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# **Canada's nursing shortage at a glance**

A media reference guide

 **CANADIAN FEDERATION OF NURSES UNIONS**

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Linda Silas has been the President of the Canadian Federation of Nurses Unions (CFNU) since 2003. She has been recognized as the foremost advocate on behalf of nurses in Canada. Linda was previously the President of the New Brunswick Nurses Union (NBNU) for 10 years. Linda is a graduate of l'Université de Moncton, where she earned a Bachelor of Science in Nursing, and has practiced in the ICU, emergency, and labour and delivery.

## About the CFNU

The CFNU is Canada's largest nurses' organization, representing nearly 200,000 nurses and student nurses, and advocating on key health priorities and federal engagement in public health care. The federation is made up of eight provincial nurses' unions: the United Nurses of Alberta, the Saskatchewan Union of Nurses, the Manitoba Nurses Union, the Ontario Nurses' Association, the New Brunswick Nurses Union, the Prince Edward Island Nurses' Union, the Nova Scotia Nurses' Union, and the Registered Nurses' Union Newfoundland & Labrador.





## Background

The COVID-19 pandemic has spotlighted the many issues facing nurses and Canada’s health care system. The nationwide nursing shortage is essential to this story, though it is a complex issue to unpack. While the nursing shortage undoubtedly affects critical and emergency care, it is felt across all clinical settings, including long-term care. This reference guide is intended to be used by journalists who wish to understand the problem and cover it accurately.

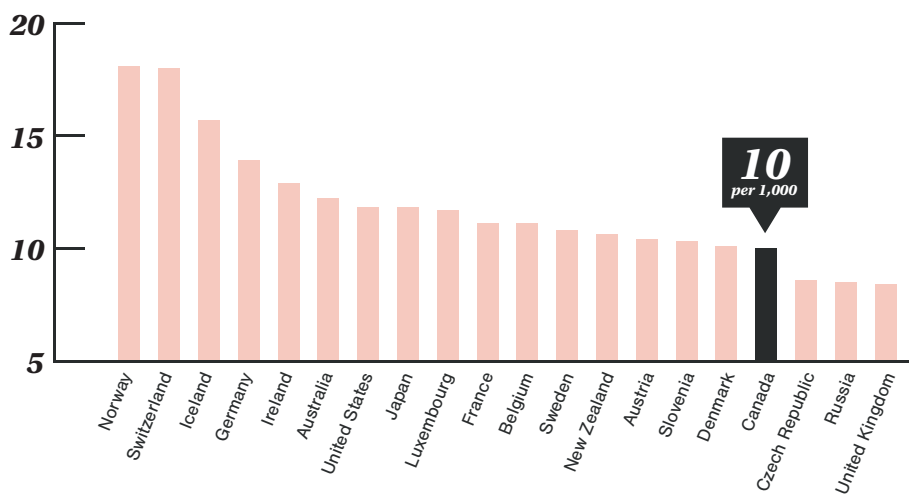
## The nursing shortage, pre-pandemic

Even as our population ages and our health needs become more acute, growth in the regulated health workforce has largely remained stagnant.

A 2018 analysis predicted a shortage of 117,600 nurses in Canada by 2030 (Scheffler & Arnold, 2018). According to 2020 data, a third of registered nurses who provide direct care are 50 or older and nearing retirement (Registered Nurses' Association of Ontario, 2021). A 2019 survey of nurses conducted by the CFNU with researchers from the University of Regina revealed that 83 per cent of nurses felt that their institution’s core health care staff was insufficient to meet patient needs; 73 per cent indicated that their institutions were regularly overcapacity (Stelnicki et al, 2020). In other words, when COVID-19 struck, Canada’s health care system was already stretched thin.

**Myth:** The pandemic is responsible for the nursing shortage.

**Truth:** The nursing shortage pre-dates the pandemic. The additional pressures, workload and stress stemming from the pandemic have exacerbated the situation. Many nurses are leaving the profession, spurred by worsening working conditions and an increased psychological burden.



Nurses: Total, per 1,000 inhabitants, 2020 or latest available.

Note: data from OECD (2021), Nurses (indicator).



## Impacts on mental health

The nursing shortage has a tangible impact on nurses' working conditions. Growing workloads erode nurses' ability to provide the care they feel their patients deserve. This inner tension can create a heavy psychological burden.

In 2020, the CFNU published a report on nurses' mental health. The data, collected pre-pandemic, revealed high levels of mental health disorder symptoms with rates consistent with public safety personnel (Stelnicki et al, 2020). Almost half (47.9%) of participants screened positive for a mental disorder.

More recently, 70 per cent of health care workers reported that their mental health had worsened during the pandemic (Statistics Canada, 2021a). In the same survey, 37 per cent of nurses indicated that their mental health was poor. Almost all nurses (96%) pointed to workplace demands as the cause of their worsening mental health.

### Frequency of positive screenings

Mental disorder	
Major Depressive Disorder	36.4%
Generalized Anxiety Disorder	26.1%
PTSD	23.0%
Panic Disorder	20.3%

Note. Adapted from *Mental disorder symptoms among nurses in Canada* by Stelnicki, A. M., Carleton, R. N. & Reichert, C. 2020, Canadian Federation of Nurses Unions. Retrieved from: <https://nursesunions.ca/research/mental-disorder-symptoms/> p.34

## Spotlight on burnout

During the COVID-19 pandemic, the media has rightly focused attention on how burnout impacts healthcare workers. During this period of acute stress, the prevalence of burnout would be expected to rise. However,

*High levels of burnout, pre-pandemic, point to longstanding issues with nurses' working conditions, where prolonged stress and heavy workloads were already endemic.*

even pre-pandemic, nurses were showing alarming rates of burnout symptoms. This points to longstanding issues with nurses' working conditions, where prolonged stress and heavy workloads were already endemic.

### Pre-pandemic burnout among nurses

Burnout symptom severity	
No symptoms of burnout	7.4%
Some symptoms of burnout	63.2%
Clinical symptoms of burnout	29.3%

Note. From *Mental disorder symptoms among nurses in Canada* by Stelnicki, A. M., Carleton, R. N. & Reichert, C. 2020, Canadian Federation of Nurses Unions. Retrieved from: <https://nursesunions.ca/research/mental-disorder-symptoms/> p.42

## Just how many nurses are leaving?

It's difficult to quantify how many nurses are leaving the profession because Canada does not systemically collect health care workforce data.

**Myth:** Nurses are interchangeable

**Truth:** Nurses are highly trained professionals who specialize to become experts in their field of practice. During the pandemic, this became especially clear in the case of ICU nurses. These nurses receive extra training in critical care nursing over and above their undergrad studies.

Statistics Canada estimates that 32,295 regulated nurse positions stand vacant, with nearly half (46.5%) of vacancies for RNs/RPNs staying open for 90 days or more (Statistics Canada, 2021b). This suggests that employers are having a hard time recruiting nurses, even as the demand for health services is increasing.

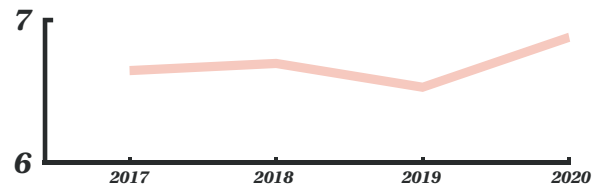
Meanwhile, many nurses are looking to leave the profession. Pre-pandemic, 60 per cent of nurses said they would leave their jobs within the next year; more than a quarter of these nurses said they will leave the profession altogether (McGillis Hall, 2020).

A 2021 survey of nurses conducted by the Registered Nurses Association of Ontario revealed that 4.5 per cent of nurses in Ontario planned to retire now or immediately after the pandemic (Work and wellbeing, 2021). At least 13 per cent of nurses aged 26-35 reported being "very likely to leave the profession" once the pandemic dies down.

## Overtime

When a health care system is untenably short, overtime hours become a necessary stop-gap measure. The consequences of poor planning fall on nurses' shoulders. Even pre-pandemic, nurses were putting in close to 7 extra hours per week.

*Nurses' average weekly overtime hours*

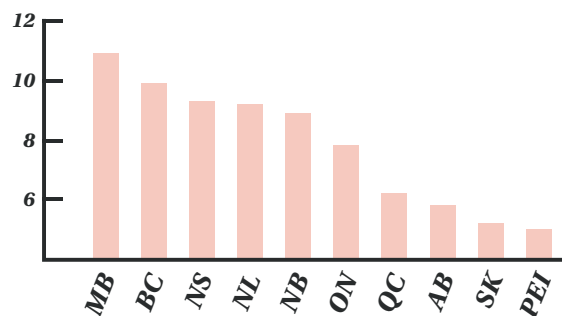


Note: Data from Statistics Canada. Table 14-10-0308-01 Employees working overtime (weekly) by occupation, monthly, unadjusted for seasonality (x 1,000)

## Mandatory overtime

Mandatory overtime is a newsworthy topic, especially in Quebec where nurses are legally obligated to accept doing overtime. Certainly, nurses in other provinces can decline overtime, but in practice, nurses feel intense pressure to put in extra hours when asked. For a nurse, declining overtime means leaving their patients with a sub-standard level of care and their colleagues with an even heavier workload. The following graph shows there is no correlation between high overtime hours and whether overtime is mandated.

*Nurses' average weekly overtime hours, by province, May 2021*



Note: Data from Statistics Canada. Table 14-10-0308-01 Employees working overtime (weekly) by occupation, monthly, unadjusted for seasonality (x 1,000)

## Solutions

The nursing shortage is a complex problem that requires a multi-pronged approach. Hiring alone will not solve this crisis.

### Hiring and retention

Given the alarming proportion of nurses looking to leave the profession, immediate interventions are needed to improve retention. While stepping up hiring is crucial, retaining experienced mid and late-career nurses is vital. New grads rely on the mentorship they receive from more senior nurses as part of their onboarding process. In addition, the role of internationally trained nurses in Canada's health care system cannot be overstated. Hiring efforts must look at reducing the barriers faced by these nurses. Similarly, health care workers looking to upgrade their skills ought to have more streamlined options to do so.

While interest in nursing is at an all-time high, nursing schools in Canada currently can't accommodate the influx of prospective students (Xu, 2021). As governments try to tackle the nursing shortage, they mustn't ignore the vital role of universities and other post-secondary institutions.

### Improving working conditions

Retention and working conditions go hand in hand. After working through an especially devastating pandemic, nurses need some semblance of respite. Time off is essential. Nurses also need immediate psychological supports that recognize the unique stressors they face on the job.

Governments also need to truly embrace the principle of patient-centred care; this means making decisions on the number of staff and the appropriate staff mix (LPNs, RNs, RPNs, NPs) to properly meet the assessed needs of patients, residents and clients.

Violence has been a longstanding problem in the health care sector. A pre-pandemic

survey showed that 21 per cent of nurses experience verbal abuse every day from patients or their families (McGillis Hall, 2020). When it comes to physical abuse, 81 per cent of nurses said this happened at least once a year while a quarter of nurses said it was a weekly or even daily occurrence. Tackling violence in the health care sector is key to improving working conditions and nurse retention.

### Evidence-driven health workforce planning

In Canada, there is very little data on the makeup of our health care workforce. Consequently, governments are left planning in the dark, often resorting to slap-stick approaches to attract new hires. With the health care workforce accounting for nearly 8 per cent of Canada's total GDP, poor workforce planning results in significant economic and human costs (Bourgeault et al., 2021). Health workforce planning must be done in an informed and systematic way; proper data would enable us to tackle the nursing shortage, forecast health care needs, and build a more responsive health care system. To this end, the CFNU has called for the creation of a federal agency tasked with health workforce planning, similar to what BuildForce does for the construction sector.



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