

The State of Nursing in Ontario

A 2024 Review

We RPN

Registered Practical Nurses
Association of Ontario

Research Summary Report

Survey Commissioned by WeRPN | May 2024

About WeRPN

The Registered Practical Nurses Association of Ontario (WeRPN) is the professional voice of Registered Practical Nurses (RPNs) across the province. There are 60,000 RPNs in Ontario. WeRPN builds the profile and professional capacity of RPNs so they can better care for patients and better support their fellow healthcare workers. The association works closely with its members and the healthcare community to support and advocate for the concerns of Ontario's RPNs.

About this survey

In March 2024, WeRPN conducted a comprehensive survey to document and benchmark the current state of nursing in Ontario and the challenges and opportunities facing this profession. Over 1,300 RPNs participated from across the province. This annual survey follows previous research conducted in 2023, 2022, and 2020.

Methodology

From March 15 to 25, 2024 an online survey was conducted among 1,304 Registered Practical Nurses across Ontario, by WeRPN. For comparison purposes only, the sample plan would carry a margin of error of +/- 3 percentage points, 19 times out of 20. Discrepancies in or between totals are due to rounding.

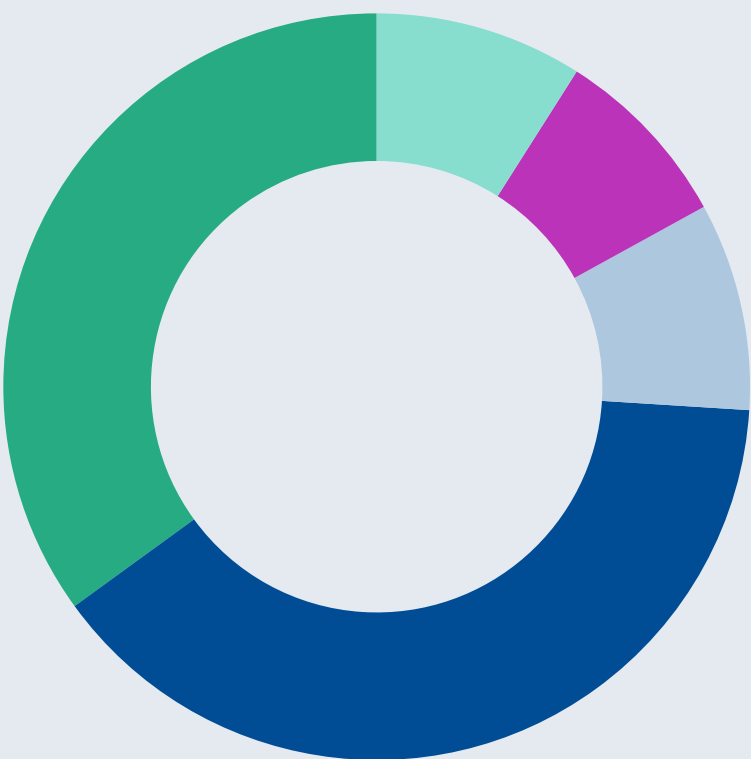


Registered Practical Nurses
Association of Ontario

Overview of Respondents

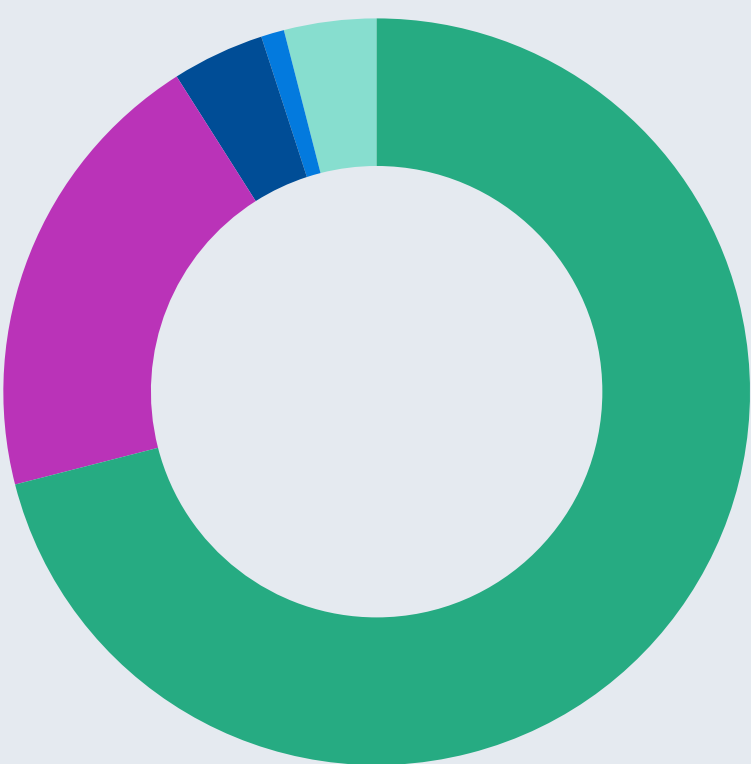
Length of time in the industry

Less than one year	9%
1-2 years	8%
3-4 years	9%
5-14 years	39%
15 or more years	35%



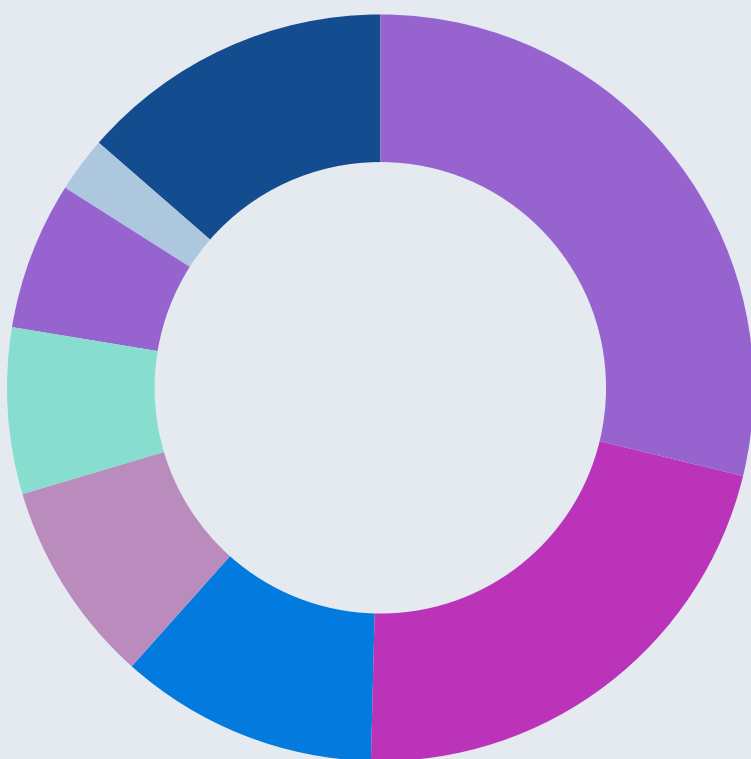
How many jobs are they working?

1	71%
2	20%
3	4%
4 or more	1%
Other	4%



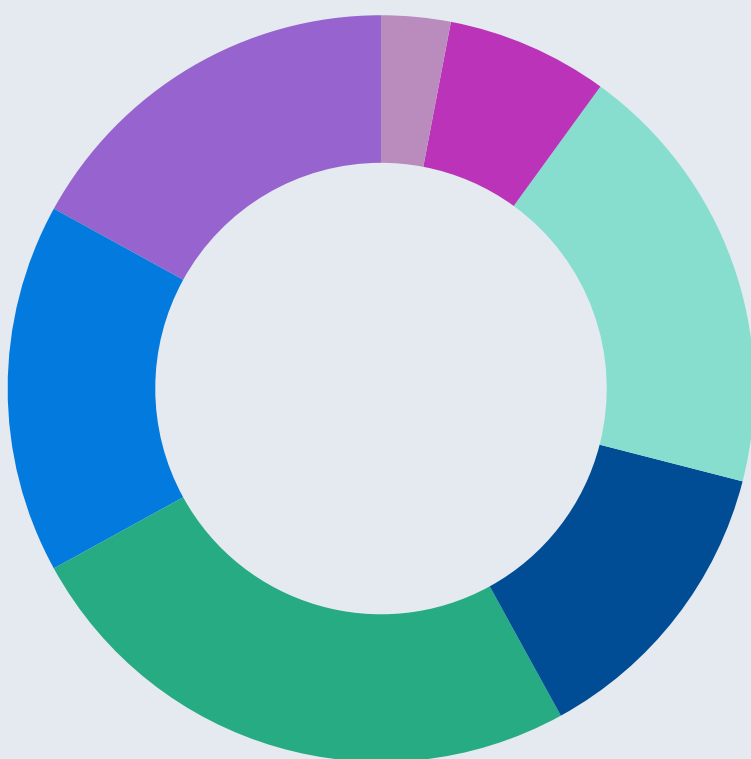
Working in the following sectors*

Hospital	36%
Long-Term Care	27%
Community Care	14%
Primary Care	11%
Home Care	9%
Retirement Home	8%
School	3%
Other	17%



Where they are working

North Western Ontario	3%
North Eastern Ontario	7%
Eastern Ontario	19%
Central Eastern Ontario, excluding GTA	13%
Greater Toronto Area	25%
South Western Ontario	16%
Central Western Ontario, excluding GTA	17%



*Respondents were asked to select all industries that applied

Executive Summary

WeRPN's 2024 nurses survey raises the alarm about the ongoing challenges facing Ontario's healthcare system, which has continued to experience strain over the past several years.

According to this year's data, the majority of Registered Practical Nurses (RPNs) reported that they witnessed firsthand how the nursing shortage negatively impacted the quality of patient care, which many indicated had worsened when compared to last year. A number of Ontario nurses revealed their intention to leave the profession, the province, the country, and/or healthcare altogether. While the recent recruitment efforts implemented by the government have helped to grow the nursing workforce, they also introduced new challenges, which need to be effectively managed. The reliance on nursing agencies also continues to be problematic for the province.

Though slight improvements have been observed in certain metrics, the ongoing staffing shortage across the province continues to negatively impact nurses and patients. RPNs continue to experience high workloads, mental health struggles, and difficult workplace dynamics. There is an immediate need for further action to retain experienced nurses and grow the nursing profession in order to safeguard quality of care now and into the future.

Considering the insights from this year's survey, WeRPN is calling on the government to urgently take the following actions to halt the mass talent exodus and retain RPNs in Ontario. WeRPN is recommending policymakers and healthcare leadership: introduce legislated nurse-to-patient ratios, establish competitive and harmonized nursing wages to incentivize retention, ensure all efforts are made within organizations to meet regularly scheduled staffing numbers in order to make sure the impacts of short staffing do not become normalized, enhance access to streamlined educational opportunities, and reduce reliance on nursing agencies.

With many of the concerns identified by WeRPN's prior research still persisting, this year's findings highlight that government and healthcare leadership must continue progress in recruiting more nurses to all categories and take further steps to keep experienced nurses, particularly RPNs, within the healthcare system. Only by growing and maintaining a positive nursing workforce can we ensure the quality of care Ontarians deserve.

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Summary of Top Research Findings

Ontario's ongoing nursing crisis

The Registered Practical Nurses Association of Ontario (WeRPN), the professional voice of Registered Practical Nurses (RPNs) across the province, conducted its annual survey, *“The State of Nursing in Ontario: A 2024 Review,”* in March 2024. It surveyed over 1,300 RPNs, collecting, analyzing, and evaluating their sentiments and experiences over the past year, to create benchmarks for the profession. This annual research reveals the ongoing impact of the nursing crisis in Ontario, and the on-the-ground effectiveness of health human resource policies year after year.

“The State of Nursing in Ontario: A 2024 Review” takes a deeper look into the unsustainable working conditions many RPNs face across the province. Ontario RPNs in particular face a unique set of circumstances. In recent years, RPNs have experienced a significant level of wage compression, resulting from a lack of recognition of the knowledge and skill required in their roles. Despite stagnant wages, the pressures and demands of their jobs have continued to grow. The report explores the consequences of these realities for RPNs, including pressures on mental health, impacts to patient care, and troubling workplace dynamics that are leading many to consider leaving the profession. At the same time, the report highlights how the need for RPNs continues to grow as these nurses provide the majority of care to Ontario's older populations and those with chronic health conditions. From there, the report delves into the changing culture of nursing, amid recent government recruitment efforts, and closes with WeRPN's 5-step action plan.

Overall, the current state of the provincial healthcare system in Ontario has positioned nurses in circumstances where they are sometimes unable to provide optimal care for their patients, residents and clients. They frequently face conditions where they feel unsafe, unsupported, unprepared, and disheartened—all of which have converged into a distressing state of the healthcare system that many are choosing to leave behind.

The most concerning finding is how the nursing shortage has impacted nurses' ability to provide quality patient care. With fewer colleagues available, nurses are working more hours, caring for more patients at once, and taking less time off. With many reporting a lack of support from their workplaces, policymakers, and healthcare leaders, some find themselves working in unsafe conditions, experiencing moral distress, and suffering through a mental health crisis. As they are asked to take on additional shifts and care for more patients with less time and fewer resources, they have witnessed firsthand the continual decline of Ontario's standard of patient care. And, while there have been improvements recorded in some areas, the pace of progress is nowhere near what is needed to lift nurses from these difficult circumstances.

Following the trend of recent years, some RPNs in Ontario have responded to these unsustainable working conditions by leaving—leaving direct patient care roles, leaving full-time hours, leaving the public system for private alternatives, leaving the province, and for some, leaving the nursing profession altogether. They are seeking fair compensation that reflects their knowledge and expertise, improved staffing ratios, greater flexibility, the ability to provide better patient care within a stable system, and a stronger workplace culture. Of particular importance, loss of experienced nurses significantly impacts newer nurses who rely on mentoring and support to set them up for a successful nursing career.

According to recent data, the province reported an increase in overall net registration numbers for Ontario nurses. However, while the number of Registered Nurse registrants increased year-over-year, the number of Registered Practical Nurses did not. In fact, closer examination of the RPN registration data provided by the College of Nurses Ontario, tells a very different story.

While Ontario added 1,752 RPNs, the province saw a loss of 2,166 RPNs, resulting in 414 fewer RPNs registered this May compared to last year.¹ At a time when the province is met with the growing needs of aging populations, more complex patient health challenges, and backlogs due to the pandemic, the need for more RPN expertise will only continue to grow. Despite this, the province continues to see declining overall numbers of RPNs. To meet the need for care into the future, it is imperative that staffing must be understood holistically, taking into account the number of RPNs coming into the profession, and the number of RPNs simultaneously exiting.

While the influx of Internationally Educated Nurses (IENs), new graduate nurses, and agency nurses have admirably helped fill some staffing needs, these additions to the province's nursing workforce have brought along unique considerations and challenges. Additionally, the steep cost associated with Ontario's reliance on for-profit nursing agencies is not a sustainable solution as it imposes an exorbitant financial bill on the province.

The experiences recounted by Ontario's RPNs reinforce that more needs to be done immediately to address the nursing crisis, and restore the quality of patient care to an acceptable level across the province. The well-being of Ontario's nursing profession, and the well-being of the healthcare system are inextricably linked. The data is clear—further action is needed to ensure patients receive optimal care.

On behalf of Ontario's RPNs, WeRPN is again calling for sustained, meaningful action that must be taken now.

¹ The College of Nurses of Ontario RPN Registrations, May 2024

Nursing voices

Ontario's Registered Practical Nurses share in their own words what it is like to work during a province-wide nursing shortage, that remains pervasive in many environments:

“There are many challenges in healthcare today. Challenges like staffing shortages, wage discrepancies, and decreased client care have negatively impacted job satisfaction. The healthcare system is extremely lacking when the needs of the client are not being addressed.”

“I feel overworked, and completely underappreciated.”

“Nurses aren’t able to spend as much time with patients. We sometimes have to do less thorough assessments, just going quickly from room to room. We’re unable to provide medications in a timely manner, unable to provide thorough personal hygiene care. Sometimes the best nurses can do is just keep patients alive.”

“No one has time to support others anymore, everyone feels like they are drowning.”

“My mental health is bad. I want to leave the nursing career [...] but the other part of me sucks it up and deals with stress because I want to be there for the patients and I want to love my job.”

“I leave every day feeling like a failure.”

“We are burning out quickly, and experienced long-term staff are leaving with a high turnover rate.”

“Being one of only a few seasoned nurses on the unit, I feel I have to be everyone else’s support but don’t get much support myself.”

“It’s exhausting. People should understand how difficult it is to work in a profession that requires you to give 100% of yourself for up to 13 hours per day, and to come home to a family that doesn’t understand your struggle. The workplace violence we experience from both family members and patients is normalized. More people need to understand healthcare is not comparable to a retail setting, and it does not function as a first-come-first-served facility.”

“RPNs need to be supported now more than ever, as we are begging for new graduates to fix our staffing ratios. We have no satisfaction in our work. It has turned into ‘Will I get punched, yelled or sworn at,’ or ‘Just make sure they survive until the shift is over.’”

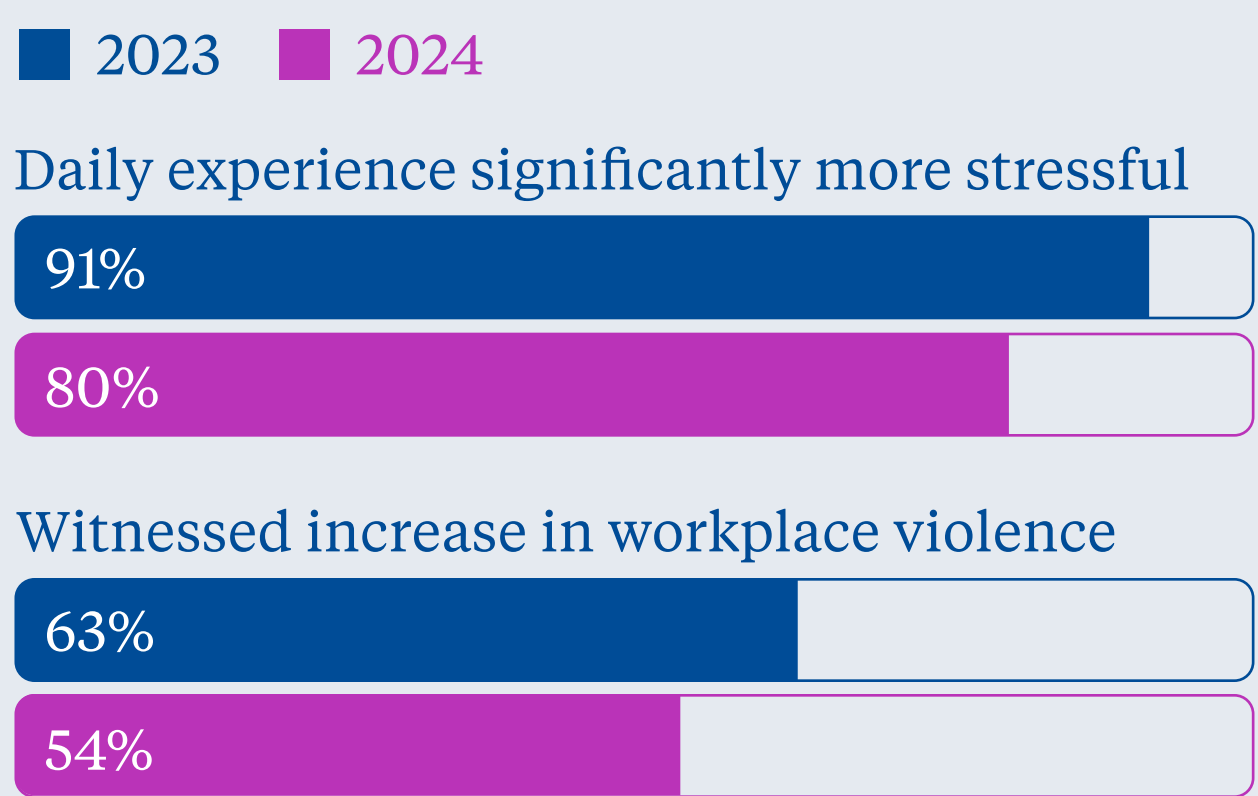
2023 vs. 2024

WeRPN compared some key data points from its 2023 RPN survey findings to its 2024 survey results. While WeRPN does note some improvement in the nursing experience this year, RPNs continue to report unsustainable challenges that indicate progress is slow and falling short of what is needed to support the well-being of nurses and their patients.

RPN nursing shortage



RPN workplace conditions



RPN mental health and nurse well-being

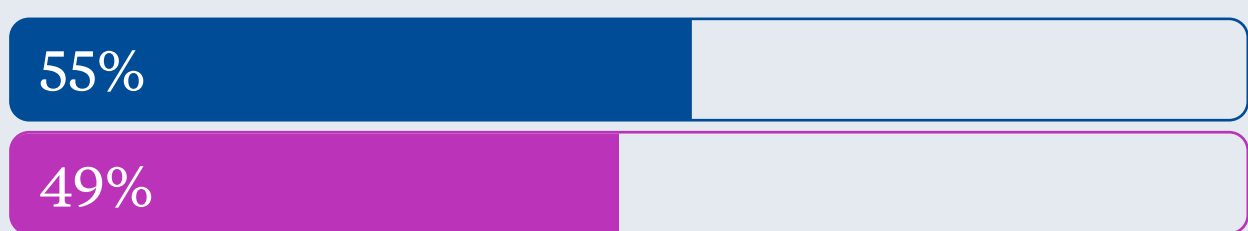


2023 vs. 2024

Impact on patient care

■ 2023 ■ 2024

Quality of patient care has worsened



Saw patient care negatively impacted



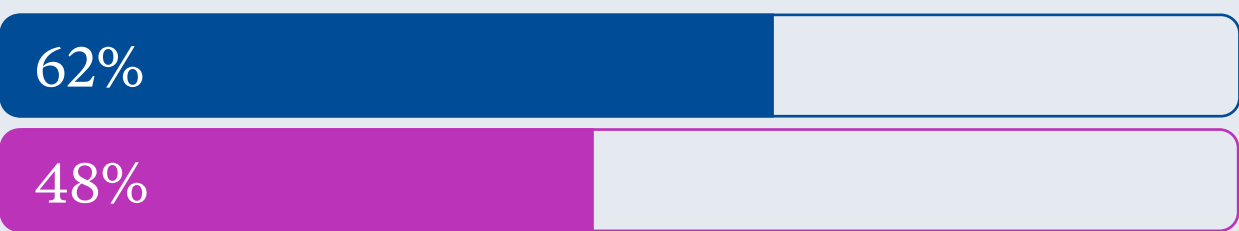
Ability to deliver optimal patient care was negatively impacted



RPN nursing talent loss

■ 2023 ■ 2024

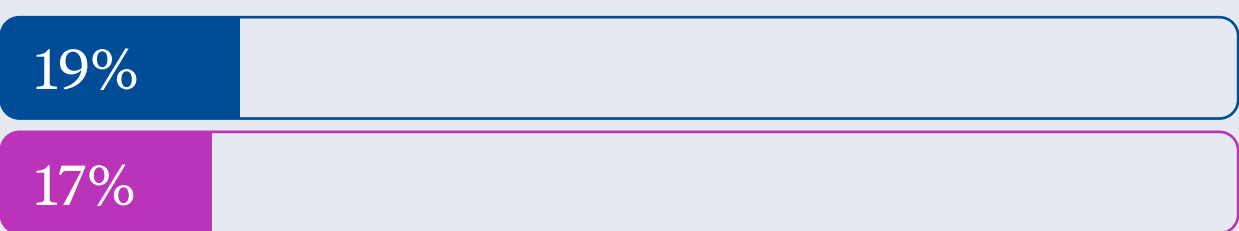
Intend to/are considering leaving the profession



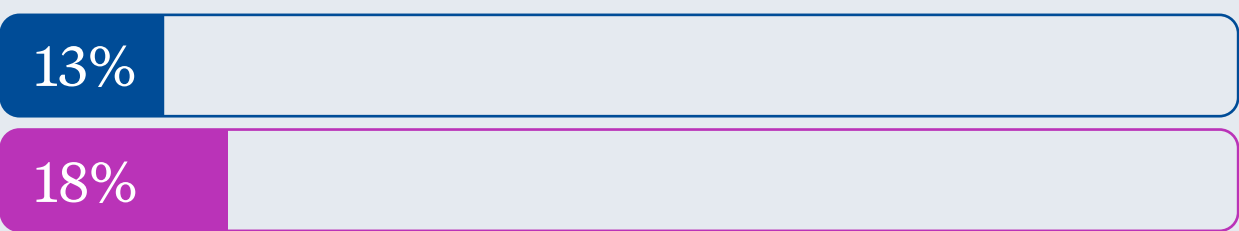
Those planning to leave, intend to leave healthcare entirely



Plan on moving out of province



Work for a nursing agency



Unsustainable Conditions Impacting Care

Nursing shortage

Staffing shortages have permeated Ontario's nursing workplaces. With fewer colleagues available, nurses are largely caring for more patients, residents or clients with fewer resources. The survey data suggests that the conditions in which nurses are working are unsustainable, affecting the quality of patient care RPNs have been able to provide in the province, and leading many to report concerns about patient safety and well-being. RPNs care for patients and residents in some of the sectors of the health system facing the most pressing challenges. While some of these patients may have more predictable treatment plans, they are no less important than the more critically ill patients cared for by RNs. Yet, they will be the most impacted by staffing shortages among RPNs.

Unmanageable workloads

Ontario's RPNs are overworked. Nearly 4 in 5 RPNs surveyed (78 per cent) report that the nursing shortage directly impacted them. While it is a marginal improvement compared to findings from last year's survey, it is still concerning that 84 per cent of nurses say that their workload has increased from a year ago. Additionally, in the last year, 59 per cent of respondents say they worked, on average, more hours than their scheduled shift, 75 per cent assumed more responsibility, and 74 per cent missed meals or breaks. According to the survey, almost 2 in 3 nurses (62 per cent) were asked to care for more patients, residents or clients. For the most part, these figures have remained high, indicating that improvement has been marginal and slow. It is imperative that slow progress does not become the norm. Although there have been slight improvements in certain areas, the current standard falls far below what was deemed acceptable just a few years ago, before the pandemic.

In their own words from survey respondents

“New nurses are **being burnt out and their training is limited.**”

“I have never been able to take breaks and have **always had to stay past the end of my shift.**”

“There are **unsafe nurse-to-patient ratios** on top of all the duties RPNs complete daily.”

“We only get more patients but **my team of nurses are always short-staffed.**”

“I cannot cope with the workload as a Community Nurse. **It is exhausting, there is nowhere to turn.** We can't keep staff that are hired because of the high level of skill required. We are poorly paid, and it feels like nobody is listening.”

Mental health and nurse well-being

Poor mental health and well-being

Despite continued calls for increased support, the mental health of RPNs has only seen a marginal improvement from last year. It remains concerning that 72 per cent of RPNs surveyed report that their job adversely affected their mental health, and that 2 in 3 (67 per cent) experienced a breaking point related to their job, at home or at work. Almost all RPNs surveyed (92 per cent) report that their work took a toll on their personal well-being, and that theirs and their colleagues' self-care and mental health worsened compared to a year ago (64 per cent). Sixty-nine per cent of respondents report that there was an increase in sick time among nurses at their workplace. Several nurses reported transitioning away from direct patient care roles as a result of the pressures of their work environment. Of the nurses who transitioned away from a direct patient care role, the top contributing factors cited were: workplace stress (48 per cent)—which has increased slightly from last year (45 per cent in 2023)—and the work affecting their mental health (44 per cent).

In their own words from survey respondents

“We are tired, we are demoralized, we feel unheard and underappreciated. Most nurses just want to be valued and protected from abuse and harassment in our workplaces.”

“Although my peers are more supportive... there is distress and it is common to find coworkers crying due to moral fatigue and general anxiety.”

“I love my colleagues but we are struggling with the joy part as we are stressed even before our shift starts, worrying if we are short staffed, what the workload will be like, and if we are even able to provide proper care.”

“[The nursing shortage] has impacted my family life. I’m so tired on days off, it’s difficult to feel like spending time with family.”

“I feel that RPNs are overworked, and underutilized for the education and work experiences they may have, and terribly underpaid. It is very demoralizing for a nurse to do the exact same job as a nurse standing next to them, working under the same regulatory body, have the same accountability and responsibility for the patient, but be paid so much less than the RN.”

Lack of support

Again this year, the majority of RPNs did not receive sufficient support from their workplaces or their leaders. Notably, 81 per cent report feeling unsupported in their role—a figure that has spiked from 68 per cent only a year ago. Today, 7 in 10 RPNs surveyed (70 per cent) feel that they still need more mental health support from their employer to address the mental toll that their job has taken on them, and 32 per cent report that they are in immediate need of mental health support. Sixty-one per cent of RPNs report that the availability of mental health support worsened and 45 per cent say their managerial support worsened when compared to last year.

Moral distress

Moral distress, defined as knowing the ethically appropriate decision to take, but being unable to act upon it in your environment, is a phenomenon that is felt by the majority of respondents. In 2024, 3 in 5 RPNs surveyed (60 per cent) report that they experienced moral distress due to their job in the last year. This figure climbs to 81 per cent for nurses directly impacted by the nursing shortage, highlighting how shortages limit RPNs' ability to provide patient care they are proud of.

Of the respondents who experienced moral distress, the top contributing factors cited are: knowing their patient deserves more care but being unable to provide it (85 per cent), witnessing the impact of the nursing shortage on patients, residents or clients (81 per cent), not having the resources to provide proper quality care (69 per cent), feeling guilty during time off knowing their unit is understaffed (63 per cent), and being unable to balance workloads and overtime with family demands (49 per cent). Moral distress was a contributing factor cited by 62 per cent of the RPNs who intend to leave the profession.

In their own words from survey respondents

“Our patient population is sicker and yet we have more patients to care for than we did before. It’s a challenge to give the type of care I want to give to my patients. **I often go home at the end of the day feeling like I’m a “bad” nurse** because I can’t spend the time I want with each and every patient.”

“It’s difficult and leaves me feeling like I don’t do enough. **I have limited time with each resident which isn’t fair.**”

“It is stressful and demanding. **I feel like I am not doing enough for my residents** with the number of demands and staffing issues.”

“**Many just cannot bear the burden morally and personally.** Nurses are on stress leave or just leaving the profession altogether for their mental health.”

“I chose to leave a position where I felt **unsupported and stressed out mentally and physically.**”

Workplace conditions

High pressure, unsafe work environments

The nursing shortage has created a pressurized workplace environment with less flexibility and unsafe working conditions. Eighty per cent of RPNs surveyed say their daily experiences in the workplace were significantly more stressful in the last year. Among RPNs directly impacted by the nursing shortage, 67 per cent reveal they were pressured to work in unsafe conditions, a slight reduction from 74 per cent the previous year.

Workplace violence

Workplace violence continues to be pervasive among Ontario nursing workplaces. More than half of nurses surveyed (54 per cent) report that they experienced or witnessed an increase in workplace violence against nurses. While this figure has decreased from the year prior (63 per cent in 2023), it continues to represent an unacceptable reality that RPNs experience workplace violence. Understandably, the presence of workplace violence was top of mind for nurses when evaluating their careers—the need for better protection from workplace violence was a contributing factor cited by 51 per cent of RPNs who intend to leave the profession.

In their own words from survey respondents

“Family members of patients have become increasingly more volatile, demanding and aggressive towards nursing staff. I feel that there is a lack of respect towards nursing staff that there never used to be, and **verbal abuse is almost something that nursing staff are expected to deal with on a daily basis now.**”

“Due to staffing shortages, **patients are not receiving the care they deserve** and have to wait longer than usual to be provided with care. Patients and/or families get upset with nurses when they have to wait longer for care.”

“Patients recognize that they deserve faster, more consistent care and **act out their displeasure with the nursing staff.**”

Challenging workplace dynamics

Fifty-nine per cent of nurses surveyed feel that their workplace culture worsened in the last year. Almost all RPNs directly impacted by the nursing shortage (97 per cent) feel that it has negatively impacted their workplace culture. Further, 54 per cent say they have less time to consult and collaborate with colleagues, and 29 per cent report not having any close relationships at work anymore.

No time off

According to the 78 per cent of RPNs who said their workload increased over the past year, 2 in 5 (40 per cent) report that they were not able to take earned time off, and almost 7 in 10 (69 per cent) were asked to take additional shifts or work overtime to alleviate staffing shortages. Among those taking on additional shifts, more than half (53 per cent) report that they were asked to take on one to three additional shifts or overtime per week. Of the RPNs directly impacted by the staffing shortage, 75 per cent report that they could not take time off, 89 per cent could not find another nurse to cover their shift because there were not enough nurses on staff, and 59 per cent felt pressured to work overtime. Additionally, 1 in 4 nurses surveyed (26 per cent) do not feel like they are able to decline shifts from their employer without consequences.

No end in sight

Among RPNs directly impacted by the nursing shortage, almost all feel that the government did not do enough to address the staffing shortage (97 per cent), and fear that there is no end in sight (95 per cent). Among these nurses, 74 per cent feel that their employer did not do enough to address the shortage, and more than half (51 per cent) believe their employer was over reliant on nursing agencies to meet staffing demands. More than 3 in 4 (76 per cent) report that they saw no improvement in staffing in the last year. These figures remain similar to the previous year's, offering RPNs little evidence, or confidence, in a long-term resolution.

In their own words from survey respondents

“I feel an obligation to the clients needing care, which makes it difficult to say no when my employer asks for help.”

“I am asked daily to work overtime.”

“Staff are tired and burnt out. They no longer want to stay late to help out because we are always asked to stay late. Everyone wants to go home at the end of their day, and not be asked to work extra hours.”

“I feel guilty declining extra shifts since this results in overload on my colleagues and lessens the time for patient care.”

“Declining additional shifts means patients don’t get care. No care means worse outcomes, which means more care is needed down the line.”

The State of Nursing: A 2024 Review

We RPN
Registered Practical Nurses
Association of Ontario

Implications

Impact on patient care

Declining, compromised quality of patient care

This year's survey data suggests that the quality of patient care in Ontario continues to suffer. Nearly half of RPNs surveyed (49 per cent) say that the quality of patient care worsened over the past year, while 45 per cent say they saw no improvement in the quality of patient care. Additionally, 91 per cent report that the staffing shortages led to a negative impact on patient care.

Among those who witnessed compromised patient care this year, the most common indications cited were patients enduring overall longer wait times (84 per cent), less consistency in the schedules of patients, residents or clients (70 per cent), longer wait times while awaiting assessment (67 per cent), more difficulty for patients to access necessary care, such as surgeries and diagnostic tests (64 per cent), assessment delays resulting in patient health decline (59 per cent), and patients waiting in hallways (46 per cent).

More than 2 in 3 RPNs (68 per cent) report that their ability to deliver optimal care for their patients, residents or clients was negatively impacted in the last year, and more than half (53 per cent) report that the quality of patient, resident or client care they were able to deliver worsened over the past year.

In their own words from survey respondents

“It's very stressful. Overwhelming. Patients are not getting the quality of care they deserve. **Everything is rushed.**”

“It's exhausting at times. You're **seeing some of the worst parts of people's lives firsthand, but you become desensitized to it** because you're so focused on just getting through the shift. Patient acuity has increased, and staffing has slightly increased but we're still working in unsafe nurse-to-patient ratios so often. **Our workplace environment impacts the care that the people in the province receive, it's a direct relationship.**”

“**I see patients left in unsafe circumstances** because the hospital can't open more beds due to not having enough staff to cover patient needs. Patients in rooms without call bells and suction or oxygen. I had 12 patients one night on an acute inpatient floor, which is three times the unit's safe ratio.”

Lack of experience for complex cases

Among nurses who indicated that the quality of patient care worsened, the majority (87 per cent) report that there was an insufficient number of staff at their workplace to care adequately for their patients, residents or clients. These RPNs specified that they did not have the sufficient time and resources to meet patients' needs (86 per cent), and were asked to care for more patients, residents or clients with complex health conditions (75 per cent).

As the nursing shortage continues to compromise the quality of patient care, the departure of experienced nurses is taking a toll. Nearly 7 in 10 nurses surveyed (69 per cent) witnessed an increase in experienced nurses leaving their workplace, resulting in fewer experienced nurses available to consult on more complex patient cases. Half of nurses surveyed (50 per cent) feel that their workplace did not have a sufficient number of experienced nurses to consult with on more complex patient cases.

In their own words from survey respondents

“We are pulled from our unit to go places we are not trained in to cover shortages. This affects the whole team as our unit runs shorter. **People are afraid to pick up shifts thinking they will be moved** to med-surg or Long-Term Care. We are a team of professionally trained Operating room nurses. While we can work in other areas, our specialty and most recent experience is in the OR. They can't take a floor nurse and put them in our unit.”

“I want to have a positive impact on the client while they are experiencing health issues. Staffing shortages and having a large number of clients to care for during your shift, negatively impacts the type of care a client receives. **Clients' needs are not being met.**”

Impact on nursing retention

Continued loss of nursing expertise

Ontario is at risk of losing even more nurses. WeRPN's research reveals nearly half of RPNs surveyed (48 per cent) intend to or are considering leaving the profession. While it is an improvement from last year's figure of 62 per cent, the impact of a further loss of RPNs at this time would be devastating for patients across the province. In the coming years, the demand for RPNs will only continue to grow and the fact that nearly half of respondents are considering leaving the profession should be highly concerning to policymakers and healthcare leaders. Action must be taken now to ensure we retain these nurses to meet the needs of Ontarians into the future.

Among nurses planning to leave, the top contributing factors cited are: wages (84 per cent), workload (77 per cent), workplace culture (66 per cent), impact of nursing shortage (64 per cent), moral distress (62 per cent), and unfair compensation practices (61 per cent). Among nurses planning to remain in the profession, 28 per cent plan to remain for less than five years, providing a short window to improve conditions to potentially change their minds.

Transitioning roles and decreasing hours

Nurses' roles are in flux—they are changing positions and scaling back hours, with some nurses transitioning away from providing direct patient care and others opting out of healthcare altogether. Twenty-nine per cent of RPNs surveyed report having changed roles in healthcare in the last year. Among these nurses, 40 per cent left direct patient care, 37 per cent moved to a less clinical environment, 31 per cent decreased their working hours, and 26 per cent moved from full-time work to part-time work—81 per cent of whom did so on their own accord.

Among RPNs who left direct patient care roles and/or decreased their working hours, the top contributing factors cited include: workplace stress (48 per cent), work affecting their mental health (43 per cent), and needing a break (38 per cent). Among RPNs who moved from full-time to part-time work, the top contributing factors cited include: better work schedules (54 per cent), better for their mental health (48 per cent), more manageable workload (45 per cent), higher wages (44 per cent), more flexibility (44 per cent), advancing nursing career/career change (42 per cent), lower pressure environment (35 per cent), less likelihood of an understaffed workplace (33 per cent), and better workplace culture (31 per cent). Eighteen per cent of these nurses report that they earned more income even after working fewer hours.

Leaving the province and the country

Nurses in Ontario are not just changing their roles—many intend to change location too, and for some, that means leaving the province, or even the country. Today, 1 in 6 RPNs surveyed (17 per cent) intend to leave Ontario to practice nursing—11 per cent plan to relocate to another province, while 6 per cent intend to move to another country. Among nurses who intend to leave the province, the top contributing factors cited are: the opportunity to earn more income (72 per cent), dissatisfaction with Ontario’s healthcare system (66 per cent), hiring bonuses offered in other locations (57 per cent), and more opportunities such as more full-time roles in other places (42 per cent). With competition for nurses expected to escalate among North American healthcare systems, Ontario must act now to dissuade its nurses from departing.

In their own words from survey respondents

“I have **quit my nursing job** as a result of the nursing shortage.”

“I **left my nursing career of 10 years** because of the state of nursing in our province.”

“Workload and lack of support have increased. The expectation to do more with less is playing a huge factor in poor job satisfaction and **many senior nurses are leaving the profession.**”

“There has been an **increase in general staff going on sick leaves, retirements, and quitting.**”

Nursing Culture Shifts

As staffing shortages continue to become increasingly pervasive in Ontario, the consequences of recent years have, and could extend beyond patient care into nursing culture. This would drastically shape the future of the profession. With more and more nurses departing the province, taking their invaluable nursing expertise elsewhere, the data shows no indication that a meaningful deceleration of the staffing shortage is on the way. While the Ontario government's efforts in increasing recruitment yielded a surge of new nurses in the province, these incoming cohorts bring their own set of considerations and challenges. How the province recruits and trains new nurses—at a time when workloads are soaring and training capacities are plummeting—will determine the success of these nurses, and the success of the healthcare system moving forward.

Internationally Educated Nurses

In recent years, Ontario has taken steps to address the province's nursing crisis by recruiting more Internationally Educated Nurses (IENs). More than half of RPNs surveyed (52 per cent) report an increase in the number of IENs employed at their workplace when compared to last year. Despite this, nurses highlighted gaps in ensuring incoming nurses were sufficiently prepared. Half of nurses surveyed (50 per cent) feel that the IENs employed at their workplace were not provided with adequate orientation and support. Additionally, 43 per cent indicate that they were asked to provide more mentorship and support to their IEN colleagues.

After years of working short-handed, the majority of nurses are reporting increased workloads. It is troubling that these nurses who may not have the capacity to take on the added responsibilities of mentorship and the training needed to bring new nurses up to speed, will need to do so without additional support. This is further reinforced as 50 per cent of respondents who observed a greater presence of IENs working alongside them in the workplace, do not feel that their workplace has enough experienced nurses to consult with on more complex cases.

In their own words from survey respondents

“There is significant pressure to teach/train new staff to accelerate their learning in order for them to work as an experienced nurse. There is **so little time to obtain the experience** the traditional way, through time spent acquiring experience.”

“There is not adequate training for a new job, I was **only offered three days of orientation**. We need more orientation training days to learn all the processes and operations of new facilities and responsibilities.”

“**Not enough educational resources** and preceptorship are given to Internationally Educated Nurses hence they are not able to transition smoothly to a new healthcare system.”

New graduate nurses

While the growth in the number of seats in nursing schools has helped to recruit an influx of new graduate nurses, many recent additions to the nursing workforce were largely surprised and not fully prepared. New graduates reported facing circumstances they did not foresee and sought mentorship their colleagues did not always have the capacity to provide given current constraints. In previous years, new graduates would have been welcomed with a softer entrance and afforded greater latitude for learning. However, the current staffing shortage has not permitted this. Experienced nurses are being asked to provide additional training and mentorship at a time when they are struggling to keep up with growing workloads.

Nearly half (46 per cent) of nurses surveyed report that there were a large number of new graduates employed at their workplace in the last year. Among these nurses, about 2 in 3 (67 per cent) understandably acknowledged that this large number added additional demands on experienced nurses, and 63 per cent of these nurses feel that their workplace did not have a sufficient number of experienced nurses to consult with on more complex patient cases.

According to the new graduate nurses surveyed, their transition into the nursing profession was unsteady. The leading majority of new graduate nurses report that they worked with more patients than expected (62 per cent), felt unprepared for the extent of the challenges associated with the nursing shortage (53 per cent), felt unprepared to work during a nursing shortage (46 per cent), and experienced difficulty adjusting to the workload (46 per cent).

Overall, fewer than 1 in 3 new graduate nurses (32 per cent) felt prepared after graduation to start employment. This is validated by 69 per cent of RPNs surveyed who say that the new graduate nurses at their workplace were surprised by the demands of the role.

Of the nurses who graduated in the last two years, the majority wanted education (76 per cent), additional professional practice support and resources (69 per cent), and additional mentorship (59 per cent). It is notable that while more than half of new graduate nurses were looking for mentorship, nearly 1 in 3 surveyed (29 per cent) did not receive it. Additionally, while 39 per cent of RPNs surveyed indicated that they enjoyed mentoring new graduate nurses, 61 per cent reported that their workplace did not have a sufficient number of experienced nurses to mentor new graduate nurses.

In their own words from survey respondents

“The **demands of the job don’t allow much time to mentor** new grads.”

“It’s tough. I am a fairly new nurse and I am **expected to learn while trying to maintain a ratio of seven patients to one nurse.**”

“There is not enough registered staff to help or teach you to be skill competent because our **workload is too heavy to accommodate time to learn.**”

“**No one really is given adequate training**, in my opinion. You are expected to seek coaching from other nurses who’ve been there longer, but those nurses don’t necessarily have the time.”

“There are **not enough experienced nurses on shift.** This makes it difficult at times because we are all new grads and we are all learning.”

Agency nurses

While nursing agencies help provide a short-term solution to staffing issues, in some cases agency nurses cost about three times as much to meet staffing needs. Additionally, agency nurses do not have access to stable employment and employer-provided benefits, which can carry worrying long-term implications for all nurses should staffing shift even further in this direction. WeRPN’s research reveals more than half (51 per cent) of the nurses directly impacted by the nursing shortage (81 per cent) believe their employer was overly reliant on nursing agencies to meet staffing demands.

Today, agency nursing is increasingly common across Ontario’s healthcare system, with nearly 1 in 5 nurses surveyed (18 per cent) reporting that they were employed by an agency—an increase from 13 per cent last year. Eight per cent of respondents work for an agency full-time, five per cent work for an agency part-time, and five per cent work for an agency part-time while holding a second, non-agency job in healthcare.

The burgeoning reliance on for-profit agency nurses has also created a divide, leading to growing tensions in the workplace. Forty-two per cent of nurses surveyed report that they experienced difficulty working with for-profit agency nurses due to them having less familiarity with the patient population, and 40 per cent felt resentment toward for-profit agency nurses as they receive more pay.

With trends suggesting a growing transition of nurses moving to agencies, the stability and cohesion of nursing teams are at risk of being compromised, and declining further. This could lead to increased burnout, decreased job satisfaction, and challenges in delivering consistent quality care for patients.

Of the nurses who moved to an agency, the top contributing factors cited include: better wages (67 per cent), flexible hours (63 per cent), the opportunity to work in different sectors (44 per cent), and convenience (36 per cent).

In their own words from survey respondents

“Nursing has become more divided as some seek higher wages as agency nurses and some seek more ways to help patients find access to needed care. We need more balance.”

“Agency nurses are not able to do all that is required, leaving behind regular staff to fill in the blanks.”

Nursing Talent Loss

Retention

With nearly half of nurses surveyed (48 per cent) intending to or considering leaving the profession, Ontario must act now and help nurses grow their careers to retain these undecided nurses. Among the cohort of nurses planning to leave the profession, when asked what would sway them to remain, the top contributing factors cited include: better wages (87 per cent), better nurse-to-patient ratios (72 per cent), improved workplace support (68 per cent), improved workload (66 per cent), better benefits (61 per cent), better practices to protect nurses from workplace violence (51 per cent), more scheduling/shift flexibility (50 per cent), and the ability to take time off (49 per cent). The majority of nurses surveyed (90 per cent) cited better wages as a key to improving overall job satisfaction.

Career expansion opportunities

Career trajectory was top of mind, as the majority of nurses surveyed (71 per cent) say their outlook on continuing education to expand their career is important. Despite this, more than 1 in 2 nurses (51 per cent) report that they were not receiving access to streamlined pathways to bridging opportunities. Thirty-one per cent of RPNs planning to remain in the profession intend to bridge to RN.

In their own words from survey respondents

“As one of the few professions that could not work from home, nurses have been **disrespected by the government and employers.**”

“We **deserve to be heard by our politicians and people in power.** We are saving lives and providing initiated and specialized care that not just anyone could do.”

Wage dissatisfaction

Wage compression was a key contributing factor in RPNs' desire to leave Ontario, cited by the majority of respondents, 89 per cent of which say they would want to remain in the province if their pay wasn't restricted. While the role of an RPN closely resembles their RN colleagues, RPN pay continues to remain closer to levels seen for Personal Support Workers. About 5 in 6 nurses surveyed (83 per cent) feel that they are unfairly compensated for their role as an RPN, and 72 per cent report that they have not seen significant movement in their wages in the last year.

Today, 3 in 4 nurses (75 per cent) have experienced financial stress, and among these nurses, 53 per cent say they picked up extra shifts in their current role, 48 per cent worked overtime, and 29 per cent worked multiple jobs in healthcare to improve their financial situation. What's more, among nurses who are planning to leave the profession, better wages remains the top contributing factor that would get them to stay, a trend that has not changed year-over-year.

Fading pride

More than half of RPNs surveyed (60 per cent) report that their pride in the nursing profession worsened in the last year. A year ago, this figure was 72 per cent.

More than 9 in 10 RPNs (92 per cent) say that making a difference in the lives of their patients, residents or clients brought joy to them at their workplace. Among nurses planning to remain in the profession, the top contributing factors cited include: making a difference in someone's life (76 per cent), taking care of patients, residents or clients brings joy to their life (75 per cent), and the nature of the work (48 per cent). While nursing morale is currently low, ensuring that nurses are able to continue to practice their profession to the fullest extent and provide optimal care to patients is important. Meaningful improvements made by policymakers and healthcare leadership is crucial to helping nurses reconnect with their shared purpose of caring for others, and repairing pride in the profession.

In their own words from survey respondents

"Joy has left me and I feel underpaid and overworked."

"We haven't had a decent raise in many, many years. **They want us to do the job of a RN, but won't pay us a decent wage.** We work so hard."

Conclusion: WeRPN's 5-step action plan

WeRPN's 5-step action plan

What would make nurses stay?

The solutions to today's dire challenges in Ontario's nursing profession are not complicated. In response to these findings, WeRPN is calling upon the government and healthcare leadership to take the following five tangible actions immediately.

- 1 Introduce legislated nurse-to-patient ratios**
Urgently establish standardized, legislated nurse-to-patient ratios to reverse deteriorating patient care and ensure workplace safety for nurses.
- 2 Establish competitive and harmonized nursing wages to incentive retention**
Establish a fair and professional level of compensation for RPNs that reflects their knowledge and skills and is more closely aligned with their RN counterparts to incentive RPN retention.
- 3 Ensure all efforts are made within organizations to meet regularly scheduled staffing numbers in order to make sure the impacts of short staffing do not become normalized**
Recognize and address that the current benchmarks for RPN workloads and conditions in the workplace are harmful, and far exceed what would have been considered appropriate a few years ago.
- 4 Enhance access to streamlined educational opportunities**
Streamline education for experienced nurses looking to expand their careers by supporting continuing education and enhancing spaces in schools.
- 5 Reduce reliance on nursing agencies**
Reduce reliance on for-profit nursing agencies with the development of more strategically planned full-time nursing positions.

The acute strain experienced by the healthcare system over the past several years, exacerbated by the cumulative effects of the ongoing nursing shortage, has brought the state of this profession to an inflection point.

For a number of years, the majority of RPNs surveyed have witnessed firsthand how this nursing shortage has negatively impacted the quality of patient care, which has continued to remain true since WeRPN’s survey in 2022. At the same time, 97 per cent of respondents believe that the government is not doing enough to address the nursing shortage, and 74 per cent believe that their employers are not either.

To restore the well-being of our nurses and build a strong healthcare system, we need further sustained and meaningful action from government and healthcare leadership. WeRPN is calling on government decision makers and healthcare leaders to demonstrate to Ontario nurses that they acknowledge this critical inflection point, that they understand RPNs’ invaluable contributions to the health of Ontarians, and that they will take further steps to return to Ontario’s RPNs their ability to provide optimal care for patients.

In their own words from survey respondents

“I am inspired as an RPN by the opportunity to make a **positive impact on my residents’ lives**, their resilience in facing challenges, and the collaborative nature of healthcare delivery. These factors motivate me to provide compassionate, high-quality care every day.”

“**Forever proud to be a nurse** and taking care of my residents/clients.”

“**I love what I do and I wouldn’t change it for anything.** I am a strong nurse, leader and I make a difference everyday because of my positive outlook. I know that kindness and respect helps people and changes my residents’ lives.”

“Being a nurse is still **the most noble work and satisfying feeling.** To see a patient feeling much better because of the care I did and to see them happy.



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