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# ADDRESSING CANADA'S HEALTH WORKFORCE CRISIS

Submission to the House of Commons Standing Committee on Human Resources, Skills and Social Development and the Status of Persons with Disabilities

Canadian Nurses Association

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# Summary of recommendations

**Short term**

- Create a **pan-Canadian health workforce action plan** that focuses on recruitment, retention, and workplace conditions.
- Provide $300 million over 3 years to help establish evidence-based and innovative strategies at the federal, provincial, and territorial levels to **retain nurses and health-care workers**.
- Provide $300 million over 3 years to help provinces and territories **optimize workloads** for nurses and health-care workers.

**Medium term**

- Provide funding to increase system **capacity for education** of nurses and health-care workers.
- Work collaboratively to provide supports for **fast-tracking the licensing and employment** of IENs.
- Create **expedited pathways to permanent residency** for IENs wishing to practice nursing in Canada.

**Long term**

- Create a **national mental health strategy** for nurses and health-care workers.
- Provide $50 million over 4 years to establish a **national health workforce body**.
- Support the creation of a **pan-Canadian unique nursing identifier.**

# Introduction

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

Critical staffing shortages were already an issue 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.

These issues are not new, but they have been exacerbated by the pandemic. Nurses have been sounding the alarm for many years on these problems, long before COVID-19. Over the past decades, there have been advisory groups and task forces, reports from parliamentary committees, studies by federal, provincial and territorial committees as well as leading nursing organizations, and millions of dollars in research, all pointing to the same core health workforce problems. Many of the solutions that have been identified to address these challenges can still be applied today.

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 flooded medical and surgical units in many hospitals. Beyond these areas, the fallout from the pandemic has impacted every sector of nursing across the country.

While the Canadian Nurses Association (CNA) has been concerned about nurses close to retirement walking away from nursing, we now know that new nurses and mid-career nurses are also saying they want to leave. In addition to crippling many sectors of nursing practice, the pandemic has also affected all three nursing career stages. These are very worrying dynamics for Canada.

Canada's nursing crisis directly impacts the functioning and performance of its health system. Over the past two years, it has become clear that Canada needs to give a long, hard look at the challenges faced by the system. People living in Canada are facing longer wait times for medical procedures and surgeries, Canada's population is aging and dealing with more chronic diseases, public health needs to be strengthened, and long-term care needs to be safe again. Canada needs to ramp up its health-care system to deliver better outcomes for patients and ensure people living in Canada can receive the care they need when they need it.

However, that cannot be done if Canada does not strengthen its health workforce first. Nurses are the backbone of the health-care system and retaining them and other health-care workers is at the heart of fixing many challenges of our health-care system, such as dealing with the current backlog of surgeries and medical procedures. Patients deserve accessible and timely health-care services, but we know there is a critical link between patient outcomes and adequate nurse staffing. If no effective strategies are put in place to retain nurses that we have now, no other strategy will make the difference.

This is a national emergency, and the problem is occurring in all provinces and territories. Pan-Canadian coordination and immediate action along with a multi-faceted strategy are needed. 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. Canada must act decisively and as a nation. There are no quick fixes, and no individual jurisdiction can manage this crisis on its own.

# Nursing shortages

**Recommendations**

- **$300 million over 3 years to help establish evidence-based and innovative strategies at the federal, provincial, and territorial levels to retain nurses and health-care workers**. This should include free mental health supports and retention bonuses for late career nurses. For those in areas of practise deemed to be in shortage, funding could be provided to offer student loan forgiveness and a federal income tax relief for those on the frontlines (this would be modelled on the program for members of the Canadian Armed Forces serving in high-risk missions). Funding should also include strategies to build surge capacity 'in the moment', such as paying nurses to be on stand-by to replace sick time.
- **$300 million over 3 years to help provinces and territories optimize workloads for nurses and health-care workers.** This should include strategies related to scope of practice, skill mix, and teams, as well as 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 health settings.
- **Provide funding to increase system capacity for education of nurses and health-care workers**. This should include funding for new seats in nursing schools and professional programs, with a focus on diversity and inclusion, as well as capital funding for nursing schools restrained by space. Funding should address shortages of faculty and clinical teachers and increasing capacity for clinical placements, simulation learning, and preceptorship programs. Another important area is providing for transition programs for new nurse graduates as well as bridging programs for nurses, such as LPNs and RNs, who wish to practise in a different or advanced nursing role.

In 2009, CNA estimated that Canada would be 60,000 nurses short by 2022.[1] The actual shortage now is likely much more severe. Recent studies have shown that more than half of nurses are considering leaving their position in the next year.[2] Burnout has reached levels that threaten to maintain a functioning workforce and has created difficult working conditions that will persist long after the pandemic.

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.[3] Nurses, who provide most of the hands-on care, 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.[4]

This is a crisis of retention, more so than of recruitment. The main reason early-, mid- and late-career nurses are choosing to leave their jobs — and even their professions — is because the unacceptable working conditions that have existed for many decades have been greatly exacerbated by the pandemic. 83% of nurses report that current staffing is not sufficient to safely provide care; 70% say their workplaces are regularly overcapacity. [5]

After two years of fighting the COVID-19 pandemic, nurses are reporting poor mental health, unbearable workloads, and unsafe working conditions. Many have faced 16+hour shifts, have not been able to take a day off or a break, have had their vacations suspended, and are facing chronic understaffing. Early after the first COVID-19 wave, an alarming 60% of nurses said they intend to leave

their jobs.[6] In Quebec alone, 4,000 nurses quit their jobs in 2020.[7] In Ontario, vacancies for registered nurses have more than quadrupled.[8]

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 longer distances to access basic care. Two in three nurses report that quality of care has deteriorated in the last year.[9]

On the other hand, the pandemic has not impacted nursing school demand. Applications have significantly increased, highlighting how much Canadians hold nursing in high esteem. Data from the Ontario Universities Application Centre shows that applications to university nursing programs have increased in the range of 17 to 20%.[10] However, due to several factors, such as limited clinical placements and government funding, this trend has not generally been followed by an increase in nursing school capacity.

# Mental health

**Recommendation**

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

The alarming numbers and data on the mental health wellbeing of nurses and health-care workers is unprecedented. Never have we seen this level of widespread mental distress. Nurses are showing the highest level of anxiety and depression among all health workers, with 94% reporting burnout and nearly half of those at a level that is considered clinically severe. [11]

The burden placed on the shoulders of nurses and health-care workers by the pandemic has taken a significant toll on their mental health. Nurses have dealt with critical staffing shortages and excessive workloads, been exposed to significant human suffering, and faced concerns for their personal and family's safety. Rates of severe burnout for health-care workers have almost doubled[12] and at least 20% are having suicidal thoughts with 6% having planned an attempt to take their own lives. [13]

Even before COVID-19, health-care workers across Canada were under extreme stress due to excessive workloads and shortages. Prior to the pandemic, 1 in 3 nurses screened positive for major depressive disorder, over 20% screened positive for PTSD, and 1 in 3 reported having suicidal thoughts.[14]

Nurses are called upon to answer to high-stress situations as a regular part of their jobs. It is the nature of the profession. However, the pandemic has intensified many workplace challenges by placing nurses and health-care workers in a perpetual state of over vigilance and overcapacity, especially in emergency and acute care settings. This situation is not sustainable and is leading to concerning trends in mental health and vacancies in nursing.

As a female dominated profession, with over 91% of regulated nurses in Canada identifying as female, nurses are often care providers for their children and family, in addition to experiencing burnout and exhaustion at work. However, workers in other sectors, including male-dominated professions such as fire and police services receive many mental health and PTSD supports. For example, in 2019, the

federal government launched *Supporting Canada's Public Safety Personnel*, an action plan to help address the mental wellness of public safety officers.[15]

Similar to the issues faced by public safety personnel, nurses and health-care workers also need country-wide leadership to address the challenges they face. In fact, between 2006 and 2015, when compared to police and correctional service officers, health-care workers experienced more than double the number of incidents that result in violence-related accepted lost-time.[16] Supporting the mental health of nurses will help ensure they remain healthy and able to care not only for their patients, but their children and families.

The pressures that have been plaguing the health system are far from over. Even once the pandemic eases, nurses and health-care workers 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 nurses and health-care workers to ensure a sustainable and healthy workforce moving forward.

# Internationally educated nurses (IENs)

**Recommendations**

- Work with the provinces and territories, regulatory bodies, education and training institutions, and other health-care partners to provide supports for **fast-tracking the licensing and employment of IENs**. Targeted funding can be provided to regulatory bodies to ensure they have the necessary resources to guarantee assessments within a reasonable timeframe. This could include supports for hiring more staff to process applications and meet service timelines, providing free training for those that need to meet language requirements, and offering navigation support and guidance for IENs on regulatory requirements. Targeted funding could also be used to help off-set licensing program costs to maximize IEN interest.
- Create **expedited pathways to permanent residency for IENs** wishing to practice nursing in Canada.

IENs are an essential component of Canada's health-care system. Close to 9% of registered nurses licensed to practise in Canada are IENs.[17] This proportion could be higher, but many immigrants with a health background currently residing in Canada are not working in their profession and struggle to continue their careers after immigrating. Forty seven percent of immigrants with a health-care education, including nurses, are either unemployed or underemployed, unable to find work that corresponds to their education and experience.[18]

There are thousands of nurses and internationally educated health-care workers (IEHCWs) who can work in Canada's health-care system but who struggle to continue their careers after moving to Canada. In Ontario alone, there were close to 20,000 physicians and nurses in 2020 who were trained outside of Canada but not working in their fields.[19] They face systemic and structural barriers that prevent them from practising their profession. This includes the complex licensing and permanent residency process, limited access to information, and lack of financial resources. Even though many meet all the necessary requirements, the licensing process is complex, long, costly, and arduous; it can take many years to navigate.

In Ontario, the College of Nurses of Ontario (CNO) says, for example, that 40% of IEN applicants never complete the licensing process due to systemic barriers. According to CNO, in 2019, while more than 14,000 IENs were pursuing their registration to practise as nurses, only 2,200 were deemed eligible that year.

According to a focus group conducted by World Education Services, barriers to licensing of IENs include:[20]

- **Immigration status**: waiting for permanent residency impacts career advancement. For example, permanent residency status can enable a quicker registration process and is required to access many publicly funded career-bridging and career-laddering programs.
- **Long processing times**: in some cases, registration can take more than 3 years, which significantly delays the return of IENs to the nursing profession, threatening to make licensing an "endless" process. Bridging programs, for example, can range from 32 – 64 weeks.
- **Registration costs**: expenses associated with various applications, examinations and career-bridging programs can become insurmountable, especially for IENs currently unemployed or working in low paying jobs. For example, according to the BC Care Providers Association, it will typically take an IEN upwards of $15,000 to become licensed as a registered nurse in BC.

Canada needs to reduce these barriers and provide IENs with affordable, timely, and fair access to bridging and licensing programs so that they can demonstrate they meet Canada's extensive licensing requirements and can contribute to the health-care system.

Although IEHCWs already living in Canada can and should be part of a broader strategy to address Canada's health workforce crisis, they are not a quick-fix solution. The process for credential recognition can be long and arduous. Additionally, IEHCWs need time to be successfully integrated into a new health system.

CNA also urges caution with regards to recruiting IENs currently living in other countries, especially in developing nations. Nursing shortages are a global problem[21] and Canada needs to place a focus on self-sufficiency. Special attention needs to be given to the 2010 World Health Organization's *Code of Practice on the International Recruitment of Health Personnel*.[22] The code establishes principles for ethical recruitment and for strengthening health systems in developing countries.

# Health workforce planning

**Recommendation**

- Work collaboratively with provincial and territorial governments, as well as health professions and employers to create a **pan-Canadian health workforce action plan** that focuses on recruitment, retention, and workplace conditions for nurses and health-care workers.
- **$50 million over 4 years to establish a national health workforce body** to collect high-quality, standardized, and more complete data on the health workforce at a pan-Canadian level, and to support provincial and territorial governments towards better strategic health workforce planning, policy, and management.
- Work collaboratively with provincial and territorial governments, and regulatory bodies to **support the creation of a pan-Canadian unique nursing identifier** to enhance health human resource planning by providing current and consistent information on nurses.

The health workforce crisis is a complex problem that is in large part a result of poor and absent health human resources planning at a pan-Canadian level. While there are effective planning models in different jurisdictions or institutions, pan-Canadian strategizing is limited by poor health workforce data.

Health-care workers account for 10% of all employed Canadians, two thirds of all health-care spending, and 8% of GDP, making it a critical part of Canada's health-care system and economy. [23] However, Canada is missing basic information about its health workforce and there is no adequate data to support decisions on how to best deploy, manage, train, and care for this important workforce at a pan-Canadian level. In fact, Canada lags comparable OECD countries regarding health workforce data and digital analytics.[24]

In Canada, where data does exist, its usefulness is limited because of a lack of standardization and interoperability across jurisdictions. Effective pan-Canadian planning cannot take place with data that is incomplete and misaligned, especially during public health emergencies. For example, data to understand how our existing health workforce aligns with population health needs is lacking. Coordination and collaboration using data platforms will help ensure that adequate numbers of nursing graduates are being educated and deployed in areas of most need. This will help create long-term strategies for sustainable health human resources.

CNA supports the Canadian Health Workforce Network's call to improve health-system planning by establishing a dedicated coordinating body to address critical health workforce data gaps.[25] The federal government has an important coordinating and convening role to play on a pan-Canadian level. It can pool resources and it has the authority to coordinate health workforce data while making intelligence and analysis available to the provinces and territories for the purposes of effective planning at the regional level. Efforts should include ensuring minimum data standards across jurisdictions, enhanced data collection, accessible decision-making tools, and capacity for analytics and policy analysis.

There are international examples of countries who have implemented similar initiatives. The United States established the National Center for Health Workforce Analysis, which collects and evaluates health workforce data to help those creating laws make more informed decisions. In Australia the Department of Health maintains a National Health Workforce Dataset. And in Canada, a similar example can be found in the construction industry with the creation of BuildForce Canada, which studies labour market information to assist with workforce management.

For effective health human resource planning, we also need to accurately understand nurse mobility across sectors, within and across provinces and territories, and out of the country. In 2006, CNA commissioned a study from the Canadian Policy Research Networks[26] on nursing mobility and data and many of the findings and challenges can still be applied today. Mobility is critical for health workforce planning in the cases of permanent movement of nurses across jurisdictions and of rapid deployment of nurses in times of health emergencies, such as the COVID-19 pandemic. Better data and nursing mobility would allow governments to rapidly identify the skills and competencies available and needed during emergencies for timely deployment.

A common set of standards and information gathered at the time of a nurse's registration will facilitate the development of a useable and reliable database on nurse mobility. However, the various Canadian regulatory bodies collect different and unstandardized information upon registration, making it difficult to understand nursing mobility.

Collecting and tracking data on nurses, and planning for both short-term and long-term mobility, could be best facilitated by using a pan-Canadian unique nursing identifier, a non-reused, lifetime number assigned to a nurse upon entry into an education program or application for first licensure. Such a system has already existed for doctors for many years through the Medical Identification Number for Canada, but it has not for nursing.

A unique identifier would help accurately track nurses throughout their careers by preventing double- or under-counting of nurses, providing accurate information for databases that would facilitate workforce projections and planning, and allowing nurses to be tracked inter-jurisdictionally. This would enhance health human resource planning by providing current and consistent information on nurses if they move across jurisdictions and by showing what programs or policy changes worked to recruit and retain nurses within a jurisdiction.

A unique identifier for nursing has already demonstrated success and potential in the past. In 2001, the Canadian Institute for Health Information conducted a pilot project with Licensed Practical Nurses in Alberta, Nova Scotia, and British Columbia with great success, but it also unveiled that financial and human resources costs can be a challenge for maintaining and updating a unique nursing identifier system.

Furthermore, greater mobility of nurses and the development of frameworks for emergency deployments goes beyond data. One of the greatest challenges to nurse mobility in Canada is related to licensing and reciprocity across the country. Studies have shown that there is too much red tape for nurses, resulting in long processing times.[27]

Tracking the mobility of nurses within and across jurisdictions has become even more crucial as human resource planning grapples with the challenges of ensuring that not only there are enough nurses being recruited into the profession, but that they're also trained to fill needed positions, working to their full scope of practice, and retained for as long as possible.

# Endnotes


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