

Editorial

Nursing in Canada: Broken, but not Beyond Repair

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The COVID-19 pandemic that ravaged the world starting early in 2020 brought the value and impact of nurses into a sharp public focus never really seen before. Nurses have long enjoyed the privilege of being the professionals most trusted by the public, but images of, and stories about nurses that emerged as COVID-19 wreaked havoc on health systems provided real-time glimpses into the work nurses actually do. The old and familiar public narrative finally moved from “The nurses are really nice, but they are so busy” to a much more nuanced understanding of some of the harsh realities of nursing practice, roles, and working conditions. And at the same time, longstanding frailties in the ways health systems are organized and operated were seen clearly by the public for the first time - and they were shocked and appalled.

The pandemic has been cited as a cause of the crisis in the operation of health systems, much of it tied to growing shortages among nursing and other health human resources. However, while the pandemic certainly was a powerful accelerant that fuelled the current state of crisis like a wildfire, it is our view that the origins of the story were unfolding long before 2020. And it is an enormous frustration to note that the potential impacts on nurses and health systems were being identified as economic policy

decisions made more than a quarter century ago. We have amassed rigorous bodies of evidence to support potential policy solutions and taken on vociferous advocacy efforts to communicate them to policy leaders. But beyond more research and a few pilot projects, nothing substantive was done in the intervening years to prevent the disaster that has unfolded in so many health care settings since 2020.

Without going into the minutia, let us take a quick look back at the policy decisions that helped propel us to where we find ourselves today.

First, we must acknowledge the underlying population dynamics of the baby boom generation, which were becoming very clear by 1950. In the years after World War II and up to about 1960, it was apparent that birth rates would lead to the largest generation of old people in Canada some 65 years later. There was plenty of warning about what would start to unfold in the first decade of the new century, and plenty of time to reform workforces to include older workers, plan for the services needed by a lot more older people, and modify related programs such as taxes and pensions. Very little of that happened in a proactive way. In fact, when the Canadian Nurses Association

(CNA) interviewed Member of Parliament Deb Grey - founder of the Reform Party - in 2005, we asked her what governments had done over those 50-60 years to prepare for the new reality. Her answer was stark: “Nothing” (Villeneuve & MacDonald, 2006).

When he was elected Prime Minister in 1993, Jean Chrétien inherited historic and soaring levels of debt and deficits that were rattling global bankers regarding Canada’s credit rating. Chrétien slashed budgets across federal departments by an average of 20 per cent and balanced the federal budget within three years (Tellier, 2022). While this was good news for the feds and on the global economic stage, the trickle-down impact on provinces and territories was immediate and severe, and health care was not spared. Thousands of nurses were fired or offered financial incentives to retire early, the nursing manager corps was dramatically downsized, some 40 per cent of the seats in schools for registered nurses were shut down, and in places like Ontario, the now infamous Rae Days (named after Bob Rae, the premier at the time) even required public employees like nurses to work a certain number of days each year for no pay. The nursing workforce was in such disarray by 1998 that then federal health minister, Allan Rock, concluded that “no group has borne the brunt of healthcare restructuring more than Canada's nurses” (Canadian Nursing Advisory Committee, 2002). And in reality, nursing has never recovered.

After more than a year of research and consultation, the Canadian Nursing Advisory Committee (2002), formed as the first action item within the *Nursing Strategy for Canada* (Advisory Committee on Health Human Resources, 2000), offered 51 practical recommendations to help increase the number of nurses, improve the education and maximize the scope of practice of nurses, and improve working conditions of nurses. More than 20 years later, nearly every one of those 51 strategies still applies today, and virtually none was acted on in any definitive way across the country.

Over the rest of the decade, CNA commissioned studies to estimate the scope of potential shortages that were already playing out by the year 2000. The last of those predictive modelling studies suggested that, left unchecked, Canada would be short some 60,000 registered nurses by 2022 - and of course that estimate did not take into account a global pandemic (CNA, 2009). Nothing was done to intervene, and here we are.

This special issue asks, “Why are we leaving?” Nurses tend to love their chosen profession, so we will resist the cynical opposite question, “Why are we *staying*?” But frankly, the treatment of the nursing workforce across decades does not inspire much faith that governments and employers truly understand or value the roles and impact of Canada’s nurses.

In October 2023, the Canadian Institute for Health Information (CIHI) reported nurses worked 14 million hours of overtime and experienced a 17% increase in sick time. There are more than 44,000 nursing vacancies across the country, and a third of nurses are over the age of 50 and are nearing retirement (CIHI, 2023). Without strategic action, vacancy rates are likely only to continue to climb.

Nurses are working longer and harder, and with no end in sight. We know overtime hours for nurses hit record highs during the summer of 2023, following the same pattern of the previous two or three summers. Mandatory overtime, double shifts, and cancelled vacations are now commonplace. It is no wonder many nurses are looking for the exit sign.

A recent poll commissioned by the Canadian Federation of Nurses Unions (CFNU) revealed that four in ten nurses want to leave their job or the profession, or retire (CFNU, 2023). Why? Most feel their workplaces are regularly understaffed and overcapacity. In a May 2023 survey conducted by WeRPN, 92% of nurses reported increased workload over recent years. Nearly all subjects (97%) said that working short-staffed had a negative impact on their

practice settings and 91% said their work had become significantly more stressful.

These conditions take a damaging toll on nurses. Eight out of ten have registered some form of burnout, while over seven in ten experience symptoms of anxiety or depression. And let's be clear, what nurses are asking for is fairly basic: most say scheduling flexibility, guaranteed days off, safe staffing, and respect would keep them in their jobs. This is not rocket science.

Recently, an experienced frontline nurse talked about the long hours she's being asked to work. She said that "around hour 20" she started to get confused. *Hour 20!* These are words no patient or family member wants to hear.

The fact is, nurses are constantly busy during their shifts, and patients rely on them for their wellbeing. But we can't expect any human to function well after 20+ hours on the job – especially when the stakes are as high as for a nurse in a hospital ward. This must change. The bottom line is that you cannot save lives without sleep.

Nurses will not say "no" when asked to continue working after their scheduled shift is over. The feelings of guilt are too much. They do not want to leave patients unsupported or let their colleagues down. Our laws strictly regulate hours for truckers and pilots, but nurses have no such protection.

Nurses want simple respect. And they want to be able to deliver the best care for their patients. Nurses' unions have raised alarm bells, and thankfully some governments have responded. British Columbia just became the first jurisdiction in Canada to mandate minimum nurse-to-patient ratios (DeRose, 2023). This would mean clear standards of care and enough nurses to support patients in overcrowded hospital wards. On Canada's East Coast, Nova Scotia's retention payments for nurses were a welcome – though long overdue – step towards improved retention and recruitment (Nova Scotia Nurses Union, 2023). Now we need to see these kinds of actions implemented across

the country if we are going to retain frontline nurses and deliver quality care to patients.

The new federal bilateral health-care deals with the provinces and territories are welcome, but the reality is that negotiations will take time. And time is quickly running out for nurses. We urgently need a coordinated pan-Canadian action plan to immediately tackle retention and recruitment,

To address the dire shortages of nurses and other health workers facing communities across the country, Canada's nurses are looking to the federal government to coordinate delivery of a pan-Canadian approach with strategic health workforce planning, backed by concrete solutions and adequate resources. Nurses know it will take action, not handshakes, to fix Canada's health-care crisis. This was made clear in recent months as several provinces released their budgets. Despite the influx of billions of dollars from Ottawa, and the promise to make supporting health workers a priority, provinces mostly failed to address nursing shortages. Canada's 466,000 regulated nurses provide the bulk of care across the country - a tremendous resource and equally immense expense. Canadians in most provinces and territories won't know there is no plan for that workforce, no coordinated efforts related to the numbers of nurses graduating in what regulated categories, and utterly no thought given to where they will work, in what specialties they will practice, or what their optimal scope of practice for the needs of this generation could be.

This failure to plan and act means staffing shortages will go on plaguing health-care systems, and patient care will continue to suffer. We will continue to experience alarming wait times in emergency rooms (and even closed emergency rooms), ballooning waitlists for medical procedures, and nurses heading for the exits in the face of impossible workloads and dangerous working conditions.

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