Registered Nurses' Association of Ontario (RNAO)

Closing the Gender Wage Gap

Written Submission to the Gender Wage Gap Strategy Steering Committee

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RNAO Recommendations to the Provincial Government to Bridge the Gender Wage Equity Gap

- Address urgent salary and benefits inequities between primary care NPs and NPs in acute care hospitals and CCACs.
- Equalize remuneration and working conditions for RNs working in public health, primary care, hospital care, home care, rehabilitation, complex, and long-term care as well as those working in correctional settings.
- Stop replacing RNs with less qualified providers in order to balance budgets in hospitals and other settings. Instead, invest in models of nursing care delivery that reflect the best evidence to optimize person, staff, and organizational outcomes.
- Achieve the government's commitment of 70 per cent full-time employment status of RNs and NPs across all health sectors to ensure continuity of care and care provider.
- Advocate for a national, regulated, not-for-profit child care program that includes 24/7 access to accommodate 24/7 nursing as well as the needs of other female workers.
- Support the Equal Pay Coalition's twelve action steps to close the gender gap by 2025:
    - Treat closing the gap as a human rights priority
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    - Enforce and expand pay equity laws
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  - Workplace Health, Safety and Well-Being of the Nurse Guideline

Introduction

The Registered Nurses' Association of Ontario (RNAO) is the professional association representing registered nurses (RN), nurse practitioners (NP), and nursing students in all roles and sectors across Ontario. Since 1925, RNAO has advocated for healthy public policy, promoted excellence in nursing practice, increased nurses' contributions to shaping the health system, and influenced decisions that affect nurses and the public they serve. RNAO appreciates the opportunity to provide feedback to the Gender Wage Gap Strategy Steering Committee.

Context: International Human Rights, Trends, and Escalating Inequities

Canada has international human rights obligations to address the gender wage gap under the Convention Concerning Equal Remuneration for Men and Women for Work of Equal Value and the Convention on the Elimination of All Forms of Discrimination Against Women.[1] Although these Conventions were ratified by Canada in 1972[2] and 1981[3] respectively, Canada is moving in the wrong direction on this imperative for human rights. Since the Ministry of Labour released the gender wage gap background paper in October 2015,[4] Canada's ranking in the Global Gender Gap Index has worsened falling from 19th of 142 countries in 2014 to 30th of 145 countries in 2015.[5] In 2015, Canada lags behind all of the Nordic countries, Germany (11th), United Kingdom (18th), and the United States (28th) among others when the overall gender gap is compared internationally.[6]

In 2010, using the average annual earnings of Ontario men and women, the gender pay gap was 28 per cent or, on average, women made 72 cents for every dollar made by men. In 2011, the gender pay gap in Ontario grew to 31.5 per cent-on average, women made 68.5 cents for every dollar made by men. The average annual earnings for men in Ontario increased by $200-from $48,800 in 2010 to $49,000 in 2011, while women's average earnings decreased by $1,400--from $35,000 in 2010 to $33,600 in 2011.[7] In countries around the world, Equal Pay Day is marked to reflect the extra time it takes a woman to earn as much as a man.[8] To reflect the data from 2010 to 2011 in calendar terms, Ontario's Equal Pay Day landed on April 9, 2013 but the following year it took a week later, until April 16, 2014, for the equal pay mark to be achieved.[9] Equal Pay Day 2015 was marked by the government of Ontario on April 20, 2015.[10] [11]

It is fitting that Premier Wynne identified the development of a wage gap strategy as a priority for the Minister of Labour[12] and the Minister Responsible for Women's Issues[13] leading to the current consultation process.[14]

In a globalized economy where precarious employment, including part-time work, is increasing at a faster rate than full-time work, women are the most disadvantaged as they are over-represented. In Ontario in 2013, 65.8 per cent of

part-time workers were women compared with 34.2 per cent of men, while 43.8 per cent of full-time workers were women, compared to 56.2 per cent of men.[15] With women accounting for 58.3 per cent of minimum wage workers in Ontario, they are also more likely than men to work a minimum wage job.[16] Precarious employment is now the "new normal"[17] with insecure work increasing by 50 per cent in the last two decades with corresponding negative health and social impacts.[18] [19] Characterized by uncertainty, low income, lack of control, and limited access to regulatory protections, precarious employment is shaped by type of employment, employment status, social context and social location.[20]

Not only is poverty gendered, but intersecting factors often associated with discrimination increase vulnerability to wage gaps. The median income of Aboriginal women is 17 per cent less than that of non-Aboriginal women, 25 per cent less than that of Aboriginal men, and 40 per cent behind the earnings of non-Aboriginal men.[21] First-generation racialized male immigrants make 68.7 cents for every dollar that non-racialized male immigrants make while racialized women immigrants make 48.7 cents for every dollar that non-racialized male immigrants make.[22] Second generation Canadians with similar education and age still experience colour-coded and gendered wage gaps. In this cohort, the gap narrows but persists-racialized men earn 75.6 cents for every dollar earned by non-racialized men and racialized women earn 56.5 cents per dollar of what non-racialized men earn.[23] Women with disabilities earn 75 per cent of what women without disabilities earn.[24]

Characteristics possibly associated with a smaller gender wage gap include union membership, public sector employment, full-time employment, and pay transparency.[25] Between 1997 and 2014 the gender wage gap (average hourly wages) declined from 20.6 per cent to 16.4 per cent for non-unionized employees. In contrast, unionized employees started with a smaller gender wage gap in 1997 at 9.8 per cent and declined to 4.6 per cent in 2014.[26] The unionized wage premium is 28.2 per cent, or $6.43 per hour in Ontario.[27] Higher rates of unionization in the public sector (70 per cent, compared to 15 per cent in the private sector), greater pay equity enforcement, and transparent pay contribute to a smaller gender wage gap in the public sector.[28] A slowly increasing share of women's full-time employment from 38 per cent in 1987 to 44 per cent in 2014 is noteworthy as "higher wages are generally found in full-time employment."[29] Consistent with pay transparency being more common in public, unionized employment, there is some evidence to suggest that "pay transparency in unionized environments reduces the gender wage gap."[30]

Educational Sector Mirrors Society and McMaster's Action on Pay Equity

Discrimination, occupational segregation, caregiving activities, workplace culture, and education have been identified as key factors associated with the gender wage gap.[31] Of note is that the gender wage gap persists across educational

levels[32] and into the institutions of higher learning, themselves responsible for generating and transmitting societal knowledge. The University of Ottawa found that in the first year after graduation from engineering and computer science, men were found to be earning on average about $15,000 more than women.[33] Even among a cohort of physician researchers who had all been awarded prestigious National Institutes of Health grants, a significant gender wage gap remains. In this cohort hired into academic positions, male gender was a significant predictor of salary ($10,921 higher) even after adjusting for specialty, academic rank, research time, hours worked, and other factors.[34] A study of an equivalent group of academic physician researchers at mid-career found a persistent gap, even after adjustment for differences in institutional characteristics, specialty, academic productivity, academic rank, and other factors. In this study, the expected mean salary for women, if they retained their other measured characteristics but were gendered male, would be $12,194 higher.[35]

Prompted by documented gender inequities in higher education in Canada, [36] [37] McMaster University gave all female faculty a $3,515 per year raise effective July 1, 2015 after an internal study found "systematic bias" in salary data over 2012 and 2013 in favour of male faculty.[38] [39] Citing McMaster's scholarship on evidence-based medicine and a culture of evidence-based research and decision-making, Provost and Academic Vice President, David Wilkinson explained, "once the evidence was in, the decision was clear: we had to close the unfair gap in pay between our female and male professors."[40]

Gendered Nature of Health System and Profession of Nursing

The background paper points out that the widest gender wage gap by occupation in Ontario is in health, of which 80.1 per cent are women.[41] There is a 46.7 per cent gap between men in health occupations with an average employment income of $93,377 compared with women in health occupations with an average employment income of $49,795.[42] The authors attribute this to vertical segregation within the hierarchy of occupations with women being clustered at the low paying end.[43] Both the highest number and highest concentration of racialized women and Aboriginal women may be found in "health care and social assistance" as an industrial category.[44]

Occupational segregation, whether vertical (within the hierarchy of occupations) or horizontal (across occupations), is "based on social or cultural norms and beliefs that under-value women's work. It leads to the clustering of women in certain occupations and in lower-paying positions."[45] As may be seen below, while the numbers and percentages of men in nursing in Ontario has steadily increased since 2000, approximately 94 per cent of registered nurses (RN) and nurse practitioners (NP) self-identified as female in 2015.

Number and Percentage of RNs and NPs by Gender, Selected Years, Ontario[46]

Type	Gender	2000		2005		2010		2015	
		Number	%	Number	%	Number	%	Number	%
RN	Female	97,416	96.51	104,084	95.55	106,094	94.97	97,797	93.67
RN	Male	3,521	3.49	4,851	4.45	5,623	5.03	6,604	6.33
	Totals	100,937	100	108,935	100	111,717	100	104,401	100
NP	Female	384	95.76	617	94.49	1,512	95.39	2,410	93.88
NP	Male	17	4.24	36	5.51	73	4.61	157	6.12
	Totals	401	100	653	100	1,585	100	2,567	100

A recently published study looked at mean annual salary for female and male registered nurses in the United States using the National Sample Survey of Registered Nurses (1988-2008) and the American Community Survey (2001-2013). Both surveys found that male RNs consistently outearned female RNs across positions, specialties, and settings with no narrowing of the pay gap over time.[47] The estimated average salary gap was $5,148 and the widest salary gap was for nurse anesthetists at $17,290.[48] While equivalent RN data was not found for Canada or Ontario, these findings are consistent with gendered wage gaps in the professions of law, medicine, science and engineering.[49]

It has been argued that "nurses have never been compensated in accordance with their central role in health care, reflecting the generalized and well-documented under-valuing of the work of women."[50] The passing of the Ontario *Pay Equity Act* in 1987 was greeted with optimism, however, inappropriate job comparisons resulted in no increase in wages for most RNs.[51] Staff nurses, for example, "found their work compared to that of groundskeepers, lab technicians, and, most infamously, pastry chefs."[52] With a changing political and economic context that froze hospital budgets, 15,000 RNs in Ontario lost their jobs and "many employers directly blamed pay equity for the need to lay-off RNs."[53] Faced with a general backlash against women and feminism, "many nurses internalized blame for what happened in terms of job losses, cut-backs, and so forth, believing that their demands to simply be treated equally, caused the ensuing chaos."[54]

Turmoil in the health system of the 1990s has some parallels to the current context. Since 2009[55] to current days, a number of hospitals in Ontario are adjusting their nurse staffing, skill mix and care delivery models in an attempt to save money.[56] Often this involves the replacement of RNs with less qualified and lower paid providers. This represents a grossly short-sighted approach because using RNs results in improved clinical and financial outcomes.[57] Evidence on nursing models of care delivery conclusively shows that fragmentation leads to medical errors.[58] Higher levels of direct clinical care provided by RNs is linked with improved client outcomes[59] including fewer deaths, lower rates of complications, shorter lengths of stay in hospital, and fewer readmissions.[60]

Lessons to be learned from the 1990s are that "legislation alone cannot bring about the social and economic changes necessary to correct gender-based salary structures."[61] While legislation is a critical foundation to be strengthened and enforced, it must be combined with effective implementation mechanisms that are proactive rather than complaint-driven.[62] McMaster University's investigation and amelioration of systemic bias against female faculty based on evidence is a model that must be replicated across sectors and institutions. Changing the social and cultural norms that have long been the basis for gender-based discrimination will take public education, discourse on collective values, and a reevaluation of adherence to austerity economic agendas that exacerbate economic inequalities.

RNAO is acutely aware that healthy public policies supported by appropriate funding can make a difference in making progress toward desired outcomes. After the destabilization of the nursing workforce in the 1990s, the provincial government took measures to reverse the downward cycle by making significant investments to create new nursing positions.[63] Since 2000, RNAO has advocated a goal of having 70 per cent of all nurses working full-time. From a low of less than 50 per cent RNs working full-time in 1998,[64] the share of full-time employment for RNs in the general class has increased to 66.6 per cent in 2014 with targeted interventions.[65]

Given the importance of strengthening primary care to make improvements in the health sector, urgent action is also required to strengthen the primary care NP workforce. NPs improve continuity in care and offer health services in a cost-effective manner by increasing efficiency and decreasing duplication.[66] Furthermore, a Cochrane Review concluded that “... appropriately trained nurses can produce as high quality care as primary care doctors and achieve as good health outcomes for clients.”[67]

RNAO is calling on the government to make the modest investment that is needed to ensure that NPs in primary care receive equitable salary and benefits compared to their colleagues in the hospital sector. As of September 1, 2015 there were over 1,900 NPs with primary health care specialization registered with the College of Nurses of Ontario.[68] Persistent inequalities in NP compensation and benefits between primary care and other sectors, especially hospitals and community care access centres (CCAC) can be as much as $20,000 difference.[69] The result is that one in five primary care NP positions is vacant.[70] These vacancies are attributed to the current primary care compensation structure, which has been stagnant for nine years. Of those leaving primary care, about 50 per cent work in acute care or other sectors.[71] CCACs have hired NPs to provide community care and paying them more than those who work in primary care.[72] The result is damaging to Ontarians, contributing to sub-optimal fiscal capacity within the system and delayed access to quality care.

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  - Embracing Cultural Diversity in Health Care: Developing Cultural Competence[92]
  - Preventing and Managing Violence in the Workplace[93]
  - Workplace Health, Safety and Well-Being of the Nurse Guideline[94]

Conclusion

Thank you to the *Gender Wage Gap Strategy Steering Committee* for the work you are doing. We look forward to seeing many of RNAO's evidence-based recommendations reflected in your final report and in government policy. Please do not hesitate to be in touch with RNAO if additional information would be helpful in supporting action on this important issue.

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