

Introduction

Nursing is a profession that has the power to inspire, attract and fulfill people who choose to care for the wellbeing of others with knowledge and compassion. Nurses form the largest body of registered health professionals in Ontario and Canada – they work across the health system, contributing to its effective functioning and the health of the public. They are the backbone of our health system.

Yet, the promise and appeal of nursing as a profession has been compromised by decades of understaffing. Post-pandemic, the registered nurse (RN) understaffing crisis is worse than ever before. This impacts nurse health and wellbeing and patient care. According to 2023–2024 hospital data analyzed by the Canadian Institute for Health Information (CIHI), 1 in 17 patients admitted to hospital experienced unintentional harm (CIHI, 2024). Moreover, between July 2022 and June 2023, there were 203 ER closures across 23 Ontario hospitals—a direct result of staffing shortages (Office of the Auditor General of Ontario, 2023).

Ontario’s nurses are experiencing significant depression, anxiety and stress. More and more nurses are migrating to nursing agencies for fairer compensation and more control over their lives. Overtime, sick time, and vacancy rates are on the rise. Nurses are struggling.

While the Ontario government claims to have made significant improvements to nursing health human resources (HHR), their own estimate proves that we are in a nursing crisis, with a projected shortage of 33,200 nurses by 2032 (Jones, 2024). In place of policies to retain, recruit and build nursing careers in Ontario, the government has resorted to “staffing flexibility” measures and private, for-profit care. The health system is failing Ontarians.

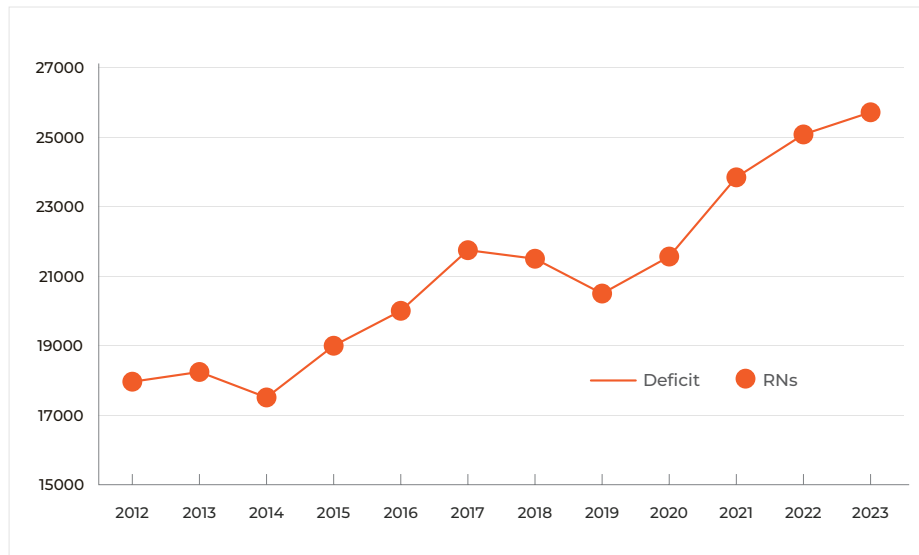
Urgent action is needed to rebuild nursing in Ontario and address the nursing crisis. The Ontario government and health system employers must act **immediately** to:

1. improve nurses’ working conditions
2. improve supports across all levels of the nursing profession
3. tackle racism and discrimination in the nursing profession
4. expand Ontario’s nursing workforce
5. expand Ontario’s nursing student population

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 (RNAO, 2017). And yet, RN understaffing in Ontario is a long-standing problem, driven by misguided government and employer policies that have 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 is nearly 26,000 RNs short of the rest of Canada on a per-capita basis (RNAO, 2024a).¹

Ontario RN deficits over time compared to the 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 (Statistics Canada, 2005). In 2019, the Canadian Federation of Nurses Unions (CFNU) reported that excessive overtime and unsustainable workloads led to a decline in nurses’ health (Stelnicki et al., 2020). The CFNU warned of worse to come based on evidence of further understaffing.

For many years, RNAO has also sounded the alarm on the dangers of inadequate RN staffing, backed by extensive 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 (RNAO, 2000).

¹Source data: “RNs Employed in Profession” data from Nursing in Canada, 2023– Data Tables <https://www.cihi.ca/en/registered-nurses> and population figures from Table: 17-10-0005-01 <https://www150.statcan.gc.ca/t1/tbl1/en/cv.action?pid=1710000501> RN gap based on following formula: (ROC RNs per 100k of population – ON RNs per 100k of population)*(ON population/100,000)

The resulting Healthy Work Environments (HWE) Best Practice Guidelines (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, widely used across Ontario, nationally and internationally (RNAO, nd).

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. During the pandemic, RNs fought tirelessly to save the lives of those in their care, while also doing their best to protect themselves and their families from the virus. The toll taken on our colleagues and their families is immeasurable.

RNAO surveyed and 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 early 2021 *Work and Wellbeing Survey* – focused on Ontario's nursing workforce. The second – *Nursing Through Crisis: A Comparative Perspective* – was conducted in partnership with Nursing Now International and Australia's Rosemary Bryant AO Research Centre; RNAO surveyed nurses across Canada in mid-2021. 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

90%

of respondents experienced at least moderate stress

20%

of early-career RNs/NPs (26 to 35 years old) were at risk for turnover

70%

of RNs/NPs planned to work fewer hours post-pandemic

Nursing Through Crisis

75%

of survey participants were burnt out

69%

of nurses plan to leave their positions in the next five years

42%

plan to leave the profession altogether

HPW Partnership Survey (seven professions canvassed)

Burnout

rates were highest for nurses

39%

of nurses thought about leaving their health-care facility

31%

thought about leaving their profession

Nurses' wellbeing continues to worsen post-pandemic

In early 2024, the Canadian Federation of Nurses Union (CFNU) conducted an online survey of 5,595 nurses practising in Canada. The results revealed that nurses continue to struggle in the post-pandemic context, as evidenced by many metrics:

Burnout:

9 in 10

demonstrated evidence of burnout

Increased demands:

7 in 10

said their workplace is regularly overcapacity

7 in 8

worked overtime over the past year

57%

feel their safety is at risk after working for longer than 12 hours

Deteriorating quality of care:

56%

reported deteriorated quality of care at their workplace over the last year

50%

experienced a patient safety concern within the previous 6 months, mostly due to understaffing

Turnover intention

4 in 10

reported an intention to leave or retire from the profession/their job in the next year

7 in 10

cite staffing and workload as extremely important factors in considering leaving

More than

50%

report that insufficient time for tasks and inadequate communication are extremely important to them in considering leaving

RN wages have been declining

There is an urgent need to increase RN wages to encourage retention and recruitment. Despite hospital RNs receiving noteworthy compensation increases in recent years, in real terms their wages have been declining since 2010.

There are also significant pay disparities between hospital RNs and community care RNs, with the latter earning significantly less than their hospital counterparts.

Compared to the starting wage of hospital RNs in 2023:

home care RNs earned

24% less

primary care RNs earned

7% less

LTC RNs earned

14% less

public health RNs earned

3% less

Compared to the maximum wage of hospital RNs in 2023:

home care RNs earned

32% less

primary care RNs earned

22% less

LTC RNs earned

10% less

public health RNs earned

14% less

Source: [Ontario Nurses' Association collective agreements webpage](#), [Ministry of Labour, Immigration, Training and Skills Development of Ontario's Collective Bargaining Interactive Search](#) & RNAO Calculation

Agency nursing is on the rise

The 2024 CFNU survey provided valuable insights on agency work:

- Nurses indicated they were interested in agency work because they wanted:

better pay

68%

flexible working hours

10%

control over their schedule

8%

choice of time off

4%

other reasons

9%

- One in three nurses are interested in agency work or increasing the amount of agency work they do.
- Nearly half of new graduates are interested in agency work.
- The nurses most likely to indicate that they were not at all interested in agency work were those who reported experiencing:

no symptoms of burnout

67%

no anxiety

49%

no depression

48%

working in units that were not over capacity

53%

Racism and discrimination within the nursing profession

As a response to RNAO's tireless calls for race-based data collection and following RNAO's *Black Nurses Task Force Report* (2022a), the College of Nurses of Ontario (CNO) released an inaugural workforce census in 2024. The goal of this census was "to give Ontario's health system the data it needs to address diversity, equity and inclusion issues nurses face, and focus on areas requiring attention". The results of the first report, "Demographics and Nursing Practice (2024)", demonstrate key disparities and challenges for equity-deserving groups:

- 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.

- **Educator roles in nursing:** Educators were disproportionately women, domestically educated, RNs, heterosexual and white.
- **Receiving accommodations with one or more disability reported:** Respondents who were internationally educated nurses, another gender or men, NPs or 2SLGBTQI+ did not receive workplace accommodations as often as individuals in other groups. Moreover, Black, East Asian, mixed-race, and South Asian nurses did not receive workplace accommodations as often as the full sample average.
- **Seeking nursing employment:** Racialized respondents disproportionately reported they were seeking nursing employment compared to white respondents.

These preliminary survey results reveal shocking concerns related to racism and discrimination in the nursing profession and align with many of the concerns voiced in RNAO’s Black Nurses Task Force report (2022a). **Targeted retention and recruitment efforts are urgently needed to increase equity, diversity and inclusion in the nursing profession.**

Recommendations

RNAO’s recommendations to retain and recruit RNs in Ontario are as follows:

Improve nurses’ working conditions.

1. Support equitable and internationally competitive compensation for RNs and NPs across all sectors and settings in Ontario. This should include harmonizing compensation upward across the health system to address pay disparities between acute and community care settings.
2. Implement evidence-based recommendations to retain and recruit nurses by providing full-time employment (including benefits and paid sick days), mentorship and professional development (including leadership training), occupational health and safety measures and enforcement, healthy work environments, and safe workloads.

Improve supports across all levels of the nursing profession.

3. Increase funding support, schedule accommodation and resources for PSWs, RPNs, RNs, and NPs to pursue continuing education, professional development, specialty certifications. Offer programs in workplaces to facilitate attendance.

Tackle racism and discrimination in the nursing profession

4. Incorporate and act on principles of equity, diversity and inclusion (EDI) in all systemic and organizational policies, including:
 - a. ensuring fair and equitable access to educational opportunities, professional development and career advancement,
 - b. making programs that support EDI (for example, mentorship arrangements) available in all workplaces,
 - c. continuing to collect race-based data for nurses and expand to include all health professionals, and

- d. providing cultural safety education and awareness building at individual, organizational and policy levels.

Expand Ontario's nursing workforce

5. Develop expanded and optimized nursing education pathways to provide salary and tuition support for:
 - a. personal support workers to bridge to registered practical nurse (RPN) roles, and
 - b. RPNs to bridge to RN roles.Examples include: Ontario's Begin Program and New Brunswick's Step Up to Nursing Initiative
6. Expand Ontario's Grow your Own NP program to encourage RNs to bridge to NP.
7. Fund a "Return to Nursing Now" program to attract nurses who are licensed but not practicing nursing in Ontario, back to the nursing workforce.

Expand Ontario's nursing student population

8. Increase the supply of nurses by:
 - a. continuing to increase nursing school enrolments and corresponding funding,
 - b. compressing registered practical nurse-to-BScN bridging programs, and
 - c. supporting nursing faculty retention and recruitment.
9. Fund innovative nursing education-practice partnerships across all health sectors, incorporating preceptor roles to ensure manageable workloads for staff and effective clinical placements for nursing students.

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