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**HOUSE OF COMMONS STANDING COMMITTEE ON HEALTH**

**Study of Canada’s Health Workforce**

**A PAN-CANADIAN FRAMEWORK FOR QUALITY CARE**

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**Canadian Federation of Nurses Unions**

**RECOMMENDATION**

**That the government commit targeted funding of $1 billion as an initial investment to immediately address the current health care workforce crisis experienced by provinces and territories across Canada, with funding focused on short-term and long-term goals. Funding should include accountability mechanisms and be directed toward the development of a quality care framework delivered by the provinces and territories.**

* **Short-term:** Fund innovative retention and recruitment programs targeted at early-, mid- and late-career nurses. Provide sustainable funding so all nurses and health care teams have access to mental health supports.
* **Mid- to long-term**: Establish a dedicated coordinating body to address critical health workforce data gaps and recommend strategies based on best practices in health workforce management.

**INTRODUCTION**

The CFNU is Canada’s largest nurses’ organization, advocating on key health priorities and federal engagement in public health care. Canada’s nurses believe that health care for all requires a pan- Canadian approach involving all levels of government.

In view of the upcoming Budget 2022, the success of Canada’s recent efforts to establish a national child care system can serve as an example of how the federal government can immediately begin to work with the provinces and territories toward a health workforce framework based on quality care and working conditions.

The health workforce accounts for more than 10% of all employed Canadians, over two thirds of all health care spending and nearly 8% of Canada’s total GDP.

The pandemic has highlighted the critical role the health system plays in our economy. Our economic recovery depends on a functioning health care system, which in turn requires a healthy and thriving health workforce.

Nurses are the largest group of regulated health professionals in Canada, representing about half of the total health workforce. Our 448,000 nurses are also responsible for much of the direct care provided in Canada’s health system.

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Canada’s nurses have a clear message for our nation’s leaders: our public health care systems are in crisis. At the heart of this crisis is a dire shortage of nurses and other health professionals.

The effects are being felt by health workers and the people they care for, in every community and in every province and territory across Canada. We’re already seeing hospitals forced to cut services or shut down entirely because of critical shortages of nurses and doctors.

We didn’t get here by accident. Today’s crisis is the result of years of underinvestment, inadequate planning and weakened or fragmented regulation.

With stress and exhaustion at critical levels before COVID-19, 94% of nurses now report experiencing symptoms of burnout[[1]](#footnote-1) after 22 months on the front lines of this unprecedented pandemic.

Nurses are leaving the profession and the health care sector in record numbers. As the providers of much of the hands-on care across the country, fewer nurses working in the public health system directly impacts patient safety and erodes our ability to provide the high quality of care that everyone in Canada deserves.

Asking nurses to work even harder – taking on more shifts and more overtime – is not a solution. Our leaders must work with nurses and health workers on lasting, concrete solutions to prevent the collapse of our health care system.

Investing in the future of health care begins with a new retention and recruitment strategy that responds to the current and future needs of our aging population, the cornerstone of ensuring the well‑being and sustainability of our health workforce for years to come.

It means collecting and sharing better data so we can predict future needs and develop evidence-based strategies that address the health care challenges facing communities.

And it means working together on solutions to ensure that our public health care system will be there for future generations of Canadians.

**KEY FACTS**

**The nursing shortage**

* A 2018 analysis predicted a shortage of 117,600 nurses in Canada by 2030, lagging significantly behind many of our international counterparts.[[2]](#footnote-2)
* In a 2021 survey[[3]](#footnote-3), 83% of respondents believed their institution’s core health care staff was insufficient to meet patient needs.[[4]](#footnote-4)
* Since the beginning of the pandemic, the number of vacancies in the health care and social assistance sector has reached over 118,000 as of the third quarter of 2021. Close to 34,000 of these postings were for nurses, and many remained unfilled for more than 90 days.[[5]](#footnote-5)
* In many jurisdictions, overtime is both routine and mandatory, with shifts of 24 hours a common occurrence. Across Canada, millions of hours of overtime have been incurred – many unpaid.

**Impacts on quality of care**

* High levels of burnout even before the pandemic highlight the longstanding issues with nurses’ working conditions, with prolonged stress and heavy workloads the norm. These impossible conditions have led to worsening mental disorder symptoms during the pandemic and are directly impacting the care provided.
* Two in three nurses said the quality of health care has deteriorated in the last year. One in four nurses give patient safety at their workplace a poor or failing grade.[[6]](#footnote-6)
* Safe, high-quality care for patients is inextricably linked to safe nurse-patient ratios and high‑quality work environments for health workers.[[7]](#footnote-7)

**Mental health**

* The 2019 CFNU-University of Regina [report](https://nursesunions.ca/wp-content/uploads/2020/06/OSI-REPORT_final.pdf) on nurses’ mental health was based on a survey of over 7,000 nurses, revealing rates of mental health disorder symptoms similar to public safety personnel. Almost half (47.9%) of participants screened positive for a mental disorder.[[8]](#footnote-8)
* During the pandemic, another pan-Canadian CFNU [survey](https://nursesunions.ca/wp-content/uploads/2022/02/Viewpoints_Survey_Results_2022_January_EN_FINAL-1.pdf) revealed that the deterioration in nurses’ mental health has continued. Two thirds of nurses said their mental health was worse when compared to one year ago, and their level of stress at work due to the pandemic is high or very high.[[9]](#footnote-9)
* Since 2019, clinical levels of severe burnout have increased from 29%[[10]](#footnote-10) to 45%[[11]](#footnote-11).

**The future of nursing**

* A recent Conference Board of Canada report revealed Canada could lose about 20% of all its health care workers to retirement between 2021 and 2026.[[12]](#footnote-12)
* CFNU’s own [survey](https://nursesunions.ca/wp-content/uploads/2022/02/Viewpoints_Survey_Results_2022_January_EN_FINAL-1.pdf) in late 2021 found that more than half of all nurses are considering leaving their current position in the next year.[[13]](#footnote-13)

**SHORT-TERM ACTIONS**

* Emphasize retention, including through an expert taskforce, incentives to rehire retired nurses, new opportunities for late-career nurses to remain in the health care system, and continuing education programs.
* Invest in recruitment and orientation by providing new funding to the provinces and territories to boost nursing seats and provide new graduates with full-time permanent jobs. Enable employers to offer a six-month to one-year orientation/preceptorship programs to new graduates to facilitate their successful orientation into the health care workplace.
* Provide new assistance programs, including for personal support workers and nurses in long‑term care, bridging programs for LPNs and RNs to increase the nursing skill mix and provide greater access to primary care, and tuition assistance for nursing students to help fill positions in rural and remote regions. Similar bridging programs should be considered for internationally educated nurses and Indigenous students who aspire to a career in health care.
* Provide sustained funding for existing virtual mental health programs targeted at nurses through Wellness Together and expand these programs to increase access.
* For nurses suffering from clinical levels of severe burnout, provide funding for the expansion of internet-based cognitive therapy, based on existing services currently provided to public safety personnel.

**MID- TO LONG-TERM ACTIONS**

* Establish a dedicated coordinating body to address critical health workforce data gaps. This body should enhance health workforce data and analysis across workers, sectors and jurisdictions to allow for customized planning at the provincial, territorial, regional and training program level. The development of these strategies should be based on leading international practices.

**RECOMMENDATION**

**That the government commit targeted funding of $1 billion as an initial investment to immediately begin to address the current health care workforce crisis experienced by provinces and territories across Canada. Funding should include accountability mechanisms and be focused on short- and mid- to long-term goals to achieve a quality care framework delivered by the provinces and territories.**

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The Canadian Federation of Nurses Unions thanks the members of the Standing Committee on Health for the opportunity to contribute to its important study of Canada’s health workforce.

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