



April 2026

# **Pressure Points:** **Strengthening and Retaining Canada's** **Nurse Practitioner Workforce**

Findings from the 2025 National NP Retention and Recruitment Study

Summary report

**Dr. Erin Ziegler**



CANADIAN  
FEDERATION  
OF NURSES  
UNIONS



# Canadian Federation of Nurses Unions

## 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 relentless advocates for the health and safety of our members and the patients that we care for from coast to coast. Join us as we speak up for a stronger health care system and a better workplace for all nurses.

## 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.

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# Message from the CFNU president

**I first began** advocating for nurse practitioners as president of the New Brunswick Nurses Union in the early 1990s, when a study found that nurse practitioners could adequately perform about 80% of a family doctor's scope of practice. To say that not everyone appreciated my perspective would be an understatement. It wasn't until the early 2000s that New Brunswick really introduced the role of nurse practitioners.

In the decades that have since passed, the understanding of nurse practitioners' scope and what that means for meeting the needs of patients in Canada has changed.

Newfoundland and Labrador were the trailblazers when it came to fast-tracking nurse practitioners. The province launched a program that would take nurses out of their community and provide the education they needed to return to their communities as primary care providers. Quebec and Nova Scotia soon followed suit. Ontario has long had the largest number of working nurse practitioners and was the first to implement NP-led clinics.

With funding from the federal government, in the early 2000s, the Canadian Nurse Practitioner Initiative developed a standardized framework for education and scope of practice that guides how nurse practitioners operate today.

One area that continued to need focus is equitable remuneration. In 2018, the Canadian Federation of Nurses Unions (CFNU) published a report that put the voices of nurse practitioners front and centre. This study was fueled by concerns from nurse practitioners and nurses' unions that NPs represented an untapped potential for how Canada could meet the growing need for primary care across the country. I remember non-unionized nurse practitioners who had to jump jobs frequently, playing musical chairs in the quest for work stability.

CFNU's report *Fulfilling nurse practitioners' untapped potential in Canada's health care system* recommended harmonizing NPs' salaries in all health care settings across

provinces and territories, enhancing employer benefit packages, adopting sustainable funding models to reflect the population's health needs, expanding and creating NP-led clinics, and including NPs in our governments' health human resources strategies.

While some of these recommendations have been implemented, there is still much work to be done. More than one in five Canadians do not have access to a nurse practitioner or family doctor — that's nearly six million people.

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The critical role that nurse practitioners have in primary health care is now widely recognized, and they are an integrated part of our public health care system — even if, from time to time, I do still have to remind politicians that access to primary health care includes more than doctors. A recent awareness campaign from the Registered Nurses' Union of Newfoundland and Labrador put this succinctly: "There's a nurse practitioner for that!"

Canada is now facing the largest change to how nurse practitioners operate in our health care system. The *Canada Health Act Services Policy* has come into effect as of April 1, 2026. First announced in early 2025 by the federal minister of health, this policy clarifies that medically necessary care provided by nurse practitioners is a part of Canada's public health care system, and access to these services must be based on medical need, not on ability to pay. This marks a milestone in ensuring the full scope of nurse practitioners' practice is understood, accepted and respected.

Now, with the help of Dr. Erin Ziegler and her team, the CFNU has a fresh report focused on nurse practitioners to offer policy makers and employers recommendations for how they can better respect, retain and recruit NPs in all areas of health care across our communities.

In solidarity always,



**Linda Silas**  
CFNU President





# Letter from the author

**Investing in NPs** through supportive work environments, fair compensation and strategic workforce planning is essential to sustaining Canada's health care system. Addressing these issues will strengthen NP retention, enhance access to care, and ensure a resilient workforce capable of meeting current and future population health needs.

Canada's health care system is at a critical crossroads. Persistent workforce shortages, widening inequities in access to care and the lasting effects of the COVID-19 pandemic have exposed both the strengths and vulnerabilities of our health human resources. Within this context, NPs have emerged as a vital and rapidly growing segment of the workforce, providing accessible, high-quality and patient-centred care in communities across the country. Yet, despite their expanding role and proven value, NPs continue to face systemic barriers that threaten their sustainability, well-being and retention.

The findings of this study paint a nuanced and compelling picture. NPs continue to derive deep professional satisfaction from providing direct patient care, building therapeutic relationships and practicing autonomously to improve health outcomes. At the same time, many report feeling undervalued, overextended and insufficiently supported by current organizational, funding and policy structures. The prevalence of burnout, concerns about compensation, limited opportunities for professional growth and lack of influence in decision-making are not isolated issues; they are systemic challenges that, if left unaddressed, risk undermining the stability of the NP workforce and the broader health care system.

**Many of the factors that negatively affect NP job satisfaction and retention are modifiable.**

Importantly, this report does more than document challenges, it identifies opportunities. Many of the factors that negatively affect NP job satisfaction and retention are modifiable.

**When NPs are supported to work to their full scope in environments that value their expertise, the benefits extend beyond individual practitioners to patients, communities and the health system as a whole.**

with honesty, insight, and a deep commitment to their patients and profession. Their perspectives underscore a central message of this report: when NPs are supported to work to their full scope in environments that value their expertise, the benefits extend beyond individual practitioners to patients, communities and the health system as a whole.

It is our hope that this report serves as a catalyst for action. Policymakers, employers, unions, professional associations, educators and researchers all have a role to play in shaping a sustainable future for NP practice in Canada. By investing in NPs not only as providers of care but as leaders, innovators and partners in system transformation, we can strengthen Canada's health care system and better meet the needs of the populations it serves. This report is offered as both evidence and invitation: evidence of the critical contributions and challenges of the NP workforce, and an invitation to work collaboratively toward solutions that ensure NPs are supported, valued and positioned to thrive, now and into the future.



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Creating positive work environments, aligning remuneration with scope and contribution, and implementing coordinated health human resource planning are achievable goals.

Addressing these issues has the potential to improve NP well-being, strengthen retention and enhance patient access to timely high-quality care.

This work is also grounded in the voices of NPs themselves. Through survey and interview data, NPs across Canada shared their experiences



# Summary and key recommendations

**Nurse practitioners (NPs)** are a rapidly growing and essential component of Canada's health workforce, playing a critical role in improving access to high-quality patient-centred care across health care settings. At a time when one in five Canadians lacks a primary health care provider and health workforce vacancies remain well above pre-pandemic levels, optimizing NP recruitment, retention and role implementation is a national priority. This pan-Canadian mixed-methods study examined NP characteristics, practice environments, regulatory and organizational factors, and their influence on job satisfaction and workforce stability.

The study included 1,363 NPs from all provinces and territories, making it one of the largest and most comprehensive examinations of the NP workforce in Canada to date. While the NP workforce has more than doubled over the past decade, findings reveal growing strain within the profession. Overall, NPs reported being only *minimally satisfied* with their jobs. Satisfaction was highest for intrinsic aspects of practice: direct patient care, time with patients and clinical autonomy. However, dissatisfaction was widespread regarding compensation, lack of input into organizational decision-making, limited professional development opportunities, inadequate support for research and scholarship, and insufficient recognition of non-clinical contributions.

Retention concerns are significant. Over one-third of NPs reported thinking about or actively considering leaving their current position. The leading drivers of turnover and intent to leave were inadequate compensation, burnout and excessive workload.

Burnout emerged as a major post-pandemic issue, closely linked to unmanageable workloads, patient complexity, limited recovery time and organizational pressures. These conditions not only threaten NP well-being but also risk compromising quality of care. Compensation remains a critical challenge: salaries often fall below inflation-adjusted benchmarks, and funding models vary widely across jurisdictions, creating inequities and disincentives to hiring and retention.

Demographic shifts further complicate workforce sustainability. The rapid influx of novice NPs, combined with impending retirements of experienced practitioners, underscores the urgent need for structured transition-to-practice support, mentorship and succession planning. Without coordinated health human resource planning, Canada risks worsening workforce instability despite continued NP growth.

## Key recommendations

**1 Create positive NP work environments** by strengthening organizational policies and supports, ensuring reasonable workloads to reduce NP burnout, and enabling NP participation in professional development, research and decision-making about their roles.

**2 Modernize remuneration and funding models** to ensure equitable, transparent and competitive compensation that reflects NP scope, workload and contributions across diverse practice settings.

**3 Implement comprehensive health human resource planning,** including workforce forecasting, transition-to-practice programs, mentorship for novice NPs and strategies to retain experienced nurse practitioners.



# Project report

## Context and overview

**Canada's health workforce** is the foundation of the health care system. Understanding that workforce, who and where they work, and what they are doing are important elements of workforce planning (Bourgeault, 2021). Poor health workforce planning results in higher costs, risks to patient safety and quality of care, and inequities (Bourgeault et al., 2021; Poghosyan & Carthon, 2017). Recent national workforce monitoring shows that health workforce vacancy rates remain significantly higher than pre-pandemic levels, underscoring persistent recruitment and retention challenges (Statistics Canada, 2025). Nurse practitioners (NPs) are the fastest growing health care professional group in Canada (Canadian Institute for Health Information [CIHI], 2022). Understanding the factors that influence the supply, recruitment, utilization and retention of NPs is essential for effective workforce planning (Health Canada, 2024).

NPs in Canada are registered nurses who have completed advanced nursing education typically at the master's level or higher, accrued required hours of clinical experience and met regulatory exam requirements (Canadian Nurses Association, n.d.). NPs are a separately regulated class of nurses with the legislated authority to autonomously diagnose and treat illness, order and interpret diagnostic tests, prescribe medications

and perform medical procedures (Canadian Nurses Association, n.d.). NP licensing through regulatory bodies varies across the country, some provinces and territories use a general NP license, while others issue specialty-specific licenses such as primary health care, pediatrics, adult or neonatal. NPs practice in a variety of settings, including hospitals, primary health care, community settings (e.g., home care, northern nursing stations) and facilities (e.g., long-term care, correctional institutions). According to the Canadian Institute for Health Information (CIHI, 2024), the NP workforce continues to expand, with a 9.5% increase in NPs employed in direct patient care between 2023 and 2024. Over the past decade, the NP workforce has more than doubled, rising from 1.1 NPs per 10,000 population in 2014 to 2.2 per 10,000 in 2023 (CIHI, 2024).

The previous Canadian Federation of Nurses Union (CFNU) report *Fulfilling Nurse Practitioners' Untapped Potential in Canada's Health Care System* highlighted the growing pressures on Canada's health care system, including limited access to primary health care, an aging population, and capacity strain in acute and long-term care, presenting NPs as a proven yet underutilized solution (Little & Reichert, 2018). This report examines the principal factors hindering NP retention and recruitment nationwide, such as role clarity, remuneration, interprofessional dynamics and funding structures, and advances evidence-informed recommendations to guide governments and health systems in more effectively leveraging the value NPs bring to the health care system. At the time, it was the largest survey examining NP recruitment, retention and job satisfaction in Canada. Overall, NPs were satisfied with their clinical role and patient involvement. However, several factors were associated with job dissatisfaction and identified as having important implications for NP recruitment and retention. These factors included NPs' perceptions of inadequate salary and benefits, limited opportunity to contribute to organization policy and practice, poor access to continuing education, and excessive administrative work. In addition, over 26% of NPs reported not working to their full scope of practice due to poor role clarity and regulatory and organization barriers (Little & Reichert, 2018).

## Study aim

**The purpose of this study** was to examine NP characteristics, practice setting factors, and regulatory and organizational policies that may influence NP role implementation, job satisfaction, and recruitment and retention.

# Methods

**An explanatory sequential** mixed-methods study was conducted in two phases to examine NP role implementation, job satisfaction, recruitment and retention in Canada. Eligible participants were NPs currently practicing in Canada, who could communicate in English or French. Research Ethics approval was obtained from Toronto Metropolitan University Research Ethics Board and McMaster University.

Phase 1 involved the administration of an updated version of the questionnaire used in the previous CFNU Pan-Canadian NP Retention and Recruitment study (Little & Reichert, 2018). The questionnaire included closed-ended items capturing NP characteristics such as age, gender identity, ethnicity, areas of practice and practice experience. Data on work-related factors, including recruitment, retention, work-life balance and continuing education, were also collected. Job satisfaction was measured using the Misener Nurse Practitioner Job Satisfaction Scale (Misener & Cox, 2001), a validated tool that supports comparison of job satisfaction trends over time and across future evaluations.

The survey was administered online. Recruitment took place through collaboration with the CFNU, national and provincial NP associations, targeted social media strategies and outreach to the research team's networks. At survey completion, participants were asked whether they were willing to be contacted for a follow-up interview in Phase 2.

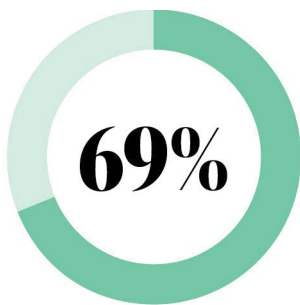
Phase 2 consisted of a qualitative descriptive study involving interviews to explore, in depth, the factors that shape NP job satisfaction, role implementation, recruitment and retention. Findings from Phase 1 informed the prioritization of interview topics and guided sampling decisions to ensure diversity in practice settings, organizational contexts and provincial/territorial jurisdictions. Semi-structured interviews (30-45 minutes) were conducted via Zoom. Interviews explored participants' experiences and perceptions regarding factors that influence NP retention and recruitment in Canada. All interviews were audio-recorded with consent and transcribed verbatim by a professional transcriptionist.

# Recommendations

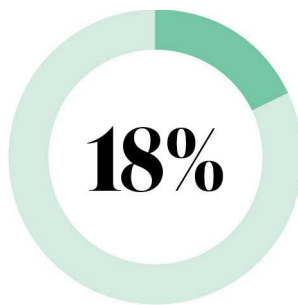
## Recommendation 1: Creating positive work environments

**Nationally and internationally**, there is heightened recognition of the critical need to transform the environments in which NPs work, in order to improve recruitment and retention and the optimal implementation of their roles (Splane et al., 2023; Ziegler et al., 2021). Negative NP work environments are associated with feeling overwhelmed and work overload, burnout, poor job satisfaction and feeling devalued (Abraham et al., 2021; de Lisser et al., 2024; Fournier et al., 2024; Heale, 2025a).

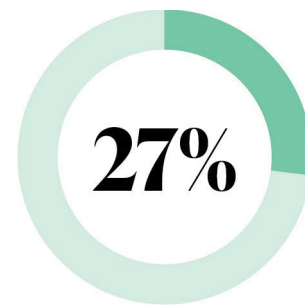
Promisingly, many workplace barriers to NP role implementation and job satisfaction are preventable and can be addressed through systematic and organization-wide strategies (Bryant-Lukosius & DiCenso, 2004; DiCenso et al., 2010). Thus, strengthening NP work environments is an essential pathway forward to improve NP role implementation, job satisfaction and retention. For example, in this study the greatest sources of NP job dissatisfaction involve policies and practices within work environments related to professional growth, continuing education, and opportunities to contribute to organizational improvement through input on policies, participation on committees and involvement in research. These issues are feasible to address, and if so, may significantly improve NP job satisfaction.



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of respondents were dissatisfied with the recognition they received from their supervisor and the amount of administrative support.

## **NPs require reasonable role autonomy or control over their clinical work and workload to effectively meet patient needs.**

While most NPs (69%) were satisfied with their supervisor, 18% were dissatisfied. In addition, 27% of NPs were dissatisfied with the recognition they received from their supervisor and the amount of administrative support. The NPs described that not all health care administrators and managers had a good understanding of their role. Decisions were also made about their work in order to meet organizational goals but often failed to include NP input in

the decision-making. Organizational policies and decisions that restrict NP scope of practice and role autonomy may contribute to burnout (O'Connor et al., 2023) and result in poor job satisfaction and retention (de Lissler et al., 2024). As advanced health care providers, NPs require reasonable role autonomy or control over their clinical work and workload to effectively meet patient needs and deliver high-quality accessible care within their scope of practice. Building meaningful relationships with patients and having a positive impact on patient health and quality of care is the primary source of NP job satisfaction. When NPs lack control over their clinical practice to meet their expectations for addressing patient needs and delivering quality care, it becomes a source of dissatisfaction and burnout (de Lissler et al., 2024; Fournier et al., 2019).

Importantly, NP burnout is also associated with poor quality of care (Abraham et al., 2021). In this study NPs identified burnout and poor work-life balance as major factors affecting their overall health, job satisfaction, retention and future employment decisions. Excessive workloads that did not consider the challenges of NP practice and the complexity of patient care contributed to burnout.

Research on NP recruitment and retention is evolving as is NP practice in Canada. As one example, independent NP models of practice (e.g., NP-led clinics, fee-for-service practices, NP panels, independent contracts, NP as most responsible provider) are emerging. Recent studies from the United States suggest that NPs with their own panel have increased workloads and as a result may be more likely to experience burnout (Kim et al., 2024). Further research is needed to evaluate emerging models of NP practice and their impact on NP workload, burnout, job satisfaction and retention.

Health Canada's (2024) *Nursing Retention Toolkit* offers strategies applicable to enhance the work environments of all nurses, but few are specific to NPs. Building on this toolkit, the CFNU offers the following recommendations that are tailored specifically to create positive work environments for NPs.

## **1. For unions**

- Provide representation to address priority issues impacting NP practices and their work environment related to job satisfaction, health and well-being, recruitment and retention.

## **2. For NP employers**


- Establish an organizational vision that recognizes NPs as advanced health care leaders and that maximizes the use of their clinical, education, research and scholarship expertise to meet improvement priorities.
- Provide standardized education and training about the NP role and optimal role implementation related to NP leadership, autonomy and scope of practice for organizational leaders and supervisors who make decisions about the hiring and supervision of NPs.
- Develop, review and strengthen organizational policies regarding the hiring and retention of NPs, that enable role autonomy and scope of practice and address manageable workloads, continuing education and professional growth.
- Offer flexible work conditions to promote work-life balance and to accommodate the personal and professional practice needs of individual NPs.
- Establish and/or enable NP participation in continuing education and other forums (e.g., communities of practice) that foster NP resilience and professional growth.

## **3. For provincial and national NP leaders**

- Collaborate with health care leaders, employers and NP supervisors to develop, implement and evaluate an NP Retention Toolkit.
- Offer education initiatives to support NPs in developing skills to negotiate for and manage appropriate workloads and the stress associated with the challenges of NP practice.

## 4. For nurse scientists and NP researchers

- Conduct research to further examine the relationships between NP job satisfaction, burnout, workload, recruitment and retention.
- Evaluate the impact of funding models (fee-for-service, independent practice) and emerging models of NP practice (e.g., NP panels and panel size) on role autonomy, workload, burnout, retention and job satisfaction.



# Recommendation 2: Remuneration and funding models

**Nationally,** NPs are working across an increasingly diverse range of practice environments, yet remuneration and funding models have not kept pace with the rapid evolution of NP roles and service delivery. Funding structures continue to vary substantially across jurisdictions and between public and private health care settings, with implications for NP role implementation, autonomy, job satisfaction and workload (Duff et al., 2022; Marceau et al., 2021). Despite previous recommendations calling for modernized NP funding mechanisms, there has been limited progress in developing equitable, transparent and NP-specific remuneration models (Little & Reichert, 2018; Marceau et al., 2021).

NPs in this study reported working in traditional publicly funded primary health care, community health centres, acute care, home and community care, and an expanding private sector that includes private practice, virtual care platforms and contract-based practice. Seventy-three percent of participants reported providing some form of virtual care within their practice. These rapidly emerging private-sector opportunities are advancing faster than policy frameworks can adapt, raising concerns about equity, sustainability and the potential for widening gaps in the publicly funded system.

A specific concern highlighted by participants is the misalignment between NP contributions and remuneration under physician-focused funding models. In jurisdictions using blended or capitation-based physician funding models, physicians can bill codes or receive roster-based payments for patients whose care is primarily provided by NPs. While patients remain formally attached to a physician's roster, NPs often assume responsibility for the majority of direct patient care, case management and clinical follow-up. This can obscure NP workload, limit recognition of NP contributions, and create barriers to equitable funding and workload allocation. These issues mirror longstanding concerns that restrictive or outdated funding structures diminish NP autonomy and limit optimal role utilization (Marceau et al., 2021).

Qualitative findings from this study further demonstrate that NPs with independent patient panels, now emerging in provinces such as British Columbia, Saskatchewan and Alberta, experience both increased autonomy and heightened workload pressures. NPs described the stress of being solely responsible for a panel, managing complex patients without adequate administrative or interprofessional support, and experiencing challenges balancing accessibility with personal well-being. Similar patterns have been observed in the United States, where primary care NPs with independent panels report greater workloads, longer work hours and higher rates of burnout, compared to NPs working without their own panels (Kim et al., 2024). These findings underscore the need for careful evaluation of emerging Canadian models to ensure they do not inadvertently contribute to NP burnout, role strain or poor retention.

**If private NP practice grows in response to limited public sector flexibility, funding and infrastructure, the public system may face further strain and challenges in recruiting and retaining NPs.**

The policy landscape surrounding NP remuneration is likely to continue shifting. New federal interpretation letters related to the *Canada Health Act* are expected to clarify the boundaries of private-pay services within primary health care (Health Canada, 2025). As private NP practice, including independent clinics and privately funded virtual care, continues to expand, questions arise about long-term implications for accessibility and equity. If private NP practice grows in response to limited public sector flexibility, funding and infrastructure, the public system may face further strain and challenges in recruiting and retaining NPs.

Overall, while new funding models offer opportunities to increase access, particularly in underserved areas, they also present risks related to workload, burnout, fragmentation and inequitable compensation. Given the diversity and rapid evolution of NP practice models in Canada, there is an urgent need for systematic evaluation of how funding structures influence NP role implementation, autonomy, job satisfaction and workforce sustainability.

## 1. For unions

- Continue to advocate for remuneration that recognizes NP clinical contributions, education, expertise and professional responsibility.
- Ensure that the rights of NPs under collective bargaining are protected during shifts in funding models such as the *Canada Health Act Interpretation Letter* (“Letter to provinces and territories on the importance of upholding the *Canada Health Act — 2025*”).
- Continue to consult with NP members to ensure that ongoing advocacy and bargaining priorities align with a rapidly changing NP practice environment.
- Where these models exist, advocate for compensation that reflects panel size and the complexities of independent practice.

## 2. For NP employers

- Review and update organizational funding and staffing policies to ensure equitable remuneration and recognition of NP contributions in team-based and roster-based care models.
- Develop transparent processes to track NP workload, patient complexity and care delivery contributions, and use these data to inform funding allocations and workload distribution.
- Provide administrative and clinical support for NPs to reduce workload burden and mitigate burnout.
- Include NPs as key stakeholders in leadership positions throughout the organization.
- Explore flexible and innovative funding models that support NP-led services.

### 3. For provincial and national NP leaders

- Collaborate with governments, nurses' unions, and employers to develop an NP funding and remuneration framework that is consistent across provinces and aligned with NP scope, autonomy and accountability.
- Advocate for revisions to capitation and blended physician models so that funding reflects the provider delivering the majority of care and recognizes NP clinical contributions, workload, and accountability.
- Develop position statements and evidence syntheses to guide policymakers on emerging funding models and their implications for retention and sustainability.

### 4. For nurse scientists and NP researchers

- Conduct research to evaluate the impact of emerging funding and reimbursement models on NP workload, burnout, job satisfaction and retention.
- Examine differences in NP experiences between public and private practice models, including compensation, role autonomy, job stability and equity in access to care.
- Investigate patient outcomes, quality of care, and access under NP-led, team-based and privately funded models to identify best practices and inform future health policy.
- Evaluate how federal changes to the *Canada Health Act* influence NP practice environments, funding structures, and the balance between public and private primary health care.

## 5. For provincial and territorial governments

- Develop NP-specific funding models that recognize the full scope of NP practice, support independent panels where appropriate, and reduce dependence on physician-centric models that obscure NP contributions.
- Revise rostering and capitation policies to ensure that funding follows the provider delivering the majority of patient care.
- Invest in administrative, interprofessional and digital infrastructure support for NPs, particularly those with independent panels or working in rural and remote regions.
- Fund NP continuing educational development programs (e.g., mentorship, residency) in specialized areas of practice.



# Recommendation 3: Health human resource planning

**Nationally and internationally**, there is growing recognition of the urgent need for evidence-informed health human resource (HHR) planning for NPs to ensure stable access to high-quality care. Despite rapid growth of the NP workforce and ongoing expansion of NP scope of practice, Canada lacks coordinated strategies to address current and future NP workforce requirements. Without intentional planning, emerging gaps in NP supply, skill mix, experience distribution and practice support will continue to challenge recruitment, retention and long-term sustainability of the NP workforce (Barnes, 2015; Faraz, 2019; Heale, 2025b).

Quantitative findings from this study highlight critical HHR concerns. Nearly 14% of NPs reported plans to retire within the next year, signaling an impending loss of experienced NPs who carry clinical expertise, mentorship capacity and leadership skills essential for organizational functioning. Between 2020-2024, the number of NPs in Canada has nearly doubled, resulting in a workforce dominated by novice NPs with fewer than five years of experience (CIHI, 2024). These shifts create a widening experience gap that has implications for workload distribution, clinical decision-making support, quality of care and retention.

Job satisfaction patterns also differed between novice and experienced NPs. Novice NPs reported greater challenges related to role clarity, support for independent decision-making and access to mentorship – factors known to affect job satisfaction, confidence and retention during early transition into practice (Barnes, 2015; Faraz, 2019). Experienced NPs reported higher satisfaction with role autonomy and scope of practice but greater concerns about workload and burnout, linking cumulative workload pressures to emotional exhaustion and decisions to leave the profession (Lockwood & Schober, 2024).

Qualitative data from this study further illuminate transition-to-practice stressors for novice NPs. Many described the early years of practice as overwhelming, citing limited organizational orientation, inadequate mentorship and uncertainty navigating new responsibilities. These findings align with the literature describing transition shock,

heavy cognitive demand and the need for structured support to ensure safe, confident and sustainable early NP practice (Barnes, 2015; El Hussein & Ha, 2022; Faraz, 2019). The presence or absence of transition support directly influences job satisfaction, retention and the likelihood of NPs remaining in their roles beyond the first few years.

**The presence or absence of transition support directly influences job satisfaction, retention and the likelihood of NPs remaining in their roles beyond the first few years.**

A major concern highlighted is that Canada lacks reliable methodologies to forecast NP workforce needs (Bryant-Lukosius et al., 2026). While the NP workforce has grown rapidly, and NP roles continue to expand across settings, there is currently no national strategy or modeling framework to determine how many NPs will be required to meet future population health needs, demographic changes, service delivery reforms or advances in scope of practice. This gap poses risks for system planning and may result in future shortages, maldistribution of NPs across practice settings, or an inability to match NP competencies with population needs.

Strengthening NP HHR planning is essential to ensure the sustainability of the NP workforce, support safe and effective care, and maximize the health system's return on investment. Doing so requires coordinated action across unions, educators, employers, professional associations and policymakers.

## **1. For unions**

- Advocate for HHR strategies that address both immediate and long-term NP workforce needs, including supports for safe transition to practice.
- Ensure that the goal of collective bargaining is that collective agreements reflect the unique career trajectories and support needs of novice, mid-career and experienced NPs.
- Promote mentorship structures and workload protections for novice NPs to support early-career retention.

## 2. For NP employers

- Develop and implement structured transition-to-practice programs for novice NPs, including mentorship, orientation and clear role expectations.
- Ensure that transition-to-practice and mentorship initiatives are led by experienced NPs who possess advanced clinical expertise and leadership competencies. Where feasible, organizations should provide formal recognition and appropriate compensation for mentorship responsibilities, acknowledging the additional workload, time commitment and professional accountability involved in supporting novice or transitioning NPs.
- Create succession planning strategies to preserve expertise, clinical leadership and continuity of care as experienced NPs retire.
- Implement workload management practices that reflect differences in NP experience, skill acquisition and panel complexity.

## 3. For provincial and national NP leaders

- Collaborate with governments and regulatory bodies to establish national HHR forecasting models for NP supply, demand and workforce distribution.
- Advocate for standardized transition-to-practice supports across jurisdictions.

## 4. For nurse scientists and NP researchers

- Conduct longitudinal studies examining NP workforce trends, retirement patterns and transition-to-practice outcomes.
- Evaluate the impact of mentorship, residency or fellowship models on novice NP competence, job satisfaction and retention.
- Develop and validate forecasting models to estimate the number of NPs required to meet future population health and system-level needs.





# Conclusion

**Nurse practitioners** are a critical component of Canada's health care system, providing high-quality, accessible and patient-centered care across a range of settings. However, rapid growth in the NP workforce, evolving models of practice and diverse funding structures have highlighted significant challenges related to role implementation, job satisfaction, workload and workforce sustainability. Evidence from this study, combined with national and international literature, underscores that strengthening NP work environments, modernizing remuneration and funding models, and implementing comprehensive health human resource planning are essential to optimize NP contributions, improve retention and ensure equitable access to care.

Creating positive work environments that support autonomy, professional growth and work-life balance is fundamental to reducing burnout and enhancing job satisfaction. Aligning remuneration and funding structures with NP contributions, including independent practice and panel-based care, is necessary to promote equity, recognize clinical expertise and reduce role strain. Finally, strategic health human resource planning, including transition-to-practice supports, succession planning and forecasting models, is crucial to address workforce gaps, retain experienced NPs and prepare for future population health needs.

Taken together, these recommendations provide a roadmap for policymakers, employers, unions, professional associations and researchers to collaboratively strengthen the NP workforce. By investing in NPs, Canada can ensure a sustainable, resilient and highly skilled workforce capable of meeting current and future health care demands while maintaining high standards of patient care and professional practice.

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