The Canadian Journal of Critical Nursing Discourse
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Where Are They Going, and What Can We Do to Keep Them? Intent To Leave Among Nurses in British Columbia, Canada

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Cite As: Barrowclough, M., Morel, T., Chua, S., & Wu, S. (2023). Where are they going, and what can we do to keep them? Intent to leave among nurses in British Columbia, Canada. *Witness: The Canadian Journal of Critical Nursing Discourse*, *5*(2), 5–17. https://doi.org/10.25071/2291-5796.155

Abstract

Purpose. To identify: (1) alternate professions being considered by nurses, and (2) potential policy levers to retain them. *Methods.* This study describes responses to a subset of questions on a survey of nearly 15,000 nurses in British Columbia. Participants expressing intent to leave were asked what other professional options they were considering, and what changes they would need to keep them in nursing. We used thematic analysis to identify themes and sub-themes of participant responses. *Results.* Fewer than one in five nurses expressed intent to stay in the profession for more than two years. Participants cited a wide variety of other professional options available to them; the most commonly cited category was 'anything but nursing'. When asked what they needed to stay in nursing, participants described improvements in compensation, safe staffing, work/life balance, workplace culture, physical and psychological safety, and opportunities for advancement.

KEYWORDS: Nursing, Intent to leave, Health human resource planning

Health human resource planning depends on certain assumptions. Forecasting models have traditionally focused on supply and demand expectations, based on population growth, demographic patterns, and trends in population health (O'Brien-Pallas et al., 2000). More recent models integrate greater complexity, considering variables such as retirement age, movement to management, expected parental leaves, and attrition from the profession. One such model constructed specifically for the BC nursing context predicted the shift to a younger workforce currently being experienced in BC and warned of the negative impact of nurse attrition. A key recommendation of this modelling exercise was for decision makers to pay particular attention to predicting and preventing nurse attrition wherever possible (Lavieri & Puterman, 2009). Canadian models have used expected attrition rates ranging from about 2% per year for 35–49-year-olds to over 11% for nurses over 60 (Tomblin-Murphy et al., 2012). A sudden increase in the attrition rate of nurses risks triggering a feedback loop in which units become understaffed, creating increasingly difficult workplace environments, thereby prompting more nurses to exit the profession. British Columbia is in the midst of just such a self-perpetuating nurse staffing crisis.

Across Canada, nurses were at a breaking point before the COVID-19 pandemic (McGillis Hall & Visekruna, 2020). A nursing shortage had been building for over twenty years, leading to increasing staffing challenges, untenable workloads, unhealthy work environments, and increasing exposure to workplace violence (Ben Ahmed & Bourgeault, 2022). Survey work conducted in Illinois and New York showed similar challenges in the United States, with high rates of understaffing, burnout, and job dissatisfaction (Aiken et al., 2023). In a 2016 survey of nurses in British Columbia, 19.2% of RNs and 14.8% of LPNs indicated that they were very likely to leave nursing within the next year; workload was the most frequently cited reason for their intention to leave (Havaei et al., 2016). Another study conducted before the pandemic showed significant work-related stress in BC nurses, with about one-third reporting depression, anxiety, and high levels of burnout (Havaei et al., 2021).

Then, in 2020, healthcare systems around the world were faced with potential overwhelm as a result of the COVID-19 pandemic. In response, governments cancelled surgeries and discharged as many patients as possible to community and long-term care to make room in acute care hospitals for incoming patients (Canadian Institute for Health Information, 2021). When services were resumed, there was a push to increase capacity and productivity to make up for lost time; however, many nurses in BC struggled with the pace of the surgical restart program, indicating in a survey conducted by the provincial nursing union that their staffing levels were insufficient to take on the additional workload (British Columbia Nurses' Union, 2021).

As the pandemic wore on, the strain on nurses became evident. A national survey of over 4,000 nurses in Canada showed 45% of nurses experiencing severe burnout, up from 29% before the pandemic (Canadian Federation of Nurses Unions, 2022). A similar survey of nearly 3,500 nurses in BC indicated that 82% of nurses experienced a decline in their mental health through the pandemic. Over a third of the overall sample and more than half of specialty-trained emergency and intensive care nurses stated that the experience of the pandemic made them more likely to leave nursing in the next two years. Younger nurses were most affected and most likely to express intention to leave (British Columbia Nurses' Union, 2021). This finding is especially concerning from a health human resource planning perspective.

Nurses’ expressed intention to leave soon became reality, and job vacancies in nursing increased dramatically across Canada after 2020. In British Columbia, nursing vacancies ranged between 1,340 and 2,581 between 2015 and 2019. That number more than doubled after the pandemic, ranging between 4,730 and 5,264 vacant positions between 2020 and 2022 (Statistics Canada, 2023).

In the face of this worsening staffing crisis, nurses are calling for additional government action to address the systemic problems that are leading to nurse attrition (British Columbia Nurses' Union, 2021). Research to date has identified numerous policy levers that can be used to retain existing

nurses, including reducing workloads, fostering healthier and more supportive work environments, increasing access to mental health supports, and implementing targeted retention initiatives for nurses of all experience levels (Ben Ahmed & Bourgeault, 2022). The current study aims to build on this work by directly asking nurses who have expressed intent to leave what changes they need to see to retain them in the nursing workforce.

Methods

Data Collection

We analyzed responses to a subset of questions on a survey of nurses in British Columbia, delivered through the BC Nurses' Union. The BC Nurses' Union includes more than 48,000 nurses, including licensed practical nurses (LPNs), registered nurses (RNs), and registered psychiatric nurses (RPNs), representing the vast majority of regulated nurses in the province.

Participants were recruited via email and through a QR code printed on cards distributed to nurses across the province. A total of 14,972 nurses participated in the survey, over a period of four months (mid-September 2022 to mid-January 2023), representing nearly a third of all nurses in BC. We removed duplicate entries using member identification numbers unique to each member.

Research Questions

In this study we sought to shed light on nurses' intention to leave the profession, what areas of work nurses are considering as a next step, and what might be done to retain them in nursing.

We asked respondents whether they were considering leaving the profession within two years. We then asked those who responded positively ('seriously considering leaving nursing' or 'making a plan to leave nursing') two follow-up questions:

1. What professional options outside of nursing are you considering?
2. What changes would you need to see at work to keep you in nursing?

The response area for the follow-up questions was open text format, with no restrictions on character limits. We used thematic analysis to generate codes and identify themes for each question. To provide additional context for select themes and sub-themes, we drew relevant quotes from question two.

Results

Intent to Leave

Of the 14,972 unique responses, 1,522 nurses (10.2%) said they were making a plan to leave nursing in the next two years; 3,571 nurses (23.9%) said they were seriously considering leaving, and 7,086 nurses (47.3%) said they sometimes considered leaving. Concerningly, fewer than one in five nurses (2,702 nurses, or 18.2%) said that they were not at all considering leaving nursing in the next two years.

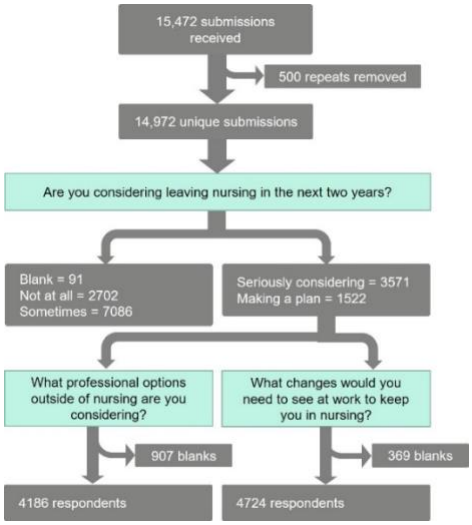

Figure 1. Results Overview

Professions of Interest

Nurses who said that they were seriously considering or making a plan to leave nursing were asked what professional options they were considering outside of nursing. Of those 5,093 nurses, 4,186 (82.2%) provided a response, with 1,775 participants providing multiple options. We coded the responses into the themes listed in Table 1 and described below.

Theme	Frequency
Anything other than nursing (undefined)	1,041
Healthcare & social assistance (non-nursing)	943
Business admin & support services	849
Other nursing work (e.g., private industry)	678
Service industry	619
Educational services	566
Trades, construction & other industrial professions	482
Professional, scientific, & technical services	420
Finance, insurance, and real estate	376
Further education/re-training	311
Public administration & services	236
Retirement/Volunteer work	235
Artistic & Creative professions	216
Other	99
Any remote work	35

Table 1. Alternate Professional Options by Category

Anything But Nursing

Roughly one quarter of respondents did not specify an alternative occupation. Instead, they stated that they would prefer to do anything else besides nursing, and in some cases, would like to leave healthcare altogether. The *anything but nursing* category illustrates the severity of burnout, moral distress, and immense frustration expressed by these participants. Nurses described the overwhelming challenges in working conditions, heavy workloads, lack of support, mental and physical exhaustion, and lack of commensurate pay. In the face of such conditions, any and all other professions can look more appealing. For example, one participant said, "Honestly, so many other options, sonography, carpentry, electrician, anything that would offer me a less stressful environment to work in at this point."

Healthcare-Related & Social Assistance

Non-nursing healthcare and social assistance related professions, such as regulated allied health positions and other non-frontline staff, were the next most frequently mentioned group of occupations. Professions in this category included psychologists, counselors, registered massage therapists, dental assistants/hygienists and laboratory technicians (such as lab, x-ray and ultrasound). While many of the allied health professions listed would likely require additional education and qualifications, these nurses said that the additional effort would be worth it to them for the sake of their mental and/or physical health. One participant answered, "I am currently looking into private wellness services. I am also looking into furthering my education so I can move into a different field, such as clinical counseling."

Other Nursing Work (e.g., Private Industry)

About one sixth of respondents indicated that they were considering remaining in the nursing field but were looking to move into the private sector, employed through a private company or by setting up their own personal business. These included nursing positions at private clinics (doctors' offices, medical aesthetic/cosmetic clinics), providing private home care support (including foot/wound care), as well as employment through travel and agency nursing. As one participant said, "Private nursing with better pay and more flexible schedules."

Non-Healthcare Related

When considering professions outside of healthcare, nurses responded with a wide range of options that varied greatly in terms of training or formal qualifications required and the expected pay scale.

Of note, positions that did not require formal qualifications appeared to be more popular than those that did. Nurses most frequently considered becoming business owners/entrepreneurs, with many respondents drawn to the ability to control their own schedules. There was also a great deal of interest in working in the service industry as restaurant staff, retail sales, fitness and recreational service providers, or in hospitality-associated positions such as managing rental properties and housekeeping. Some respondents mentioned taking on technical sales positions for medical or pharmaceutical companies to make use of their existing nursing knowledge. Many nurses drawn to the service industry were willing to take a pay cut as it also meant a reduction in the stress and what they

frequently cited as "life-and-death" responsibility. For many respondents, the nurse staffing crisis has led to such an increased workload that they fear the day something slips through the cracks and causes detrimental harm to their patients. As one participant said, "I am afraid every day something bad is going to happen due to poor staff/patient ratios." Many nurses were undeterred by the need to undertake additional education or training to move into their alternative. These included positions in education (e.g., faculty/lecturers in tertiary education, schoolteachers, early childhood educators), trades, construction, and other industrial professions (e.g., electricians, carpenters, plumbers), professional/scientific/technical services (e.g., IT, legal services), and finance (e.g., real estate, accountants, banking/financial advisors). Some respondents shared that these were fields they initially trained in and regretted having switched to nursing. As one participant said, "I am a Registered Clinical Counsellor and could happily leave nursing. I sincerely regret ever becoming a nurse and would never recommend it to anyone I care about."

Some nurses attributed what they saw as a lack of commensurate compensation to the gender pay gap. In addition to often having fewer education requirements and paid internships, respondents felt that many male-dominated skilled trades had lower risks of verbal and physical violence as well as lower levels of life-and-death responsibility and stress. Yet participants perceived that many of these careers offer similar if not higher wages compared to nursing. Nurses also compared their work with male-dominated public service professions such as policing and firefighting, noting inequities in pay and retirement options. Example quotations are as follows: "I do think that because we are a predominantly female driven profession, we are considered less important and valuable and therefore receive less than similar male dominated public servant professions like firemen, policemen, politicians." Also, "I would definitely not pigeonhole myself in a profession that is predominantly female again as we sadly haven't come that far it seems in gender equality."

Nurse Retention: What Changes do Nurses Need?

We asked nurses who said that they were seriously considering or making a plan to leave nursing what changes they would need to see to keep them in nursing. Of those 5,093 nurses, 4,669 (91.7%) provided a response. We coded responses into the themes listed by frequency in Table 2 below, and sub-themes, as shown in Figure 2.

Theme	Frequency
Compensation	3,597
Safe staffing	2,699
Work/life balance	1,126
Workplace culture	1,099
Safety	762
Opportunity	323
Nothing/Intent to leave	235

Table 2. Changes Needed to Keep Nurses in the Profession, by Theme.

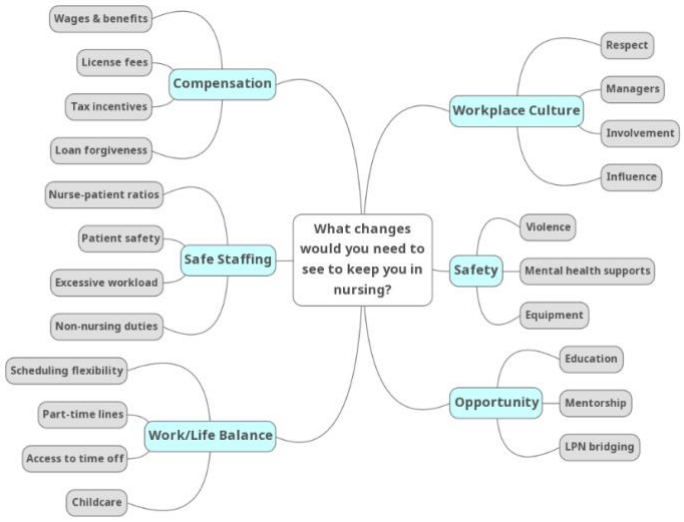

Figure 2. Changes Needed-Subthemes

Compensation

Nurses wanted to see an increase in overall compensation, including wages, benefits, license fee reimbursement, retention bonuses, tax incentives, and student loan forgiveness. In their responses, nurses emphasized that they see competitive compensation packages as the most effective means of retaining existing nurses and attracting others into

the profession, and the most effective way of resolving what they see as an ongoing nurse staffing crisis, particularly in an era of high inflation rates and skyrocketing housing costs. For instance, “It comes down to the basic fact that if I can't afford rent and childcare on this wage, I can't stay in this profession in BC.”

LPNs often expressed frustration with their wages being close to those of health care aides (sometimes called health care assistants), who they argue have significantly less responsibility. In their eyes, the scope of their work as compared to the work of their health care aide colleagues merits a greater increase in pay by comparison. RNs and RPNs frequently brought up the many career alternatives they can seek with their credentials that would afford them similar or more compensation, with significantly less stress. Nurses also expressed a sense of hopelessness that the staffing crisis would not be remedied any time soon, leading to their ask for wage increases to compensate for the additional workload they’re taking on shift after shift. Two participants commented as follows: “We need to be paid considerably more. There's never going to be the staff we need to feel safe, so we at least need to be making money to compensate for it. The stress mentally and physically is profound.” And, “Nursing in private clinics provides better pay and hours, and less burnout and stress.”

Nurses expressed frustration at the increasing reality of working alongside agency nurses, temporary workers contracted by employers at a much higher rate of pay to fill staffing gaps. Nurses often describe this practice as insulting and frustrating, as they often take on the additional responsibility of orienting and supervising agency nurses, despite earning a lower hourly wage. As one participant commented, “There is little incentive for recruitment when agency nurses are being paid significantly more, and having benefits such as accommodations covered... There needs to be incentive to work a regular, fulltime line.”

Many nurses also brought up what they perceived as a sexist gender pay gap between nursing and male-dominated professions, including trades, policing, and firefighting occupations. For instance, one participant said, “My husband just finished his 3rd year electrician, and he makes more then (sic) I do. I legit save lives working in emergency and make less.”

Safe Staffing

In this category we found sub-themes of excessive workload, expressions of fear for the impacts on patient safety, frustration with non-nursing duties, and a call for mandatory minimum nurse-patient ratios.

Nurses expressed that being short-staffed has become a regular, sometimes daily occurrence. They expressed the impacts of the resulting excessive workload on themselves and on their patients. They described mental, emotional, and physical exhaustion as a result of the moral distress that comes with having too many patients to care for and their resulting inability to provide the quality of care they know is required. As one participant said, “I shouldn’t feel like a failure and absolutely mentally and physically exhausted after work to the point that after a set I spend all my days recovering unable to do much more.”

Nurses also described the impacts of short staffing of healthcare support staff, such as unit clerks, care aides, housekeeping, and porters. They described a situation where nursing becomes a “catch-all for everything that needs to get done”, further intensifying their overburdened workload with non-nursing duties.

New nurses talked about how their workload is impacting their willingness to stay in the profession, expressing that they don’t see themselves as able to do this work at this level for much longer. One participant said, “I am only a year into my career. A career I wanted and worked hard for. It is distressing to feel this level of burnout this early on. We need more nurses at the bedside, so that we can safely care for our patients.”

Many nurses described the worsening of working conditions over the last few years, and the impacts to patient safety, which in turn has impacted their own well-being. Two examples are as follow: “I would like to be clear that I have always loved my job and found it rewarding. The past several years the quality of care has decreased significantly, and work

has become unsafe due to heavy workloads, lack of staff, and staff burnout." And,

> I feel very stuck in a career that over the past several years now brings me a tremendous amount of stress, very little reward, and very little area to grow. I go home feeling heartbroken and burnt out every single shift.

Nurses called for the government and the health employers to institute mandatory nurse-patient ratios in all sectors of healthcare. Many see this as a viable solution to the nurse staffing crisis, both as a means to hold their employers accountable and to entice nurses back into the public system. The hope is that those who left might return if they can be confident that their working conditions will allow them to provide safe patient care. One participant shared,

> I would need to have safe nurse to patient ratios so I can provide the level of care to the expected standards of practice. I need to be able to work in an environment where I am not fearful of making a mistake because I am pulled in too many directions at once. It impacts job satisfaction and patients' overall experiences with the healthcare system.

Work/Life Balance

Nurses called for greater scheduling flexibility, more options for part-time work, better access to time away from work (including vacation, personal days, sick time, and parental leave), and better support for family responsibilities, including childcare.

Access to designated 'mental health days' was suggested as a means of keeping nurses at work over the longer term, particularly in the context of preventing burnout. Many nurses described the mental and emotional toll of their work as a result of the consistently high intensity of patient care needs paired with the strains of shift work and regularly working short-staffed, often without being able to take their breaks. As one participant suggested,

> Mental health days to allow nurses time to recover from early signs of burnout rather than having to continue until they need to take leave.

Many sought acknowledgement that their current working conditions are causing them harm and asserted that full-time work in these conditions is not sustainable. For instance,

> We need time off to recharge not only to provide nursing care but care for our own families. Time is too short on this world and my tomb stone will not say 'wished I had been at work more'.

Workplace Culture and Management

Many nurses spoke to the need to address toxic workplace environments. They described a "revolving door" situation in which nurses leave because of a lack of meaningful involvement and influence in decision-making at their workplace, and a general lack of respect, particularly from their managers:

> [We need] management that treats us as partners and allows us to work towards a common goal. Our current management structure seems completely separate from the nurses that work in it. It's like we are two different entities that just don't mesh. They talk big on collaboration but in my 20 years it has been getting less and less and they run exercises for our input but it is rarely used, just seems to be an exercise for them and they just end up doing what they want.

Nurses also pointed to a need for greater mentorship for new nurses, who are often thrown into understaffed units without adequate supports. Many nurses close to retirement also said they would remain if there were greater opportunities for them to take on mentorship roles, to pass their knowledge down to new nurses. One participant said,

> Less burnout, more support for new grads. I feel like I was thrown to the wolves, and it was devastating for me. I cried before and after almost every shift and it is something that most people feel. Check-ins, additional education days, more support on the floor, better patient ratios so when you're short and a new grad you don't have 8 acute medicine patients on nights.

Redeployment was also brought up as a significant management issue for nurses. As the staffing crisis has intensified, nurses report that employers have increasingly used redeployment as a means to fill staffing gaps. However, the impact on nurses of working in unfamiliar circumstances without adequate orientation is adding to the burnout that is leading to nurses leaving the profession. One participant said, "I was redeployed probably more

than 25 times in my first year. Usually once a set. I rarely ever felt supported." Another reported,

> Redeploying me without orientation makes me useless if I can't find meds, equipment, or the fact that I don't even know what I am responsible for. I didn't have access to computers, bloodwork, etc. I didn't have access for their charting. I didn't know the paperwork was different. I can't be responsible for things I am ignorant to, that's why they are supposed to provide orientation. Patients can die if I can't respond fast enough.

Physical and Psychological Safety

Nurses often spoke of physical safety and mental health concerns together. When discussing their physical safety, the majority of nurses spoke of the risk of violence they face in their everyday work. Even more concerning are the comments from nurses who talk about the harmful culture of acceptance of violence as 'part of the job', and an emphasis on placing the onus of avoiding violent interactions on individual nurses, rather than taking greater measures at the systems level to prevent it. For instance, one participant stated, "My husband is a police officer; I have had more coworkers injured on the job as a nurse due to violence than he has. That is unacceptable." Another commented, "Families that threaten to run you down in the parking lot and get removed should not be sitting bedside the next morning."

Some nurses highlighted challenges in accessing appropriate equipment at work, citing having to use "broken beds and stretchers" and other inadequately refurbished equipment. Others brought up challenges in accessing appropriate personal protective equipment, particularly in the early days of the pandemic, and how that contributed to their feeling of being treated as expendable to their employers. One participant wrote,

> All the 7PM cheering in the world wouldn't have prepared us for the amount (sic) of toe tags we had to put on people, the lack of supplies, machines, etc. we would have to work with. It wouldn't have prepared us for the absolute lowest we could have possibly felt, watching people fall ill, watching people die and watching our colleagues around us crumble. But we were expected to keep going. We had to push through. Even when our tanks were running on empty. And now we are in this state of feeling unappreciated, unrecognized, and like cogs in the wheel.

Many nurses called for greater access to mental health supports to help them cope with the high levels of stress and burnout they are experiencing as a result of their work. One participant suggested,

> Nursing is no longer the career it was when I first started, and the moral distress is devastating. The mental health of nurses is at a peak, and we need to have better access to psychiatry and counselling.

Advancement Opportunities

Some nurses said they needed to see greater access to education and opportunities for advancement to keep them in the profession. In particular, LPNs spoke about their challenges in accessing bridging programs that would allow them to move to RN positions. Besides accounting for tuition costs, the full-time in-person nature of LPN-to-RN bridging programs would necessitate these LPNs take time away from work. Coupled with the high cost of living and lack of paid employer time off for this education, many LPNs are unable to achieve the nursing career advancements they desire. As one participant said,

> [We need a] practical route to upgrade to RN while managing these living expenses. There are competent and ready LPNs who want to continue education but cannot afford it with the cost of living.

Other nurses called for better access to specialty education and more in-person learning in lieu of employer-mandated online modules. For instance.

> Less (sic) iLearns to do every year (over 50) last year. I appreciate keeping our knowledge up to standards, however, having so many to do does take away from nursing care.

Nothing/Intent to Leave

Only a limited number of respondents felt that there was nothing that would convince them to stay in nursing. These nurses told poignant stories of severe mental and moral injury that led them to this decision. Concerningly, many of these nurses are in

the early stages of their careers, and leaving the profession would represent a severe loss to a critically stretched healthcare system. Some example quotations are as follows: “I feel like I'm killing myself slowly with every shift I work and just hoping to get through the day without anything really bad happening.” “Nursing is no longer the career it was when I first started, and the moral distress is devastating.” Also,

> The acute care nurse lifestyle is not sustainable; vacation is never quite enough time, scheduling leaves me tired and isolated from non-healthcare friends, pay is often not enough to justify the amount of energy the job takes, no actual access to counseling services without paying out of pocket.

Limitations

Knowledge on the accuracy of measuring intent to leave is limited. Expressing intention to leave does not always translate to actual leaving behaviour; as such, it is difficult to interpret the implications of the high proportion of nurses in this study who expressed intent to leave. Additionally, while we did achieve a large sample size of nearly 15,000 nurses from across the province, it is possible that nurses who were more dissatisfied may have been more likely to complete the survey.

Discussion

The findings we have presented above help to surface how changing social and economic forces are impacting nurses’ career trajectories and intent to stay in the profession. Previous research in this area conducted through a feminist lens has explored the influence of gender norms, hierarchies, and social positioning of nursing as ‘women’s work’, and the impacts of this gendered view of nursing on its perceived value to society (Wall, 2010).

Nursing remains a female-dominated profession, with women making up 91% of nurses in BC in 2021 (Canadian Institute for Health Information, 2022). Just a few generations ago, women had very limited career choices; today, a nursing education opens doors to many other possible career paths. In recent years, the nursing workforce in British Columbia has also been skewing younger, with many nurses of the baby boomer generation retiring. As of 2021, 46% of nurses in BC were under the age of 40 (Canadian Institute for Health Information, 2022), an age when many are raising young families and caring for aging parents. Our findings indicate that nurses, in particular younger nurses with multiple family responsibilities, are increasingly unwilling to tolerate unsafe and inflexible work environments, a finding consistent with research among nurses from other parts of Canada, and internationally (Yamaguchi et al., 2016; Zeytinoglu et al., 2011). New graduate nurses are keenly aware of the harmful impacts of gendered narratives within the nursing profession, and many reject the ‘nurse martyr’ complex by leaving toxic workplaces or leaving the profession altogether (McMillan et al., 2023).

Evidence suggests that nurses’ intentions to leave the profession have been on the rise since the COVID pandemic began (American Nurses Foundation, 2022), underscoring the pressing need to address nurse retention. Our study found that fewer than one in five nurses surveyed expressed a clear intention to stay in nursing for more than two years. Participants cited a wide variety of other professional options available to them, with the most cited category being ‘anything but nursing’. This finding highlights an overarching theme that emerged through the comments of many respondents, a sense of nearing the edge of what nurses are able or willing to tolerate in their professional lives. Importantly, many respondents said they were looking towards agency nursing as a career move, largely due to higher pay and greater flexibility in their work schedules. Agency nursing is an expensive stop-gap solution to a larger systems problem; if we are to maintain the sustainability of our publicly funded healthcare system, policy makers must prioritize the voice of nurses to retain them in the public system.

We sought in this study to move beyond simply measuring intent to leave by asking nurses to describe in their own words what changes they need to see to encourage them to stay. While there was a small number of respondents for whom there was nothing that would convince them to stay in nursing, our analysis indicates that for the majority of nurses, there are steps that employers and policymakers can take to retain them. Specifically, nurses are seeking

improvements in compensation, safe staffing, work/life balance, workplace culture, safety, and advancement opportunities. These findings are consistent with findings from previous research on nurse retention and are highlighted within the core themes identified in the recent *Nursing Retention Toolkit* published by Health Canada (2023).

Though we have tried to categorize the findings of this survey into individual themes, it should be noted that these themes are all deeply intertwined and exist in a larger context. Many of these themes speak to the historical situating of nursing as 'women's work', and indeed our respondents often cited what they perceived as gender-based inequities between nursing and other traditionally male-dominated professions such as policing and firefighting.

In the time between the administration of the survey and this publication, a new collective agreement was reached, covering most nurses in BC. The agreement includes significant improvements in compensation, flexibility, and other key areas for nurses (British Columbia Nurses' Union, 2023), hopefully helping to address some of the concerns brought forward from our respondents. Additionally, the government of British Columbia announced their intention to implement mandatory minimum nurse-patient ratios in BC, which was one of the initiatives nurses suggested to address their workload concerns. There is a robust body of evidence from other jurisdictions demonstrating that the implementation of minimum nurse-patient ratios has resulted in significant improvements to nurse recruitment and retention, nurse safety, and patient safety, while ultimately saving healthcare dollars (McHugh et al., 2021; Lasater et al., 2021; Donaldson & Shapiro, 2010; Aiken et al., 2010; Spetz, 2008; Bolton et al., 2007). As nurse-patient ratios are implemented througout the BC healthcare system, further research will be required to understand and describe the impacts of this policy on nurses, patients, and the healthcare system at large.

As promising as this development is, there is no single policy lever that can be identified to 'fix' the nurse staffing crisis. As noted by McHugh et al (2021):

> Nurse staffing is necessary but not sufficient to ensure good outcomes. Research suggests that hospitals with good work environments–where nurses have autonomy, opportunities for advancement, support and trust of management, excellent relationships built on professional respect with physician colleagues and active engagement in organizational decision-making–have better outcomes for nurses and patients. The benefits of better nurse staffing are conditional on having a good work environment; thus, investing in more staff without considering the environment in which those staff work may fall short of expected improvements. (pp 5-6)

The themes we drew from our participant responses echo these sentiments. Bringing forward nurses' voices is the most important contribution of this work. Retention and recruitment of nurses into the profession depends on healthcare employers and governments meaningfully engaging with nurses, hearing their concerns, and implementing their solutions. The results of this survey shed light on the shifting priorities of the new nursing workforce. Health human resource plans depend on nurses staying in the profession, but the evidence indicates that many nurses are looking elsewhere for professional choices that are better able to meet their goals of financial stability, work/life balance, and physical and mental health. Healthcare employers and governments would be well advised to pay close attention to the needs of nurses to compete more with other industries to attract and retain these highly skilled professionals.

Ethics Statement

This analysis was conducted using data collected by the British Columbia Nurses' Union. Participants provided informed consent, and participant responses in the dataset are not linked to their identity. No form of compensation was offered for participation in the survey.

Conflict of Interest Statement

The authors report no conflict of interest associated with this study or this manuscript.

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