
2021

2022

2023

2024

2025

The State of Nursing in Ontario

A Review

Research Summary Report

Survey Commissioned by WeRPN | April 2025

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 2025, 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 1,000 RPNs participated from across the province. This annual survey follows previous research conducted in 2024, 2023, 2022, and 2020.

Methodology

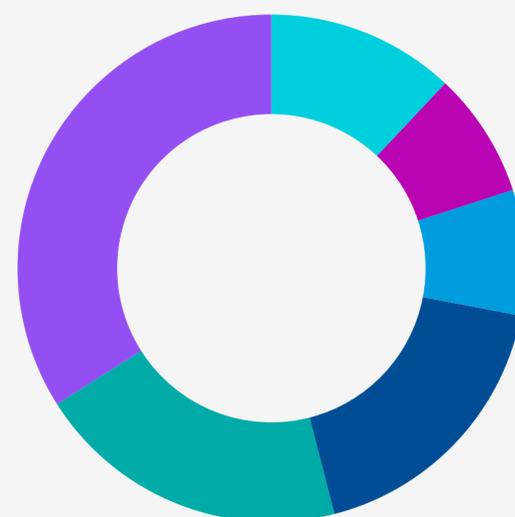
From March 25 to April 10, 2025, an online survey was conducted among 1,025 Registered Practical Nurses across Ontario, by WeRPN. For comparison purposes only, the sample plan would carry a margin of error of +/- 3 percentage points, 19 times out of 20. Discrepancies in or between totals are due to rounding.



Registered Practical Nurses
Association of Ontario

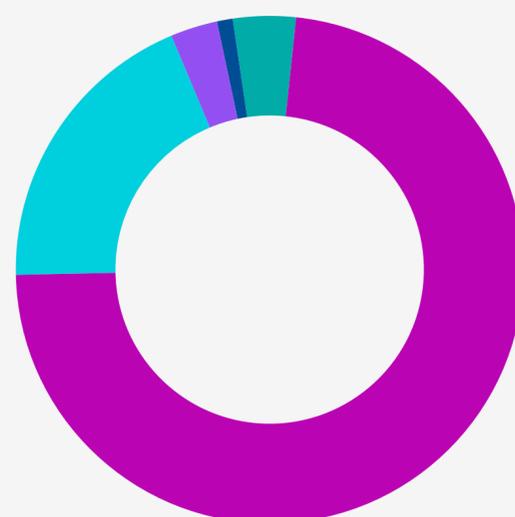
Length of time in the profession

Less than one year	12%
1 – 2 years	8%
3 – 4 years	8%
5 – 9 years	18%
10 – 14 years	20%
15 – more years	34%



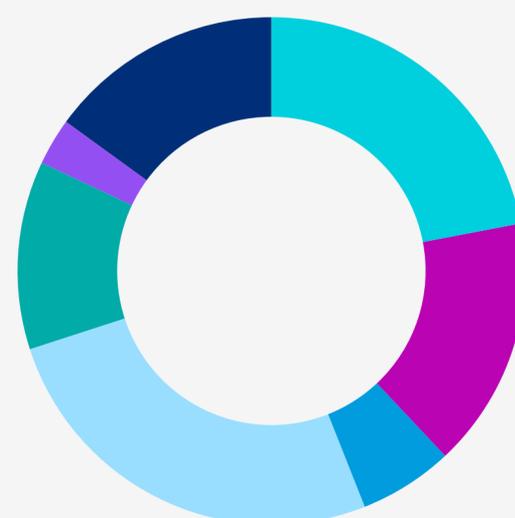
Number of jobs held by respondents

1	73%
2	19%
3	3%
4	1%
Other	4%



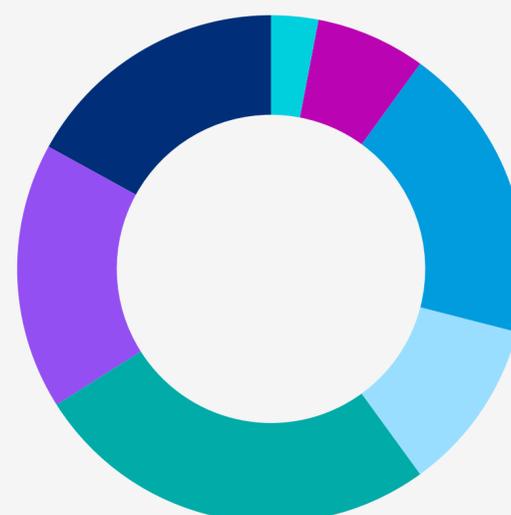
Working in the following sectors*

Hospital	26%
Long-Term Care	22%
Home & Community Care	16%
Retirement Home	6%
Primary Care	12%
School	3%
Other	15%



Where they are working

North Western Ontario	3%
North Eastern Ontario	7%
Eastern Ontario	19%
Central Eastern Ontario, excluding GTA	11%
Greater Toronto Area	26%
South Western Ontario	17%
Central Western Ontario, excluding GTA	17%



*Respondents were asked to select all industries that applied.

Executive Summary

From the brink of collapse – back to crisis, with long-awaited signs of healing and hope on the horizon

Each of the past five years, through its annual research study, the Registered Practical Nurses Association of Ontario (WeRPN) has brought the voices of its nurses to the public, government policymakers, and healthcare leaders. Through this poll, the province receives a comprehensive snapshot with benchmarks on the state of nursing, along with its impact on patient care across the province.

In this fifth anniversary edition, findings reveal that while previous surveys showed practical nursing teetered on the brink of collapse, some promising signs of recovery are beginning to take shape. Although Ontario's healthcare system remains in crisis, early signs of healing can be attributed to collective advocacy efforts, collaboration, and a commitment to long-term planning. For example, wage adjustments in select sectors, along with the recruitment of Internationally Educated Nurses (IENs) and new nursing graduates are beginning to alleviate dire staffing shortages in some nursing sectors.

A cross-comparison of data over half-a-decade reveals noteworthy progress across several critical indicators. In 2020–2021, 99 per cent of nurses reported being directly affected by nursing shortages and unmanageable workloads. In 2025, that number has declined to 69 per cent. At the peak of strain in 2022, 79 per cent of nurses said they had reached a breaking point due to their work; today, that figure stands at 60 per cent. Likewise, the percentage of nurses experiencing moral distress has dropped from 78 per cent in 2022 to 59 per cent this year.

Now this trajectory must be safeguarded and accelerated as these current figures are still far too high to accept. Significant work lies ahead to meet the standard of care Ontarians expect and deserve. Areas of immediate concern include: Elevated stress levels that are drastically shortening nursing career spans from decades to just a few years; a growing, invisible brain-drain of experienced practical nurses from the front lines; and the continued normalization of unsustainable workloads that are adversely impacting both nurse well-being and patient care. An overreliance on for-profit nursing agencies is also a growing concern.

Based on these findings, WeRPN is calling on the government to act urgently in five key areas, as follows.

A call to deepen and fast-track change:

1. **Legislate safe staffing and workload standards:** Set standardized, safe workloads to protect nurses, ensure patient safety and reverse the decline in patient care standards. Where possible, establish legislated nurse-to-patient ratios.
2. **Ensure wage parity:** Harmonize and competitively align wages across all nursing sectors to improve retention.
3. **Establish accountability for care:** Monitor staffing levels and hold organizations accountable for patient outcomes when safe staffing standards are not met.
4. **Streamline educational opportunities:** Support career growth by providing financial assistance and accessible learning opportunities to retain experienced nurses.
5. **Regulate nursing agencies:** Establish standards for profit margins, and reduce dependence on for-profit nursing agencies by investing in more well-planned, full-time nursing positions.

**Let's continue working together
with unwavering resolve.**

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Five-Year Overview: Optimistic Patterns and Trends

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Five-Year Overview: Optimistic Patterns and Trends

Longitudinal data from 2020 to 2025 offers essential insights and benchmarks that can drive meaningful improvements in Ontario's healthcare system through the vital role of practical nurses. From its breaking point to building back, this profession in Ontario is witnessing some encouraging movement towards healing and hope.

Here are some important, positive signs of progress that have surfaced over 5 years:

Nurses directly impacted by staffing shortages and unmanageable workloads:
This figure was at 99 per cent in 2021 versus coming in at 69 per cent today.

Nurses who reported increased workloads compared to previous years:
WeRPN's cumulative data shows a nine per cent reduction over five years, from 90 per cent in 2021 to 81 per cent in 2025.

Nurses adversely impacted by increased workloads on-the-job:
In 2021, virtually all nurses (99 per cent) said they were negatively impacted. Today, that figure is down to 69 per cent.

Nurses whose mental health was adversely impacted due to work:
At its worst in 2022, this figure stood at 86 per cent, but over the years, slow system improvements have led to that figure coming in at 68 per cent today.

Nurses who said they experienced a breaking point at work or at home, related to their job:
It is encouraging to see this figure go down from 79 per cent in 2022 to 60 per cent in 2025.

Nurses sharing that they are in immediate need of mental health supports:
At its peak from 2022 to 2025, this indicator has gone down from 40 per cent to 28 per cent.

Nurses who revealed their profession has taken a toll on their personal wellbeing:
This figure has seen a small improvement too from 97 per cent in 2022 to 89 per cent today.

Nurses who have experienced moral distress from their work:
Again in 2022, this figure was 78 per cent. It has noticeably lowered to 59 per cent this year.

Nurses whose daily work experience became more stressful compared to the previous year:
This indicator also showed signs of improvement, moving from 96 per cent in 2021 to 76 per cent in 2025.

Systemic change is complex and often requires extended periods of time, especially when it depends on collaboration across diverse stakeholders. These encouraging 2025 figures signal progress, however, further improvement is urgently needed – both to meet baseline standards and ultimately to strive toward the profession’s highest aspirations. Nevertheless, this data offers a heartening truth: **Meaningful change isn’t just possible, it’s within immediate reach.**

Listening to RPNs: A Critical Moment for Leadership Engagement

Over the past few years, nurses have been voicing a growing need for stronger leadership support. In 2021, half of RPNs reported they needed more support from their workplace leaders. By 2023, that number rose to 86 per cent. While the 2025 data shows a slight improvement at 78 per cent, the message remains clear: A significant majority of RPNs continue to feel under-supported. This is a pivotal opportunity for healthcare leaders to listen, reflect, and take meaningful steps toward reinforcing the support systems RPNs need to thrive.

Per cent of respondents who said
they have been directly impacted by nursing
shortages and unmanageable workloads

99%

2021

88%

2022

86%

2023

78%

2024

69%

2025

Per cent of respondents who said
their workload has increased
compared to the previous year

90%

2021

92%

2022

92%

2023

84%

2024

81%

2025

Per cent of respondents who said they've been adversely impacted by the increased workload on the job

99%

2021

90%

2022

86%

2023

78%

2024

69%

2025

Per cent of respondents who said
their work adversely impacted
their mental health

83%

2021

86%

2022

82%

2023

72%

2024

68%

2025

Per cent of respondents who
reported experiencing a breaking point
at work or at home, related to their work

71% 2021

79% 2022

78% 2023

67% 2024

60% 2025

Per cent of respondents who said they need immediate mental health support

33% 2021

40% 2022

37% 2023

32% 2024

28% 2025

Per cent of respondents who said
their work has taken a toll
on their personal wellbeing

96%

2021

97%

2022

94%

2023

92%

2024

89%

2025

Per cent of respondents who reported receiving insufficient support from their workplace leaders

50%

2021

63%

2022

86%

2023

81%

2024

78%

2025

Per cent of respondents who
reported experiencing moral distress
from their work

68%

2021

78%

2022

68%

2023

60%

2024

59%

2025

Per cent of respondents who reported their daily work experience is more stressful today compared to the previous year

96%

2021

94%

2022

91%

2023

80%

2024

76%

2025

Summary of
Top Research
Findings

2021

2022

2023

2024

2025

Summary of Top Research Findings

Looking beyond the emerging improvements over the past five years, the biggest challenge facing Ontario's healthcare system today, as it relates to RPNs, is the significant loss of experienced nurses from frontline care roles and within the profession itself.

Consider just a few of the workplace realities reported by practical nurses in Ontario today:

Ever-growing workloads

Eighty-one per cent of nurses say their workload has increased from 2024. Such growing workloads have been consistently unsustainable over the past five years, reaching unmanageable levels.

Compromised patient care in Ontario hospitals

Ninety-one per cent of RPNs working in hospitals report witnessing patient care negatively impacted due to staffing issues.

Reaching a breaking point

Six in 10 (60 per cent) nurses report having experienced a breaking point at work or at home, due to their work (this figure was slightly higher at 67 per cent last year).

Facing workplace violence

Shockingly, 56 per cent of nurses say they have personally experienced violence in their workplace (90 per cent from patients, and 42 per cent from patients' families). Moreover, 55 per cent say they've witnessed an increase in workplace violence compared to last year.

Experiencing moral distress

Further, nearly six in 10 (59 per cent) nurses say they have experienced *moral distress* on the job over the past year (this is unchanged from 2024). This term is defined as: knowing the ethically appropriate action to take but being unable to act upon it in the work environment.

Not enough support on complex cases

Sixty-five per cent of RPNs say they've witnessed an increase in experienced nurses leaving their workplace. Additionally, 43 per cent feel their workplace does not have enough experienced nurses to consult with on more complex patient care cases (this figure was 50 per cent in 2024).

The invisible brain-drain from the frontlines of nursing

Close to half of all RPNs polled (48 per cent) say they are thinking about or already intend to leave their profession. This dial remains unchanged from 2024. In fact, among nurses who work in Long-Term Care (LTC), this statistic is even higher at 56 per cent. One-third (34 per cent) of these LTC nurses plan to make their exit within the next 5 years.

What is prompting nurses to make such a move? The top contributing factors include: workload (69 per cent), wages (66 per cent), burnout or mental health concerns (60 per cent), unfair compensation practices (52 per cent), workplace violence (50 per cent), and experiencing moral distress (42 per cent).

More than a third of RPNs (35 per cent) who are looking to make a move are opting for perceived greener pastures on the agency side of nursing. Further, 56 per cent of respondents working in Long-Term Care (at 29 per cent) and Home and Community Care (at 27 per cent), say they chose to leave another healthcare job, and they've joined an agency within the past two years.

Top motivators for leaving their previous roles to become an agency nurse are:

For Long-Term Care nurses: better pay (90 per cent); flexible hours (80 per cent); and more control over their schedules (60 per cent). It's also worth noting that 43 per cent of respondents working in Long-Term Care report facing challenges finding full-time employment.

For Home and Community Care nurses: better pay (67 per cent); flexible hours (42 per cent); more control over their schedules (33 per cent); and convenience (42 per cent).

Respondents report that nursing agencies, designed to serve as a stopgap for Ontario's public healthcare system, are being called upon much more frequently today. This burgeoning reliance on for-profit agency nurses is creating a divide within the healthcare system, partly due to lack of wage parity (according to 34 per cent of respondents, since agency nurses receive more pay than RPNs in various sectors). In addition, 33 per cent of nurses report experiencing difficulty working with for-profit agency nurses due to for-profit nurses having less familiarity with the patient population. These findings highlight the pressing need for the province to establish standards and regulate nursing agencies.

To guarantee the best quality of care for Ontario residents now and into the future, government policymakers and healthcare leaders are being called upon by WeRPN to work towards greater change now.

**Critical
Conditions
Impacting
Patient Care**

2021

2022

2023

2024

2025

Unsustainable workloads prompting exodus of experienced nursing talent

How much work for a nurse is too much work, and at what point should a given workload be deemed unmanageable or unsustainable? While there have been some marginal improvements reported in this year's survey, the data shows that still not enough work is being done to protect RPNs and patients within Ontario's healthcare system.

For example:

Ever-growing responsibilities

In the context of workloads, 69 per cent of nurses today, report that current nursing shortages are directly impacting them, versus 78 per cent in 2024. Over the past five years, a strong majority of nurses have reported year over year that their workload continues to grow, highlighting how the strain on nurses is annual.

Working beyond scheduled shift

In 2025, slightly fewer nurses were asked to take on more than their scheduled shifts compared to last year: 50 per cent in 2025 versus 59 per cent in 2024. It must be noted that this is still half of the practical nursing workforce, being asked to work beyond what would routinely be expected of them.

Taking on care for more patients

56 per cent of respondents were asked to care for more patients in 2025, compared to 62 per cent in 2024. In the absence of standardized and regulated benchmarks for nurse-to-patient ratios, it's difficult to measure thresholds for best practices, designed to protect the quality of patient care.

Exiting jobs/profession due to the workload

Among the respondents who indicated they're planning to leave their roles, seven in 10 nurses (69 per cent) cited their workload as a top contributing factor.

Did you know?

How many patients (and/or clients or residents) do RPNs care for in Ontario, on an average day?

Long-Term Care 21 to 50 residents

(according to 71 per cent of respondents)

Hospital

6 to 10

(according to 35 per cent of respondents)

5 patients

(according to 26 per cent of respondents)

Home and Community Care: 11 to 20 patients per day

(according to 22 per cent)

Primary Care

21 to 50 patients

(according to 41 per cent of respondents)

WeRPN is calling for government policymakers and healthcare leaders to establish benchmarks to follow for best practices. By legislating safe staffing levels, including nurse-to-patient ratios where possible, the profession will have standardized workloads that can enable RPNs to provide the highest quality of patient care.

WeRPN acknowledges that setting universal nurse-to-patient ratios is challenging. However, as an example, in hospital settings, a maximum of five patients per nurse per day is recommended to ensure safe, quality care. It would be to everyone's benefit within Ontario's healthcare system if a similar approach to nurse-to-patient ratios were established for other nursing sectors, as recommended best practices to follow. Legislation of such ratios could then be the next step.

Overreliance on agency nurses

While nursing agencies can provide short-term relief for staffing shortages, in many cases, agency nurses cost up to three times more than their in-house counterparts. Additionally, agency nurses do not always have access to stable employment or employer-provided benefits. If such an overreliance on agency nurses is left unchecked, the profession could face adverse long-term implications for the sustainability and stability of Ontario's practical nursing profession.

WeRPN's research reveals:

Too dependent on agencies

Nearly half (45 per cent) of all practical nurses say they have been directly impacted by the nursing shortage. Among this group, 69 per cent believe the organization they work for is overly reliant on nursing agencies to meet staffing demands (one encouraging sign is that this figure has dropped in percentage from 81 per cent in 2024).

The province is unduly dependent

When asked to consider usage of agency nurses on a provincial level, a full seven in 10 respondents felt that Ontario is indeed over-reliant on agency nurses overall (Note: 86 per cent of respondents do not work at an agency).

Breakdown of agency nurses by sector

Of the respondents who do work as an agency nurse, the majority are employed in the Long-Term Care sector (41 per cent), followed by Home Care (28 per cent), Retirement Home (19 per cent), and Hospital (12 per cent).

In their own words from survey respondents

“The Residents are why I stay—I love the opportunity to care for the elderly and children.”

“Experienced nurses are leaving due to burnout, lack of support, increased physical assaults, unsustainable nurse-to-patient ratios and patient care not being adequate.”

“If I could change one thing about the day-to-day nursing experience, I'd allow more time for patient care by mandating safe and appropriate staffing ratios.”

The dawning of a new divide

The rising use of for-profit agency nurses has also created a divide within the nursing profession. Among nurses who say the introduction of agency nurses has had a negative impact on their workplace culture, 43 per cent say there is less consistency in schedules. One third of respondents (34 per cent) also say it is because it's difficult to work with new people all the time.

Thirty-three per cent of nurses overall report that they experienced difficulty working with for-profit agency nurses due to for-profit agency nurses having less familiarity with the patient population. In addition, 34 per cent felt a sense of resentment toward for-profit agency nurses, given that they receive more pay for the same work done as full- and part-time RPNs.

The realities of relying on nursing agencies as band-aid solutions

It is important to consider the situational sector-by-sector context of using agency nurses as a staffing solution for shortages. Within hospital settings, for example, where patient turnover is generally high, the use of temporary agency nurses may not be felt as strongly as it would in Long-Term Care settings. In such environments, more importance must be placed on consistency and familiarity with patients, in order for day-to-day workloads to run smoothly. Similar to other sectors, Long-Term Care environments can also benefit greatly from nurses who have many years of experience, where the depth of knowledge they've amassed over time offers a distinct advantage in patient care.

Specifically, within the Long-Term Care sector, when practical nurses were asked about the impact that agency nurses had in their workplace, the following realities emerged:

Lack of familiarity

52 per cent of respondents said there are more challenges because agency nurses have less familiarity with residents.

Wage disparity builds resentment

44 per cent revealed that there is resentment towards agency nurses in the workplace, given that they receive more pay than in-house RPNs.

Continuity of care is impacted

32 per cent noticed that there are negative impacts on the continuity of care, due to the transactional nature of working with nursing agencies.

In their own words from survey respondents

"There is an insane turnover in staff.
Over 75% new staff in last year."

"New hires in nursing, international or otherwise tend not to stay over one year before they move onto better paying positions elsewhere. Older experienced nurses are leaving for the same reason."

Invisible outflow of in-house nurses to nursing agencies

Among nurses who moved to an agency, the top contributing factors cited for their change included: better wages (74 per cent, a figure that increased from 67 per cent in 2024); flexible hours (57 per cent); more control over their schedules (57 per cent); and avoiding workplace burnout in permanent roles (43 per cent).

Nevertheless, agency nurses are stressing the need for greater regulation for their profession:

Need for better regulations

Forty-four per cent of agency nurses believe agencies need better regulations.

Need for better orientations

Sixty-two per cent of agency nurses also believe regulations are needed to ensure appropriate orientations are provided for their unit.

Need to regulate agency profit margins

Half of agency nurses (50 per cent) feel more regulations are needed to manage how much for-profit agencies can earn, and 35 per cent say there should be a cap on what agency nurses can earn in wages, relative to what permanent staff make.

Losing talent to nursing agency sector

Challenges in the current nursing environment have led 35 per cent of nurses to consider working as an agency nurse (this figure was higher at 42 per cent in 2024). The impact of such departures of skilled and experienced nurses from permanent positions in frontline care cannot be taken lightly.

Overreliance on private, for-profit nursing agencies within Ontario's public healthcare system comes with serious risks, of which the most critical consequence is a compromised, negative impact on frontline patient care that also comes at a much higher cost to taxpayers. This growing dependence also puts nurses at greater risk of job insecurity, and it opens the door to influence from for-profit agendas that may not align with public healthcare priorities.

For these reasons, WeRPN is highlighting Ontario's increasing reliance on expensive, short-term for-profit nursing agencies, when more sustainable, long-term solutions are what's really needed instead.

In their own words from survey respondents

"There are still incredibly high rates of burnout and stress leading to increased sick calls nearly every day."

"I have worked in settings with agency nursing in the past. It is NOT ideal. There are definitely hard feelings as they are being paid almost double and are not familiar with the patients or setting. It is dangerous and adds more stress to the permanent nurses working."

"In general, the more staff the better for the amount of care that can be provided, but agency staff are often not as familiar with specific residents' needs."

"Agency nurses making more and working less is frustrating but having to keep a regular job because I need the benefits."

Mental health and nurse wellbeing

In some encouraging news, overall, the mental health and wellbeing of practical nurses has marginally improved on a year-over-year basis, though the majority of nurses are still carrying struggles that must be addressed. It is important to recognize again that when advocacy bodies, government policymakers, healthcare leaders and associations collectively come together to make changes, positive advancements are possible.

In 2024, 67 per cent of nurses reported reaching a breaking point at work or at home due to their job. This year, that figure is down to 60 per cent. This statistic shows that much more work needs to be done; however, a trajectory in the right direction is encouraging. Sick time has also somewhat improved. In 2024, 69 per cent of nurses said they noticed an increase in sick time among nurses in their workplace. In 2025, this figure has come in at 59 per cent.

Almost seven in 10 nurses (68 per cent) today say their mental health is being adversely affected because of the work they do. This finding leads directly into the fact that three in 10 nurses (29 per cent) have transitioned away from a direct-patient care role due to the impact on their wellbeing (more proof of the invisible brain-drain from the frontlines impacting Ontario's nursing today). Of this group, 59 per cent say feeling burnt out was a top contributing factor that prompted their move, and 52 per cent cite workplace stress as the catalyst (notably in 2023, this figure was 45 per cent).

In their own words from survey respondents

“I feel like the nurses I work with disassociate because that is the only way to survive these days.”

“Nurses are tired and angry most of the time. PTSD is a term used often. This is affecting family relationships and friendships”

“The nurses who stay support each other. We are tired. It's only the long-timers still there, new ones come and go.”

Mental health support for nurses

In 2024, seven in 10 nurses (69 per cent) had said that the availability of mental health support had worsened from the previous year. In 2025, this trajectory has changed dramatically for the better. Today, 29 per cent report lacking mental health support from work, in comparison to more than double that figure just a year ago.

Within this context however, this year, 78 per cent of nurses say, exacerbated by a nursing shortage, they feel unsupported in their workplace (almost unchanged from 2024 at 81 per cent). In fact, 42 per cent say their managerial support has worsened when compared to last year (in 2024, this figure was similar at 45 per cent).

Sixty-four per cent also say that they still need more mental health support from their employer to address the mental toll their job is having on them (this figure was 70 per cent in 2024). Almost three in 10 nurses (28 per cent) revealed that they are in immediate need of mental health support (this figure came in at 32 per cent last year).

In their own words from survey respondents

“We can't support each other anymore because we're all drowning.”

“My team gets along very well. We all 'struggle' together which makes me feel less alone.”

“I am greatly concerned about the future of nursing in Ontario ... There is very little support to facilitate nursing providing optimal care anymore. We need better government funding and hospitals need to allocate that funding to support better patient care.”

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 still being felt by the majority of practical nurses across Ontario. This fact needs the attention of government policymakers and healthcare leaders.

Some statistics that punctuate the sense of urgency needed for systemic change now, are as follows:

Nurses caught between care standards and system limits

More than eight in 10 nurses (81 per cent) say they've found themselves in situations where they knew their patient required more care, but they were unable to provide that care.

Feeling the impact of nursing shortages

Seventy-two per cent of respondents say in the past year, they've witnessed the impact of the nursing shortage on patients, and 63 per cent say they don't have the resources to provide proper quality care to Ontarians.

Feeling guilty when not at work

More than half of the respondents (54 per cent) admit they feel guilty during their time off work, knowing that their unit is understaffed; 45 per cent say they are unable to balance workloads and overtime with family demands too.

Positive steps toward improvement

In 2024, moral distress was a contributing factor cited by 62 per cent of nurses who intended to leave the nursing profession. Thankfully, that figure has dropped by 20 percentage points to 42 per cent in 2025.

Ontario must work to safeguard the levels of patient care that we pridefully expect from our healthcare system.

In their own words from survey respondents

“Unfortunately, most of my peers are also burnt out and having a difficult time adjusting.”

“I don't think my non-nursing colleagues have any idea of the increased load and the impact it has on me.”

“There is always a consequence one way or the other, management knows how to manipulate the situation and cater to their advantage, pushing the staff to work more with less compensation. Nurses deal with human beings.”

Workplace conditions

In 2024, 80 per cent of RPNs surveyed said their daily experiences in the workplace were significantly more stressful than the last year. This figure in 2025 is lower at 76 per cent. Among RPNs directly impacted by a nursing shortage, 62 per cent this year, say they were pressured to work in unsafe working conditions. This is a slight reduction from 67 per cent in 2024.

Several factors contribute to such working conditions as outlined below.

Workplace violence

Workplace violence within Ontario's practical nursing profession continues to be a critical "raise the alarm" issue. In 2025, more than half of all nurses (55 per cent) report personally experiencing increased violence or witnessing more violence against fellow nurses. In 2024, 54 per cent of nurses felt the same.

Among RPNs intending to leave the nursing profession, 44 per cent cited workplace violence and the need for stronger protections as their primary reason (down from 51 per cent in 2024). Within this group, 56 per cent reported personally experiencing violence at work.

The sources of this violence were identified as:

90 per cent from patients

42 per cent from patients' families

21 per cent from their coworkers

17 per cent their managers or supervisors

Within hospital settings, three-quarters (75 per cent) of all RPNs say they have experienced violence at work, with 50 per cent of it coming from patients' families!

Understandably, the presence of workplace violence has been top of mind for nurses when evaluating their careers. The need for better protection from such abuse was a top contributing factor cited by 44 per cent of RPNs who say they intend to leave the profession (this figure was at 51 per cent in 2024).

These statistics point to an urgent need to find immediate solutions to protect nurses. This kind of violence would not be tolerated in any other work setting, and it mustn't be accepted in Ontario's frontline care.

In their own words from survey respondents

"Expectation that workplace violence (especially from family members of patients/clients/residents) is acceptable."

"Morale is lower and complaining is so common, I stick to myself."

"Respect for RPNs as nurses. To date, widespread prejudice still exists on RPNs. Members of the public and professional staff are not treating RPNs as nurses. "

Challenging workplace dynamics

Just over half of RPNs (51 per cent) say their workplace culture has worsened in the last year. While this may not feel like encouraging news, it is an improvement from 2024, when this figure was reported at 59 per cent. Some contributing factors are as follows:

While the findings indicate marginal improvements on a year-over-year basis, still **a majority of RPNs polled (81 per cent)** report having increased workloads compared to the previous year – with 64 per cent saying they are being asked to take on additional shifts or work overtime to cover staffing shortages.

Moreover, **72 per cent of nurses** who say they've been directly impacted by staffing shortages say, they don't feel like they can take time off from work at all. In fact, 58 per cent say they feel pressured to work overtime.

Eighty-five per cent also say they cannot find another nurse to cover their shift because there are not enough nurses on staff.

Additionally, **one in four nurses** surveyed (26 per cent) do not feel like they are able to decline shifts from their employer without consequences.

Among this reality, **48 per cent of nurses** report that they have less time to consult and collaborate with colleagues at work. Of note, this figure 54 per cent in 2024. These dynamics must be analyzed carefully as they undoubtedly impact patient care across various healthcare sectors in Ontario.

Seeking more support from leadership

Nearly three in four nurses (73 per cent) say they saw no improvement in staffing levels at work in the past year. The vast majority of RPNs (95 per cent in 2025 and 97 per cent in 2024) believe that the government must do more to address the challenges that come with the ongoing staffing shortages in nursing. Unfortunately, 93 per cent of respondents today (with 95 per cent in 2024) believe there's no end in sight to the challenges facing this profession.

To tackle the urgent yet invisible brain-drain in nursing today, Ontario must help RPNs see more evidence of commitments to long-term solutions. Without such confirmations, their confidence in the healthcare system is eroding at a concerning rate.

In their own words from survey respondents

“I returned to the profession after being out for 8 years. Things have gotten way worse than it was. Residents are more complex.”

“I used to love working with my patients and colleagues. Over time, it starts to become a chore and you just want to finish the shift and go home.”

“I feel that because we pulled together through COVID, we are able to be more positive because made it as a team”

Implications

2021

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Implications

Impact on patient care: Declining, compromised quality of patient care

Almost half of all respondents (48 per cent) say the quality of patient care has worsened over the past year (this is effectively unchanged from last year at 49 per cent).

Among those who witnessed compromised patient care this year

Staffing shortages

Eighty-eight per cent of nurses report that staffing shortages are leading to a negative impact on patient care (this figure was marginally higher at 91 per cent in 2024). Sixty-nine per cent of RPNs working in hospitals say they do not have the time and resources available, to provide adequate care to their patients

Longer wait times

Seventy-four per cent report are seeing longer wait times generally (compared to 84 per cent who said the same in 2024); 58 per cent of nurses say they are also seeing longer wait times for patients who are waiting for assessments (in 2024 this figure was 64 per cent).

Compromised care

Fifty-eight per cent of nurses say patients are having more difficulty accessing the necessary care they require, such as surgeries and diagnostic tests.

Moreover, exactly half of all nurses surveyed (50 per cent) unequivocally say assessment delays are resulting in patient health decline. Almost four in 10 nurses (38 per cent) noted that patients are having to wait in hallways due to staffing shortages. And more than three in five RPNs (61 per cent) report that their ability to deliver optimal care for their patients has been negatively impacted in the last year (this figure was at 68 per cent in 2024). Nearly half (49 per cent) report that the quality of patient care they were able to deliver has worsened over the past year (53 per cent in 2024).

Among RPNs who work in hospitals: 91 per cent said they've seen patient care negatively impacted due to staffing issues. In hospitals, nurses are focused on caregiving that prevents patients from getting any sicker. It is important to note that a negative impact on patient care in settings such as Long-Term Care in contrast, is harder to measure, given that many are working with elderly residents with already declining health conditions that must be managed over the long term.

For these reasons, it is important for government policymakers and healthcare leaders to study the contextual differences between various healthcare sectors in order to identify unique ways of measuring optima outcomes.

In their own words from survey respondents

“After declining shifts, I am made to feel like I am neglecting the patients. Made to feel like I am not working to the full ability of a nurse. Made to feel like I am incompetent and lazy.”

“I went back to work 9 years ago after a brief period of retirement. This was to help fill a gap in staffing. I do love my job but I hope that staffing issues can resolve shortly.”

“I am retired from a hospital but definitely feel bad if I turn down shifts as they will be short staffed”

Lack of experience for complex cases

This year, among nurses who indicated the quality of patient care has worsened (48 per cent), a majority (91 per cent) say there is an insufficient number of staff at work to care adequately for their patients - a figure that is up from 87 per cent in 2024. Specifically, more than two in 5 nurses surveyed (43 per cent) feel that their workplace does not have enough experienced nurses to consult with on more complex patient cases (this figure was up at 50 per cent last year). The majority of these nurses (85 per cent) specified that they did not have sufficient time and resources to meet patients' needs, and 73 per cent say they've been asked to care for more patients, with complex health conditions.

A critical point to note once more

nearly two in three RPNs surveyed (65 per cent) say they've witnessed an increase in experienced practical nurses leaving their workplace, and this is resulting in fewer experienced nurses being available overall, to consult on more complex patient cases.

In their own words from survey respondents

“There are complex and increasing workloads, and we are forced to take on non-nursing duties.

“Everyone is overworked, underpaid, and burnt out. It's only going to get worse with the baby boomer generation entering old age. Would you feel positive?”

**Critical Impact
on Nursing
Retention**

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Critical Impact on Nursing Retention

Continued loss of vital frontline nursing expertise

Close to half of all practical nurses surveyed (48 per cent) admit they intend to or are considering leaving nursing. This figure has remained unchanged from 2024, though it was higher in 2023 at 62 per cent. Among these nurses, close to three in 10 (27 per cent) plan to remain in the nursing profession for less than five years. This provides Ontario's leaders with a very short window to potentially change their minds, by tangibly improving working conditions.

To do this, it's imperative to understand why nurses want to leave. Top contributing factors for this damaging loss of talent include: workload (69 per cent); wages (66 per cent); unfair compensation practices (52 per cent); burnout or mental health concerns (60 per cent); and moral distress (42 per cent).

In their own words from survey respondents

“I am made to feel pressured into taking overtime and, if declined, made to feel guilty as this affects the residents.”

“It is a very uncomfortable situation because there is a feeling of guilt if I decline extra shifts and feel like there is a consequence.”

“The nursing shortage has caused burnout and stress to take on and train new hires constantly. It happens in cycles.”

“As the most senior RPN in my primary care office, I feel pressured to take on the extra shifts/gaps because of this role. This is not because of the providers I work for, but more a pressure I put on myself”

Mapping the invisible frontline brain-drain: Transitioning roles and decreasing hours

In 2025, nearly three in 10 nurses (27 per cent) reported changing their roles in healthcare over the past year. Among them, 29 per cent left direct-patient care – a decrease from an alarming 40 per cent in 2024. Another 37 per cent moved into less clinical environments (unchanged from 2024), while 14 per cent reduced their working hours – less than the 31 per cent who did so the previous year.

The top reasons nurses shared for leaving frontline roles or scaling back hours include

Workplace stress

Fifty-three per cent, up from 48 per cent last year.

Negative impact on mental health

Fifty per cent, up from 43 per cent in 2024.

A need for a break from work

Thirty-nine per cent, almost unchanged from 38 per cent in 2024.

This frontline “brain-drain” is often invisible in traditional metrics, such as the total number of registered practical nurses. While adding new graduates and Internationally Educated Nurses (IENs) greatly helps address staff shortages, many require dedicated onboarding and training before they can fully contribute at the bedside. Meanwhile, experienced staff are shifting away from direct-care roles or working fewer hours. They remain registered and counted within the system, but their full expertise is not being deployed where it is most critically needed. There is simply no way to replicate those years of dedication, on-the-job learning, and depth of skills, leadership and expertise that come from real life experience.

At the same time, nursing career tenures are shrinking too. Many nurses in the profession today plan to stay for five or so years, before moving onto other opportunities. Without meaningful retention strategies, developed in direct consultation with practical nurses, Ontario is losing vital frontline talent faster than it can ever be replaced.

In their own words from survey respondents

“I have to cover more teams, without the proper training.”

“We have so many new staff, my two years is considered more senior.”

“I have to sacrifice my request for a day off if I can’t find a replacement.”

“I am generally given a higher patient load than RNs on the same floor.”

“The job continues to change with new expectations, and there are mixed messages as to job responsibilities.”

“I have considered leaving my current role to work at an agency to avoid unsafe nurse/patient ratios and working short staffed regularly.”

**Nursing
Culture Shifts**

2021

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Internationally educated nurses (IENs)

In recent years, internationally educated nurses (IENs) have played a vital role helping to address Ontario's critical nursing shortage. According to WeRPN's research, 54 per cent of respondents reported an increase in IENs at their workplace, consistent with last year's figure at 52 per cent.

However, changes in any system often create new challenges alongside solutions – and this is no exception.

Forty-five per cent of nurses polled said they have been asked to provide more mentorship to support their IEN colleagues (similar to 43 per cent last year). Yet an equal portion (45 per cent) believe IENs are not receiving adequate orientation and support.

While many frontline nurses enjoy mentoring and training roles, most are already struggling with overwhelming workloads, competing demands, and burnout. Without additional resources or protected time, the expectation to take on new mentorship responsibilities feels unsustainable.

The data also points to a shortage of experienced practical nurses available to guide teams through more complex patient care. Forty-three per cent of nurses reported a lack of experienced colleagues to consult on complex cases – only a slight improvement from 50 per cent last year.

This trend raises critical concerns: How is patient care being impacted by the loss of experienced practical nurses from the front lines? This is a metric that urgently needs to be measured.

In their own words from survey respondents

“No nurse has time to train new nurses. We can barely get through our day looking after our own patients.”

“Agency nurses were offered shifts at the same time as the casuals, most often leaving casuals without shifts. This resulted in me resigning.”

“Internationally educated nurses seem to get the same orientation as I did when I started after nursing school. But when staff say they need more orientation, management doesn't listen and say they will keep an eye on it. This makes me very nervous.”

New graduate nurses

The survey found that 35 per cent of new graduates in 2025 reported working with more patients than they had anticipated. This aligns with the views of 62 per cent of RPNs, who observed that new graduate nurses at their workplaces were often surprised by the demands of the role — a slight decrease from 69 per cent in 2024.

New graduates are also seeking mentorship; however, nearly one in three respondents (32 per cent) said these young nurses did not receive the guidance they hoped for.

While the expansion of nursing school seats has helped attract an influx of new graduates into the nursing profession, many are arriving unprepared for the realities they now face. Unlike previous years, when new nurses could expect a gentler entrance into the profession, today's staffing shortages have forced new graduates into high-pressure environments with limited latitude for learning while on the job. The need is to be able to hit the ground running.

Although 38 per cent of RPNs surveyed said they enjoy mentoring new graduates, 66 per cent reported that their workplaces lack experienced veteran nurses to properly support and mentor them.

In their own words from survey respondents

“Nurse to patient ratios mandated so management cant say, there is no money for more staff and that this is the new normal.”

“New nurses are surprised and overwhelmed by the amount of things they need to deal with and lack of support.”

“New graduates experience extreme shock as the realities and demands of being a floor nurse are not reflective of their clinical experiences in school.”

Nursing
Talent Loss

2021

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Nursing Talent Loss

Retention

With nearly half of nurses surveyed (48 per cent) intending to or considering leaving the profession, Ontario must act now. The province must help nurses grow their careers and help retain those who are currently undecided.

Among the nurses planning to leave the profession, when asked what would sway them to remain, the top contributing factors cited include:

Better wages (81 per cent), improved workplace support (68 per cent), better nurse-to-patient ratios (63 per cent), improved workload (58 per cent), better benefits (55 per cent), more professional respect and recognition (55 per cent), better practices to protect nurses from workplace violence (44 per cent), more scheduling/shift flexibility (40 per cent), and the ability to take time off (39 per cent).

The majority of nurses surveyed (90 per cent) cited better wages as a key to improving overall job satisfaction.

When asked about the primary barriers to filling nursing positions in their workplaces, respondents highlighted several key challenges. The most commonly cited issue was lower wages (70 per cent), followed by an overall lack of desire to work in their sector (56 per cent), higher perceived workloads (54 per cent), shortage of staff (53 per cent), lack of full-time positions available (45 per cent), lack of career growth opportunities (35 per cent), and poor reputation of the workplace (29 per cent).

In their own words from survey respondents

“Well it certainly is not fair that we all do the same work but agency nurses get better wages.”

“Rate of pay has caused significant stress, forcing me to have more than one job.”

“I barely have enough income. One of my peers uses a foodbank, another moved home with their parents. \$25/h is not enough when rent is \$2500 a month.”

“There are no incentives to entice new nurses, especially when agency workers are getting paid significantly more with a more flexible schedule.”

“Public opinion of nurses has become quite negative in recent years. I think it turns people away from nursing.”

Career expansion opportunities

Most RPNs surveyed are aware of the Bridging Educational Grant in Nursing (BEGIN) program (58 per cent), yet they are not enrolled. Some of the reasons for this include: not having enough financial means to go back to school (33 per cent); not wanting to bridge to become an RN (32 per cent); and difficulties going back to school while working (29 per cent).

Those who are enrolled / were enrolled in BEGIN completed their Return of Service (RoS) in Long-Term Care (44 per cent), followed by Hospital nurses (34 per cent), and Home Care nurses (19 per cent). Of RPNs who completed the BEGIN program, a majority (39 per cent) received funding for less than one year.

Wage dissatisfaction

One critical question from this year's WeRPN survey revealed a valuable insight. The question was:

“Do you believe if wage compression were not a factor, more RPNs would want to remain in nursing in Ontario?”

The resulting responses on this topic are quite telling:

Eighty-three per cent of practical nurses feel they are unfairly compensated (another figure that remains unchanged since 2024), and 80 per cent report that they have not personally seen significant movement in their wages in the last year – a figure that has increased from 72 per cent in 2024. Approximately five out of six nurses surveyed (83 per cent) feel that they are unfairly compensated for their role as an RPN.

Today, over seven in 10 nurses (71 per cent) have experienced financial stress. Among these nurses: 50 per cent say they picked up extra shifts in their current role; 41 per cent worked overtime; and 25 per cent worked multiple jobs in healthcare to improve their financial situation.

Better wages remain one of the top contributing factors that could see nurses who are planning to leave the profession, to consider staying instead (66 per cent).

Improved workloads are also an important factor at 69 per cent. While 73% of respondents have received a wage increase in their current role within the past five years, surprisingly, 27 per cent of nurses have not benefited the same way.

Among RPNs who did receive a wage increase in their current role within the past five years: For 64 per cent of respondents, the increase was less than five per cent.

Harmonized wage parity across Ontario's nursing sectors is a critical immediate step that must be pursued if the province wants to halt the nursing talent flight from the frontlines.

In their own words from survey respondents

“We need more funding to retain higher quality nurses.”

“Incredibly low wage with an increased workload. Difficult assignment compared to RNs but an incredibly big wage gap.”

“Minimum wage has increased because of the cost of living, yet the RPN wage doesn't increase”

“Our wage is not up to par with the surrounding area, and our workload has increased dramatically.”

Reigniting pride in nursing

Despite seeing some signs of healing and hope on the horizon for the nursing profession in Ontario, an uphill challenge remains. Half of all respondents (51 per cent) said their pride in the profession has worsened or stayed the same in the past year. This figure has thankfully declined since last year when 60 per cent of respondents felt the same way.

Among nurses who are planning on staying in the profession, it is heartening to see that the top contributing factor was identified as, “Making a difference in someone’s life.” Eight in 10 respondents agreed with this sentiment (this figure was at 76 per cent in 2024). In addition:

Nearly nine in 10 RPNs (89 per cent) say that making a difference in the lives of their patients has brought them joy at work.

Seventy-two per cent say they want to build relationships with their patients, residents or clients.

More than a third of those working in Long-Term Care (35 per cent) say they find joy in working with their patients and colleagues all the time; 57 per cent said they find joy some of the time.

For RPNs working in hospitals, **20 per cent say they feel joy all the time, and 73 per cent say they find joy at work some of the time.**

Meaningful improvements made by policymakers and healthcare leadership is crucial to helping nurses reconnect with their shared purpose of caring for others. This is key to repairing pride in this beloved profession.

In their own words from survey respondents

“I love being a nurse. The culture is vast and intense and I am quite certain I haven't even experienced the entirety of the culture. I look forward to this learning.”

“I have been an RPN for 30 years. I love what I do, but these last couple of years have made it nearly impossible to continue to practice. My hope is to be as passionate about my profession as I once was.”

“I love being a nurse but there needs to be changes in the profession to keep nurses at the bedside”

**WeRPN's
Five-Step
Action Plan**

2021

2022

2023

2024

2025

WeRPN's Five-Step Action Plan for Government Policymakers and Healthcare Leaders

A call to deepen and fast-track change

1. Legislate safe staffing and workload standards:

Set standardized, safe workloads to protect nurses, ensure patient safety and reverse the decline in patient care standards. Where possible, establish legislated nurse-to-patient ratios. Such measures with consistent workloads will reverse the course of deteriorating patient care while ensuring safe workplaces for Ontario's frontline practical nurses.

2. Ensure harmonized and competitive wage parity across sectors:

Establish fair, competitive, and harmonized compensation levels for RPNs across all sectors, reinforcing the professional value of this profession. Wages must better reflect the growing knowledge, skills, and responsibility that RPNs take on in their roles, aligning seamlessly within Ontario's overall, integrated healthcare model. Addressing today's wage disparities will incentivize retention and create a more equitable and professional wage landscape.

3. Establish accountability for safe staffing and patient care:

Ensure organizations make every effort to meet regularly scheduled staffing numbers to course-correct the normalization of staffing shortages. Current norms for RPN workloads and working conditions have eroded dramatically to benchmarks that would have been deemed unacceptable a few years ago. When staffing is inadequate, care is inevitably compromised. WeRPN is calling upon leaders to monitor staffing levels and hold organizations accountable for patient outcomes when safe staffing standards are not met. The accountability for adverse patient outcomes caused by inadequate staffing should fall on those who are responsible for providing adequate staffing.

4. Enhance access to streamlined educational opportunities to support retention:

Expand and streamline access to educational opportunities for nurses seeking to grow and transition in their careers. By offering financial support and increasing the availability of learning spaces, more experienced nurses can be retained within the profession. Accessible, affordable and career-growth-focused education pathways will help to keep skilled nurses both engaged and motivated, promoting the long-term sustainability of the profession.

5. Regulate nursing agencies and reduce overreliance on for-profit models:

Implement regulations for today's for-profit nursing agencies, including establishing standards for acceptable profit margins. Moreover, reduce the healthcare system's overreliance on agency staffing by investing in the development of more strategically planned full-time nursing positions. Temporary staffing will always play a role in Ontario's healthcare system; however, the core of Ontario's practical nurses mustn't be vulnerable to market fluctuations and profit-driven practices.

Conclusion

The data presented in this report reaffirms how meaningful collaboration among healthcare leaders, advocates, and policymakers, can generate both healing and hope for Ontario's public healthcare sector. It is heartening to see some initial improvements that narrowly averted a complete system unraveling. But merely stepping back from the edge should not be mistaken for recovery. Remaining in a constant state of crisis cannot become the norm. This is a very real risk facing public care today.

The practical nursing profession continues to shoulder extraordinary pressure. Unmanageable workloads, insufficient leadership support, alarming levels of workplace violence, moral distress, and continuously worsening patient care represent deep and steady losses for Ontarians. The quiet loss of experienced practical nurses and the invisible brain-drain from the frontlines demand urgent action.

Still, WeRPN remains optimistic. Proven solutions are within reach – including fair pay, greater flexibility, and much-earned reverence for nurses who serve as the backbone of frontline care. These are the foundations of meaningful retention.

As part of this process, healthcare leaders must commit to a longer-term vision, one that reduces reliance on costly, for-profit nursing agencies to fill permanent gaps. These fixes, designed to be short-term solutions, come at a high price, unduly burdening taxpayers – particularly when full-time practical nurses can be deployed.

System-wide action is needed now. With collective will, greater change is not only possible – it is within reach, and WeRPN believes Ontario can get there.

2021

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