



NURSING RETENTION AND SAFE CARE

UNDERSTAFFING, MORAL INJURY, AND WORKFORCE STABILITY IN CANADA

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Policy Brief: Context

- Nursing shortages in parts of Canada's health care system are common
- Reports of unacceptably ER long wait times for care are the norm
- One example, an ER built for 35 beds routinely has around 100 patients
- The result is stress and anxiety on nursing and other medical staff
- Retention of ER nurses has become a serious issue for the system
- Multiple factors drive the retention crisis, including, but not limited to:
 - Chronic understaffing; ER overflow; Interpersonal stress; Moral injury
- Recruitment is often seen as a remedy
- Some argue more than HR issue, but hidden operational, financial liability

Policy Brief: Considerations

- Nurses leave where workloads, staffing levels, skills mix are unrealistic
- Being asked to provide care in improvised and undignified conditions
- Saskatchewan has more hospital beds per capita (2.1 per 1000) than most provinces (1.7 per 1000)
- Crisis in ER departments reflects deeper and worsening social pressures:
 - substance use, homelessness, family instability, rising poverty, affordability
- “ER overcrowding and long wait times aren’t emergency department problems they’re system problems” Canadian Association of Emergency Physicians
- System issues must be addressed when considering approaches to nursing retention
- Canada’s current approach is fundamentally unsustainable
- Financial situation will steadily worsen with a growing aged population

Policy Brief: Questions

- What are the reasons for nurses leaving the profession?
- Is greater health care spending key to addressing the issue?
- What parts of the health care system are under-funded?
- On what basis is appropriate funding determined?
- What specific measures could improve ER nurse retention?
- What are the social determinants underlying the issue?