

ADDRESSING CANADA'S HEALTH WORKFORCE CRISIS

PRE-BUDGET CONSULTATIONS IN ADVANCE OF THE 2022 FEDERAL BUDGET

Submission to the House of Commons Standing Committee on Finance by the
Canadian Nurses Association

REVISED SUBMISSION – February 14, 2022

Summary of recommendations

1: Health workforce crisis

- \$300 million over 3 years to provide health-care workers with retention incentives and supports.
- \$300 million over 3 years to help provinces and territories optimize workloads for health-care workers.
- \$50 million over 4 years to establish a national health workforce body.
- Increase training and education for health-care workers.

2: Mental health

- Create a national mental health strategy for health-care workers.

3: Fight racism and discrimination in health care

- Provide \$6 million over two years, with \$2.26 million per year ongoing to provide training and resources for health-care professionals in culturally appropriate care.
- Provide \$169.26 million over 3 years, with \$37.6 million per year ongoing to create an equity and diversity in nursing fund.

Introduction

The Canadian Nurses Association (CNA) is pleased to submit this revised 2022 pre-budget submission as an update to its original submission dated July 29, 2021.

Canada's 448,000 nurses have been playing a critical role during the COVID-19 pandemic. However, nurses and other health-care workers are burnt out, exhausted, and demoralized, and there is a worrying number of them leaving their professions.

Critical staffing shortages were already an issue long before the pandemic began; the country's health-care system and those who work in it have been neglected for many years. Inadequate workforce planning, lack of timely and standardized data, and chronic underfunding have prevented Canada from planning, managing, and deploying its health workforce effectively.

The first wave of the COVID-19 pandemic decimated long-term care across Canada; the second and third brought critical care units to their knees. And most recently, the Omicron-driven surge in cases has medical and surgical units across many hospitals flooded. The fallout from the pandemic has now hit three major sectors of nursing across the country.

While CNA has been concerned about nurses close to retirement walking away from nursing, new polling from the Canadian Federation of Nurses' Unions shows that brand new nurses, and mid-career nurses are now saying they want to leave.¹ In addition to crippling three major sectors of nursing practice, the pandemic has also affected all three nursing career stages. These are very worrying dynamics for Canada.

In that same polling, 94% of nurses report burnout with nearly half of those at a level of clinical severity – this is unprecedented in Canadian nursing. Tied to that outcome, 7% of nurses intend to retire, 27% to leave their current job, and 20% to leave the profession altogether. Hospitals across Canada already have been forced to close beds and scale back services. 83% of nurses report that staffing is not sufficient to safely provide care.

This is a national emergency. Canada must act decisively and as a nation. There are no quick fixes, and the crisis has escalated beyond what any jurisdiction can manage on their own.

CNA, the national and global professional voice of Canadian nursing, urges the federal government to take immediate action and work with the provinces and territories to support health-care workers. Canada can only finish the fight against COVID-19 if there is a well-

functioning health workforce. Care is always dependent on health workers. Without them, there is simply no health care.

Recommendations

1: Health workforce crisis

Recommendations

- **\$300 million over 3 years to provide health-care workers with financial incentives and supports.** This should include free mental health care, retention bonuses for a return of service, student loan forgiveness, tax incentives, and incentives for those willing to study and practice in hard-to-staff areas such as long-term care and gerontology.
- **\$300 million over 3 years to help provinces and territories optimize workloads for health-care workers.** This should include safer staffing ratios, support for child-care and elder-care, rapid assessments for jurisdictions to mitigate workload challenges, and unlocking more time for care by increasing administrative, clerical and cleaning staff in nursing settings.
- **\$50 million over 4 years to establish a national health workforce body** to collect high-quality data on the health workforce, to support provincial and territorial governments towards informed health workforce planning.
- **Increase training and education for health-care workers.** This should include funding expansions of nursing and medical schools and professional programs, increased capacity for clinical placements for new students, and funding transition programs for new graduates and internationally educated nurses and bridging programs for support workers and nurses who want to practice in a different nursing role.

In 2009, CNA estimated that Canada would be 60,000 nurses short by 2022. ² **This crisis is here, and we are living it now.** Canada's health workforce represents more than 10% of all employed Canadians and over two thirds of all health care spending. This accounts for 8% of GDP.³ However, burnout has reached levels that threaten to maintain a functioning workforce and has created difficult working conditions that will persist long after the pandemic.⁴

In many parts of Canada, there are simply not enough nurses available to fill much-needed positions, assist in critical surgeries, or provide care for those who need it. There are close to 120,000 job vacancies in the health care and social assistance sector.⁵ Nurses, who provide most of the hands-on care in Canada, account for about 45% of all job vacancies in health. From 2019 to 2021, job vacancies for registered nurses and registered psychiatric nurses saw the largest increase (+85.8%) of all occupations, up by 10,400.⁶

After two years of fighting the COVID-19 pandemic, nurses are reporting unbearable workloads and unsafe working conditions, many have not been able to take a day off or a break and have had their vacations suspended, and they are facing chronic understaffing. Early after the first wave, an alarming 60% of nurses said they intend to leave their jobs.⁷ In Quebec alone, 4,000 nurses quit their jobs in 2020.⁸ In Ontario, vacancies for registered nurses have more than quadrupled.⁹

This situation causes direct impacts to patients and individuals across Canada. Medical procedures are being delayed, emergency rooms have closed, wait times for much needed surgery have increased, and individuals in rural and remote communities have had to travel even larger distances to access basic care.

These complex problems are a result of poor planning, which, in part, is a result of poor health workforce data as Canada is missing basic information about its health workforce. There is an incomplete, misaligned state of health workforce data where decisions on planning, staffing, deployment, recruitment, training, and alignment with population needs are being made in the dark.

The absence of data infrastructure makes it difficult to determine where shortages will occur and how to address them. CNA supports the Canadian Health Workforce Network's call to improve health-system planning through better workforce data.¹⁰ The federal government has an important role to play. It can pool resources and it has the authority to make health workforce data and intelligence available to the provinces and territories for the purposes of effective planning at the local level.

Immediate action and a multi-faceted strategy are needed to address the complex and large problem that is Canada's health workforce crisis. The federal government has an important role to play in ensuring Canada's health system is sustainable by working collaboratively with the provinces and territories on both short- and long-term strategies. Strong and decisive actions to help recruit and, most importantly, retain nurses and health-care workers are urgently needed.

2: Mental health

Recommendations

- **Create a national mental health strategy for health-care workers**, including funding for access to mental health supports by workers and their immediate family members, pan-Canadian monitoring and reporting on health-care worker wellness, and support for proactive organizational supports.

The burden that has been placed on the shoulders of nurses and other health professionals by the pandemic has taken a significant toll on their mental health. They have dealt with critical staffing shortages and excessive workloads, been exposed to significant human suffering, and faced concerns for their personal and family safety.

Prior to the pandemic, severe burnout was found among 20%-40% of healthcare workers. In spring 2020, it was found in 30%-40% of these workers. By spring 2021, rates greater than 60% were found in Canadian physicians, nurses, and other healthcare professionals.¹¹ One-fifth (20%) of frontline healthcare workers have thought about suicide and 6% have planned an attempt.¹² 7 out of every 10 health workers reported worsening mental health during the pandemic.¹³ For nurses, we have observed that they are showing the highest rates of anxiety and depression among all health workers.

The pressures that have been plaguing the system are far from over. Once the pandemic eases, all these same providers will be expected to put in extra hours to address the hundreds of thousands of backlogged procedures and to pick up the pieces of broken systems. Innovative strategies are needed to provide tailored, sustainable, accessible, long-term mental health supports for health workers.

3: Fight racism and discrimination in health care

Recommendations

- Provide \$6 million over two years, with \$2.26 million per year ongoing to Health Canada, to co-develop with Indigenous and racialized communities, a free, online continuing education portal that will **provide training and resources for health-care professionals in culturally appropriate care.**
- Provide \$169.26 million over 3 years, with \$37.6 million per year ongoing to Health Canada, to create **an equity and diversity in nursing fund (EDNF)**, to offer annual scholarships to 6,200 Black and Indigenous people and people of colour every year who wish to pursue or advance their careers in nursing.

Racism is an important determinant of health and a root cause of many health disparities in Canada. It needs to be tackled aggressively at all levels.

CNA recommends the creation of a free, online continuing education training portal for health-care workers to improve cultural competency. Globally, similar programs have been developed, such as the *Think Cultural Health* in the United States,¹⁴ which was launched in 2004 and has an

annual budget of US\$1.8 million. A new portal in Canada should be funded by the federal government and co-developed with Indigenous and racialized people as well as health and community organizations. This initiative could be funded by leveraging part of the \$126.7 million previously committed in Budget 2021 to foster health systems free from racism and discrimination. The online portal should focus on providing training to all health professionals in culturally appropriate services to patients and clients from all ethnicities, races, cultural beliefs, preferred languages, and religions.

Furthermore, although race and ethnicity-based data on the health-care workforce are not collected nationally, it has been identified from limited research that Indigenous and racialized communities remain underrepresented in the nursing workforce.¹⁵ There is also a lack of diversity among nursing leadership, which highlights the need for targeted career advancement opportunities beyond entry levels. Diversity in the nursing workforce is critical to ensure culturally appropriate care to patients, families, and communities.

CNA recommends establishing the EDNF, which would support every year over 6,200 people representing Indigenous and racialized communities who seek undergraduate or graduate study in nursing or practical nursing.

Due to the lack of adequate health workforce data, Canada does not know how many health workers represent Indigenous and racialized communities. According to the last census, Black and Indigenous people and people of colour represented 27.2% of the Canadian population and it is important that the health workforce represents the diversity of the community it serves.¹⁶ CNA recommends that the federal government establish a fund to support 6,200 Black and Indigenous people and people of colour every year (which equals 30% of the total number of nursing graduates annually) who wish to seek undergraduate or graduate studies in nursing or practical nursing. The fund should cover 50% of tuition costs during the first three years and 33% ongoing thereafter.

Endnotes

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- ¹ https://nursesunions.ca/wp-content/uploads/2022/02/Viewpoints_Survey_Results_2022_January_EN_FINAL-1.pdf
 - ² https://hl-prod-ca-oc-download.s3-ca-central-1.amazonaws.com/CNA/2f975e7e-4a40-45ca-863c-5ebf0a138d5e/UploadedImages/documents/RN_Highlights_e.pdf
 - ³ https://www.hhr-rhs.ca/images/Webinar_Series/Fact_Sheet_EN.pdf
 - ⁴ <https://covid19-sciencetable.ca/sciencebrief/burnout-in-hospital-based-healthcare-workers-during-covid-19/>
 - ⁵ <https://www150.statcan.gc.ca/n1/daily-quotidien/211220/dq211220a-eng.htm>
 - ⁶ <https://www150.statcan.gc.ca/n1/daily-quotidien/210921/dq210921a-eng.htm>
 - ⁷ <https://nursesunions.ca/research/outlook-on-nursing/>
 - ⁸ <https://montreal.ctvnews.ca/nurses-leaving-quebec-public-healthcare-system-in-droves-during-pandemic-report-1.5301132>
 - ⁹ <https://doris-blog.rnao.ca/post/ontarios-rn-understaffing-crisis-impact-and-solution>
 - ¹⁰ <https://www.hhr-rhs.ca/en/petition.html>
 - ¹¹ <https://covid19-sciencetable.ca/sciencebrief/burnout-in-hospital-based-healthcare-workers-during-covid-19/>
 - ¹² <https://static1.squarespace.com/static/5f31a311d93d0f2e28aaf04a/t/60eca927e7718717d7659361/1626122538301/FINAL+-MHRC+Mental+Health+During+COVID+Poll+7+Report.pdf>
 - ¹³ <https://www150.statcan.gc.ca/n1/daily-quotidien/210202/dq210202a-eng.htm>
 - ¹⁴ <https://thinkculturalhealth.hhs.gov/about>
 - ¹⁵ <https://journals.sagepub.com/doi/10.1177/0844562118795812>
 - ¹⁶ <https://www12.statcan.gc.ca/census-recensement/2016/dp-pd/index-eng.cfm>