

Introduction

Nursing is a profession that can inspire, attract and fulfil people who choose to care for the wellbeing of others with knowledge, skill and compassion. Nurses form the largest body of registered health professionals in Ontario and Canada. They work across the health system and are necessary for its effective functioning and the health of the public.

Yet, the potential impact of nursing as a profession has been compromised by decades of underinvestment, including understaffing. As Ontario's population continues to grow, age and become increasingly complex, RN per capita levels in the province remain below pre-pandemic levels (1). Ontario's efforts to bolster the nursing workforce are falling far short of other Canadian jurisdictions.

The RN shortage has triggered a vicious circle of eroding working conditions, declining patient access to care, decreasing quality of care, and higher costs to the health system. In 2024, Ontario experienced its highest rates of emergency department closures and high levels of unintentional harm in hospitals while an estimated 3 million Ontarians were unattached to a primary care provider. Following sustained RNAO advocacy, the government has taken steps to address the RN staffing crisis, including: expanding nursing education seats and bridging supports; introducing workforce support programs; improving pathways for internationally educated nurses (IEN); and modestly broadening scope of practice. Yet, the systemic causes of the crisis persist. RNAO urges the government to address the nursing crisis and rebuild nursing by investing in a comprehensive retention plan to:

- 1. Improve nurses' working conditions.**
- 2. Improve professional support across all levels of the nursing profession.**
- 3. Tackle racism and discrimination in the nursing profession.**
- 4. Expand Ontario's nursing workforce.**
- 5. Halt reliance on nursing agencies.**

Background

Ontario's RN staffing gap continues to widen

A rich body of evidence, including RNAO's scoping review of 70 years of research into RN effectiveness, shows that RN care improves patient outcomes, patient and provider experience and decreases the cost of care (2). Yet, Ontario's efforts to grow its nursing workforce continue to fall behind the rest of Canada.

While the Ontario population has grown by about 18 per cent between 2015 and 2024 (3), the RN workforce increased by only 11 per cent (3-4). Notably, the pipeline of the Ontario-educated RN workforce is not keeping pace with population growth, as evidenced by the decreased new graduate to population ratio (3-4). The net growth in the number of RNs registered in Ontario in 2023 and 2024 is largely attributed to the inflow of IENs, which represented more than half of new RN registrants in 2023 (for the first time) and again in 2024 (5). This raises concern about overreliance on RN inflow from other jurisdictions and an underinvestment in domestic nursing education, workplace conditions, and professional development. While RNAO recognizes the individual right of nurses to migrate and welcomes IENs already residing in Canada to contribute their expertise to the workforce, it is important that Ontario not contribute to global nursing shortages by recruiting nurses away from countries in need.

Ontario's RN crisis continues to be clearly reflected within the labour market. There has been a decline in RN vacancies of posted positions beginning in early 2024, bringing vacancy levels close to their pre-pandemic range and reversing the upward trend that dominated the past decade. Yet, vacancy rates remain unacceptably high; in the second quarter of 2025, more than 50 per cent of Ontario's vacant RN postings remained posted for 90 days or more, which is higher than the national average for nurses and nearly twice the rate across all occupations in Ontario (6). As a result, the past few years have seen concerningly high nursing overtime and sick leave hours in hospital inpatient units that have remained higher than pre-pandemic numbers, showing ongoing strain on Ontario's nursing resources (7).

RNAO – backed by extensive research – has sounded the alarm on the dangers of inadequate RN staffing for decades. In our 2000 report, *Ensuring the Care Will Be There: Report on Nursing Recruitment and Retention in Ontario*, we recommended developing guidelines for creating healthy work environments for nurses to stabilize and strengthen the nursing profession in Ontario (8).

The Healthy Work Environments Best Practice Guidelines Program, launched in July 2003, with funding from the then-Ministry of Health and Long-term Care, and in partnership with Health Canada, was the result of that recommendation. It augments RNAO's clinical Best Practice Guidelines (BPG) Program, launched in 1999. RNAO has since published 12 healthy work environment BPGs, widely used across Ontario, nationally and internationally.

Nursing work environments continue to deteriorate

Despite time-limited funding to support the mental health of some health-care workers during the pandemic, the strain of nursing in understaffed health-care settings were exacerbated. Findings from research projects conducted by RNAO in collaboration with partners should have alarmed the Ontario government: nurses were experiencing significant job stress, 75 per cent of nurses were burnt out, and nearly 70 per cent of nurses intended to leave their position within five years (9-10). A recent survey of nearly 5,000 nurses by the Canadian Federation of Nurses Unions shows that nurses continue to struggle post-pandemic (11):

Nurses are experiencing poor working conditions

- 49 per cent of respondents rate the stress they experience in their job as high or very high
- 59 per cent reported some type of violence or abuse related to their job

Nurses are experiencing subsequent negative physical and mental health impact

- 27 per cent of respondents were unable to work for more than one week in the past year due to physical health issues
- 17 per cent were unable to work for more than one week in the past year due to mental health issues
- 31 per cent met clinical thresholds for burnout
- 31 per cent met clinical thresholds for anxiety
- 24 per cent met clinical thresholds for depression

Early career nurses are especially struggling

While the government has invested in some programs to recruit and retain new nurses, the experiences of young nurses raise serious concerns about the risk of understaffing and underinvestment. RNAO research conducted during the pandemic raised concerns about early career nurses' burnout and intention to leave (9-10). It now appears that this risk has started to materialize; since 2020, the percentage of losses in the RN supply has been increasingly attributed to nurses under the age of 35, rising from 20.2 per cent in 2020 to 25.7 per cent in 2025 (5). Post-pandemic, young nurses continue to most acutely feel the negative impacts of understaffing and strained working conditions:

Early career nurses (nurses with 0-5 years of experience) are more likely than their mid and late career counterparts to:

- experience verbal, physical, and sexual abuse from patients/families (11)
- consider leaving the nursing profession entirely (11)
- meet the clinical threshold for anxiety, depression, and burnout (11)

Younger nurses (aged 18-24) also have the highest frequency of discriminatory experiences (e.g., being treated with less respect, being perceived as not smart, and/or being threatened or harassed) (12).

RN wages have lost ground

Contributing to the challenges of nurse retention and recruitment in Ontario is the lack of fair and competitive compensation for RNs. After more than a decade of stagnation and decline, the downward trend in real RN wages appears to have reversed since 2022, with modest upward movement. Nonetheless, when adjusted for inflation, wages remain below 2010 levels and continue to lag behind many other jurisdictions. For example, the average wage for an RN in California – the highest-paying U.S. comparator – is almost \$30 per hour more than the maximum average hourly wage of an RN in Ontario (13–15). Ontario compares more favorably to lower-paying U.S. states, yet the overall gap underscores the province’s failure to maintain internationally competitive compensation.

Moreover, RNAO calculations show significant pay disparities within the RN workforce in Ontario, with community-based RNs earning significantly less than their counterparts working in hospitals (13–14). The difference becomes even more pronounced when compared to agency nurses, whose hourly compensation can be more than triple that of staff nurses, as noted below. Such inequities undermine retention, morale, and the stability of the nursing workforce.

Racism and discrimination are prevalent within the nursing profession

The results of the College of Nurses of Ontario’s (CNO) 2024 workforce census, not yet addressed by the government, demonstrate key disparities and challenges for equity-deserving groups within the nursing profession:

- **Experiences with racism, ageism, and gender-based discrimination:** Black respondents, respondents aged 18–24, and transgender or other-gender respondents experienced higher rates of discrimination from co-workers and supervisors (including experiences of being treated with less respect, being perceived of as “not smart”, and being threatened or harassed) (12).
- **Leadership roles in nursing:** There is an under-representation of respondents who identified as 2SLGBTQI+ or with a disability in leadership roles. There were also disparities in leadership roles observed, with a greater prevalence of white nurses in leadership roles compared to racialized nurses (16).
- **Educator roles in nursing:** Educators were disproportionately women, domestically educated, RNs, heterosexual and white (16).
- **Receiving accommodations with one or more disability reported:** Respondents who were IENs, another gender or men, or 2SLGBTQI+ did not receive workplace accommodations as often as individuals in other groups (16). Moreover, Black, East Asian, mixed-race, and South Asian nurses did not receive workplace accommodations as often as the full sample average (16).
- **Seeking nursing employment:** Racialized respondents disproportionately reported they were seeking nursing employment compared to white respondents (16).

These results reveal shocking concerns related to racism and discrimination in the nursing profession which align with many of the concerns voiced in RNAO’s 2022 *Black Nurses Task Force Report* (17).

Consequences

1. Access to care and patient care are suffering

- In 2025, 49 per cent of Canadian nurses reported that the quality of care at their workplace had deteriorated over the last year (11). Furthermore, 44 per cent of Canadian nurses have experienced at least one near miss or patient safety incident for which more than half (56 per cent) say was related to understaffing/high patient load (11).
- In 2024–2025, 1 in 17 patients admitted to hospital experienced unintentional harm, with those of lowest income most at risk of harm (18).
- Between January 2022 and November 2024, more than 20 per cent of publicly funded emergency rooms or urgent care centres in Ontario experienced closures, with approximately 85 per cent of the closure hours resulting from nursing shortages (19). The calendar year 2024 saw the highest number of hours closed, with rural emergency departments disproportionately affected (19).

2. Nurses are leaving and/or showing interest in leaving

In 2025, 3 per cent of RNs registered with the CNO were employed outside of Ontario – a number that rose from 2 per cent in 2020 (5). This percentage is likely to be an underestimation of RNs leaving for other jurisdictions as it does not capture the number of Ontario-trained RNs who leave Ontario to work elsewhere and do not renew their CNO registration. Furthermore:

- 30 per cent of Canadian nurses have reported an intention to leave their current job or the profession; mandated nurse-patient ratios are ranked most often as the number one solution that would influence nurses to stay in their jobs (11)
- Nearly one in five RNs who renewed their licence in Ontario in 2024 are not practicing, and this percentage has been trending upwards (5).
- There has also been a more than doubling of the number of Verification of Registration requests with the CNO between 2020 and 2024– a request that is often done when nurses are interested in working in other jurisdictions (5).

3. Use of nursing agencies is on the rise

The health system – most commonly hospitals and long-term care (LTC) homes – have increasingly relied on for-profit nursing agencies in an effort to address the shortage of RNs, reducing continuity and quality of care (20). Nursing agencies have cost Ontario public hospitals \$9.2 billion between 2013–2022, diverting public funds that could be used for recruitment and retention strategies such as mentorship, return-to-practice incentives, and retention bonuses for permanent staff (21). These agencies operate with limited transparency, accountability, and regulatory oversight regarding their fees and profit margins, contribute to pay

inequities among nurses, and place additional strain on organizational budgets. And yet, dependence on nursing agencies remains high:

- Purchased nursing agency hours in Ontario hospitals have risen by 167 per cent between 2020–2021 and 2022–23 (20)
- The estimated cost of agency nursing in Ontario hospitals and LTC homes in 2023–24 was \$600 million (20)
- Between 2020–21 and 2022–23, the average hourly cost of an agency nurse in Ontario hospitals rose by over 50 per cent from \$84.71/hour in 2020–21 to \$128.30/hour in 2022–23 (20). In contrast, the average hourly starting range for a non-agency hospital RN in Ontario is \$39.07 (13–14).

In 2024, one in three nurses – and nearly half of new graduates – expressed interest in agency work or increasing the amount of agency work they take on to obtain higher wages and have better autonomy over their schedules (22). The health system cannot afford to sustain nursing agencies as a solution to the nursing staffing crisis. The overreliance on for-profit nursing agencies reflects deep structural problems in Ontario’s nursing workforce and a lack of commitment to long-term and sustainable solutions.

Government action to date

In response to the nursing crisis, the government has introduced commendable, though ultimately inadequate, initiatives such as:

- Nursing education expansion: The last five years have seen some seat expansions for nursing programs, most recently a commitment to train 2,200 additional nurses by 2029. At the time of this announcement, Ontario was almost 30,000 RNs short of the rest of Canada on a per capita basis (1,3).
- Nursing support programs: The government has funded various nursing recruitment/retention programs, including the Nursing Graduate Guarantee program, the Clinical Scholar program, and most recently three long-term care sector retention programs. Still, these programs are not all available in all sectors, RN intention to leave remains high, and the non-practicing nursing class continues to grow (5,11).
- Improvement of pathways for IENs: Since 2022, and following RNAO advocacy, the government has supported making nursing registration faster for IENs. In addition, the launch of the Supervised Practice Experience Partnership has given IENs the opportunity to meet requirements to practice as a nurse in Ontario. Despite these successes, IENs experience greater barriers than their domestically trained counterparts in securing full-time employment, indicating that further integration support is needed (5).
- Scope of practice expansions: The past two years have seen promising scope expansions for both NPs and RNs. For RNs, this has included limited prescription ability and funding for associated curriculum development. However, RN prescribing remains limited in scope and setting, limiting impact.

Recommendations

RNAO recognizes the government's engagement to date; however, Ontario still lacks a comprehensive nursing workforce strategy that addresses proper working conditions, equitable compensation across sectors, and retention-focused investment. RNAO remains committed to collaboration, anchored in clear accountability, to drive the transformative change required. Thus, RNAO's recommendations are as follows:

1. Improve nurses' working conditions

- a)** Implement mandatory, evidence-based nurse-to-patient ratios for both hospital and community settings to ensure nurse safety and improved patient outcomes.
- b)** Support equitable and internationally competitive compensation for RNs across all sectors and settings in Ontario. This should include harmonizing compensation upward across Ontario's health system to address pay disparities between acute and community care settings.
- c)** Implement evidence-based recommendations to retain and recruit nurses by ensuring benefits and paid sick days, providing mentorship and professional development (including leadership training), enforcing occupational health and safety measures, developing healthy work environments, and supporting safe workloads.

2. Improve professional supports across all levels of the nursing profession

- a)** Increase funding support, schedule accommodation and resources for RNs to pursue continuing education, professional development and specialty certifications. Offer programs in workplaces to facilitate attendance.
- b)** Strengthen and expand mentorship and retention programs such as the Nursing Graduate Guarantee (NGG) and the Clinical Scholar program. Ensure that the Clinical Scholar program is available in all sectors.
- c)** Improve ability of IENs already residing in Canada to contribute to the workforce, while ensuring ethical workforce practices by:
 - i. Maintaining and expanding streamlined pathways such as the Supervised Practice Experience Partnership (SPEP) program to integrate qualified IENs into the workforce.
 - ii. Addressing systemic racism, discrimination, and workplace barriers that limit IENs access to fair employment, full-time positions, and leadership opportunities.
 - iii. Monitoring outcomes to ensure IENs achieve equitable access to permanent full-time, positions across all sectors.
 - iv. Implementing proactive measures to ensure there are no international recruitment campaigns that draw nurses away from countries already experiencing severe health human resource shortages.

3. Tackle racism and discrimination in the nursing profession

Incorporate and act on principles of equity, diversity and inclusion (EDI) in all systemic and organizational policies, including:

- ensuring fair and equitable access to educational opportunities, professional development and career advancement,
- making programs that support EDI (for example, mentorship arrangements) available in all workplaces,
- continuing to collect race-based data for nurses and expand to include all health professionals, and
- providing cultural safety education and awareness building at individual, organizational and policy levels.

4. Expand Ontario's nursing workforce

a) Increase supply of nurses and strengthen education pathways by:

- i. Continuing to expand nursing school enrolments with corresponding funding and supporting faculty recruitment and retention.
- ii. Funding innovative education-practice partnerships across all health sectors to ensure effective clinical placements and manageable workloads through preceptor support.
- iii. Compressing RPN-to-BScN bridging programs and creating flexible, accelerated pathways for career progression.
- iv. Providing salary and tuition assistance for:
 - Personal Support Workers bridging to RPN roles.
 - RPNs bridging to RN roles (e.g., Ontario's Begin Program, New Brunswick's Step Up to Nursing Initiative).
- v. Expanding Ontario's Grow Your Own NP program to encourage RNs to advance to NP roles.

b) Reintegrate inactive nurses by:

- i. Incentivize licensed nurses not currently practicing back into the workforce.

5. Halt reliance on nursing agencies

Reform Ontario's approach to agency nursing to strengthen a stable, permanent workforce by:

- Making full- and part-time employment in all sectors more financially attractive than agency work through fair compensation, benefits, and predictable scheduling.
- Establishing non-profit or hospital-based staffing pools to replace for-profit agencies and keep public funds within the health system.
- Requiring transparency and regulation of agency contracts, rates, and profit margins to prevent misuse of taxpayer dollars.
- Redirecting agency expenditures toward retention programs that support mentorship, return-to-practice initiatives, and long-term workforce stability.

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