

Intelligence MEMOS



From: Tingting Zhang and Rosalie Wyonch
To: Ontario Ministry of Health
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Re: **ONTARIO'S NURSING CHALLENGE: HOW SERIOUS IS IT?**

Nursing understaffing is not a new problem in Ontario, but it is getting worse.

[Research](#) has shown that the service gap in nursing was alarming before COVID-19. For decades, Ontario has had a low ratio of working registered nurses (RNs) per population. The current average of below [665 RNs per 100,000 people](#) is in stark contrast to the 2020 average of 814 per 100,000 in the rest of Canada. Ontario entered the pandemic with about [22,000 fewer](#) RNs compared to the rest of Canada on a per capita basis, according to the Registered Nurses Association of Ontario (RNAO).

One contributor to such a low nurse-per-capita figure is the increasing number of vacant positions. The latest national [Job Vacancy and Wage Survey](#) showed more than 22,000 vacancies in the first quarter of this year, 8,295 were in Ontario. And there were [16,470 job postings](#) for RNs in Ontario in the year ended in June.

But there are few nurses to fill them.

More than one third of available RN positions (35.2 percent) have been vacant for 120 days or more. This is unsurprising, given that the unemployment rate for nursing occupations in Canada was 0.48 percent in May (compared to 0.81 percent for all health occupations and 3.4 percent in the overall labour market). The Labour Force Survey indicates that there were only about 13,500 unemployed health workers in the entire country.

The overall [growth rate](#) of RNs eligible to practice in Ontario was approximately 1.1 percent between 2019 and 2020, according to the Canadian Institute for Health Information. However, the workforce of RNs (those who are employed) grew by only 0.4 percent. The Ontario population, meanwhile, has grown by 1.4 percent. This mismatch in the numbers of patients needing care and RNs who deliver the care is increasing over time.

By nature, nurse workloads are immense, especially with the ongoing COVID-19 situation. Tired. Exhausted. Burnt out. Nurses were constantly working [overtime](#) during the pandemic. However, Ontario's [cap](#) on wage increases and now inflation, mean that nurses are experiencing declining wages in real terms.

[Research](#) and data also show that RNs are experiencing deteriorating mental health. According to the Work and Wellbeing Survey of RNAO, 90 percent of respondents experienced at least moderate stress, with mid-career RNs/NPs reporting the highest levels of stress. Similarly, Canadian COVID-19 nursing workforce survey found that more than two-thirds of respondents indicated that they were burnt out.

One contributor to this worsening mental health of current nurses is [insufficient staffing](#). According to RNAO, at least [13 percent](#) of RNs aged 26-35 reported they were very likely to leave the profession post-pandemic. The Canadian survey conducted in June 2021 indicated that [69 per cent](#) of respondents planned to leave their positions within five years. This potential exodus can further increase the magnitude of insufficient staffing. This is a vicious cycle.

As COVID-19 becomes endemic, many nurses have chosen to leave the profession or seek employment outside the traditional health sector. This leaves the remaining nurses with higher cases loads and more stress. With lack of RNs, some medical practices, units, or wards have insufficient staff resources to meet standards for appropriate levels of care, putting patients at risk. While patients are routinely informed about the risks associated with undergoing a medical treatment, there is no duty to inform patients of the risks from understaffing and how that might affect their care and recovery.

Many nurses chose their occupation because of their love and care for people. However, the reality is working conditions include chronic understaffing, excessive workload, high-stress levels, and low wage growth, resulting in a high potential for leaving the profession. Expanding recruitment and training more nurses is part of the solution, but that will do little to address shortages over the long term if shortages become the norm and nurses leave the profession in increasing rates. Improving retention, however, is not a small task – it will require addressing long-standing challenges with creative solutions and limited resources.

We must stop the bleeding – understaffing, though now the norm, cannot become normalized and nurses currently working require some hope of reprieve. Increasing staffing levels and wage rates while also increasing mental health and other supports could likely help retention. If permanent shortages are to be avoided, health administrators, regulators, and policymakers will need to adapt scopes of practice to ensure that care providers are practicing at the highest levels of their competencies. Addressing barriers to foreign trained professional becoming licensed in Canada and considering expanding scopes of practice for other nursing and care professions would also help to ease the current and ongoing shortage of nurses.

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