

Ontario's RN Understaffing Crisis: Impact and Solution

For decades, Ontario has had an RN understaffing problem. The COVID-19 pandemic has ushered in a new, deeper crisis in RN staffing. Nurses have been resilient in the face of inordinate stress throughout the pandemic. They have had to find ways to adapt and reach out for help when necessary. Yet, there are limits to what nurses can endure, and for how long.

Many RNs have now reached or crossed that limit. Ontario's nurses are experiencing depression, anxiety and stress as never before. Seventy-five per cent of nurses are burnt out. Nurses are migrating to nursing agencies for fairer compensation and more control over their lives. Many have indicated their intention to leave the profession post-pandemic. Some have left Ontario or the profession altogether.

RNAO insists on urgent action from health system employers and government to address the crisis in nursing. Emergency rooms are closing or experiencing excessive wait times. ICU beds have been forced to close. Surgeries and procedures are being cancelled and patient safety is at risk daily. The health system is failing Ontarians. We are calling on health employers and the government to implement measures immediately to retain and recruit nurses. We must start building nursing careers in Ontario.

“ We have felt dispensable and disrespected in a time when we have given up so much personally and professionally, and risked the health and safety of ourselves and our loved ones. ”

Survey respondent, Nursing Through Crisis, 2022

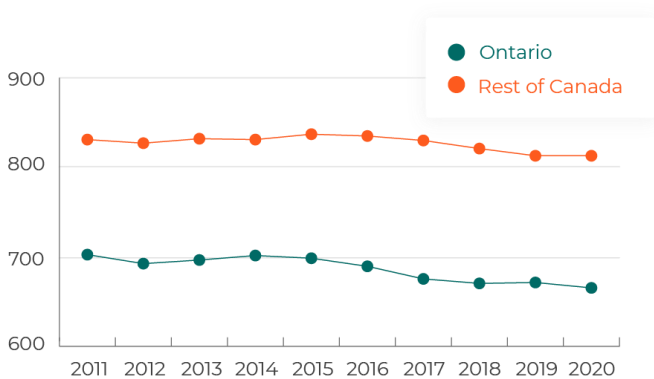
To build RN careers in Ontario and address the nursing crisis, the provincial government, nursing schools and health system employers must immediately:

1. repeal Bill 124 and refrain from extending or imposing further wage restraint measures
2. increase the supply of RNs by:
 - a. expediting processes for internationally educated nurses (IEN) to become RNs
 - b. increasing nursing school enrolments and corresponding funding
 - c. compressing RPN-to-BScN bridging programs
 - d. supporting nursing faculty retention and recruitment
3. develop and fund a Return to Nursing Now Program (RNNP) to attract RNs back to the nursing workforce
4. support nurses through their careers by expanding the Nursing Graduate Guarantee (NGG) program and reinstating the Late Career Nurse Initiative (LCNI)
5. establish a nursing task force to make recommendations on matters related to retaining and recruiting RNs

Background

A rich body of evidence shows that RN care improves patient outcomes and patient experience and decreases the cost of care. RNAO’s scoping review of 70 years of research into RN effectiveness, confirms positive health outcomes from RN care across a broad range of quality-of-care indicators including mortality and morbidity rates. And yet, RN understaffing in Ontario is a long-standing problem, driven by misguided government and employer policies that reduced the number of RNs employed in Ontario per person – a number that has trailed the rest of Canada for more than three decades. According to the most recent data, Ontario entered the COVID-19 pandemic nearly 22,000 RNs short of the rest of Canada on a per-capita basis.

RN/Population ratios: Ontario vs. rest of Canada



The long-standing and detrimental impact of RN understaffing on patient care and nurse wellness is well-documented in several national surveys. As far back as 2005, data from Statistics Canada showed that a high percentage of nurses experienced work overload, preventing them from providing high quality care.

In 2019, the Canadian Federation of Nurses Unions (CFNU) reported that excessive overtime and unsustainable workloads led to a decline in nurses’ health. The CFNU warned of worse to come based on evidence of further understaffing.

“ Safe, effective staffing and workload practices are critical components of a healthy work environment for nurses. Developing and sustaining such practices can improve nurses’ wellbeing and retention, improve the quality of patient care, and yield financial benefits for organizations. ”

Developing and Sustaining Safe, Effective Staffing and Workload Practices Best Practice Guideline, (RNAO, 2017)

For many years, RNAO has also sounded the alarm on the dangers of inadequate RN staffing, backed by its own research. In RNAO’s 2000 report, *Ensuring the Care Will Be There: Report on Nursing Recruitment and Retention in Ontario*, RNAO recommended developing guidelines for creating healthy work environments for nurses to stabilize and strengthen the nursing profession in Ontario.

The resulting Healthy Work Environments Best Practice Guidelines (HWE BPG) Program was launched in July 2003, with funding from the then Ontario Ministry of Health and Long-Term-Care, and in partnership with Health Canada. It augments RNAO’s clinical BPG program, launched in 1999. RNAO has since published 12 HWE BPGs with widespread use locally, nationally and internationally.

The impact of the pandemic on RN understaffing and wellbeing

Ontario's long-standing RN understaffing problem has become an RN human resource crisis magnified by the COVID-19 pandemic. Since January 2020, the understaffed RN workforce has been on the frontlines, waging an unrelenting battle with COVID-19. More than 1.4 million people in Ontario have officially tested positive for COVID-19 resulting in nearly 55,000 hospitalizations and more than 14,000 deaths. Many thousands more are left to grieve. Throughout the pandemic, RNs have fought tirelessly to save the lives of those in their care, while also doing the best they can to protect themselves and their families. The toll on our colleagues and their families is immeasurable.

“ I have felt real fear for the safety of my family and my patients unlike anything I have ever known. ”

Survey respondent, Nursing Through Crisis, 2022

RNAO has surveyed or collaborated on surveys of the nursing profession three times over the course of the pandemic to gain a greater understanding of the effects of the pandemic on the nursing workforce. The first – RNAO's *Work and Wellbeing Survey* – focused on Ontario's nursing workforce. The second – *Nursing Through Crisis: A Comparative Perspective* – was in partnership with Australia's Rosemary Bryant AO Research Centre at the University of South Australia and Nursing Now International. It surveyed nurses across Canada. The third – the Healthy Professional Worker (HPW) Partnership, led by Dr. Ivy Bourgeault of the University of Ottawa – focused on seven professions, including nursing, comparing the effects of the pandemic across professions.

RNAO's Work and Wellbeing Survey

- RNs and NPs require better supports from government and employers as they attempt to manage the impact of the pandemic at work and at home
- About 90 per cent of respondents experienced at least moderate stress, with mid-career RNs/NPs reporting the highest levels of stress
- Early-career RNs reported the greatest challenges with coping

Nursing Through Crisis

Burnout is intensifying among the Canadian nursing workforce. More than 75 per cent of survey participants were burnt out, describing themselves as both exhausted and disengaged.

“ I wake up thinking about work (workload, adequacy of my work, impressions by team members and management) and feel anxious almost all the time - I am hyperalert at work and energized in a fight-or-flight manner. I go home and feel like a zombie with no energy left - I cry often; generally unprovoked. The stress and heaviness of the workloads and expectations makes me feel paralyzed often. ”

Survey respondent, Nursing Through Crisis, 2022

HPW Partnership Survey

The survey found that the negative impact of the COVID-19 pandemic on the mental health of professional workers has been significant and felt particularly by those professions where women predominate. Nurses and midwives demonstrated the greatest decrease in mental health and burnout rates were the highest among nurses.

“ I was really fearful to go back and, and see that, you know, the environment hadn't changed, and everything is still the same...I went back into the same toxic environment. ”

Nursing respondent

The impact of the pandemic on the RN workforce

“ Staff morale is low, there is a staffing crisis. Many older staff have retired, and many are leaving the department I work in. There is a lack of support/recognition from management. Increased job stress and workload have left me burnt-out and stressed, I no longer enjoy my job and am thinking of changing my profession. ”

Survey respondent, Nursing Through Crisis, 2022

RN understaffing, combined with an unrelenting and emotionally draining pandemic, is causing RNs to leave their jobs or consider leaving the profession.

RNAO's Work and Wellbeing Survey

- Ontario risks losing more than 20 per cent of early-career RNs/NPs (26 to 35 years old)
- We are likely to see a very significant post-pandemic loss of late-career RNs or nurse practitioners who opt for early retirement – particularly RNs working in middle and senior management – as well as faculty positions
- 70 per cent of RNs/NPs working excessive overtime plan to work fewer hours post-pandemic

Nursing Through Crisis

- Of the 69 per cent of nurses who plan to leave their positions in the next five years, 42 per cent plan to leave the nursing profession altogether, whether by retiring or seeking employment in a field other than nursing

Healthy Professional Worker (HPW) Partnership Survey

Of the seven professional groups canvassed through the HPW survey, nurses demonstrated the highest intention to leave:

- 39 per cent of nurses thought about leaving their health-care facility
- 31 per cent thought about leaving their profession

Statistics Canada RN vacancy data confirms that RNs are already acting on their intentions to leave the profession. Of all occupations measured in Canada, RNs and registered psychiatric nurses have had the largest increase in job vacancies over the past two years (an increase of 128.3 per cent). RN vacancies - and the number of Ontario RN vacancies that have remained unfilled for 90 days or more - have more than doubled since the start of the pandemic.

Recommendations

RNAO recommends **immediate** action on RN retention and recruitment by:

1. *repealing Bill 124 and refraining from imposing further wage restraint measures*

Ontario's Bill 124 has capped salary increases for public and broader public sector workers, including nurses, at one per cent – far below the rate of inflation – resulting in a real loss of income. Specifically, in real terms RN wages have fallen more than eight per cent over the past three years and are anticipated to fall by another four per cent based on inflation forecasts.

Many Ontario respondents to the Canadian survey identified Bill 124 as a symbol of disrespect and disregard, and, an important reason why they are leaving the profession or seeking better opportunities elsewhere.

“ It's exhausting! Working with higher acuity patients, working more hours, short staffed and now fighting Bill 124. It's demoralizing to have Bill 124. It presents a bleak future in nursing. ”

Survey respondent, Nursing Through Crisis, 2022

2. *increasing the supply of RNs by:*

a. **expediting applications and funding multiple pathways for internationally educated nurses (IEN) to become NPs, RNs and RPNs in Ontario**

IENs experience bottlenecks and barriers at all phases of the registration process. The backlog of IEN applicants for registration in Ontario has been growing for over a decade, and has continued escalating during the pandemic. According to the most recent report from the Office of the Fairness Commission, the number of applications for registration in Ontario exceeds 26,000. It is urgent that all qualified IENs have their paths to nursing employment expedited as quickly as possible to end the tragic waste of their badly needed skills.

b. increasing nursing school enrolments and corresponding funding

Increasing enrolment to bolster the RN supply is a timely and robust strategy. RNAO advocates for increasing enrolments, and corresponding funding in four-year baccalaureate (Bachelor of Science in Nursing or BScN) programs, second entry/compressed programs and RPN-to-RN bridging programs by 10 per cent per year for seven years.

c. reducing RPN-to-BScN bridging programs from three to two years in length

Expediting the education of RPNs applying to become BScN RNs, and increasing enrolment in Ontario's 14 RPN bridging programs, will accelerate the number of RNs available for the province's workforce.

d. supporting faculty retention and recruitment in both college and university programs as a crucial strategy to increase RN supply in Ontario

Almost a quarter of respondents to RNAO's Work and Wellbeing Survey are eligible to retire, and many say they plan to retire soon: 1.6 per cent immediately, 9.3 per cent within the first-year post pandemic, and 16.3 per cent within two years. Retirement intentions are particularly high for RNs working in middle and senior management, and faculty positions.

3. developing and funding a Return to Nursing Now Program to attract RNs back to Ontario's nursing workforce

Data from the College of Nurses of Ontario (CNO) identifies thousands of RNs who remain registered with the CNO but are not participating fully – or at all – in Ontario's nursing workforce. These RNs are:

- working part-time and/or casual but prefer to be working full-time
- not working in nursing, many of whom are seeking nursing employment
- working in another jurisdiction
- on leave

4. supporting nurses throughout their careers by expanding the Nursing Graduate Guarantee, reinstating the Late Career Nurse Initiative and bringing back retired nurses to serve as mentors to new graduates and IENs

The retention of nurses has never been more important. New graduates report a need for better access to mentoring, opportunities to develop their career, and access to full-time employment. These younger nurses are leaving the profession, or report an intention to leave in the near future, if sufficient supports are not in place.

Late-career nurses are also leaving the profession, or report an intention to leave the profession. They want the ability to adjust their work schedules, and more opportunities to mentor other nurses and spend less time in direct care. Retaining late-career nurses and retired nurses who return to the workforce would benefit new graduates, inexperienced nurses and IENs.

RNAO strongly advocates for supporting nurses through their career by expanding the Nursing Graduate Guarantee and reinstating the Late Career Nurse Initiative.

5. *establishing a nursing task force to make recommendations on matters related to retention and recruitment of RNs*

Items for immediate recommendations and action include:

- a. increasing full-time employment opportunities
- b. offering competitive salaries and benefits across all sectors
- c. reducing workloads
- d. increasing opportunities for mentorship and professional development
- e. increasing occupational health and safety measures and enforcement

Ontario's nursing shortage predates the pandemic, and will continue long after the pandemic ends unless urgent action is taken now. There is an extensive body of research that demonstrates the serious health consequences for RNs of persistent understaffing. Canadian nurses who continued to work throughout the pandemic reported significant mental health issues. Many more are suffering from burnout. We have laid out the consequences of this: nurses are leaving their positions and their profession. A nursing retention and recruitment task force is needed – **immediately** – to address the nursing crisis and to ensure the ongoing viability of Ontario's health system.

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