



CANADIAN FEDERATION
OF NURSES UNIONS
LA FÉDÉRATION CANADIENNE
DES SYNDICATS D'INFIRMIÈRES
ET INFIRMIERS

POSITION STATEMENT

Long-Term Care

May 2025

BACKGROUND AND OVERVIEW

Long-term care (LTC) in Canada is at a critical inflection point. As the population ages, demand for LTC services is steadily increasing. Services include personal care, nursing care and other therapeutic services in congregate living environments. Despite this growing need, regulations across the country have failed to keep pace with demand and uphold quality standards that promote the well-being of residents and staff, including nurses. In CFNU's 2024 national nursing survey, more than half of nurses working in LTC reported a decline in the quality of care delivered in their workplaces over the past year. Chronic under-resourcing of LTC reflects an unacceptable lack of respect for nurses, LTC staff members, residents and families. Ongoing advocacy for a targeted set of transformations is essential to ensure high-quality and equitable public LTC is available for all.

In July 2023, nearly 19% of the Canadian population was over the age of 65.¹ In 50 years, by 2073, as many as one in three people living in Canada could be over the age of 65, and 4.3 million could be over the age of 85.² Meeting this growing need will require a near doubling of Canada's LTC bed capacity to 454,000 by 2035 and tripling its 2019 LTC expenditure to an estimated \$71 billion annually by 2050.^{3,4} At the same time, people accessing LTC in Canada are becoming increasingly medically complex. A 2020 study of Ontario nursing homes found that most residents possess seven or more chronic conditions and take nine or more prescription medications.⁵ A 4.5% rise in residents requiring higher levels of care was observed between 2014 and 2023.⁶ Given the growing medical complexity of residents, additional training and continuing education opportunities are essential to provide nurses with the knowledge and skills necessary to deliver the highest quality of care.

Despite mounting pressures, LTC facilities across Canada are significantly understaffed. In 2021, Canada had only 3.8 LTC workers for every 100 people aged 65 and over, much lower than the OECD average of 5.7.⁷ Of these workers, most work part time (57%), substantially higher than the OECD average of 34% – resulting in much of the workforce being precariously employed and lacking benefits such as paid sick days.⁸ This has led to high rates of dissatisfaction among LTC nurses, with CFNU's 2024 survey revealing that more than one in three LTC nurses are dissatisfied with their career choice, and 15% were considering leaving the profession within the next year.

Retaining nurses in long-term care also depends on prioritizing their mental health. Offering comprehensive and easily accessible mental health support services is essential to ensuring their well-being throughout their careers. Nurses working in LTC cited unpredictable staffing and scheduling (69%), not having enough time to complete all nursing tasks (62%) and inadequate compensation (64%) as key factors in considering leaving their jobs.⁹ Safe staffing levels, permanent employment

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opportunities and mental health supports are key for improving retention and ensuring quality care for residents.

In addition to staffing challenges, LTC facilities are unevenly regulated and often fail to meet evidence-based standards for care. In 2023, the Health Standards Organization (HSO) along with the Standards Council of Canada (SCC) and the Canadian Standards Association (CSA) published evidence-based best practice guidelines for safe, reliable and high-quality LTC.¹⁰ The HSO guidelines provide a blueprint for improving LTC across the country, however, they are not enforced by any provincial or federal regulatory body. Consequently, adherence to best practice standards varies widely, resulting in inconsistent quality of care across the country.¹¹

A key recommendation in the 2023 HSO standards proposes a minimum of 4.1 hours of direct care per resident per day.¹² This is in line with findings from a 2001 report from the US Centers for Medicare and Medicaid Services, which found that 4.1 hours is the threshold below which outcomes such as weight loss and pressure ulcers formation were more likely to occur.¹³ No Canadian jurisdiction currently meets the 4.1 hours of care per day threshold. In addition to hours of care, skill mix is a critical component of providing safe care, especially with increasing rates of medical complexity among LTC residents. Higher rates of licensed nursing care, particularly higher proportions of RN care, are associated with lower rates of adverse events.¹⁴

Most LTC facilities are privately owned (54%), with 29% operated as private for-profit facilities.¹⁵ For-profit LTC facilities have consistently demonstrated poorer resident outcomes as they put profit over people. They deliver a lower standard of care by cutting corners on resources, facilities and staff to drive profits for owners and investors.¹⁶ The COVID-19 pandemic highlighted shortcomings in private for-profit LTC facilities in Canada, which were found to have lower staffing levels, fewer care hours delivered to residents and, consequently, higher mortality rates, compared to public and non-profit LTC facilities.^{17,18} This evidence underscores the urgent need to transition away from for-profit LTC models and prioritize public non-profit facilities that value residents' well-being.

Furthermore, Canada has failed to make sufficient investments in home care and community support services. Many older adults could age in place – and would prefer to do so instead of entering LTC institutions, due to a lack of adequate supports. An estimated 11-30% of LTC residents could have remained at home with adequate supports.¹⁹ Providing supports that enable older adults to age in place not only aligns with their preferences but also helps ease the growing strain on LTC systems caused by an aging population.²⁰

In 2022, the federal Liberal and NDP parties reached a Supply and Confidence Agreement including a commitment to tabling a Safe Long-Term Care Act²¹. Consultations were held to support drafting the bill.²² The CFNU submitted recommendations during the consultation and a joint letter along with twelve other stakeholders advocating for enforceable national standards, development of a workforce strategy, a robust transparency and accountability framework, and phasing out for-profit LTC homes and private staffing agencies.²³ A report was published on the findings of the consultation, but no bill has been tabled yet.²⁴

A sustainable health care system requires an evidence-informed and well-supported LTC sector where nurses and LTC staff can thrive in their roles and residents receive consistent high-quality care.

POSITION

- The CFNU supports addressing chronic understaffing, precarious employment and high turnover rates in the LTC sector by improving working conditions. Expanding permanent positions, offering competitive compensation, delivering mental health supports and providing predictable scheduling are crucial to retaining and recruiting skilled LTC nurses and staff.
- The CFNU asserts that the federal government must draft and pass into law an act governing Safe Long-Term Care that enforces evidence-based national standards. The act must be enforceable and tie federal funding to execution of these standards, ensuring accountability and consistency across Canada.
- The CFNU supports a minimum evidence-based standard of 4.1 hours of direct care per resident per day in LTC facilities. The care delivered should include a significantly higher proportion of licensed nursing care with at least 20% of direct care delivered by registered nurses and 25% of care delivered by licensed practical nurses.
- The CFNU advocates for the complete phase-out of for-profit LTC facilities, beginning with an immediate moratorium on the creation of new for-profit facilities. Transitioning to publicly operated and not-for-profit models will ensure higher-quality care for residents and prioritize their needs over the interests of owners and shareholders.
- The CFNU supports investing in home care and community support services to expand options for older Canadians to age in their preferred settings while reducing pressure on LTC and fostering a more efficient and sustainable health care system.
- Federal regulations must be accompanied by rigorous oversight of staffing levels, care quality and outcomes for residents through regular audits and transparent public reporting to further strengthen accountability.

The CFNU is committed to putting the voices of LTC nurses at the table and advocating for a robust and enforceable Safe Long-Term Care Act.

¹ Statistics Canada. (2024, September 23). *The older people are all right*.

<https://www.statcan.gc.ca/o1/en/plus/7059-older-people-are-all-right>

² Statistics Canada. (2024, June 24). Population projections: Canada, provinces and territories, 2023 to 2073.

<https://www150.statcan.gc.ca/n1/daily-quotidien/240624/dq240624b-eng.htm>

³ MacDonald, B.J., Wolfson, M., and Hirdes, J. (2019). *The Future Co\$t of Long-Term Care in Canada*. National Institute on Ageing, Ryerson University.

<https://static1.squarespace.com/static/5c2fa7b03917eed9b5a436d8/t/5dbadf6ce6598c340ee6978f/1572527988847/The+Future+Cost+of+Long-Term+Care+in+Canada.pdf>

⁴ Gibbard, R. (2017). *Sizing Up the Challenge: Meeting the demand for long-term care in Canada*. Ottawa: The Conference Board of Canada. https://www.cma.ca/sites/default/files/2018-11/9228_Meeting%20the%20Demand%20for%20Long-Term%20Care%20Beds_RPT.pdf

⁵ Ng, R., Lane, N., Tanuseputro, P., Mojaverian, N., Talarico, R., Wodchis, W. P., Bronskill, S. E., & Hsu, A. T. (2020). Increasing complexity of new nursing home residents in Ontario, Canada: A Serial Cross-Sectional Study. *Journal of the American Geriatrics Society*, 68(6), 1293–1300. <https://doi.org/10.1111/jgs.16394>

⁶ Canadian Institute for Health Information. (2025, May 22). Recent staffing and quality indicator trends in Canadian long-term care. <https://www.cihi.ca/en/recent-staffing-and-quality-indicator-trends-in-canadian-long-term-care>

⁷ Organisation for Economic Co-operation and Development. (2023). *Health at a Glance 2023*.

<https://doi.org/10.1787/7a7afb35-en>

⁸ Ibid.

⁹ Canadian Federation of Nurses Unions. (2024). National member survey: Additional analysis of nurses working in long-term care. [Unpublished data].

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- ¹⁰ Health Standards Organization. (2023). *National Long-Term Care Services Standard*. <https://healthstandards.org/standards/national-long-term-care-services-standard/>
- ¹¹ National Institute on Ageing. (2023, July 5). *A National and International Jurisdictional Review and Comparative Analysis of Long-Term Care Home Legislation, Policies, Directives and Standards with HSO's 2023 National Long-Term Care Services Standard*. <https://www.niageing.ca/jurisdictionalscanhso>
- ¹² Health Standards Organization. (2023). *National Long-Term Care Services Standard*. <https://healthstandards.org/standards/national-long-term-care-services-standard/>
- ¹³ Centres for Medicare & Medicaid Services. (2001). *Appropriateness of Minimum Nurse Staffing Ratios in Nursing Homes*. <https://theconsumervoice.org/uploads/files/issues/CMS-Staffing-Study-Phase-II.pdf>
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- ²⁰ Ibid.
- ²¹ Trudeau, J. (2022, March 22). Delivering for Canadians now. *Government of Canada*. <https://www.pm.gc.ca/en/news/news-releases/2022/03/22/delivering-canadians-now>
- ²² Health Canada. (2024, August 29). Consultation on Safe Long-Term Care. *Government of Canada*. <https://www.canada.ca/en/health-canada/programs/consultation-safe-long-term-care.html>
- ²³ Canadian Federation of Nurses Unions. (2024, December 9). Safe Long-Term Care Act must be mandatory and enforceable, say health care and labour groups. [Press release] <https://nursesunions.ca/safe-long-term-care-act-must-be-mandatory-and-enforceable-say-health-care-and-labour-groups/>
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