

Redefining nurse staffing to revolutionize health care in Canada

Snapshot of the first national Nurse-Patient Ratios Summit 2024

Michael J. Villeneuve, MSc, RN, FAAN, FRCN, FFNWRCIS, FCAN



May 2025



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.

Land acknowledgement

From coast to coast to coast, we acknowledge the ancestral and unceded territory 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 Anishnaabeg People. As settlers and visitors, we feel it's important to acknowledge the importance of these lands, which we each call home. We do this to reaffirm our commitment and responsibility to improve relationships between nations, to work towards healing the wounds of colonialism and to improve our own understanding of local Indigenous Peoples and their cultures.

Report author

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Michael Villeneuve Associates



Michael Villeneuve retired as the chief executive officer of the Canadian Nurses Association in 2022 and has resumed his role as principal consultant at Michael Villeneuve Associates. He serves as an adjunct lecturer at the University of Toronto and adjunct professor at McGill University, and he continues to publish and speak on a wide range of nursing leadership and public policy issues.

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CFNU Member Organizations





Access the full *Redefining nurse staffing to revolutionize health care in Canada* report

Scan the QR code to read the full report. Available in English and French.

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

nursesunions.ca/research/nurse-patient-ratios

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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The views expressed herein do not necessarily reflect those of Health Canada.



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,

A handwritten signature in black ink, appearing to read 'Linda Silas', with a stylized flourish at the end.

Linda Silas
CFNU President



NURSE-PATIENT

SOM

LINDA
SILAS

DR LEIGH
CHAPMAN

JANE
BALL

GOVERNMENT

PROVIDERS

42000 NURSING VACANCIES

WE ALL
HAVE A
RESPONSIBILITY
FOR THIS
LAND

INSPIRED
LEADERSHIP

OVER CAPACITY



PATIENTS

COLLABORATION

SUSTAINING
NURSING
in
CANADA

WE NEED
THESE LITTLE
BIRDS

GRATITUDE



NUTHATCH

WORKFORCE
PLANNING
NEEDED

OF
NURSES

HEALTH
CANADA



SAN
STAFF
PRACTICE

CRITICAL SHORTAGE



BREAK
THE
CYCLE

WE NEED
NURSES!



SAFE & MANAGEABLE WORK



IMPORTANT TO
TALK WITH PATIENTS,
TEACH & LISTEN

- ☐ SAFE STAFF
- ☐ REDUCE BURDEN
- ☐ IMPROVE CARE
- ☐ IMPROVE NURSE WELL BEING

IMPROVED PATIENT OUTCOMES

WE DON'T LEAVE
SAFETY TO
CHANCE

NURSE PATIENT RATIOS SUMMIT 2024

MET ^{sur} RATIOS INFIRMIÈRES-PATIENTS

NURSE STAFFING

CARING COSTS

RESEARCH IS VERY CLEAR

WE CAN CHANGE THE WORLD IF WE REALIZE

WE HAVE STANDARDS FOR NUMBERS OF DOGS OR STUDENTS IN A CLASS—NOT NURSES!

WE ARE IN IT TOGETHER!

FROM EVIDENCE TO POLICY

BETTER ENVIRONMENT

ISSUE IS NOT NEW POLICY-MADE PROBLEM SINCE 1930s

BETTER NURSE STAFFING

LOWER ODDS OF MORTALITY
BETTER STAFFING MEANS LOWER RISK

BETTER EDUCATED NURSES

INVESTMENT NEEDED!

SAFE STAFFING

LIMITS

NICE

WAS TOLD TO STOP...

HAD POSITIVE EFFECTS... DID NOT HAPPEN

NOT ENOUGH RNS

BIG INVESTMENT NEEDED

THE EVIDENCE IS CRUCIAL

MAKING CHANGE HAPPEN

COMING TOGETHER AT THIS SUMMIT IS CRITICAL

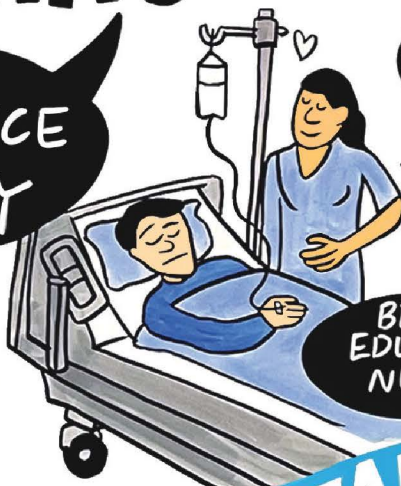
LOWER MORTALITY

PATIENT SAFETY MUST COME FIRST

JOB SATISFACTION - BURN-OUT QUALITY OF CARE

LOAD

STAFFING RATIO



NURSE STAFFING + EDUCATION + WORK ENVIRONMENT =

INKED BY: KATHRYN MAXFIELD

Recommendations

The implementation of mandated minimum nurse-patient ratios should be part of a robust pan-Canadian nursing and health human resources plan.

Canada must urgently reform its nursing workforce to prevent collapse. Implementing nurse-patient ratios (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 safer, more robust health care. In turn they could help to recast Canada as providing the world's most exceptional health care system.

Cornerstone strategy

Establish a National Council for NPR Implementation

Delegates at the first National Summit on Nurse-Patient Ratios, hosted by the Canadian Federation of Nurses Unions (CFNU) in November 2024, agreed that Canada must act urgently to address nurse staffing to stabilize its nursing workforce and enhance patient safety and system efficiency. To further explore the possibility of minimum NPRs 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 Member Organizations
- Governments (Health Canada, Chief Nursing Officer), provincial and territorial ministries, principal nursing advisors 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 the following.

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 an 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 understanding with unions and employers, with the national council acting as a repository for best practices to provide assistance during contract negotiations.

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.
- Advocate for establishment of an NPR implementation fund (e.g., through federal transfers and/or bilateral agreements with provinces and territories to support recruitment, infrastructure and training).

Knowledge and policy development

- Update jurisdictional scan to identify current staffing models across provinces and territories.
- Establish targets and metrics with the assistance of benchmarks used in successful minimum NPR models in jurisdictions such as Australia, California and Ireland.
- Identify nurse availability, workload and support staff allocation to support achievability of the implementation plan.
- Explore the challenges and solutions in standardizing staffing levels and identify enablers and barriers to expanding workforce capacity, leveraging evidence, data-driven decision-making and fostering public awareness.

The first National Summit on NPRs

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, Quebec, Ontario 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.

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. Supported with the financial backing 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 Institute of Nursing Excellence, Royal College of Nursing, in the UK.

The summit was timely, coming on the heels of the recent publication of the *Nursing Retention Toolkit* (2024) developed by the office of Health Canada’s Chief Nursing Officer (CNO) in cooperation with the CFNU and other leading nursing organizations who served in an advisory capacity. The summit supports Safe Staffing Practices, one of eight foundational themes and initiatives in the Health Canada toolkit (2024), which itself 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 “help determine patient needs and required workloads to ensure that enough nurses are available to provide care” (Health Canada, 2024).

Figure 1 Core themes, *Nursing Retention Toolkit*, Health Canada, 2024





Organization of the summit

Purpose and program

The purpose of the NPR summit was to bring together interdisciplinary experts and stakeholders to share and create knowledge regarding NPRs. It was designed to inform, explore and build on current research and policies, implementation evaluation strategies and best practices for NPR standards across Canada — all to imagine and lay the groundwork for 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 60 Canadian and international organizations sharing an interest in nurse staffing and NPRs were invited to take part in the meeting. Facilitated by Gerard Murphy of Barefoot Facilitation Inc., the meeting was organized to include a rich mix of plenary speakers (see Appendix B in full report) bringing a variety of domestic and international experiences with NPRs. 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. The intention was to produce actionable recommendations for policymakers that can inform a path towards spreading and scaling safe staffing initiatives across the country.

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, independently write a report to summarize the events of the summit and document the actionable policy recommendations suggested by the participants.

RATIOS

WHY NOW

LESSONS FROM SAFETY-CRITICAL INDUSTRIES

ALISON LEARY



NURSING USES ALL FOUR TYPES OF LABOUR

COMPLEX WORK

ALWAYS TIED TO FINANCIAL

WORKLOAD

YOU CAN'T RECRUIT OUT OF A RETENTION CRISIS!



NURSING IS A PROFESSION OF

VIGILANCE

MANDATED STAFFING MODELS

MINIMUM STAFFING

DEPROFESSIONALIZATION

SAFETY IS NOT INCOME GENERATING

MANAGING RISK

MANDATES IN OTHER SAFETY CRITICAL INDUSTRIES

TOMBSTONE LEGISLATION

SUPPORT JUSTIFIABLE DEVIANCE



TOO MANY NOVICES IS A PROBLEM

PROFICIENT

PRODUCTIVE



RISKY

OVER DELEGATION

ANXIETY

EXIT TRIGGER

ROOKIE FACTOR

UNDERMINING

WHAT CANADIAN NURSES NEED

KIM
McMillan

INSIGHTS FROM THE FRONTLINES



Engaging the delegates

Throughout the summit, plenary speakers for the summit illuminated many of the experiences with NPRs encountered by the CFNU during its study tour of Ireland and the UK, as well as those documented in the evidence synthesis prepared by McTavish and Blain (2024). Guest speakers were interspersed with energized and productive small-group conversations that will inform CFNU’s NPR work going into the future. Questions were developed to guide summit discussions as follows:

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

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

Standardization of 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 with the potential for a unified national NPR framework through professional organizations like Accreditation Canada.

Fortification of nurse retention and recruitment

- Reduce inter-provincial/territorial competition for nurses.
- Enhance workforce stability by reducing burnout and mental distress.
- Improve mentorship programs for nursing students.
- Encourage former nurses to return to the profession.
- Government and union collaboration 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.

Improvement of 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 existing networks and resources, leveraging established organizations (e.g., the CFNU, Global Nurses United) to share best practices.

Increased 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.

Positive impact on the socio-political environment

- 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.

Development and use of data and evidence

- 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 NPRs' benefits, strengthening the argument for implementation.
- More effective advocacy and public education: training programs, political lobbying and patient advocacy organizations amplify NPR awareness.

Words of consideration

Over the course of the summit, delegates raised concerns about feasibility, including financial implications, governance complexities within a federation and the vast diversity of health care environments where nurses practice. They did not reach a unanimous recommendation about the need for NPRs, nor was that the objective. They were realistic about the challenge of implementing large-scale change in a country with the formidable size and complexity as Canada. There was, however, no disagreement in the room about the urgency of addressing nurse staffing issues once and for all, nor about the potential for mandated NPRs to drive meaningful improvements for nurses, patients and the broader health care system.

Summary of summit discussions

Across Canada, the expansion of NPRs holds the promise of transforming health care and revolutionizing the system by improving patient outcomes, stabilizing the nursing workforce and creating a more standardized approach to care. A consistent staffing model offers numerous advantages — higher-quality care, improved nurse retention and lower health care costs. However, success depends on addressing the unique needs of each province and territory, requiring collaboration, resources and adaptability. Most importantly, this kind of systemic change demands a long-term commitment. It is not a quick fix but rather an investment in the future — one that will take time, perseverance and collective dedication.

As a crucial strategy in nursing workforce planning, NPRs have the potential to significantly enhance job satisfaction, recruitment and retention. They not only strengthen patient care but also contribute to economic efficiency, professional development and overall public trust in the health care system. Their effective implementation requires sweeping policy reforms, and getting there requires sufficient human resources so there are enough nurses to fill the positions required to deliver safe care within a mandated NPR staffing model; clearly, constant attention must be paid to retention and recruitment. Achieving mandated ratios will depend on strong partnerships — governments, unions and health care organizations must work together to ensure legislative backing, workforce expansion and ongoing data monitoring. Public awareness is another critical factor. Misconceptions about nursing and its value persist, making it challenging to justify the allocation of public funds toward minimum NPRs. Overcoming this barrier will require sustained advocacy and education to highlight the tangible benefits of these changes.

For NPRs to succeed, stakeholder engagement and government commitment are essential. Provinces that have already implemented these ratios have benefited from dedicated funding, sector-wide collaboration and structured rollout strategies. Achieving NPR goals demands a foundation of financial investment, political will, workforce expansion and public involvement. A well-organized and adequately funded approach — with unified efforts from all parties — will be critical to success. Jurisdictions leading the way have emphasized the role of dedicated project teams, government support and strong partnerships to ensure a smooth transition. Additionally, continuous public advocacy and performance assessments will be necessary to maintain momentum and sustain the effectiveness of NPRs.

To scale and sustain NPR implementation, existing networks must be leveraged. Cooperation among governments, employers and unions, along with research initiatives, pilot programs and knowledge-sharing across provinces, will help drive progress. Public support and evidence-based advocacy can be powerful catalysts supporting change.

Health care professionals and organizations can further NPR expansion by integrating it into nursing education, engaging in political advocacy, promoting research and fostering collaboration among key stakeholders. Ultimately, the goal is to enhance patient care, improve nurse well-being and secure the long-term sustainability of Canada's health care system. By embracing NPRs, Canada has the opportunity to set a global example — demonstrating best practices in health care staffing and inspiring international collaboration and innovation.

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.

Longer term

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. If it were to be convened, the National Council on NPRs should advocate at the federal, provincial and territorial levels to enshrine safe staffing practices in financing models and accreditation standards to ensure long-term sustainability and enforcement of safe staffing. Establishing accountability and compliance mechanisms must be part of the roll-out.

Continuous improvement should include consistent high-fidelity data collection and analysis, modelling and the latest research around standards of care. Implementation and maintenance of NPRs should consider integration of artificial intelligence, as appropriate, in driving staffing models. It should also include longitudinal research considering patient safety, the quality and experience of care for patients and nurses, and system-level outcomes, including returns on fiscal investments.



FACILITATED S



DIFFERENCES to
SPREAD & SCALE OF RATIOS
ACROSS CANADA in
HEALTH CARE

- STANDARDIZED CARE
- IMPROVED OUTCOMES
- NURSE RETENTION and RECRUITMENT

PUBLIC TRUST

- SYSTEM EFFICIENCY
- ECONOMIC and WORKFORCE BENEFITS
- CHALLENGES and CONTEXTUALIZATION

- SATISFIED RETENTION
- ENHANCE PATIENT CARE
- WORKFORCE STABILITY & Planning
- ECONOMIC BENEFITS

CHANGES in POLICY
OR ENVIRONMENT needed
TO IMPLEMENT RATIOS

- COLLABORATION & STAKEHOLDER ENGAGEMENT
- GOVERNMENT & LEGISLATIVE support
- WORKFORCE DEVELOPMENT and EDUCATION
- WORKPLACE and SCHEDULING REFORMS

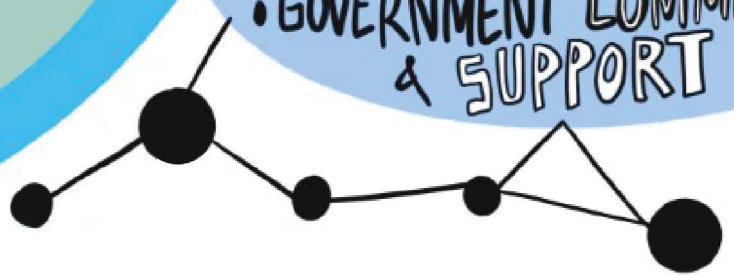
- DATA ACCOUNTABILITY and TRANSPARENCY
- PUBLIC SUPPORT & ADVOCACY
- STRATEGIC & PHASED IMPLEMENTATION
- NURSE EMPOWERMENT and PROFESSIONAL RESPECT
- FINANCIAL and RESOURCE allocation

- INTERPROFESSIONAL COLLABORATION & PUBLIC HEALTH SYSTEM STRENGTHENING



FOR PROVINCES ALREADY
on the ROAD to RATIOS...
PRIMARY ENABLERS
TO ADVANCE TOWARD NURSE
PATIENT RATIOS

- COLLABORATION & STRONG RELATIONSHIPS
- GOVERNMENT COMMITMENT & SUPPORT



SESSION



FACTION &
TION
D
RE
CE
arning
MIC &
EFITS

HOW RATIOS are
A PART OF the NURSING &
HEALTH CARE
HUMAN RESOURCES
SOLUTIONS

• IMPROVED
PROFESSIONAL
GROWTH

• SYSTEM
WIDE
BENEFIT

• ORGANIZATIONAL
PUBLIC TRUST & HEALTH
SYSTEM IMPROVEMENT

RESOURCES &
SUPPORTS NEEDED to
MAKE RATIOS HAPPEN

• DATA +
EVIDENCE

• FINANCIAL
COMMITMENT

• POLITICAL WILL

• COMMUNICATION
and ENGAGEMENT

• WORKFORCE
DEVELOPMENT

• COLLABORATION
and
STAKE HOLDER involvement

• INFRASTRUCTURE
and PROJECT MANAGEMENT

• SUPPORT from REGULATORY BODIES

• COMMUNITY and
PUBLIC SUPPORT

• SUSTAINABILITY &
LONG-TERM PLANNING



relationships
ENT



DEDICATED PROJECT RESOURCES

- GOVERNMENT & FINANCIAL SUPPORT

- INVOLVEMENT OF KEY STAKEHOLDERS

FOR PROVINCES ALREADY
ON THE ROAD TO RATIOS,
WHAT RESOURCES & SUPPORTS
HAVE BEEN
IDENTIFIED

- Strong COLLECTIVE
AGREEMENT LANGUAGE

- SUBJECT MATTER EXPERTS

- STANDARDIZED DATA

- GOVERNANCE + ACCOUNTABILITY

- TRANSPARENCY

- ONGOING EVALUATION

- PUBLIC ENGAGEMENT

EXISTING NETWORK and RESOURCES

OPPORTUNITIES
that EXIST
TO HELP the SPREAD &
SCALE OF RATIOS
across
CANADA

- GOVERNMENT & UNION COLLABORATION

- EVIDENCE & RESEARCH

- PUBLIC & POLITICAL SUPPORT

- PILOT PROGRAMS &

- CROSS-PROVINCE
Collaboration

- INCREMENTAL
APPROACHES

- DATA
and METRICS

- ADVOCACY & EDUCATION

- A NATIONAL STANDARD



- ADVOCACY + PUBLIC EDUCATION
- STRATEGIC PARTNERSHIPS & RESEARCH
- COLLABORATION WITH STAKEHOLDERS
- LEGISLATIVE + REGULATORY SUPPORT
- IMPLEMENTATION and EVALUATION
- LONG-TERM SUSTAINABILITY

HOW CAN YOUR ORGANIZATION CONTINUE to CONTRIBUTE to HELP?

- EMPOWERING Nurses
- POLITICAL action and LOBBYING

• ADVOCACY and EDUCATION

- COLLABORATION and STAKEHOLDER ENGAGEMENT

- DATA COLLECTION and RESEARCH

- PUBLIC and POLITICAL ADVOCACY
- NEGOTIATION + IMPLEMENTATION

- ONGOING COMMITMENT

WHAT will YOU DO - in your PROFESSIONAL ROLE to HELP?

Background

What is the problem?

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. By the early 2000s, leading nursing organizations, including the CFNU, had begun to issue ominous warnings about shortages predicted ahead, and the suggested feasible policy solutions they argued could have eliminated the RN shortage in 15 years. The best evidence at the time went largely ignored, and the initial worry of nurses emerging in the mid-1990s has now become dire. In a policy review labelled *The crisis in the nursing labour market: Canadian policy perspectives*, 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).

Canada's nursing shortages cannot be easily mitigated by simply turning up the pipeline of nurses coming into the profession or stopping others from leaving it. A broad approach to tackling the inflow, productivity and outflow of nurses, such as the framework developed for the *Nursing Retention Toolkit* published by Health Canada, is required. Governments, employers, unions and professional associations can choose to act on the variables that may be more easily impacted in shorter order, i.e. the conditions of nursing practice settings we know have a direct impact on nurse, patient and organizational outcomes. Central among these is the enduring issue of adequate, safe and satisfying staffing. With work on NPRs underway in Canada and numerous jurisdictions internationally, that 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 in 2024?

The COVID-19 pandemic served as an accelerant that exacerbated longstanding, unsafe and unsatisfying working conditions in many practice settings, with no material recovery or improvement since it started — and this was all well documented before 2020. These unresolved matters have been a growing concern as nursing science increasingly makes clear that sub-optimal working conditions are not just problematic for nurses but are directly linked to and correlated with basic safety and a broad roster of other patient, fiscal, organizational and system outcomes.

Nursing workforce challenges in Canada

While Canada's nurse-to-population ratio (10.3 per 1,000) exceeds the OECD average (9.2) slightly, workforce distribution and employment patterns here present significant challenges. Only 64% of Canadian registered nurses (RNs) work full-time, compared to 82% in the U.S., reducing total care hours. Absenteeism is also higher, averaging 19 days per year in Canada versus 7 in the UK — and as noted following, there are other dynamics at play that hamper the productivity of Canada's nurses.

Shifting employment patterns

New graduates, now the largest workforce cohort, are less likely to secure full-time roles, reversing past trends, where older nurses were the largest cohort and more of them worked full-time. This shift affects overall productivity negatively.

Declining rural and remote workforce

With 17.8% of the Canadian population living in rural and remote areas and dropping, nurse employment in these settings has declined even faster, falling on average from 11.1% in 2013 to 9.6% in 2023 — and worse in many remote Indigenous communities. Nurse practitioners saw the largest decline (18% to 14%), but RNs, LPNs and RPNs also experienced reductions; however, rural nurses report higher job satisfaction.

Registered but not practising

A significant number of nurses register but do not practice in nursing. For example, 5% of nurses in Alberta and 8% of nurses in Ontario maintain registration but are not working in the field, equating to 24,000–38,000 inactive nurses when projected nationwide. The number registered but not practicing in Ontario had increased by 60% in the years leading up to COVID-19, and at the same time 60% of nurses considered leaving their jobs, with over a quarter wanting to exit the profession entirely.

Persistent vacancies and retention struggles

Nursing vacancies surged 55% between 2019 and 2024, accounting for 64.8% of all health occupation vacancies. As of early 2025, over half of job postings remained unfilled for 90 or more days. The COVID-19 pandemic worsened conditions with excessive workloads, denied leave, PPE shortages and numerous workforce reassignments, but workforce shortages were a growing issue even before the pandemic.

What nurses are saying

Finally, nurses practising at points of care painted a worrying picture of the state of Canada's nursing workforce in their responses to CFNU's 2025 survey. Most respondents were RNs (84%) working in clinical roles (72%), and more than a third (36%) had greater than 20 years' experience. They reported worsening mental health and high rates of intention to leave their job or the profession. Their reasons for high intention to leave included unpredictable staffing and scheduling (60%), high workloads (67%) and insufficient staffing (65%). A quarter of respondents rated their work environment as poor, with 67% stating their workplace is regularly over capacity. Levels of abuse from clients were alarming, including bullying (29%), physical abuse (47%) and verbal abuse (82%). Of interest, the solution nurses said could most influence their decision to stay in their jobs was implementation of mandated minimum NPRs (37%) (CFNU, 2025).

The imperative for action

There is 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 we have reached a point of true crisis. Addressing these challenges requires targeted recruitment and retention strategies and workforce support to sustain health care across all regions. 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.

The fix factor: evidence on staffing and NPRs

The ongoing challenges in nurse staffing have intensified discussions on the need for minimum mandated NPRs, with growing global momentum behind this strategy. To contribute to this conversation, the CFNU commissioned McTavish and Blain (2024) to review existing evidence, providing insights on global staffing trends and their impact on health care delivery. Their findings highlight significant links between higher staffing levels and improved patient outcomes. Every study on failure-to-rescue rates (100%) showed a reduction with increased staffing, while 87% reported fewer adverse outcomes. Additionally, 75% found lower mortality rates, and two evidence syntheses linked better staffing to hospital-acquired infection reductions of 75% and 80%.

Beyond patient care, higher staffing levels were associated with lower nurse burnout (94%), greater job satisfaction (90%) and reduced turnover (88%). These trends have been studied for over 25 years, reinforcing the critical role of staffing in optimizing workforce management. As McTavish and Blain concluded, “nurse staffing levels are an important indicator of adverse patient and nurse outcomes and are instrumental in informing decision-making” (2024, p.3). The current state of nurse staffing is unsustainable, making it imperative to consider new approaches like NPRs to strengthen Canada’s health care system.

Staffing standards have long been in place for high-risk industries in Canada, often capping maximum work hours for professions such as pilots, air traffic controllers and truck drivers. Some sectors also mandate minimum staffing ratios to ensure safety and service quality — airlines, for example, require a set number of flight attendants per passenger count, preventing departures if staffing falls short. Similar vigilance-based ratios exist for childcare and even commercial dog walking.

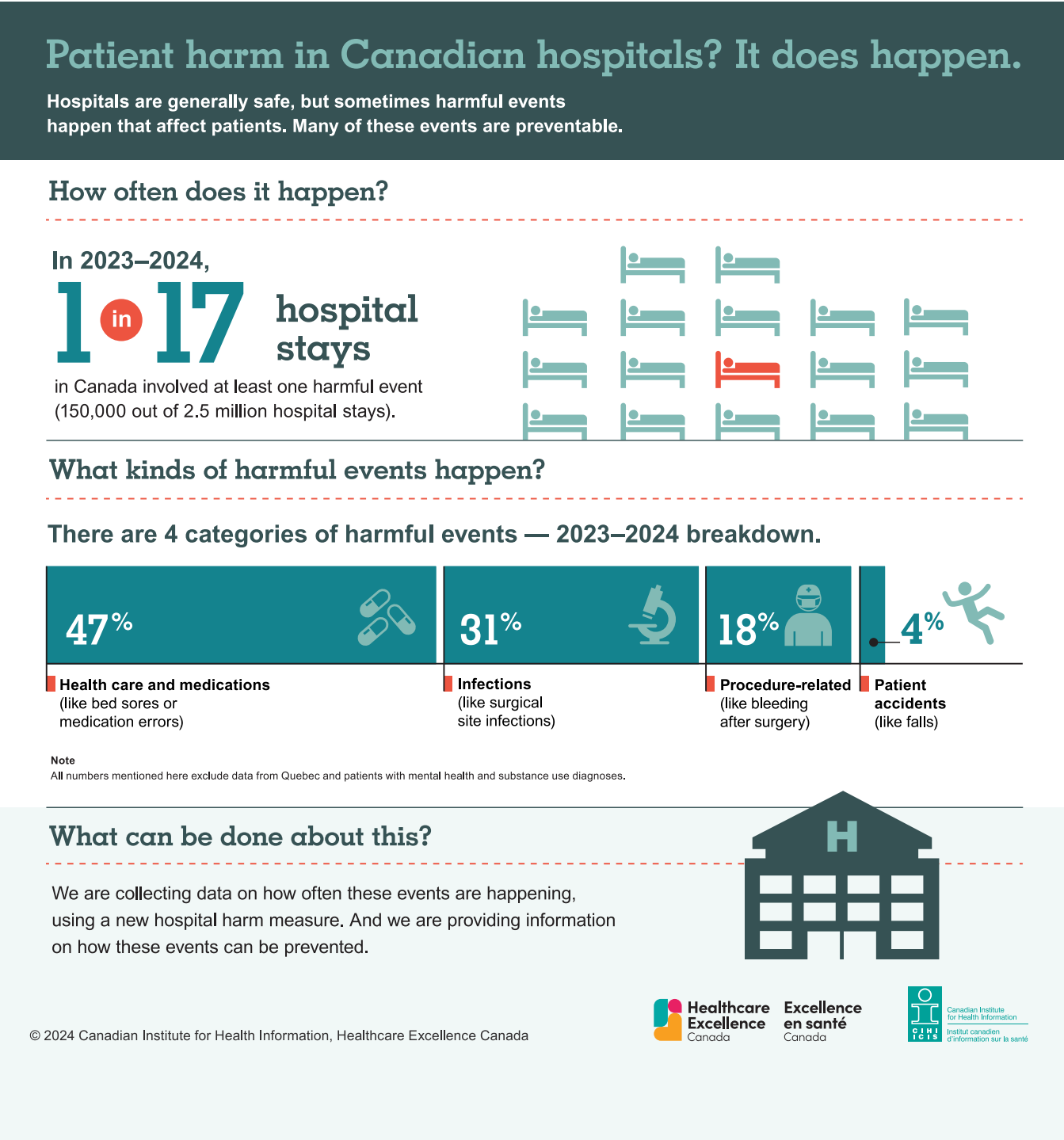
Despite the critical nature of health care, no such safeguards exist for nurses and physicians. Governments and employers continue to resist minimum staffing standards, even in high-risk environments like operating rooms, emergency departments and long-term care. This oversight is especially troubling given that 1 in 17 hospital stays in Canada involved a harmful event in 2023–2024 (see Figure 2). A CFNU survey (2025) found that 44% of nurses had witnessed or experienced a patient safety incident in the past six months — over half of which (56%) were tied to inadequate staffing and high patient loads.

The link between adequate nurse staffing and improved patient outcomes has been clear for decades. In the 1980s, U.S. hospitals that successfully retained nurses — some even with waitlists — became known as *Magnet hospitals*. Among the traits contributing to their success, researchers found that these institutions were perceived as having sufficient RN staffing, allowing nurses to deliver safe and high-quality care (McClure et al., 1983). These findings have been consistently reinforced over 40 years of nursing workforce research.

At CFNU’s 2024 NPR Summit, Professor Alison Leary reaffirmed nursing as “a profession of vigilance” and described nurses as the largest “safety-critical” workforce in health care (Leary, 2024). Despite decades of evidence, nurses are still fighting for the basic staffing standards that other safety-sensitive industries take for granted.

NPRs vary similarly across jurisdictions. Despite the challenges inherent in their implementation, flexible and mandated NPRs hold the promise to offer clear and enforceable solutions to staffing shortages, and nations implementing mandatory NPRs have seen improvements in patient outcomes and nurse retention.

Figure 2 Patient harm in Canadian hospitals? It does happen. (CIHI, 2024)



A few words on Canadian and global experiences with staffing ratios

Global approaches to nurse staffing vary, from flexible guidelines to mandated minimum NPRs, all aimed at improving patient care and supporting nurses. Implementation differs across jurisdictions: California pioneered NPR legislation in 1999, while Victoria (Australia) integrated ratios into collective agreements before formalizing them in law. Some U.S. states, as well as Ireland and New Zealand, favor flexible models that adjust staffing based on patient needs.

In Canada, several provinces are exploring NPRs. British Columbia leads with mandated minimum NPRs in critical care, medical/surgical and palliative care units, backed by union negotiations, formal legislation and government directives. Nova Scotia has adopted a flexible workload-based staffing model, and Quebec piloted NPRs in 16 sites, finding improved care delivery and advocating for broader implementation. Ontario saw legislative attempts to mandate NPRs, with ongoing union-led lobbying efforts, while Manitoba has convened a sub-committee on NPRs to launch its own work.

Accountability strategies vary globally, from financial penalties in California to public hospital staffing disclosures in New York. British Columbia is developing performance metrics to assess NPR impact. As Canada navigates the adoption of NPRs, lessons from international models will be key to shaping effective and sustainable staffing policies.

Key background messages

McTavish and Blain's (2024) review highlights global trends in balancing patient care demands with nurse well-being and workforce sustainability. Nurse-patient ratios (NPRs) vary by region due to economic, cultural and systemic factors, with wealthier nations generally maintaining better ratios, especially in critical care, emergency, maternity and surgical settings. Lower NPRs, such as in the Philippines, reflect staffing challenges, while mental health and rehabilitation staffing levels differ widely based on local policies.

Both flexible and mandated NPRs offer solutions to staffing shortages, with evidence linking mandatory minimums to improved patient outcomes and nurse retention. Pilot projects have helped shape staffing policies but can also stall long-term action if not followed by sustained funding.

A pan-Canadian approach to mandated NPRs is needed, but policies must allow for regional adaptations based on patient acuity and facility resources. However, a clear never-go-below limit is essential for meaningful reform. Financial and workforce constraints remain challenges, requiring systemic support, adaptable policies and strong enforcement to ensure NPRs are both effective and sustainable.



Conclusion

We have had enough talk in an echo chamber. To deliver the high-quality care Canadians deserve, Canada must act urgently to improve the safety of care, stabilize its nursing workforce and enhance both organizational and system efficiencies. 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.

Canada must act decisively to reform its outdated and ineffective management of one of its largest and most skilled workforces before further deterioration occurs.

McTavish and Blain's evidence review for the summit highlighted that nurse staffing legislation is at a pivotal moment, driven by increasing health care demands and strong nursing advocacy (2024). A growing number of jurisdictions are moving toward mandated minimum NPRs, signaling a shift in policy that recognizes nursing expertise and research supporting safe staffing levels. These changes reflect a broader trend toward mandated policies aimed at improving patient care and nurse working conditions.

Canada must act decisively to reform its outdated and ineffective management of one of its largest and most skilled workforces before further deterioration occurs. Safety must remain the top priority in this high-risk profession, where, as Professor Leary (2024) noted, the right staffing levels can be the difference between life and death. Implementing NPRs nationwide offers a critical opportunity to enhance patient safety, stabilize the workforce and improve overall health care efficiency.

Achieving success will require strategic planning, substantial investment and collaboration among federal, provincial and territorial governments, health care employers, unions, nursing schools, research bodies and professional associations. A coordinated, evidence-based and data-driven approach is essential to ensure sustainable staffing improvements. While challenges such as funding, workforce distribution and regional differences must be navigated, the long-term advantages — lower costs, better working conditions and increased public confidence — make NPR implementation a compelling policy initiative. If executed carefully, it can strengthen Canada's health care system while prioritizing both patient care and nurse well-being.

WHAT'S NEXT...

THE EVIDENCE IS CLEAR.

WE CAN MAKE CHANGE

WE ALL HAVE A VOICE

SILENCE IS NOT SAFE

ALL THE WORK WE'VE DONE! AMAZING.

thank you

HOPE

GRATEFUL

CONNECTION



OPTIMISM

CHALLENGES BUT POSSIBILITY
IT IS NOT A STRAIGHT LINE



ARE YOU LIVING YOUR LIFE IN A GOOD WAY?

MORE WORK ON:
ECONOMIC BENEFITS
STUDENT SUPPORT
LISTEN TO OUR
↓
DIRECT CARE NURSES

THE EVIDENCE IS CLEAR

WE HAVE TO LISTEN TO IT!

CONNECT WITH ONE ANOTHER

IF YOU SEE A BEAR,,
STAND TALL



LIKE A SAILBOAT,
FOLLOW THE WIND
IN YOUR SAILS!

SAFE STAFFING IS
LIKE THE WIND

IT'S ROUGH



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