

Analyzing Alberta's Proposed Exit from the Canada Pension Plan: A Bureaucratic Caring Perspective

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Abstract

This paper explores the potential health impacts of Alberta's proposed withdrawal from the Canada Pension Plan (CPP) on Canadian seniors, focusing on the economic, political, and educational domains of Ray's Theory of Bureaucratic Caring (TBC). We analyze data from Statistics Canada and nursing and health science literature to discern the interplay between CPP income and health outcomes. The economic domain discussion highlights the importance of solidarity and caring for others as a basis for reciprocity in creating a more caring and stable economic environment. The political domain explores how political literacy and nursing advocacy can integrate caring principles into policy decisions. In the educational domain, we examine the role of nursing faculties in fostering political literacy to include caring principles in policy discussions. We propose supplementing nursing curricula to bridge the gap between caring principles and political action. We also advocate for Health Impact Assessments to inform policy decisions, aligning them with Ray's TBC. The implications include the need for informed nursing advocacy, political education, and a caring approach to economic decisions. Future work involves assessing the impact of an Alberta Pension Plan on Albertan *and* Canadian seniors' well-being and promoting a compassionate and equitable society through care-informed policies.

CPP Investments found that 73% of the population they surveyed either planned to or had already relied on their Canada Pension Plan (CPP) payment as income after retirement (Switzer, 2024). For this reason, it is crucial to understand the potential health consequences that Alberta's proposed withdrawal from the CPP could have on Canadian seniors. Reducing Canada's CPP funds without Alberta in the plan could exacerbate health disparities and inequities (Boulhol & Queisser, 2023). With 33% of Canadian seniors experiencing two or more chronic illnesses, older adults are undoubtedly more vulnerable to fluctuations in income (Public Health Agency of Canada [PHAC], 2022). Viewing this event through Ray's Theory of Bureaucratic Caring (TBC) can offer insight into nursing knowledge, gaps, and opportunities within the educational, political, and economic domains (Ray, 1989). Through an examination of the role of nurses in political advocacy, this paper will use the CPP exit as an example to offer insight into safeguarding the health of vulnerable groups of people, such as older adults. It discusses ways nurses can integrate caring principles into bureaucratic structures to examine nurses' role in shaping policy.

The CPP was implemented in 1966 to offer income assistance to employed or self-employed Canadians in provinces and territories other than Quebec. It serves as a means for Canadian seniors to meet basic needs in cases of retirement or disability. Given the uncertainty regarding whether the provincial government has assessed potential health

repercussions for Alberta and Canada, this paper aids in bridging the gap between health and government.

Background

Ray's Theory of Bureaucratic Caring

Ray's theory integrates concepts of caring within the structures of institutions and bureaucracies (1989). It suggests that multiple interrelated factors, such as the economic, political, and educational dimensions of caring, can influence ethical and moral decision-making in healthcare policy. These categories do not exist in isolation but interact dynamically within healthcare organizations' bureaucratic structure. This interaction can create a paradox where the bureaucratic system may sometimes seem at odds with the caring mission of healthcare professionals. Synthesizing these elements leads to a deeper understanding of bureaucratic caring as a holistic concept (Ray, 2021).

Economic Domain

While economics is generally understood as the production, distribution, and consumption of goods and services by analyzing how scarce resources are distributed, it often focuses solely on financial or material conditions (Suchaina et al., 2023). In contrast, Ray's theory represents a paradigm shift in economic thought, emphasizing the integration of compassion and efficiency within bureaucratic systems through the integration of caring as a value-added resource (Ray, 2021). Instead of a dichotomy between cold bureaucratic structures and the warmth of human care, the TBC suggests a symbiotic relationship, arguing that a caring ethos within bureaucratic frameworks not only enhances the well-being of individuals but also optimizes economic outcomes. Recently, economists have realized the potential of "caring economics"; it is an approach to economic theory and practice that integrates the principles of compassion, empathy, and social responsibility into economic systems by emphasizing the importance of human well-being, social justice, and environmental sustainability in economic decision-making (Suchaina et al., 2023). These ideas have merit, given the correlation between income and health outcomes. This prompts a poignant question: How do we reconcile economic imperatives with the intrinsic value of caring?

How Income is Linked to Health Outcomes

Income is a direct Social Determinant of Health (SDOH), and income changes particularly impact vulnerable populations' health outcomes (PHAC, 2023). SDOH are the social and economic factors—such as safe housing, access to education, income stability, and community connectedness—that significantly impact people's lives and health. These factors represent the conditions in which people grow, live, work, and age, and they are not directly influenced by individual behaviour. Rather, they are shaped by broader social, economic, and political forces, and can be predetermined by factors such as socioeconomic status, geography, and access to resources. Inequities in these conditions often lead to poorer health outcomes. Therefore, addressing these broader issues from a top-down perspective can create greater opportunities for equity and improve health outcomes across populations (PHAC, 2023). A negative correlation, and even causation, has long been established between income and health

outcomes, including life longevity (Kolak et al., 2020; Lynch et al., 2004; Pickett & Wilkinson, 2015). Not only that, but income affects families' ability to adapt to external circumstances and is interconnected to other determinants, such as housing and education opportunities, perpetuating a cycle of poverty (Sharma et al., 2020; Chastin et al., 2020). Level of income is a primary determinant that significantly influences other SDOHs. It impacts individuals' ability to afford essential resources such as safe housing, nutritious foods, and access to supplementary healthcare, not included in provincial plans. There is an inextricable link between the level of income and the opportunity for people to optimize their health. Older adults have a higher risk for developing chronic health issues and illnesses such as hypertension, osteoarthritis and heart disease. Therefore, they are far more vulnerable to income changes (PHAC, 2022).

For decades, the CPP has traditionally been a reliable source of income support for Canadians. Since its establishment, the low-income rate of adults aged 65 and older dropped from 30.6% in 1976 to 3.9% in 1995, largely due to expanded private pensions and federal income programs like CPP, Old Age Security (OAS), and Guaranteed Income Supplement (GIS) (Standing Committee on Human Resources, Skills and Social Development and the Status of Persons with Disabilities [HUMA], 2010; Myles, 2010, as cited in Leclerc, 2024). However, in recent years, low-income rates have begun increasing again by 2022, reflecting slower income growth among seniors compared to the working-age population (HUMA, 2010; Myles, 2010, as cited in Leclerc, 2024). Considering this upward trend, it is crucial to acknowledge the implications for seniors' pensions in other parts of Canada if there were a change in pension funding.

The Canadian government recognizes income as a crucial SDOH, emphasizing that an individual's income directly affects their overall well-being and health. The CPP targets older adults, those with disabilities, and the retired to minimize systemic inequities such as housing and income. Canada's inflation rate as of June 2022 rose 8.2%, the highest since the 1980s (Statistics Canada, 2022). For this reason, economic stability is crucial. Concerns were raised that a separate Alberta Pension Plan (APP) may carry risks and not deliver on government-promised benefits (Chen & Tombe, 2023; Tombe, 2023). The decision to withdraw from the CPP could introduce such economic instability by both directly and indirectly affecting the health outcomes of adults above 65 by making them susceptible to health impacts, such as decreased access to nutritious food, safe and affordable housing, and quality healthcare. In the context of Ray's theory, caring and empathy regarding economics involve carefully examining income distribution and its potential impact on people's health.

Bigger Pensions are More Stable

Following this paradigm shift in how we can view and define caring within the bureaucratic framework shows how empathetic engagement can foster a more inclusive and sustainable economic domain (Ray, 2021). Given that larger pension funds tend to outperform smaller ones due to lower fees per invested dollar and higher investment performance, to care about the older adult population is to consider this notion in creating an APP (De Vries et al., 2023). When retirees across Canada have a secure pension (i.e., income), they can play a significant role in bolstering the national economy by spending on goods and services, which includes patronizing

businesses based in Alberta (Aziz et al., 2022; Lapham & Teeter, 2023). In turn, this creates an interdependence between provinces, contributing to greater economic stability. The integration of caring principles within bureaucratic structures not only aligns with a more inclusive and sustainable economic paradigm but also underscores the importance of considering factors such as solidarity and caring for the community at large, as evident through strength in numbers (larger pension fund size) and interprovincial interdependence in the design of policies and initiatives.

Caring is a Resource

Caring can be considered a resource because it represents a valuable and intangible asset that contributes to the well-being of individuals, communities, and societies. Ray defines caring as the relationship between charity and right action, where charity embodies love and compassion in response to suffering and need (2021). In contrast, right action pertains to justice or fairness regarding what should be done (Ray, 2021). This definition emphasizes the balance between compassionate, empathetic responses to individuals' needs and ethical, fair actions within healthcare's organizational and cultural contexts. By caring for other Canadians, we foster greater economic cooperation. When individuals engage in caring behaviours—expressing empathy, compassion, and emotional support—they contribute to personal well-being and create a broader social fabric woven with trust and reciprocity.

Following the 2008 recession, Albert Lea, Minnesota, transformed its community to embody the principles of Blue Zones—regions recognized for promoting better health outcomes and longer lifespans. This initiative reduced healthcare costs while bolstering the local economy through collaborative community efforts to design a healthier city (Wizemann, 2015). The initiative in Albert Lea exemplifies how economic prosperity, community well-being, and collaboration can go hand in hand, demonstrating that caring for people and economic growth are not mutually exclusive and are mutually beneficial to a community. This speaks to bureaucratic caring as a holistic concept reconciling the seeming paradox of bureaucratic systems and humanistic caring. Cultivating a caring environment can enhance employee morale, job satisfaction, and overall worker engagement while mitigating stress and burnout (Rathert et al., 2022). The same caring can inform decisions and policy implementation of various bureaucratic institutions. This interconnectedness is exemplified by the economic implications of caring workplace policies and demonstrates how prioritizing the well-being of individuals can contribute to broader economic stability and sustainability (Ray, 2021). In essence, caring emerges as a vital and intangible resource that should be used in economic decisions to promote personal resilience and the well-being of communities.

Political Domain

In considering Alberta's potential departure from the CPP, evaluating how the resulting policy changes may impact seniors' lives and financial security is crucial. Ray's theory advocates for bureaucratic systems that are efficient and imbued with care and empathy. Nurses possess the knowledge and critical thinking to evaluate policy changes that affect the health of populations; nevertheless, there remains a deficit in their involvement in decision-making (Gandelman & Moran, 2021; Hajizadeh et al., 2022; Lopes et al., 2020). Promoting political literacy and

individual advocacy among nurses can improve nurses' confidence in advocating for individuals impacted by policy changes. This approach aligns our political system more closely with Ray's (1989) TBC.

How Can We Address a Lack of Confidence in Government Participation?

People within organizations must facilitate a shift toward more caring and humanistic approaches to decision-making (Ray, 1989). According to the Canadian Nurses Association's (CNA) Code of Ethics, "there may be situations in which nurses collaborate with others to change a policy that is incompatible with ethical practice" (2017, p. 4). Students, nurses, and the public express a desire to be involved in healthcare policy-making decisions. However, studies have revealed that these groups often lack confidence in their understanding of the decision-making process, which serves as a barrier to activism (Gandelman & Moran, 2021; Hajizadeh et al., 2022; Lopes et al., 2020). Specifically, Lopes et al. (2020) found that the public they surveyed overwhelmingly agreed they should serve as stakeholders in healthcare decisions to promote transparency and accountability. Similarly, Hajizadeh et al. (2020) reported that nurses believe they should take part in decision-making processes. Gandelman and Moran (2021) found that only 33% of the student nurses they surveyed felt equipped with the knowledge to participate in government decision-making, though they expressed a strong desire to be involved.

Nurses contribute to their caring profession by understanding how social and structural factors influence people's health. Advocacy is a potent tool for nurses to merge compassion into bureaucratic processes and foster engagement among students and the community.

Promoting the integration of political knowledge and processes into current public health and leadership courses within nursing programs may enhance nursing advocacy in the future (Wichaikhum et al., 2020). As nurses are commonly found in the community, education regarding political processes may empower them to educate the public on health policy, decreasing distrust regarding health spending (Lopes et al., 2020). Specific nurses who are policy experts may help encourage evidence-based policymaking, as the lack of this kind of education makes nurses hesitant to be involved otherwise (Hajizadeh et al., 2022). Canada's Chief Nursing Officer (CNO) is an example of a policy expert.

A nation's CNO collaborates with other senior officials to develop and shape policies while establishing the direction for the nation's healthcare system (Wignall, 2021). However, in Canada, we have not fully harnessed our CNO's potential to investigate the impacts of policy decisions, as potentially evidenced by the proposed CPP exit. The CNO can help government leaders make the connection that Alberta's exit from the CPP may affect the pensions of other seniors in Canada, therefore increasing income insecurity.

Educational Domain

Part of Ray's theory includes education as a vehicle for caring to be integrated into bureaucratic processes (1989). Education inspires nurses to be creative, ask questions regarding problems in the system, and create and test hypotheses. For example, how can learning and education

impact health outcomes? And how can we integrate education and learning into political discourse?

Nursing institutions thoroughly integrate dynamics of caring and healing towards families, communities, and organizations. However, there may be a dichotomy between nurses' priorities and politicians' motivations. As discussed above, federal and provincial governments have not harnessed the potential of our CNO; therefore, it is integral for nurses to be teachers, advisors and educators to the public and government leaders. A more in-depth examination of nursing education must incorporate the above political domain recommendations.

Knowledge of Inequities and Political Literacy can be an Avenue for Preventative Health

The World Health Organization (WHO) defines health as “a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity” (1946). This holistic definition provides a framework for future preventative or upstream models of health, including adjusting nursing education and curricula. Integrating preventative health, including implementing prophylactic measures to prevent disease, is essential in nursing education (Choi et al., 2020; Ezhova et al., 2020; Villaran, 2022). This is so they can fulfill their duty “individually and collectively, to advocate for and work toward eliminating social inequities” (CNA, 2017, p. 5). Direct contact with people experiencing social inequities through public health clinical placements fostered assessment skills, collaboration, and empathy (Ezhova et al., 2020). By witnessing the association between poorer health outcomes in marginalized groups, nursing students can see firsthand how SDOHs impact individuals. By providing an opportunity to see how social inequities cause poor health outcomes for marginalized groups, nursing programs foster caring and empathetic nurses who may be called upon to advocate at the individual or legislative level (Villaran, 2022). Nursing education in public health sets a foundation for future advocacy; however, it must be adapted to add more content regarding government and legislative processes so nurses feel more confident advocating at the policy level.

Misinformation and Lack of Transparency Jeopardize Public Trust in the Government

As part of an engagement process regarding Alberta's potential CPP exit, an advertising campaign was launched on radio and television concurrent with the release of a recent survey (Johnson, 2023). There is disagreement on whether the public engagement initiatives are distributing unbiased information to Albertans. Misinformation and a lack of transparency in educating the public can have polarizing effects, as seen during the COVID-19 pandemic (Choi et al., 2020; Lopes et al., 2020). To combat this, nurses must have the correct information and the confidence to communicate this to the public, contributing to a broader understanding of public health (Choi et al., 2020). Given that nurses frequently interact with the public, a sense of unity among nurses could enhance public trust in healthcare providers and enable the public to learn from them. To reinforce this unity and group learning, nursing schools must further equip nurses with the skills to interpret current events and connect them to potential health outcomes. Nurses need the knowledge and critical thinking skills to evaluate the world around them to “advocate for and work toward eliminating social inequities” while educating the public (CNA, 2017, p. 5).

Proposed Interventions

According to the seven criteria supplied by the National Collaborating Centre for Healthy Public Policy, a Health Impact Assessment (HIA) would be appropriate to analyze the health outcomes of Alberta's departure from the CPP (St-Pierre, 2015). Without an HIA, we cannot comprehensively predict the potential health outcomes to proceed with the exit from the CPP. The HIA conducted by Green et al. (2021) showed how policy decisions affect the health outcomes of individuals and populations. HIAs gather holistic data regarding a policy not directly related to health care to analyze the short- and long-term effects. Adopting this approach will inadvertently follow Ray's theory as it emphasizes integrating caring principles and education into bureaucratic decision-making processes. If the government were to liaison with nurses to conduct an HIA, it could have a more accurate prediction of public interest and potential consequences. When shared with the public, the results of an HIA can be a tool to foster informed decision-making and increase trust, as well as an avenue for integrating Ray's TBC model into government structures.

Health representation at a provincial and national level is vital to advocate for the needs of vulnerable groups affected, such as our seniors in Canada (Wignall, 2021). Therefore, we suggest that our current federal and provincial health ministers collaborate with health leaders, such as the chief nursing and medical officers. With increased collaboration, HIAs could become more routine with policies that are not specifically in the health sector but have the potential to affect our health. We propose that all policies be screened for the potential to influence population health, performing HIAs where necessary, as it is impertinent that the utmost care must go into decision-making that can impact health outcomes.

For nursing institutions, we propose integrating foundational knowledge of governance and policymaking into nursing curricula to advance nurses' confidence in advocating for policy changes that benefit the health of Canadians. Incorporating current events and policies, and their impacts on the healthcare system, will foster curious nurses who can connect government decision-making and health outcomes. This is also essential, as nurses educate their healthcare colleagues and the public. Regarding nurses and students, we encourage them to be curious and seek to become informed about policy decisions that impact health outcomes. We call for nurses to advocate for equitable policy changes and consider the health and well-being of Canadians and vulnerable groups. Our CNO could lead in bridging the gap between nurses and advocacy. Nurses should use their voices and educate others, including the public, based on evidence-based practice. This approach ensures the information shared is accurate, reliable, and grounded in the best available research. By doing so, nurses can help improve public health literacy, influence health policy, and promote positive health outcomes.

Conclusion

In this paper, we explored the question: how do we balance traditional bureaucratic values with the values of caring? Alberta's proposed withdrawal from the CPP has many potential health uncertainties, given its critical role in supporting the well-being of Canadian seniors. Achieving a balance between economic values and values of caring requires a comprehensive and

integrated approach that considers the broader impacts of economic decisions on individuals, communities, and the environment. Aligning the political domain with Ray's theory requires nurses to actively participate in health policymaking and policymakers to be aware of how decisions can affect vulnerable populations, such as Alberta's potential CPP exit. Doing this fosters a caring and empathetic approach to promoting political literacy education and individual advocacy within nursing organizations. In the educational domain, nursing education can empower nurses to bridge the gap between caring principles and political action. This approach advocates for holistic and caring policymaking, urging a reevaluation of economic, political, and educational systems (among others) to prioritize the well-being of individuals and communities. By aligning with Ray's Theory and incorporating caring principles into the various domains, nurses—in conjunction with other policymakers—can play a pivotal role in shaping a more compassionate and equitable society.

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