

Nurses offer the government a solution to Ontario's nursing shortage

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By Dr. Gordon Guyatt

(Spectator headline: Why aren't we enticing nurses as shortage looms?)

When it comes to the nursing profession, Ontario politicians have a habit of making astonishing statements.

Shortly after taking power in 1995, Mike Harris' Conservative government made major cuts in hospital funding. As a result, 8,500 nurses lost their jobs, and the government paid almost \$400 million in severance. Hospitals, to save money, moved to greater reliance on part-time and casual nurses.

Justifying the cuts, Harris compared the nurses to obsolete hula-hoop makers. Nurses expressed dismay at Harris' apparent contempt.

On May 6, provincial Health Minister Tony Clement made a comment that was almost as extraordinary. In dealing with the SARS epidemic, officials had to stop the common practice of nurses working as casual labor at two or more hospitals because of the risk that they might spread infection across the city. Clement said he was surprised at the large number of nurses working at multiple hospitals.

Why did Clement's remark outrage the nurses? Since 1998, professional nursing groups, particularly the Registered Nurses Association of Ontario, have been giving health ministers a serious warning. High levels of part-time and casual employment are feeding a nursing shortage that is reaching crisis proportions.

The RNAO delivered the message to Clement a month into his health care portfolio. They presented him with the results of a survey of Ontario nurses who had left Canada for employment in the US. The majority of those nurses departed because hospital downsizing had resulted in a lack of full-time employment.

Tory policies in the home care sector have made that problem worse. Until

1995 not-for-profit providers like the Victorian Order of Nurses dominated home care delivery in Ontario. These organizations tended to employ full-time nurses.

The Harris government changed the rules, and investor-owned private for-profit firms have taken over a majority of home care delivery. With their focus on the bottom line, the for-profit companies have changed hiring practices. Now, nearly 70 per cent of home-care nurses are employed on a part-time or casual basis.

To persuade Clement to increase the number of full-time positions, the nursing organizations have offered powerful arguments. First, they point out that hospitals and home care providers are having difficulty filling nursing positions. The Hamilton situation is typical. Last autumn, Hamilton Health Sciences and St. Joseph's Hospital reported a total of 230 unfilled nursing positions.

This frightening situation is likely to get worse. The average age of Canadian nurses is 46. Half of those currently working will retire in the next 15 years, a period when the aging population will mean increased need for nurses. The Canadian Nurses Association has predicted a shortfall of 78,000 nurses by 2011 and 113,000 by 2016.

The nurses' second argument for increasing full-time positions notes that, historically, about 70% of nurses have had full-time jobs. That is still true in the US, where 71.6% of nurses work full-time. In Ontario, as a result of the shift to part-time work, only 57% are working full-time.

The nurses' final argument relies on evidence from surveys suggesting that increasing opportunities for full-time work could help ease the shortage. For instance, in the RNAO survey of nurses who had left the country, 65% reported that assurance of full-time work would encourage them to return to Canada.

Nursing organizations have kept up the pressure. On April 30, RNAO president Adeline Falk-Rafael repeated the call. Falk-Rafael complained that the just-released provincial budget failed to do what was necessary to "create many more full-time employment positions to entice casual, part-time and agency nurses to stem the tide of hundreds of recent graduates to the US".

No wonder that when, just a few days later, Tony Clement expressed surprise at the number of nurses working casual hours in multiple hospitals, Falk-Rafael called the response ``mind-boggling."

While the Health Minister's apparent ignorance was distressing for the nurses, it did help them get their message out. The media found Clement's remark attention catching, and were primed to report the results of another survey that the RNAO released 6 days later.

The RNAO reported responses from over 2,000 registered nurses working part-time or casually in Ontario regarding what would make them consider full-time employment.

Of those surveyed, over 25% had turned to part-time or casual work because of the lack of full-time employment opportunities, and almost 25% reported working in multiple jobs.

Over 14% said they would prefer full-time work. Another 30% would move to full-time work under the right circumstances. For some, this would mean flexible scheduling. Others are looking for work in the clinical area of choice. Still others would work full-time if they were assured reasonable workloads.

The RNAO believes that if the government created suitable full-time jobs for all the nurses who want them, it would eliminate the nursing shortage. Perhaps when Tony Clement recovers from his surprise at the number of nurses working in multiple hospitals, he will act on the nurses' recommendations.