

BEYOND THE BEDSIDE: the Nursing Shortage in British Columbia

*From the front lines of patient care to the heart of medical decision-making, nurses are the essential **backbone** of the healthcare system.*



Why is there a nursing shortage?

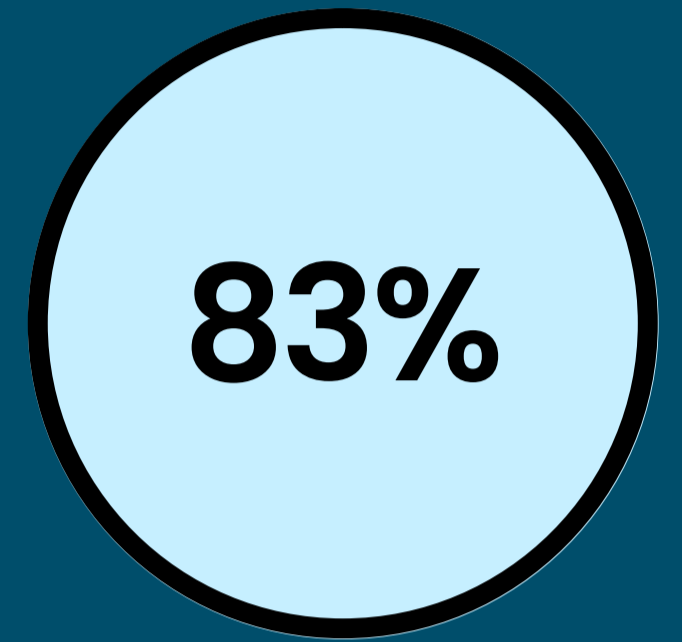
- The healthcare system is one of the most complex environments to work in
- The healthcare system faces several interrelated issues including barriers to and disparities in education, a lack of funding, and systemic inefficiencies
- There is a significant gap between the supply and demand for nurses in the healthcare industry
- Due to inadequate staffing and thus less than ideal nurse-to-patient ratios, majority of nurses worry about the provision of quality care for their patients

WHY DOES IT MATTER?

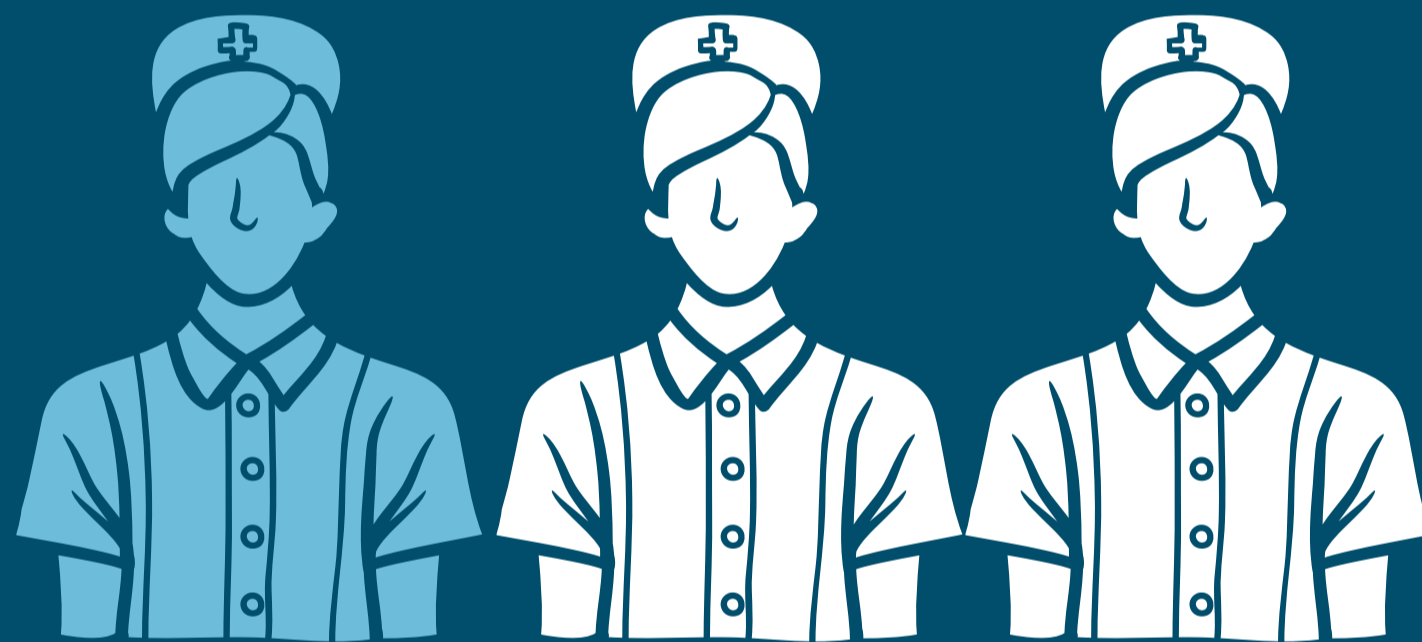
Addressing the nursing shortage is crucial for creating a sustainable healthcare system, supporting nurse health, and ensuring patients receive the best possible care.



of Canada's nursing workforce shows symptoms of burnout



of nurses worry about the provision of quality care for their patients



1 in 3 nurses in B.C.

met the criteria for moderate-to-severe depression

Nurse to Patient Ratio

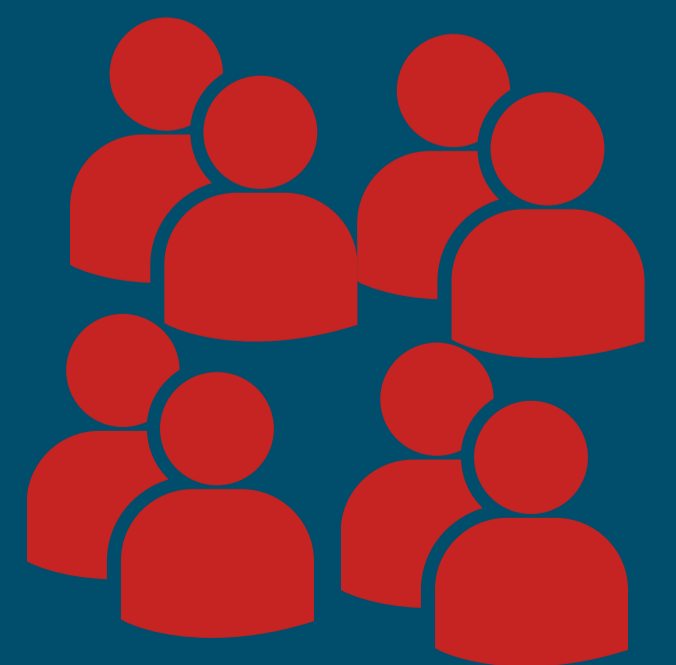
Ideal Ratio



1:3



Reality



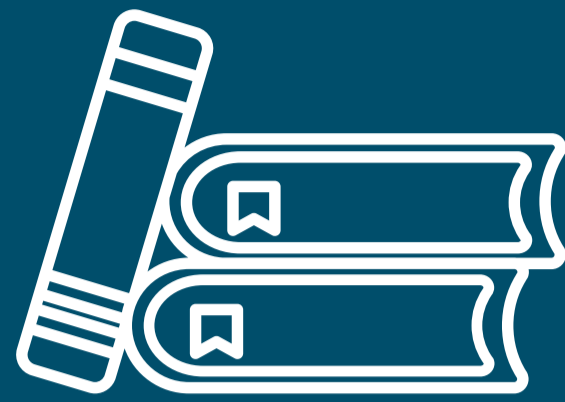
1:8

SYSTEMS THINKING APPROACH



CANADA IS A GREAT COUNTRY TO LIVE IN

Because of this fact, we explored the effects of the high quality of life in Canada, specifically in British Columbia, and how it has impacted the healthcare system.



Scholarly sources



Interviews with key stakeholders

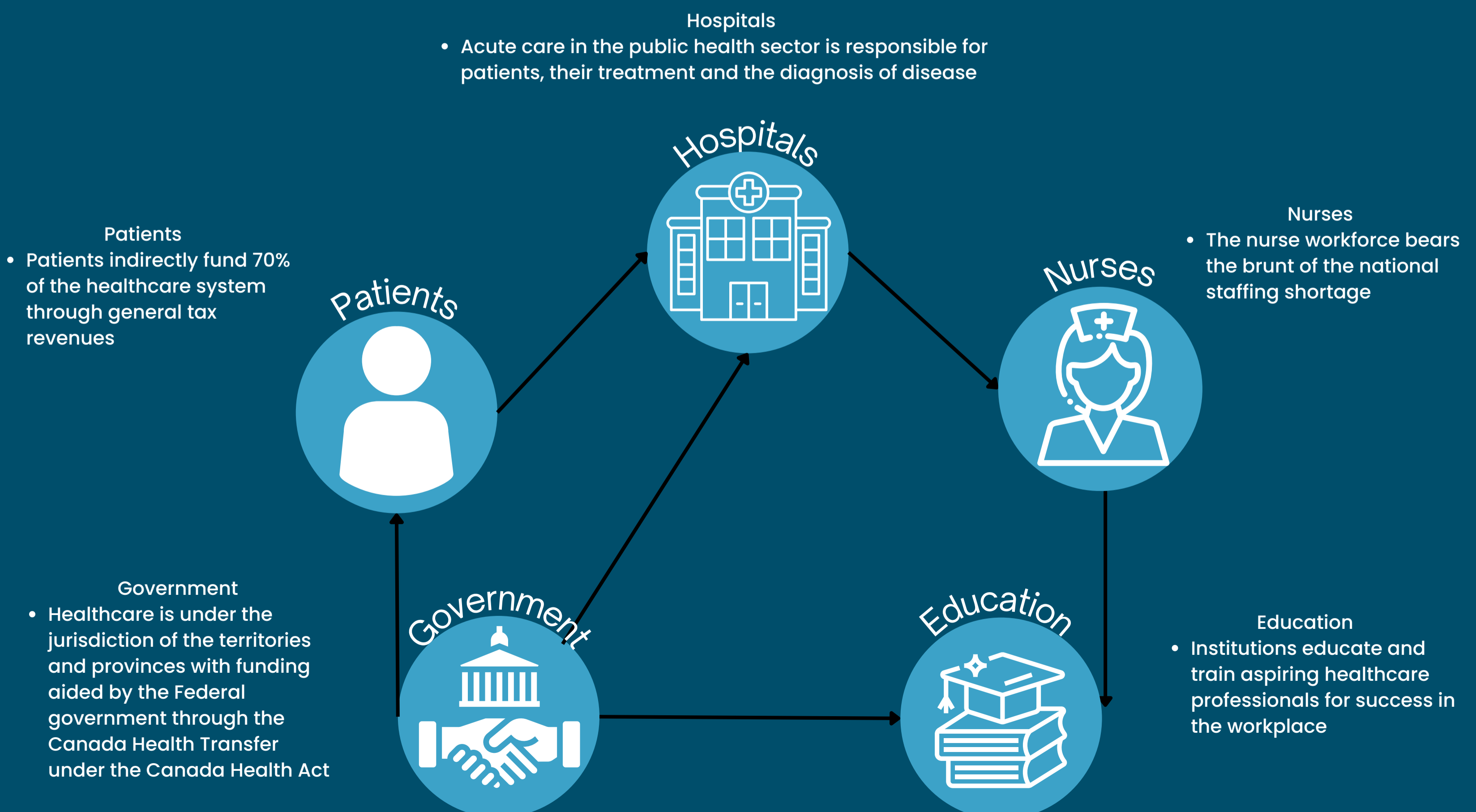


Personal experiences



Identified the numerous interconnections, interrelationships, patterns, events and behaviours that have resulted in the nursing shortage

KEY STAKEHOLDERS AND POWER DYNAMICS



IMPACTS OF THE NURSING SHORTAGE

Patients

**"[Patients] don't get the quality of care that they need."
– Kiran, RN**



Reduced quality of care
Increased risk of medical errors
Slower recovery rate

Increased hospital admissions
Longer wait times
Higher risk of developing infections and disease
Increased mortality rates

Nurses

Mandatory overtime

Need to prioritize sicker patients first

Patient to nurse ratio has increased

Workplace violence

Longer shifts

Mental health concerns

Verbal abuse

**"As a nurse, you're choosing who gets to live. It's a moral dilemma."
– Jen Fabula, RN**



Nurse burnout

Job dissatisfaction

Moral dilemmas

**"We just want to do the job without getting hurt."
– Sarah Sutanto, RN**

Physical injuries

Emotionally scarred

UNDERSTANDING THE NURSING SHORTAGE

Nursing Shortage

- Low retention rates
- Nurses are stressed
- Poor working conditions
- Longer wait times for patients
- Low hospital staffing

EVENTS

PATTERNS OF BEHAVIOUR



- Increased patient mortalities
- Increased nurse burnout
- Decreased average experience of nurses
- Increased regulatory requirements

SYSTEMIC STRUCTURES



- Lack of support for nurses
- Lack of funding
- Lack of education
- Lack of resources
- Government policy (competition from other countries)
- Barriers for IENs

MENTAL MODELS



- Nurses are undervalued
- Changing demographics
- Capitalism
- Neoliberalism
- Gender roles
- Hierarchy in healthcare
- Universal healthcare and high standards of care

MENTAL MODELS

+ Favours free-market capitalism and universal values

+ Creates incentives to produce better medical technology and prolong lifespans

- Reduces a person to what they can produce and focuses on short term solutions

Neoliberalism

Capitalism



Hierarchy in healthcare

Gender roles

- Influences power dynamics, disorderly compensation models, and policies

- Physicians have a lot of power which has historically been a male dominant profession

- A "women as caretaker" mentality is very prevalent in the roles nurses take on

- Their contribution to the holistic care the system seeks to deliver is often undervalued because nursing can be thought of a job that any caring person can do

PROBLEM LANDSCAPE

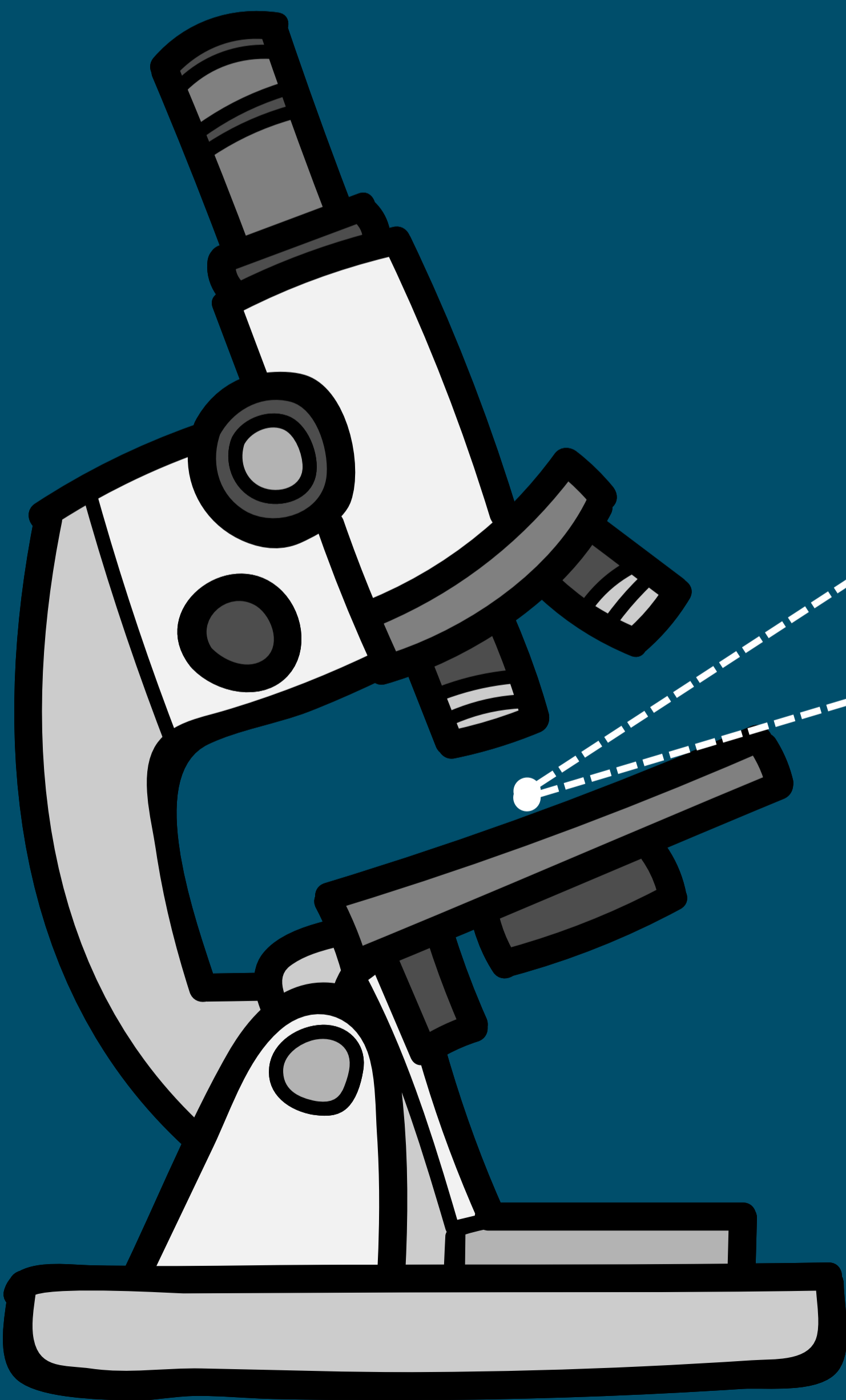
Root Causes

As the population ages and develops more complex health issues, more people are in need of a high quality of care, increasing the demand for healthcare

Increase in demand for healthcare

Inadequate supply of nurses

Due to lack of funding, underutilization of nurses, burnout, barriers to education and barriers to practice, there is an inadequate supply of nurses which leads to understaffed hospitals



Increased demand for healthcare



↑ Increased complex health issues

- *Longer lifespans are due to vastly improved medical technology, and less physically tolling, labour-intensive jobs*
- *Elderly people rely on the healthcare system to maintain a high quality of life*
- *An alarming rate of obesity in North America is also at higher risk of experiencing more serious health issues*

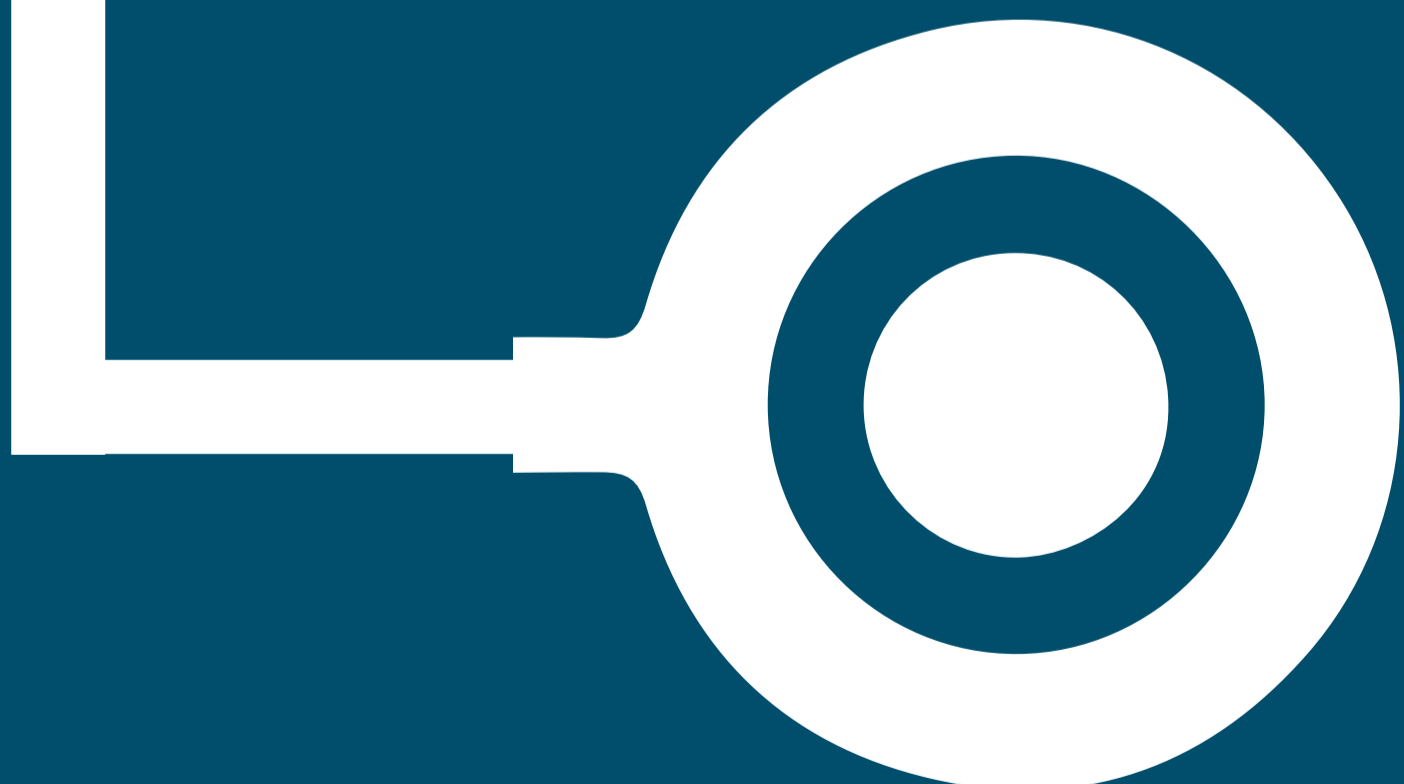
- *The increase in complexity and seriousness of health issues has led to an increase in the demand for healthcare*

↑ Increased healthcare costs

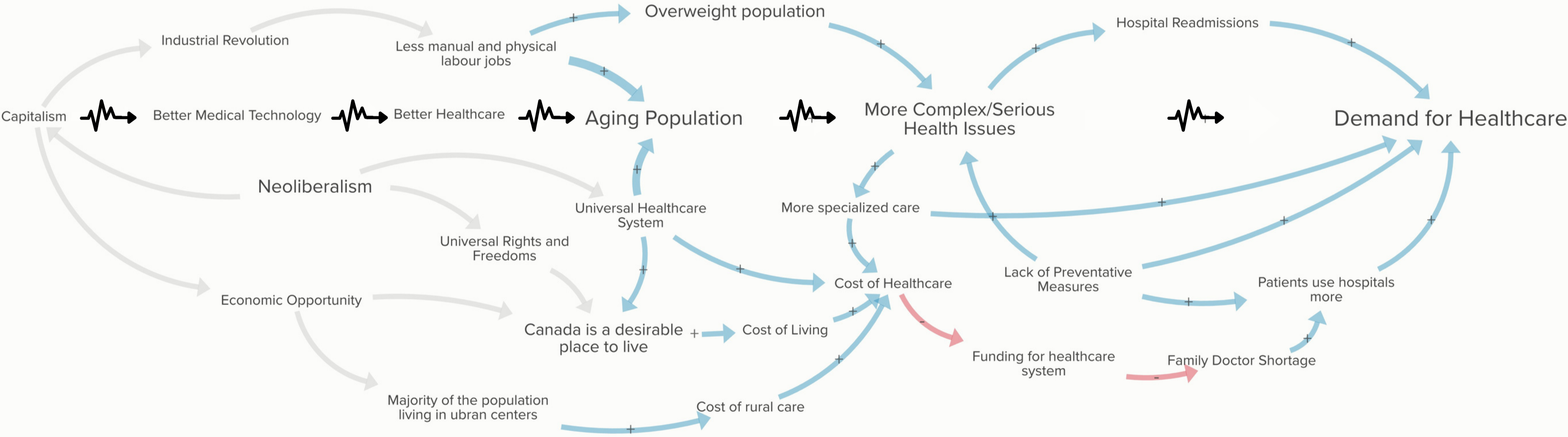
Capitalism

= driving factor for
better healthcare

- *The result of capitalism is prolonged lives and an enhanced quality of life*
- *However, capitalism reduces a person to what they can produce for themselves which incentivizes managers to have a short-term focus because quantitative results, such as an increase in profit, demonstrate a manager's effectiveness*



INCREASED DEMAND FOR HEALTHCARE MAP



- Legend**
- Increases
 - Leads to
 - Decreases

Inadequate supply of nurses – Funding



Inadequate supply of nurses – Underutilizing nurses



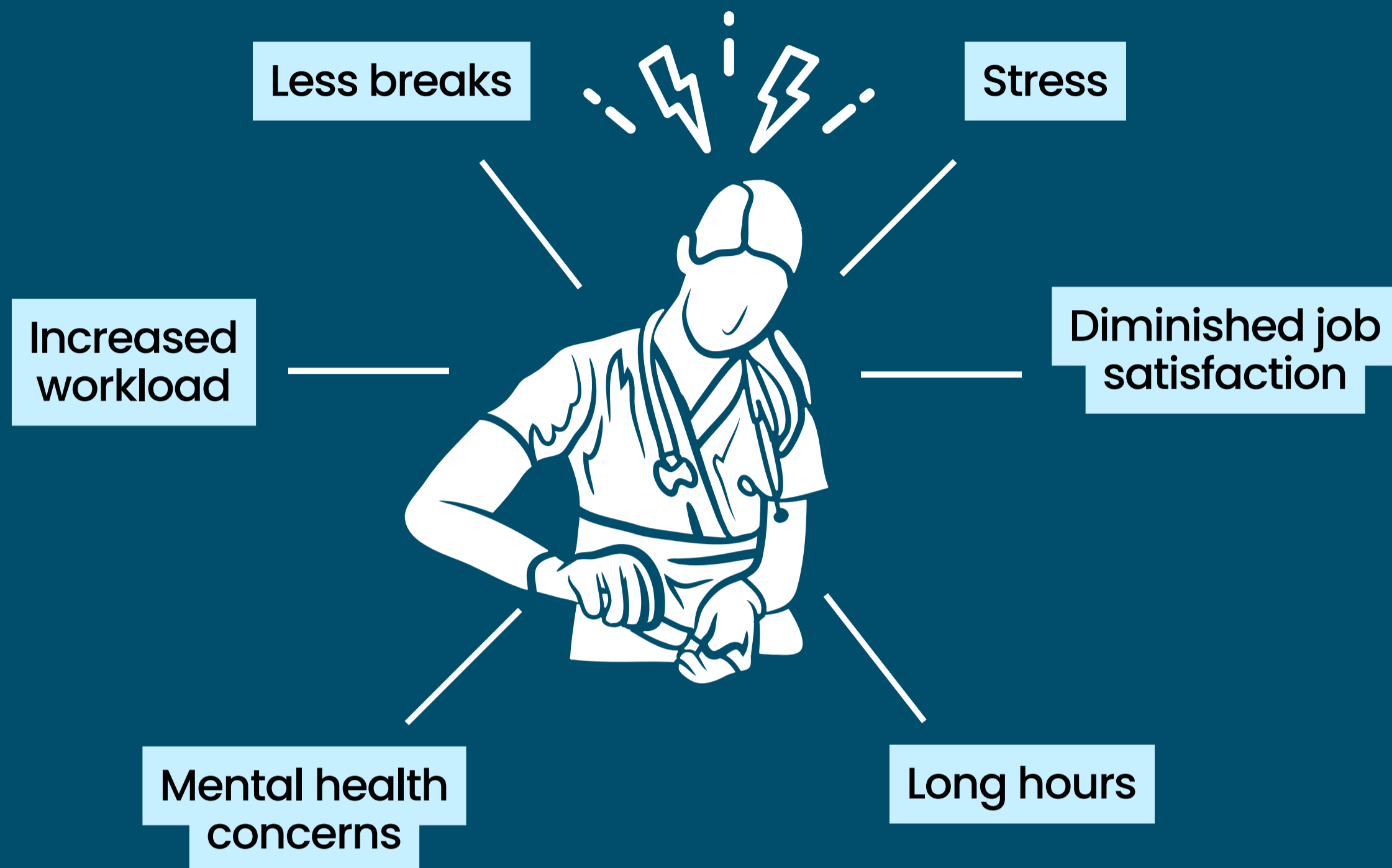
↑ increase in **regulatory requirements**

- *Documentation*
- *Reporting patient data*
- *Inputting information*

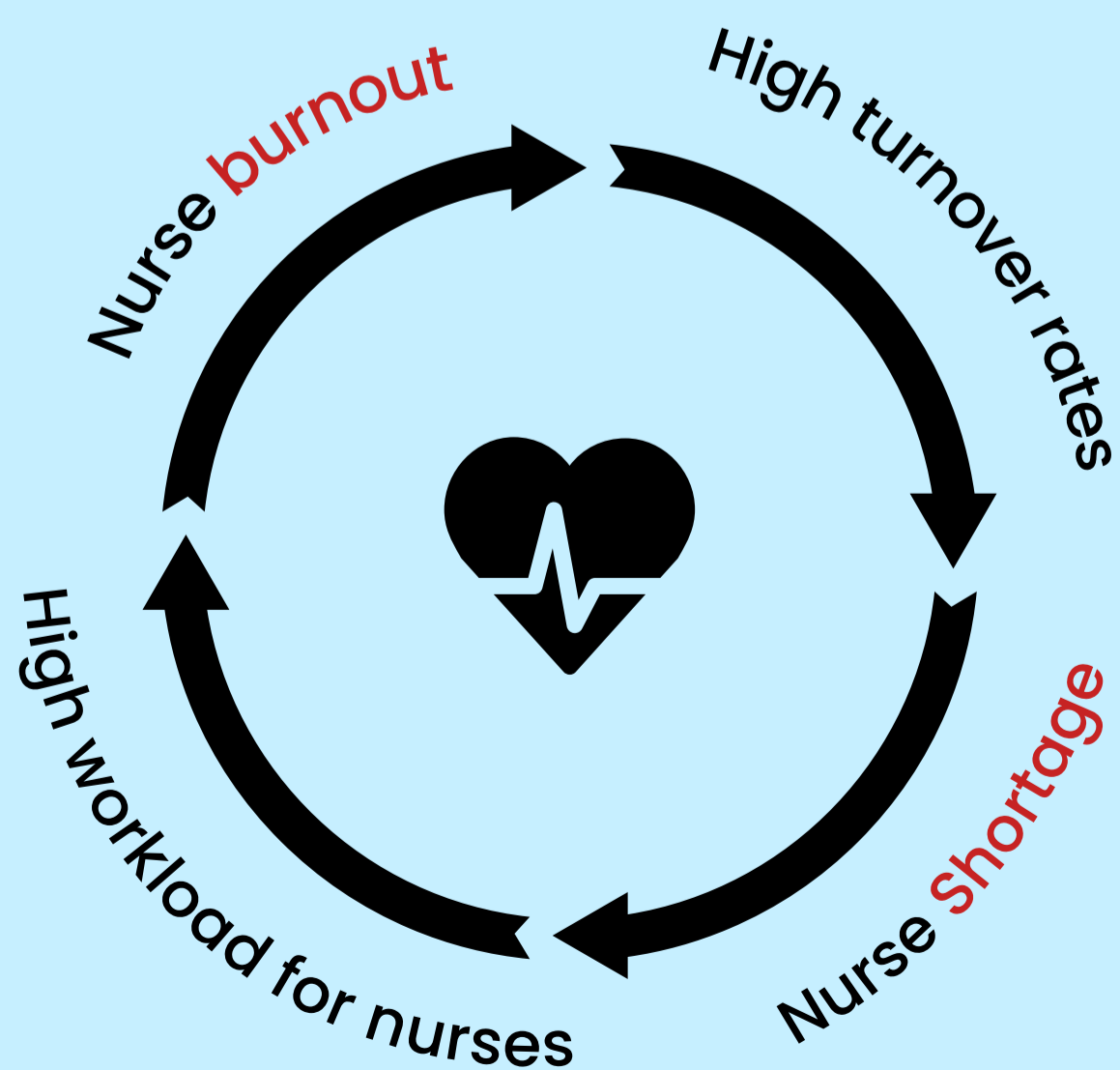
means

↓ Decreased **time caring for patients**

Inadequate supply of nurses – Burnout



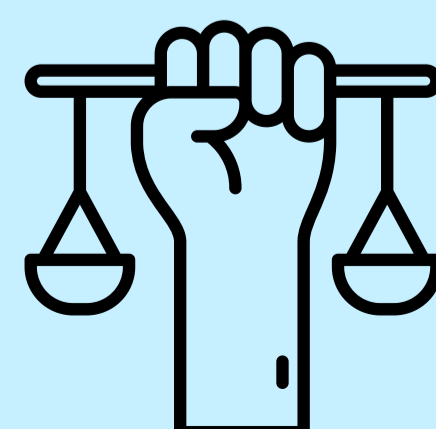
The nursing shortage is the **root cause** of burnout.



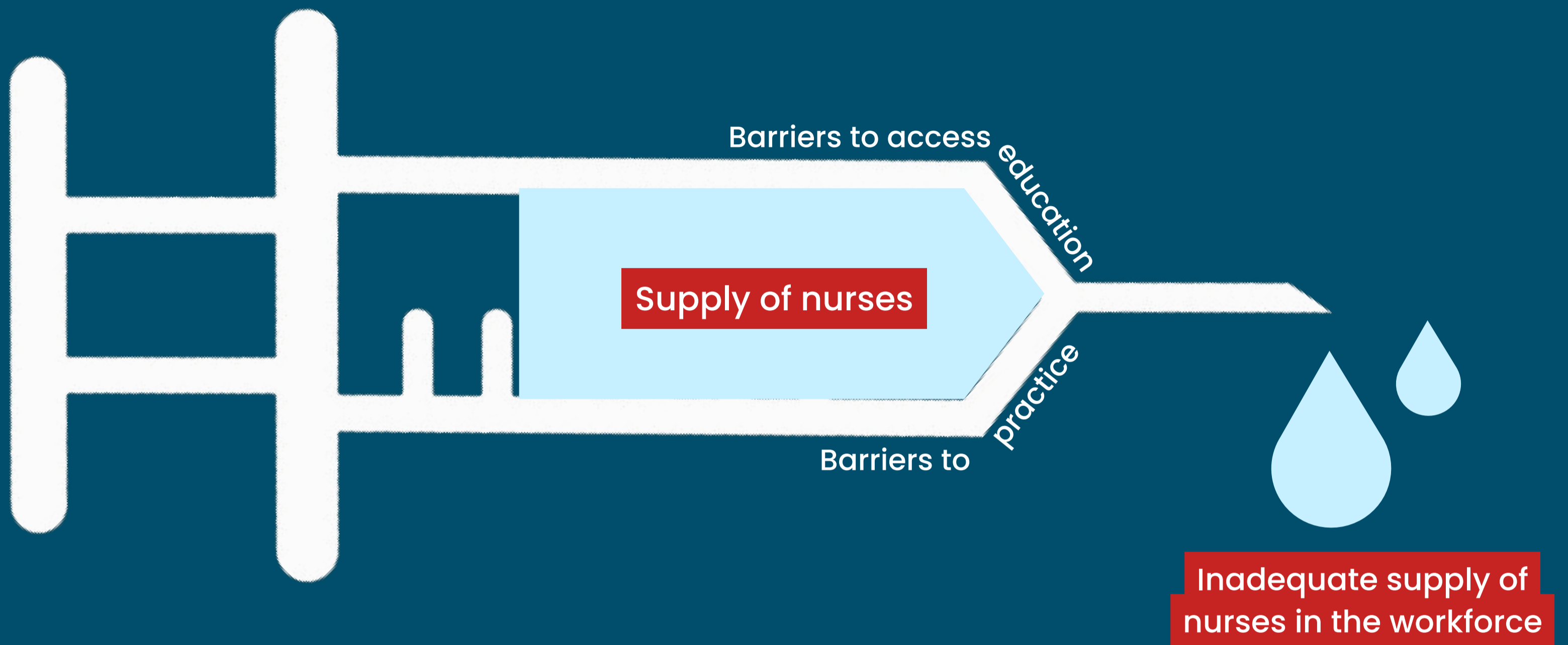
Public Health Literacy

is an individual's knowledge of and ability to "obtain, communicate, process and understand health information and services"

Many nurses are **not aware of their rights** and the **services** available to them to prevent burnout



Inadequate supply of nurses – Barriers to access education and practice



Barriers to access education

- Limited number of seats – B.C. only has 2,000 seats available for new nurses province-wide, with even fewer clinical placements
- Cost of education is expensive
- Competitive culture in nursing school
- Lack of nurse educators



Barriers to practice

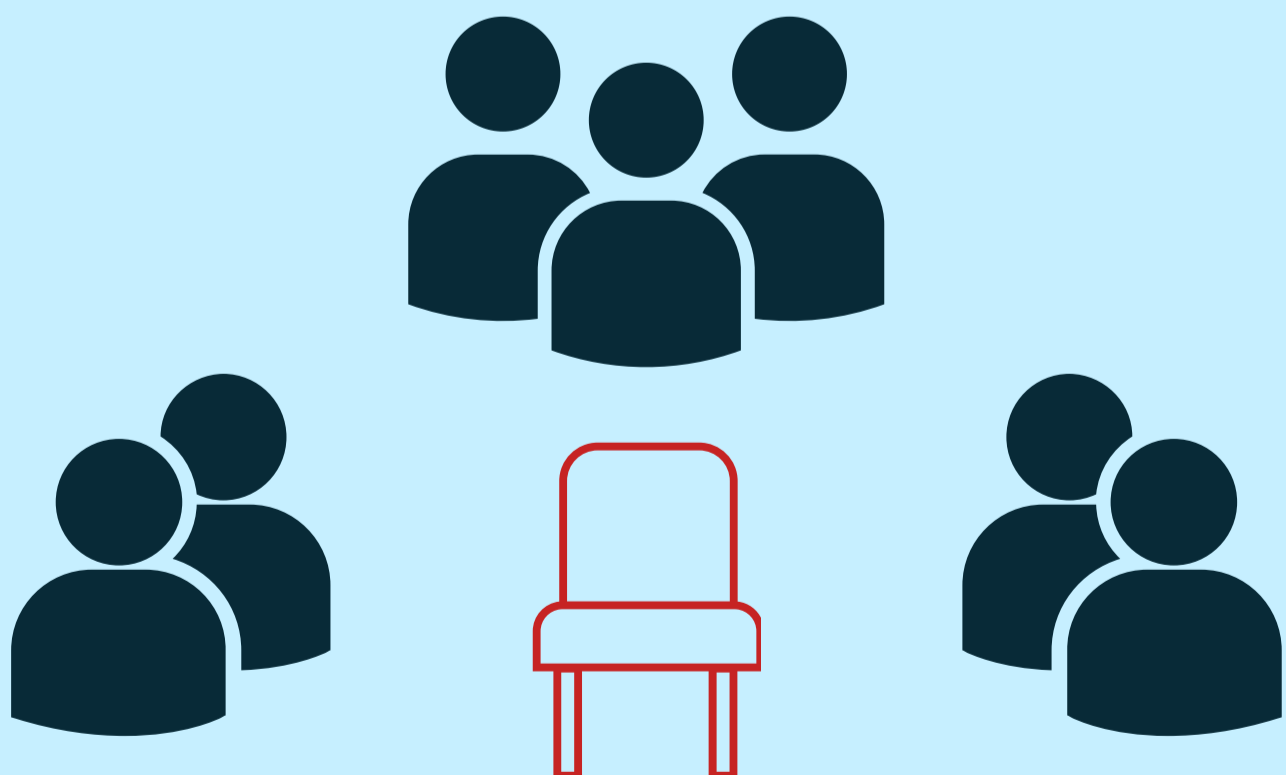
For domestic students

- High workload for students
- Regulatory requirements for practitioners

For IENs, this is even more of a challenge...

- Language proficiency requirements
- Licensing requirements
- Immigration requirements

Limited number of seats in B.C.



For every available spot, there are 7 interested people.

UBC's school of nursing (2021)

ONLY 14%
of registered nurses in B.C. are
Internationally Educated Nurses



How has COVID-19 exacerbated the healthcare crisis?



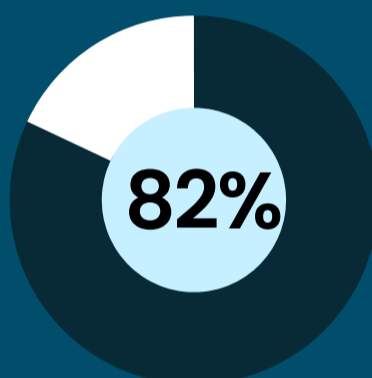
"Nurses were already overworked, understaffed and then we just hit a wall due to the pandemic." - Apaule Yurag, LPN

The healthcare system was **already struggling** to support nurses and patients **prior to the pandemic**. COVID-19 was simply the tipping point for nursing challenges.

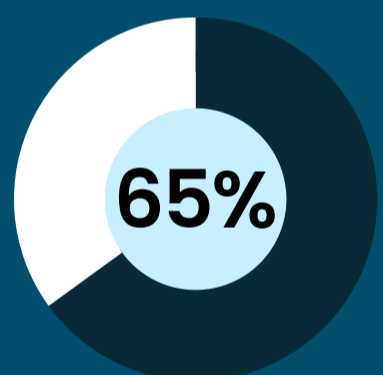
Due to the pandemic...



Health



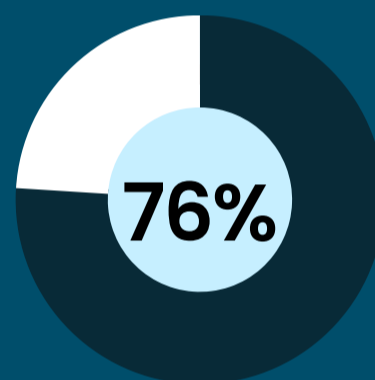
of nurses had worsened mental health



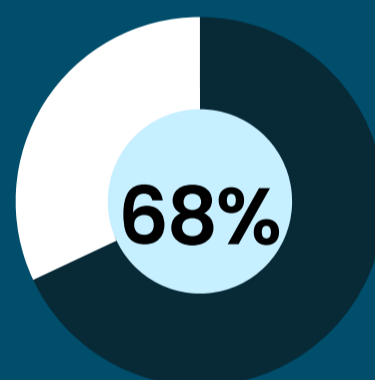
of nurses had worsened physical health



Staffing & Workload



of nurses claim their workload has increased compared to prior to the pandemic



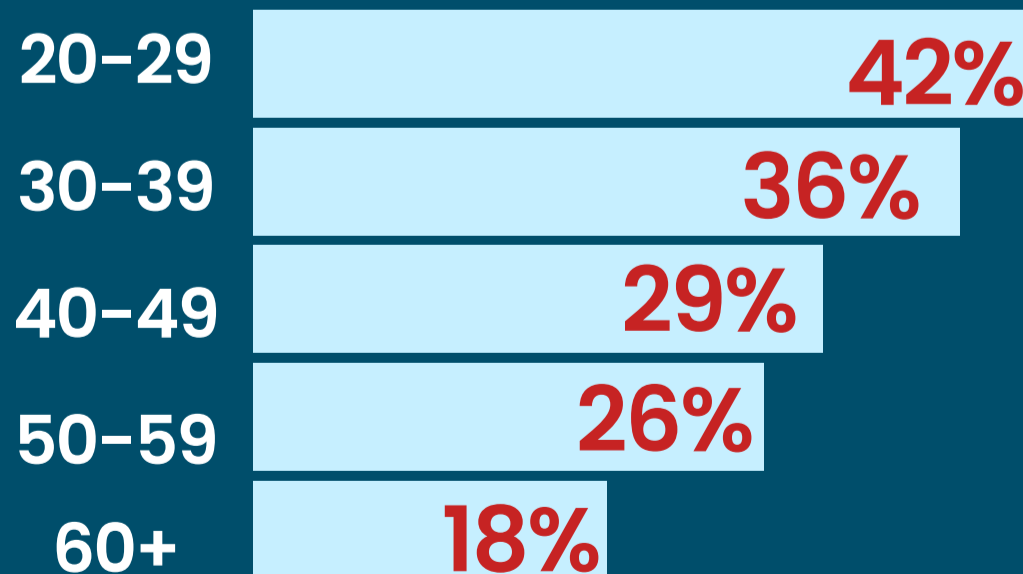
of nurses claim that staffing was inadequate

Retirements

*"COVID-19 was the **great boomer remover**." - Grant McCollough*

Older generation of nurses retired due to the pandemic

Low Retention Among Young Nurses



Younger nurses were more likely to leave nursing which poses a problem as the system depends on younger nurses to stay in the field

Vaccine Mandates



were fired over refusal to vaccinate



The gaps contributing to the inadequate supply of nurses

Complexity-Experience Gap

↑ Complex health issues

- More complex health issues
- Higher need for specialized care
- More interrelated issues

↓ Average experiences of nurses

- Low retention rates among young nurses
- Increased number of retirements



Discrepancy between complex health issues and the experience of nurses

Theory-to-Practice Gap

↑ Theoretical preparedness

- Students are only taught on how to work in a theoretical and optimal hospital setting

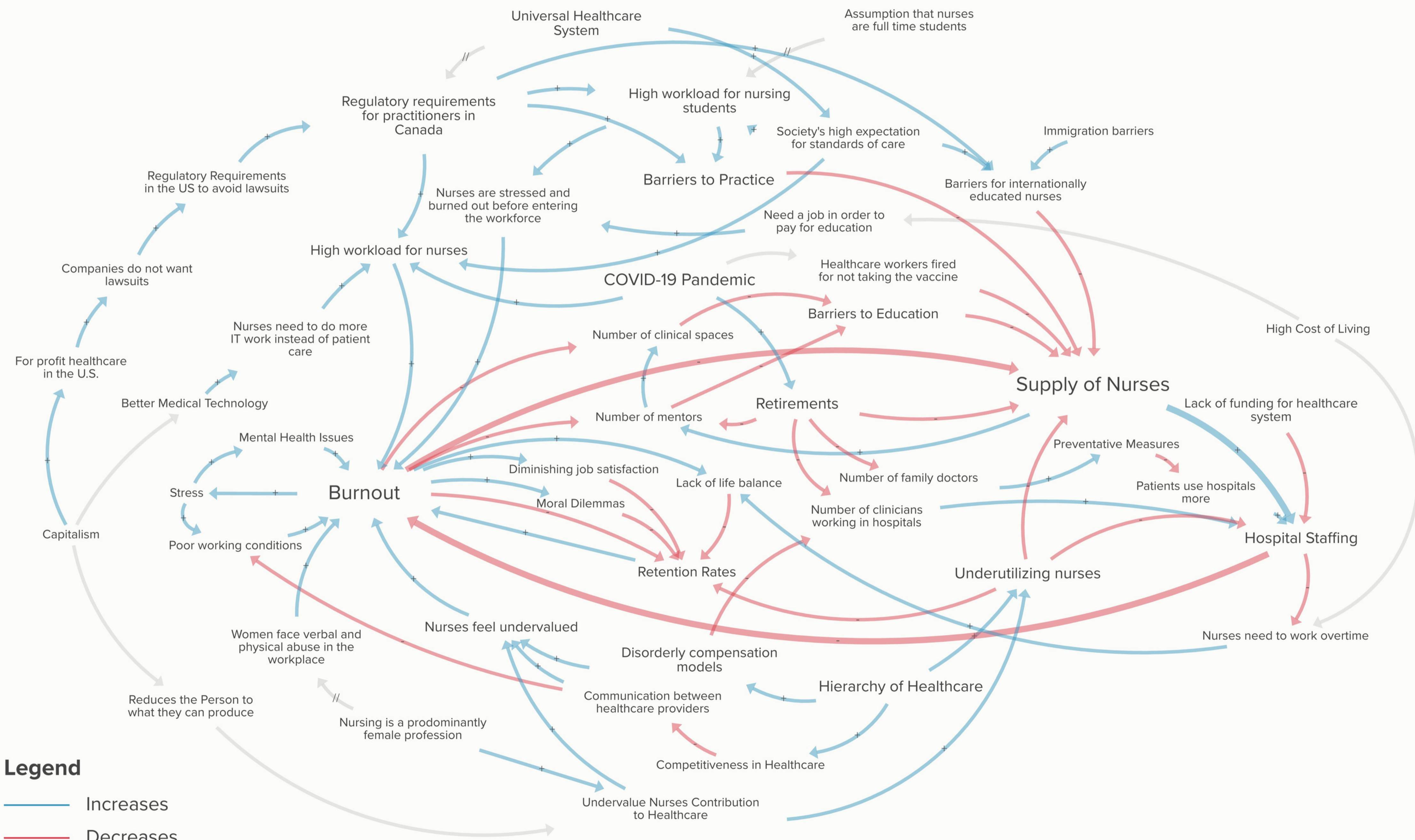
↓ Clinical preparedness

- More complex health issues
- Increased demand for high quality of care



Discrepancy between theoretical formation and practical training

INADEQUATE SUPPLY OF NURSES MAP



- Legend**
- Increases
 - Decreases
 - Leads to

In what ways is the nursing shortage affecting populations?

Elderly population

As people age, their health issues become more serious and complex

- *Elderly people, especially those with mental limitations and mobility issues are often the most likely to be rehospitalized, which puts more strain on the already understaffed public health system and exacerbates health issues among the elderly*



Rural Communities

The nursing vacancy rate in rural areas is much higher than in urban areas

=

- *Increased travel time for patients to urban areas to receive care*
- *Longer wait times*
- *Lack of continuity of care for patients*



Disproportionate to the province's large Indigenous population, nurses with training in culturally safe care is visibly lacking

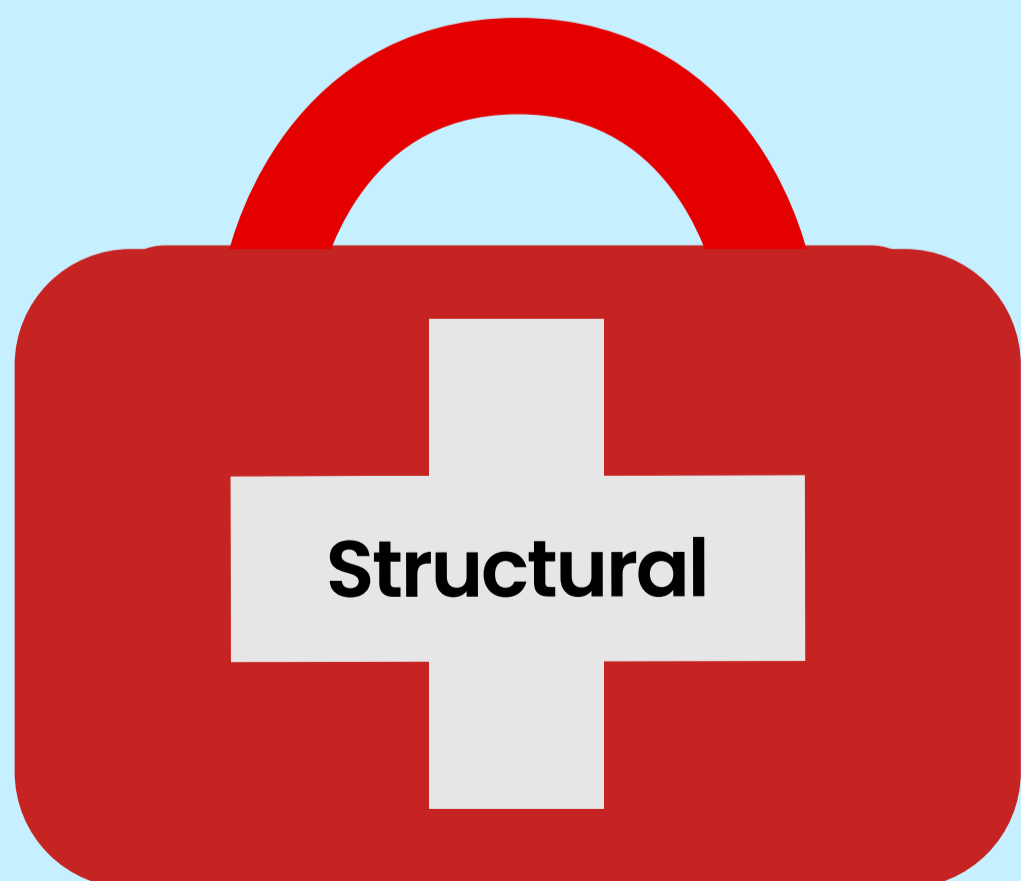
SOLUTIONS LANDSCAPE



- Nursing Community Assessment Service (NCAS)
 - Assists IENs to practice in Canada
- B.C. Nurses Union (BCNU)
 - Focuses on the retention and health of existing nurses
- At home care
 - Prevents rehospitalizations



- In 2021, the provincial government provided \$5 million to its B.C. universities to expand the scope of practice, specialty training and available spots in their nursing programs
- Canada's Student Loan Forgiveness for Nurses program
 - Aims to forgive nursing graduates' student loans if they work in underserved areas of the country



- A current solution being implemented is team based care
 - Enables multiple practitioners to work together to enable fellow team members to focus on their specific roles

How does B.C. compare to other provinces?

- Provincial government & Nurses Union agreement:
 - New recruits signing bonus
 - Reimburse Licensing Fees for returning RNs
 - Mental health & child care support
 - Student Bursaries

Newfoundland and Labrador

- Recruitment incentives for 2-year signed nurses:
 - Full-time work with benefits & \$1,100+ relocation allowance

Prince Edward Island

- Department of Health and Social Services to invest \$6 million to retain and recruit nurses

Northwest Territories, Yukon, Nunavut

British Columbia

- \$12 million to expedite IEN processing & licensing, create bursaries and implement nurse-navigator positions
- Public post-secondary institutions granted 602 new nursing seats
- 6 B.C. universities to implement a Master's of Indigenous Nursing

Saskatchewan

- Philippines nurse recruitment campaign with relocation incentives

Ontario

- Grant for nurses who will work 2 years in city where they studied
- 2,000 new post-sec nursing spots

New Brunswick

- Signing bonuses to recruit nurses from Quebec
- Conditional university designations for new BSc in nursing

Manitoba

- College of Registered Nurses of Manitoba expediting IEN application process and policies

Alberta

- IEN initiative by the Departments of Advanced Education, Health, and Labour and Immigration:
 - Nurse bridging
 - More clinical placements
 - Online platform for applicants

Quebec

- \$65 million foreign recruitment campaigns (Africa, Europe and Latin America)

Nova Scotia

- Provincial education funding to open 200 new nursing student seats



Progress for IENS in Canada

Alberta



- Advanced Education, Health, and Labour and Immigration departments created a campaign to reduce barriers for IENS
 - Features bridging programs, expanding clinical placements, and an online platform for applicants

British Columbia



- B.C has invested \$12 million to support IENS processing to implement “nurse navigator positions”
 - Probationary opportunities, offering bursaries for candidates and streamlining their regulatory processes

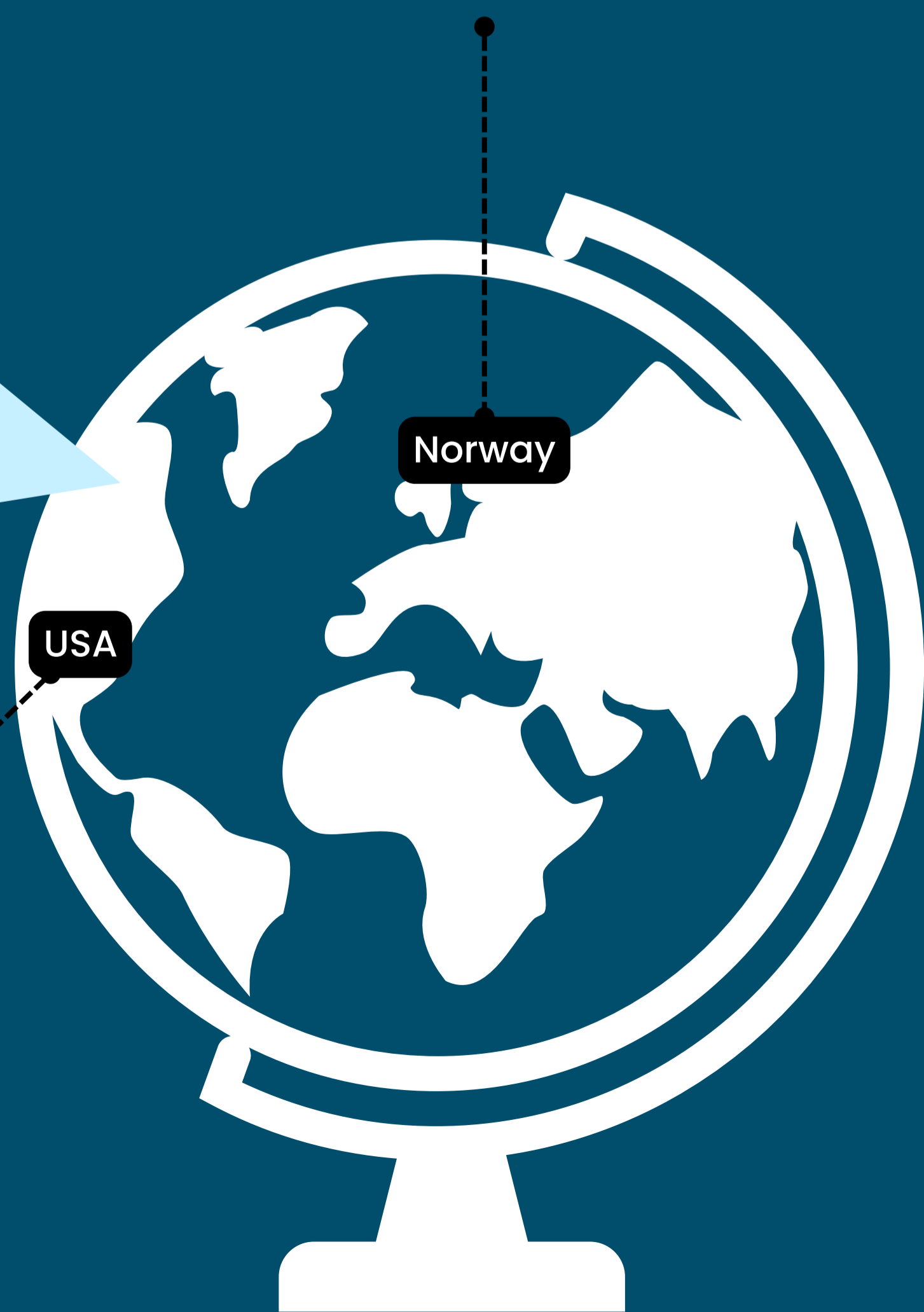
How does Canada compare to other countries?

- Norwegian government's enactment of the Competence Lift 2020-25 resulted in
 - Improving nurse workplace conditions, pay, retention, and other essential competencies in nursing
- Norway now has the highest number of nurses per capita in the world

Canada

Recently, Trudeau's federal government has proposed a 10-year, \$196-billion healthcare plan for all the provinces.

- The U.S. privatized system also faces a nursing shortage
 - This lack of success in the US is a result of regional disparities in nurses, lack of funding, and – similar to Canada – an aging population, lack of education, and the impacts of COVID-19



WE ASK

*how do we increase the supply of nurses
while also decreasing their workload*



Changes within the system require funding. As of March of this year, B.C. is now on track for an urgent \$273 million and \$27.47 billion for the next decade. Our team has asked how this additional funding may be best budgeted and utilized as a lever of change.

GAP

LEVER

1. Flawed nursing education

- The current nursing curriculum seems to be dependent on an "optimal system" with proper staffing and sufficient resources.
- New nurses often experience clinical culture shock, often referred to as the "theory-to-practice gap".



Restructuring nursing education:

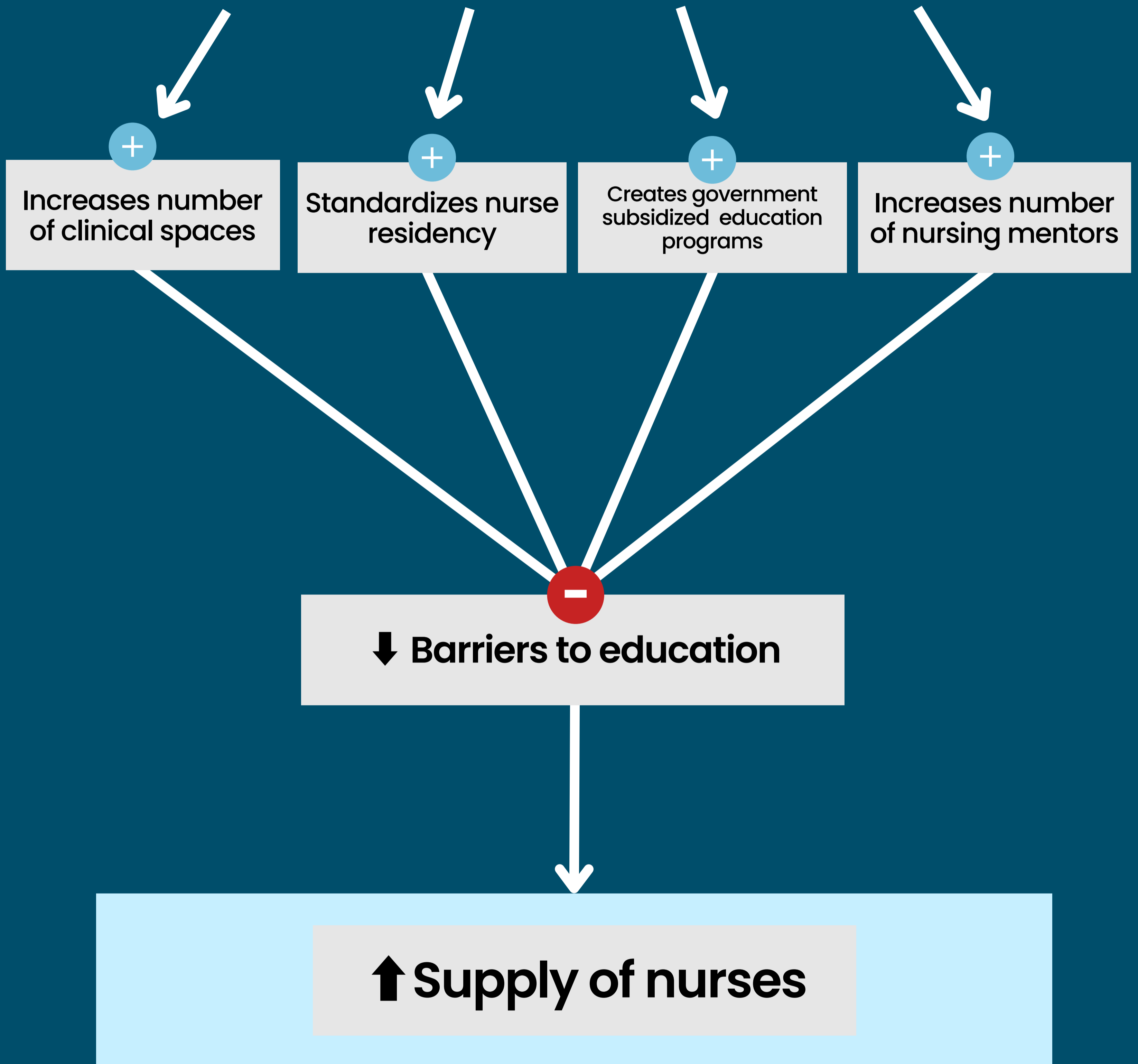
- Standardize nurse residency
- Provide continuous career mentorship
- Create government subsidized continuing education programs
 - Post-graduate degrees
 - Specialities
 - LPN to RN transitioning

"They always teach you how to work in an optimal system. They're not able to operate in the reality of the system."

- Sarah Sutanto, RN

By offering nurses the best start to their careers and continuous professional development, this preventative approach can create a more sustainable system that has higher retention rates which will reduce burnout, understaffing, and the complexity-experience gap.

Restructuring the education system



GAP

2. Lack of support for nurses

- Public health literacy is absent for many nurses. Many are not aware of their rights and though often limited, the services available to them.



LEVER

- A Pan-Canadian program can standardize support for all nurses
 - Universal peer support programs
 - Mental health resources or counsellors inside hospitals
 - National increase in nurse pay and benefits
 - Streamlining the documenting process, nurses can utilize speech to text software to spend more time on patient care and less time fulfilling regulatory requirements

"Nurses aren't taught on how to take care of themselves."

- Sarah Sutanto, RN

Supporting nurses through educating them on their rights, decreasing their documentation workload, and increasing their benefits, will enable the system to utilize nurses better, decrease the factors leading to burnout, increase retention, and reduce their workload.

Pan-Canadian Support Program

+

Universal Peer Support

+

Mental health resources or counsellors

+

National increase in nurse pay and benefits

+

Streamline the documenting process

-

↓ Workload and burnout for nurses

↑ Increase retention of nurses

From the front lines of patient care to the heart of medical decision-making, nurses are the essential **backbone** of the healthcare system.

