



Ontario's understaffed registered nurse/nurse practitioner (RN/NP) workforce threatens to become a health human resource crisis in the aftermath of the COVID-19 pandemic. Nurses, as resilient as they have been in the face of inordinate stress throughout the pandemic, have found ways of adapting and reaching for help when they need it. Yet, there are limits to what nurses can endure, and for how long. Many RNs/NPs 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. Comprehensive nursing workforce planning must begin immediately and retention strategies must be triggered. Any delays will seriously compromise the health of Ontarians.

RNAO recommends that the provincial government and health system employers:

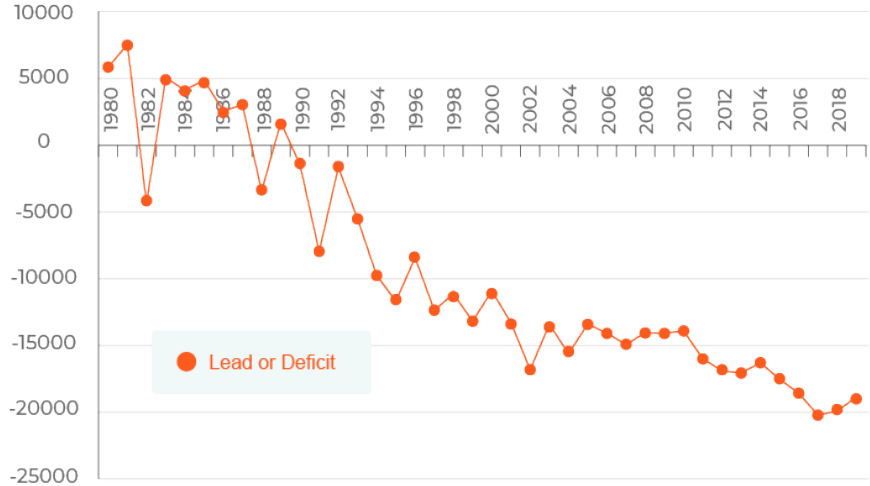
1. Increase supports for early and mid-career RNs/NPs to improve retention in the workforce.
2. Increase staffing levels to bring the RN-per-population ratio to the average of the rest of Canada.
3. Bolster admissions to nursing baccalaureate programs by 10 per cent in each of the next eight years.
4. Increase NP supply by at least 50 per cent by 2030 as per *Vision for Tomorrow*, the February 2021 report of RNAO's Nurse Practitioner Task Force.
5. Implement succession planning for middle management, senior management, and faculty positions.

Background

The longstanding and detrimental impacts of understaffing on patient care and on nurse wellness are well documented in a number of national surveys and RNAO's own research. In 2019, pre-pandemic, the Canadian Federation of Nurses Unions (CFNU) reported that excessive overtime and unsustainable workloads had led to a decline in nurses' health and warned, based on evidence of further understaffing, of worse to come.

Ontario lead (+) or deficit (-) 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.



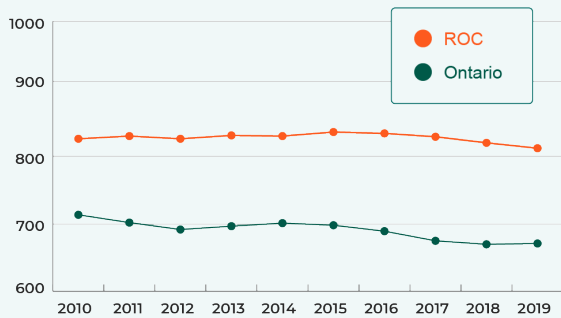
The understaffing of RNs/NPs has been particularly problematic in Ontario where the number of RNs/NPs per capita has been lower than the rest of Canada for more than three decades. As of the latest data available from 2019, Ontario is nearly 19,000 RNs/NPs short of the RN/NP per capita ratio of the rest of Canada.

A Tale of Two Trajectories: RNs and NPs

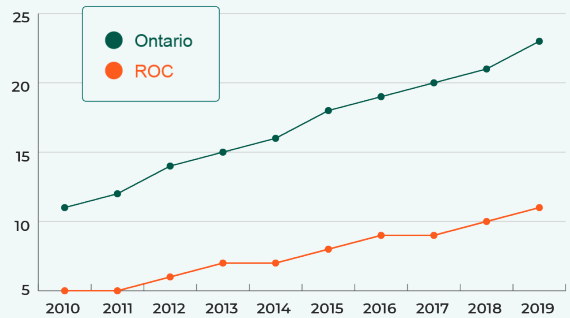
Government policy of RN understaffing was given a reprieve between 2002 and 2009 when both RN staffing and RN full-time positions were boosted. Since 2009, however, RN per capita ratios have been on a downward trend. The disastrous implications of this policy were evident during the pandemic, especially in long-term care and acute care.

The true extent of RN understaffing in Ontario since 2009 has been partially hidden by increases in NP staffing.

Numbers of RNs per 100,000 Population: Ontario vs. Rest of Canada (ROC)

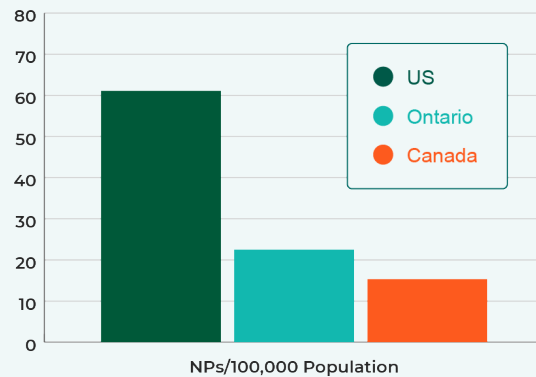


Numbers of NPs per 100,000 Population: Ontario vs. Rest of Canada (ROC)



While Ontario's NP/capita ratios compare favourably to the rest of Canada, they fall far short of the US NP/capita ratio. As set out in RNAO's NP Task Force report, *Vision for Tomorrow*, Ontario's health system would benefit greatly from an increase in NP numbers. RNAO recommends a 50 per cent increase in NPs by 2030.

**Nurse Practitioners per 100,000
Population: Ontario vs. US**



In RNAO's 2000 report, *Ensuring the Care Will Be There: Report on Nursing Recruitment and Retention in Ontario*, RNAO proposed developing a guide for creating healthy work environments for nurses in order to stabilize and strengthen the nursing profession in Ontario. The resulting Healthy Work Environments Best Practice Guidelines, launched in July 2003 with funding from Ontario's Ministry of Health and Long-Term-Care and in partnership with Health Canada's Office of Nursing Policy, augments RNAO's clinical best practice guidelines program launched in 1999. RNAO has since published 12 BPGs in its System and Healthy Work Environments Guidelines series, with high use in our province and beyond.

Since January 2020, Ontario's understaffed RN/NP workforce has been on the front lines of an unrelenting battle with COVID-19. As of May 2021, over half a million persons have tested positive for the COVID-19 virus, resulting in over 8,000 lives lost and many thousands more left to grieve. Throughout the pandemic, RNs/NPs have had to fight to protect themselves and their families while also tirelessly fighting to save the lives of those in their care.



RNAO's Nurse Work and Wellbeing Survey

As the COVID-19 pandemic approached the one-year mark, RNAO issued its Work and Wellbeing Survey to Ontario's RNs, NPs 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 pointed to the need for better supports for RNs/NPs – particularly from government and employers – as they attempt to manage the impacts of the pandemic, both at work and at home.

For most respondents, the experience of working during the pandemic has been one of stress and, for a significant minority, struggles to cope. About 90 per cent experienced at least moderate stress with mid-career RNs/NPs reporting the highest levels of stress. Early-career RNs report the greatest challenges with coping.

Summarizing the potential for post-pandemic loss of RNs

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%

The survey suggests that Ontario's already understaffed RN/NP workforce faces a potential significant depletion in the aftermath of the pandemic. For example, the survey reveals that Ontario is at risk of losing over 20 per cent of early career RNs/NPs (26- to 35-year-old). In addition, we are likely to see a very significant loss post pandemic of late career RNs/NPs taking early retirement - particularly RNs working in middle and senior management, and faculty positions. The survey also reveals that 70 per cent of RNs/NPs working overtime want to work fewer hours post-pandemic.



Recommendations

To proactively prevent the depletion of RNs/NPs, RNAO recommends the following, based on the results of RNAO’s Work and Wellbeing Survey:

1. Increase support for early and mid-career RNs/NPs to improve retention in the workforce:

The effect of the pandemic appears to be compounding the recent pattern of RN/NP workforce participation dropping in early career age cohorts – 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-old cohort indicates they are likely or very likely to leave the profession.

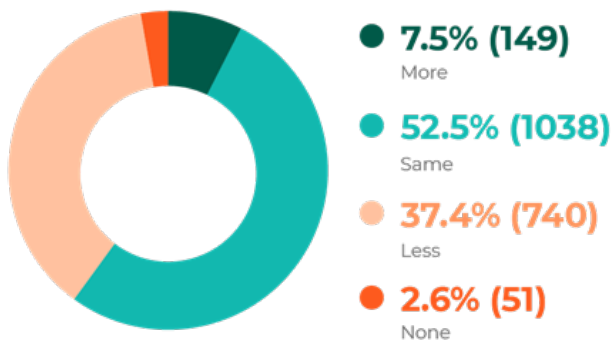
Just as the likelihood of leaving the profession is age-related, so too is respondent assessment of employer support: younger RNs/NPs rate employer support lower than do older RNs/NPs. Notably, employer support and likelihood to leave the profession appear correlated.

The survey also shows that Ontario could be facing increased departure rates for mid-career RNs/NPs. This connection between employer support, age, and likelihood to leave the profession needs further and urgent examination.

Comparing potential RN/NP departures by age to Ontario overall RN/NP loss

Survey Age	Very Likely	Likely	CNO Age	RNs + NPs
NR	0.0%	0.0%		
16 to 20	0.0%	16.7%		
21 to 25	5.8%	9.2%	18 - 24	2.3%
26 to 30	13.0%	9.5%	25 - 29	3.2%
31 to 35	13.3%	7.1%	30 - 34	2.6%
36 to 40	9.5%	7.9%	35 - 39	1.8%
41 to 45	9.1%	13.1%	40 - 44	1.5%
46 to 50	7.5%	4.7%	45 - 49	1.6%
51 to 55	9.6%	7.4%	50 - 54	2.2%
56 to 60	10.0%	3.3%	55 - 59	5.7%
Over 60	5.4%	4.0%	60 - 64	16.8%
		7.0%	65+	24.3%
Average	9.3%		Average	4.8%

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



2. Increase staffing levels to bring the RN-per-population ratio to the average of the rest of Canada:

The survey suggested 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 less or no overtime hours post-pandemic. Hours of work – an inverse proxy for staffing levels – appears to be correlated with stress levels. Taken together, the survey results are strongly suggestive of an understaffing of RNs/NPs, which correlates with the fact that Ontario has the lowest RNs/NPs ratio of all the provinces and territories.



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

Increasing admissions to BScN programs by 10 per cent would add 465 graduates after four years, increasing to 5,321 more graduates per year after 12 years. Assuming they all enter the workforce, the increase in the workforce from 2020 levels would be 0.48 per cent in the fourth year, rising to 5.5 per cent after 12 years. The announcement made by Premier Ford on May 14, 2021, in response to a joint RNAO and Council of Ontario Universities (COU) letter is a good first step for an increase in RN seats, and it needs to be matched by NP seats as per COU readiness for uptake.

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

A comprehensive health human resources (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 underserved populations across the province.

5. Succession planning for middle management, senior nurse executives, and faculty positions:

The survey indicates these domains of nursing practice are particularly susceptible to departure, thus succession planning is urgently needed. Middle managers, senior nurse executives, and faculty shape the development, and provide support and leadership to the RNs/NPs who are providing direct care to Ontarians. They are foundational to nurse wellbeing, the functioning of the health systems, and the development of the nursing profession.

Retirement plans by domain of practice

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%

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