Investing in Canada's Nursing Workforce Post-Pandemic: A Call to Action

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An RSC Policy Briefing

This rapid review investigated the evidence of nursing shortages and their causes in Canada during the pandemic and sought to identify effective policy and strategic solutions to address these shortages in the future. Nurses (Registered Nurses, Nurse Practitioners, Licensed and Registered Practical Nurses, and Registered Psychiatric Nurses) represent the highest proportion of health care workers globally and play an essential role in the ongoing fight against COVID-19. The response of nurses to the pandemic has been unprecedented. However, as the pandemic has shed light on multiple vulnerabilities within the Canadian health care system, it also has laid bare a range of nursing workforce issues that are longstanding and severe, and that they contribute to the critical nursing shortages impacting access for care.

The forthcoming review generates important evidence to support key recommendations to address current and longstanding nursing shortages and the growing nursing exodus in Canada. In brief, we have completed:

- A trend analysis of peer-reviewed articles and identified conditions that exacerbate leaving the profession, as well as factors which support retention of nurses.
- A scan of jurisdictional policies and strategies in Canada, Australia, the United States, and the United Kingdom that have been implemented or recommended for implementation.
- Qualitative analyses of surveys and interviews with frontline nurses pre- and during COVID-19, including a targeted case study from Nova Scotia and Saskatchewan.

We examined the following questions:

- Why are nurses leaving the profession?
- What approaches have been recommended or implemented to support and retain the nursing workforce?

The factors affecting nursing workforce retention are complex and multi-level in origin. This review was conducted to highlight recommendations to sustain the nursing workforce in Canada and to identify actionable strategies and policies that need immediate attention and action. This is an extraordinarily urgent issue for Canada's healthcare system and the Canadian population facing delays in their access to care.

1. A document analysis of academic literature and jurisdictional scan

Objective I: Identify evidence outlining the nursing exodus in Canada and internationally, during and pre-pandemic. Include evidence from surveys and qualitative interviews that have highlighted perspectives of nurses on this matter.

2. Key Informant Interviews

Objective II: Identify policies and strategies that have been implemented and/or

recommended to address nursing shortages and the nursing exodus in Canada

3. Case Study: Interviews with nurses in Nova Scotia and Saskatchewan

Objective III: Examine the effectiveness of policies and strategies (as identified in method component 2) and report the experiences of nurses with policies and strategies, shortages, and the exodus from the profession.

Recommendations and Actions

The main objective of the review was to identify long-standing factors or issues affecting nursing shortages, retention and turnover including emerging issues related to the COVID-19 pandemic. They are not meant to be comprehensive and address all issues related to the nursing workforce.

Key actions presented below outline foundational and essential structures needed to implement and action the recommendations stemming from this report. Recommendations made in this review have been drawn from the findings of this review, which are bound by the stated scope, objectives and methodology adopted in this exercise.

Key Actions:

- **Establish a Pan-Canadian Nursing Human Resources Strategy**, with associated leadership to guide sustained efforts toward the recruitment and retention of a diverse nursing workforce.
- **Establish a National Nurse Engagement Taskforce** to engage point-of-care nurses in the development of planning and policy measures to enhance high-quality and safe working environments for nurses, and to mitigate impacts of current and future pandemics on the nursing workforce.
- **Establish a National Coalition of Nursing Experts and Leaders** to guide the production of rapid reviews and policy briefs to inform key nursing policy, planning and management actions, and to inform the development of a sustainable strategy to address ongoing needs related to recruitment, retention, and enhanced work environments for nurses.
- **Establish a distinction-based approach** to align nursing services with the United Nations Declaration on the Rights of Indigenous Peoples and Human Health Rights.

Recommendations

Recommendation 1: Develop a Pan-Canadian Nursing Human Resources Strategy with a sustained focus on strengthening recruitment and retention of the nursing workforce.

Our review has shown that factors affecting recruitment and retention of nurses, such as job dissatisfaction, job strain, burnout, and ability to provide quality care, are longstanding and have been exacerbated by the pandemic. Increasing demands that have emerged because of the COVID-19 pandemic, and the associated strain on resources, have contributed to increased pressure on nurses, with many leaving or intending to leave their roles within health systems. Sustained and integrated efforts to support the recruitment and retention of nurses must be coordinated at a national level working in partnership with provinces and territories to identify a suitable venue to support these efforts. Such a venue would leverage the benefits of coordinated knowledge mobilization and action, while ensuring the direct engagement with the provincial and territorial governments who would have jurisdiction over the implementation of the resulting strategy. Steps to fulfill this recommendation include the following: I) the development of an inclusive

Pan-Canadian Nursing Human Resources Strategy; ii) the appointment of a Senior Nurse Leader to lead the development, operationalization and evaluation of the strategy; iii) the development of timely, comprehensive, and accessible nursing workforce data to support evidence-informed Health Human Resource planning and decision-making; and iii) the identification of a team of diverse nurses—with representation across all jurisdictions, roles, and sectors—to participate in developing and implementing such a strategy in consultation with Indigenous, Black, Asian, and other communities, and in partnership with relevant provincial and territorial stakeholders.

We think recommendation 1 is foundational as a centralized structure is essential to sustain efforts working closely with provincial and territorial partners leverage existing structures such as the Provincial Nursing Network in Nova Scotia and similar councils / networks in other provinces and territories.

Recommendation 2: Address workload, staffing and skill mix, and payment models.

Our synthesis of jurisdictional surveys of Canadian nursing perspectives revealed high rates of *intentions to leave* that predate COVID-19 and have been exacerbated by the demands of the pandemic response. There is evidence that a high level of education and skill within the nursing team and safe staffing models are directly linked with safety and quality of patient care. Staffing, skill mix, and care delivery models must be designed based on patient complexity, acuity, stability, and predictability of outcomes, and flexible staffing models should be implemented where possible. Employers should also favour permanent employment relations and strive to provide nurses with competitive payment models that enable cross-country and cross-sectoral equity of salaries and benefits, while accounting for differences in cost of living across jurisdictions. EDI key performance indicators must be integrated at all levels of organizational planning, implementation, and evaluation. We recommend that a national strategy working in partnership with relevant provincial and territorial partners needs to be in place to ensure the success of sustained national efforts to retain nurses in Canada including the recruitment of Internationally Educated Nurses.

Recommendation 3: Strengthen the voice of nurses in policy and planning at multiple levels to promote the valuation of the nursing workforce.

A key finding of our review was the overwhelming perspective of nurses that they are undervalued. Nurses are remarkably underrepresented in planning and policy decisions. Nursing perspectives and expertise are critically important and need to be represented at planning and decision-making tables, spanning both clinical and policy spaces. We recommend systemic actions that ensure a robust nursing perspective is present at critical tables. This includes creating opportunities for front-line nurses to interact and voice their needs and concerns to organizational management and system stakeholders. We recommend the appointment of a Chief Nurse Officer at the federal level, and that structures and processes for nursing input into policy development be established at federal, provincial, and territorial levels. We recommend implementing collaborative mechanisms with federal and local union leadership, and nursing councils. Systemic efforts should also be made to bolster nurses' capacity to engage in these spaces by establishing processes for mentorship and supporting enhanced professional development of nurses across career stages. Efforts to increase nursing engagement in planning and decision-making processes should aim to recognize and value nurses' critical contribution to care delivery, leverage nurses' wealth of knowledge and expertise to develop solutions that address the key challenges they face at the point-of-care, support the overall well-being of nurses, and establish policies that adopt Indigenous and Equity, Diversity, and Inclusivity (EDI) lenses. The immediate resumption of conversations with First

Nations, Inuit, and Metis organizations, and emphasizing racial equity and justice in strengthening the voice of nursing is also needed.

Recommendation 4: Enhance authentic intersectoral partnerships.

Strengthening the nursing workforce requires intersectoral partnerships, especially given the gaps in the availability of preceptors and mentors and retirement trends within nursing faculty. Partnerships and collaborative strategies that will advance education and professional development with employment focus are important. Key actions should include improved engagement between academic, health system, and government partners with the Canadian Association of Schools of Nursing. A distinction-based and EDI lens, adopted in consultation with Indigenous, Black, Asian, and other communities, should guide partnership development.

Recommendation 5: Address EDI, gender equity, and systemic racism and their impact on the workforce.

Our findings highlight the need to addressing equity, diversity, and inclusion in the workplace, in consultation with Indigenous, Black, Asian, and other communities. These efforts will require the development and implementation of key actions to address persistent sources of inequity within the nursing workforce, including gender inequity in healthcare and among all levels of nursing, inequities in compensation and ability to achieve work-life balance, and structural racism in the healthcare workplace. The development of policies to improve these conditions should be led by affected groups and individuals.

Recommendation 6: Implement safe workplace wellness strategies for our nurses.

COVID-19 has revealed many vulnerabilities in Canadian health systems that constrain the way we have supported and continue to support the nursing workforce. To stabilize the staffing crisis unfolding around us, we recommend urgent implementation of strategies to achieve safe staffing levels, enable flexible work arrangements, and establish safe and supportive working environments for nurses. Attending to the need to enhance the psychological safety of nursing work environments, we recommend nurses have better access to mental health care and supports.

Next steps for the review team:

A coalition of nursing leaders that came together to support this review will continue to lead and guide rapid reviews and policy briefs to inform planning, key policies, and actions and as a sustained strategy to address ongoing needs related to recruitment and retention, and enhanced work environments for nurses.

Summary of Key Findings

Directed Literature Review and Jurisdictional Scan Findings

- Government action tends to focus on education and recruitment and retention efforts, and not on system-level changes or workplace reform.
- Based on a network meta-analysis, a supportive work environment is the optimal recommendation to reduce voluntary turnover.
- A modification of nurses' workloads that creates a more realistic workload will boost job satisfaction and lessen fatigue, encouraging nurses to stay in the profession longer.
- Evidence strongly suggests highly developed leaders are needed to support nurses in

the workforce, indicating a more stringent selection process should be employed when recruiting leaders and managers, including a focused attention to the development and support of new nursing leadership from lower-income, newcomer, racialized, and Indigenous populations.

- The provision and retention of more experienced nurses is needed to provide more opportunities for junior and novice nurses to have more options in finding effective mentors (within and external to formal mentorship programs) that may in turn, support retention.

- Reviews of interventions indicate that a multi-pronged approach is more effective than single interventions and policies.

- Prior to COVID-19, the most frequently cited reasons for nursing shortages were job strain, role tension, work-family conflict, low job control, complexity, and quality of work environments. Factors that reduced nursing shortages and turnover included supportive and communicative leaders, team cohesiveness, positive organizational climate, organizational support/fit, job security, job satisfaction, individual commitment, and motivation.

- **COVID-19 Impact:** Recent literature which examines nursing shortages during COVID-19 found that existing factors that affected retention and recruitment of nurses (e.g., job dissatisfaction, job strain, burnout, ability to provide quality care) were exacerbated during the pandemic. Increasing demand during COVID-19 and strain on resources contributed to the increased pressure on nurses and the health system.

Expert Group Interviews

- Valuing the nursing workforce within the health system was important to key stakeholders. This may include recognizing the importance of nurse knowledge, skills, and expertise to both the clinical environment and to policy development and health system operation. Structural valuing on nurses also involves investment in the advancement of nurses in higher education and clinical and professional development opportunities.

- The following Pan-Canadian nursing and leadership strategies were also recommended: a) the need for objective, accurate health human resource data, and b) input and cooperation from key stakeholder groups including nurses to make a difference in policy and practice.

Case Study (Nova Scotia & Saskatchewan):

- Reasons for turnover as indicated by frontline nurses included mental and emotional wellbeing (high stress, workload, job strain), safety concerns due to staff and resource issues, poor work-life balance (vacation time not granted), and lack of manager support.

- Nurses indicated that external turnover of nurse colleagues included movement to less physically and emotionally demanding roles, early retirement, and travel nursing. Nurses indicated that internal movement of nurse colleagues included involuntary reassignment to high demand and short-staffed areas, and voluntary movement away from demanding specialties -long-term care (LTC), operating room (OR)-) or to casual roles with better working conditions and ability to take time off.

- Nurses had concerns about organizational policies and changes to policies were communicated.

- **COVID-19 Impact:** Nurses in Nova Scotia and Saskatchewan confirmed that turnover of nurses at their organizations is occurring during the COVID-19 pandemic.