AUGUST 2025

CFNU
CANADIAN FEDERATION OF NURSES UNIONS

TODAY'S NURSE:

What contemporary Canadian nurses need to stay in the workforce for the longevity of their career

Dr. Kim McMillan, RN, PhD, CHPCN(C)

EXECUTIVE SUMMARY

About the CFNU

The Canadian Federation of Nurses Unions (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. We are proud to advocate for our members and promote the nursing profession on the national level, and we work tirelessly to protect the quality of health care for our patients and our universal public health care system.

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

Dr. Kim McMillan, RN, PhD, CHPCN(C), is an Associate Professor of Nursing, University of Ottawa, whose program of research focuses on the intersection of organizational life and ethical, relational and political nursing practice, exploring how nurses experience and navigate their practice within highly complex health care systems.

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The majority of the photos featured in this report are of union nurses provided by CFNU's Member Organizations.

CFNU MEMBER ORGANIZATIONS

Registered Nurses' Union Newfoundland & Labrador

UNA United Nurses of Alberta

New Brunswick Nurses Union NBNU SIINB Syndicat des infirmières et infirmiers du Nouveau-Brunswick

pei nurses

BC NURSES' UNION

Nova Scotia Nurses' Union

ONTARIO NURSES' ASSOCIATION

sun SASKATCHEWAN UNION OF NURSES

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LPN
Tammie

MESSAGE FROM LINDA SILAS, CFNU PRESIDENT

Nurses are leaving their jobs in unprecedented numbers across all career stages and for many reasons. As the largest group of health care professionals in Canada, nurses are highly skilled, trained in both clinical skills and leadership, and form the backbone of our health care system.

Canada remains in the middle of a critical nursing shortage. We are falling behind population growth and rising health care demands from an aging population. At a time when human resources are already stretched thin, the health care system simply cannot afford to lose any more nurses.

We must urgently re-evaluate and invest in the needs of today's nurses to ensure nursing is a job of choice in our communities and there are enough nurses to meet population needs. This means listening to nurses and making the changes they care about and that will help keep them in the profession.

For decades, nurses' unions have been advocating for workplace and policy changes that are needed to retain nurses and support them to do their jobs effectively. As early as 2002, the Canadian Nursing Advisory Committee, of which I was a member, recognized an emerging crisis in health human resources. The recommendations from the committee, published in the report *Our Health, Our Future: Creating Quality Workplaces for Canadian Nurses*, aimed to address the last nursing shortage by increasing the supply of nurses and improving working conditions. Yet, these challenges remain with us today.

The CFNU built on this foundation by commissioning and publishing key research on the evolving needs of nurses, especially across generations. The first publication of this type was *Retaining and Valuing Experienced Nurses* (2006), followed by *From Textbooks to Texting: Addressing Issues of Intergenerational Diversity in the Nursing Workplace* (2009), and *Bridging the Generational Divide* (2015). Furthermore, several pilot projects enacting the research findings were implemented beginning in 2008 with support from Health Canada through the Research to Action project with positive effect (Silas, 2012). These studies examined how nurses' work life needs change over the course of their careers and contributed to developing CFNU's advocacy priorities. Many of the recommendations put forward in these reports are still relevant today because there has been a persistent throughline of inaction, despite constant advocacy from the CFNU.

We are in a new era of nursing workforce challenges, and the *Today's Nurse* research revisits the breadth of issues that nurses face and looks directly to frontline workers for answers. The expectations of the workforce have changed significantly in recent years, especially since the COVID-19 pandemic. We have seen the rise of the gig economy, growing demand for flexibility and a greater focus on work-life balance across all areas of work. In many ways, nursing as a 24/7 profession with deeply entrenched norms has not kept pace. Nurses are highly educated professionals with options to enter other fields that may better align with their personal and professional priorities if misalignments continue unresolved. Several of these issues are discussed further in CFNU's work on the issues of violence in the workplace, safe hours of work, private for-profit nursing agencies and

nurse-patient ratios. Understanding and responding to evolving needs is a critical role for unions. As the profession changes, the supports and conditions we fight for must also change. The decisions made today will shape the future of nursing in Canada for years to come.

Today's Nurse crystallizes decades of knowledge and research through the voices of nurses themselves, using the framework of respect, engagement and protection. The nurse-led recommendations outlined in this report offer a comprehensive modern roadmap to meet the needs of Canada's nursing workforce in 2025 and beyond.

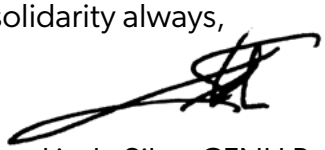
This latest research builds on CFNU's broader body of work aimed at strengthening the nursing workforce, such as *Sustaining Nursing in Canada* (2022), which examined the root causes of nurse attrition across the country and provided policy recommendations to improve retention. In collaboration with World Education Services (WES), the CFNU co-published *Bolstering Pathways to Practice: Empowering Internationally Educated Nurses in Canada* (2025), which explored barriers to integration and actionable solutions to support internationally educated nurses in Canada. Furthermore, the CFNU released *Investing in the Future: Eliminating Financial Barriers for Nursing Students* (2025), a national survey report that revealed the financial stressors facing nursing students and the urgent need for improved supports. Most recently the CFNU released *Redefining Nurse Staffing to Revolutionize Health Care in Canada*, which was a report on the first National Nurse-Patient Ratios Summit in 2024 and which recommended implementing nurse-patient ratios nationally as a key action to stabilize the nursing workforce. These reports, together with *Today's Nurse* and recommendations in Health Canada's *Nursing Retention Toolkit*, form a growing body of evidence and insight to guide decision-makers in building a more sustainable, equitable and resilient nursing workforce.

We have seen the consequences of ignoring early warnings. If past recommendations had been implemented, we might not be in the staffing crisis we now face. Nurses have shared, in detail, the reality of their working lives. It is time to listen. Canada needs every nurse we have – and more. We need them to feel safe, respected and fulfilled, so that they choose to stay in the profession until they are ready to retire.

There has been more than enough analysis and contemplation. Now is the time to act decisively to protect Canada's health care system. We know that if nurses are respected, protected and engaged professionally and personally, they will stay.

On behalf of the Canadian Federation of Nurses Unions, I would like to thank Dr. Kim McMillan and her research team for conducting this critical work. I would also like to express my sincere appreciation to the members of CFNU's project advisory committee Jeannine Arbour of UNA, Matt Hiltz of NBNU, Cait Jarvis of BCNU, Tiffany McEwan (past president) of CNSA and Shrushti Patel of CNSA for their valuable input and guidance in this work.

In solidarity always,



Linda Silas, CFNU President

MESSAGE FROM DR. KIM McMILLAN, RN, PHD, CHPCN(C)

As I reflect on the focus groups and the subsequent findings in this report, I am once again reminded of how much nurses contribute to the Canadian health care system. This report makes clear that nurses are the glue holding this system together. However, they are doing so at great cost, without adequate and necessary supports, resulting in devastating consequences for nurses and the entirety of the Canadian health care system.

Nurses work in environments that increasingly feel unsafe. Nurses feel their safety, both physically and mentally, is increasingly under attack, without adequate measures in place to both prevent and remediate safety violations. Nurses are increasingly experiencing physical violence at work, and their mental health is also declining as a result of current workplace challenges. Nurses are urging employers and governments to take swift action to bolster supports that will keep nurses physically and mentally safe at work, notably, this includes enhanced security measures in workplaces and uncapped employer-funded access to professional mental health services. Nurses are also experiencing daily threats to their professional integrity; current workloads and inadequate resources make it very difficult for nurses to uphold professional standards required of them by licensing bodies. This is not only a matter or protecting nurses' professional licences, it is an urgent matter of patient safety.

Nurses are incredible problem solvers; problem-solving is central to nursing work. Nurses spend tremendous amounts of time in health care settings, and as such have a myriad of tangible, pragmatic and well thought out solutions to some of health care's most pressing problems. Nurses' problem-solving abilities must be better leveraged at all levels of health care decision-making, ranging from decision-making within their own units and departments through to decisions made at provincial and national levels. Nurses must also be more centrally involved in decisions that impact their day-to-day work, particularly pertaining to scheduling and workload. Engaged nurses, whose insights are valued and utilized in decision-making, are more likely to stay in the workforce.

Nurses are highly skilled health professionals who have lifelong learning goals and aspirations and who wish to advance their knowledge and skills across the entirety of their career trajectory. When we give nurses these opportunities, we invest in the welfare of all people in Canada, who deserve access to highly skilled nurses. Doing so also demonstrates much-needed respect for nurses. Nurses are also employees – who deserve the right to articulate work-life boundaries and to have those boundaries respected by employers. Currently this is not the case; repeated and ongoing disrespect for nurses' work-life boundaries is contributing to widespread burnout. Respecting nurses' work-life boundaries is imperative in fostering longevity in the workforce.

What surprised me most in the context of this particular study was the frequency at which nurses spoke of their moral experiences. In my own area of research outside of this particular study, nurses' moral experiences are central to the questions I ask nurses, so I am not surprised when the topic becomes central to an interview or focus group. However, in the context of this study, I did not ask them outright about the moral complexities of their work; I asked them a very pragmatic question: "What do you need to stay in the nursing workforce, in Canada, until you wish to retire?" – yet every focus group quickly evolved into discussions of nurses' moral distress and moral injury, without prompt or probe. I believe this is an incredibly significant finding – suggesting that all of the tangible things that nurses need in their day-to-day work, many of which have emerged in the findings of this study, are also deeply woven into nurses' moral experiences. I believe that when we attend to nurses' central needs – to be protected, to be engaged and to be respected – we will also attend to nurses' needs for morally congruent nursing care, care that is provided in ways that align with nurses' deeply held moral commitments. Doing so will attend to much of the suffering nurses recounted during data collection.

I am incredibly grateful to all the nurses who participated in this research, who took time out of their busy days and schedules to share their experiences – experiences that were likely not always easy to share. Your participation reflects a profound commitment to improving practice environments and strengthening the future of nursing in Canada. This work would not have been possible without your candour – thank you.

I want to acknowledge the Canadian Federation of Nurses Unions for undertaking this important work and for entrusting me and my research team to see it through. Thank you for your ongoing national advocacy and commitment to the nursing workforce.

I would like to acknowledge my research team, who have been instrumental in the execution of this research: Marianne Sofronas, RN, PhD, Research Associate (QC), Chaman Akoo, RN, MScN, Research Associate (BC), and Andrea Bentz, RN, PhD candidate, Research Assistant (ON). Thank you for your dedication to this project and for your ongoing contributions to nursing in Canada.

Lastly, I would like to acknowledge Dr. Sheri Lynn Price, without whom I would not have had this opportunity. Thank you.

Sincerely,

Kim McMillan, RN, PhD, CHPCN(C)

Associate Professor, School of Nursing, University of Ottawa

RECOMMENDATIONS

PROTECT NURSES

1. Federal, provincial and territorial governments must mandate minimum nurse-patient ratios to protect care quality and reduce burnout.
2. Provincial and territorial governments should establish jurisdictional legislation to mandate employer accountability for workplace safety, strengthen accountability and enforcement.
3. Employers should implement mandatory standardized employer-delivered training for all security personnel.
4. Employers must fund uncapped trauma-informed mental health supports for nurses.
5. Federal, provincial and territorial governments must strengthen staffing accountability mechanisms to protect nurses' licensure and patient safety.
6. Employers and accreditation bodies should embed moral safety as a measurable outcome in health system evaluation.
7. Employers should build nurse leadership capacity and reform frontline management structures.

ENGAGE NURSES

1. Employers, unions, and federal, provincial and territorial governments must embed frontline nurses in organizational and system-level decision-making.

2. Employers and unions must reform scheduling practices to include nurse-led flexible models that meet patient needs and adhere to collective agreements.

3. Employers and unions must establish formal protected mentorship and preceptorship roles within nursing full-time equivalents (FTEs).

4. Provincial governments should establish, where they do not already exist, provincial chief nursing officers (CNOs) with decision-making authority. All federal, provincial and territorial CNOs should be provided with sufficient staff and resources to fulfill their mandate.

I do not believe anyone [working as a nurse right now] feels safe... we are always on edge, waiting for something bad to happen... nurses need to feel safe in the workplace, wherever that is.

RESPECT NURSES

1. Employers and unions must establish paid protected time for professional development, and fund and formalize career progression.
2. Employers should introduce relief lines to ensure equitable vacation access through robust staffing planning throughout the year.
3. Employers should provide sufficient nursing support staff around the clock every day to remove non-nursing duties from nursing workloads.
4. Employers must respect and protect work-life boundaries.
5. Employers and federal, provincial and territorial governments should develop a comprehensive retention strategy centered on structural reform, not short-term incentives.
6. Employers should increase baseline salaries and enhance benefit packages.

BACKGROUND AND OVERVIEW OF EXISTING RESEARCH

Canada is experiencing a chronic shortage of nurses exacerbated by the COVID-19 pandemic. This chronic shortage has now resulted in a national staffing crisis (Ahmed & Bourgeault, 2022). Nursing vacancies in Canada were estimated to be 35,760 as of the fourth quarter of 2024 (StatsCan, 2024). Nursing attrition rates are increasing, reports show that now one in four practising Canadian nurses intend to leave their current nursing job in the next four years (StatsCan, 2022). While 2025 data from the Canadian Federation of Nurses Unions members' survey suggests 20% of respondents intend to leave their current job, 10% intend to leave the profession and 7% retiring within one year (CFNU, 2025). Urgent strategies are needed to recruit and retain nurses into the Canadian workforce. Research into nursing retention reveals a complex interplay of individual, interpersonal, organizational and systemic factors.

Professional identity and scope of practice

Professional identity strongly influences retention. Nurses who are recognized for their expertise and can work to their full scope are more likely to stay. Work environments that offer autonomy, professional developmental opportunities and organizational recognition reduce burnout and increase job satisfaction (Chênevert et al., 2016; Kilroy et al., 2022). High involvement in decision-making and meaningful work contribute to retention, as does access to professional development and career-advancement opportunities (Dilig-Ruiz et al., 2018; Mlambo et al., 2021).

Generational considerations in retention

Nurses at different career stages share similar retention priorities, including manageable workloads (Tourangeau et al., 2013). However, their retention needs diverge based on career tenure. Early-career nurses (0–5 years) face integration challenges, high job demands and lack of supports, leading to higher turnover (Song & McCreary, 2020). Mid-career nurses (6–15 years) benefit from career development opportunities and positive work environments (Yarbrough et al., 2017). Late-career, or senior, nurses (>15 years) typically show higher retention rates and satisfaction (Pressley & Garside, 2023). To retain senior nurses, workload flexibility and opportunities for mentorship and leadership are essential (Health Canada, 2025; Lartey et al., 2014).

Rural and remote nursing

Rural nurses face distinct challenges, including resource scarcity (McCallum et al., 2024). Effective recruitment strategies include financial incentives, tuition reimbursement and family relocation support (Mbemba et al., 2013; Baumann & Crea-Arsenio, 2023). Retention is strengthened by access to additional rural and remote nursing-specific training (Russel et al., 2021), including the necessary supports to ensure nurses feel confident in delivering care that is trauma-informed and culturally safe (Webb et al., 2023). Financial incentives alone do not consistently support long-term retention in rural and remote areas (Russel et al., 2021).

1 in 4

practicing Canadian nurses intend to leave their current nursing job in the next 4 years

35,760

nursing vacancies in Canada as of the fourth quarter of 2024

Internationally educated nurses and racialized nurses

There is limited literature on retention for internationally educated nurses (IENs) and racialized nurses. IENs face barriers across the migration and regulatory process and often experience discrimination, isolation and deskilling (McGuire-Brown, 2025). Racialized nurses in Canada report racism spanning from nursing education through to practice environments, with organizational silence against structural and systemic racism worsening their experience (Beagan et al., 2023).

Mentorship and collaboration

Supportive intra-professional relationships (that exist between nurses) and mentorship are key to retention. Preceptorships and mentorship programs foster integration, competence and empowerment for new nurses (Mohamed & Al-Hmaimat, 2024). Senior nurses also benefit from taking on mentorship roles (Foley et al., 2020). However, mentorship becomes strained in environments with high turnover and limited supports (McMillan et al., 2023). Interprofessional collaboration (that exists between nurses and non-nurse colleagues), especially with physicians, also affects retention. Mutual respect and professional recognition enhance job satisfaction and reduce attrition (Lee et al., 2020).

Leadership and work environment

Transformational, relational and authentic leadership styles promote retention by fostering positive work environments (Ystaas et al., 2023). Authentic leadership boosts job satisfaction and self-efficacy (Fallatah & Laschinger, 2016). Conversely, toxic leadership exacerbates turnover (Labrague et al., 2020). Perceived leadership quality, especially when characterized by visibility, recognition and consultation, predicts job satisfaction and intent to stay (Portoghese et al., 2015).

Workplace incivility

Incivility, including bullying and lateral violence, is a critical factor driving nurses away from their jobs (Alsadaan et al., 2024; Bennett & Sawatzky, 2013). New nurses are particularly vulnerable (Favaro et al., 2021). Occupational disappointment and chronic stress from unaddressed incivility result in attrition (Zullo et al., 2022). Incivility can often reflect organizational dysfunction rather than only personal conflict, and leadership plays a decisive role in its prevention and resolution (Ota et al., 2022). Addressing incivility requires organizational accountability and structural reform (Atashzadeh Shoorideh et al., 2021).

Organizational and systemic factors

Healthy nursing work environments are characterized by effective nursing leadership, effective communication and teamwork and having professional autonomy (Mabona et al., 2022) as well as fairness, adequate staffing and manageable workloads (Blake et al., 2013). Perceived fairness in processes and decision-making increases job satisfaction and retention (Zahednezhad et al., 2021; Perreira et al., 2018). Conversely, moral distress and ethical tensions erode intention to stay (Gaudine & Thorne, 2012; Witton et al., 2023). Low staffing levels, high patient acuity and high workload are widely cited as determinants in the decision to leave nursing (Hayward et al., 2016, Health Canada, 2025). Work-life imbalance is also a predictor of turnover (Boamah & Laschinger, 2016). Flexible scheduling and job role adaptations can help address this issue (Health Canada, 2025). Compensation, while less frequently emphasized in nursing retention literature, plays a more prominent role in primary and community care settings (Halcomb et al., 2018), however overall pay equity does support job satisfaction (Doleman et al., 2024).

RESEARCH AIMS

To foster successful retention, in addition to recruitment efforts, it is crucial to garner a comprehensive and contemporary understanding of what nurses in Canada, across the career trajectory, need to stay in the nursing workforce for the longevity of their career. Therefore, the purpose of this study is to examine the needs of the modern Canadian nurse as an employee, noting that today's workers and the landscape of the workforce are changing in ways that include employees' greater need and demand for work-life balance.

The research questions driving this study were:

1. **What do Canadian nurses across career stages feel they need to stay in the profession for the longevity of their careers?**
2. **In particular, what is needed to make a job attractive to a nurse, including hours of work, support and workload?**
3. **What are current motivators that keep nurses in the workforce, and how do nurses believe these motivators could be better leveraged to enhance long-term retention?**

METHODOLOGY

Qualitative focus group methodology was utilized following an integrative review of relevant empirical and conceptual (Whittemore & Knafl, 2005) literature from 2000 to 2025. Key themes from the literature are found in the background section of this document. Key themes from the literature are found in the background section of this document.

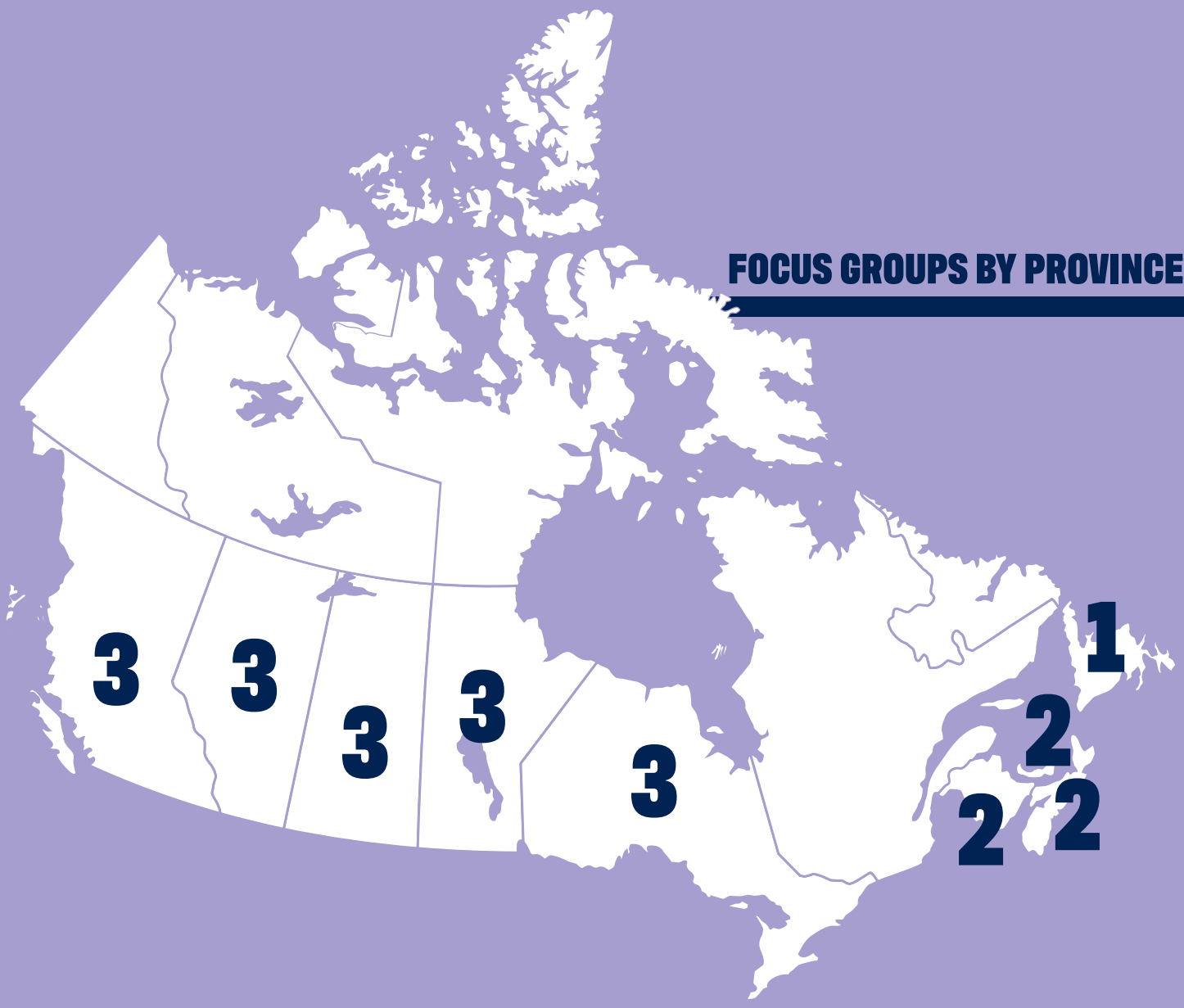
Both in-person and virtual focus groups were conducted with nurses in nine provinces. Recruitment channels included those provided through CFNU networks and the researchers professional nursing networks. In-person data was collected at seven provincial nursing union annual general meetings and one provincial coordinators' meeting throughout 2024. Additional focus groups were conducted virtually throughout 2024 and early 2025. These recruitment and data collection strategies were deliberate to ensure nurses in a variety of clinical and geographic areas across varying career stages were represented in the data.

In total 22 focus groups were conducted: three per province in Alberta, British Columbia, Manitoba, Ontario and Saskatchewan; two per province in New Brunswick, Nova Scotia and Prince Edward Island; one in Newfoundland and Labrador.

Focus groups were guided by one broad question: "What do you need to stay in the nursing workforce, in Canada, until you wish to retire?" Probing questions were used to elicit experiences in nurses' careers where these needs were and were not met. This provided contextual data to examine the consequential nature of needs met and unmet. Focus group length averaged one hour, with some extending to 1.5 hours. Focus group size averaged seven participants, which was ideal for facilitating high levels of involvement and supported ease of moderation of what proved to be an emotional topic (Morgan, 1992; 1996).

> *When you have the right number of staff, the right amount of supports in the workplace, work-life balance solves itself.*

FOCUS GROUPS BY PROVINCE



22 focus groups
across nine provinces

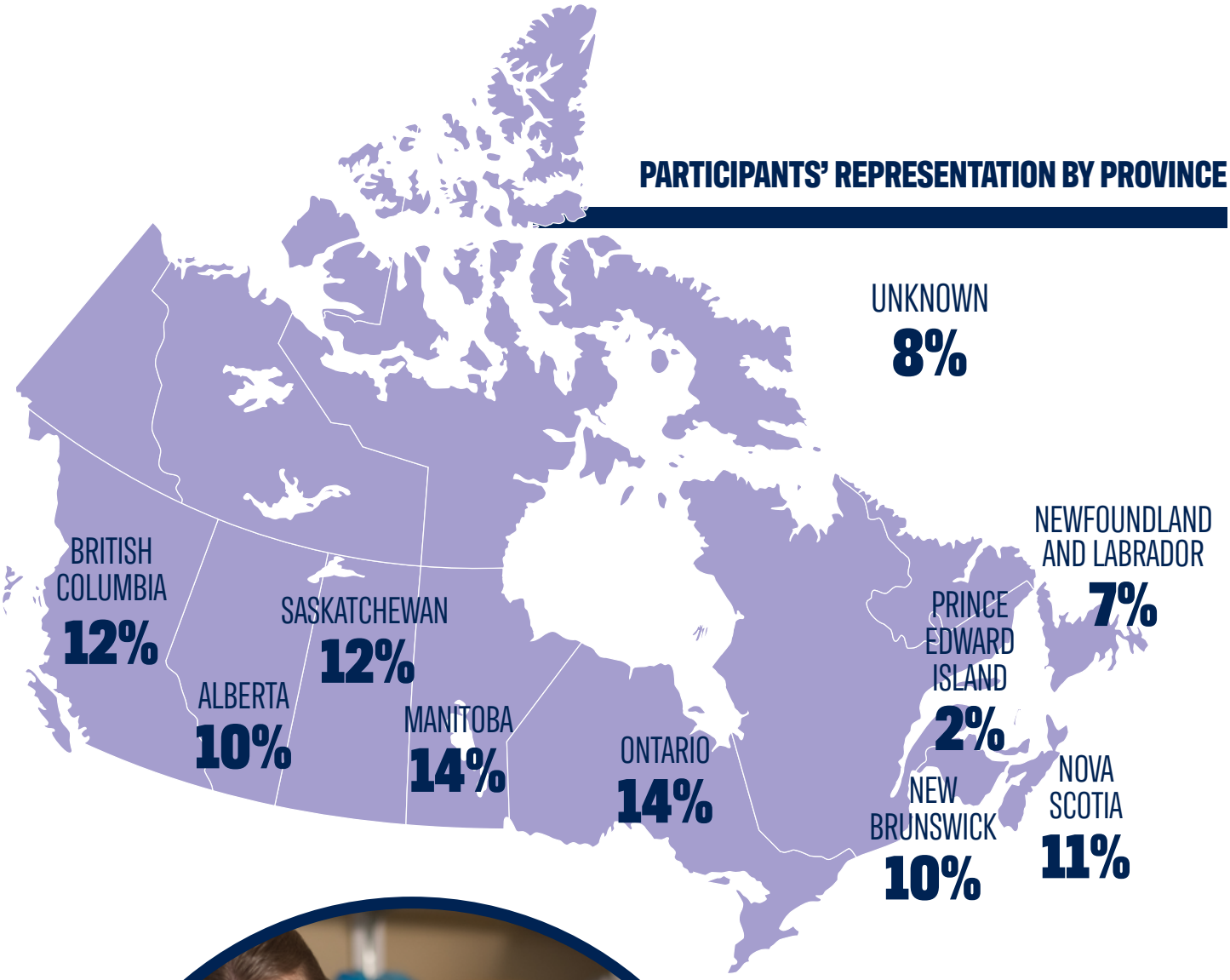
1 hour
average length of focus groups

7 people
average size of focus groups

DEMOGRAPHICS

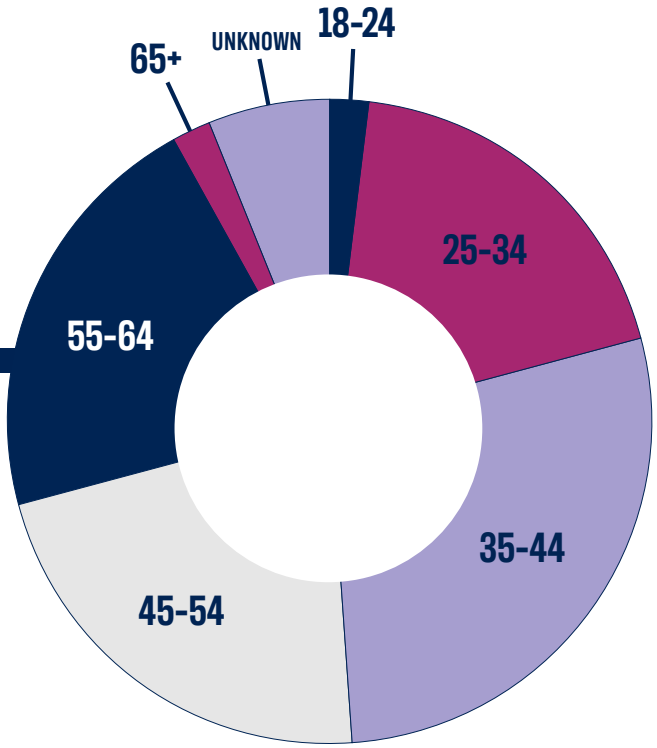
Sociodemographic survey data was completed by approximately 90% of nurse participants. Some surveys were partially completed; missing data were represented as "unknown".

PARTICIPANTS' REPRESENTATION BY PROVINCE

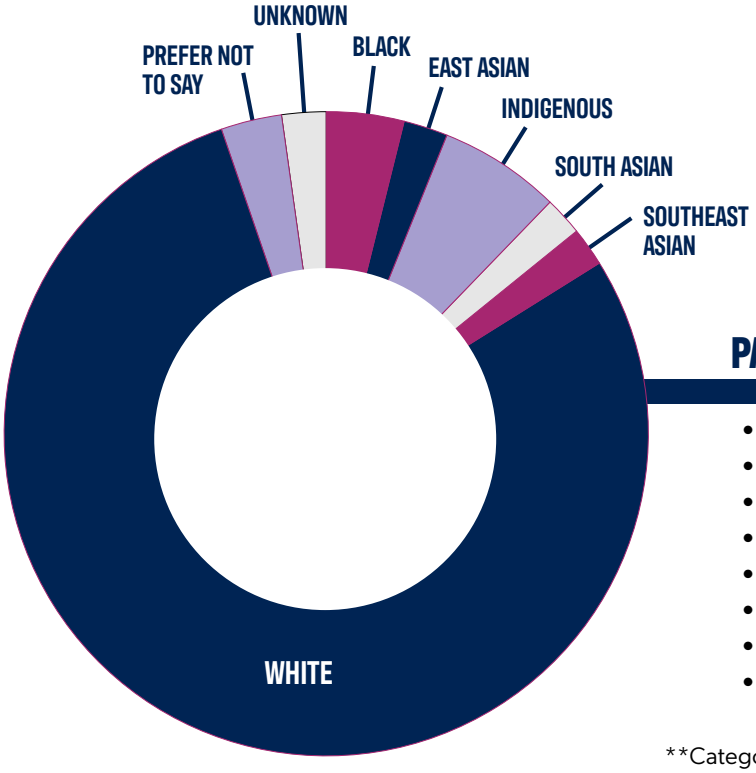


> *Our request to have our mental health cared for by employers is not unreasonable – it is the bare minimum.*

PARTICIPANTS' REPRESENTATION BY AGE



- Nurses 18-24 years of age – **2%**
- Nurses 25-34 years of age – **19%**
- Nurses 35-44 years of age – **28%**
- Nurses 45-54 years of age – **22%**
- Nurses 55-64 years of age – **21%**
- Nurses of age greater than 65 years – **2%**
- Unknown – **6%**



PARTICIPANTS' REPRESENTATION BY RACE**

- Black – **4%**
- East Asian – **2%**
- Indigenous – **6%** [Metis 4%, First Nations 2%, Inuit 0%]
- South Asian – **2%**
- Southeast Asian – **2%**
- White – **77%**
- "Prefer not to say" – **3%**
- Unknown – **2%**

**Categories derived from CIHR (2022), *Guidance on the Use of Standards for Race-Based and Indigenous Identity Data Collection and Health Reporting in Canada*. [Rationale: ability to map data to larger data sets.]

FINDINGS OVERVIEW

Focus group data revealed three anchoring needs: to stay in the Canadian workforce, nurses need to be protected, engaged and respected. Nurses clearly articulated how these needs can be met, offering rich reflections about the significance of those needs and the consequences when they are not met.

A need for protection

Nurses described in detail the numerous ways in which they felt unsafe and at risk within their work environments, as one nurse explained: *"I do not believe anyone [working as a nurse right now] feels safe... we are always on edge, waiting for something bad to happen... nurses need to feel safe in the workplace, wherever that is."* Four interconnected dimensions of safety were identified: **professional, moral, mental and physical**. Nurses viewed the protection of these four dimensions not only as essential to their well-being but also as foundational to the delivery of safe and high-quality patient care. Nurses emphasized the urgent need for their safety needs to be recognized and protected.

In the context of ongoing staffing shortages and unsafe working conditions, nurses reported feeling that their **professional integrity** was under constant threat. Nurses described the persistent fear that their nursing licences were at risk due to the impossibility of meeting regulatory standards within current work environments: *"Every shift I work, a patient is at risk because of our [poor] staffing... we're working under risk to our licence."*

Nurses across all career stages described persistent and profound threats to their **moral integrity** in their day-to-day work, primarily rooted in the ongoing inability to provide safe and quality nursing care. These constraints are directly related to inadequate resourcing and unsupportive work environments. Nurses felt the moral weight of a broken health care system – *"the burden of the [broken] system is put on us"* – which often left them feeling as though they were failing patients and communities. These repeated feelings of moral failings over time fostered moral injury, which was described by one participant as: *"I feel like everything that I do is just never enough... we all know that nobody's getting the best of us. And that weighs so heavy on my heart."* These ongoing violations of moral integrity had a significant impact on nurses' intentions to remain in the profession. One early-career nurse shared: *"I'm already thinking about what I'd do if I left nursing... Something has to change if me, at five years, am thinking about leaving the profession entirely."*

Nurses across a variety of practice areas and settings described significant **threats to their physical safety** in the workplace, alongside inadequate employer protection. Discussions of physical health were overwhelmingly centered on personal safety, with a strong emphasis on the prevalence of violence against nurses: *"I need to feel safe in my job. I need to be able to go to work and be pretty confident at the end of the day that I'm going to come out and I'm not going to have been assaulted, and that doesn't happen anymore. It doesn't happen for almost any of us anywhere anymore."* Emerging forms of violence in online spaces were also highlighted, with nurses reporting increased exposure to harassment and reputational attacks via social media: *"A patient can slander a nurse online, and there really isn't anything the nurse can do."*

The absence of institutional policies to address such incidents left nurses feeling vulnerable and unprotected.

Nurses repeatedly spoke about all-time low rates of mental health within the profession. Nurses articulated that the nature of nursing work disproportionately puts nurses at risk of experiencing trauma, noting: *"What we are expected to do in this job is not normal... it causes trauma."* Nurses also understood trauma as cumulative: *"We're [nurses] piling these little traumas on top of little traumas on top of little traumas... you cannot go through life piling all of these work traumas on top of each other."* Nurses recognized current employer supports are inadequate, and wanted more fulsome access to mental health care, and believed this is what nurses should be able to expect in this line of work: *"Our request to have our mental health cared for by employers is not unreasonable – it's the bare minimum."* Nurses expressed urgency for systemic trauma-informed reforms to employee mental health supports in their workplaces – changes they see as essential not only to their own well-being but also to the sustainability and safety of patient care.

Persistent threats to nurses' professional and moral integrity and physical and mental health are driving burnout and early exits from the profession, underscoring an urgent need for systemic trauma-informed reforms to safeguard both nurses and patient care.

> *I need to feel safe in my job. I need to be able to go to work and be pretty confident at the end of the day that I'm going to come out and I'm not going to have been assaulted, and that doesn't happen anymore. It doesn't happen for almost any of us anywhere anymore.*

A need for engagement

From nurses' perspectives, many of the challenges facing the nursing profession, particularly issues of recruitment, retention and attrition, as well as broader problems within the Canadian health system, stem from a long- standing reluctance by employers, health authorities, and provincial and federal governments to recognize nurses' knowledge and expertise. Nurses see themselves as vital knowledge brokers, possessing deep insights into how to address persistent workplace and systemic issues. They believe that, if given the opportunity, they could make meaningful contributions to improving both care delivery and the work environment. Engagement in these areas is also pivotal in nurses' career longevity: *"What's going to keep me longer [in this job] is being involved in decisions"; "What will help keep us is valuing us for our knowledge."* In particular, nurses sought greater decision-making authority in the scheduling of their work and their workloads.

Scheduling needs vary significantly across the career trajectory, and current scheduling models fail to accommodate these diverse needs. Nurses now believe that in the current workforce climate *"employers now need to adjust to us, not us adjusting to them [and their rigid schedules]."* Across all career stages, nurses expressed a desire for increased flexibility and oversight of their schedules: *"Nurses want to be able to have some control over their own schedule, instead of shoving a schedule down their throat."* Nurses want schedules that consider the complexity of their lives outside of their work: *"There's divorces, and there's childcare, and then there's aging parents, and there's partners that are working out [of town], different things, and everybody has their thing."* Nurses described at length the difficulties nursing schedules created for their own caregiving responsibilities either for their children or aging parents.

Nurses wanted the choice between 8- and 12-hour shifts, the ability to self-schedule, job-sharing provisions, and the opportunity to hold partial full-time equivalents in more than one department, and for some more than one workplace, without penalty, noting that diversification is protective against burnout: *"The longer I stay as a full-time nurse on one unit, the faster I burn out... let me diversify my skill set... let me keep a 0.5 FTE in a high-acuity area, be flexible with my rotation, and let me go work a 0.5 FTE term in the community, because I find that rewarding – because I'm really burnt out in acute care... give me that option."*

Senior nurses need scheduling practices that acknowledge the biological and professional realities of aging. Many expressed a desire for increased flexibility in the later stages of their careers, including exemption from night shifts and on-call duties, the ability to reduce their hours and access to job-sharing arrangements – with access to these arrangements without a medical note: *"For us nurses over 60, [we] would really benefit from some form of accommodations that don't require going through physician-ordered accommodations."*

Nurses consistently reported feeling deeply disconnected from decisions related to nursing workloads, which have become unmanageable, resulting in widespread chronic overwhelm: *"We're [nurses] already drowning, and they [employer] keep pulling the lifejacket away from us – it feels like they're holding our head under water."*

Workload was also directly linked to nurses' sense of work-life balance. Nurses suggested that adequate staffing and workplace supports naturally foster healthier work environments. *"When you have the right number of staff, the right amount of supports in the workplace, work-life balance solves itself."* Nurses believe the most instrumental way to achieve manageable workloads is through the implementation of mandated minimum nurse-patient ratios across the country. Nurses believe that ratios would restore their ability to provide the best possible standard of care: *"Patient ratios could give us our ability to care for the patients the way that we are supposed to care for them,"* while also improving work environments and bolstering nurse retention.

Nurses emphasized that their expertise is consistently overlooked in decision-making, contributing to systemic challenges in recruitment, retention and the delivery of quality nursing care. They called for meaningful engagement in scheduling and workload decisions, and the implementation of nurse-patient ratios as critical strategies to improve work-life balance, reduce burnout and ensure career longevity.

> *Patient ratios could give us our ability to care for the patients the way that we are supposed to care for them.*

A need for respect

Nurses emphasized the critical importance of being respected as skilled professionals not only in their daily work but also in how the nursing profession is valued by employers and governments more broadly. To convey respect, nurses need to be treated as skilled professionals who require ongoing professional development opportunities and career progression opportunities. Opportunities for professional development are increasingly rare and rife with access barriers: prohibitively complex application processes, lack of shift coverage, absence of managerial approval and no funding support. However, many skills associated with professional development activities are required by employers; therefore, nurses believe that *"if this is a work-required skill, the employer needs to provide it and pay for it."* Nurses want employers to support their career aspirations; however, for many nurses this does not occur: *"Not once in my career have I been asked what my career goals are. Are there particular things you'd like to learn in this job?"* Without access to ongoing career development and progression opportunities, nurses can feel stagnant, which negatively impacts job satisfaction: *"...in my own career, I'm just kind of stagnant now. There is no real opportunity for growth."*

Nurses also equated being shown respect with having barrier-free access to their benefits earned, particularly vacation time. Nurses described repeated denials of vacation time, describing attempts to access vacation as a "fight": *"You have to fight for every single leave day you take."* This was particularly true for early-career nurses, who were repeatedly denied vacation. Consequentially, some early-career nurses do not take full-time positions; rather they work partial FTEs and pick up additional shifts when and if it works for them. Nurses suggested the utilization of relief lines to support the granting of vacation: *"there should be relief lines so that people are able to get vacation over the summer, and in areas where we know that there's a specific need to be filled, put out relief lines to cover vacation for those younger nurses."* Nurses saw this as an instrumental retention strategy, especially for early-career nurses.

Nurses also communicated a clear need for their professional and personal boundaries to be respected. Professionally, nurses frequently discussed needing to complete non-nursing duties, which included administrative and clerical tasks and the work of other regulated and non-regulated health professionals. Having to do this work increased nurses' overall workloads and ultimately decreased the time they had to do nursing-specific work: *"Why am I putting together a chart because the employer doesn't want to pay a unit clerk [in the evenings]? Why am I portering? Why is the employer not stepping up? There's a nursing shortage, not a clerk or porter shortage."*

Beyond professional scope, nurses spoke extensively about the disregard for their personal boundaries, particularly around work-life balance. Many emphasized that maintaining this balance is critical to their well-being: *"Work-life balance is important in our jobs, and there just is none right now... To stay [in nursing], I need work-life balance."* Violations of nurses' work-life boundaries occurred most frequently in relation to staffing demands, either to extend shifts or to pick up additional shifts. Nurses described how their personal time was routinely interrupted by calls and texts from employers and managers urging them to pick up additional shifts, even after they had explicitly said 'no': *"They [employers, managers] don't respect 'no.'"* Nurses' inability to disconnect from work even on days off was highly disruptive: *"I just feel like I wasn't actually getting days off because I was just constantly being asked to come in, being called all the time to come in for shifts on my day off... it kind of takes over your day."*

Guilt tactics were also frequently used, which were described as *"professionally demoralizing and demeaning."* Others described coercive tactics such as the threat of mandating, *"I remember my manager saying: 'If you don't volunteer [to extend your shift], I'll mandate you to do it.'"* These approaches do not convey respect for nurses.

Nurses expressed that respect must be demonstrated through meaningful support for professional development, access to earned benefits like vacation, and adherence to both professional and personal boundaries. They described feeling disrespected when denied opportunities for growth, expected to perform non-nursing duties and pressured to sacrifice personal time to meet staffing needs – practices that ultimately diminish morale and drive attrition.

DETAILED RECOMMENDATIONS

RECOMMENDATIONS TO PROTECT NURSES

1 FEDERAL, PROVINCIAL AND TERRITORIAL GOVERNMENTS MUST MANDATE MINIMUM NURSE-PATIENT RATIOS TO PROTECT CARE QUALITY AND REDUCE BURNOUT.

Introduce legislation establishing evidence-informed minimum nurse-patient ratios across care settings, like those begun in British Columbia and Nova Scotia. Monitor compliance and link accountability mechanisms to workplace accreditation or public reporting. The implementation of minimum nurse-patient ratios should be a prerequisite for receiving federal health transfers.

2 PROVINCIAL AND TERRITORIAL GOVERNMENTS SHOULD ESTABLISH JURISDICTIONAL LEGISLATION TO MANDATE EMPLOYER ACCOUNTABILITY FOR WORKPLACE SAFETY; STRENGTHEN ACCOUNTABILITY AND ENFORCEMENT.

Provincial and territorial governments should legislate minimum standards for nurse safety policies, including mandatory follow-up procedures after violent incidents, and improve protections for nurses refusing unsafe work.

3 EMPLOYERS SHOULD IMPLEMENT MANDATORY STANDARDIZED EMPLOYER-DELIVERED TRAINING FOR ALL SECURITY PERSONNEL.

Employer-enforced standardized training for all hospital security personnel, emphasizing de-escalation and nurse support. Require health care organizations to report and publicly disclose data on workplace violence incidents and response outcomes.

4 EMPLOYERS MUST FUND UNCAPPED TRAUMA-INFORMED MENTAL HEALTH SUPPORTS FOR NURSES.

Employers eliminate caps on mental health benefits in nursing contracts to allow ongoing care for cumulative workplace trauma. Employers embed licensed mental health professionals within health care facilities for real-time debriefing and psychological support. Employers introduce mandatory psychological check-ins following critical incidents, modelled after best practices in emergency services.

5 FEDERAL, PROVINCIAL AND TERRITORIAL GOVERNMENTS MUST STRENGTHEN STAFFING ACCOUNTABILITY MECHANISMS TO PROTECT NURSES' LICENSURE AND PATIENT SAFETY.

Governments in collaboration with unions and employers must reform workload reporting processes. Standardize and digitize workload reporting mechanisms at the provincial level; centralize data to provide impactful real-time insights that inform staffing decisions, identify risk trends and drive system-level accountability. Employers address critical delays in the administrative review of reports. Provincial governments mandate regular staffing audits in facilities with high rates of nurse attrition, critical incidents or sick leaves. Provincial and territorial governments require health care employers to demonstrate how staffing decisions align with regulatory standards and clinical safety requirements, with oversight by external bodies.

6 EMPLOYERS AND ACCREDITATION BODIES SHOULD EMBED MORAL SAFETY AS A MEASURABLE OUTCOME IN HEALTH SYSTEM EVALUATION.

Employers integrate moral safety indicators (e.g., ethical distress reporting, unmet care needs) into health care quality and accreditation standards. Require health authorities to demonstrate how resource decisions are guided by patient-centered outcomes, not solely budgetary constraints – there is a direct correlation between nurses' lack of moral safety and stringent austerity measures, notably under-resourcing. Employers collect data monitoring moral safety and report this information to joint occupational health and safety committees. Occupational health and safety committees review data, particularly ethical concerns raised by staff, track patterns of moral distress, and develop responsive interventions in collaboration with frontline clinicians. Require employers to take action to improve nurses' moral safety based on recommendations from joint occupational health and safety committees. Require health care organizations to report and publicly disclose data on moral safety indicators and response outcomes. Consider linking such mechanisms to workplace accreditation.

7 EMPLOYERS SHOULD BUILD NURSE LEADERSHIP CAPACITY AND REFORM FRONTLINE MANAGEMENT STRUCTURES.

Reintroduce nurse-led management models and require all unit managers have a nursing background to ensure clinical insight informs operational decisions. Establish formal nurse manager development programs that include training in leadership, conflict resolution and labour relations. Create necessary protections for nurse managers to foster retention, which could include sufficient vacation and sick time coverage, overtime regulations and the exploration of possible unionization structures. Implement standardized feedback mechanisms for frontline nurses to evaluate organizational management structures, including anonymous staff feedback mechanisms and required exit interviews in high-turnover areas to identify and address leadership-related retention risks.

RECOMMENDATIONS TO ENGAGE NURSES

1 EMPLOYERS, UNIONS, AND FEDERAL, PROVINCIAL AND TERRITORIAL GOVERNMENTS MUST EMBED FRONTLINE NURSES IN ORGANIZATIONAL AND SYSTEM-LEVEL DECISION-MAKING.

Establish formal advisory bodies composed of frontline nurses at organizational and provincial/territorial and federal government levels to provide input on policies, staffing models and care delivery planning. Mandate nurse representation with decision-making power on health care executive teams, boards and governance committees at the organizational and provincial/territorial and federal government levels. Employers and provincial/territorial and federal governments develop feedback mechanisms (e.g., regular forums, digital submissions) that allow nurses to propose solutions and track how their input is used.

2 EMPLOYERS AND UNIONS MUST REFORM SCHEDULING PRACTICES TO INCLUDE NURSE-LED FLEXIBLE MODELS THAT MEET PATIENT NEED AND ADHERE TO COLLECTIVE AGREEMENTS.

Employers work with unions to reinstate unit-based nurse-led scheduling where feasible and in accordance with collective agreements, or to embed mandatory nurse representatives within centralized staffing teams. Offer self-scheduling options and standardized access to both 8-hour and 12-hour shift rotations. Build infrastructure to support job-sharing and dual positions across units or sectors.

3 EMPLOYERS AND UNIONS MUST ESTABLISH FORMAL PROTECTED MENTORSHIP AND PRECEPTORSHIP ROLES WITHIN NURSING FULL-TIME EQUIVALENTS (FTEs).

Employers work with unions to designate dedicated mentorship FTEs separate from clinical educator roles, with protected time and compensation. Provide mentors with robust supports to succeed in these roles. Ensure workload adjustments, notably reduced patient assignments, for preceptors, and prohibit orientees from being counted in baseline staffing. Implement enforcement mechanisms to prevent inappropriate shift reassignment. Consider linking such mechanisms to workplace accreditation.

4 APPOINT A CHIEF NURSING OFFICER IN EACH PROVINCE AND TERRITORY TO WORK TOGETHER, WITH THE FEDERAL CNO AND WITH EXISTING PROVINCIAL/TERRITORIAL CNOs, ENSURING NURSING EXPERTISE IS EMBEDDED IN JURISDICTIONAL HEALTH SYSTEM GOVERNANCE.

Provincial and territorial governments should establish, where they do not already exist, provincial and territorial chief nursing officers (CNOs) with decision-making authority. All federal, provincial and territorial CNOs should be provided with sufficient staff and resources to fulfil their mandate. These CNOs must have formal authority to participate in high-level policy, funding and workforce planning decisions, particularly those impacting nursing practice, staffing and retention. Their roles should include direct engagement with ministries of health, health authorities and legislative bodies to ensure nursing perspectives shape health care priorities. Their roles should also include funded access to a supportive office. The federal government should also mandate frontline nurses' consultation on federal, provincial and territorial policies that CNOs are consulted on.

> *What will help keep us is valuing us for our knowledge.*

RECOMMENDATIONS TO RESPECT NURSES

1 EMPLOYERS AND UNIONS MUST ESTABLISH PAID AND PROTECTED TIME FOR PROFESSIONAL DEVELOPMENT, AND FUND AND FORMALIZE CAREER PROGRESSION.

Employers work with unions to establish dedicated and compensated time for professional development, separate from mandatory training. Employers ensure accessible employer-funded opportunities for certification, upskilling and clinical advancement, with scheduling support that does not require nurses to self-navigate complex processes or sacrifice personal time. Employers work with unions to develop clear and compensated clinical career ladders that reward advanced education, specialization, mentorship and leadership within frontline roles. These structures must include financial incentives and reduced patient loads to prevent workload inflation.

2 EMPLOYERS SHOULD INTRODUCE RELIEF LINES TO ENSURE EQUITABLE VACATION ACCESS THROUGH ROBUST STAFFING PLANNING ALL YEAR LONG.

Create designated vacation relief lines to ensure all nurses, especially early-career nurses, can access their entitled time off. This policy would reduce burnout, promote fairness and curb early attrition due to denied vacation, notably among early-career nurses.

3 EMPLOYERS SHOULD PROVIDE SUFFICIENT SUPPORT STAFF AROUND THE CLOCK EVERY DAY TO REMOVE NON-NURSING DUTIES FROM NURSING WORKLOADS.

Protect nurses' scope of practice and reduce workload strain by ensuring that role clarity is maintained and that nursing time is prioritized for direct patient care, not the completion of non-nursing duties. Increase the hours of support staff, including health care aides, personal support workers and nursing aides, to complete non-nursing duties. Integrate completion of non-nursing duties into existing reporting mechanisms for Professional Responsibility Concerns (PRC), if not already included. Unions receiving PRCs pertaining to non-nursing duties use this data to identify systemic role creep, advocate for staffing changes and ensure accountability from employers to maintain professional boundaries.

4 EMPLOYERS MUST RESPECT AND PROTECT WORK-LIFE BOUNDARIES.

Employers implement policies that prohibit off-hour shift solicitation and reduce pressure to work above FTEs. Establish "opt-in policies", whereby nurses must opt in to being contacted during off hours for additional shift requests. Employers enforce accountability for managers or staffing systems that routinely override nurses' personal boundaries.

5 EMPLOYERS AND FEDERAL, PROVINCIAL AND TERRITORIAL GOVERNMENTS SHOULD DEVELOP A COMPREHENSIVE RETENTION STRATEGY CENTERED ON STRUCTURAL REFORM, NOT SHORT-TERM INCENTIVES.

Provincial governments implement the recently developed federal Nursing Retention Toolkit by Health Canada in ways that attend to nurses across their career trajectory (early-career, mid-career and senior nurses) through structural reforms. Federal government funds provincial implementation and monitors compliance. Employers prioritize toolkit items that best meet their nursing retention needs in consultation with nurse employees.

6 EMPLOYERS SHOULD INCREASE BASELINE SALARIES AND ENHANCE BENEFIT PACKAGES.

Employers provide baseline salary increases to reflect education, expertise and long-term contribution. Expand benefits for part-time nurses, acknowledging that some nurses want to, or need to, work part time and should not be penalized through a lack of benefits for doing so. Increase service recognition incentives with less stringent conditions (e.g., longevity bonuses, rural placement stipends) for nurses across the career trajectory – not only new graduates. Implement vacation and pay cap reform to extend career satisfaction beyond the 10–15-year mark. Employers work with unions to explore including the portability of nurse seniority between employers to preserve benefits related to seniority accrual.

CONCLUSION

Data from this pan-Canadian study highlights that longevity in the Canadian nursing workforce is contingent upon nurses being protected, engaged and respected across the entirety of their career trajectory. While protection, engagement and respect look similar across the career trajectory, important nuances across generations exist and must be attended to in order to meet the needs of a multi-generational workforce. Nurses have made urgent calls for their professional and moral integrity, and physical and mental health to be protected; for their expertise and professional knowledge to be consistently and meaningfully leveraged at all levels of health care decision-making, including those that impact their day-to-day work. Nurses must also be respected as skilled professionals – this includes having access to ongoing professional development and career advancement opportunities. Nurses must have their professional and personal boundaries respected and upheld. Nurses who participated in this research provided robust, well-thought out and actionable ways in which governments and employers can meet these pressing needs. Opportunities to increase nurses' longevity in the workforce – subsequently strengthening and stabilizing the national nursing workforce – are plentiful, and swift action is now necessary.

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For the purpose of this report, the CFNU recognizes the term "nurse" as being inclusive of all registered nurses (RNs), licensed practical nurses (LPNs, or registered practical nurses in Ontario), registered psychiatric nurses (RPNs), and nurse practitioners (NPs).


RN
RN

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EXECUTIVE SUMMARY

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