RNAO

Work and Wellbeing Survey Results

March 2021

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Executive summary

As the COVID-19 pandemic approached the one-year mark, RNAO issued its Work and Wellbeing Survey to Ontario's registered nurses (RN), nurse practitioners (NP) and nursing students. The purpose of the survey was to take the pulse of this community of nurses – to find out how they are managing work, life and the intersection of the two during these difficult times.

The survey reveals that the effective functioning of Ontario's health system is at risk post-pandemic. Ontario's already understaffed nursing workforce faces the potential of significant depletion in its aftermath. The results show nurses are resilient in the face of the inordinate stress imposed by the pandemic. They are finding ways of adapting and reaching for help when they think they need it. However, the survey also reveals limits to what nurses can endure, and for how long. The survey finds many nurses have reached or crossed that limit and are, post-pandemic, planning to depart the profession at significantly higher rates than usual.

The magnitude of potential departures by retirement or by changes in career paths calls for an immediate response from health system employers and government. Workforce planning measures must be immediately implemented and, most critically, retention strategies must be urgently triggered. Without this action, the province risks being forced to contend with a nursing shortage that could seriously compromise health care in Ontario.

Introduction

The results of RNAO's Work and Wellbeing Survey tell the story of nurses and a nursing workforce under considerable stress and strain as a result of the COVID-19 pandemic. While all nurses have been affected by the pandemic, how they experience levels of stress and strain are as unique as the nurses themselves as they struggle with job demands and their own life circumstances. The survey points to the need for better supports for nurses – particularly from government and employers – as they attempt to manage the impacts of the pandemic, both at work and at home. While virtually no one claims to have escaped the impacts of the pandemic, the survey reveals certain sectors of the health system, domains of practice and age cohorts are under particular strain.

Methodology and limitations

RNAO's Work and Wellbeing Survey was conducted online from Jan. 29 to Feb. 22, 2021. It was circulated via email to RNAO members and the association's social media channels, and resulted in 2,102 responses – a large sample – with 81.6 per cent of respondents being RNAO members. For the size of the RN and NP workforce of around 100,000, a sample size of 2,102 responses has a minimum 95 per cent confidence interval of about +/– 2.11 percentage points, depending upon the type of question.[1] The sample has good representation across age groups (with age distribution closely matching that of Ontario's RN workforce) (see appendix), across domains of practice, across practice settings and across work status (e.g., 69.5 per cent full-time in survey vs. 67.1 per cent for Ontario RNs overall. Respectively, for part-time and casual, the figures were 23.1 per cent vs. 25.7 per cent and 7.4 per cent vs. 7.2 per cent).

There were 386 (18.4 per cent) non-members in the survey, which is a moderate sample. The sample size is representative of all demographic categories, however it is somewhat differently distributed than RNAO members. There is no statistically significant difference between members and non-members in the split between RNs, NPs and nursing students. Non-members are well represented in all domains of practice, but are more likely to be staff nurses, university faculty or advanced practice nurses/clinical nurse specialists. They are also well represented in all age groups, and are somewhat more represented in the age groups between 26 and 45 and 51 to 55. Furthermore, they are well represented in all work experience groupings, with greater representation among nurses with three to 25 years experience (as expected, given the age distribution). Finally, they are very well represented in all settings, with somewhat lower probabilities of being in primary care, community care and home care.

This report summarizes the closed option questions. When respondents elected to choose multiple options for questions intended for single choices, those responses were dropped from the analysis. For most questions, that meant dropping zero to two per cent of the responses. The resulting calculated responses expressed as percentages were unchanged to the first decimal place in most cases, and only once for one choice to the degree on one percentage point.

Results of the survey

Detailed results appear in the appendix.

Demographics

Nursing class

Consistent with RNAO's membership, the vast majority (91 per cent) of respondents were RNs, with the rest listed as nurse practitioners (NP) (4.4 per cent) and nursing students (4.6 per cent). The NP share is representative of both RNAO membership and the Ontario NP workforce, which is comprised of about 3.4 per cent NPs and rising.[2]

Membership in RNAO

81.6 per cent (1,716) of respondents were members and the other 18.4 per cent (386) were non-members.

Practice setting

Respondents were overwhelmingly (72.1 per cent) staff nurses, with a very similar ratio to that of all Ontario RNs. Managers and executives (12.7 per cent) were the next largest group of respondents. This is consistent with the overall distribution of practice domains within

Age distribution

The age distribution of respondents was bimodal, with peaks at 26 to 30 and 51 to 55. This is consistent with the overall bimodal age distribution in the overall Ontario RN population, as nursing layoffs two decades ago were followed by hiring of new nurses that partially undid the huge RN deficit that arose in the 1990s. [3]

Years of nursing

Consistent with the bimodal age distribution, the years of nursing experience was bimodal, with peaks at six to 10 years and more than 35 years.

Impact of the pandemic

Virtually all (95.7 per cent) of the respondents indicated their work had been impacted by the pandemic to some extent. Most respondents (29.7 per cent extremely, 30.1 per cent moderately and 19.4 per cent somewhat) had substantial concerns about work-related risks to their health due to COVID-19. The work/life balance of respondents was significantly affected (48.2 per cent to a great extent, 31 per cent a good deal, and 18.2 per cent somewhat).

95.7%
of the respondents indicated that their work had been impacted by the pandemic to some extent.

How concerned were/are you about work-related risks to your personal health due to COVID-19?

5.7% (117)
Not at all concerned

15.1% (308)
Slightly concerned

19.4% (397)
Somewhat concerned

30.1% (616)
Moderately concerned

29.7% (607)
Extremely concerned

To what extent has the COVID-19 pandemic affected your work/life balance as a nurse?

2.6% (53)
Not at all

18.2% (371)
Somewhat

31% (630)
A good deal

48.2% (981)
To a great extent
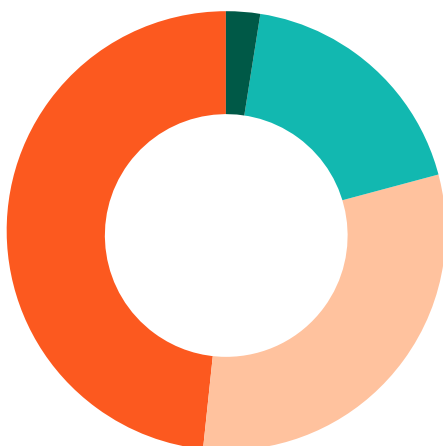
Job stress was widespread and profound (31.6 per cent very high stress, 28.7 per cent high and 32.4 per cent moderate). Reported job stress levels due to the pandemic were high for all age groups, with the highest in the early to mid-career group. Very high stress levels peaked in the 41 to 45 age group, before tapering off moderately in later career nurses. Stress levels are high or very high for a strong majority of all age cohorts up to 55. Even beyond that age, there is a substantial minority experiencing high or very high pandemic-related stress at work.

How would you rate the level of stress you have experienced in your job due to the pandemic?
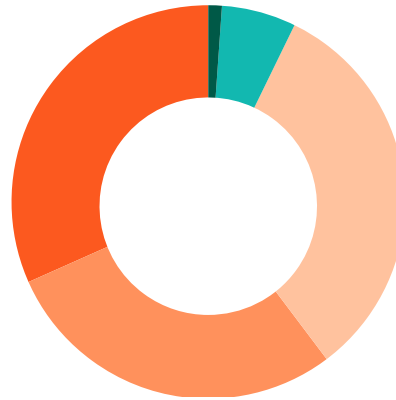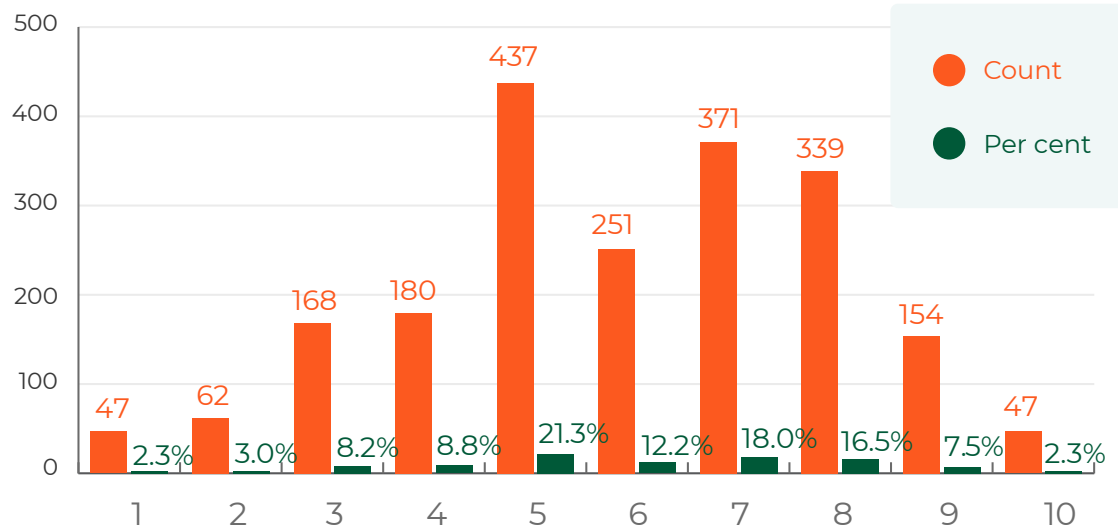
1.3% (27)
Very low

6.0% (122)
Low

32.4% (661)
Moderate

28.7% (584)
High

31.6% (643)
Very high

In the face of stress, 77.8 per cent of respondents reported moderate or better coping and adjustment to the pandemic, but 43.5 per cent reporting moderate or worse coping and adjustment, which means nurses could use much more support. Disturbing numbers of younger nurses (ages 21 to 40) are experiencing challenges with coping during the pandemic. The data suggest that despite facing very high stress, nurses in the 41-50 age cohort have better coping and adjustment than their younger colleagues. Staff nurses report consistently lower coping and adjustment scores than other nurses, which may reflect their being in the line of fire. NPs showed higher coping scores while nursing students showed lower coping scores.

A significant minority (26.2 per cent) of respondents took time off to manage stress, anxiety or other mental health issues due to the pandemic.

Coping and adjustment scores

Legend: Count, Per cent

Score	Count	Per cent
1	47	2.3%
2	62	3.0%
3	168	8.2%
4	180	8.8%
5	437	21.3%
6	251	12.2%
7	371	18.0%
8	339	16.5%
9	154	7.5%
10	47	2.3%

Support

Have you sought mental health or wellbeing support during the course of the pandemic from any of the following?

Legend:
- ● Count
- ● Per cent

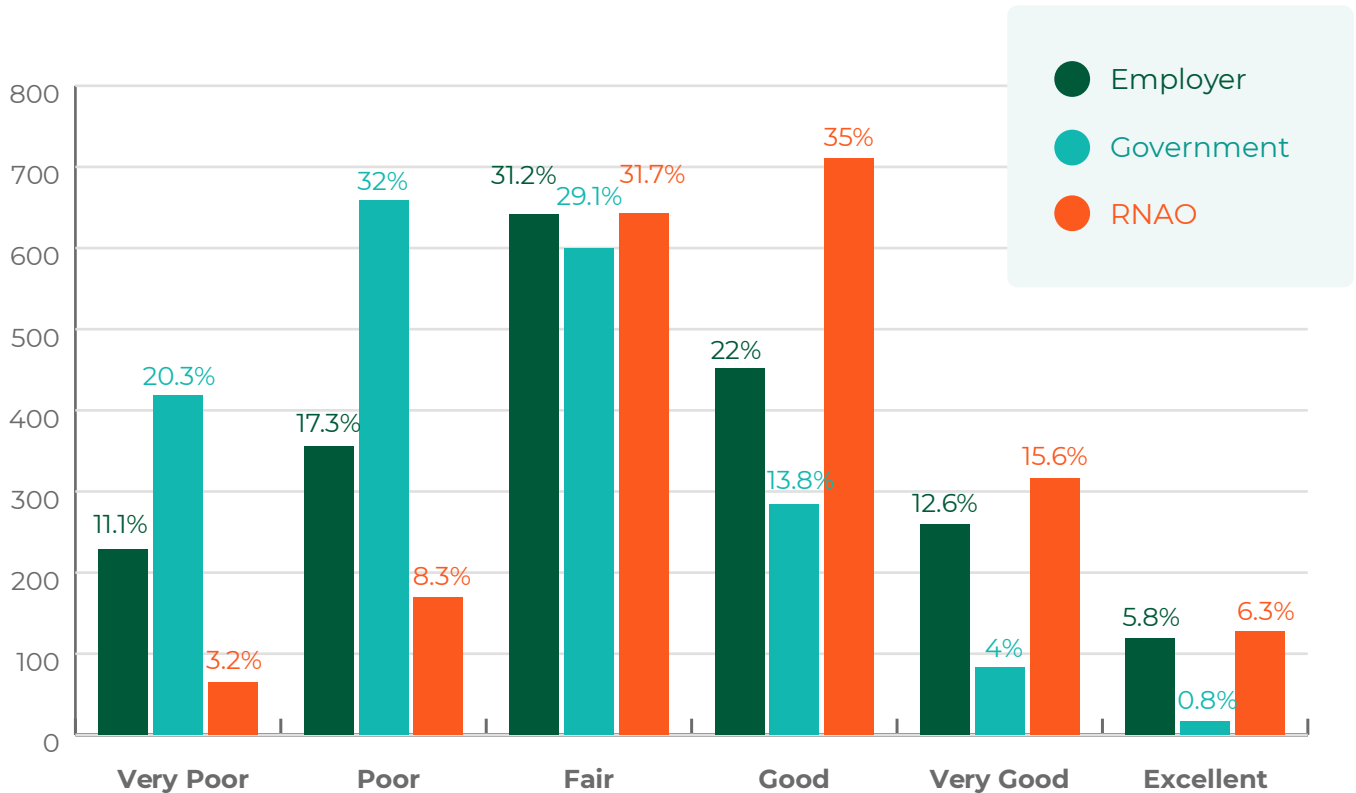| Category	Count	Per cent
Employee Assistance Program or other supports offered through your employer	181	8.6%
Provincial Helpline	24	1.1%
Primary care provider or walk-in provider (may be delivered virtually)	267	12.7%
Family/ friends/ spouse	1042	49.6%
Colleagues	599	28.5%
I have not sought mental health or well-being support.	712	33.9%
Other support, please describe (optional)	237	11.3%
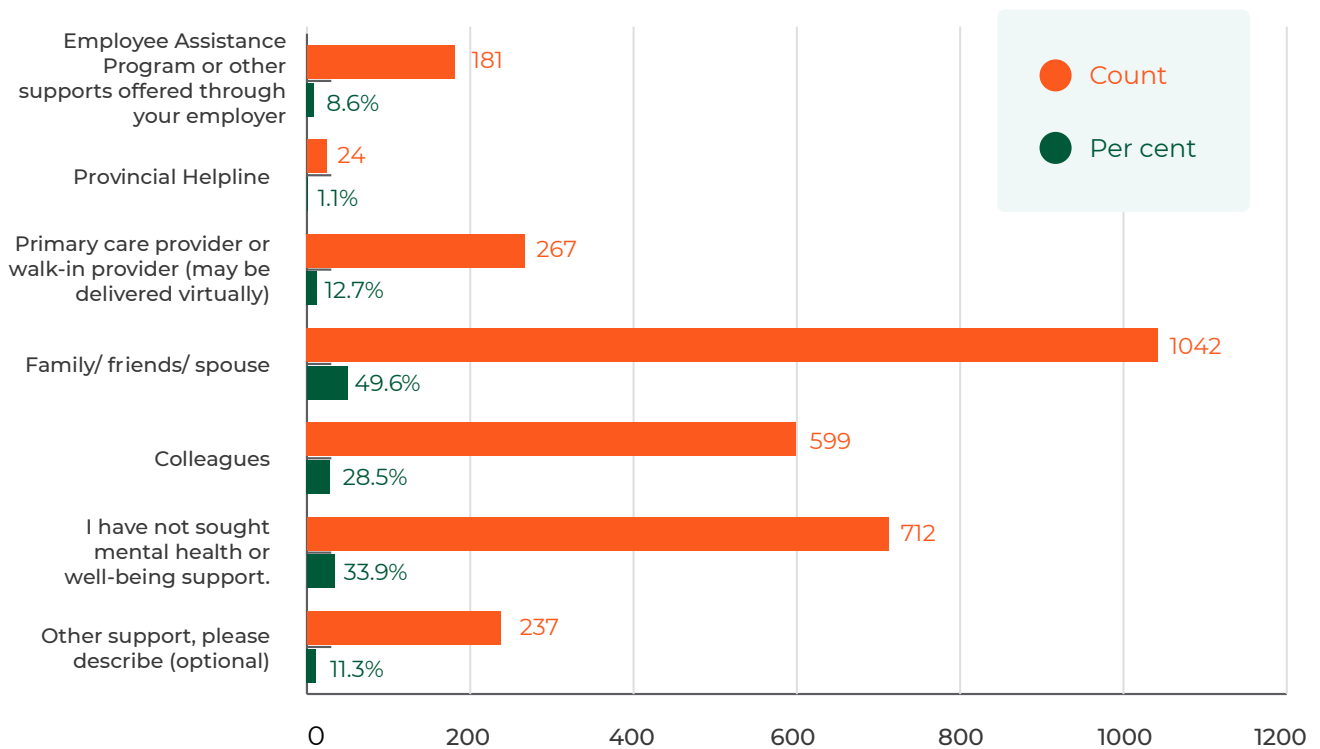
49.6%
of the respondents sought support from their family and friends.

A majority of respondents sought mental health or wellbeing support from a wide variety of sources. By far, the largest source of support was family and friends. A significant minority did not seek support. (Percentages add to more than 100 per cent because respondents were able to choose multiple options.)

How would you rate the overall support you have had from:

Respondents assessed that the weakest support came from government, while the best came from RNAO, with support from employers in between.

Legend:
- Employer
- Government
- RNAO

Rating	Employer	Government	RNAO
Very Poor	11.1%	20.3%	3.2%
Poor	17.3%	32%	8.3%
Fair	31.2%	29.1%	31.7%
Good	22%	13.8%	35%
Very Good	12.6%	4%	15.6%
Excellent	5.8%	0.8%	6.3%

Interestingly, even though mid-career nurses rate their stress as high and their coping as good, it is the more senior nurses who rate employer support highest, and not the mid-career nurses.

Respondents feel more constrained about discussing their work experience with family than they do with their employers. This is due to a concern for imposed burden on family and friends. . Nevertheless, family and friends are the first resort of respondents seeking support, as noted above. And a significant minority (14.8 per cent always and 14 per cent often) do feel discouraged from discussing their work experiences outside of the workplace, which presents a challenge.

Respondents feel more constrained about discussing their work experience with family than they do with their employers.

Potential for losing access to nursing services

There is evidence that Ontario could face a reduced nursing supply through three means:

a Fewer hours of work desired by nurses staying in the system

b Nurses retiring at a higher rate than normal

c Nurses leaving the profession for different occupations at a higher rate than normal

a   Hours of work

How many hours would you like to work in an average week post-pandemic?

- **7.5% (149)** More
- **52.5% (1038)** Same
- **37.4% (740)** Less
- **2.6% (51)** None
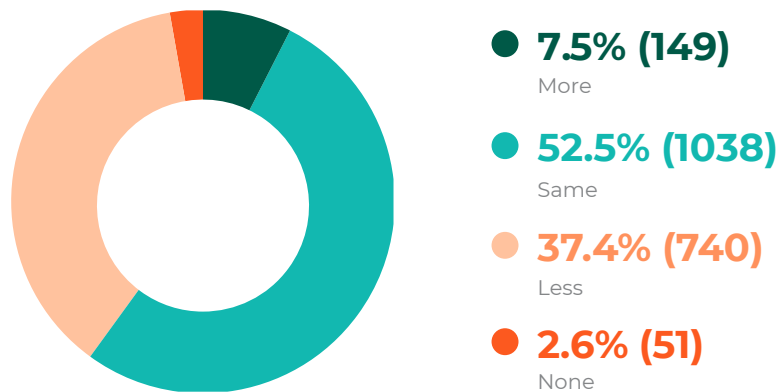
Most respondents (74.2 per cent) worked at least 31 hours per week, with 31.4 per cent working over 40 hours. Those working over 40 hours were more likely than others to report lower coping and adjustment scores, and less likely to report high coping and adjustment scores. Free text responses indicate a number of respondents work more than 50 hrs per week.

As a result, respondents with full-time jobs were more likely to report high or very high stress, compared to part-time and casual respondents. Similarly, they were more likely than part-timers or casuals to report low scores for coping and adjustment.

Given this, it is unsurprising that more respondents want fewer hours post-pandemic than want more hours (37.4 per cent vs. 7.5 per cent). A further 2.6 per cent want no hours post-

pandemic. It is important to note that the CNO reports that many more RNs want full-time than those who have it, so the desire for reduced hours reflects excessive hours and not an elevated preference for part-time work. Also unsurprisingly, respondents with lower coping and adjustment to the pandemic are more likely to prefer fewer hours. Respondents with higher coping and adjustment are more likely to prefer preserving their current number of hours. Patterns are ambiguous for respondents preferring more hours or no hours.

There is some evidence that those reporting higher stress would prefer fewer hours of work. Respondents facing high stress and very high stress are more likely than average respondents to seek fewer hours. Those facing low or very low stress are less likely than average to prefer fewer hours and more likely than average to prefer the same or more hours.

b Retirement

Almost a quarter of respondents (22.2 per cent) 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. Free text comments from respondents indicate that some have already retired or left nursing.

There is little consistency in the relationship between retirement plans and reported stress. Respondents experiencing very high stress are most likely to plan to stay longer periods of time, but they are also more likely to retire immediately or after the pandemic than they are to stay two to four years. This suggests different respondents experience high stress quite differently, and that other factors are important in retirement decisions.

The relationship between retirement plans and scores for coping and adjustment is complex, as it is with stress. Most respondents plan to stay in nursing for more than five years and most have coping scores from 3 to 8 on a scale from 1 to 10. For very low scores, the early retirement probabilities are high, but they are also high for staying more than 10 years. It is difficult to discern a pattern, suggesting that other factors may be driving retirement plans.

Some domains of practice face earlier retirement. Only 20 per cent of college faculty, 13.8 per cent of executives and 30 per cent of clinical nurse specialists (CNS) /advanced practice nurses (APN) plan to stay more than 10 years. Nearly two-thirds of college faculty respondents indicate an intention to retire over the next four years; and half intends to retire within the next two years. A quarter of university faculty also intend to retire over the next four years.

A total of 4.8 per cent of respondents plan to retire now or after the pandemic, with larger numbers of executives (13.8 per cent), CNS/APN (13.3 per cent) and college faculty (10 per cent) planning to retire now or after the pandemic. Three per cent of staff nurses plan to retire immediately or after the pandemic.

Retirement plans by domain of practice [4]

Domain of Practice	Retire Now	Retire After Pandemic	1 Year	2 Years	3 Years	4 Years	5-10 Years	Over 10 Years	Total
Staff Nurse	1.2%	1.9%	4.1%	6.6%	4.2%	4.3%	21.1%	56.5%	100%
NP	1.2%	3.7%	3.7%	7.4%	3.7%	4.9%	21.0%	54.3%	100%
CNS/APN	8.0%	5.3%	5.3%	10.7%	9.3%	6.7%	24.0%	30.7%	100%
Manager	0.6%	8.9%	5.9%	2.4%	6.5%	6.5%	27.2%	42.0%	100%
Executive	0.0%	13.8%	13.8%	0.0%	6.9%	17.2%	34.5%	13.8%	100%
Researcher	0.0%	0.0%	0.0%	14.3%	0.0%	14.3%	42.9%	28.6%	100%
Coll. Faculty	6.7%	3.3%	10.0%	30.0%	6.7%	6.7%	16.7%	20.0%	100%
Univ. Faculty	0.0%	0.0%	0.0%	10.5%	5.3%	10.5%	21.1%	52.6%	100%
Policy	0.0%	9.1%	18.2%	18.2%	9.1%	0.0%	0.0%	45.5%	100%
Average	1.6%	3.2%	4.7%	6.9%	4.9%	5.1%	22.1%	51.6%	100%

Retirement plans by practice setting

Certain practice settings could face larger, early losses. Approximately 9.5 per cent of community respondents and 8.5 per cent of public health respondents indicated they were planning to retire immediately or after the pandemic. Most nurses in almost all sectors remain committed to the long haul, with a low of 41.5 per cent of academic respondents planning to stay in nursing more than 10 years. Nurses in large hospitals are less likely to retire early and more likely to stay more than 10 years.

Practice Setting	Retire Now	Retire After Pandemic	1 Year	2 Years	3 Years	4 Years	5-10 Years	Over 10 Years	Total
Public Health	4.3%	4.3%	2.6%	8.5%	3.4%	1.7%	18.8%	56.4%	100%
Primary care	0.0%	2.7%	2.1%	4.1%	6.8%	6.2%	27.4%	50.7%	100%
Teaching hospital	1.3%	3.0%	4.3%	6.3%	4.7%	9.0%	21.3%	50.2%	100%
Large hospital	0.3%	2.6%	6.3%	6.0%	2.6%	4.6%	20.4%	57.2%	100%
Small hospital	2.2%	2.2%	9.0%	4.5%	6.7%	6.7%	19.1%	49.4%	100%
Home care	0.9%	3.7%	6.4%	5.5%	6.4%	7.3%	22.9%	46.8%	100%
Community	2.4%	7.1%	2.4%	7.1%	7.1%	2.4%	26.2%	45.2%	100%
Long-term care	2.7%	2.7%	5.9%	5.0%	2.3%	4.1%	25.1%	52.1%	100%
Academia	0.0%	1.9%	3.8%	18.9%	9.4%	7.5%	17.0%	41.5%	100%
Average	1.4%	3.0%	5.1%	6.3%	4.4%	5.8%	22.1%	52.0%	100%

C Leaving the profession

Comparing potential RN departures by age to Ontario overall RN loss rates

Survey Age	Very Likely	CNO Age	2020 CNO Loss Rate
NR	0.0%		
16 to 20	0.0%		
21 to 25	5.8%	18 - 24	2.3%
26 to 30	13.0%	25 - 29	3.3%
31 to 35	13.3%	30 - 34	2.7%
36 to 40	9.5%	35 - 39	1.8%
41 to 45	9.1%	40 - 44	1.5%
46 to 50	7.5%	45 - 49	1.6%
51 to 55	9.6%	50 - 54	2.3%
56 to 60	10.0%	55 - 59	5.8%
Over 60	5.4%	60 - 64	17.0%
		65+	24.4%
Average	9.3%	Average	4.8%

A bare majority of respondents (56.9 per cent) are not at all likely to leave nursing after the pandemic, but an alarmingly high percentage of respondents indicated they were very likely (9.3 per cent) or likely (a further 7.1 per cent) to leave nursing for a different occupation after the pandemic.

We can compare "very likely" departures to the existing Ontario RN loss rates (which are for retirements and movement to other careers). Even leaving aside the retirement data, the levels of "very likely" departure already dwarf existing total RN loss rates for 2020. The overall Ontario loss rate for 2020 was 4.8 per cent, much less than the 9.3 per cent very likely to leave nursing for other professions. While nurses in their mid-20s to mid-30s are already leaving in elevated numbers (3.3 per cent and 2.7 per cent annually, respectively), the survey suggests potential departures of 13 per cent and 13.3 per cent, or about four times the background rate.

Probability of leaving nursing after pandemic by stress levels

The probability of leaving nursing after the pandemic rises when reported stress levels attain very high levels.

Stress levels	Not Likely	Somewhat Likely	Likely	Very Likely	NR	Total
Very High Stress	36.1%	29.1%	10.6%	17.4%	6.8%	100%
High Stress	54.9%	26.6%	8.4%	6.2%	3.9%	100%
Moderate Stress	66.3%	23.4%	2.7%	3.8%	3.8%	100%
Low Stress	75.4%	11.5%	2.5%	4.9%	5.7%	100%
Very Low Stress	70.4%	22.2%	0.0%	3.7%	3.7%	100%
NR	47.0%	21.2%	1.5%	7.6%	22.7%	100%
Average	53.9%	25.3%	6.6%	8.8%	5.5%	100%

Probability of leaving nursing after pandemic by coping and adjustment scores

The probability of leaving nursing after the pandemic is inversely related to coping and adjustment scores. With low scores, the likelihood of leaving is higher. At high coping and adjustment levels, respondents are much less likely to leave nursing. Stress and coping and adjustment have much more unambiguous effects on departures from nursing than they do on retirements.

Likelihood of Leaving Nursing	1	2	3	4	5	6	7	8	9	10	NR	Total
Not Likely	1.1%	1.3%	4.9%	6.3%	19.5%	12.5%	19.0%	20.6%	10.5%	3.2%	1.2%	100.0%
Somewhat Likely	1.3%	3.8%	10.9%	11.7%	23.2%	13.7%	16.8%	12.1%	3.6%	1.5%	1.5%	100.0%
Likely	5.8%	7.2%	11.5%	10.1%	29.5%	7.2%	17.3%	5.8%	1.4%	0.7%	3.6%	100.0%
Very Likely	9.7%	7.0%	14.6%	14.6%	16.8%	9.7%	13.0%	5.9%	3.8%	1.1%	3.8%	100.0%
NR	1.7%	3.5%	10.4%	5.2%	18.3%	7.8%	16.5%	20.0%	6.1%	0.0%	10.4%	100.0%
Average	2.2%	2.9%	8.0%	8.6%	20.8%	11.9%	17.6%	16.1%	7.3%	2.2%	2.2%	100.0%

Probability of leaving nursing after pandemic by assessment of employer support

Perceptions of employer support are positively correlated with plans to stay in nursing. The higher the employer rating, the more likely respondents are to say they are unlikely to leave nursing. The lower the rating of employer support, the greater the likelihood of leaving nursing.

Likelihood of Leaving Nursing	Very poor	Poor	Fair	Good	Very Good	Excellent	NR	Average
Not Likely	28.9%	40.7%	49.5%	63.7%	74.5%	81.5%	54.3%	53.9%
Somewhat Likely	28.1%	31.2%	31.5%	21.5%	15.8%	9.2%	10.9%	25.3%
Likely	11.8%	9.8%	6.9%	4.9%	2.3%	3.4%	2.2%	6.6%
Very Likely	25.0%	10.7%	7.8%	5.1%	3.9%	2.5%	8.7%	8.8%
NR	6.1%	7.6%	4.4%	4.9%	3.5%	3.4%	23.9%	5.5%
Total	100%	100%	100%	100%	100%	100%	100%	100%

Probability of leaving nursing after pandemic by assessment of government support

Similar results pertain to assessments of government support.

Likelihood of Leaving Nursing	Very poor	Poor	Fair	Good	Very Good	Excellent	NR	Average
Not Likely	34.2%	51.6%	58.3%	71.8%	74.7%	82.4%	46.3%	53.9%
Somewhat Likely	28.9%	29.3%	24.7%	16.9%	12.0%	5.9%	24.4%	25.3%
Likely	11.7%	6.8%	5.8%	3.2%	0.0%	5.9%	0.0%	6.6%
Very Likely	19.4%	8.0%	6.2%	1.8%	6.0%	5.9%	7.3%	8.8%
NR	5.7%	4.2%	5.0%	6.3%	7.2%	0.0%	22.0%	5.5%
Total	100%	100%	100%	100%	100%	100%	100%	100%

Probability of leaving nursing after pandemic by work setting

Work setting appears to be correlated with probability of leaving the profession. Nurses in academia and primary care were least at risk of leaving, while nurses in other sectors were more likely to leave nursing: teaching hospitals (10.8 per cent very likely), large hospitals (12 per cent very likely), small hospitals (12.9 per cent very likely), public health (11.5 per cent very likely) and community care (12.2 per cent very likely).

Work Setting	Not Likely	Somewhat Likely	Likely	Very Likely	Total
Public health	74 (56.5%)	33 (25.2%)	9 (6.9%)	15 (11.5%)	131 (100%)
Primary Care	110 (72.4%)	27 (17.8%)	13 (8.6%)	2 (1.3%)	152 (100%)
Teaching hospital	169 (55.4%)	78 (25.6%)	25 (8.2%)	33 (10.8%)	305 (100%)
Large hospital	181 (49.5%)	112 (30.6%)	29 (7.9%)	44 (12.0%)	366 (100%)
Small hospital	46 (49.5%)	28 (30.1%)	7 (7.5%)	12 (12.9%)	93 (100%)
Home care	74 (64.3%)	26 (22.6%)	6 (5.2%)	9 (7.8%)	115 (100%)
Community care	21 (51.2%)	14 (34.1%)	1 (2.4%)	5 (12.2%)	41 (100%)
LTC	125 (54.8%)	61 (26.8%)	20 (8.8%)	22 (9.6%)	228 (100%)
Academia	47 (77.0%)	9 (14.8%)	3 (4.9%)	2 (3.3%)	61 (100%)
Total	**847 (56.8%)**	**388 (26.0%)**	**113 (7.6%)**	**144 (9.7%)**	**1492 (100%)**

Probability of leaving nursing after pandemic by RNAO membership: percentages

RNAO members are somewhat less likely to leave nursing than non-RNAO members.

Membership Status	Not Likely	Somewhat Likely	Likely	Very Likely	NR	Total
Non-RNAO	47.4%	27.7%	8.0%	9.8%	7.0%	100%
RNAO	55.3%	24.7%	6.3%	8.6%	5.1%	100%
Total	53.9%	25.3%	6.6%	8.8%	5.5%	100%

Summarizing the potential for post-pandemic loss of RNs

We combine the potential retirement and loss rates in the table below. A total of 8.4 per cent of respondents indicated they plan to retire within a year. A further 7.2 per cent indicated they were very likely to leave nursing post-pandemic. That yields 15.6 per cent of respondents as potential departures within a year. The background loss rate of RNs in Ontario is 4.8 per cent. If the total departure rate rose to 15.6 per cent, there would be a net loss of 10.8 per cent above the background rate. The same calculation for two, three, four and 10 years shows further losses, with the background loss rate eventually catching up after 10 years. Projections past the first several years are very tentative and are done purely for illustrative purposes, as they seek to flag that potential losses are large and could exceed background rates for a number of years.

Departure Potential	Percentage of Respondents	Ontario Background Loss Rate	Estimated Net Loss Rate
Retire now	1.4%		
Retire after pandemic	2.7%		
Retire within 1 year	4.3%		
Total retire 1 year	**8.4%**		
Others very likely to leave post-pandemic	7.2%		
Total potential losses within 1 year	**15.6%**	**4.8%**	**10.8%**
2 years	21.1%	9.6%	11.5%
3 years	25.2%	14.4%	10.8%
4 years	29.7%	19.2%	10.5%
10 years	48.1%	48%	0.1%

Conclusion

Respondents have experienced the pandemic differentially; they are impacted differentially, are supported differentially and respond differently. While virtually all respondents were significantly impacted by the pandemic, each survey response tells a unique story. Each story is shaped by the sector, domain of practice and the pre-pandemic life experiences of the respondent. So is each story shaped by life experiences during the pandemic – by births, loss of family members and friends and isolation. Survey respondents shared hundreds of free text responses which added detail, nuance and colour to quantitative data. While we are all in this pandemic together, the survey reflects multiple solitudes.

For most respondents, the experience has been one of stress and, for a significant minority, struggles to cope. About 90 per cent have experienced at least moderate stress due to the pandemic with mid-career nurses reporting the highest levels of stress but early-career nurses reporting the greatest challenges with coping. In the face of this stress, 77.8 per cent of respondents reported moderate or better coping and adjustment to the pandemic, but 43.5 per cent reported moderate or worse coping and adjustment. There is evidence of high resilience and considerable support from family, friends, employers and, to a lesser extent, government. However, many respondents have approached or surpassed their thresholds for withstanding the stress – their ability to cope – leaving Ontario facing the prospect of a much diminished nursing workforce post-pandemic.

While virtually all respondents were significantly impacted by the pandemic, each survey response tells a unique story.

Access to RN services could decline in three significant ways:

1 Through members of the RN workforce offering fewer hours

2 Through departures of RNs for other careers

3 Through accelerated retirements

There is insufficient information from the survey to quantify the first effect, other than to say that 37.4 per cent of respondents want fewer hours, and just 7.5 per cent want more hours. The net effect could be a significant loss of hours.

This study quantifies the potential losses due to the latter two effects. In the first year alone, they could result in a loss of 15.6 per cent of RNs – 10.8 per cent above and the normal 4.8 per cent loss rate. All three types of losses of RN services are important, but of particular concern is the potential loss of younger nurses. Losing the bulk of a nurse's career is difficult to recover from. It is unclear how much of this potential loss rate is attributable to delayed retirements and departures through the pandemic. However, the magnitude of possible departures is too large to be simply accounted for by nurses putting their retirements on hold. Further, the elevated rates of impending departure occur across the age spectrum, right up to age 60, which indicates something at play other than postponed retirement.

As with all surveys with unknown response rates, there is the potential for self-selection bias, but the size of the survey is large and representative of the demographics of the RN population. Furthermore, stated plans to retire or leave the profession may differ from actual decisions. Nevertheless, there is a consistent pattern too marked to ignore: pandemic-related stress; challenges in coping and adjustment; inadequate support for many nurses; and stated plans for retirement or for departure from nursing. Attention must be paid to workforce planning and to retention, particularly of existing novice and mid-career nurses. Government and health sector stakeholders must prepare for and mitigate losses well above historic rates.

Attention must be paid to workforce planning and to retention, particularly of existing novice and mid-career nurses.

Recommendations

Retention strategies – government and employer

1 **Increase support for early and mid-career nurses**

The effect of the pandemic appears to be compounding the recent pattern of nurse workforce participation dropping in early career age cohorts – i.e., 26 to 35 year-olds – with loss rates much above the normal three per cent. This survey suggests these pre-pandemic loss rates will increase significantly. More than 20 per cent of the 26 to 35 year cohort indicates they are likely or very likely to leave the profession. Just as the likelihood of leaving the profession is age-related, so too is respondent assessment of employer support: younger nurses rate employer support lower than do older nurses. Notably, employer support and likelihood to leave the profession appear correlated. The survey also shows that

Ontario could be facing increased departure rates for mid-career nurses. This connection between employer support, age and likelihood to leave the profession needs further and urgent examination. RNAO plans to conduct focus groups to examine potential retention strategies, such as:

- reduced workload
- limiting overtime
- increased mentoring opportunities in the workplace
- increased accessibility to mental health supports
- increased availability of childcare

Retention strategies – government and employer

**2** **Increase staffing levels**

The survey suggests a correlation between high levels of stress and the likelihood to leave the nursing profession. The survey also suggests a correlation between high levels of stress and a desire for fewer hours of work post-pandemic. Hours of work – an inverse proxy for staffing levels – appears to be correlated with stress levels. All taken together, the survey results are strongly suggestive of a shortage of nursing staff, which correlates with the fact that Ontario has the lowest RN/population ratio of all the provinces and territories. [7]

RNs+NPs/100,000 population: Ontario vs. rest of Canada
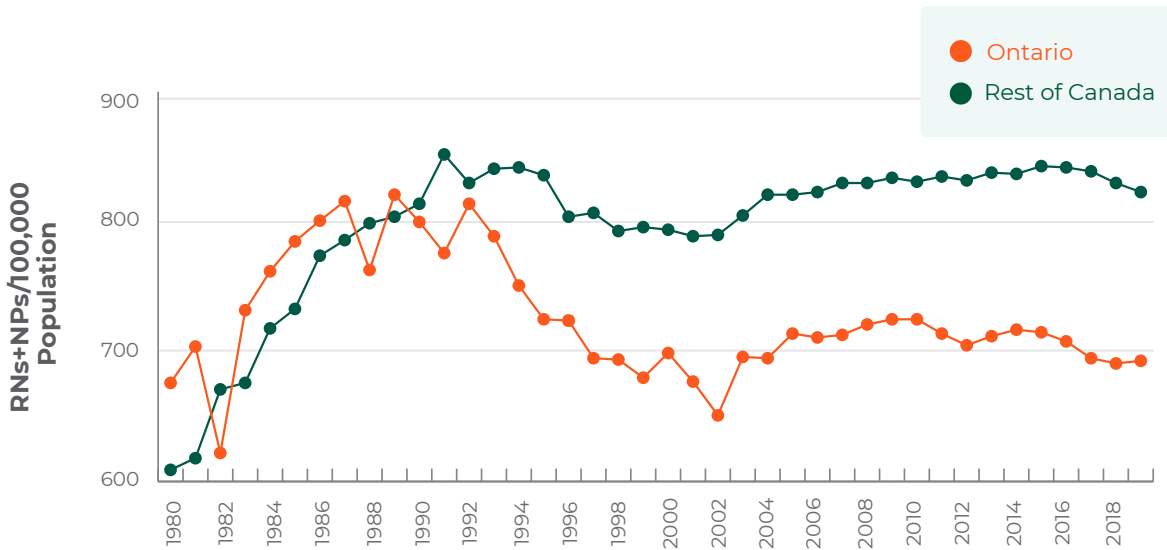
Ontario lead (+) or lag (-) in RN/NP-to-population ratios against rest of Canada

The gap translates into a shortfall of almost 19,000 RN/NP positions relative to the rest of Canada.
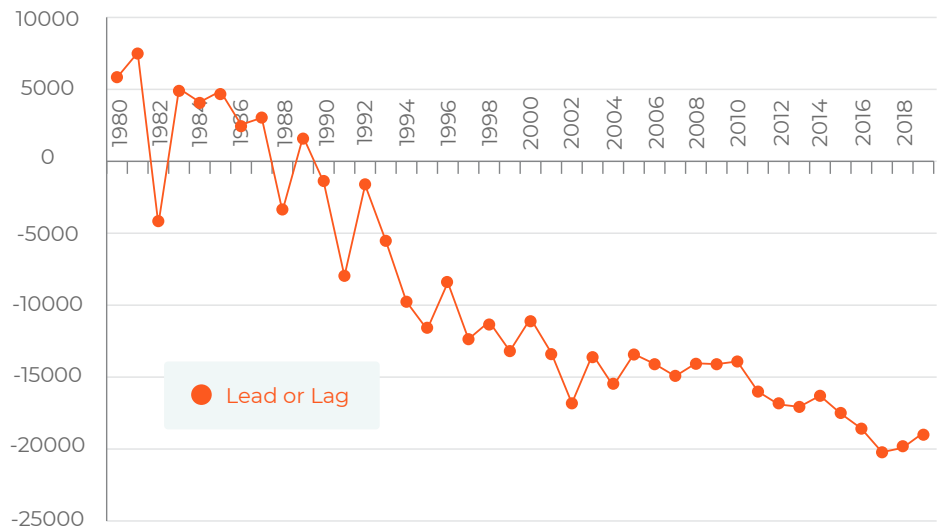
Workforce planning – government

3 **Bolster admissions to nursing baccalaureate programs by 10 per cent in each of the next four years.**

This would add 465 graduates after four years, increasing to 1,860 more graduates per year after seven years. Assuming they all enter the workforce, the increases in the workforce from 2020 levels would be 0.48 per cent in the fourth year, rising to 1.93 per cent after seven years.[5]

4 **Increase NP supply as per *Vision for Tomorrow*, the February 2021 report of RNAO's Nurse Practitioner Task Force.**

"A comprehensive HHR strategy for NPs must account for a 50 per cent increase of NPs by 2030 just to respond to the needs of vulnerable and under-served populations across the province."[6]

Workforce planning – employer

5 **Succession planning for management, senior management and faculty positions.**

The survey indicates these domains of nursing practice are particularly susceptible to early departures, and preparations must be made to replace these nurses.

Acknowledgement

Parts of this material are based on Ontario nursing workforce data provided by the College of Nurses of Ontario (CNO) and on Canadian nursing workforce data from the Canadian Institute for Health information (CIHI). However, the analysis and opinions expressed here are those of RNAO, and not necessarily those of CNO or CIHI.
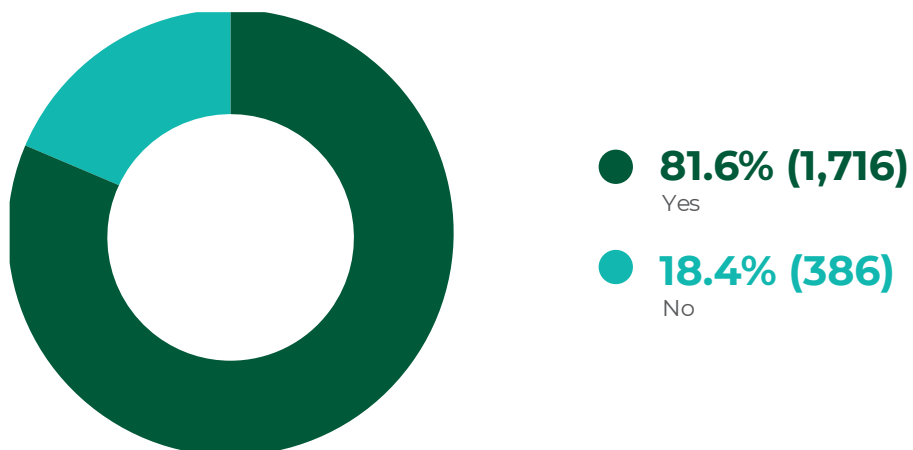
Appendix

Survey Results

Please find below graphical representations of responses to the survey questions. Note that questions 16 – 18 solicited free text responses. Responses to these questions have not been quantified and do not appear below.
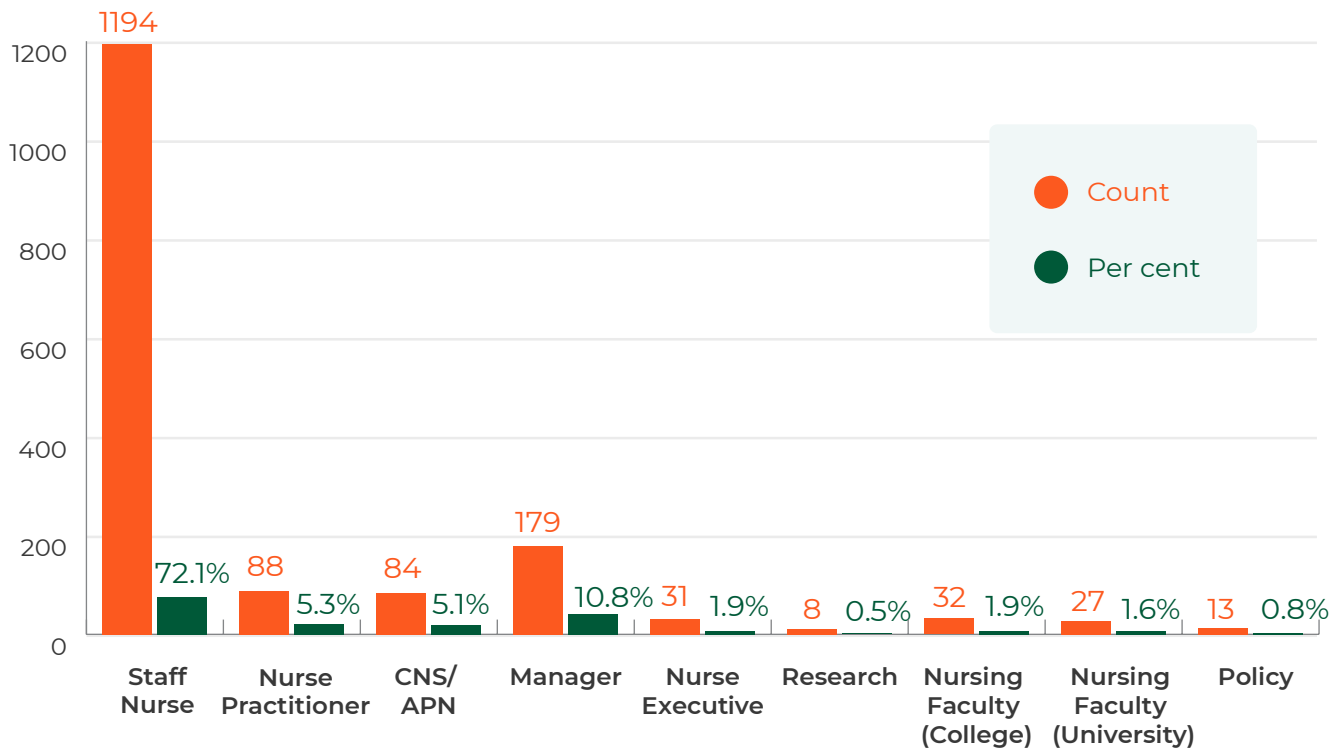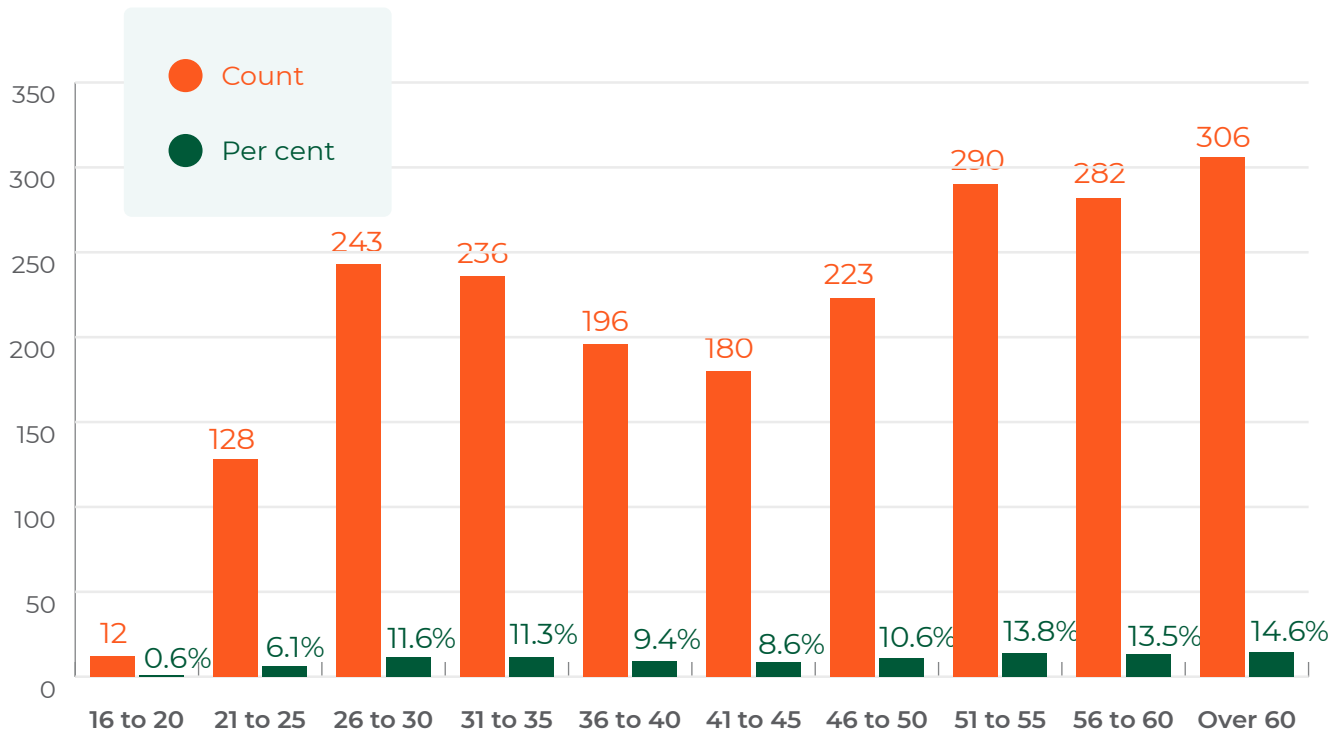
1. RN status

- **91% (1,910)** RN
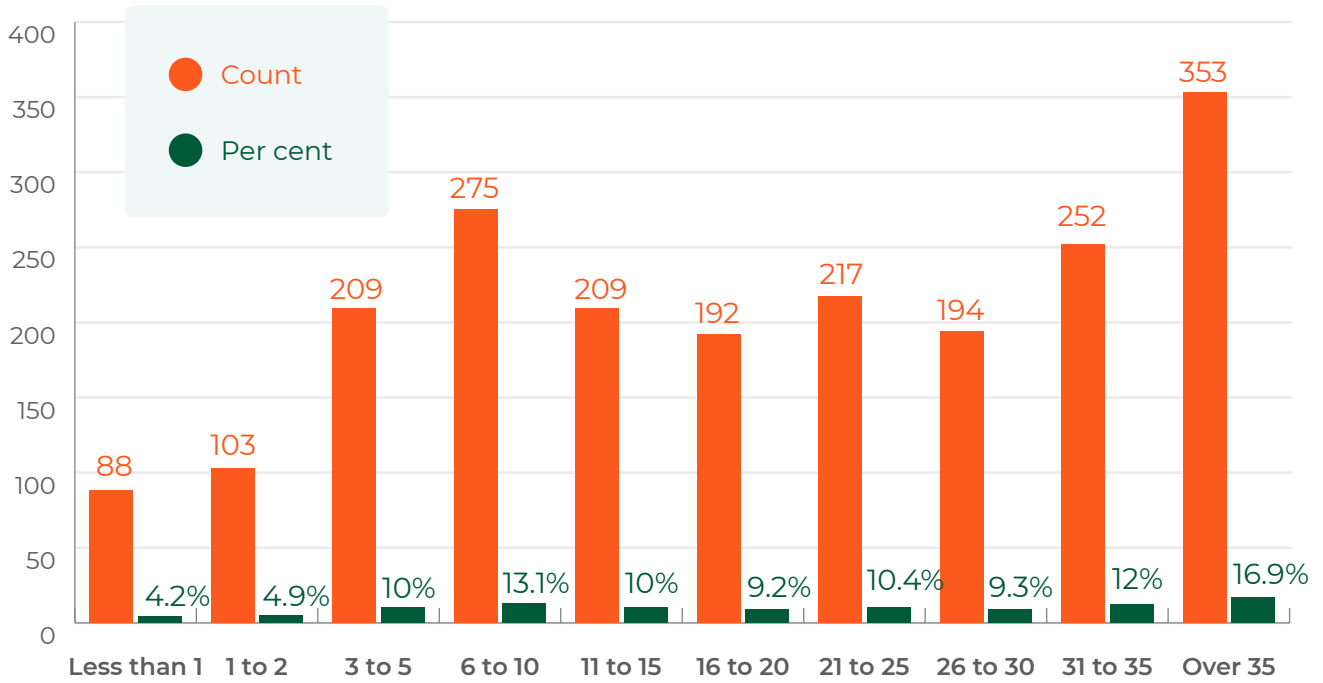- **4.4% (93)** NP
- **4.6% (96)** Nursing student

1. (b) RNAO member

- **81.6% (1,716)** Yes
- **18.4% (386)** No

2. Domain of practice

Bar chart showing Count and Per cent by domain of practice:
- Staff Nurse: 1194 (72.1%)
- Nurse Practitioner: 88 (5.3%)
- CNS/APN: 84 (5.1%)
- Manager: 179 (10.8%)
- Nurse Executive: 31 (1.9%)
- Research: 8 (0.5%)
- Nursing Faculty (College): 32 (1.9%)
- Nursing Faculty (University): 27 (1.6%)
- Policy: 13 (0.8%)

3. Age distribution

Bar chart showing Count and Per cent by age group:
- 16 to 20: 12 (0.6%)
- 21 to 25: 128 (6.1%)
- 26 to 30: 243 (11.6%)
- 31 to 35: 236 (11.3%)
- 36 to 40: 196 (9.4%)
- 41 to 45: 180 (8.6%)
- 46 to 50: 223 (10.6%)
- 51 to 55: 290 (13.8%)
- 56 to 60: 282 (13.5%)
- Over 60: 306 (14.6%)

4. How many years have you been nursing?

Legend: Count (orange), Per cent (green)

Years	Count	Per cent
Less than 1	88	4.2%
1 to 2	103	4.9%
3 to 5	209	10%
6 to 10	275	13.1%
11 to 15	209	10%
16 to 20	192	9.2%
21 to 25	217	10.4%
26 to 30	194	9.3%
31 to 35	252	12%
Over 35	353	16.9%

5. What is your current work setting?

Legend: Count (orange), Per cent (green)

| Work setting	Count	Per cent
Public health	141	9.0%
Primary care	160	10.2%
Teaching hospital	320	20.4%
Large hospital	379	24.2%
Small hospital	98	6.3%
Home care	118	7.5%
Outreach community care (such as street nursing, shelters, outreach mental health & addiction	44	2.8%
Long-term care	242	15.4%
Academia	65	4.1%
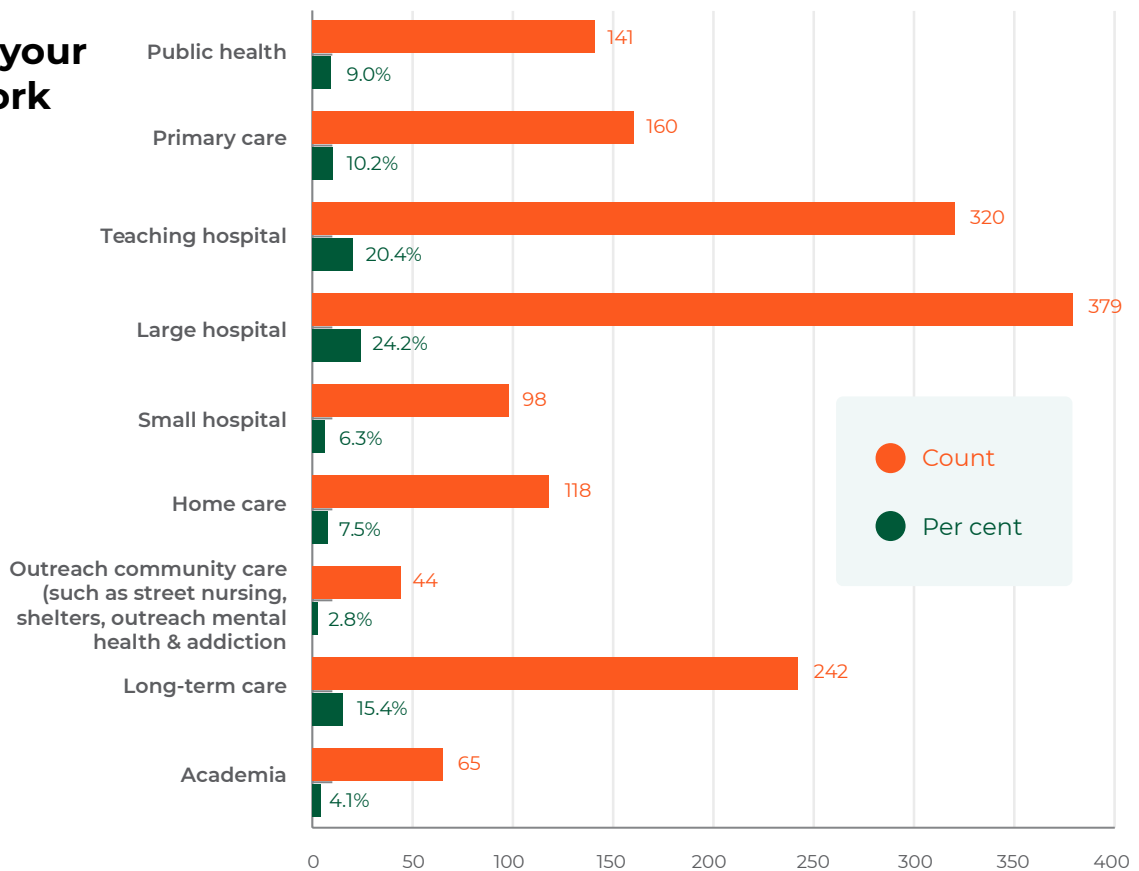
## 6. Has your work been impacted by the pandemic?
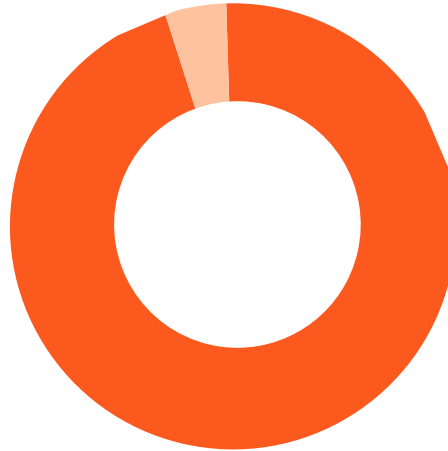
95.7% (1992)
Yes

4.3% (89)
No

7. How concerned were/ are you about work-related risks to your personal health due to COVID-19?
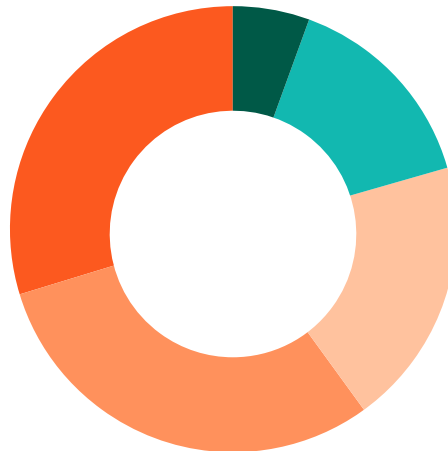
5.7% (117)
Not at all concerned

15.1% (308)
Slightly concerned

19.4% (397)
Somewhat concerned

30.1% (616)
Moderately concerned

29.7% (607)
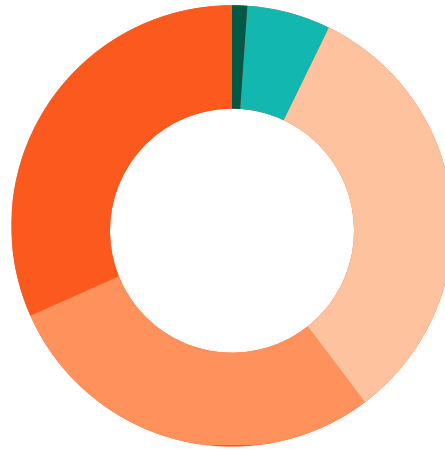Extremely concerned

8. To what extent has the COVID-19 pandemic affected your work/life balance as a nurse?
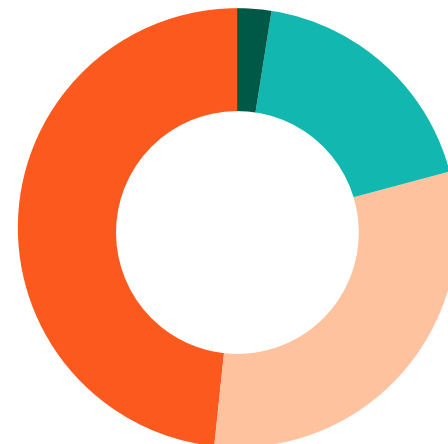
2.6% (53)
Not at all

18.2% (371)
Somewhat

31% (630)
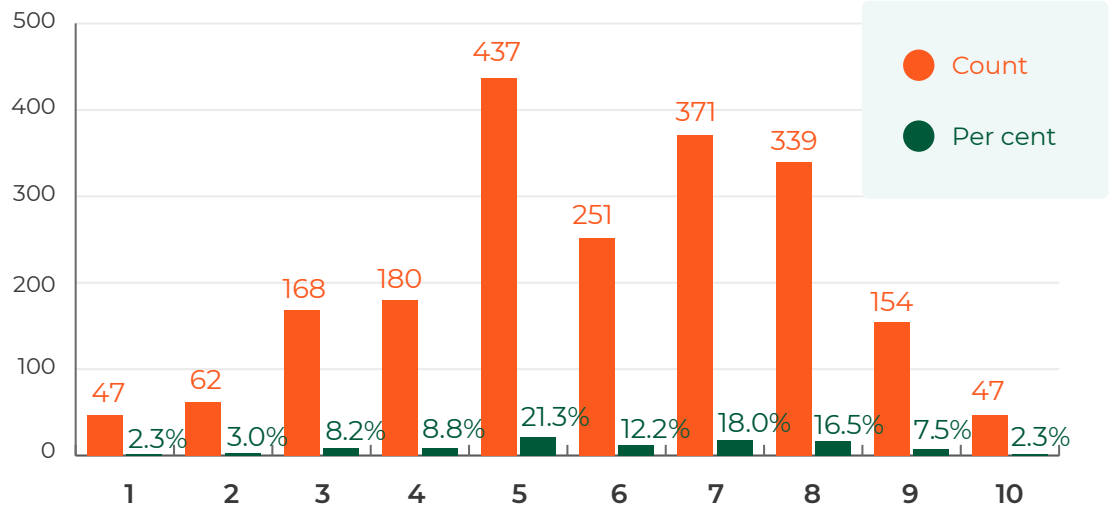A good deal

48.2% (981)
To a great extent

9. How would you rate the level of stress you have experienced in your job due to the pandemic?
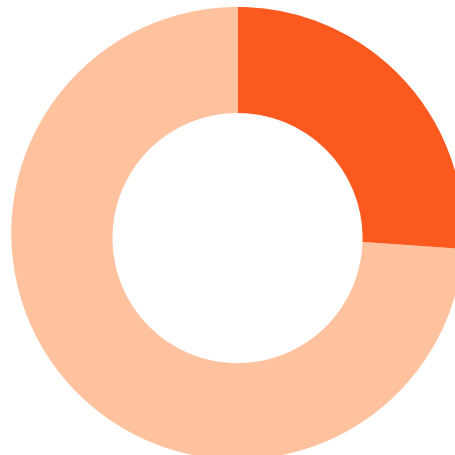

- **1.3% (27)** Very low
- **6.0% (122)** Low
- **32.4% (661)** Moderate
- **28.7% (584)** High
- **31.6% (643)** Very high

10. Coping and adjustment scores

Legend: Count, Per cent

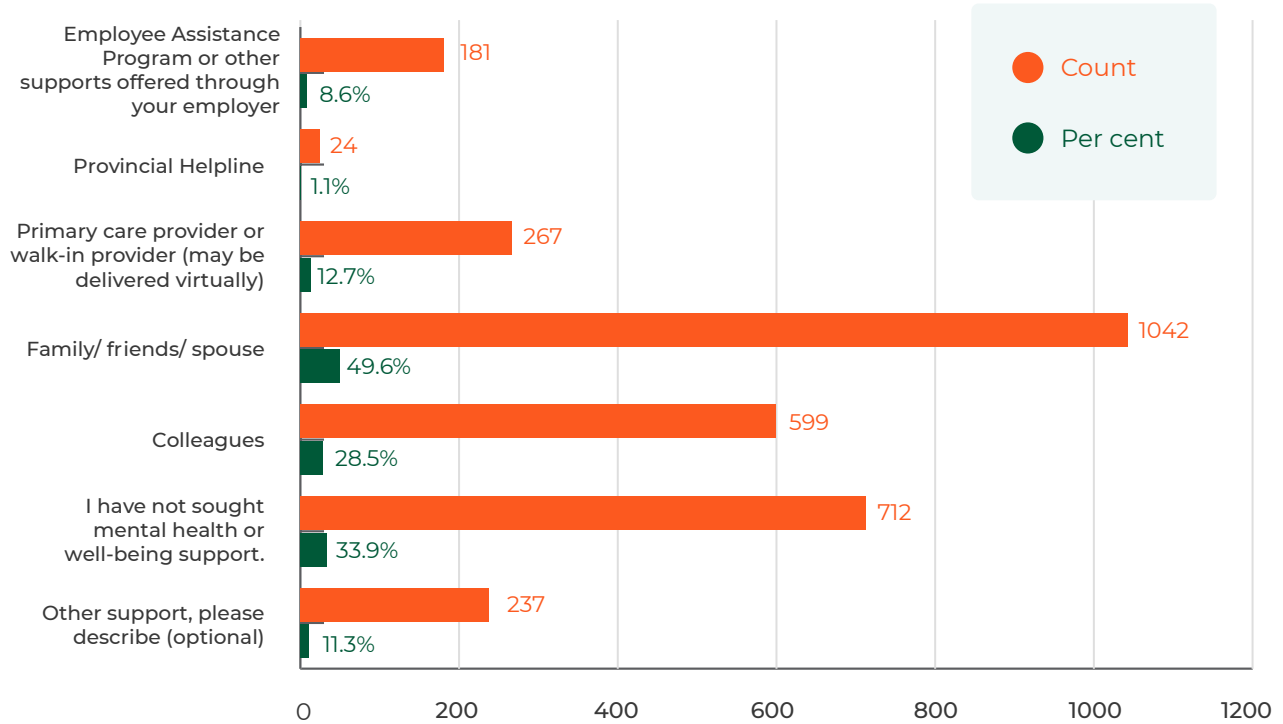| Score	Count	Per cent
1	47	2.3%
2	62	3.0%
3	168	8.2%
4	180	8.8%
5	437	21.3%
6	251	12.2%
7	371	18.0%
8	339	16.5%
9	154	7.5%
10	47	2.3%

11. Have you taken time off to manage stress, anxiety or other mental health issues related to your work during the pandemic?
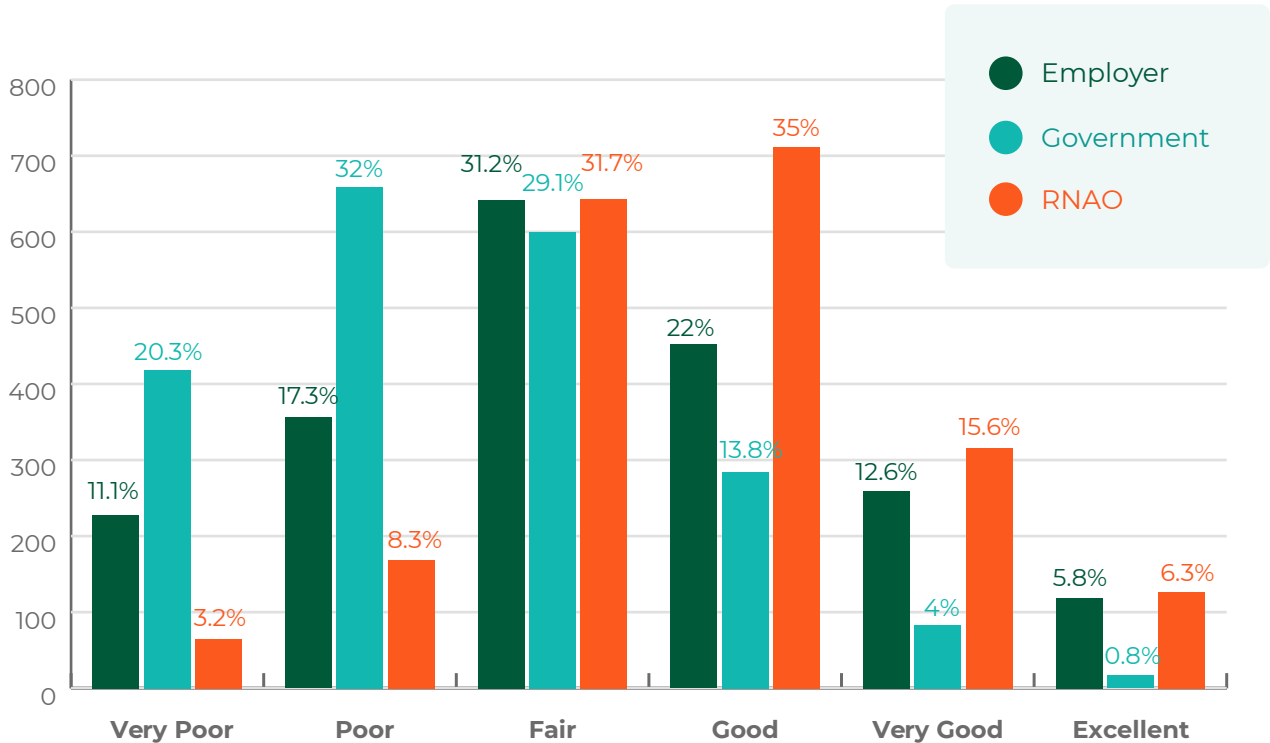

- **26.2% (549)** Yes
- **73.8% (1545)** No

12. Have you sought mental health or wellbeing support during the course of the pandemic from any of the following?

Legend:
- Count
- Per cent

Category	Count	Per cent
Employee Assistance Program or other supports offered through your employer	181	8.6%
Provincial Helpline	24	1.1%
Primary care provider or walk-in provider (may be delivered virtually)	267	12.7%
Family/ friends/ spouse	1042	49.6%
Colleagues	599	28.5%
I have not sought mental health or well-being support.	712	33.9%
Other support, please describe (optional)	237	11.3%

13. 14. & 15. How would you rate the overall support you have had from:

Legend:
- Employer
- Government
- RNAO

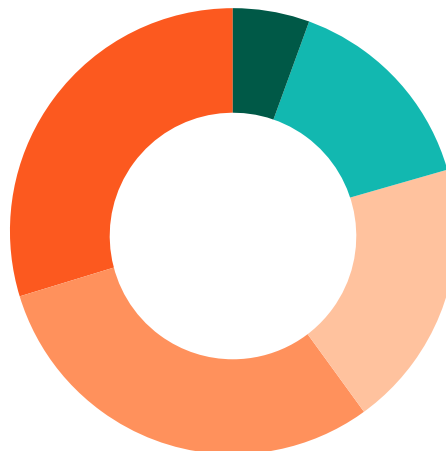|	Very Poor	Poor	Fair	Good	Very Good	Excellent
Employer	11.1%	17.3%	31.2%	22%	12.6%	5.8%
Government	20.3%	32%	29.1%	13.8%	4%	0.8%
RNAO	3.2%	8.3%	31.7%	35%	15.6%	6.3%

19. Work status

69.5% (1322)
Full-time

23.1% (440)
Part-time

7.4% (140)
Casual

20. How many hours do you work in an average week?

3.2% (60)
5 to 10 hours/ week

8.9% (166)
11 to 20 hours/ week

13.7% (257)
21 to 30 hours/ week

42.8% (800)
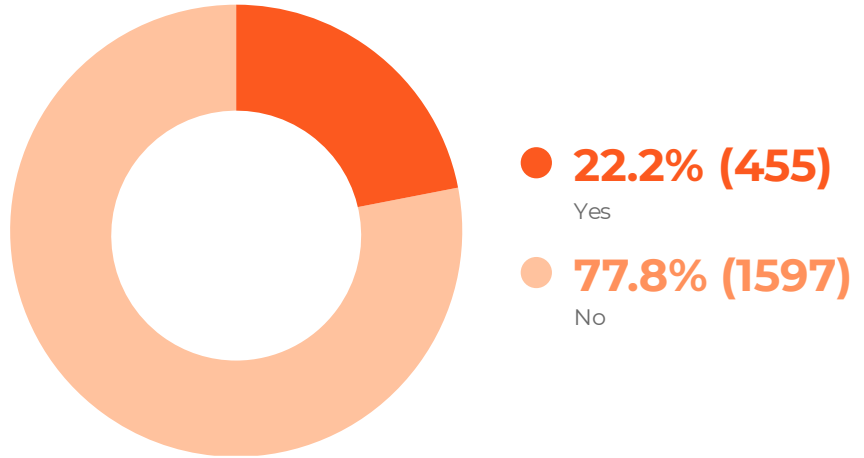31 to 40 hours/ week

31.4% (587)
41 to 50 hours/ week

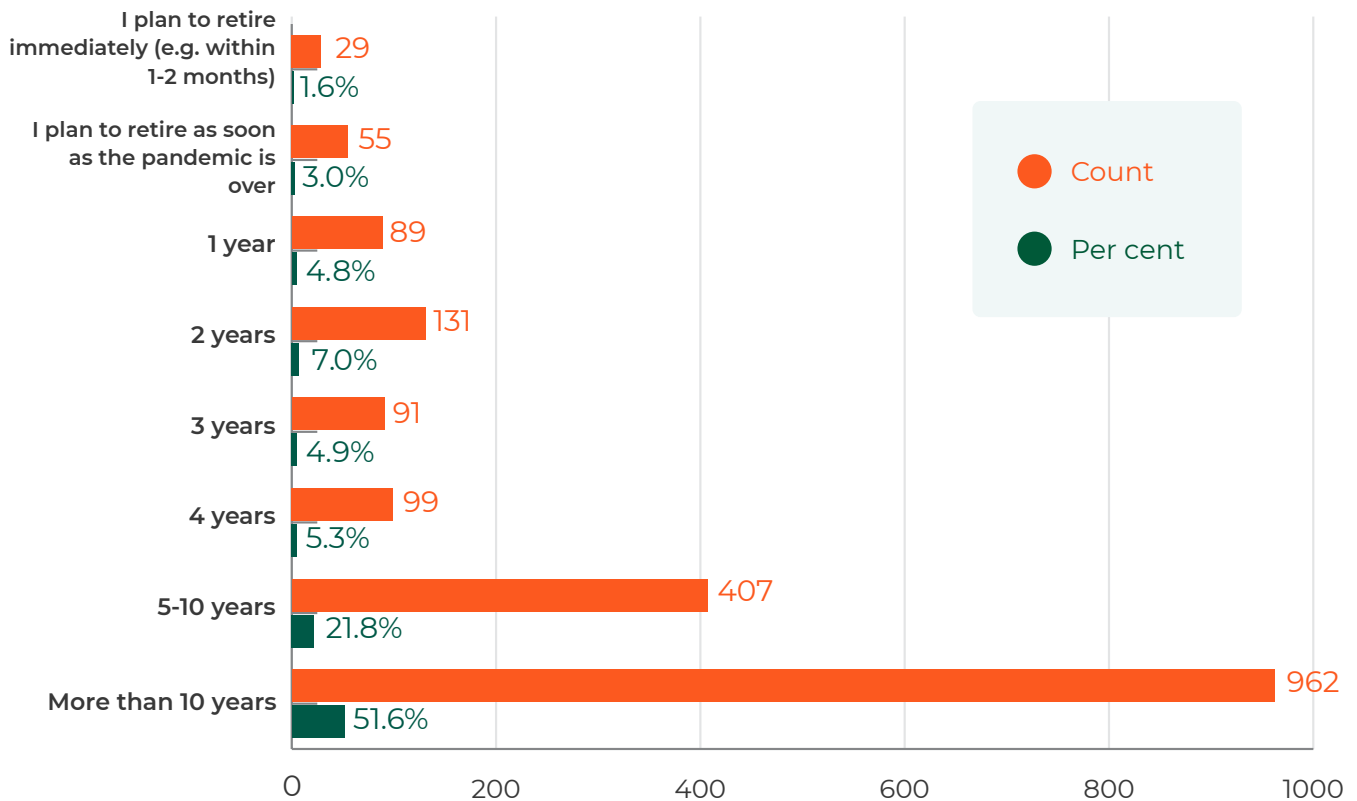## 21. How many hours would you like to work in an average week post-pandemic?
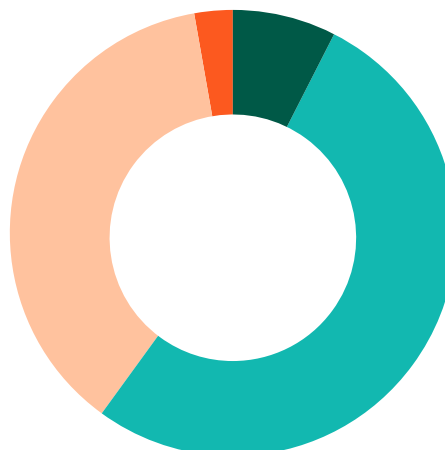
7.5% (149)
More

52.5% (1038)
Same

37.4% (740)
Less

2.6% (51)
None

22. Are you eligible to retire?

22.2% (455)
Yes

77.8% (1597)
No

23. How many more years do you plan to continue working as a nurse?

Response	Count	Per cent
I plan to retire immediately (e.g. within 1-2 months)	29	1.6%
I plan to retire as soon as the pandemic is over	55	3.0%
1 year	89	4.8%
2 years	131	7.0%
3 years	91	4.9%
4 years	99	5.3%
5-10 years	407	21.8%
More than 10 years	962	51.6%

Count
Per cent

24. How likely are you to leave nursing for a different occupation post-pandemic?

- **57.0% (1132)** Not at all likely
- **26.7% (531)** Somewhat likely
- **7.0% (139)** Likely
- **9.3% (185)** Very likely

25. Do you feel that discussing your work experiences with family and/or friends is a burden on them?

- **20.6% (418)** Never feel this way
- **41.7% (847)** Sometimes feel this way
- **22.8% (463)** Often feel this way
- **14.8% (301)** Always feel this way

26. Are you discouraged by your employer from discussing your work experiences outside the workplace?

- **44.8% (885)** Never feel this way
- **26.5% (523)** Sometimes feel this way
- **14.0% (276)** Often feel this way
- **14.8% (292)** Always feel this way

References

[1] Creative Research Systems. (2012). Sample Size Calculator. https://www.surveysystem.com/sscalc.htm.

[2] College of Nurses of Ontario. (2021). Special data request.

[3] College of Nurses of Ontario. (2021). Special data request. For published CNO age distribution, see College of Nurses of Ontario. (2017). Membership Statistics Report 2017. Figure 4.6. P. 20. https://www.cno.org/globalassets/docs/general/43069_stats/2017-membership-statistics-report.pdf.

[4] Non-responses are omitted in this table and in subsequent tables when necessary to deliver percentages whose denominator is responses and not the full sample

[5] Based on data from Canadian Association of Schools of Nursing. (2019). Registered Nurses Education in Canada Statistics 2017–2018. https://www.casn.ca/wp-content/uploads/2019/12/2017-2018-EN-SFS-DRAFT-REPORT-for-web.pdf and statistics supplied by the College of Nurses of Ontario.

[6] Registered Nurses' Association of Ontario. (2021). Nurse Practitioner Task Force report: Vision for Tomorrow. https://rnao.ca/sites/rnao-ca/files/NP_TF_Feb_25_FINAL_3.pdf.

[7] RNAO calculations based on data from Canadian Institute for Health Information. (2020). Nursing in Canada, 2019: Data Tables. Also from previous report years. https://www.cihi.ca/en/nursing-in-canada-2019.

RNAO

The Registered Nurses' Association of Ontario (RNAO) is the professional association representing registered nurses, nurse practitioners and nursing students in Ontario. Since 1925, RNAO has advocated for healthy public policy, promoted excellence in nursing practice, increased nurses' contribution to shaping the health system and influenced decisions that affect nurses and the public they serve.

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