

The nursing crisis and the experiences of Black nurses

Nursing is a profession that has the power to inspire, attract and fulfill people who choose to care for the wellbeing of others. Nurses work across the system in many domains and sectors, bringing knowledge and compassion to care. As the largest group of registered health professionals in Ontario and Canada, nurses form the backbone of our health system.

The COVID-19 pandemic tipped our already-understaffed nursing workforce into a deep crisis. This bulletin sets out the opportunities that must be seized, as well as some existing impediments that must be cleared to respond to both immediate and longstanding issues that undermine the potential of the profession. That potential depends on a health system committed to equity, diversity and inclusion (EDI) within the health professions, including nursing. We outline below a full range of retention and recruitment strategies, and spotlight the need to eliminate racism and discrimination in the nursing profession in order for these strategies to succeed.

According to RNAO's 2022 [Nursing Through Crisis report](#), Ontario nurses experienced high rates of burnout, depression, anxiety and stress during the COVID-19 pandemic.

75% of nurses experienced burnout

69% of the more than 5,000 nurses surveyed reported their intention to leave their nursing position within five years

Source: RNAO, *Nursing Through Crisis: A Comparative Perspective*

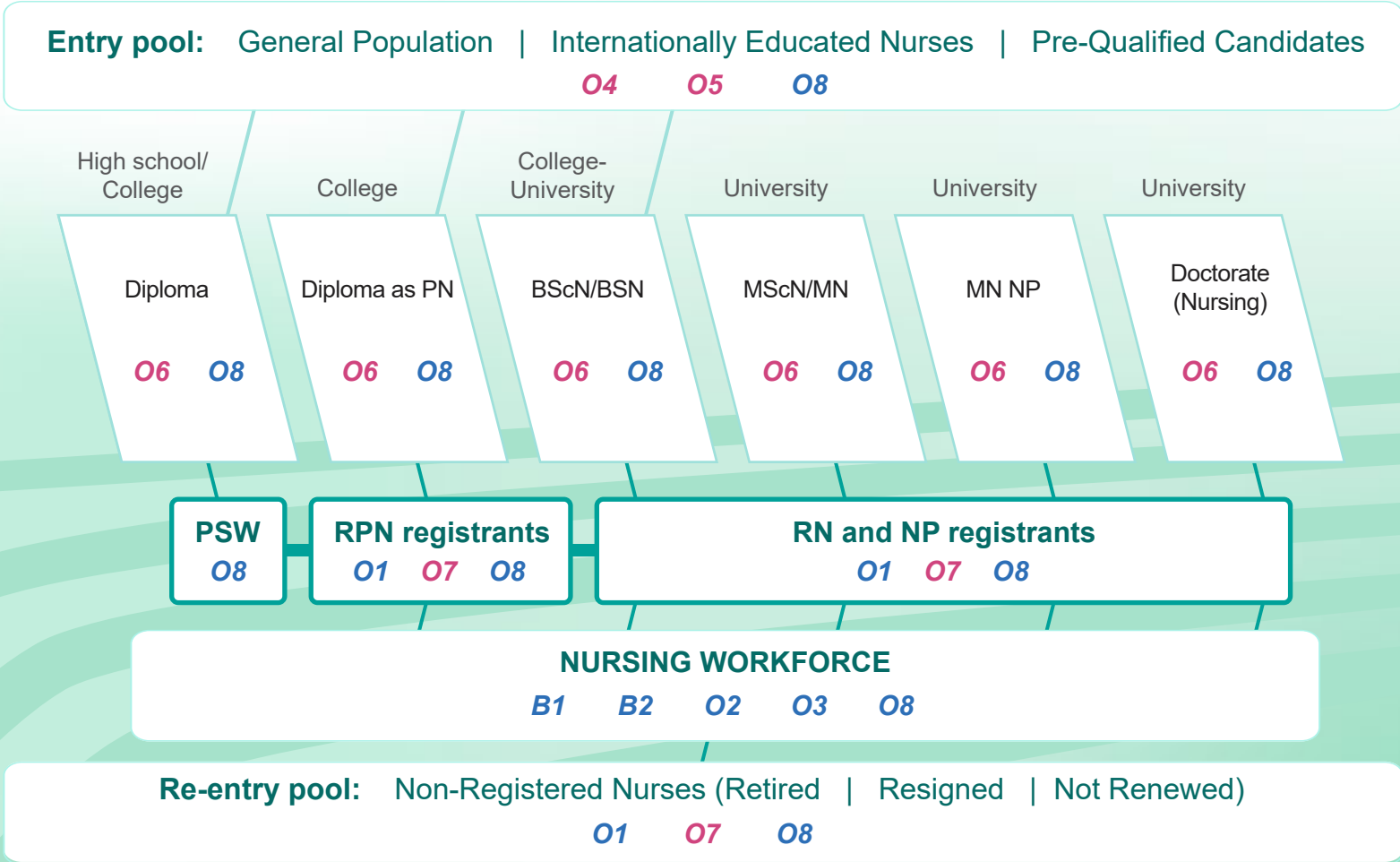
The impact of the nursing crisis has rippled across the health system. Emergency rooms and intensive care units have been forced to close due to nursing shortages. Surgeries, procedures and treatments have been cancelled and patient safety is at risk. And, nursing shortages in home care and long-term care have led to a reduced capacity for alternate level of care, which in turn has led to record levels of hallway medicine.

The crisis highlights the centrality of nursing, the vital roles that nurses play across the system, and the need to care for the people and the profession that cares for us. Resolving the crisis must involve actions to make nursing a more desirable profession in Ontario. We need incentives to attract new nurses and retain existing nurses, and we must enhance the pathways for all nurses to expand their education, skills and roles. We need a nursing profession that embraces equity, diversity and inclusion.

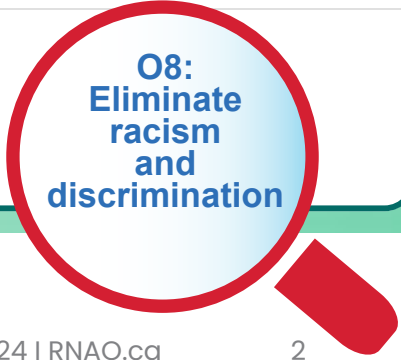
Nursing Through Crisis recommendations

These recommendations focus on clearing barriers and realizing opportunities to rebuilding the nursing profession in Ontario.

Nursing career pathways: opportunities and barriers



LEGEND			
Retention	Recruitment	O=Opportunity	B=Barrier
B1: Compensation	B2: Workloads	O1: Provide mentorship supports	O2: Provide leadership training
O3: Increase career development opportunities	O4: Register internationally educated nurses	O5: Increase nursing education seats and funding	
O6: Expand nursing education pathways	O7: Return nurses to the workforce	O8: Eliminate racism and discrimination	



BARRIER B1: Compensation

- Increase compensation for Ontario nurses in all roles, domains and sectors so it is competitive with compensation in other jurisdictions, including the U.S.
- Address pay disparities among nurses working in different sectors, including home care and long-term care, by harmonizing their compensation upwards.

BARRIER B2: Workloads

- Ensure safe and healthy workloads for nurses by increasing nurse staffing and supports across all sectors.
- Implement evidence-based recommendations to retain and recruit nurses by providing full-time employment, mentorship and professional development, occupational health and safety measures and enforcement, as well as safe workloads.

OPPORTUNITY O1: Provide mentorship supports

- Expand the Nursing Graduate Guarantee to include all new nursing registrants in Ontario and internationally educated nurses.
- Reinstate the Late Career Nurse Initiative, and encourage recently retired nurses to return as mentors for new graduates.

OPPORTUNITY O2: Provide leadership training

- Provide nurse leaders with leadership training and supports.

OPPORTUNITY O3: Increase career development opportunities

- Expand RN scope of practice to include RN prescribing.
- Expand NP scope of practice and innovative models of care, including more NP-led clinics.
- Increase funding and resources for nurses to pursue continuing education, professional development and nursing specialty certifications.
- Provide nurses with time off, flexible work scheduling and compensation when pursuing continuing education.

OPPORTUNITY O4: Register internationally educated nurses

- Continue to implement policies and programs to ensure internationally educated nurses who reside in Canada and want to practise in Ontario are registered with the CNO in a timely manner.

OPPORTUNITY O5: Increase nursing education seats and funding

- Increase the supply of RNs by further increasing enrolments and funding for four-year baccalaureate nursing programs, second entry/compressed programs and RPN-to-RN bridging programs by 10 per cent per year for five years.
- Compress the RPN-to-BScN bridging programs to two years.
- Support faculty retention and recruitment in both college and university programs as a critical strategy to increase the RN supply in Ontario.
- Increase the supply of masters and PhD/DNP/DN-prepared RNs by increasing enrolments and funding for these nursing programs.
- Increase the supply of NPs by increasing the funding and capacity for student-NP seats and associated program costs. This should include enabling more NPs to be prepared at the PhD/DNP/DN levels for faculty support.
- Support a 50 per cent increase in the number of NPs by 2030 as set out in RNAO's 2021 NP Task Force report, [Vision for Tomorrow](#).

OPPORTUNITY O6: Expand nursing education pathways

- Develop expanded and optimized nursing education pathways similar to the U.S. and other countries to encourage nurses to advance their nursing education and careers in Ontario.

OPPORTUNITY O7: Return nurses to the workforce

- Establish a "Return to Nursing Now" program to attract CNO registrants back into Ontario's nursing workforce.

OPPORTUNITY 08: Eliminate racism and discrimination

Racism and discrimination harm the nursing profession and health system and undermine all other recommendations to retain, recruit and invest in nurses and the nursing profession. In 2022, RNAO published the [Black Nurses Task Force Report](#) (BNTF report). This report, grounded in a survey of more than 200 Black nurses and nursing students in Ontario, makes clear the significant and negative effects of systemic racism within the profession. Black nurses are underrepresented as faculty, managers, and senior and executive staff of hospitals and other health organizations. They often remain in entry-level positions and non-specialty roles – or, when coming to Ontario as internationally educated nurses, end up working as unregulated personal support workers.

The “barriers” identified above – compensation and workload – may also disproportionately affect those impacted by systemic racism and discrimination in Ontario. These barriers will only be fully dismantled when compensation and workloads are equitably distributed within the profession. Similarly, all pathways through the education system and into and out of sectors and roles must be open to all nurses and ensure equity, diversity and inclusion (EDI) in the nursing profession.

Black nurses in Canada and Ontario

Black people have been an integral component of the country’s population since the early 1600s. The early migrations of Black people to Canada are connected to slavery in Canada and the United States; enslaved or “freed” Black people were used for labour and largely contributed to building Canadian society as it exists today. Yet, despite the invaluable contributions to the construction of the current Canadian society, almost every sector has been built upon the intentional exclusion of Black people.

Nursing is no exception. Black Canadians were not permitted to enter nursing until the 1940s. The act of preventing aspiring Black nurses from training in Canada due to anti-Black racism is a salient, albeit often omitted, component of nursing history that must be acknowledged and remembered. Gaps in nursing education, which fail to incorporate mention of Black nurse trailblazers or the unique health-care needs of the Black Canadian population, reinforce historical harms within the Black community. For example, education that fails to adequately address the physical differences among people means that performing hair or skin assessments for a Black person may pose a challenge due to lack of training, education and knowledge.

In 2009, Black nurses in Nova Scotia described their feelings as “practicing on the margins of the nursing profession”. More than a decade later, the BNTF Report made clear that this marginalization also exists right here in Ontario. Black nurses reported facing microaggressions and discrimination from their colleagues, and experiencing the consequences of systemic racism within academic and workplace settings.

RNAO's Black Nurses Task Force recommendations

Based on the findings from their extensive survey and their background research, the Black Nurses Task Force made the following recommendations:

RECOMMENDATIONS

Recommendation

Key actions

Reducing barriers in academic and workplace settings

- 1** Provide equitable and fair placements for Black nurses in all practice settings. For example, Black nursing students should not be disproportionately placed in LTC settings during their final consolidation.
- 2** Provide tools and resources to support Black nurses as they navigate difficult challenges when dealing with residents, patients or families who display racism.
- 3** Include DEI Committees in all workplaces and academic settings to address racism and discrimination.
- 4** Include racism and discrimination as a topic in nursing and interprofessional curriculums. This includes "race and racism as social determinant of health" in the educational curriculum for both undergraduate and graduate students.
- 5** Hold all staff (professors, managers, health-care providers) accountable for addressing racial discrimination and develop specific strategies to combat it.
- 6** Create safe spaces for Black nurses to open up about the discrimination and oppression they face in professional settings.
- 7** Increase access to mental health supports in the workplace and academic settings to address traumas related to racism.
- 8** Develop and enforce policies on anti-racism, such as zero tolerance of racism from staff, nursing leaders, patients and families.
- 9** Create educational and research grants/financial incentives/scholarships targeted specifically for Black applicants.
- 10** Collect and disseminate race-based data.

Increasing education and building awareness

- 11** Acknowledge that systemic racism and discrimination exists at individual, organization and policy levels. Non-Black nurses must identify and address individual biases with respect to anti-Black racism. They need to be encouraged by their organization to continually engage in reflective practice and delve into their perceptions and experiences in order to assess inherent biases and values.
- 12** Develop and implement anti-racism, anti-oppression, cultural safety, and diversity, equity and inclusion (DEI) training and orientation for staff at all levels in all workplace and academic settings.
- 13** Embed mentorship programs in workplaces for Black nurses to facilitate professional growth and development, and to improve recruitment and retention of Black employees.
- 14** Provide mentoring programs for nursing students to enhance academic achievements, reduce stress, anxiety and dropout rates and to empower Black students.
- 15** Provide mandatory courses or workshops that include topics of cultural humility, anti-oppressive behaviors, anti-racism and trauma-informed care in orientation and continuing education programs.

Developing and implementing advocacy strategies

- 16** Advocate for the establishment of a commission similar to the Truth and Reconciliation Commission to investigate and address racism against Black Canadians
- 17** Advocate for diversity in leadership, senior and/or administrative, education roles in the nursing profession as well as health sectors.
- 18** Stand in solidarity through partnership with health-care associations and organizations; advocate to diversify their senior team and provide equitable opportunities for Black individuals at the senior executive/management level.
- 19** Advocate for the federal and provincial governments to address racism against Black Canadians and include Black History within the educational curriculum in Canada.

SUMMARY ASKS

- A.** That the curriculum of Ontario's education system address anti-Black and anti-Indigenous racism, and discrimination against the 2SLGBTQI+ community.
- B.** That your MPP request all health service providers in their riding conduct a census of their nursing staff to measure equity, diversity and inclusion in their organization and to use the data to ensure that all workplaces are free of racism and discrimination so all nurses have equal career opportunities.

Conclusions and outlook

The COVID-19 pandemic tipped our already-understaffed nursing workforce into a deep crisis. The way out of this crisis depends on a health system that fully embraces equity, diversity and inclusion within the nursing profession. The retention and recruitment of nurses depends on it.

The findings and recommendations of RNAO's BNTF Report establish both the need to rid the profession of racism and discrimination and a strategy for doing so. Concrete action can and must follow. Many of the Report's recommendations are woven into [RNAO's provincial and federal pre-budget submissions](#).

The BNTF Report should also inspire a commitment to tackle discrimination and racism experienced by other racialized, Indigenous and/or 2SLGBTQI+ nurses. We know Black nurses are not alone in confronting systemic racism and discrimination in the profession. Other racialized nurses, Indigenous nurses and 2SLGBTQI+ people have also historically experienced, and continue to experience, discrimination and prejudice in the nursing profession and the health system. Over the course of the coming months, RNAO will be layering into our nursing policy work the workplace experiences of Indigenous and queer nurses, and the public policy recommendations that flow from those experiences.

LAYERING EQUITY, DIVERSITY AND INCLUSION (EDI) INTO NURSING AND HEALTH POLICY



For all nurses in these groups, racism and discrimination exist as barriers to education and career pathways to other roles and sectors and to educational attainment, professional development and career advancement. They also exist as barriers to health in the workplace. We know from our evidence-based guideline development work that safe and inclusive environments are crucial to help optimize health outcomes for those receiving care – and to ensure the health, wellbeing and dignity of those providing that care.

“Include racism and discrimination into nursing curriculum such as inter-professional education courses taught in school. Canada is a multicultural and teaching people in schools that peoples’ colour doesn’t determine their exposure, knowledge, expression and passion to care are paramount.”

“There is no issue with hiring Black nurses at my workplace. The issue is the lack of opportunity of career advancement for Black nurses.”

“Let us stop pretending that racism is dead...it’s alive and strong.”

“When we go into nursing, being a Black nurse a lot of times we are told by others that we just have to put up with it. I always feared speaking about it because I did not want to create any unnecessary conflict, plus, I didn’t feel management, the union, or professors would understand me. They are all White, what can they possibly understand?”

“Racism in the academic setting affected my mental health resulting in depression. I had to seek mental health support from external sources.”

“Racism affected my grades and GPA as well as career trajectory. I wanted to be a full-time professor, teaching in a university setting but changed my mind due to racism against me as a student and subsequently as a young professor working in an academia setting.”

#QPD



February 2024