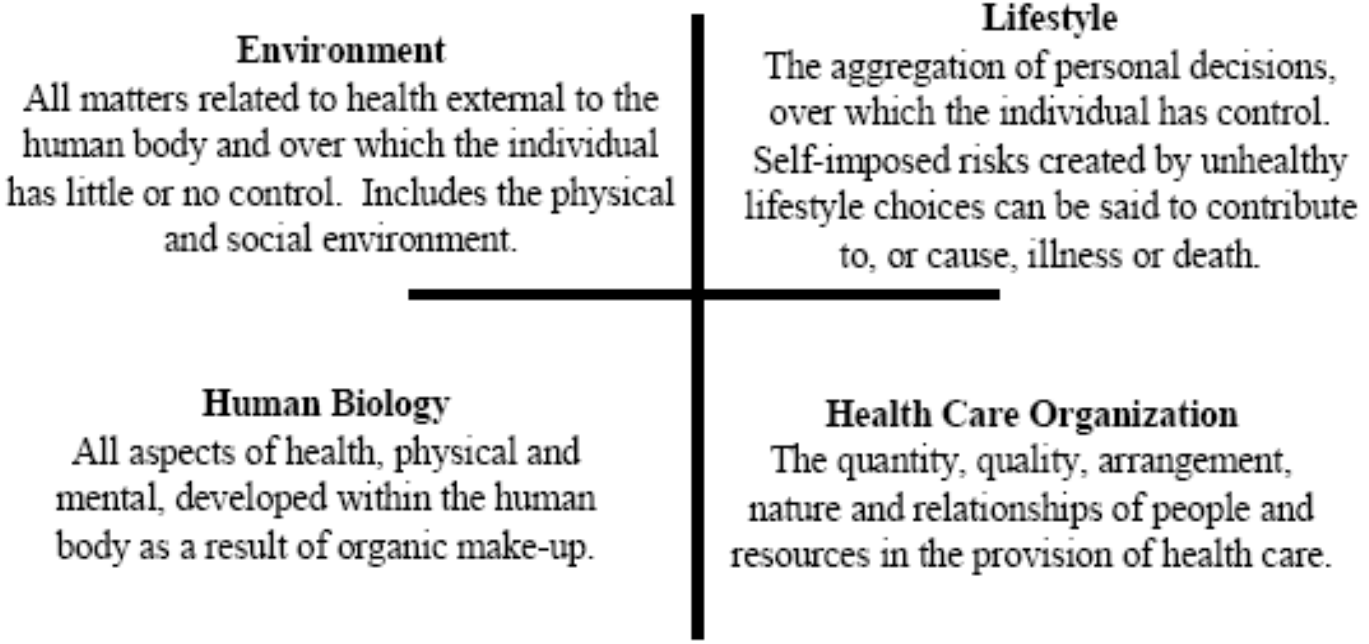
Context of Change

- Changing Health Care System
- Shift to a focus on Social Determinants of Health – higher income, education, employment = higher life expectancy
- Primary Health Care as foundation = 24/7 care
- Diverse aging population
- Focus on Population Health
- Regionalization of Health System

Key Dates in Canadian Health Care Policy

- 1867: *The British North America Act* establishes the basis for provincial responsibility for hospitals.
- 1947: Saskatchewan introduces Canada's first publicly funded universal hospital insurance program.
- 1957: The federal *Hospital Insurance and Diagnostic Services Act* is passed. All provinces and territories are covered under the cost-sharing program for hospital insurance by 1961.
- 1966: The federal *Medical Care Act* introduces federal/provincial and territorial cost-sharing for physician services outside hospitals. By 1971, all provinces were participating in the program.
- 1974: *A New Perspective on the Health of Canadians* is released by the federal health minister. It reinforces the idea of broad determinants of health and calls for a reorientation of health care services toward health promotion.
- 1977: The *Established Programmes Financing Act* introduces a program of federal transfers that are not directly tied to the costs of the provincial/territorial programs.
- 1984: The *Canada Health Act* reinforces the basic principles which provinces and territories must meet to qualify for federal funding: public administration and operation, comprehensiveness, universality, portability and accessibility. It outlaws out-of-pocket charges for services covered under the act.
- 1996/97: The federal contribution to health and social services is consolidated into the *Canada Health and Social Transfer*, a major change in federal/provincial and territorial cost-sharing arrangements for health services.

Figure 1: The Health Field Concept



ORGANIZATIONAL CULTURE

Functions:

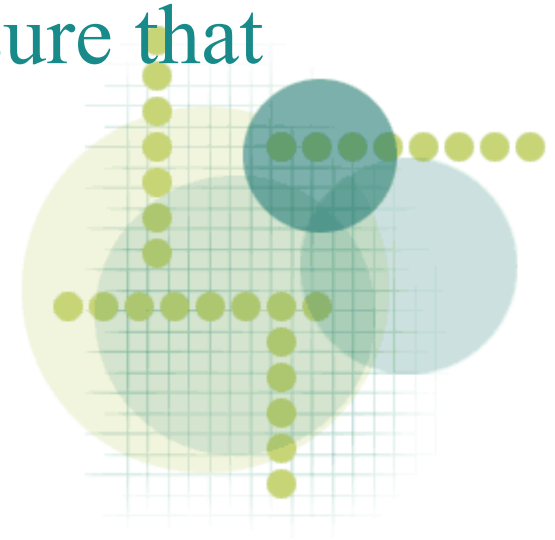
1. Behavioral control
2. Encourages stability
3. Provides source of identity

Liabilities of culture

1. Barrier to change and improvement
2. Barrier to diversity
3. Barrier to cross departmental and cross organizational cooperation
4. Barrier to mergers and acquisitions

ATTRIBUTES OF CULTURE

- Direction of impact is the course that culture is causing organizations to follow.
- Pervasiveness of impact is the degree to which the culture is widespread, or shared, among the members of a group
- Strength of impact is the level of pressure that culture exerts on the members in the organization, regardless of direction.



CULTURE CONTROLS

- Innovation versus Stability
- Strategic versus Operational Focus
- Outcome versus Process Orientation
- Task Versus Social Focus
- Team versus Individual orientation
- Customer Focus versus Cost Control
- Internal verses External Orientation
- Basis for commitment of org members

Basis for Member Commitment

- Instrumental Orientation - focus is on pay and equity
- Status Orientation - focus is on titles, status symbols, allocation of credit and recognition
- Internal Standard Orientation - focus is on achievement, challenge and individual growth
- Goal Orientation - focus is on service to customers, clients, and quality

CULTURE CONTROLS….

- Power Distance- The psychological distance between organizational members at various levels.
- Conformity versus Individuality
- Ad hockery versus Planning
- Centralized versus Decentralized decision making
- Cooperation versus Competition

Cultural Control Mechanisms

- SOCIAL NORMS
- SHARED VALUES - Private, Public
- SHARED MENTAL MODELS & CONSENSUAL SCHEMA - Cognitive schema are mental representations of knowledge.
- SOCIAL IDENTITIES – roles, role expectations, status in group = value/worth to group

Global Change & Nursing

- Technology, financial constraints & global competition are changing all organizations
- Emphasis is on:Cost Containment, Greater efficiency, increased Quality & added Value
-

SOCIAL NORMS

- A behavioral expectation that people will act in a certain way - are enforced by other members
- Peripheral norms are general expectations that make interactions easier and more pleasant.
- Relevant norms encompass behaviors that are important to group functioning.
- Pivotal norms represent behaviors that are essential to effective group functioning.

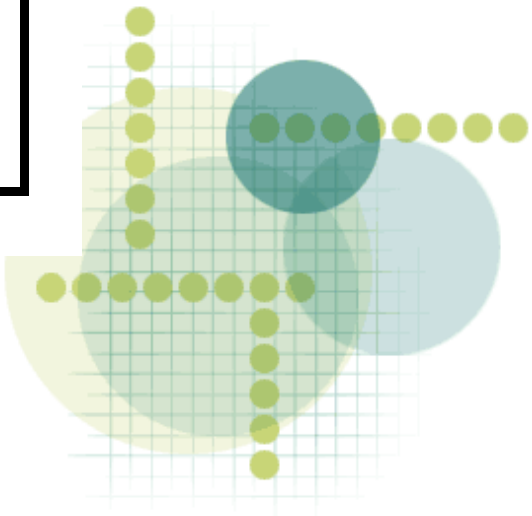
KEY FORCES SHAPING THE HEALTH CARE ENVIRONMENT

- Decentralization of political and administrative authority
- Shift of resources to community-based care
- More emphasis on health promotion and disease prevention
- Growing public knowledge and expectations
- Strategic partnerships
- Consumer participation movement
- Emphasis on outcomes and continuous

Client Centered Care

BASIC TENETS OF PATIENT-CENTRED CARE

- Decentralized services moved closer to the bedside
- Cross-training to create multi-skilled workers
- Work redesign
- Grouping of similar patient populations



Unsung Heros

The accumulating evidence is overwhelming: nurses are enhancing the quality of care by promoting health and lowering total system costs. What is absolutely clear is that nursing is a bargain, in or out of the hospital.

Claire M. Fagin, RN, PhD,
in the American Journal of Nursing, October 1990

Nursing the Difference

- As key stakeholders, and as one of only two constants for clients in all health care settings, nurses are qualified to speak out on the issues of both cost and care
- WHO said: Nurses should be brought in as leaders and managers of the primary health care team = nurse run projects
- Nursing care is the main reason people go to the hospital

CNA's PRINCIPLES FOR A PROFESSIONAL PRACTICE ENVIRONMENT

Clients have a right to high-quality, efficient, and effective nursing services. Whether speaking of hospitals or community-based agencies, those services are optimized when the following principles are respected.

- A chief executive nurse provides valued leadership
- Nurses are actively involved in decision making at the board and executive levels
- Nurses participate in strategic planning at the organizational level
- Nurses collaborate with other health professionals in determining standards of patient care
- Nurses determine the standards of nursing practice
- Quality improvement activities are in place and considered fundamental to the organization's operation
- The organization analyzes the potential impact of all decisions relative to nursing
- Nurses actively participate in the selection and assessment of technologies
- Nurses contribute to the development of clinical and management information systems
- Nurses have a key say in resource utilization
- Nurses shape their own staff development and professional education programming
- The organization fosters and supports nursing linkages with educational institutions.