Redefining nurse staffing to revolutionize health care in Canada

A look at the first national Nurse-Patient Ratios Summit 2024

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CFNU

CANADIAN FEDERATION OF NURSES UNIONS

Canadian Federation of Nurses Unions

The CFNU is Canada's largest nurses' organization, representing frontline unionized nurses and nursing students in every sector of health care — from home care and LTC to community and acute care — and advocating on key priorities to strengthen public health care across the country.

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Scan the QR code to also access the full *Nurse-Patient Ratios current evidence* reports (2024). The full report is available in English only.

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A note on nursing terminology

There are four categories of regulated nurses in Canada, with titles and abbreviations used as follows in this report: *licensed practical nurses*, titled *registered practical nurses* in Ontario only (abbreviated collectively in this report as LPNs); *nurse practitioners* (NPs); *registered nurses* (RNs); *and registered psychiatric nurses* (RPNs).

The terms *nurse* and *nurses* used in this report are meant to refer to regulated nurses and not to any one category. For further information on regulated nursing categories and nursing roles, please consult the report *Regulated nursing in Canada: The landscape in 2021* (Almost, 2021).

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Message from Linda Silas, CFNU President

For more than two decades, the Canadian Federation of Nurses Unions (CFNU) has recognized nurse-patient ratios (NPRs) as a vital strategy to ensure safe and high-quality care for all patients. In 2005, we released the foundational discussion paper *Enhancement of Patient Safety through Formal Nurse-Patient Ratios* by Dr. Gail Tomblin Murphy. It was our first call to action urging the further exploration of this promising policy action.

Today the message is more urgent than ever. The resurgence of interest and action around mandated minimum NPRs, including full-scale commitments to solutions in BC and Nova Scotia, indicates that Canada is ready for this change, and we must capitalize on the momentum. Formal NPRs are not just a staffing tool; they are a proven, evidence-based policy that saves lives, supports retention and creates the conditions nurses need to deliver the care they were trained to provide.

Across Canada, our nurses are working amidst a human resources crisis, our hospitals hanging by a thread, and the consequences are dire. Patients are facing delayed care, barriers to access and disturbing rates of patient safety incidents; meanwhile patient acuity and population demand for nursing care continues to rise. Unsafe NPRs, among other strains, are leading to burnout, moral injury, poor mental health and intention to leave, which means we are losing nurses faster than we can train them. Nurses rated enforced minimum NPRs even higher than wage increases as the number one factor that would influence their decision to stay in their jobs.

Nurses have always known what is needed. Now we have more than enough research, experience and frontline testimony to act with confidence. Around the world, countries and jurisdictions that have adopted safe minimum NPRs are seeing improved outcomes for patients, nurses and health systems. We can't afford to fall behind.

Implementing mandated minimum NPRs is an essential step toward modernizing Canada's nursing workforce, and building resilient and responsive health systems that meet the needs of our communities. To work, ratios must be more than a political promise. They must be enshrined in legislation, funded appropriately, and backed by real workforce planning, education and data infrastructure. NPRs must become the backbone of health system transformation.

The 2024 Nurse-Patient Ratios Summit was a key opportunity to bring together experts from unions, academia, government, employers and health care advocacy organizations to brainstorm the next steps to spread and scale NPR by determining a Canadian policy strategy.

I want to extend my immense thanks to everyone who made this historic summit possible. To the many participants representing nurses, unions, research, government, employers and nursing advocacy organizations, I would like to thank you for showing up, speaking out and sharing your invaluable perspectives. A special thanks to my fantastic co-chair, Professor Jane Ball, whose passion for safe staffing brought life to the event. I am grateful to our outstanding presenters: Dr. Leigh Chapman, Lisa Fitzpatrick, Adriane Gear, Janet Hazelton, Professor Alison Leary, Michelle Mahon, Dr. Kim McMillan and Helen Whyley, for generously sharing their expertise and experience.

Thank you as well to Dr. Candice McTavish and Andrea Blain for producing the current evidence report, and to Alexandra Hamill and Justin Hiltz for developing the NPR study tour summary, both of which contributed to the essential foundation for informed dialogue. I'd also like to acknowledge Gerard Murphy and his team at Barefoot Facilitation Inc. for guiding participants through the summit's challenging and collaborative work. Sincere thanks to Michael Villeneuve for capturing the day in this final report, and to Kathryn Maxfield for her compelling graphic recordings of the discussions.

My appreciation also goes to the dedicated CFNU team, whose tireless efforts brought this event to life. Finally, I extend my gratitude to Health Canada for their financial support, which helped make the summit a reality. Standing together in solidarity is how we will find the path forward.

It's time for a coordinated national approach. It's time to move beyond pilot projects and promises, and deliver real, enforceable standards of care. As ICN CEO Howard Catton said at the World Health Organization's 7th Global Ministerial Summit on Patient Safety, staff safety, well-being and patient safety are two sides of the same coin, "you can't have one without the other." The evidence is in, the need is urgent, and Canada's nurses are ready.

In solidarity always,

Linda Silas
CFNU President

Honouring the original Indigenous inhabitants of the lands where we live, gather and work

From coast to coast to coast, we acknowledge the ancestral and unceded territories of all the Inuit, Métis and First Nations peoples that call this land home. The Canadian Federation of Nurses Unions is located on the traditional unceded territory of the Algonquin Anishinaabeg People. As settlers and visitors, we feel it is important to acknowledge the traditional custodianship of these lands, which we each call home. We do this to reaffirm our commitment and responsibility in improving relationships between nations, to work towards healing the wounds of colonialism and towards improving our own understanding of local Indigenous peoples and their cultures.

Executive summary

Canada's nursing workforce is in a state of crisis spurred on by decades of policy neglect that has fuelled chronic and growing shortages and led to unsafe practice conditions. Despite having a highly educated and regulated workforce, longstanding under-investments have led Canada to a projected shortfall of over 100,000 RNs alone by 2030. The COVID-19 pandemic worsened the situation, jeopardizing patient safety and driving nurses away because of untenable workloads, unpredictable scheduling, decaying mental health and workplace abuse.

Research shows that more favourable nurse staffing improves patient, organizational and system outcomes, yet health care remains one of the few high-risk sectors operating without the protection of mandated minimum staffing safeguards for its most vulnerable workforces. While some jurisdictions in Canada and internationally are adopting (or already have put into practice) mandated minimum nurse-patient ratios (NPRs), implementation is still sporadic and inconsistent. Experience suggests that successful minimum NPR models highlight the need for standardization and accountability, including enforceable staffing policies to improve patient care and nurse retention.

Key factors for minimum NPR success include formal political and employer commitment, funding, workforce planning, broad stakeholder engagement and use of the best evidence and real-time data. Challenges posed by workforce shortages, budget constraints and political resistance may be weighty; they should be anticipated and addressed. Despite the barriers, minimum NPRs offer a proven strategy to stabilize the nursing workforce, drive up safety outcomes and enhance health care efficiency and sustainability. In turn, they could help to recast Canada as providing the world's most exceptional health care system.

To thoroughly understand the appetite for mandated minimum NPRs and consider whether there may be a role for this approach across Canada, the Canadian Federation of Nurses Unions (CFNU) undertook background research – commissioning an evidence synthesis and embarking on a study tour in Ireland and the United Kingdom (UK). Ultimately, the CFNU took the lead and convened *the first national Nurse-Patient Ratios Summit* in November 2024, with the financial support of Health Canada. The summit assembled stakeholders from more than 60 organizations including governments, unions, nurse researchers and employers to make recommendations on the potential value and implications of implementing mandated minimum NPRs as one tool to stabilize Canada's nursing workforce and deliver better, safer care for all people in Canada.

While minimum NPRs can make a major difference in working conditions, they are of course not a standalone solution: they are just one means to align nursing resources with patient care requirements. Foremost among these needs is patient safety, and implementing NPRs would reduce adverse events while modernizing Canada's nursing workforce. In a country the size and complexity of Canada, a coordinated, phased implementation approach is essential for long-term sustainability – balancing legislation, workforce expansion, funding and continuous evaluation to ensure NPRs drive lasting health care transformation.

The issue of nurse staffing has been studied, debated and lamented in Canada for more than 25 years while the vexing problem of retaining and recruiting a healthy nursing workforce simmered unresolved. The situation continues to deteriorate even while there are well-tested solutions at hand.

Enough repetitive discussions in the *echo chamber*. To deliver the high-quality care Canadians deserve, Canada must act urgently to stabilize its nursing workforce. Implementing mandated minimum NPRs will revolutionize health care by establishing standards that are the bedrock of safe, vibrant and satisfying health care workplaces. This move would signify a bold commitment to a definitive and game-changing strategy and should be upheld as a key component of a robust, national health human resources plan.

Cornerstone strategy

Establish a National Council for NPR Implementation

Delegates at the first national Nurse-Patient Ratios Summit agreed that Canada must act urgently to stabilize its nursing workforce. To develop a framework and set of strategic actions to take on the complex task of putting NPRs into place, a National Council for NPR Implementation should be convened under the coordinating leadership of the CFNU. To shoulder the predictable workload, the council could be led by a prominent Canadian champion(s) as a public-facing chair(s) along with an executive operational lead, and with representation from:

- Unions, including the CFNU and its provincial affiliates
- Governments (Health Canada, chief nursing officer), provincial and territorial ministries, principal nursing advisor task force, policymakers)
- Employers and health authorities
- Nursing schools and research institutions
- Professional associations
- Patient and public advocacy groups

Priority activities

The initial term of the National Council for NPR Implementation should be for two years, June 2025-June 2027, with quarterly milestone reports due during this mandate and a substantive report on achievements to be tabled in June 2027. Early priority activities of the council should include:

- Stakeholder engagement
- Political advocacy
- Funding and commitment
- Knowledge and policy development

Longer-term sustainability will require NPRs to be integrated into legislation, accountability structures (e.g. accreditation standards), financing models and continuous quality improvement efforts. Success depends on decisive political action, cross-jurisdictional cooperation, policy decisions based in the best evidence, broad action to stabilize the nursing workforce, practice settings, nurse retention, and committing to prioritizing safety, efficiency and fairness in health care delivery.

Takeaway

Canada must urgently reform its nursing workforce to prevent collapse. Implementing NPRs will enhance patient safety, workforce stability and organizational efficiency. Success requires strategic planning, investment and collaboration. Despite likely challenges in the implementation process, minimum NPRs promise better conditions, cost savings and a more robust health care system.

Reflection

What is the problem?

Spring 2025 finds Canadian nurses a quarter into the 21st century surrounded by electric vehicles, a burgeoning space tourism industry, and artificial intelligence that has exceeded expectations to the point it is poised to skip around and beyond us. Reflecting on the year 2000, before people in Canada imagined the groundbreaking introduction of tools like the iPhone in 2007, it would have been reasonable to assume that by now, many of the persistent and vexing challenges facing nurses and the nursing workforce would have been addressed, underpinned by the best evidence. But alas, that is not the case, and in some ways, nursing finds itself embroiled in more chaos and instability than at any point in its modern history – including widespread nursing shortages and insufficient staffing driving soaring rates of moral distress, absenteeism, burnout and intent to leave jobs or the profession. This volatility has come at a great personal price for many individual nurses and has brought some practice settings and employers to the point of material risk.

Perhaps most importantly, the journey to 2025 has put public health and health care in jeopardy even as Canada continues to deploy one of the best educated and regulated nursing workforces in the world. Yet, Canadians experience lengthy waits for care that are affected by too few nurses, and the levels of adverse events in Canada's hospitals, including care left undone, are grave. Many of these unacceptable outcomes tie back directly to nurse staffing – and specifically the failure to deploy enough nurses to deliver the kind of care that keeps patients safe. These seemingly opposing conditions co-exist in the modern era when society and science have advanced so far, highlighting the sorts of complexities straining efforts to stabilize and modernize health care.

Emblematic of the problem confronting Canada, investigations by the Canadian Broadcasting Corporation (CBC) confirmed that 2024 was the worst year ever for Emergency Department closures in Ontario, and just as Canada is graduating more nurses than at any point in its history, the leading reason for those closures was due to nursing shortages (Ireton, 2024). Ontario is hardly alone in either service closures or a shortfall of nurses, and growing gaps in care are not confined to hospitals. What has happened to bring Canada to this point of such paradox, and what pragmatic steps, informed by evidence, might the leaders and overseers of Canadian nursing take to climb out of these circumstances in a definitive, timely and transformative way?

The road to 2024

Like the rest of the country around it, Canada's nursing workforce in 2024 has been profoundly influenced by the demographics of the baby boom generation – the largest population cohort in history. Born roughly between 1946 and 1964, their numbers in *this* century should hardly have come as a surprise – the world knew they were coming. Yet, considering the state of Canada's workforce, health care access, housing, pensions and social safety net programs in 2024, governments and leaders in other sectors appear to have been woefully unprepared.

By the 2000s, the Canadian Nurses Association (CNA) had issued ominous warnings, based on predictive modeling, about shortages ahead if the status quo was sustained unchecked – and the organization suggested feasible policy solutions they argued could have eliminated the RN shortage in 15 years (2002, 2009). Looking ahead then to looming shortages, The CFNU issued its own calls for action, expressing concerns about the potentially damaging impacts on patient safety (2005), and the organization continues to illuminate links between staffing and safety in its ongoing program of research (Ben Ahmed & Bourgeault, 2022; Scott-Marshall, 2023). But the best evidence at the time went largely ignored, and the initial worry of nurses in the mid-1990s has now become dire: In a policy review they labelled a *crisis in Canada's nursing labour market*, Baumann and Crea-Arsenio (2023) cited pre-COVID-19 studies forecasting shortages of RNs in Canada in the range of 60,000 by 2022 (Tomblin Murphy et al., 2012) and more than 100,000 by 2030 (Scheffler & Arnold, 2019).

Understanding dynamics such as the impacts of population demographics is critical to nursing human resources planning, deployment and evaluation. While the number, mix and productivity of regulated nurses working at any given time are complex, inter-related variables, understanding the underlying drivers need not be over-complicated. In a report on nursing human resources generated for OECD's assessment of the performance of its member nations' health systems (2004), a basic framework was used (see Figure 1) that still obtains today (Simoens et al., 2005).

Figure 1 Factors influencing the number and productivity of nurses in Canada

Put most simply, the OECD framework illustrates that the number of regulated nurses in the workforce reflects a balance between those coming into the workforce (i.e. the inflow, resulting from three sources) and those leaving it (i.e. the outflow, also caused by three factors). The numbers of nurses entering and exiting the profession, and their productivity while in the workforce, are all impacted by: a) public policies and legislation, such as education systems, immigration, retirement

legislation, pensions and social safety nets, and b) specific health system policies, legislation and collective agreements spelling out working conditions that include remuneration, employment status (e.g. full time versus part time), staffing and scheduling, among many others. IBM refers to *productivity* as a measure of the efficiency and effectiveness of workers in accomplishing organizational goals (outputs) "in relation to the inputs of time, effort and resources" (Stryker, n.d.). As Stryker noted, productivity may be impacted by factors such as the work environment, leadership and communication, time management and so on. In the case of nursing, greater workforce productivity means safe delivery of more public health care for the same relative cost to Canadians, and/or the same amount of nursing services delivered using fewer fiscal or other resources.

Inflow, outflow and productivity dynamics continually interact among one another, especially as public and health system policies shift. Across many industries, people may leave their jobs or the workforce altogether and later return; Simeons et al. referred to these as "leavers" and "returners" in the OECD nursing model (2005) as did Ben Ahmed and Bourgeault in work they completed for the CFNU (2022). It should be noted that the numbers of nurses leaving the workforce and returning to it, compared to some other industries, are impacted by the reality of a largely female labour force. Many women, especially those in care professions, continue to occupy primary caregiving roles in their families, often taking on care of children and older adults which may take them away from their work for intermittent or extended periods of time.

Why all this matters in the current context is because Canada's nursing shortages cannot be easily mitigated by simply *turning up the pipeline* (inflow) of nurses. The nursing workforce crisis is a complex issue that requires multi-stakeholder commitment to transformation and long-term sustainability through substantive improvements to nurses' work lives. Even if a sudden addition of more seats in schools of nursing and free tuition were made available today, they will not increase the number of regulated nurses in the workforce for years into the future. Nor does reducing the outflow offer easy solutions: Drawing on lucrative tax and/or pension policy levers, for example, or dramatically increasing salaries, may be successful in persuading some nurses to remain in their jobs and/or retire later than planned, but many of these strategies are more difficult to attain due to cost constraints. High salaries and bonuses can be very effective tools in retention and recruitment efforts, but we must be careful, because even those incentives exert a waning influence on retaining workers in the long term if the working conditions remain unchanged and they feel miserable in the careers they love.

A broad approach to tackling all three dynamics, i.e. the inflow, productivity and outflow of nurses, is imperative. The *Nursing Retention Toolkit* published by Health Canada and shown in Figure 2 offers a practical and helpful framework of eight core themes with underpinning values, goals and actionable initiatives designed to bolster a broad range of activities to retain and recruit nurses (Health Canada, 2024). The framework specifically highlights safe staffing practices as being integral to the larger nurse retention agenda.

Figure 2 Core themes, *Nursing Retention Toolkit*, Health Canada, 2024

Governments, employers, unions and professional associations can choose to act on the productivity variables they may be able to impact in shorter order, i.e. the conditions of nursing practice settings that are known to have a direct impact on nurse, patient and organizational outcomes. Central among these is the enduring issue of adequate, safe and satisfying staffing. Within Canada, the movement to put definitive solutions in place to resolve unsafe staffing is gaining momentum. Minimum NPRs are being implemented as a safe staffing strategy province-wide in British Columbia, have been tested in Quebec and are in the planning phase in Nova Scotia. In other jurisdictions in Canada (including Manitoba and Ontario) the work has begun with leaders in different stages of engaging with governments, engaging their members in advocacy, developing the evidence case, and building support among partners. Experience in other countries has yielded a robust body of research and recommendations, and Health Canada's own retention toolkit have all pointed to the potential value of implementing mandated minimum NPRs to confront persistent and unresolved staff quandaries. The issue was the focus of the inaugural national summit on NPRs hosted by the CFNU with the financial support of Health Canada in November 2024.

Practicalities: what is happening at the coalface?

The backdrop of baby boom nurses aging, and leading to unprecedented numbers of retirees, was overlaid by years of growing concerns about nursing shortages arising from other sources. And while the COVID-19 pandemic certainly served as an accelerant that exacerbated these dynamics, they were all at play and well documented before 2020. A broad roster of studies has found that the productivity of the nursing workforce was being impacted negatively by longstanding, adverse conditions in many nursing practice settings – among them, chronic shortages and under-staffing, fatigue and burnout among, perceived lack of managerial leadership and support and volume of required non-nursing tasks that could be delivered by non-nursing personnel. These issues had worsened as the kinds, acuity and complexity of care required by an aging population living with spiraling levels of chronic disease swelled over time. At the same time, medical science has expanded massively, creating demands for whole new areas of care. These unresolved matters have been a growing concern as nursing science increasingly makes clear that sub-optimal working

conditions are not only problematic for nurses but are also directly linked to and correlated with adverse patient, fiscal, organizational and system outcomes.

Rounded data for the supply of nurses reveal that there were 478,000 regulated nurses in Canada in 2023 – 140,300 LPNs, 9,000 NPs, 322,000 RNs and 6,700 RPNs (Canadian Institute for Health Information [CIHI], 2024c) – to serve a national population of nearly 41.5 million. Based on 2021 data, CIHI found the ratio of all regulated nurses in Canada to range between 34 and 182 per 10,000 population (CIHI, 2023a) – with wide variations observed geographically across the country.

Sub-optimal working conditions are not just problematic for nurses, but are directly linked to and correlated with patient, fiscal, organizational and system outcomes.

Employment patterns in Canada

Although the ratio of nurses to population in Canada (10.3 per 1,000 population) is just above the OECD average of 9.2 per 1,000 population (OECD, 2025), the number of regulated nurses tells only one part of the workforce story; where and how those nurses are employed is much more telling.

Nurses working less than full time

Most RNs in Canada (84%) work in direct care roles, but only about 64% of them work full time (CIHI, 2024c). In the United States of America (USA), by contrast, the proportion working full time is 82%, with 85% delivering direct care (Human Resources & Services Administration, 2024) – pouring millions more hours of care into the American system when measured against the population. And turning to nurse absenteeism, the rates are roughly 19 days in Canada on average (Statistics Canada, 2023a), compared to 7 days in the National Health Service UK (Royal College of Nursing, 2024). Of course, productivity is also impacted by many other conditions, including scope of practice, experience and expertise of individual nurses, and many conditions of work negotiated in collective agreements (e.g., vacation allowances).

What is more, only a third of new graduates in Ontario leading up to the COVID-19 years, for example, were employed full time (Baumann & Crea-Arsenio, 2023), and those younger nurses are now the largest cohort. These outcomes flip the pattern of much of the last 25 years, where older nurses were the largest group in the workforce, and they were more likely to work full time – again, impacting the productivity of the workforce.

Migration away from rural and remote communities

The places that nurses are living and working also have proven problematic for workforce planning and deployment in Canada. Unwieldly geography and a heavily skewed population distribution have posed historic challenges to health care service delivery: While 98% of the land mass is considered rural or remote (Infrastructure Canada, 2024), the proportion of people living in these areas declined to 17.8% of the population in 2021 from 18.7% in 2016 (Statistics Canada, 2022). People who choose to live rurally generally understand that they will face some compromises, but

they are deserving of the right to access a relatively equitable slate of public services such as health care, under the *Canada Health Act* – posing no small challenge to governments. In this matter, the country runs headlong into a growing barrier to reliable access to care, because, like the general population, the share of health professionals working in rural and remote areas, including physicians, pharmacists, occupational therapists and physical therapists, also has declined (CIHI, 2024b). The proportion of nurses working in these settings has dropped more than the general population, decreasing in each regulated category, on average, from 11.1% in 2013 to 9.6% a decade later (CIHI, 2024b). Compared to the other three regulated categories, NPs report the greatest proportion of their numbers working in rural settings, but they dropped from 18% to 14% in the same years. At the same time, the share of the RN workforce working rurally declined from 9.7% to 8.8%, LPNs dropped from 14.7% to 11.1% and RPNs from 14.4% to 12.2%. Shortages tend to be exacerbated in many Indigenous communities (Indigenous Services Canada, 2022), with vacancies in remote communities averaging as high as 67% in Manitoba (Canadian Press, 2024). As such, there is a growing disparity between the proportions of people who may need nursing services and the number of nurses available to provide them. It is of interest to note, however, that three quarters of nurses practicing in rural settings (along with three quarters of community health nurses) are more likely than other nurses to be satisfied or very satisfied with nursing as a career choice (CFNU, 2025).

Registered but not practising nursing

When speaking about the size and productivity of the nursing workforce, it is also important to note the number of nurses who maintain registration but are listed as *not practising in nursing*. This number has been stable at about 8% of all registrations in Ontario since 2018, according to the College of Nurses of Ontario (2025), and was 5% of RNs in Alberta in 2023-2024 (College of Registered Nurses of Alberta, 2023). If those numbers were extended to include all regulated nurses in Canada, that would mean in the range of 24,000 to 38,000 (5% and 8% of regulated nurses, respectively) are regulated and potentially able to work but for whatever reasons choose not to. How these findings may relate is uncertain, but the CFNU reported that pre-COVID-19, "a staggering 60% of nurses said they intended to leave their jobs within the next year, and more than one quarter of these nurses wanted to leave the profession altogether" (McGillis-Hall & Visekruna, 2020).

Vacancies

Recruiting and retaining nurses of any age has proven increasingly challenging: Baumann and Crea-Arsenio (2023) reported a sample of 1,200 Ontario employers struggling with shortages and recruitment, and Ontario job postings rose by more than 100% when measured in September in each of 2019, 2020 and 2021 (Baumann & Crea-Arsenio, 2023). Nationally, Statistics Canada found that total nursing vacancies began to decline in third quarter of 2024 compared to the second quarter and compared to a year earlier (2024). However, they still reported a 55% increase in nursing vacancies in the third quarter of 2024 compared to five years earlier during the third quarter of 2019. Nursing vacancies "accounted for nearly two-thirds (64.8%) of the total vacancies in health occupations (Statistics Canada, 2024), and in January 2025, 52.5% of the vacancies had been posted for at least 90 days (Statistics Canada, 2025). Quite apart from nurses themselves becoming sick with COVID-19, sometimes from communicable spread at work, the working conditions and

expectations that emerged during the COVID-19 pandemic severely harmed nursing human resources (and in turn, patient care). For example, nurses were confronted with excessive workloads that went unrelieved over many months, denial of time off, inconsistent (and sometimes no) access to the right personal protective equipment and nurses being moved like chess pieces to work in unfamiliar practice areas and even entirely different organizations. Despite the damaging impacts of these major disruptions, as Baumann and Crea-Arsenio observed, certainly "it was evident that a serious nursing supply issue was emerging prior to the pandemic" (2023, p. 5).

What nurses are saying

Nurses practising at points of care have lived through one of the most tumultuous and threatening periods in history at large, and the COVID-19 pandemic exerted particularly unsettling impacts on nursing and health care in Canada. As nurses continue to emerge from that era, a 2025 survey of over 4,700 CFNU members across Canada painted a worrying picture of the state of Canada's nursing workforce – sadly confirming years of research and the experiences of real working nurses. Most of the respondents were RNs (84%) working in clinical roles (72%), and more than a third (36%) had greater than 20 years' experience (CFNU, 2025).

Leading reasons important in nurses' decisions to leave include unpredictable staffing and scheduling, high workloads, and insufficient staffing.

Half of nurses (49%) surveyed in 2025 reported their job stress level as being high or very high and half (50%) rated their mental health as fair, poor, or *terrible*. These outcomes coincide with 30% of members saying they intend to leave their job (20%) or the profession (10%) within a year, and a further 7% intend to retire. Importantly, early career nurses were more likely to rate the level of stress they experience in their job as high or very high (57%) and at 32%, they were the most likely to consider leaving their job within the coming year. What is behind these levels of discontent? While there is no one factor responsible, issues as diverse as discrimination, involuntary overtime and lack of control over scheduling time off were cited by nurses. Certainly, levels of violence and abuse experienced at work were high (59%), with clients and families inflicting alarming amounts of verbal abuse (82%), physical abuse (47%), bullying (29%) and sexual abuse (18%). These harms were in addition to bullying (34%) and verbal abuse (32%) at the hands of coworkers. However, the leading reasons considered *very important* in nurses' decisions to leave included insufficient staffing (65%), unpredictable staffing and scheduling (60%), and high workloads (67%). The solution that could most influence the decision of nurses to stay in their jobs was implementation of mandated minimum NPRs (37%) (CFNU, 2025).

Given these damning outcomes, it is perhaps not surprising that 29% of nurses surveyed were dissatisfied with their career choice. A quarter of respondents rated their work environment poorly, with 67% stating their workplace is regularly over capacity. While many nurses believed that quality was still acceptable in their practice settings, 49% believed that it had deteriorated in their unit over the past year. The finding in CFNU's 2023 survey that more than a third of nurses were interested in starting or taking on more agency is a cautionary tale. And with half (49%) of early career nurses are more likely than their older counterparts to be interested or very interested in agency nursing (CFNU, 2023), leaders should be pursuing solutions that respond to the conditions pushing them

to seek those jobs. Certainly, nurses have reported being attracted to the higher hourly wages offered by agency employers and/or to be in search of better working conditions (Almost, 2024; Drost, Ben-Ahmed, & Sweetman, 2024), and in this market, they have plenty of options. Private for-profit staffing agencies and other private health care enterprises are attractive alternatives for some nurses.

In summary

The COVID-19 years pushed an already stressed nursing labour market to the brink, resulting in high anxiety, dissatisfaction, burnout and a broad upheaval that have contributed to serious concerns about timely access to care across the country. These conditions have seen sick time climb by 17% and overtime by fully 50% (CIHI, 2023b). By 2022, the health care sector saw an "all time high" in the number of vacancies recorded (Statistics Canada, 2023b). Beyond crushing wait time problems in so many places, the point has been reached where departments as critical to communities as emergency rooms have been forced to close. In short:

- COVID-19 worsened an already growing nursing supply crisis.
- Recruiting nurses is a growing challenge with many vacancies left unfilled.
- To manage their physical and mental health as well as their personal lives, more nurses are choosing to work in part-time or casual positions, while others cannot find full-time positions.
- Workloads remain high and unsafe for the nurses who remain on the job, which is not sustainable in the long term.
- The fallout from inadequate staffing issues figures prominently among the reasons so many nurses say they intend to leave their work settings or the profession altogether.

The findings here and in related research confirm a critical nursing workforce crisis in Canada, with staff shortages, insufficient staffing, poor working conditions and resulting mental distress and burnout driving nurses away. These conditions are not irreparable, but they have gone unresolved for years and now have reached a point of true crisis. Without immediate action, access to timely, safe and high-quality patient care will continue to decline. Intervening in a definitive way to put in place reasonable, safe, minimum NPRs is not only necessary but is a feasible action to stabilize nurse staffing.

Illumination

The state of science

Nursing workforces are the cornerstone of health care systems globally, delivering most of the care and in turn, driving health outcomes. Canada is no exception, but as nurse staffing has not kept pace with growing and changing demands of care, concerns have grown about the links among increasing workloads, fatigue, burnout, sick time, turnover and impacts on patients and organizations.

Impact of nurse staffing on outcomes

A growing body of research globally has described the ways the number and mix of nurses in hospital units and other settings impact a wide range of patient and organizational outcomes, from urinary tract infection rates and falls to hospital lengths-of-stay and readmission rates. The disarray in so many nursing settings related to staffing has fuelled debates and discussions about the potential value of instituting minimum mandated NPRs and pressure to institute this staffing strategy has continued to grow in jurisdictions around the world.

Learning from existing best practices can bolster sustainable health care improvements domestically, therefore, The CFNU commissioned McTavish and Blain (2024) to undertake a comprehensive review on the state of evidence to inform the conversation about NPRs in Canada; it was circulated to participants in advance of the summit. Their report examines nurse workloads and staffing responses in various countries, comparing global trends and their impacts on health care delivery. Causal links are not always consistent, which can complicate the development of uniform solutions, but the dysfunctional state of nurse staffing currently is not working, demanding serious consideration of new strategies.

Among their findings, every study (100%) looking at failure-to-rescue rates found that reducing those incidents was linked to higher staffing, and 87% of studies reported links between increased staffing and lower rates of adverse outcomes. For example, 75% linked better staffing to lower mortality, and two evidence syntheses found reduced hospital-acquired infection rates of 75% and 80%, respectively. Among a roster of organizational outcomes, 4 in 5 studies found shorter hospital stays were associated with better staffing.

100% of studies looking at failure-to-rescue rates found that reducing those incidents was linked to higher staffing, and 87% reported links between increased staffing and lower rates of adverse outcomes.

For nurses themselves, higher staffing was associated with lower burnout rates (94%), greater job satisfaction (90%) and reduced turnover (88%) among many other outcomes (McTavish & Blain, 2024). Most recently, it was found that California nurses working within a minimum, mandated NPR staffing model "reported lower burnout, job dissatisfaction and intent to leave compared to nurses in other states" (Muir et al., 2025, p. 5). In their discussion of the study results, Muir and her

colleagues concluded that the California minimum, mandated NPR policy "is a protective buffer against emotional exhaustion, depersonalization, and a sense of low accomplishment" (p. 6). They noted further that "With safer workloads, nurses may be able to take more breaks on the job, experience more predictable scheduling and provide safer care that mitigates against cynicism and a detachment from work" (Muir et al., 2025, p. 6).

None of these outcomes are news – they have been studied and discussed for more than 25 years now. Looking at the preponderance of evidence, McTavish and Blain observed that "nurse staffing levels are an important indicator of adverse patient and nurse outcomes and are instrumental in informing decision-making related to staffing and optimizing workforce management" (2024, p. 3).

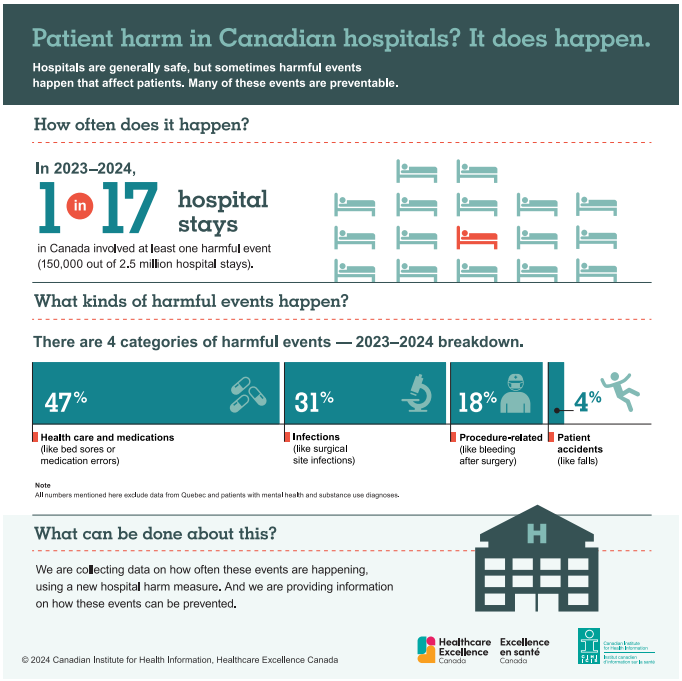
Staffing standards and ratios: safety is paramount

Staffing standards have been established for some time in high-risk service industries in Canada, often focused on maximum hours of work – including, for example, commercial pilots, flight attendants, air traffic controllers, truck drivers, operators of trains and other public transit systems, and workers in nuclear power and other energy facilities. CFNU's 2024 report, *Safe Hours Save Lives* observed about health care, "other industries have safeguards" (Scott-Marshall, 2023, p. 8). Some industries require minimum staffing ratios for reasons of safety and service – the number of flight attendants in a crew is related to the number of seats and passengers on a commercial aircraft, for example. If the required quota is not met, the flight does not leave, because there are not enough people to deliver the services required in a satisfactory way while also attending to safety margins (such as number of staff required to evacuate the plane during an emergency).

Specific ratios related to the vigilance required in care situations are in place for children and dogs in many jurisdictions in Canada. In Toronto, for example, following its *Commercial Dog Walker Permit Policy*, paid permits are issued "for individuals to walk four to six dogs on a commercial basis" (City of Toronto, 2025). The number of children permitted to be under the care of a home day-care provider is limited to six in Alberta, eight in Prince Edward Island and 12 in Manitoba, with further restrictions placed on the ages of those children (Alberta, 2025; Government of Prince Edward Island, 2025; Manitoba, 2025). Key among the reasons for establishing these sorts of broad standards around minimum staffing numbers and maximum hours of work are concerns for quality, emergency responses and safety outcomes in these high-risk jobs – and to have the same service expectations across all jurisdictions.

Notably absent in the list are nurses and physicians. While the need for these sorts of standards is perfectly understood in the case of flight attendants, for example, governments, employers and other funders have proven to be remarkably resistant to the need for them in very high-risk areas of work in health care such as operating rooms, critical care units, emergency departments and even long-term care of highly vulnerable people. But safety is core to the business of health care and cannot be a sideline or afterthought: CIHI and Healthcare Excellence Canada (2024a) reported that one in 17 hospital stays alone involved at least one harmful event during 2023-2024 (see Figure 3). According to its most recent member survey, the CFNU (2025) reports that 44% of nurses had experienced a *near miss* or actual patient safety incident within the past six months – and over half of them (56%) tied those incidents to insufficient staffing and/or high patient loads.

Figure 3 Patient harm in Canadian hospitals? It does happen. (CIHI, 2024a)



Given these alarming rates of adverse events just inside Canadian hospitals, the failure to respond with adequate staffing – known to correlate with fewer such events – exposes nurses and their employers to an avoidable risk of legal liability related to harming patients. More focused interest in nurse staffing ratios grew in the early 1980s when it was observed in the USA that despite nursing shortages resulting in widespread vacancies and difficulty recruiting nurses, a select group of hospitals seemed to have few problems attracting or retaining nurses. In fact, some even maintained wait lists of nurses eager to work in those settings. Because they tended to pull in nurses, they became associated with the idea of *magnetism,* and the body of research describing the characteristics of those organizations gave rise to what is now the Magnet Recognition Program administered within the American Nurses Association Enterprise (American Nurses Credentialing Center, n.d.).

Nursing is a profession of vigilance. It is the largest safety critical workforce in health care.
Leary, 2024

Despite the untold millions of dollars spent in nursing human resources research over 40-plus years – much of it now reaching recurring conclusions – the hospitals included in one of the earliest studies of the *magnet phenomenon* stated simply that they "were viewed by the participants as being adequately staffed" (McClure et al., 1983, p. 8). Perhaps not surprisingly, nurses in that study emphasized the importance of sufficient RN staffing to their job satisfaction and pride in their institution. But more urgently, favorable NPRs as well as ratios of nurses to nonprofessional staff allowed them to provide safe and adequate care (1983, p. 8). Both the quantity and quality of staff were considered crucial, with many of those institutions employing higher numbers of baccalaureate-educated nurses which was rarer at the time. Many staff nurses appreciated working with adequate and competent colleagues and being

able to provide direct patient care rather than delegating tasks to less-prepared personnel (McClure et al., 1983). Flash forward by more than four decades, and at the CFNU NPR Summit 2024, Professor Alison Leary still described nursing as "a profession of vigilance," and speaks about nurses as the largest "safety-critical" workforce in health care (Leary, 2024). None of this would have been news to nurses in those early magnet hospital studies, yet nurses find themselves still having to plead this case in 2025.

A few words on Canadian and global experiences with staffing ratios

Global efforts to improve nurse staffing levels vary, with policies ranging from flexible staffing guidelines to rigorously mandated minimum NPRs. While specific impacts differ, the universal goal is to enhance patient care and support the nursing workforce. The development and implementation of NPRs has varied significantly across different health care systems and jurisdictions around the world. Similarly, approaches to staffing – including flexible, minimum or mandated NPRs – vary across Canada and on a global level. For example, one of the pioneers in mandating minimum NPRs, California, USA developed its 1999 legislation using a participatory policymaking approach during transition lobby efforts. In the Philippines, a more directive approach was employed to address its nursing workforce emigration issues in 2002, while Victoria, Australia introduced ratios originally in collective agreements during 2000. Victoria then went on to pass formal legislation, the *Safe Patient Care Act, 2015* (Australian Nursing & Midwifery Federation, 2022) and most recently, the *Safe Patient Care Act (Nurse to Patient and Midwife to Patient Ratios) Amendment Bill 2025*, backed by Victoria's legislative assembly. This amendment would see minimum NPRs expanded to a selection of practice settings (e.g. critical care) and time of day, such as ratios affecting night shifts (Parliament of Victoria, 2025). In a decision Oregon nurses call "game changing," Oregon has become just the second American jurisdiction to legislate state-wide, minimum NPRs across much of acute care; the new staffing will be phased in over 2025-2026 (Oregon Nurses Association, n.d.). Other implementation strategies have differed across jurisdictions, but many have taken on a phased approach – for example, Australia (Victoria in 2015 and Queensland in 2016) started with ratios in critical care areas first.

Other jurisdictions in the USA, including Connecticut (in 2000), Minnesota (in 2013), Ohio (in 2008), Nevada (in 2008), New Jersey (in 2005) and Washington (in 2008), favoured more flexible policy responses to staffing challenges and did not require fixed NPRs. They have put in place a wide range of strategies to improve nurse staffing, along with concomitant support, enforcement and accountability measures. And they emphasized the value of engaging nurses at the point of care, transparency and workforce development as key pillars to sustain health care systems. Flexible pilot projects that adapt staffing models to local needs also have been undertaken in Ireland (in 2015), and predictive analysis to adjust staffing based on patient demand is being used in New Zealand (in 2005) and the NHS in the UK (in 2014).

Within Canada, work is underway in the following several jurisdictions to study and/or implement NPRs.

British Columbia

The pioneering NPR organization in Canada, the British Columbia Nurses' Union, bargained for specific funding to support implementation of mandated minimum NPRs with the overwhelming endorsement of its members (Gear, 2024, see Appendix B). A phased implementation approach was used, starting with critical care staffing and planned for or implemented in 15 practice areas; phase 1 units currently include critical care, focused care, medical/surgical, rehabilitation and palliative care and the work is underway. The union achieved a global first with its negotiation of mandated 1:4 NPRs in medical/surgical units. The Ministry of Health has published a suite of tools in cooperation with employers, the union and other collaborators, including a policy instrument directing British Columbia employers to "establish, meet, and maintain a minimum nurse to patient ratio for all hospital-based care settings" (Ministry of Health, British Columbia, 2024, p. 9) that lays out clear definitions of the care settings and ratios agreed upon. The ministry also published an extensive planning template as well as an implementation manual and related documents about mandated minimum NPRs to help guide the process across the province (British Columbia Nurses' Union, 2025).

Nova Scotia

The Nova Scotia Nurses' Union has enshrined a staffing commitment in its most recent collective agreement, signing a *Nursing Workload Determination Memorandum of Agreement* that established a framework to better align nurse staffing with patient needs (Hazelton, 2024, see Appendix B). Rather than an across-the-board solution, in this approach nursing workload will be determined by nursing hours of care per patient day – a variant of flexible NPRs – as part of the new *Nurse Staffing and Skill Mix Framework*. As a starting point in this model, workload is determined by "the ratio of nursing hours of care per patient day (patient ratios)" after employers profile all care units and identify the number of nurses working on each shift (Nova Scotia Nurses' Union, n.d.). From there, employers and the union will work together to "develop a framework that determines the appropriate number of nurses for each unit across the province."

Manitoba

The Manitoba Nurses Union came to a letter of agreement that is included in its latest collective agreement to establish a sub-committee charged with "defining a 'Made in Manitoba' approach for the establishment of NPRs that factor in the uniqueness of Manitoba and the population served" (Prairie Mountain Health Regions Employers Organization and Manitoba Nurses Union, 2024, p. 274.) Funded by the government, the committee is mandated to recommend NPRs considering factors including skill mix, expertise and the acuity and complexity of care. In the wake of what leaders call the "skyrocketing use of private agency nurses" (Sanders, 2024), the union's initial focus has been to "establish legislation and regulatory limits on consecutive work hours for nurses, mirroring the safeguards already in place for other safety-sensitive industries" (Jackson & Silas, 2024).

Quebec

In Quebec, NPR pilot projects were rolled out in 16 settings across different regions of Québec during 2018-2019 (Fédération interprofessionelle de la santé du Québec, n.d.). Outcomes revealed "improved practice and significantly freed up the time necessary to give patients the required care," among these being care given within the prescribed time, satisfaction with care, care planning and

falls prevention. The union concluded that "the positive conclusions of the stakeholders involved…all converge towards the pertinence of ratios, the need to continue and enlarge the implementation to ensure care safety and resolve the workforce problems." Lobbying for mandated minimum NPRs in the province goes on, spearheaded by the Fédération interprofessionelle de la santé du Québec union (Canadian Press, 2022).

Ontario

In Ontario, Canada, opposition health critic and member of the provincial parliament, France Gélinas, tabled *Bill 192, the Patient-to-Nurse Ratios for Hospitals Act, 2024*, which ultimately was lost on division in June 2024. The Ontario Nurses' Association states that the province has endorsed a *just-in-time* staffing tool for nurses, while its members have been "organizing escalating actions to support nursing ratios" (2025b), and their lobbying work continues to ramp up. Implementation of minimum NPRs was prominent in the union's lobbying leading up the Ontario election in February 2025 and are "the priority bargaining demand for ONA's 60,000 hospital members as negotiations for a new collective agreement goes to arbitration" in April 2025 (Ontario Nurses' Association, 2025a & 2025c).

Accountability

Regarding the issue of accountability, different models are in use. Jurisdictions have applied a range of what might colloquially be called *carrot and stick* compliance and enforcement strategies that include financial incentives in South Korea and their opposite, escalating warnings and strict financial penalties for non-compliance in California and Oregon. Regular legislative reviews have been mandated in Queensland, Australia since 2016, and public disclosure of hospital staffing levels is required in New York, USA. In British Columbia, Canada, performance metrics are still being developed for patient, nurse and health system outcomes – as are the processes for monitoring, evaluation and quality improvement (Ministry of Health, British Columbia, 2024).

In summary

To summarize McTavish and Blain's review of the state of the science (2024), global trends indicate a shift towards balancing patient care demands with nurse wellbeing and workforce sustainability. Nurse workloads must be managed effectively to ensure high-quality patient care. Actual NPRs vary worldwide as related to economic, cultural and systemic factors, thereby shaping health care policies differently across regions. Examples of ratios are documented and compared in the McTavish and Blain report (2024) for settings including critical care, emergency and operating rooms, medical-surgical wards, maternity and postpartum care, mental health, palliative care and rehabilitation, across jurisdictions and different shifts (e.g. day shift versus night shift). The wealthiest nations generally sustain better NPRs, particularly in critical care, emergency, maternity and operating room settings. Lower NPRs, such as those found in the Philippines, were related to staffing challenges, while mental health and rehabilitation staffing levels ranged widely depending on regional policies. Perhaps as one might expect, these variations reflect the dynamic nature of health care staffing worldwide, considering patient needs, nurse workload and health care system capabilities.

Flexible and mandated minimum NPRs hold the promise to offer clear and enforceable solutions to staffing shortages, and nations implementing mandatory minimum nurse-patient ratios have seen improvements in patient outcomes and nurse retention. In some jurisdictions, pilot projects have served as real-world testing grounds in the development of effective nurse staffing models and can inform larger legislative changes that help to shape the future of global health care staffing. However, caution is warranted, because pilot projects sometimes delay or stall action and do not lead to long-term funding.

Development of a pan-Canadian approach to mandated minimum NPRs is needed, but to be practical and effective, policies must be able to be tailored at least to some degree to regional and local contexts, considering patient acuity, health care facility resources and broader health care environments. With that said, there must be a 'never go below' limit or there is no point in pursuing this national strategy. And along with the many advantages identified, financial and staffing constraints pose genuine challenges to universal implementation, so sustaining minimum NPRs requires systemic workforce support, adaptable policies, and enforcement mechanisms tailored to regional health care needs.

Lessons from the summit

Despite the pressing need to tackle nurse staffing once and for all, there has been no mandate or pan-Canadian framework developed to resolve nurse staffing by any method. But with British Columbia, Manitoba, Nova Scotia and other provinces moving forward on implementation of mandated minimum NPRs while Canada's nurse staffing crisis continues to smoulder, there is a growing energy to formalize a national action plan that can move us past years of dialogue and fix the problem. Science and experience both point to the value of instituting mandated minimum NPRs for patient safety and to improve outcomes for nurses, organizations and systems. The time was right to consider the potential for spread and scale to other provincial/territorial jurisdictions.

Since no one else was poised to take up the mantle, the CFNU led the charge and hosted the inaugural national summit on NPRs to determine actionable next steps for guiding the development of safe, mandated minimum NPR policies. With the financial support of Health Canada, the first national *Nurse-Patient Ratios Summit* was held November 27-28, 2024, in Ottawa, Canada, and was hosted by co-chairs Linda Silas, CFNU president, and Professor Jane Ball, Director of the Royal College of Nursing's Institute of Nursing Excellence in the UK.

This initiative is especially timely, coming on the heels of the recent publication of the nurse retention toolkit (cited earlier in this report) developed by the office of Health Canada's chief nursing officer in cooperation with the CFNU and other leading nursing organizations who served in an advisory capacity. The summit supported 'safe staffing practices', one of eight foundational themes and initiatives in the Health Canada toolkit (2024), which cites NPRs as one example of a strategy to underpin physically and psychologically safe workplaces. It focuses on the identification of tools that can be adapted locally, and to "help determine patient needs and required workloads to ensure that enough nurses are available to provide care" (Health Canada, 2024) – the latter sentiment harkening back to what nurses have been saying since the earliest magnet hospital studies decades ago.

Organization of the summit

The purpose of the NPR Summit was held to bring together experts and stakeholders to share and create knowledge regarding NPRs. The initiative was designed to inform, explore and build on current research and policies, implementation evaluation strategies and best practices for NPR standards across Canada. The project was undertaken to educate stakeholders, initiate discussions and bring together interdisciplinary perspectives to create a Canadian pathway towards NPRs.

An evidence review of NPRs was commissioned by the CFNU, tabled by researchers McTavish and Blain (2024) and circulated to participants ahead of the summit to help inform the interdisciplinary discussions. Also shared in advance of the summit, Hamill and Hiltz (2024) generated a report of the outcomes of a 2024 study tour by the CFNU to meet with nurses' unions, researchers, government officials, employers and frontline nurses in England, Northern Ireland, the Republic of Ireland, Scotland and Wales to explore their experiences with NPRs (2024).

Approximately 100 delegates representing more than 65 Canadian and international organizations sharing an interest in nurse staffing and NPRs were invited to take part in the meeting (see Appendix A). Facilitated by Gerard Murphy of Barefoot Facilitation, Inc., the meeting was organized to include a rich mix of plenary speakers bringing a variety of domestic and international experiences with NPR. Their presentations, as well as the background materials, informed a series of delegate discussions focused on a strategic set of questions over the 1.5-day meeting; they are included in the summit workbook (see link in Appendix B) and summaries of their discussions follow in this chapter of the report. The intention was to produce actionable recommendations for policymakers that can inform a path towards spreading and scaling safe staffing initiatives across the country.

Speakers

Plenary speakers for the summit included:

- Professor Jane Ball, Director, Institute of Nursing Excellence, Royal College of Nursing, UK. *Nurse staffing: from evidence to policy*
- Dr. Leigh Chapman, chief nursing officer, Canada
- Lisa Fitzpatrick, State Secretary, Australian Nursing and Midwifery Federation, Australia. *Ratios in Victoria, Australia*
- Adriane Gear, President, British Columbia Nurses' Union, Canada. *Implementing minimum nurse-to-patient ratios*
- Janet Hazelton, President, Nova Scotia Nurses Union, Canada. *Forging ahead: Nova Scotia's path to guaranteed nurse staffing*
- Professor Alison Leary, Professor of Health care and Workforce Modelling, London South Bank University, and Senior Consultant, Human Resources for Health Group, the World Health Organisation, UK. *Ratios – why now? Lessons from safety-critical industries*
- Michelle Mahon, Director, Nursing Practice, National Nurses United, USA. *Safety in numbers: two decades of California's nurse-to-patient ratio law*
- Dr. Kim McMillan, Associate Professor, School of Nursing, University of Ottawa, Canada. *What Canadian nurses need: insights from the frontlines*
- Linda Silas, President, Canadian Federation of Nurses Unions (CFNU)
- Helen Whyley, Executive Director and Board Secretary, Royal College of Nursing, Wales. *Staffing for safe and effective care in the UK*

The speakers brought to life many of the experiences with NPRs encountered by the CFNU during its study tour of Ireland and the UK, as well as documented in the evidence synthesis prepared by McTavish and Blain (2024).

Rapporteur and report

Michael Villeneuve, who is a former chief executive officer of the Canadian Nurses Association and is well known to nurses in Canada and abroad, was engaged to attend the summit and then independently write a report to summarize the events of the summit and document the actionable policy recommendations suggested by the participants. The final report along with a stand-alone executive summary and social marketing materials will be disseminated to summit attendees and stakeholders who will be asked to share with their networks.

Engaging the delegates

Plenary sessions were interspersed throughout the summit with small-group conversations that were energized and productive in informing NPRs work going into the future. Questions were developed to guide participant discussions over the two days as follows. Summaries of those conversations follow in this chapter.

Discovery and engagement	Action
1. What are the benefits of mandated minimum NPRs for those receiving nursing care? For nurses and the nursing profession? 2. What differences will the spread and scale of mandated minimum NPRs across Canada make in our health care systems? 3. How are mandated minimum NPRs a part of nursing health human resources solutions? 4. What changes in policy and/or the current environment will it take to implement mandated minimum NPRs? 5. For provinces already on the road to mandated minimum NPRs, what are the leading enablers that helped you to reach this point? 6. What resources/supports are needed to make mandated minimum NPRs happen?	7. What opportunities already exist to help the spread and scale of mandated minimum NPRs across Canada? 8. For provinces/territories already on the road to mandated minimum NPRs, what resources and/or supports have been identified? 9. What will you do in your professional role to act on the spread and scale of mandated minimum NPRs across Canada? 10. Based on the evidence, how might your organization continue to contribute to the spread and scale of mandated minimum NPRs across Canada?

Conversation among the delegates was animated, and with the majority staying for the full meeting, there seemed to be strong interest in taking part. Responses to the questions are grouped into overarching themes in the following section of the paper.

1. What are the benefits of mandated minimum NPRs for those receiving nursing services? For nurses and the nursing profession?

To open the group discussions and kindle some informal dialogue, participants were invited to draw, rather than write out, their reactions to the questions above. On the patient and family side, images such as smiles and hearts, (satisfaction), clocks (timeliness of care), patients resting comfortably or sleeping, patients communicating and others leaving hospitals or not going in the door at all, were common – and are consistent with exactly what nurses say when they speak about care quality and satisfaction. The benefits of NPRs for nurses were represented by images of balance, frowns turned to smiles, depiction of rest, peace and scheduling time off, among many others.

2. What differences will the spread and scale of mandated minimum NPRs across Canada make in our health care systems?

Participants said that the spread and scale of NPRs across Canada could significantly impact the health care system by stabilizing the nursing workforce, thereby improving patient care (as linked in the literature), fostering a more standardized and efficient system.

3. How are mandated minimum NPRs a part of nursing health human resources solutions?

Investing in proper nurse staffing is not just about improving working conditions; it is a strategic decision to stabilize nursing human resources. It enhances patient care, strengthens the nursing profession and contributes to the overall efficiency and sustainability of health care systems. Participants agreed that tackling NPRs is a critical part of the solution to the crisis in nursing human resources because they positively impact nursing workplace satisfaction, recruitment, retention and patient care outcomes.

4. What changes in policy and/or the current environment will it take to implement mandated minimum NPRs?

Summit participants believed that implementing mandated minimum NPRs across health care systems requires significant policy and environmental changes. To improve health care effectively, collaboration among governments, unions, nurses and the public is essential. Expanding and optimizing the nursing workforce through education, recruitment and retention is a long-term priority. Political commitment, legislative changes and sufficient funding are crucial for implementing NPRs. Clear frameworks, performance metrics and public engagement can bolster system-wide success. Addressing health inequities, balancing workloads and recognizing regional health care differences are necessary to support sustainability. Reducing reliance on agency nurses while enhancing workplace conditions for permanent staff is key.

5. For provinces already on the road to mandated minimum NPRs, what are the key enablers that helped you to reach this point?

Implementing and sustaining NPRs demands that funding, time and personnel be dedicated and not added to existing workloads. Collaboration across unions, governments, employers and frontline nurses is crucial to success, while public and political pressure will drive action and accountability. Effectiveness of NPRs will depend on standardized data and transparency and robust collective agreements and legislative support will drive enforceability.

6. What resources/supports are needed to make mandated minimum NPRs happen?

To implement NPRs successfully, the summit delegates emphasized the need for collaboration and stakeholder involvement, communication and engagement, community and public support, data, financing and human and technical supports to bring the work to life.

7. What opportunities already exist to help the spread and scale of ratios across Canada?

Nurses, patients and the public are already on board, so mobilization efforts must continue. Delegates believed that political momentum is growing, with multiple provinces engaging with NPR discussions, and strong international evidence supports NPR effectiveness.

8. For provinces already on the road to ratios, what resources/ supports have been identified?

Collaboration across unions, government and frontline nurses is crucial for implementation and examples of that exist. Strong collective agreements and legislative in place are known to support implementation and enforceability. Delegates said that funding, time and personnel must be dedicated and not added to existing workloads. While unions do not provide the funding, financial implications should be on the table as they were in British Columbia, where the government dedicated $100 million from the $750 million NPR budget, for example, to support retention and professional development, and $25,000 to attract more nurses to emergency departments.

9. Based on the evidence, how might your organization continue to contribute to the spread and scale of ratios across Canada?

- **Advocacy and public education**: Launch national campaigns, hold public forums and engage the public to raise awareness of NPRs and their impact on quality of care. Utilize media campaigns and town halls to foster understanding and support from government, health care providers and the public.

- **Collaboration with stakeholders**: Work with government bodies, regional health authorities, unions, employers and nursing associations at local, provincial/territorial and national levels. Focus on aligning NPR efforts with broader nursing strategies and developing actionable plans through collaborative bargaining and discussions.

- **Empowering nurses**: Mobilize nurses to advocate for NPRs, educate them on the importance of safe staffing levels, and involve them in the decision-making process. Support ongoing education and leadership development within the nursing community.

- **Implementation and evaluation**: Focus on creating a roadmap for NPR implementation, ensuring adequate resources and monitoring the impact on nurses, patients, and the health care system. Use data collection, workload staffing reports and performance evaluations to drive decisions and refine the process.

- **Legislative and regulatory support**: Advocate for NPRs to be included in legislation, accreditation standards and nursing education. Push for mandatory NPRs across provinces and integrate them into collective agreements and health care policies.

- **Long-term sustainability**: Ensure that NPRs are implemented sustainably, with mechanisms for enforcement, accountability and recognition. Focus on building a legacy through strategic planning, public support and continuous dialogue to address evolving health care needs.

- **Political action and lobbying**: Engage in ongoing lobbying efforts with government officials to secure funding for NPR implementation, and advocate for the inclusion of NPRs in future political agendas. Leverage political pressure, including collaboration with other unions, to push for systemic changes.

- **Strategic partnerships and research**: Build partnerships with schools of nursing, research organizations and other provinces and territories to gather evidence supporting NPRs. Prioritize developing and sharing data, including return-on-investment studies and promoting knowledge transfer across jurisdictions.

10. What will you do in your professional role to act on the spread and scale of ratios across Canada?

Delegates stated that they would take on the following key actions personally:

- **Advocacy and education**: Advocate for the inclusion of NPRs in nursing education and accreditation processes; promote awareness among nurses, the public and policymakers about the importance of safe staffing ratios; engage in campaigns and educate colleagues, unions, students and the public on the benefits of NPRs for patient care and nursing safety.

- **Collaboration and stakeholder engagement**: Collaborate with unions, employers, governments and other stakeholders to ensure the development and implementation of NPRs; build strong relationships with employers and government officials to advocate for NPRs in collective agreements and policy frameworks; engage in cross-jurisdictional learning, especially from provinces already working on NPRs.

- **Data collection and research**: Support the gathering of data, such as workload staffing reports, to highlight areas most impacted by understaffing; participate in research initiatives and studies that link NPRs to improved patient outcomes, reduced turnover and lower costs; leverage existing research and experiences from other countries or jurisdictions that have implemented NPRs successfully.

- **Negotiation and implementation**: As negotiators and union leaders, advocate for NPRs to be included in collective bargaining agreements and ensure they are backed by evidence; continue to press for political action and government funding to support NPR

implementation, including lobbying and pushing for NPR-related policies; engage in pilots and incremental implementations, building on successes from early adoption.

- **Ongoing commitment**: Continue to monitor progress, ensuring that NPR initiatives are on track and that the necessary resources and timeframes are met; focus on the long-term benefits, advocating for the retention and recruitment of nurses and the stabilization of the health care workforce; support nursing colleagues in their efforts to implement NPRs, offering guidance, education and leadership.

- **Public and political advocacy**: Use media, public campaigns and social media to raise awareness and gather support for NPRs; engage in political lobbying at provincial, territorial and federal levels, aiming to make NPRs a key issue in elections and policy discussions; push for government funding and legislative changes to support the full implementation of NPRs across Canada.

High-level themes identified by delegates

In response to the full set of guiding questions, over-arching themes were identified regarding benefits and drivers behind the imperative to consider implementing mandated minimum NPRs.

Standardize care

- Establishment of consistent health care standards across provinces and territories.
- Ensure equitable patient outcomes, safety and satisfaction.
- Address disparities between jurisdictions.
- Align with the *Canada Health Act*'s goal of universal health care access.
- Build a national standard: potential for a unified national NPR framework through professional organizations like Accreditation Canada.

Fortify nurse retention and recruitment

- Reduced inter-provincial/territorial competition for nurses.
- Enhanced workforce stability by reducing burnout and mental distress.
- Improved mentorship programs for nursing students.
- Encouragement of former nurses to return to the profession.
- Government and union collaboration: governments and unions are working together to address staffing issues, improving policy receptivity.
- Pilot programs and incremental approaches: small-scale NPR pilots can serve as proof-of-concept before nationwide expansion, though challenges exist historically in Canada when it comes to sustainability, spread and scaling up.

Improve patient, organizational and system outcomes

- Reduced mortality and length of hospital stays.
- Enhanced overall health care efficiency.
- Lowered costs through improved service delivery and fewer adverse events and readmissions.
- Improved efficiency and reduced reliance on agency nurses.

- Promotion of inter-provincial/territorial data sharing and research collaboration.
- Enhanced cross-province collaboration with learning from provinces having NPR implementation experience.
- Use of existing networks and resources, leveraging established organizations (e.g., the CFNU, Global Nurses United) to share best practices.

Increase public trust and system efficiency

- Enhanced patient experiences and public confidence in health care.
- Encouragement of better advocacy for funding and staffing improvements.
- Reduced absenteeism and turnover among nurses.
- Stronger collaboration among health care professionals.
- Broader public and political support: public awareness campaigns and media advocacy can help push for policy changes.

Impact the socio-political environment positively

- Better public policy by integrating health care standards into funding agreements.
- Promotion of fairer distribution of health care resources across jurisdictions.
- More and better public health care and reduced reliance on private for-profit providers.

Develop, consult and use data and evidence-informed policy

- Data and metrics: use of tools to measure staffing levels and hours per patient day to build the case for NPR.
- Evidence and research: existing studies and workload reports demonstrate NPR's benefits, strengthening the argument for implementation.
- More effective advocacy and public education: training programs, political lobbying and patient advocacy organizations amplify NPR awareness.

Summary of the summit discussions

Delegates concluded that implementing NPRs could be a foundational solution for nurse staffing in Canada, holding significant potential to address workforce challenges, improve patient care and strengthen and stabilize the profession. They could underpin a more stable, sustainable and effective health care system while promoting equity, safety and reduced costs. However, implementing NPRs requires collaboration, funding and policy alignment to overcome provincial, territorial and even employer disparities, and to ensure sustainable implementation. Success for a federation like Canada demands consistent implementation, collaboration and adjustments to local needs while maintaining minimum mandated staffing levels. Delegates did consider the need for a minimum staffing standard while accounting for regional differences in skill mix, service acuity and resources that may require some tailoring of the NPR. They recognized that smaller provinces and those having unified (or at least fewer) health authorities may find implementation more straightforward.

To achieve successful NPR implementation, summit participants highlighted the importance of financial investment, political commitment, stakeholder collaboration and the judicious use of evidence and data. They stressed the need for clear communication, stable funding and alignment with long-term health care objectives to enhance nurse retention, recruitment and patient care. Additionally, they underscored the value of frontline nurse engagement, structured planning and dedicated resources to facilitate effective implementation. Ensuring NPR success requires government backing coordinated with action across policy development, workforce management and public involvement. Ultimately, to meet the challenge of the Health Canada retention toolkit, a well-structured, adequately funded and collaborative approach is essential for sustainable and effective NPR implementation.

As a result of their various discussions over the two days, the participants did not land on unanimous recommendation(s) about the need for NPRs, nor was that the expectation. As expected, there were general concerns about practicalities such as costs, the usual governance challenges in a federation, and the unwieldy number and range of health care settings where nurses work. How to drive revolutionary change and make it happen surely is daunting. But with that said, there was no disagreement expressed in the room about the need to tackle nurse staffing once and for all – and certainly support to consider the potentially transformative influence of some level of mandated minimum NPRs on nurse, patient and system outcomes.

In summary, a comprehensive and collaborative strategy involving education, advocacy, negotiation, data collection and political action is needed to ensure the successful implementation of safe NPRs across Canada. The goal is to create a sustainable and supportive work environment for nurses, improve patient care and advocate for necessary policy changes at all levels of government.

No time to waste: let's get on with it

Transforming Canada's health care systems for tomorrow depends on urgent action to stabilize health human resources today – and no sector is in a grimmer state of crisis than the country's nearly half million regulated nurses. Most irking in all of this is that the issues are not unfixable; we know what works because there are already plenty of regions and settings showing the way. Many of those were showcased during the NPR Summit. There is no need to re-invent an already well-greased wheel.

Why are all practice settings not held to the highest nursing human resources standards? As Canadian business leader Tom d'Aquino asked the team, puzzled, during his tenure as a member of the National Expert Commission, "Why does using the best evidence get to be optional in a sector as risky and important as health care? What is that all about?" (T. d'Aquino, personal communication, 2012).

Enough talking, ruminating and studying – and enough of the *echo chamber*. If employers and governments choose not to believe the nurses who keep telling them what is going on in practice settings today, then they have 25 years of rigorous studies, reports, task forces and commissions that continue to ask the same questions reach the same tired set of recommendations. No factor

has been more prominent in all of them than nurse staffing and all the fallout for patients, employers and health care systems that ignoring it has caused. One of the dangers in allowing all this to go on so long is that some human beings, including nurses, have begun to behave like the unacceptable is normal. And worse, they may give up noticing or fighting against bad care and working conditions. But patients and outsiders notice these things and wonder how they can possibly be allowed to go on, even as the staff may behave like things are entirely normal – because in that setting, *they are*. They just shouldn't be.

During her address to the summit, Professor Ball wondered, after all these years, "does it really have to be a mess like this?" No. And breaking the cycle to move forward is long overdue. And as she noted, municipalities in Canada can require dog walkers to adhere to caring for only a limited number of dogs because *you don't leave potentially dangerous situations to chance*. So, surely leaders can imagine requiring standards for nurse staffing in the 21st century when it involves caring for some of the most vulnerable people in our country.

If Canadians were to imagine an entirely different sort of health care system for the 2030s, then they still need to get from here to there using the institutions they have. Fortunately, NPRs can be a lynchpin in planning, delivering and measuring the outcomes of modern, safe nursing services across the continuum of care. The following themes emerged in the analysis of *enablers and success factors, barriers and challenges, potential pitfalls and opportunities* identified by the summit delegates.

How do we get there? Making it happen

Key messages from the summit

Data-driven decision making

- **Strengths and success factors:** Utilizing real-time staffing and patient care data will help to assess needs, enforce compliance and optimize management of the workforce. Enables evidence-based policy and workforce planning. Provides visibility into health care gaps and workforce needs. Supports continuous improvement through shared research and evaluation. Leveraging artificial intelligence, predictive analytics, digital tools and the best evidence can optimize staffing, thereby improving overall efficiency.
- **Barriers and challenges:** Requires robust data collection and analysis to inform policy decisions. Provinces may have different health care metrics, and inconsistent tracking and transparency, making comparisons to measure outcomes and success of NPRs difficult.

Feasibility and standardization

- **Strengths and success factors:** A standardized NPR approach ensures consistency in patient care and workforce expectations. Proven models from early adopters provide valuable insights, making implementation smoother in other jurisdictions – and a well- structured roadmap can help provinces navigate the challenges of adopting NPR.
- **Barriers and challenges:** Different provinces have unique health care demands, making a *one-size-fits-all* model problematic. Implementation might require some flexibility in

implementation guidelines to account for regional variations in patient acuity, skill mix and available resources.

Financial implications

- **Strengths and success factors:** Cost savings are realized from improved patient outcomes (e.g., fewer adverse events, fewer readmissions, shorter hospital stays) and reductions in nurse turnover and costs of agency staffing. Sustained investments in nurse staffing, including workforce expansion, education, student incentives, career pathways and infrastructure are needed to implement minimum NPRs successfully, but should lead to improved financial efficiency in the long term. Federal funding alignment with NPRs could support sustainable health care financing.
- **Barriers and challenges:** High initial costs set against budget constraints, funding uncertainty and lack of long-term investment in health systems could all be impacted by economic downturns and financial instability that are difficult to predict. Initial costs of hiring more nurses may be a barrier. Funding allocation between federal, provincial and territorial governments must be addressed.

Impact on patient and workforce outcomes

- **Strengths and success factors:** Improved patient care, reduced mortality and shorter hospital stays demonstrate strong health care benefits. Nurse retention increases as better working conditions address unsafe workloads, reduce burnout, absenteeism and turnover – and is associated with attracting new nurses to the profession. Increased public trust in the health care system enhances patient satisfaction and vice versa.
- **Barriers and challenges:** Balancing nurse workload while maintaining affordability for the health care system. Ensuring there are enough trained nurses to meet new ratio requirements without overburdening existing staff. Urban/rural imbalances in numbers of nurses may complicate NPR implementation in rural areas. Uneven implementation may contribute to workforce migration, as might inconsistent health care demands and services across jurisdictions.

Policy and legislative considerations

- **Strengths and success factors:** Encourages federal and provincial/territorial alignment in health care funding and staffing policies. Strengthens standards and expectations regarding nurse working conditions. Political influence could be removed from health care decisions by setting clear national standards, and effective advocacy can improve political awareness and ensure NPRs are prioritized and enforced.
- **Barriers and challenges:** Political instability, shifting priorities and/or outright opposition to the notion of NPRs are likely to affect sustainability. Resistance from policymakers concerned about the financial and logistical impact could be significant. There is a need for ongoing evaluation and adjustment of policies based on real-world outcomes. The lack of standardized policies across jurisdictions could be a further snare in the implementation process.

Strengthening Canada's health care system

- **Strengths and success factors:** Establishing NPRs nationwide reinforces Canada's leadership in health care, encourages collaboration by sharing best practices among provinces and supports equity in health care by reducing regional disparities. Implementing digital solutions for workforce scheduling, ethical staffing frameworks and workload management to support NPRs will modernize the broader system and its effectiveness.
- **Barriers and challenges:** Provincial and territorial autonomy may lead to resistance in adopting standardized ratios. There is a potential for competition among provinces for nursing talent, creating imbalances in workforce distribution.

Systemic and long-term benefits

- **Strengths and success factors:** First and foremost, putting in place the right number and mix of nurses supports the vigilance required to align with critical safety outcomes. Improves workplace culture, psychological safety and overall health care quality. Reduces reliance on private staffing agencies, reinforcing a publicly funded health care model. Increases attractiveness of the nursing profession, boosting student enrollment.
- **Barriers and challenges:** Siloed decision-making, administrative pushback and operational challenges during NPR implementation including lack of dedicated structural support could hamper NPR implementation. Maintaining consistent implementation across multiple jurisdictions will be tough. It could be a challenge to ensure that NPR policies remain adaptable in a uniform way to future health care challenges.

Workforce stability and retention

- **Strengths and success factors:** Reduces inter-provincial/territorial competition for nurses, stabilizing the workforce by improving working conditions more uniformly. Increases job satisfaction and professional pride among nurses, by addressing a leading cause of burnout and intent to leave jobs. Reduces reliance on private staffing agencies, lowering costs. Expanding nursing education programs will be important for recruitment and retention and to ensure a steady pipeline of new qualified nurses.
- **Barriers and challenges:** Requires significant investment in training and recruitment to prevent staffing shortages. Existing shortages burnout and retention challenges are drive by ongoing high workloads and reliance on agency staffing to keep units operating. Broad flexibility and adjustments by all parties may be needed to support long-term workforce stability.

In summary, expanding the implementation of NPRs across Canada offers the potential to meaningfully enhance health care by improving patient outcomes, stabilizing the nursing workforce and standardizing care delivery. A more uniform approach to staffing ratios offers numerous benefits, including higher care quality, increased nurse retention and reduced health care costs. However, their success depends on each province and territory's unique needs and requires ongoing collaboration, adequate resources and adaptability. Perhaps above all it requires

a collective commitment and a long view, because this sort of revolutionary change is going to take time and stamina.

As a key solution for nursing human resources planning and management, NPRs positively impact nurse job satisfaction, recruitment and retention while strengthening patient care. They contribute to workforce stability, economic efficiency and professional development while simultaneously fostering public confidence in the health care system.

Effective NPR implementation demands major policy reforms that will, depend on strong partnerships among governments, unions and health care organizations. They must collaborate to achieve legislative support, workforce expansion and robust data monitoring. Public awareness and a strategic, phased approach are also critical components. Poor understanding of nursing and the impact and value of nurses is already problematic, therefore, the potential benefits of investing public funds in minimum NPRs may be a tough sell. Consistent and robust public advocacy and education will be necessary.

Fundamental to enabling NPR success is strong stakeholder engagement and government commitment. Provinces already adopting NPRs have benefited from dedicated funding, sector-wide collaboration and structured implementation plans. Achieving NPR goals also requires essential resources including reliable data, financial investment, political backing, workforce growth and public involvement. Success hinges on a well-organized, adequately funded approach with collective effort from all involved parties. Provinces leading NPR implementation emphasize the importance of project teams, government endorsement and stakeholder partnerships. Public advocacy and ongoing performance assessments play a crucial role in sustaining NPR effectiveness.

Scaling NPR implementation and sustainability can be achieved by leveraging existing networks, fostering cooperation among governments, employers and unions, conducting research, launching pilot programs and sharing insights across provinces. Public support and strong evidence-based advocacy are key drivers of change.

Health care professionals and organizations can support NPR expansion by integrating it into nursing education, engaging in political advocacy, promoting research and fostering collaboration among key players. The overarching goal is to enhance patient care, improve nurse well-being and ensure the long-term sustainability of Canada's health care system. Implementing NPRs will showcase the country's health care system as a world model for best practices, attracting attention that is likely to foster international collaboration and innovation.

A success blueprint for nurse-patient ratio implementation in Canada

The implementation of mandated minimum NPRs should be part of a robust, pan-Canadian nursing and health human resources plan that makes clear the nation's health care system goals — how to get from here to there, who will deliver services and in what mix, and where and how will they be deployed. Policymakers, governments and employers must keep in mind that mandated

minimum NPRs are an important tool, but they are one means to an end and not the end themselves. As the CFNU noted in its report on NPRs 20 years ago, they are not intended to address the nursing shortage directly, but to serve as one tool to better align "available nursing human resources and patient care requirements," with a focus on quality of care (CFNU, 2005, p. 18). Putting NPRs in place would represent a giant leap forward for Canada toward a revolutionary modernization of the country's nursing workforce and help truly defeat the soaring rates of adverse events.

This strategy assumes a coordinated, phased and collaborative approach that could be harnessed to guide implementation of NPRs across Canada, ensuring long-term sustainability and improved patient care outcomes. It ensures that NPRs are not just a policy, but the foundation for long-term health care transformation in Canada, balancing legislative action, workforce expansion, financial commitment and continuous evaluation to create a safe and sustainable NPRs system. Aspects of the rollout of the phases will necessarily overlap in some of their milestones and timing.

Cornerstone strategy

Establish a National Council for NPR Implementation

Delegates at the first national Nurse-Patient Ratios Summit agreed that Canada must act urgently to stabilize its nursing workforce. To explore the possibility of minimum NPRs further and move into action, a National Council for NPR Implementation should be convened under the coordinating leadership of the CFNU. To shoulder the predictable workload, the council could be led by more than one prominent Canadian champion to serve as public-facing co-chairs) along with an executive operational lead, and with representation from:

- Unions, including the CFNU and its provincial affiliates
- Governments (Health Canada, chief nursing officer), provincial and territorial ministries, principal nursing advisor task force, policymakers)
- Employers and health authorities
- Nursing schools and research institutions
- Professional associations
- Patient and public advocacy groups

Priority activities

The initial term of the National Council should be for two years, with milestone reports due during this mandate and a substantive report on achievements to be tabled in June 2027. Early priority activities of the council should include:

Stakeholder engagement

- Implement engagement strategies to involve a broad swath of stakeholders including frontline nurses, governments, employers, unions, patients and advocacy groups.

- Develop and launch a public awareness campaign showcasing the ways NPRs improve patient safety and nurse well-being.
- Establish mechanisms to align national, provincial and territorial nursing strategies for workforce planning and cultivate collaboration between provinces and territories to share best practices.

Political advocacy

- Develop structures (e.g. steering committees) at provincial and territorial levels for policy customization to meet regional health care needs.
- Define minimum staffing levels required to deliver safe, clinically effective care across different health care settings.
- Develop advocacy strategy for introduction of minimum NPR legislation at federal, provincial and territorial levels (perhaps modeled after Ireland's accreditation system).
- Ensure minimum NPRs are enshrined in enduring commitments such as in provincial and territorial legislation and collective agreements, e.g. through memoranda of agreement with unions and employers.

Funding and commitment

- Secure funding for the council and its initial mandate, 2025-2027.
- Advocate for long-term dedicated funding from federal, provincial and territorial governments.
- Establish an NPR implementation fund to support recruitment, infrastructure and training.

Knowledge and policy development

- Conduct a jurisdictional scan to identify current staffing models across provinces and territories.
- Benchmark against successful minimum NPR models in jurisdictions including Australia, California and Ireland.
- Identify gaps in nurse availability, nurse workload and support staff allocation.
- Explore the challenges of standardizing staffing levels, expanding workforce capacity, leveraging data-driven decision-making, fostering public awareness and identifying possible solutions.

In the interest of long-term sustainability and ongoing improvements, it will be critical to ensure NPRs are embedded as a core health care standard. It will be up to the National Council to develop and oversee the longer-term plan, but it likely will be important to embed NPRs into federal, provincial/territorial and pan-Canadian financing models and accreditation standards. And depending on the legislation or other methods chosen to establish NPRs, accountability and compliance mechanisms must be part of the roll-out. Continuous improvement should include the integration of artificial intelligence, as appropriate, in driving staffing models. It should also include longitudinal research considering patient safety, the quality of care for patients, nurse experiences, and system-level outcomes including returns on fiscal investments.

Conclusion

In their evidence review for the summit, McTavish and Blain concluded that "The arena of nurse staffing legislation stands on the cusp of transformative change, propelled by evolving health care demands and persistent advocacy from the nursing community" with a wave of jurisdictions poised to enshrine mandatory NPRs within legal frameworks (2024, p. 9). They argued that these evolutions echo "a growing recognition of nursing expertise and empirical research advocating for staffing levels that are critical to patient safety and care quality" with their trajectory encapsulating "a shift in health care policy making, increasingly favouring mandates as the mechanism to elevate the standards of patient care and the working conditions of nurses. (McTavish & Blain, 2024, p. 9).

Before the profession crumbles beyond repair, the time is now for Canada to take decisive action in overhauling its outdated, ineffective oversight and management of one of the largest, best educated and most effective workforces in the country. Above all, safety must be the highest goal in a high-risk industry in which the right number and mix of vigilant eyes, as Professor Leary put it (2024), can mean the difference between life and death. Implementing NPRs across Canada presents a significant opportunity to improve patient safety and other outcomes, while also supporting workforce stability and health care efficiency.

Success depends on careful planning, financial investment and collaboration among federal, provincial and territorial governments, employers and health authorities, unions, nursing schools, research institutions and professional associations. Implementing NPRs requires a multi-phase, evidence-informed and data-driven approach to ensure sustainable staffing improvements. The long-term benefits – including reduced costs, improved working conditions and enhanced public trust — make NPRs a compelling policy initiative, but challenges such as funding allocation, workforce distribution and regional autonomy must be addressed. Carefully executed, the implementation of NPRs can help Canada to build a safer and more efficient health care system that prioritizes both patient care and nurse well-being.

Before the profession crumbles beyond repair, the time is now for Canada to take decisive action in overhauling its outdated, ineffective oversight and management of one of the largest, best educated, and most effective workforces in the country.

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Note: This report was informed by artificial intelligence using the ChatGPT software, free of charge, available at https://chatgpt.com/. Specific uses were to assist in collating lists of responses and grouping themes using related prompting terms.

Appendix A

Organizations that participated in the summit

Athabasca University

Australian Nursing and Midwifery Federation (ANMF)

BC Ministry of Health

British Columbia Nurses' Union

Canadian Nurses Association

Canadian Nursing Students' Association

Dalhousie University

DND

Fédération interprofessionnelle de la santé du Québec (FIQ)

Government of Canada

Government of New Brunswick

Government of Saskatchewan

Government of the Northwest Territories

Hay River Health and Social Services Authority

Health Canada

Health Employers Association of BC

Health PEI

Health Workforce Canada

Healthcare & Workforce Modelling at London South Bank University / WHO Europe

Healthcare Excellence Canada

Horizon Health Network

IWK Health

Johnson-Shoyama Graduate School, University of Regina

Labrador-Grenfell Health

Manitoba Health, Seniors and Long-Term Care

Manitoba Nurses Union

Michael Villeneuve Associates

Ministry of Health

Ministry of Health NL

Ministry of Health Ontario

New Brunswick Nurses Union

NL Health Services

Nova Scotia Health

Nova Scotia Nurses Union

Nurses and Nurse Practitioners of BC (NNPBC)

Ontario Nurses' Association

Ordre des infirmières et infirmiers auxiliaires du Québec

PEI Department of Health and Wellness

Prairie Mountain Health

Prince Edward Island Nurses' Union

Queen Elizabeth Hospital

Queen's University

Queensland Nurses and Midwives' Union

Registered Nurses' Union Newfoundland & Labrador

Réseau de santé Vitalité

Royal College of Nursing Institute of Nursing Excellence

Royal College of Nursing Wales

Saskatchewan Health Authority

Saskatchewan Union of Nurses

SEIU Healthcare

SEIU-WEST

Shared Health Manitoba

Syndicat Québécois des Employées et Employés de Service Section

United Nurses of Alberta

Université de Moncton

Université de Montréal

Université du Quebec en Outaouais

University of British Columbia

University of Ottawa

University of Windsor

WeRPN

Yukon Government

Appendix B

Resources shared with participants at the Summit

Pre-summit reading materials

Nurse-Patient Ratios: Current Evidence Report

Empowering Nurses, Enhancing Care: Lessons on Safe Staffing and Nurse-Patient Ratios from Ireland and the United Kingdom

Workbook. Nurse-Patient Ratios Summit 2024

Presentation slides from plenary session speakers

Professor Jane Ball: Nurse Staffing: From Evidence to Policy

Lisa Fitzpatrick: Ratios in Victoria, Australia

Adriane Gear: Implementing Minimum Nurse-to-Patient Ratios

Janet Hazelton: Forging Ahead: Nova Scotia's Path to Guaranteed Nurse Staffing

Professor Alison Leary: Ratios – Why Now? Lessons from Safety-Critical Industries

Michelle Mahon: Safety in Numbers: Two Decades of California's Nurse-to-Patient Ratio Law

Dr. Kim McMillan: What Canadian Nurses Need: Insights from the Frontlines

Helen Whyley:

CANADIAN FEDERATION OF NURSES UNIONS

Redefining nurse staffing to revolutionize health care in Canada

A look at the first national Nurse-Patient Ratios Summit 2024

May 2025

www.nursesunions.ca