



## **Transcript: Beyond Band-aids: Retaining Nurses in Pediatric Healthcare**

Connected by purpose. Driven by passion. This is Children's Healthcare Canada's SPARK: Conversations podcast series.

**Katharine:** Welcome to SPARK: Conversations, Children's Healthcare Canada's monthly podcast series. SPARK: Conversations is one component of Children's Healthcare Canada's SPARK Knowledge Mobilization Program. This year, the 2024-2025 fiscal year, SPARK: Conversations is dedicated to Right-Sizing Children's Healthcare Systems. We'd like to thank our SPARK: Conversations podcast sponsor, the IWK Health Centre for their ongoing support. I'm Dr. Katharine Smart. I'm your host, and today I'm delighted to be speaking to two incredible guests, Dr. Leigh Chapman and Rebecca Earle. So, before we get started, I'd like to tell you a little bit about these two amazing women that are going to share their knowledge and insights with us this morning.

Rebecca Earle has over two decades of experience in pediatric nursing care and has held various leadership roles in advanced practice nursing, research, and management. She has a masters in nursing from McGill University and a certification in Paediatric Nursing from the Canadian Nurses Association (or the CNA). Rebecca recently served a 2-year term as President of the Canadian Association of Paediatric Nursing (CAPN), where she collaborated with nurses and students across the country to advocate for the specialty of paediatric nursing and child health – proudly partnering with Children's Healthcare Canada on several campaigns. During her time on the executive board, CAPN developed evidence-informed paediatric nursing standards, as well as a national certification exam with the CNA. In 2022, Rebecca co-founded the registered non-profit charity, "The Maritime Children's Hospice Society", with a goal to establish the first children's hospice in Atlantic Canada. Rebecca is currently with the Nova Scotia Health Workforce Initiative, providing strategic leadership with system partners to plan for the health workforce needs today and into the future. Rebecca is champion for innovation, an ardent voice for nursing and staunch advocate for child and youth health.

Our other guests is Dr. Leigh Chapman. Dr. Chapman has nearly 20 years of nursing experience across various clinical leadership roles in home and community care, research, academia, regulatory,

and professional practice environments. Her direct service background includes critical care, community care, and education in professional associations. Recently, she served as Director of Clinical Services with Inner City Health Associates in Toronto, overseeing the strategic, operational, and clinical oversight of the nursing program for people experiencing homelessness during COVID-19. She has significant expertise in change management and fostering a nursing practice culture grounded in health equity that is trauma-informed, low barrier, anti-oppressive and harm reduction focused.

Dr. Chapman holds a Masters of Science in Clinical Health Sciences from the Nursing Graduate Program at McMaster University. In 2019, Dr. Chapman completed her doctoral work at the Lawrence S. Bloomberg Faculty of Nursing at the University of Toronto. Her research focuses on the competency assessment practices of clinicians in an academic hospital setting.

So you might be shocked to know this is just a few of the amazing things about these two women. So if you want to read their full bios, you can visit our website.

As our listeners know, Children's Healthcare Canada is on a mission to Right-Size children's healthcare systems. From coast to coast to coast and across the continuum of care, children, youth and their families are experiencing long and costly delays for essential and time sensitive health care services. Through our series, we'll explore what this means in real world contexts, along with the collective action required to change the way systems work and interact and intersect. So welcome, Leigh, and Rebecca.

**Leigh:** Thank you so much.

**Rebecca:** Thanks for having us.

**Katharine:** It's great to have you guys this morning. And I'm really looking forward to our conversation. So, there's so much that both of you could share with us. But I think one of the things we were really hoping to hear about start off with at least this morning, is about the nursing retention toolkit that you've developed Leigh through your work, and how you can see its impact on the nursing workforce. So, can you tell us a little bit about that and what our listeners should know?

**Leigh:** Sure. So when I was appointed into the role of the Federal Chief Nursing Officer in August of 2022, I started doing engagement across the country and really made it a priority to visit nurses from coast to coast to coast and really connect with those at the point of care. And this was at a time when, you know, two plus years into the COVID-19 pandemic. There was also a pediatric respiratory surge, so that Fall of 2022. And so, you know, lots of really competing challenges as well, as, you know, certainly the workforce challenges that we continue to face. It was very clear that there was a lot being done on recruitment; adding seats to nursing education programs, recruitment incentives at the organizational level or even at the provincial or territorial level, and much less being done really on retention. And also a desire to convene nurses, to bring nurses together, and have sort of a vision for nursing in Canada. And so that really all kind of coalesced within the nursing retention forum, which we held last June, with participants from across the country. And then the release of the Nursing Retention Toolkit, which was just released in March of this year. So it really is about how we're valuing the nursing workforce in Canada, how we're not just retaining those in the workforce, but also encouraging the return of those who may have left. Whether they've left the public sector or the profession all together.

And even encouraging the return of late career nurses, because we need those seasoned, experienced nurses, given the increasingly novice composition of our current workforce. So we need them. We need their mentorship and their guidance and their expertise, particularly when it comes to a specialty area like pediatrics. These are the experienced nurses who have really seen and, and done it all and we can really learn from them. So that's really what the Nursing Retention Toolkit is about. It's a strategic reorientation of how we're evaluating our nursing workforce in Canada, and we really hope to see it implemented across the country at the organizational and health authority level.

**Katharine:** That's fantastic. You know, and I think it's something that we just don't hear enough about this idea of retention, right? We hear so much about training new people, recruitment, but I think, you know, unless you're in healthcare, people maybe don't understand that critical role of mentorship, and how much learning on the job happens. And I certainly agree with you. And I'm sure Rebecca would as well. In pediatrics, right, so much of it is what you learn over time of seeing many children and youth and that skill set to recognize what people need, and that comes with experience. So, I'm curious if you can tell us a little bit about how nurses who work with children and families - what role they had in developing the toolkit, and was there any unique insights, perhaps from them when it comes to that area of pediatric health care?

**Leigh:** Yeah, I mean, we were really intentional about including nurses at the point of care in the development of the toolkit. So we asked for every province and territory to nominate two sort of employer health authority representatives, and then for those health authority or employer reps to bring two frontline nurses. So it was very much this dyadic structure where we had the point of care nurses perspective represented. And so among those participants that were many pediatric nurses, and they felt very strongly that, you know, we need to have inspired leadership, we need to have professional development, mentorship, and also encouraging transition programs, transition supports, as well as things like workplace resources and amenities. So included this under the theme of flexible and balanced ways of working. So things like daycare for shift workers. You know, often nursing as a feminized workforce, over 90%, female and so often, you know, nurses also have children of their own and need to ensure that they can have care for their children to be able to provide care for others. And so we included these things. Nutrition and rest spaces, transit subsidies, parking subsidies. So, you know, I think there's always a tension between regulatory requirements, and then organizational requirements. I think in pediatrics, it's very apparent, you know, we graduate generalists, and then they're working in highly specialized pediatric settings.

You know, in pediatrics isn't homogeneous. If you think of the differences from like, sort of neonatal to adolescence, there's huge differences. And so that's where the organization needs to invest in professional development, and that on the job training. Which is often missing, right, it's often something that doesn't actually exist in organizations unless it's provided through philanthropy or private investment. And so this is really challenging when nurses are working in such highly specialized environments. We need those organizational supports to retain nurses and to support the work they're doing.

**Katharine:** Absolutely. And I really love I mean, I love everything you're saying. But one of the things that really stood out for me was that idea of if we want people to be able to do their best work, we have

to also look after those folks, right. And we have to make sure their needs are being met. And I think that's something that in my view, like I think we've missed the ball on that in some degree in public health care, right? We just sort of have this expectation people are going to come and sort of soldier on in this really challenging work environment. And then we wonder why people leave and don't want that. Right. And that concept, you said flexibility and balance, right? I think that's what people want in their lives, especially the newer generation of workers and, you know, nurses are so in demand, right? We know there's a global workforce challenge around nursing. So if we want to keep people wanting to work in our health care system, you know, I think we really do need to be providing those supports. Both allowing them to feel professionally competent, and like they're delivering excellent care, which certainly from the nurses I've worked with in my career, I know is top of mind. But also that they themselves are looked after and cared for. So I love that your program is sort of touching on those things. And I'm wondering, you know, as you went through the process of developing this toolkit, did anything surprise you that you heard from frontline nurses? Like, was there anything that people had to tell you where you went? Hmm, I didn't really think about that. Or maybe, you know, that was actually a lot more important to retention of nurses than I may have thought.

**Leigh:** I think the moral distress was actually it was a bit jarring for me to be honest, because we often hear and talk about burnout, but burnout is really at the sort of individual level. And moral distress and moral injury is more at the professional sort of structural level. And it's really where nurses are unable to do the work that they are competent to do. And so it actually erodes their sense of professionalism and commitment to the profession. I mean, on the one hand, nurses were so keen to participate in the Toolkit and really feel so validated by the content of the of the Toolkit. Many nurses have said to me, we've been seeing this in the profession for 40 years. Now having this in a Government of Canada branded document like this carries some weight and hopefully this will move the needle in terms of what needs to change in the nursing profession in Canada. But the moral distress was quite acute. I think in those early days of my engagement, that sort of led up to the development of the Toolkit. And so, you know, well, we have supports, for example, we may have EAP supports in healthcare facility, they're really just inadequate. And so that was a bit of an "aha" moment for me, because I've been an employer of nurses before. And I've always sort of ticked the box of having EAP, without actually exploring it further. And to see whether it's adequate, whether nurses trust, that it is, you know, objective. And that, you know, there are actually examples of organizations that have contracted out sort of mental health and wellness resources to third parties, and there's much more engagement. And they're more bespoke for healthcare providers, and not just generic EAP services, because the work we do is quite, quite unique in healthcare. And so those supports and resources need to be unique. I think, yeah, I think that was maybe an *aha*, but also, the excellence that's already happening across the country. I think that's really the sweet spot of the Toolkit is that we highlighted all these references, resources and examples, of organizations across the country that are already doing these things. So, these are just ideas that can be scaled and spread. It's not about reinventing the wheel. Of course, the list isn't exhaustive. We wanted to, you know, provide a sampling of excellences happening across the countr. But often, organizational leaders sort of think well, where do I start? Well, you start with perhaps calling a neighboring organization, or a neighboring jurisdiction that's doing something that you want to really lean into in your organization or your jurisdiction. So, there is despite the despair, I think, in the profession, there's great hope and optimism, and I think, quite a lot of promise resting on this Toolkit. So we really need to work together to insurance implementation.

**Katharine:** That's fantastic. You know, I love how you're using examples of where people have had success for other people to build and create wins off of that, I think that makes so much sense. You know, and sometimes I think, when you're feeling hopeless, when you can actually look and see no actually is change possible, like it worked over here. And this is how they started that gets people going and feeling more motivated. And I also really love that connection you made right between that individual level of burnout or moral distress, where something like EAP can really be helpful to support an individual nurse, but that also issue of that broader culture, and that broader moral distress and that we need those systems level changes really to address that. So we need you know, it's a both and right. It's not an either or. I think it's wonderful that nurses can see you working on both levels, right? How do I help you as an individual, but I also recognize the culture, the environment, the system you work in, has to change, or else you're not going to be able to be. Well, it's not just an individual issue. So I think that complexity that you've captured that is really meaningful.

I'm curious if any healthcare organizations or groups have adopted your Toolkit yet, like is it in the field? And if so, is there any that are pediatric focused that are using it yet in their work?

**Leigh:** Yeah, absolutely. And I think this is where retention really is critical, because when you think of pediatric health facilities across the country, you know, many nurses are driving past five or six or more hospitals to go and work in a in a specialized pediatric center. And so that's where retention really is key because although you know, they may love the patient population and they care, we also have to look at those organizational features that are retaining them. So yes, we released the Executive Summary of the Toolkit in October. So, it was already gaining some traction before it's the release of the full Toolkit in March of this year. I know CHEO is working, and sort of running with it, aligning it with their strategic priorities, their nursing practice council and some of their governance work. BC Children's as well. Those are the two that come to mind right now. But I know there's others across the country.

And we are trying to glean that the information on how it's being implemented, you know, in various jurisdictions and various organizations. But it there's various ways that can be used, like it's not a one size fits all. And I think that's the beauty, you can sort of draw on, you know, maybe two of the eight themes and implement those or use it for benchmarking to see, you know, what do we need to work on? What do we need to improve upon? So lots more evaluation data that we hope to continue to get on its implementation.

**Katharine:** That's great. And that's what I was going to ask you about next. Because obviously, this is a huge program that has a lot of potential. How are you planning to evaluate it? What does that look like? Have you had any opportunity to start that process yet, or what do you foresee?

**Leigh:** So we are just getting started on the evaluation and really trying to glean like, really the impact of retention, the retention toolkits, implementation. We know that recruitment is an ongoing endeavor of any healthcare organization. So, you know, we'd be naive if we said, if you implement the toolkit, you're not going to have to recruit. Recruitment is ongoing. I mean, there's always vacancies, there's always maternity leaves. And people retiring and leaving. But I think, you know, we really hope to gather so the

impact of the implementation. What does it mean for staff satisfaction? What does it mean for maybe vacancy rates or attrition. And I should mention as well that we included nursing education programs and nursing students in the Toolkit, because we know that attrition actually happens in nursing education programs that, you know, the number of nursing education seats doesn't always equate to the number of graduates and when the service side of healthcare strain, so too is education. So, you know, does it impact nursing education in terms of having dedicated. It's hard to have dedicated learners, you know, and supernumeraries in a dedicated space for learning when healthcare is so strained. But ensuring that we are supporting our learners. Ensuring that we are providing adequate transition support.

We've heard stories of, you know, new graduates leaving not just the employer, but the profession within a few short years of graduating. So we want to try to measure some of those things, and its impact. Some of this will be longitudinal. But you know, we really do hope to get some, some quick wins and some stories of how it's made a difference, because it is sort of a guidepost for organizations in terms of where to start, you know, what to look at in their organization, you know, and it's endorsed by nurses across the country. So I think there's a lot of a lot of power in that.

**Katharine:** Oh, absolutely. And I love that sort of idea that retention really starts at recruitment, doesn't it? Like this is sort of a continuum. And if we're not thinking about retention, right from the beginning, we're probably missing opportunities. So it sounds like you know, what I'm hearing is you've connected a lot of dots that are connecting a lot of dots in my mind about how we should be thinking about these wicked problems. So that's fantastic.

Rebecca, I want to bring you in, you know, we want to talk about this idea of right-sizing healthcare systems for children and that are serving children and clearly in our hospitals. You know, nurses we know are the ones delivering the care. They're, they're essential. They're critical. They do the day-to-day work of caring for children and their families. So how do you see this Toolkit helping us right-size healthcare systems for children?

**Rebecca:** Yeah, I mean, I think that nursing retention to Leigh's point, with the focus on retention is really what is needed to support and bolster our workforce across the continuum and an age but particularly in pediatrics, because we you know, we have seen new nurses come into the profession in the workplace and then leave altogether. And so I think, taking Leigh's toolkit that was developed and it came at the most perfect time I think after the pandemic when nurses were really burnt out and struggling and taking it and having a really good look at what are some of the things we can be implementing across the board to, I think, encourage people to enter the specialty of child health, and keep them in the specialty of child health. And so, we've certainly in Nova Scotia seen some of the particular themes that Leigh's drawn out in the toolkit and some of the interventions, and we're starting to actually look at impact as well, which will take some time. But what are some of the specific things we can be doing in the child health space where nurses do experience a lot of moral distress, and caring for children who are quite sick and having to provide interventions that sometimes, you know, are really, really difficult. And so what can we be doing to support those nurses, so that at the end of the day, they don't feel like they're, they're alone, in this work of caring, which is an immense,

immense responsibility. But does take it's toll on you.

**Katharine:** Yeah, absolutely. And for our listeners, you know, some people may have tuned in before and know what we're talking about when we're talking about right-size children's healthcare systems. For other listeners, that might be a new term that they haven't heard before. So just wanting to remind people, you know, when we're talking about right-sized, children's healthcare systems. What we're meaning is systems of care for children and youth that are accessible, equitable, connected healthcare systems that are purpose built and designed for the needs of children, youth and families. So that's really our North Star, gold star, if you if you want to say that of where we're trying to get to. Leigh, what about you? What role do you see this Toolkit playing in right-sizing health systems for children and youth?

**Leigh:** Well, I think it focuses on the workers. We also have to redesign the systems as you as you say, and so you know, and we have to right-size our health systems to be appropriate for children, for children's health. But we also need to actually look at the workforce and ensuring that we actually have an adequate workforce that they have that the specialty education and training, and then we're retaining them. And because it takes, it takes a good number of years to get someone fully up to speed and to be competent, and caring for pediatrics. So you know, ensuring that we are actually investing in the workforce and ensuring that we are seeing the value of the care providers, not just the health systems, the models of care, all of those things need to change as well as often health facilities, they need capital investments, and so on. But this is really about the workforce and a strategic reset, in terms of how we're valuing our essential workers often, you know, the system grinds to a halt when we don't have nurses, we've seen that across the country. And so this is really about focusing on the care providers, you know, those who are really most proximal to the point of care and investing in nursing work.

**Katharine:** So I'm curious, Rebecca, and Leigh, but what both of you think about what we've been talking about and how it impacts nurses working in communities, you know, I think what we're seeing more and more as we recognize that we have tertiary children's hospitals, which are critical partners in providing that very high level of specialized pediatric care. But we also have many children and youth seeking care in community hospitals. I mean, I myself work in the community hospital. And I think we really ask a lot of our nurses, they work throughout the hospital, children, youth and adults. I often see nurses going, you know, from the emergency department to helping deliver a baby. And then if that baby sick being asked to care for that neonate. They then may be on the ward with a child with respiratory problem or in our mental health space caring for a teen with a mental health crisis. So it's really like this massive skill set we're asking people to have but I think what we're also hearing about more and more is this need for partnerships between tertiary hospitals and community because of just the scale of the need of children and youth and that we can't only care for children in specialized children's hospitals. But I recognize that's a huge ask and stress for our nurses who are really, you know, pulled in a lot of directions. So I'm curious what you're hearing from nurses in those environments and how that maybe relates to some of the work of the Toolkit.

**Rebecca:** This is a great question, Katharine. And having had the clinical experience to have, you

know, working relationships with nurses in communities and through our tertiary care hospital. The nurses in the tertiary centers are really willing to support the nurses in the community who are often quite scared to take up the care and responsibility of some of these children with very complex medical needs. And so if we're able to provide opportunities to you know, in the Toolkit, there's the talk about flexible work arrangements, I think about the opportunity for nurses in our tertiary centers to be perhaps providing care on site to rural communities with those nurses. Or just in time support, virtually. We're doing a little bit of that in Nova Scotia right now, where we're looking at nurses in the rural emergency departments being able to tap into our nurses in the emergency departments in the tertiary care areas. So that they feel that support and they can have their questions answered. So I think the need is there, I think we need to move in that direction. And I think it prevents, or it provides a great opportunity for both the nurses in communities and in our bigger cities to build capacity and grow their careers. Which I think nurses want to do. That's evident in the retention Toolkit. They want support, they want career development, to help them stay in the profession.

**Katharine:** Leigh, what are you hearing from nurses and community around children's health specifically?

**Leigh:** Yeah, I mean, just as Rebecca said, they want that flexibility. So it is it is a great way of capacity building, you know, from tertiary care to community health centers, or community hospitals, but also in in community sort of writ large. Like beyond the hospital borders. Building capacity in home community, we know that there's a lot of, you know, really, really sick kiddos who are cared for in home and community settings. And so having those partnerships is key, I think where there's great trepidation and nervousness is where, where the resources don't exist, where the partnerships don't exist, and having to sort of forge a new path and do something novel. You know, often without resources are cobbling together resources, nurses are really skilled at this sort of system navigation piece, but we really need to ensure the supports are there. And I think that, you know, nurses are very attuned to social determinants of health. So I think where there's moral distress is when they're, you know, sending folks out sending kids out into the community without adequate supports and resources, knowing that they're going to boomerang back into tertiary care or into health facilities because they don't have adequate supports. So really trying to cobble together supports is key, too. I mean, I think that whenever I've spoken to health care providers in hospital, I always think I'm going to get heckled when I say that the solutions to our health system challenges are often not in in the walls of a hospital. And I and I get nods. You know, there's agreement, even from the acute care folks. Acute care gets a lot of the attention, but it's actually the upstream interventions that where we often get more bang for our buck and need to invest. We're always going to have hospitals, we're always going to have tertiary care, and acute care, but we also need to look at, you know, where we can invest in primary care and community-based resources to keep people out of harm's way.

**Rebecca:** I couldn't agree. I couldn't agree more with those points. Leigh.

**Katharine:** Yeah, I totally agree. And I think, you know, when we're especially talking about children and youth, right, and creating wellbeing for children and youth, we know I think that that starts with investing in families, communities, healthy environments, healthy living. So kids can be healthy and well, right. And so much of that starts right from the beginning. And I think you're right, you know, it's



challenging, right, the things that happen acutely are much easier to define, measure, evaluate and see. And there's a certain alert to that, right, flying in a plane medivac, you know, doing a heart transplant on somebody, these are headline catching things. You know, saying things like, we want families to be healthy, we want children to be active and eat nutritious food and sleep well, right. It doesn't have quite the same sexy appeal as some of the rescue care we do. But we know, it's so important in preventing those downstream issues. And I think it's, you know, any of us who actually work in healthcare, see that impact. And I think we recognize we want to be doing both things. And nurses, again, are so instrumental in that work with children and families around creating an understanding of what how do you keep your child healthy, right? Think of all the nurses working in public health, that have those initial interactions with families that are really setting that course, to help people with a healthy trajectory. So, again, I think just an example of how nursing cuts across all these areas of healthcare, right from the beginning, all the way through to that sickest person lying in our ICU.

So I'm curious you know, what both of you see are opportunities then to spread and scale this Toolkit in child health. You know, I think we agree it's, it's necessary and it's a potentially a way that we can start to ease some of that moral distress. What do you guys think what's it going to take to get this across the continuum of children's healthcare systems and potentially even for other professions to learn from what the work that you've done?

**Rebecca:** Yeah. I think we need to be intentional and bring it into the conversation. So bringing it into the conversations at tables where our Chief Nurse Executive sits. Our nursing councils, any of the community based councils that are that are happening across the system where you can bring, bring light to it. To say that, you know, we have this Toolkit. There are some evidence-informed practices within this that can help. And to then just see what supports can we be providing across the system? That's I'm very fortunate right now to be working in the health workforce space. And those are the questions we're asking teams. What support can we be giving to you to retain, you know, to retain people in our organization? What, you know, what is the impact of some of the things you were trying? Are they working and if they are let's spread, and scale them, and there's so many good nuggets in this Toolkit that I think we can learn from. So it's just bringing it into conversations intentionally to see where we can take it.

**Leigh:** I think I think that's exactly it. Like, we work in these silos, even though there's really a network of you know, children's healthcare facilities across the country. We all are so insular, often in our everyday practice and operations. There's often you know, lots of operational fires that need to be put out, and, and even in strategic planning. So this, this Toolkit is as a way to sort of, you know, look at what's common across the jurisdictions across the facilities and spread and scale ideas that are that are already working. Because I think that that's exactly what we need. We need quick wins we need. We know that retention is not cost neutral. I should say that as well, that, you know, this does require investment. And in many cases, in most cases, health facilities are spending an inordinate amount of money on recruitment. So this is really a strategic reset in terms of valuing the nurses we have. Valuing their expertise, because we absolutely need it. And I think this is not like this is a start of a conversation right across children's healthcare organizations across Canada. I talked about the Toolkit at the conference in December. It wasn't fully released yet. But now that it's out in the wild, it'd be great to see you know, how it's being implemented across this across the network.

**Katharine:** Wonderful. There's so much amazing work happening here. And it's just incredible, I think, to see people really honing in on those practical issues, right? Like, what's it going to take and expanding our minds around the breadth of what we need to be thinking about to solve this workforce problem that's in front of us. Before we end today, I want to put both of you on the hot seat, but just for 30 seconds each. So Rebecca I'm gonna start with you. What would be your 30 second elevator pitch right now around why right-sizing children's healthcare is such an important health priority.

**Rebecca:** I'd say Canada, we have a problem. We have a growing population of children and families from very diverse backgrounds that have needs that are becoming increasingly complex. We also have a highly specialized workforce that we've talked about that is shrinking and needs support, so we can retain them and also recruit them. I think, right-sizing child health now means investing in a system that's going to allow our kids, our families, our healthcare providers across the continuum to flourish, not just today, but into the future. And I think we need to break down the silos that we talked about. The 13 healthcare systems that we have in Canada, break those silos down, come together, because together we can achieve, you know, achieve a system where everyone can flourish. And I would say today's children are tomorrow's nurses. So we must act now.

**Katharine:** Love that. Leigh, what about you?

**Leigh:** Oh, wow, that was - it's hard to follow that. I think that when we think of, you know, the business that we're in, it really is in service of people in Canada, and there's no one in Canada who won't have an interaction with a nurse at some point in their life. And so, you know, when we think of right-sizing, healthcare, it is an investment in the future of Canada. It really is about ensuring that the kids of today are maybe the nurses of tomorrow, but certainly the healthy Canadians that we need of tomorrow.

And so it really is about addressing the social determinants of health. Nurses, you know, know these social determinants inside and out. And when we think of all of the problems that are plaguing adults, all of those sort of chronic health issues, often they come back to social determinants. Things that could be prevented if we actually looked at upstream investments. So this is essentially to me what right-sizing Children's Healthcare Canada means, it's an investment in tomorrow.

**Katharine:** Wonderful, thank you both for that wisdom, and I couldn't agree more, it all starts right at the beginning with our children and youth. And that's how we create a healthy future for our country. So I want to thank both of you, Rebecca and Leigh, for your wisdom today, sharing your passion and your optimism, I think for these wicked problems and how we can work together, scale and spread things we know take the wisdom of nurses, and use that to actually solve these problems in our healthcare system. So it was a real pleasure hearing from you today and learning from you. So thank you for being here with me.

**Leigh:** Thanks so much for having us. Thanks for the opportunity.

**Rebecca:** It was wonderful. Thank you.

**Katharine:** Thanks again to SPARK: Conversations podcast sponsor the IWK Health Center for their ongoing support. That's it for today. Thanks to all our listeners for tuning in again to SPARK: Conversations. To stay up to date on all our SPARK offerings, including upcoming podcast episodes, please visit our website at [ChildrensHealthcareCanada.ca](http://ChildrensHealthcareCanada.ca) and subscribe to our SPARK: News biweekly e-bulletin if you haven't already. If you like this podcast show us some love by leaving us a review and telling your colleagues about us. We'll see you again next month. Thanks for listening.