundamental changes are necessary, they require both time and money, even though people need services now.

Addressing Immediate Needs and Long-Term Solutions

Bourgeault mentioned that the article "How it All Broke" provides a thorough explanation on what has gone wrong with the healthcare system. Bourgeault emphasized the urgent need for bold actions to address the healthcare crisis and highlighted that we've successfully implemented bold changes before, and now is the time to do so again. She advises learning from successful strategies employed elsewhere to guide these efforts.

Gardam provided the example of medical assistance in dying, illustrating how public voices encouraged politicians to muster the courage for significant change and undertake difficult decisions.

Velji and Gordon both indicated that this crisis is an opportunity to open doors that have not been opened before, partly due to the pandemic. This moment allows for both preparing for long-term improvements while taking immediate action.

Summary of Participant Comments

The participants' comments highlighted key elements needed for a cultural shift in healthcare. Here is a triangulated summary of the main points:

1. **Cultural Transformation:** A complete cultural shift is necessary in healthcare, emphasizing the well-being and safety of the Health Human Resources. This shift requires courage, hard work, and a strong focus on teamwork and communication. Breaking down silos and ensuring open, closed-loop communication with feedback mechanisms are critical components.
2. **Professional Practice and Leadership**: Healthcare professionals should practice within their full scope, supported by transformational leadership and robust mentorship. Leaders must be well-educated and provide adequate support for new staff to prevent overwhelming them. This includes valuing and compensating continuing education, preparing staff for mental health challenges, and ensuring staffing aligns with skill sets and experience.
3. **Work-Life Balance and Wellness**: Shorter shifts, flexible work weeks, and better work-life balance are essential for reducing burnout. Implementing workplace wellness strategies, promoting trust and autonomy, and providing appropriate financial incentives are vital. All healthcare workers should be viewed as equal parts of a team with shared values and goals, fostering an inclusive and supportive environment.
4. **Education and Inclusivity:** Updating medical school curriculums to include change management and business management training is crucial. Addressing professional bias and ensuring the inclusion of all healthcare professionals in planning and needs assessment are necessary steps. Flexible shift patterns that respect various life stages, expanding workforce diversity, and partnering with educational institutions to prepare healthcare teams for future roles are also key priorities.

These elements collectively aim to create a more supportive, inclusive, and effective healthcare environment that values the well-being and development of its workforce

Part One Recording

https://vimeo.com/974164008/5d4192b561?share=copy

Synopsis of Part Two
Concurrent Session at CCHL National Conference, June 2024
Co-facilitated by Steve Kovacic and Brenda Lammi

Panel Dialogue

Engaging and Supporting the Health Workforce

Question to panel: How are healthcare organizations engaging, supporting, and retaining their workforce?

Mike Nader, President and CEO of the Winnipeg Regional Health Authority began the dialogue by focussing on the engaging and the supporting, because with these the retention will follow. Nader stated that during the pandemic, senior leaders were notably absent, leading to a lack of visible executive leadership. Efforts have been since made to improve visibility and engagement with staff through small but significant actions. These included the leadership team distributing ice cream to staff, and while doing so, engaging in meaningful dialogue. The leadership team is also holding open office hours, organizing "Ask Me Anything" AMA sessions, and establishing daily huddles on every unit to address staff issues in real-time. Additionally, the CEO made it a point to visit each separate site. Despite these efforts, there were challenges, including high work-safe injury rates, with 500 full-time equivalents off due to physical and psychological injuries. A new safety association was introduced to address and reduce workplace injuries. Another significant challenge was the loss of many mid-level leaders, which resulted in a loss of institutional knowledge, making it difficult for new managers to learn from experienced ones, emphasizing the need to focus on and support mid-level leaders.

In response to the significant wave of people leaving healthcare, Kathy MacNeil added, a strategic team was established in 2022 to address this challenge at the Vancouver Island Health Authority. This team engaged extensively with staff through numerous polls, town halls, and Q&A sessions. They identified key focus areas including training and development, good leadership, flexibility, childcare, and housing impacts. Mid-level leaders were recognized as crucial for frontline support, leading to the development of a new leader program. Additionally, service awards were created in collaboration with the foundation to promote peer recognition, ensuring staff feel seen and heard. Safety has also been prioritized, with a concerted effort to acknowledge workplace risks and promote cultural safety. This topic is now a regular feature on the executive team's agenda and is discussed in town halls to highlight ongoing safety measures and identify needed supports.

Kelly Kimens shared that at the William Osler Health System, staff are encouraged to share their problems with the leadership team who then actively address these issues. To shape a culture, the organization leverages data from engagement surveys, exit interviews, and new employee feedback to understand the employee life cycle and shares this information broadly. Leaders act as champions, aiding in testing various initiatives. The engagement and wellness strategy is built on the concept of "I, we, and you," prompting reflection on personal actions ("I"), collective actions ("we"), and organizational actions ("you"), fostering shared ownership and accountability.

2024 CCHL National Conversation

A common theme throughout all the statements is the focus on engagement and support of staff to improve retention and organizational culture. This involves increasing leadership visibility, fostering open communication, addressing staff issues in real-time, recognizing and supporting mid-level leaders, prioritizing safety, and promoting shared ownership and accountability through structured engagement strategies.

Impact of Efforts to Retain the Health Workforce

Question to Panel: How do they know that the leadership efforts are closing the loop and that they are moving the dot with all those great strategies that they're putting in place from an employee perspective?

Kimens identified two sources of information in assessing whether their engagement and support strategies are working. The first is if the data and results are shifting on the areas of focus, the second is with walkabouts, which help determine if staff is engaged or disengaged, and that helps us focus our attention on where we need to. This data is shared with employees.

MacNeil emphasized that measuring impact hinges on effective communication. At Vancouver Island Health Authority, frontline staff are pivotal sources of information, contributing through employee and pulse surveys to monitor specific areas. The leadership team conducts walkabouts, asking questions like, "How many new members are on your team?" and "How do you engage them?" Recognizing the challenges of communication, they continuously develop new mechanisms to ensure a two-way flow of information.

The Winnipeg Regional Health Authority uses pulse surveys and quick access surveys, enabling staff to use QR codes to provide feedback in real time, reported Nader. Allowing them to monitor the organization's status continuously. Leadership is encouraged to shadow workers, walking in their shoes to hear directly from front-line staff. Additionally, they have a 'Talk to Mike Nader' email account, which initially received mostly negative feedback but has seen a decline in negativity over time. Accountability for senior leadership is tied to the strategic plan, with a strong emphasis on communication at all levels.

Gen Z in the Workforce

Presentation Synopsis

Kovacic provided a short presentation on the profile and expectations of Gen Z in the workplace.

By 2025, Gen Z is projected to constitute 27% of the workforce. Within five years after college, many in this generation aspire to be climbing the career ladder or managing employees. They anticipate working with an average of four organizations throughout their careers, reflecting a tendency toward mobility and varied experiences. Moreover, 30% of Gen Z are willing to accept a pay cut to engage in work they find meaningful, underscoring their desire for purpose over profit.

When it comes to job search priorities, Gen Z places a high value on growth opportunities, generous pay, making a positive impact, job security, comprehensive benefits, flexible hours,

and having a manager who can offer mentorship. These priorities reflect a balanced approach to career planning, emphasizing both personal and professional development. Their attitudes towards co-workers reveal some generational discrepancies: 52% of Gen Z believe they will work well with Gen X, while only 27% feel the same about working with baby boomers, indicating potential challenges in intergenerational workplace dynamics.

Gen Z values specific qualities in managers, including honesty, integrity, and the ability to mentor, which aligns with their broader expectations of transparency and ethical leadership. Born between 1997 and 2012, Gen Z are digital natives, highly tech-savvy, and they place a strong emphasis on diversity, inclusion, and flexibility. In the healthcare sector, they are particularly adept at adopting new technologies such as electronic health records and artificial intelligence. Their proficiency with technology positions them as key players in the modernization of healthcare systems.

Despite their technological affinity, there's a concern about whether Gen Z is inclined to pursue careers in healthcare, especially in the post-pandemic context which has seen a decline in interest. This challenge necessitates a proactive approach to creating an inviting and encouraging environment for Gen Z in healthcare workplaces. They are looking for continuous learning and development opportunities, a collaborative work environment, clear and transparent communication from leaders, achievable goals, meaningful work, social impact, a sense of purpose, corporate social responsibility, work-life balance, wellness programs, flexibility, and mental health days.

Gen Z's strengths include their adaptability, resilience, ability to multitask, and digital proficiency. However, they face challenges such as the need for effective mentors and a desire for a balanced work-life. Addressing these needs will be crucial in retaining Gen Z talent. As the Alpha generation follows, focusing on micro-credentialing, micro-learning, and accelerated education will be essential to meet the evolving demands of the workplace and ensure that future generations are well-prepared for their roles.

Panel Dialogue

Question to Panel: What is your organization doing right now in preparing for the next group of leaders in our organization, the Gen Z's?

William Osler Health System, reported Kimens, is shifting their focus from traditional learning management system-based training to experiential learning, providing mentorship and professional development through hands-on, side-by-side learning with continuous feedback. This approach aligns with what Gen Z employees are seeking: direct experience and real-time guidance. The two main priorities are mentorship and development, emphasizing the individual's impact within the broader system, so that personal successes contribute to organizational success. However, they face challenges in addressing work-life balance due to systemic issues like scheduling and the preference to avoid 12-hour shifts, a problem they have yet to solve but hope to find solutions for with collaborative input.

Flexibility has emerged as the top priority for the workforce, MacNeil indicated, presenting a significant challenge in finding systematized solutions at the Vancouver Island Health Authority. This challenge also presents an opportunity to leverage the strengths of Gen Z,

especially as they implement electronic health records, by involving the Gen Z team members as teachers and mentors. In areas where the newer team members lack expertise, Vancouver Island Health Authority provides mentors and mentorship. Their Employee Student Nurses program integrates second-year nursing students into the workforce, easing their transition and familiarizing them with the organizational culture. Additionally, their Earn and Learn Programs support community residents in healthcare training by covering tuition and providing employment, ensuring a local pipeline of talent. Recognizing that employees may only commit for limited periods, they aim to engage them effectively during their tenure.

Nader shared that he thinks it is possible that the desires of Gen Z are not entirely new, but rather reflect what previous generations wanted at their age but did not feel empowered to express. Starting their careers, Gen Z emphasizes work-life balance, avoiding long hours, and evolving their priorities as they grow, similar to how earlier generations' priorities shifted with life changes like starting a family. Therefore, flexibility should be tailored to individuals' life stages rather than categorizing them strictly by generation. High-functioning teams leverage the diverse skills and perspectives of all members, with Gen Z bringing rapid access to new knowledge and technological proficiency, while Gen X and Boomers contribute valuable experience and insights, preventing the repetition of past mistakes.

Leaders as Mentors

Question to Panel: How they would prepare their teams to mentor the new demographic?

The biggest challenge for health system leaders is constantly managing crises, leaving little time for reflection and strategic thinking, shared Nader. To prepare leaders effectively, they need permission and time to pause, reflect, and engage with their teams to understand their needs. Without this, leaders can only address immediate issues rather than building for the future. Creating opportunities for mentorship, coaching, and guidance is essential for developing the next generation of leaders.

MacNeil shared the quote, "leadership is about planting trees under whose shade you'll never sit" - emphasizing that leadership involves planning for the future, often beyond our own tenure, emphasizing the importance of taking a long-term perspective. Leaders should remain humble, curious, and open to learning, especially from newcomers, rather than assuming they have all the answers. Incorporating planetary health and climate change into strategic plans is crucial, and leaders should enable contributions to these strategies from all team members.

Our focus has been on encouraging leaders to be curious and not feel pressured to have all the answers, Kimens added. At the William Osler Health System, they emphasize the importance of meaningful interactions and engagement on the unit, as these moments matter most. Despite having various programs and processes, they must translate into real, lived experiences for Gen Z employees; otherwise, they will leave.

The dialogue was wrapped up by Kovacic, who summarized that at the Good Samaritans, they frequently discuss the importance of engagement and believe the principle "nothing about them without them," used with patients and residents, should also apply to their employees. This means involving employees in conversations about the future to ensure they are prepared to better serve our patients and residents.

Healthcare Excellence Canada Presentation

Jan Byrd presented on the work being done by HEC to address the health workforce challenges.

1. Health Workforce Innovation Challenge

The Health Workforce Innovation Challenge was created to inspire healthcare leaders and teams to develop innovative ideas and solutions to support and retain the current workforce. Recognizing the intertwined nature of patient safety and workforce safety, the challenge aimed to address fundamental issues impacting healthcare delivery. The Canadian Institute of Health Information's 2022-2023 data revealed that 1 in 17 hospital stays in Canada involved unintended harm and highlighted a correlation between workforce issues (such as sick time, overtime, and purchased hours) and hospital harm rates.

This initiative saw high engagement across Canada. HEC invited publicly funded teams to experiment with new care models to improve workloads, job satisfaction, inclusion, cultural safety, wellness, and resiliency. With 148 registered teams, $700,000 in grants were awarded to support these innovative efforts, emphasizing the importance of senior leadership engagement.

The challenge has reached over 20,000 healthcare workers, encouraging them to find joy in their work and support the health workforce.

2. Health Workforce Retention Objectives

In 2023, an assessment of over 40 reports and 110 recommendations led to six key objectives for health workforce retention:

- fostering physically safe work environments,
- enhancing sustainable staffing models,
- building flexible work structures,
- providing equitable and appropriate compensation,
- ensuring supportive and inclusive workplaces, and
- supporting career advancement.

3. Policy Guidance: Retaining Internationally Educated Healthcare Workers

In partnership with the Nova Scotia Department of Health and Wellness and the Nova Scotia Health Authority, HEC was to conduct a policy lab in January 2024, exploring factors that support the retention of internationally educated healthcare workers. The policy lab event convened diverse perspectives, including IEHW regulators, patient partners, and policymakers using facilitated methods to develop co-designed policy considerations.

The policy lab approach uses research, evidence, and lived experiences to understand policy issues, in this case, to explore factors influencing successful retention of IEHW. By focusing on an Atlantic perspective, the lab addressed shared issues and enabling factors among policymakers. The elements of education, regulatory and policy approaches, current workforce practices, promising practices, resources, and the needs of workers and their families were

examined to create policy considerations relevant for policymakers and organizations across Canada.

Ethical recruitment and retention practices were also discussed, recognizing the topic's nuances. The goal was to identify priorities and perspectives from various organizations and individuals, facilitate conversations to find common ground, and develop actionable policy considerations. Key elements include the importance of including internationally trained healthcare workers in policy discussions, clarifying licensure pathways and accreditation practices, and maintaining patient safety emerged as top considerations for successful retention.

Furthermore, there is a need to address the holistic needs of these health professionals and their families, including housing, childcare, and community support. Supporting IEHW in their communities, including contexts for northern, rural, and remote areas is part of successful integration. The policy lab aims publish policy considerations by July 31, 2024.

4. Policy Discussion: Examining Health Systems Impacts and Policy Options Related to Use of Agency Staff

HEC is engaging with governments, health system leaders, unions, regulatory bodies, national and provincial associations, health professionals, and patient partners to understand factors driving, and impacts related to use of staffing agencies across many regions. HEC does not advocate for any specific policy but invited dialogue to consider policy questions related to reliance on agencies, the motivations for staff choosing agency work, and how to optimize the use of staffing agencies, especially in remote areas where they have traditionally been important. The pandemic has increased reliance on these agencies, sometimes at high costs to jurisdictions, due to their role in maintaining services, providing essential staffing support, plus allowing permanent staff to take vacations. The goal is to test a framework that considers value, quality and safety, and recruitment and retention and share policy considerations, acknowledging jurisdictions are working on many other short-, medium-, and long-term strategies to address HHR challenges.

Part Two Participant and Small Group Contributions
Small Group Dialogue with Survey Responses and Participant Polling

Participants at the concurrent session had dialogues at their tables with one person at each table submitting the groups' responses to two questions on an online survey.

Group responses to the question: What actions are being taken by health organizations to engage, support, and retain the HHR workforce?

Retention Strategies

Working Groups/Committees/Meetings:
- Inclusion of frontline staff in HHR committees.
- Establishment of HHR forums and best practice councils.
- Creation of retention committees focusing on wellness.
- Inclusion of all staff in these initiatives.

Expanding Employment Benefits and Support:
- Facilities such as staff gyms, free parking, and recreational activities.
- Exploring new benefits like pet insurance.
- Revamping benefits for flexibility and discretionary funds.
- Considering housing supports for staff.

Surveys: Regular surveys of physicians and all staff conducted quarterly.

Flexible Working Hours and Arrangements: Implementing flexible working hours.

Inclusive Events: Organizing events that include both workforce and residents/patients.

Bonuses: Providing financial bonuses to staff to stay.

Community-Based Staff Empowerment: Focusing on empowering staff based in the community rather than institutions.

Equity, Diversity, and Inclusion: Actively recruiting for diversity and ensuring inclusive environments for sharing and being heard.

Innovation Funding: Allocating funds for projects related to retention.

Workload and Wellness Focus:

- Shifting conversation from compensation to workload, wellness, and working conditions.
- Reviewing travel conditions for nurses.

Engagement Ambassadors: Using ambassadors to foster engagement.

Stay Interviews: Conducting interviews to understand retention challenges.

Compensation Challenges: Addressing compensation issues, especially for leaders.

Training and Development

Psychological Safety Training: Investing in psychological safety training for leaders.

Leadership Training:
- Providing 'be kind' leadership training.
- Structured programs for frontline leadership development.

Coaching and Mentorship:
- Implementing new staff mentorship programs and individual coaching.
- Buddy programs for connecting staff.

Resiliency Programs: Voluntary RISE program for resiliency and well-being training, peer support, and advocacy.

Violence Prevention: Developing policies for a culture of safety for frontline staff.

Emerging Leaders Programs: Training for potential future leaders.

Simulation and Education: Investing in simulation experiences, preceptors, and ongoing staff education.

Succession Planning: Proactive planning for leadership succession.

Standardized Orientation: Implementing consistent orientation processes.

Leadership Development: Continuous investment in leadership skills development.

Recruitment

Financial Incentives: Offering signing bonuses for new recruits.

International Recruitment: Initiatives for recruiting internationally trained clinicians.

Strategic Committees: Forming committees for strategic nursing recruitment.

Provincial Grants: Utilizing grants for recruitment and retention.

Specific Actions by Health Leaders

Boards of Directors:
- Active participation in staff appreciation events.
- Prioritizing staff retention and recruitment.

Communication:

- Regular updates from CEOs and senior leaders.
- Monthly town hall meetings and walkabouts.
- Direct communication and feedback mechanisms.

Leadership Rounds: Regular executive rounds and walkabouts by leadership.

Leadership Behaviour:

- Demonstrating trust, transparency, and fairness.
- Focusing on current issues rather than past experiences.
- Commitment follow-through.

Shared Management Philosophy: Collaborative management approaches focused on reducing overtime and enhancing staff and patient-centered decision making.

Safety Improvement: Ongoing efforts to enhance safety measures.

Provincial Strategies:

- Translating provincial strategies into regional actionable items.
- Engaging remote staff through email and other remote communication methods.

Frontline Manager Support: Empowering frontline managers and reviewing their span of control.

Accreditation Feedback: Leveraging feedback from Accreditation Canada.

Recognition Events

Campaigns and Programs: Hospital Heroes campaign, staff appreciation events, and recognition programs.

HHR Wellness Initiatives

Safety and Harm Reduction: Province-wide partnerships to improve staff safety and reduce harm.

Joy Fund: Supporting staff-driven joy initiatives, such as revamping break rooms and therapy animal visits.

Wellness Programs:

- Programs focused on holistic wellness, including education on relevant topics like menopause in the workplace.
- Incorporating wellness into organizational accountability.

Therapy Support: Staff therapy dogs, quiet spaces for peer support, and wellness communities.

These comprehensive actions reflect a multi-faceted approach to addressing workforce engagement, support, and retention in healthcare organizations.

What roles to health leaders play in supporting their organizations actions?

Group Responses

Lead Self	Engage Others
Visibility and physical presences	Engage in meaningful conversations for wellness ideas. Encourage ongoing brainstorming of ideas
Lead by example	Active listening with actions resulting
Transparency	Speak up
Care	Ask people what matters to them
Double down on efforts	Unleash shackles on front line management
	Hear from grassroots - what are the real problems?
	Empowering staff to be leaders
Achieve Results	
Responding to, and engaging in, plans that are in place	Distill meaningful drivers of appreciation and motivation
Ensure staff are aware and engaged in achieving key goals/targets	Recognize generational preferences
Act on feedback that staff provide	Technology AI efficiency gains
Closing the loop on conversations	Measure
Incentivize retention and succession planning	Funding innovative good ideas and staff led projects
Ensuring as leaders that HHR is a priority	Advocate for resources/support
Invest in drivers of staff satisfaction (wellness, mental health, recognition)	
Develop Coalitions	**Systems Transformation**
Community engagement	Working within the scope of your accountability - not just someone else's problem, be a part of the solution
Support academic partnerships	

What roles do health leaders play in engaging, supporting, and retaining the HHR workforce?

Individuals Responses (by online poll):

How leaders should be	# of responses
Be present	8
Be visible and physically present	5
Be caring	4
Be supportive	3
Be authentic (authentic leadership)	3
Be curious. Ask the right questions, ask the right people	2
Be empathetic	2
Be accessible	
Be brave, do the tough things	
Be humble	
What leaders should do	**# of responses**
Actively listen to understand and identify different ways for staff to give feedback	13
Act, help, engage, influence, have an impact	6
Communicate, tell the truth, raise the conversation	6
Embrace the suck/slump	5
Lead by example, walk the walk, role model	3
Lead change	2
Give feedback continuously	2
Support professional development	2
Invest early in front line leadership, in career planning, and in innovative programming for leader retention	2
Innovate constantly, let ideas live even if not fully developed	2
Close the loop, follow through	2
Empower teams, advocate for team members	2
Keep safety for all top of mind	

Recognize and celebrate	
Monitor for improvements	
Enjoy what you do	
Build a common purpose	
Understand that work isn't the only priority for people	
Strategic workforce planning, scheduling, and deployment	
Psychological safe space creation	
Share a clear vision	
Address systemic challenges including EDI initiatives	
Define HHR as the priority. Hold it as the priority in multi challenged list	
Manage workloads	
Provide flexibility for the workday	
Understand that it will never be like it was in the "old days"...	
Encourage wellness within their teams	

Resources

Accreditation Canada
  HSO Global Workforce Survey

Canadian Institute for Health Research
  Strengthening the Health Workforce for System Transformation: Meet the Teams and Hub

Health Canada
  Nurse Retention Toolkit

Healthy Professional Worker Partnership Toolkits
CIHR and SSHRC Funded

  Health Worker Burnout Toolkit

  Healthy Professional Worker Toolkit

  Sex and Gender Analysis Toolkit

Healthcare Excellence Canada
  Promising Practices for Retaining the Healthcare Workforce in Northern, Rural and Remote Communities

Healthcare Management Forum
  Health Human Resources: Healthcare Management Forum: Sage Journals

Mental Health Commission of Canada
  Psychological Health and Safety in the Workplace: National Standard of Canada

Articles

Health Canada
  Summary Report of the Health Human Resource Symposium

Canadian Academy of Health Sciences
  Canada's Health Workforce: Pathways Forward
(Summarizes thousands of pieces of national and international literature, complemented by hundreds of hours of consultations with key stakeholders across sectors, jurisdictions, and health professional organizations, and dialogues amongst dozens of panel members)

WorkSafe Victoria (Australia)
  Prevention and Management of Violence and Aggression in Health Services

World Health Organization
  Reimagining effective workplace support for health workers

New Brunswick Senior's Advocate

[How It All Broke: Fixing How Government Manages Social Policy in New Brunswick](#)

Podcasts

Health*Care*CAN

[How Artificial Intelligence Can Be a Solution to our HHR Crisis and Transform the Future of Healthcare with Dr. Muhammed Mamdani](#)

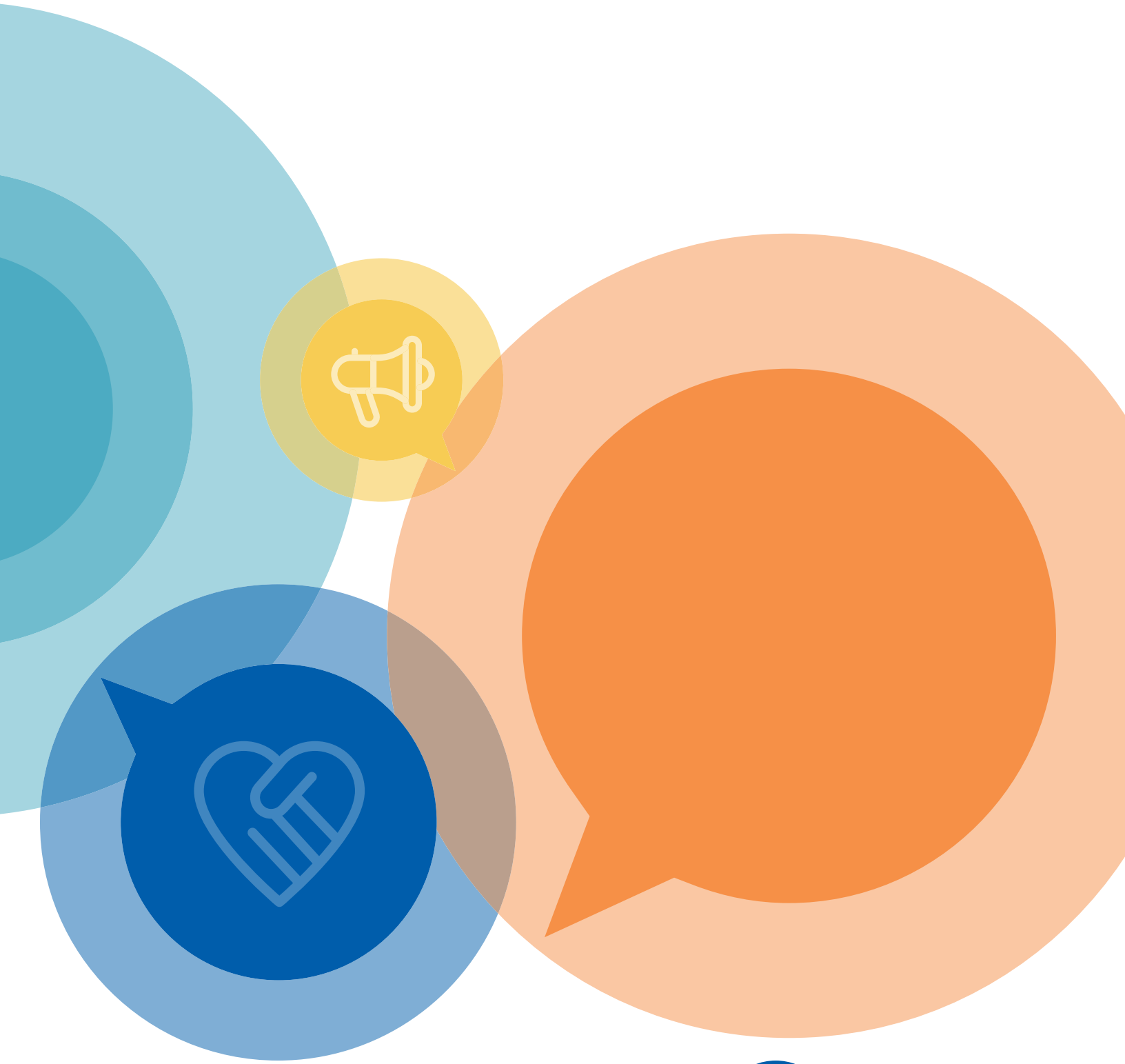[Addressing Burnout in Healthcare with Dr. Dayan Lee-Baggley: Strategies for Organizational Change and Sustainable Well-being](#)

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