HOUSE OF COMMONS STANDING COMMITTEE ON HUMAN RESOURCES, SKILLS AND SOCIAL DEVELOPMENT AND THE STATUS OF PERSONS WITH DISABILITIES

Study of Labour Shortages, Working Conditions and the Care Economy

A PAN-CANADIAN HEALTH HUMAN RESOURCE PLAN

Canadian Federation of Nurses Unions

RECOMMENDATION

That the federal government commit targeted funding with accountability mechanisms to the provinces and territories, aimed at immediately addressing increasing labour shortages and abysmal working conditions in Canada's health system. This targeted funding should be part of a broader pan-Canadian health human resource plan determined in consultation with provincial and territorial governments, employers, unions, professional associations, educators, accreditation bodies and academic experts, and be rooted in principles of equity and social justice.

Short-term actions:

- Invest in proven retention and recruitment programs to keep experienced nurses in their jobs and recruit nurses where they are needed most.
- Increased funding for more nursing seats, bridging programs, internationally educated nurses (IENs) supports and full-time nurse positions – to reduce workloads, improve staffing ratios and ensure better patient care.
- Provide sustainable funding so all nurses and health care teams have access to mental health supports.

Mid- to long-term action:

- Establish a national health workforce body to provide better data and coordination, giving us the tools and investments we need to support well-informed health workforce planning in Canada's regions and local communities.

The Canadian Federation of Nurses Unions (CFNU) is Canada's largest nurses' organization, advocating on key health priorities and federal engagement in public health care. Canada's nurses believe that health care for all requires a pan-Canadian approach involving all levels of government.

CONTEXT

The health workforce accounts for more than 10% of all employed Canadians and over two thirds of all health care spending amounting to nearly 8% of Canada's total GDP in 2019. Alongside child care workers, health workers perform invaluable work as part of Canada's care economy.

Just as the pandemic highlighted how essential child care is to Canada's social and economic well-being – prompting a federal commitment to negotiating national standards for child care with the provinces and territories and providing billions of dollars in funding to shore up staffing levels and access for families – the pandemic has similarly showcased the critical role of the health system and the workforce on which it is entirely dependent.

The funding model that the federal government has employed to manage the crisis in child care – in which it enters into agreements with the provinces and territories to support their specific systems – should be applied to managing the health workforce crisis.

There is no health system without a health workforce.

Within the health workforce, nurses are the largest group of regulated health professionals in Canada. They represent about half of the total health workforce. Canada's 448,000 nurses are also responsible for much of the direct, hands-on care provided in Canada's health system.

Canada's nurses want HUMA members to recognize that our public health care system is in crisis. At the heart of this crisis is a dire shortage of nurses and other health professionals.

The effects are being felt by health workers and the people they care for, in every community and in every province and territory across Canada. We're already seeing hospitals forced to cut services or shut down entirely because of critical shortages of nurses and doctors. We're seeing Canadians unable to access mental health services and home care, and the disastrous consequences this crisis has had in long-term care for seniors, their families and frontline staff.

We didn't get here by accident. Today's crisis is the result of years of underinvestment, inadequate planning and weakened or fragmented regulation. With stress and exhaustion at critical levels before COVID-19, 94% of nurses now report experiencing symptoms of burnout[1] after two years on the front lines of this unprecedented pandemic.

Nurses are leaving the profession and the health care sector in record numbers. As the providers of much of the hands-on care across the country, fewer nurses working in the public health care system directly impacts patient safety and erodes our ability to provide the high quality of care that everyone in Canada deserves.

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[1] CFNU. (2022, January). *Viewpoints Research Survey Results Summary*. https://nursesunions.ca/wp-content/uploads/2022/02/Viewpoints_Survey_Results_2022_January_EN_FINAL-1.pdf

Asking nurses to work even harder – taking on more shifts and more overtime – is not a solution. Our leaders must work with nurses and health workers on lasting concrete solutions to prevent the collapse of our health care system.

KEY FACTS

The nursing shortage

A 2018 analysis based on OECD data predicted a shortage of 117,600 nurses in Canada by 2030.[2] With only 10 nurses per 1,000 residents, Canada had far fewer nurses than many of its international counterparts just prior to the pandemic.[3] The data shows that even as our population has aged and our health needs became more acute over the past decade, growth in the regulated health workforce has largely remained stagnant.

Since the pandemic began, Statistics Canada reports that the number of vacancies in the health care and social assistance sector has grown steadily, reaching over 126,000 vacant positions as of the fourth quarter of 2021. 34,315 of these job postings were for nurses, and many of these jobs remained unfilled for more than 90 days. Over the two-year period from the fourth quarter of 2019 to the fourth quarter of 2021, nurse vacancies increased by 133%.[4]

Faced with nurse shortages, many provincial governments have offered bandage solutions, such as short-term pay increases, one-time bonuses and temporary deployment pay.

Other proposals have been more substantive. Some provinces have provided funding to increase the number of nursing seats and are providing tuition for bridging programs. Nova Scotia has guaranteed jobs to every new nursing graduate from 2021 to 2026.

Provinces have also proposed measures to help expedite and integrate internationally educated nurses (IENs) into provincial health care systems. While we lack basic data on IENs, we know there is a substantial number who enter Canada and face lengthy delays in being able to work – both through backlogs with licensure and immigration processing.

The CFNU believes that a focus on recruiting nurses internationally as a first priority is misplaced. All efforts to address nurse shortages within the domestic context must be a priority for all provincial and territorial governments. For nurses who are already in Canada, they must be better utilized to tackle the nursing shortage. A coherent, system-wide approach that employs best practices to rapidly integrate IENs into our workplaces should be undertaken.

Recognizing that retention and recruitment are two sides of the same coin, Nova Scotia has also set up a dedicated Office of Health Care Professionals Recruitment focused on attracting and keeping health care professionals. Similarly, Manitoba has committed $4 million to an annual investment into recruitment and retention, and to work with Manitoba Nurses Union on finding solutions to the current crisis. We

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[2] Sheffler, R., Arnold, D. (2018, January 23). Projecting shortages and surpluses of doctors and nurses in the OECD: what looms ahead. *Health Economics Policy & Law*. doi: 10.1017/S174413311700055X

[3] OECD. Nurses: Total per 1,000 inhabitants, 2020 or latest available. https://data.oecd.org/healthres/nurses.htm

[4] Statistics Canada. (2022, March). https://www150.statcan.gc.ca/n1/daily-quotidien/220322/dq220322a-eng.htm

know from experience, however, that a siloed approach cannot adequately address the scale of this crisis, which requires a pan-Canadian strategy.

Working conditions for Canada's nurses

On the front lines, the shortage is felt in nurses across Canada, reporting the regular use of mandatory overtime and shifts of up to 24 hours in duration in some jurisdictions. Millions of hours of overtime have been incurred by provinces across the country. In Quebec, the nurses' union describes the use of mandatory overtime as "forced labour" in a complaint referred to the International Labour Office.[5]

Just prior to the Omicron wave, 83% of nurses reported that staffing was insufficient and inappropriate to meet the needs of patients. Two thirds of nurses worked at least three of their last five shifts without the full regular core health staff. Forty per cent of nurses, on average, worked overtime at least once a week, much of which was unpaid.[6]

Another part of nurses' working conditions that has long existed but appears to have been heightened over the course of the pandemic is violence. 93% of nurses experienced some form of violence in the past year, including verbal abuse, physical assault, threats of physical violence, bullying and aggression, and sexual harassment.[7] When nurses are working short-staffed, patients and their family members become more easily agitated and are more likely to lash out at workers. The prevalence of violence is directly tied to the current staffing crisis.

Quality of care and safe nurse staffing

Nurses take their jobs very seriously. They have professional standards that they are required to uphold in their work, and they care deeply about the well-being of their patients. When working conditions – impacted by labour shortages – impact nurses' ability to do their job, it has a deleterious impact on the quality of care patients receive.

Two in three nurses surveyed in late 2021 said the quality of health care has deteriorated in the last year. Four in 10 nurses say the level of care provided pre-pandemic was deteriorating and now is even worse. A quarter of nurses give patient safety at their workplace a poor or failing grade.[8]

There is extensive evidence on the relationship between improved nurse staffing and safe, quality patient care. In 2004, California became the first state to implement minimum nurse-to-patient staffing requirements in acute care hospitals. Studies showed that, following the implementation of legislated ratios, registered nurse staffing in California hospitals increased substantially. Nurses' workloads declined, and their work environments and job satisfaction improved. Better nurse staffing was also associated with a decreased risk of 30-day mortality and failure-to-rescue.[9] Safe staffing models which Canada can emulate have also been successfully implemented in Australia, New Zealand and Ireland.

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[5] FIQ. (2022, February 12). *Mandatory Overtime: the FIQ asks the ILO to intervene to stop the forced labour of healthcare professionals.* https://www.fiqsante.qc.ca/en/2022/02/12/temps-supplementaire-obligatoire-la-fiq-demande-a-lorganisation-internationale-du-travail-dintervenir-pour-stopper-le-travail-force-des-professionnelles-en-soins/
[6] CFNU. (2022, January). *Viewpoints Research Survey Results Summary*. https://nursesunions.ca/wp-content/uploads/2022/02/Viewpoints_Survey_Results_2022_January_EN_FINAL-1.pdf
[7] Ibid.
[8] Ibid.
[9] Aiken, L. (2010, May/June). *Issue Brief*. Leonard Davis Institute of Health Economics, Volume 15. https://ldi.upenn.edu/wp-content/uploads/archive/pdf/IssueBrief15_4.pdf

Mental health

In 2020, the CFNU published *Mental Disorder Symptoms among Nurses in Canada*, based on a pre-pandemic survey of over 7,000 nurses by the University of Regina. The data revealed high levels of mental health disorder symptoms with rates consistent with public safety personnel. Almost half (47.9%) of nurses screened positive for a mental disorder.[10]

More recently, a survey of nurses across Canada conducted just prior to the Omicron wave revealed that the deterioration in nurses' mental health has continued. Two thirds of nurses said their stress level was high or very high. Alarmingly, clinical levels of severe burnout have increased since 2019 from 29% to 45%.[11]

Turnover intent

The pandemic exacerbated existing critical nursing shortages. Health workers are carrying an enormous mental health burden, for which we can expect unprecedented attrition from the health workforce. Pre-pandemic, about a third of registered nurses, who make up the largest group of nurses, were already aged 50+.[12] And from 2021 to 2026, about 20% of all Canada's health care workers are eligible to retire.[13]

According to CFNU's survey in late 2021, 53% of nurses are considering leaving their current position during the next year, including nearly one in five (19%) who intend to leave nursing altogether and 7% who are ready to retire. Alarmingly, early-career (59%) and mid-career (56%) nurses are more likely to be considering leaving their current job.[14] As the pandemic nears its end, the Conference Board of Canada predicts a potential exodus of health care workers.[15]

Planning in the dark

In Canada, we are missing basic information about the health workforce necessary for strategic planning and forecasting, and informing a range of decisions along the career pathway from training to practice to retirement.

As examples, we lack data about the real scope of work of health care workers and about the diversity of the workforce, such as Indigenous or racial identity and language of service. With regards to Indigenous identity, without having these data, Canada cannot convincingly claim that it is responding to the Truth and Reconciliation Commission's calls to action to "increase the number of Aboriginal professionals working in the health-care field" and "ensure the retention of Aboriginal health-care providers in Aboriginal communities."[16]

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[10] Stelnicki, A. M., Carleton, R. N., Reichert, C. (2020, June). *Mental disorder symptoms among nurses in Canada*. Canadian Federation of Nurses Unions. https://nursesunions.ca/research/mental-disorder-symptoms/

[11] CFNU. (2022, January). *Viewpoints Research Survey Results Summary*. https://nursesunions.ca/wp-content/uploads/2022/02/Viewpoints_Survey_Results_2022_January_EN_FINAL-1.pdf

[12] Canadian Institute of Health Information. (2021). *Nurse Data Tables*. https://www.cihi.ca/en/registered-nurses

[13] Conference Board of Canada. (2022, January 14). *Attrition.* https://www.conferenceboard.ca/e-library/abstract.aspx?did=11445

[14] CFNU. (2022, January). *Viewpoints Research Survey Results Summary*. https://nursesunions.ca/wp-content/uploads/2022/02/Viewpoints_Survey_Results_2022_January_EN_FINAL-1.pdf

[15] Conference Board of Canada. (2022, January 14). *Attrition.* https://www.conferenceboard.ca/e-library/abstract.aspx?did=11445

[16] Bourgeault, I., Simkin, S., Chamberlain Rowe, C. (2019, October 21). Poor health workforce planning is costly, risky and inequitable. *CMAJ* 191 (42) E1147-E1148 https://www.cmaj.ca/content/191/42/E1147

We do not know how different health teams work together or how they are recruited, trained, deployed and retained where they are most needed. In some critical sectors, such as home care, long-term care, rehabilitation and mental health care, we do not even know how many workers there are.

These factors leave us planning in the dark, inhibiting our ability to address long-standing labour shortages, unsafe working conditions and equity concerns within the health system.

In contrast, the construction industry invests far more resources into workforce planning. BuildForce Canada has a $4.5-million annual budget for workforce planning in the building and construction sector. While the building and construction sector is male-dominated, we know that the care economy is very much women-dominated, with the health and social services sector having the highest number of women workers. The poor state of health workforce planning therefore raises gender equity concerns.[17]

MOVING FORWARD

We need to take actions now to safeguard and sustain our health human resources. This is the only way we can protect our public health care system and ensure safe quality care upon which we all depend in all sectors. In acting urgently, the federal government would have the public's support. A recent Leger poll found that 87% of Canadians agree that an immediate increase in funding and resources is needed to help alleviate the considerable strain of the pandemic on their province or territory's health care system.[18]

Let us be clear. Without safe nurse-patient ratios, nurses' mental health will not improve. High rates of burnout will continue unabated, and the quality of care of people in Canada will continue to be eroded. Wait times will grow. In addition, mandatory overtime and violence must stop if we are to retain the nurses we have, so they are available to support and mentor the new nurses currently graduating into a workplace in crisis.

The health workforce crisis is highly complex and requires a systematic approach. It will not be solved by the bandage of bonuses – where jurisdictions compete with one another over the same pool of health care workers. Provinces and territories cannot manage the scale and complexity of this crisis on their own.

The federal government has the authority and moral obligation to both provide targeted funding to immediately address retention and recruitment challenges across the country, and to make health workforce data and intelligence available to the provinces and territories for the purposes of effective planning at the local level. In working with relevant stakeholders, this urgent and necessary support can be provided as part of a pan-Canadian health human resource plan.

The CFNU is well placed to work with the federal, provincial and territorial governments around retention and recruitment initiatives. We have a track record that goes back two decades when we faced a similar nurse shortage crisis.

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[17] Bourgeault, I., Simkin, S., Chamberlain Rowe, C. (2019, October 21). Poor health workforce planning is costly, risky and inequitable. *CMAJ* 191 (42) E1147-E1148 https://www.cmaj.ca/content/191/42/E1147

[18] Leger. (2022, January). *Canadian Healthcare Survey – January 24, 2022*. https://leger360.com/surveys/canadian-healthcare-survey-january-24-2022/

We contributed to the Final Report of the Canadian Nursing Advisory Committee in 2002[19], and to the Nursing Sector Study that followed, which produced an integrated strategy for nursing human resources in Canada.[20] Following the publication of this strategy, Health Canada approved a proposal by the CFNU to implement 10 pilot projects in provinces across Canada, as well as in Nunavut, to improve nurse retention and recruitment.

One lesson we took from that successful endeavor is when the federal government works together with a broad range of stakeholders, much can be accomplished.

Over a decade later, it is long past due for the federal government to step in and provide much-needed leadership and support on the health workforce crisis.

RECOMMENDATION

That the federal government commit targeted funding with accountability mechanisms to the provinces and territories, aimed at immediately addressing increasing labour shortages and abysmal working conditions in Canada's health system. This targeted funding should be part of a broader pan-Canadian health human resource plan determined in consultation with provincial and territorial governments, employers, unions, professional associations, educators, accreditation bodies and academic experts, and be rooted in principles of equity and social justice.

SHORT-TERM ACTIONS

Invest in proven retention and recruitment programs to keep experienced nurses in their jobs and recruit nurses where they are needed most.

a) Retention

- Fund employers to offer a six-month to one-year orientation/preceptorship program to new graduates to increase new graduates' successful orientation into the health workplace.
- Provide funding to all provinces and territories so that they can commit to offering all new nursing graduates permanent jobs.
- Fund programs to attract retired nurses back into the nursing workforce.
- Fund late-career nurse initiatives designed to provide opportunities for late-career nurses to utilize their knowledge, skills and expertise in less physically demanding alternate routes (such as in education and mentoring roles for new graduates).
- Fund continuing education programs.

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[19] Advisory Committee on Health Human Resources. (2002). *Our health, our future: creating quality workplaces for Canadian nurses. Final Report of the Canadian Nursing Advisory Committee*. https://www.canada.ca/content/dam/hc-sc/migration/hc-sc/hcs-sss/alt_formats/hpb-dgps/pdf/pubs/2002-cnac-cccsi-final/2002-cnac-cccsi-final-eng.pdf
[20] Med-Emerg Inc. (2006). *Building the Future: an integrated strategy for nursing human resources in Canada: Phase II Final Report*. Nursing Sector Study Corporation. http://www.mtpinnacle.com/pdfs/nurse-hr.pdf

b) Recruitment

Increased funding for more nursing seats, bridging programs, internationally educated nurses (IENs) supports and full-time nurse positions – to reduce workloads, improve staffing ratios and ensure better patient care.

- Provide funding for an increase in nursing seats in all provinces and territories.
- Fund tuition assistance programs for personal support workers and nurses willing to commit to working in long-term care and other areas with significant health care worker shortages.
- Fund bridging programs for LPNs and RNs to increase the nursing skill mix and provide greater access to primary care.
- Fund tuition assistance programs for nursing students with a return of service agreement to help fill positions in rural/remote regions of Canada.
- In keeping with the recommendations of the Truth and Reconciliation Commission, establish specific targets and timelines for the admission and graduation of First Nations, Métis and Inuit health professionals in all post-secondary institutions, and provide funding dedicated to Indigenous nursing students.[21]
- Facilitate the integration of internationally educated nurses into the Canadian health workforce.

Mental health: provide sustainable funding so all nurses and health care teams have access to mental health supports.

- Provide sustained funding for existing virtual mental health programs targeted at nurses and other health workers through Wellness Together Canada and expand these programs to increase access for all health workers. For those currently suffering from severe burnout, fund the expansion of Internet-delivered cognitive behaviour therapy for nurses (based on existing supports currently provided to public safety personnel[22]).

MID- TO LONG-TERM ACTION

Establish a national health workforce body to provide better data and coordination, giving us the tools and investments we need to support well-informed health workforce planning in Canada's regions and local communities.

- This body should significantly enhance existing health workforce data infrastructure to standardize data collection and analysis across workers, sectors and jurisdictions, with links to relevant patient information, health care utilization and outcome data. This will lead to more fit-for-purpose planning and tools available at the provincial, territorial, regional and training program levels. In designing this body, Canada should draw on global best practices in health workforce planning, including in Australia and New Zealand, where similar health workforce bodies exist.

[21] HealthCareCAN. (2016). *Issue Brief*. https://www.healthcarecan.ca/wp-content/themes/camyno/assets/document/IssueBriefs/2016/EN/TRCC_EN.pdf
[22] CIPSRT. (n.d.). Internet-delivered cognitive behaviour therapy for public safety personnel. https://www.cipsrt-icrtsp.ca/en/treatment/internet-delivered-cbt-for-psp

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The Canadian Federation of Nurses Unions thanks the members of the Standing Committee on Human Resources, Skills and Social Development and the Status of Persons with Disabilities for the opportunity to contribute to its important study on labour shortages, working conditions and the care economy in Canada.