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CANADA

Stress, burnout, 'chaos'. Why Canada's at risk of losing its nurses and what health-care insiders say needs to change to keep them

A pre-existing nursing shortage made worse by the pandemic has many in the profession questioning whether to stay — and problem the government isn't prepared for, experts say.

By **Steve McKinley** Halifax Bureau
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Cheryl Barker's been around nursing long enough to know when the system's not working.

She's been a Nova Scotia nurse for 50 years — starting fresh out of a three-year nursing program when she was 22 — and in those five decades she's seen pretty much all the job has to offer.

She's seen the profession go through booms and busts. She's seen younger nurses come and older ones go. She's watched as the province's — and the country's — pre-pandemic chronic nursing shortage has escalated to critical levels because of the coronavirus.

At 72, she's now past retirement, but, because she loves the job, loves the idea of helping people, she's been working as a casual for the last nine years.

That's until now. Something's changed.

"I'm thinking in the fall whether to continue or not or whether I will call it quits for the whole thing," she says. "I look at my age, I look at the shortages with the pressures in the system, and I just think, maybe I should just, you know ... quit. Totally. Finish while I'm ahead."

Barker's not alone. Across the country, nurses — deflated by a year-and-a-half of stress and fear battling the coronavirus, aggravated by lack of staffing and resultant work overload — are wrestling with the same decision.

There's a potential tsunami of nurses leaving their jobs on the horizon, according to recent surveys and Statistics Canada data, and so far, the country seems ill-prepared for it. But the solution, say many in the profession, is simple: reduce the workload that is breaking the will of nurses to continue in the profession they love. And start making some solid plans for the future.

It's not just the pandemic that's doing the damage. An August 2020 report by the Canadian Federation of Nurses Unions said among nurses surveyed pre-pandemic, about 16 per cent planned to leave the profession altogether as a result of job dissatisfaction.

And while nurses, generally speaking, are loathe to quit their jobs during a health crisis, another survey by the Registered Nurses Association of Ontario suggests 16 per cent of its nurses are likely or very likely to leave for a different occupation once the crisis has passed.

The profession finds itself in something of a Catch-22. The number one reason that nurses want to leave the profession is because of the high degree of stress created by unusually high workloads.

That stress could be relieved by lightening the workload. The simplest way to do that is to hire more nurses. But it's difficult to recruit nurses into an environment in which they know they'll be overworked and stressed.

"(Nova Scotia Health Authority) is not having any success (recruiting). And the reason they're not having any success is because people are saying, 'It's not worth it for me to go there,'" says John MacLean, president of the Nova Scotia Government and General Employees Union (NSGEU), the province's largest health care union.

"In order to get people there, you need to attract them. You've been posting (positions), and people haven't been going there. So, what you need to do is start paying them a different wage."

The province, for its part, has been pumping money, to the tune of almost $4.7 million a year, into recruitment and retention programs and $8 million into seats at nursing schools. But although it has managed to stay abreast of retirements and keep nurse numbers stable, it has not managed to solve the larger problem: there are simply not enough nurses to go around.

It's a problem that's mirrored in provinces and territories across the country.

According to Statistics Canada, in the first three months of 2021, there were 98,700 vacancies in the health care and social assistance sector, up a whopping 38 per cent from the same period the previous year.

That increase in vacancies was spearheaded by registered nurses and registered psychiatric nurses, nurse aides, orderlies and patient service associates and licensed practical nurses leaving their jobs.

And they were not being replaced promptly. Of the vacancies for registered nurses and registered psychiatric nurses, almost half of those jobs were vacant for 90 days or more.

The reason all those vacancies exist, and the biggest part of the problem, says Linda Silas, president of the Canadian Federation of Nurses Unions, is a lack of big-picture planning.

"For sure, there was a pre-existing shortage (of nurses). And what a lot of policy-makers, employers and politicians are doing now is head-in-the-sand hoping that things will turn to normal after the pandemic," she says.

"But the pandemic has burned out way too many nurses, too many health-care workers, and they're not ready to go back to the total chaos that existed before the pandemic."

"I often describe the pandemic as a cardiac arrest — a code 99. Your system — your patient — is in cardiac arrest, and it's all hands on deck. You don't ask questions, you don't look at the time, you don't (acknowledge) that you're tired.

"Well, when the patient starts breathing again, you take a breather, you start analyzing what happened."

What happened is that we lack the information to make health-care plans on a national scale, she says.

The health care workforce represents about 10 per cent of all employed Canadians, and health care takes up about a third of provincial and territorial budgets. Yet, says Silas, we can't tell how many nurses are retiring in the next five years, how many new nurses are coming in, or what positions they will be taking and where.

"We need an agency that will collect the data, do the analysis, and help the provinces and territories better predict where not only the nurses but the health-care workforce in general is."

Such an agency already exists — in the construction industry.

BuildForce Canada collects data from across the country, analyzes it, and produces reports nationally and for each province and territory, which outline retirements, new entrants into various fields, distribution of construction employment, and a host of other factors to help the industry make workforce decisions.

"These reports help decision makers anticipate labour force requirements and identify the trades and occupations the industry is most likely to need across a 10-year forecast scenario," says the BuildForce website.

"It's funded by the federal government, and by employers, and they can predict how many plumbers we will need for eons, and how we need to up their education or downgrade their education," says Silas.

For its part, the federal government is content to leave health care planning in the hands of the provinces and territories.

"The federal government provides financial support to the provinces and territories for health care services; however, the responsibility for matters related to the administration and delivery of health services, including health workforce planning and management, falls within provincial and territorial jurisdiction," said a Health Canada spokesperson.

That's something that Ivy Bourgeault is trying to change.

Bourgeault, a sociology and anthropology professor at the University of Ottawa, is also head of the Canadian Health Workforce Network, which is a knowledge exchange network dedicated to health workforce planning, policy and management.

She says the kind of national health-care workforce agency she and Silas — and more than 50 health care-related organizations, which have bought into the idea — are pushing the federal government to create already exists in many developed countries — Australia, New Zealand, the U.S. and the U.K, to name a few.

Aside from the federal government buying into the idea, the next big obstacle in Canada is that the way each province and territory defines and collects data on its health-care workforce is different, which makes meaningful data hard to compile.

The proposed health-care workforce agency would help each of those health care ministries get on the same page, providing data that researchers could analyze and create projections for future health-care workforce needs.

"Right now, we are making decisions across the workforce path — from training programmes to registration to employment opportunities to retirement — completely in a void of data," she says.

"A health workforce agency would create tools to help you evaluate which different policy tools or policy instruments or policy options are going to give you the best bang for your health care dollar."

To that end, with COVID highlighting existent critical failures in health-care workforce planning, the pandemic may have a silver lining, she says.

"This is our window of opportunity. Why did we wait for a crisis to say that we should be doing this?

"It really does feel like we're closing the barn door after the horses have bolted. Yes, the best time would have been 10 years ago to do this. But the next best time is now."

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