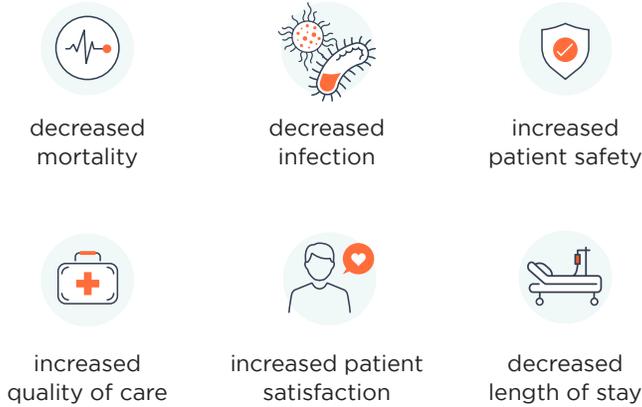




Impact of RNs on patient, organizational and health system outcomes

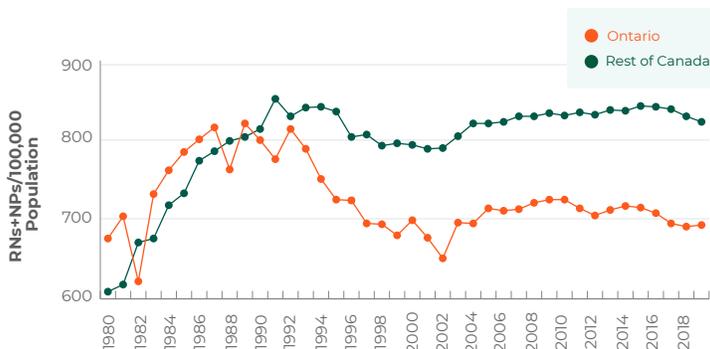
Research consistency shows the positive impact of registered nurses (RN) on clinical, health, organizational and health system outcomes.



Despite ample evidence on the positive impact of RNs on outcomes, policy driven decisions by government and employers have left Ontarians with the lowest RN to population, as compared to any other jurisdiction in Canada.

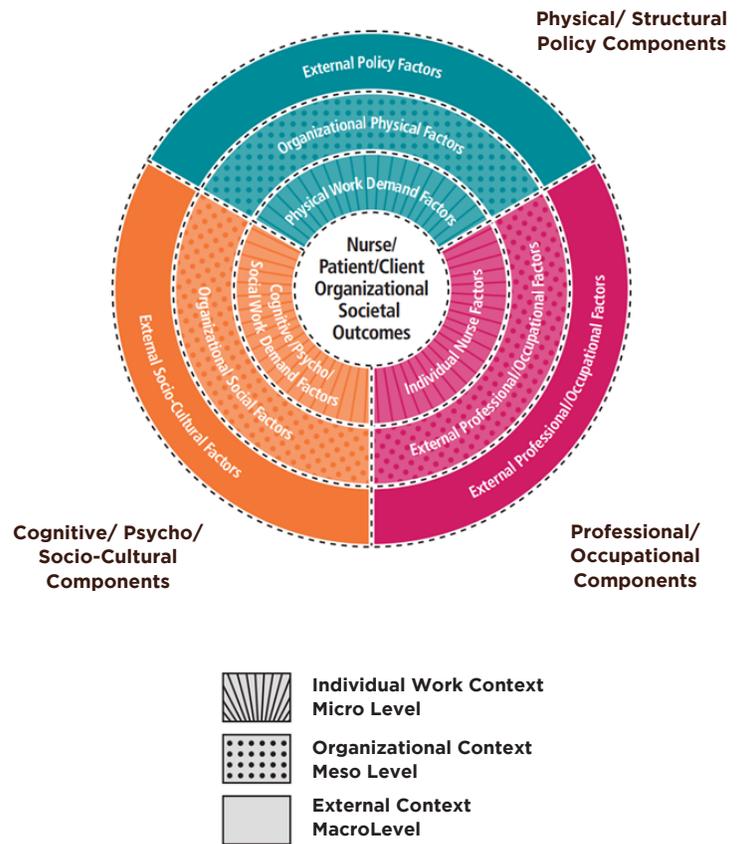
This chronic policy driven RN understaffing has had longstanding detrimental impacts on nurse wellness.

RNs+NPs/100,000 population: Ontario vs. rest of Canada



RNAO and healthy work environments

Conceptual Model for Healthy Work Environments for Nurses - Components, Factors & Outcomes



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

[RNAO’s BPG *Developing and Sustaining Safe, Effective Staffing and Workload Practices \(2017\)*.](#)

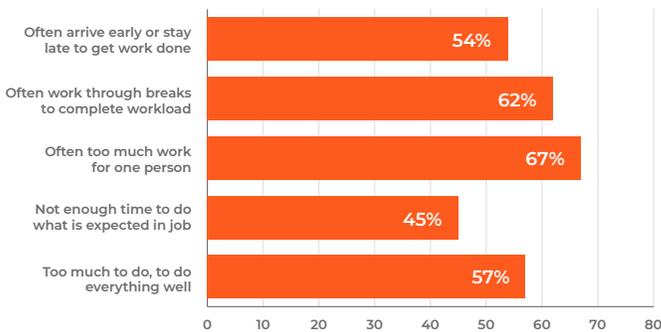
Impacts of staffing shortages on nurse wellness, pre-pandemic

Two significant national surveys concerning nurse wellness were conducted almost 15 years apart, *Statistics Canada's National Survey of the Work and Health of Nurses 2005: Provincial Profiles* and the Canadian Federation of Nurses Unions's (CFNU) *Mental Disorder Symptoms Among Nurses in Canada*. Evidence from both surveys point to the detrimental physical and mental health impacts of nursing staff shortages on nurse health and wellbeing.

1 Statistics Canada's National Survey of the Work and Health of Nurses 2005: Provincial Profiles

Excessive role demands were significantly and negatively related to health outcomes. Nurses with excessive role demands were more than twice as likely to have fair or poor health than those without excessive role demands.

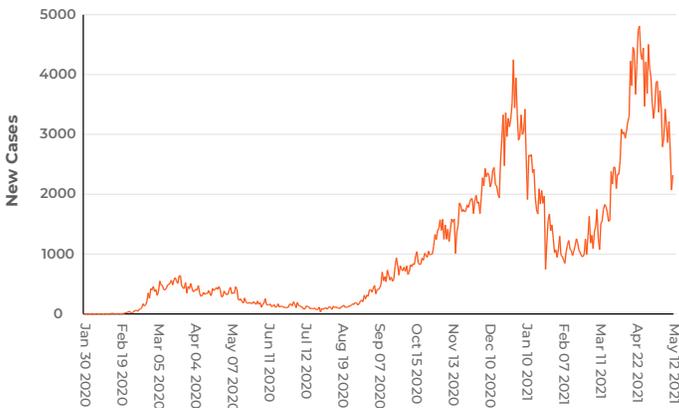
Percentage of nurses reporting role overload, Canada 2005



Data Source: Statistics Canada, (2005). *National Survey of the Work and Health of Nurses 2005: Provincial Profiles*.

Implications of the pandemic on nurse wellbeing and the future of Ontario's RN workforce

Numbers of new daily COVID-19 cases



On March 11, 2020, the World Health Organization declared the COVID-19 outbreak a global pandemic. For 15 months, an already depleted and largely burnt-out RN workforce has been on the front lines of an unrelenting and continually worsening pandemic.

2 CFNU's Mental Disorder Symptoms Among Nurses in Canada

Staffing and workload

73.2%

of participating nurses reported feeling their institution/ organization is regularly over capacity

83.4%

indicated they perceived the regular core health staff (e.g., doctors, nurse practitioners, nurses, aides, personal support workers) to be insufficient or inappropriate in meeting the needs of patients

Burnout symptom severity



- **29.3%** Clinical symptoms of burnout
- **63.2%** Some symptoms of burnout
- **7.4%** No symptoms of burnout

Data Source: Stelnicki, A. Carleton, R. & Reicherhttps, C. (2020). *Mental Disorder Symptoms Among Nurses in Canada*. Canadian Federation of Nurses Unions.

In the winter of 2021, a year into the pandemic, RNAO conducted a **Work and Wellbeing survey** to take the pulse of Ontario's RN and NP workforce. The survey results suggest that Ontario is facing a RN shortfall post-pandemic that threatens the effective functioning of the province's health-care system. The report can be found [here](#).

Summarizing the potential for post-pandemic loss of RNs

Departure Potential	Percentage of Respondents	Ontario Background Loss Rate	Estimated Net Loss Rate
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%