



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, and 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 reached or crossed that limit and have left their jobs. Some have left Ontario or the profession altogether. And others plan to depart the profession post-pandemic. The magnitude of these departures is significantly greater than ever before. RNAO insists on urgent action from health-system employers and government. At risk is the effective functioning of Ontario's health system, the health of Ontarians, and the future of nursing in Ontario. Retention and recruitment must be aggressive.

“ 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, Canadian COVID-19 nursing workforce survey

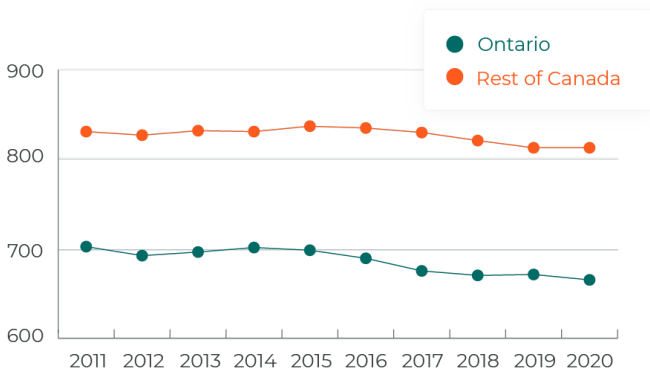
The provincial government and health-system employers must build RN careers in Ontario by:

1. repealing Bill 124;
2. increasing the supply of RNs through a) increasing nursing school enrolments and corresponding funding, b) compressing RPN-to-BScN bridging programs, c) expediting processes for internationally educated nurses (IEN) to become RNs in Ontario, and d) supporting nursing faculty retention and recruitment;
3. immediately developing and funding a Return to Nursing Now Program (RNNP) to attract RNs back to the nursing workforce;
4. supporting nurses through their careers by expanding the Nursing Graduate Guarantee (NGG) program and reinstating the Late Career Nurse Initiative (LCNI); and
5. immediately establishing a nursing task force to make recommendations on matters related to recruitment and retention of RNs.

Background

A rich body of evidence indicates that RN care is directly linked to positive outcomes on numerous patient, organizational and financial markers. RNAO’s 2017 scoping review of 70 years of research into RN effectiveness, updated in 2020, confirms positive health outcomes from RN care across a broad range of quality-of-care indicators including, but not limited to, mortality rates and morbidity rates (i.e., pressure injuries and infections). And yet, RN understaffing in Ontario is a long-standing problem driven by misguided government and employer policies designed to lower the proportion of RNs employed in Ontario. For more than three decades, the number of RNs per capita in this province has trailed the rest of Canada. Ontario entered the COVID-19 pandemic nearly 22,000 RNs short of the rest of Canada on a per-capita basis, according to the latest data.

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 and RNAO’s own research. As long ago as 2005, data from Statistics Canada demonstrated that a high percentage of nurses experienced work overload, which often prevented them from providing high-quality care.

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. It warned, based on evidence of further understaffing, of worse to come.

“ 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. ”

RNAO’s BPG Developing and Sustaining Safe, Effective Staffing and Workload Practices (2017)

For many years, RNAO has sounded the alarm on the dangers of inadequate RN staffing. In RNAO’s 2000 report, *Ensuring the Care Will Be There: Report on Nursing Recruitment and Retention in Ontario*, RNAO recommended developing a guideline 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 launched in July 2003, with funding from Ontario’s Ministry of Health and Long-Term-Care, and in partnership with Health Canada. It augments RNAO’s clinical BPG program, which 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. As of Nov. 7, 2021, 603,711 persons in Ontario have tested positive for the COVID-19 virus, resulting in almost 10,000 lives lost and many thousands more 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, Canadian COVID-19 nursing workforce survey

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 COVID-19 pandemic on the nursing workforce. The first, RNAO's Work and Wellbeing Survey, focused on Ontario's nursing workforce. The second, known as the Canadian COVID-19 nursing workforce survey, 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, focuses on seven case study professions, including nursing, allowing comparisons of the effects of the pandemic on the seven professions. While we can't yet report on results of the latter, results of the first two surveys show the profound impact of the pandemic on RN wellbeing.

• 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.

• Canadian COVID-19 nursing workforce survey

- Burnout is intensifying among the Canadian nursing workforce. Slightly more than two-thirds of the sample (67.9 per cent) indicated they were burnt out, with another 5.8 per cent reporting exhaustion, and 12 per cent reporting disengagement.

“ 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, Canadian COVID-19 nursing workforce survey

Findings from The Ontario Science Advisory Table substantiate RNAO's survey findings, as they indicate the prevalence of severe burnout in Canadian health-care workers has increased from 30-40 per cent in spring 2020 to more than 60 per cent by spring 2021. Moreover, nurses, staff working in intensive care and emergency department settings, recent graduates, and nursing students are at greatest risk for and have been most affected by burnout.

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, Canadian COVID-19 nursing workforce survey

RN understaffing, combined with an unrelenting and emotionally draining pandemic, has caused RNs to leave their jobs or consider leaving the profession. The results are astonishing.

- **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/NPs 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 less hours post-pandemic.

- **Canadian COVID-19 nursing workforce survey**

- 68.5 per cent of respondents plan to leave their current position within the next five years, 12.6 per cent of whom plan to leave the profession altogether, while 29.4 per cent plan to retire.

- **Statistics Canada RN vacancy data**

- Of all occupations measured in Canada, RNs and registered psychiatric nurses have had the largest increase in job vacancies over the past two years (up by 85.8 per cent).
- RN vacancies in Ontario have more than quadrupled since the beginning of 2016, and have more than doubled since the start of the pandemic.
- The number of Ontario RN vacancies that have remained unfilled for 90 days or more has increased by nearly 50 per cent since the start of the pandemic.

Recommendations

RNAO recommends immediate action on RN retention and recruitment by:

1. Repealing Bill 124

Bill 124 caps compensation increases for a broad range of public sector workers, including nurses, at just one per cent. Despite their tireless efforts to care for Ontarians over the course of the pandemic, nurses' incomes are not keeping up with the cost of living. The lack of respect implicit in Bill 124 is triggering many RNs to leave their profession or practice outside of Ontario. Bill 124 must be repealed as an immediate first step for RN retention in Ontario.

“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, Canadian COVID-19 nursing workforce survey

2. Increasing RN supply

- a. **Increase enrolment, and corresponding funding, in four-year baccalaureate (Bachelor of Science in Nursing (BScN)) programs, second entry/compressed programs, and RPN-to-RN bridging programs by at least 10 per cent annually for eight years.**

In 2020, the number of applicants to Ontario's nursing education programs increased by 16 per cent. With more than one quarter of Ontario's 24 Colleges of Applied Arts and Technology (CAAT) nursing programs offering independent four-year BScN programs - either newly approved (four) or up for approval (five) - and an increasing number of compressed or second-entry university programs, now is the time to increase enrolment capacities.

- b. **Compress RPN-to-BScN bridging programs to two years.**

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.

- c. **Fast-track applications and develop funding pathways for internationally educated nurses (IEN) to become RNs in Ontario.**

In 2020, only 1,216 IENs became licensed RNs in Ontario. Streamlining the pool of IENs – including 6,566 new applicants received by the College of Nurses of Ontario in 2020, and an alarming 14,888 currently pursuing licensure – could rapidly bolster the RN workforce.

- d. **Support faculty retention and recruitment in both CAATs 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. Immediately developing and funding a Return to Nursing Now Program (RNNP) to attract RNs back into Ontario’s nursing workforce.

Ontario needs to develop and fund a program to bring back into the nursing workforce the 7,500 Ontario-licensed RNs who are not currently nursing, including 2,500 Ontario-licensed RNs nursing in other jurisdictions. The program would fund those Ontario health-care organizations with vacancies, to offer full-time positions, robust orientation programs, reduced nursing workloads and mental health supports.

4. Supporting nurses through their careers by expanding the Nursing Graduate Guarantee (NGG) program and reinstating the Late Career Nurse Initiative (LCNI).

RNAO’s Work and Wellbeing Survey identified early career nurses’ intention to leave is most influenced by the nature of workplace support. Survey respondents 51 years and older are most likely to leave or retire early due to excessive working hours and work intensity. In the past, Ontario successfully retained nurses through NGG and LCNI, which focus on an RN’s career stage. The NGG program for 2021/22 must expand so new graduates eager to work as RNs are fully supported in full-time roles with both orientation and mentorship. Likewise, the LCNI must be reinstated to encourage late-career nurses planning to retire early – either now or after the pandemic – to remain in the workforce.

5. Immediately establishing a nursing task force to make recommendations on matters related to recruitment and retention of RNs, including but not limited to:

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

Ontario will not be able to sustainably retain and recruit an RN workforce in the absence of substantially improved working conditions. RNAO insists that an urgent task force of government officials, nursing associations, unions, health-system employers and employer associations must be struck immediately to ensure necessary improvements. RNAO has repeatedly called for this task force and says delays are harmful to Ontarians and the health system.

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