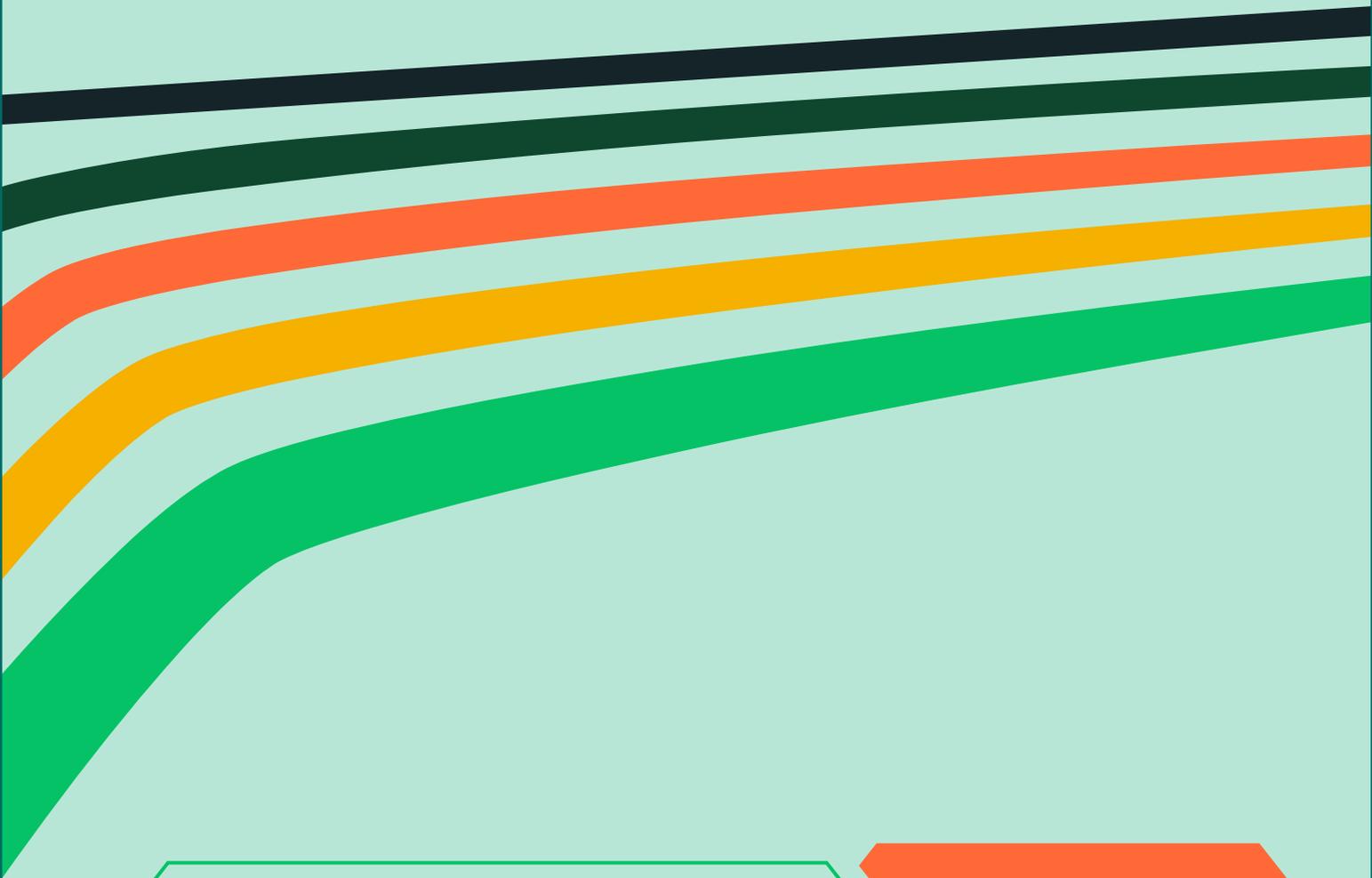




Nursing Career Pathways

Opportunities and Barriers



2023

 RNAO

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Introduction

Nursing is a profession that has the power to inspire, attract and fulfill people who choose to care for the wellbeing of others with knowledge and compassion. Nurses – the backbone of our health system – form the largest body of registered health professionals in Ontario and Canada. They work across the health system in various roles which together contribute to its effective functioning and the health of the public.

A mature and sophisticated profession, nursing presents a world of opportunities for new entrants. Countless educational and career pathways can be explored en route to a wide range of nursing roles, specialties, areas of practice and health settings. This report illustrates pathways to nursing and profiles nurses working across the health system. This report also provides context and data in support of recommendations to widen and strengthen the pathways to nursing careers in Ontario.

The central role of nurses demands that governments and employers show – in words and in deeds – robust and steady respect towards the nursing profession. Yet, this has by and large not happened in a meaningful way for almost three decades now.

The COVID-19 pandemic tipped our already-understaffed nursing workforce into a deep crisis. Over the past three years, nurses across Ontario have selflessly cared for the people of Ontario while risking their own health and safety and that of their loved ones. It has come at a cost. According to RNAO's 2022 [Nursing Through Crisis](#) report, Ontario's nurses are experiencing depression, anxiety and stress as never before. Seventy-five per cent of nurses are burnt out. Sixty-nine per cent of the more than 5,000 nurses surveyed reported their intention to leave their nursing position within five years.

The nursing crisis has meant that the health system has fallen into distress both in Ontario and across Canada. Emergency rooms and intensive care units have been forced to close due to nursing shortages. Surgeries, procedures and treatments have been cancelled and patient safety is put at risk. The crisis highlights the centrality of nursing, the vital roles that nurses play across the system, and the need to care for the people and the profession that cares for us.

The way to resolve this crisis is by making nursing an even more desirable profession in Ontario, building the incentives to attract new nurses and retain existing nurses, and enhance the pathways for nurses to expand their education, skills and roles.

Building nursing career pathways in Ontario

Ontario's nursing workforce, supported by an elaborate education and licensing system, is highly educated. The three classifications of nurses are rooted in their level of foundational formal education and entry-to-practice licensing requirements.

The scope of practice of a nurse expands with higher levels of education, as does the ability to care for unstable, complex patients/clients. Registered practical nurses (RPN) in Ontario must earn a two-year diploma in practical nursing. Registered nurses (RN) must earn a bachelor of science in nursing degree (BScN) or bachelor of nursing degree (BN). Nurse practitioners (NP), also known as "RNs, extended class," must earn a master's degree and NP certificate.

In addition to earning academic credentials, those who wish to practise nursing in Ontario must first pass a licensing exam and register with the province's regulatory body for nurses – the College of Nurses of Ontario. Many nurses return to the education system during their careers to attain higher levels of education and pursue new roles in different domains of practice.

Educational Pathways

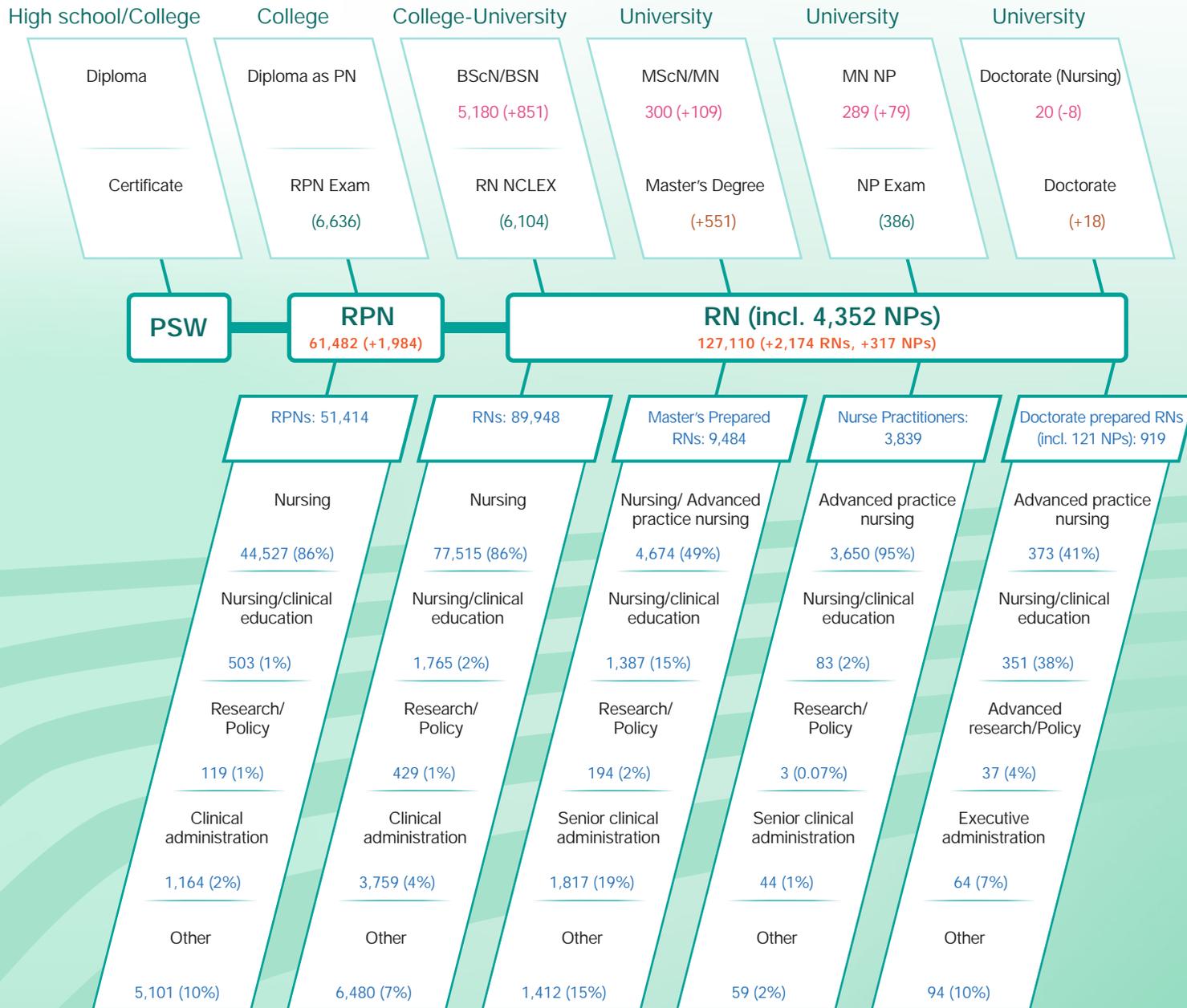
After attaining a high school diploma, prospective students can pursue any of the following:

- A college-level personal support worker (PSW) certificate would be the educational pathway to become a PSW.
- Completion of a college-level practical nursing diploma and RPN licensing exam would be the pathway necessary to become an RPN in Ontario.
- To become an RN in Ontario, the educational pathway includes attaining a bachelor's degree in nursing (for example: Standard, Generic, Collaborative, Accelerated, Fast Track, Advanced, Second-degree Entry, Compressed, LPN to RN and RPN to RN, Post-RN bachelor's) and passing the NCLEX examination.

After this step, RNs can choose to partake in the following educational pathways.

- To become a master's prepared RN (including APNs and CNSs), a master's degree in nursing or applicable subject is necessary.
- To become an NP, the educational pathway would include a master's degree in nursing and an NP certificate, as well as completion of an NP licensing examination.
- Master's prepared nurses can also attain a doctoral degree (PhD, DN, DNP) in nursing or another applicable subject.

Nursing career pathways: domains



Acronyms:

Exams for RPNs in Ontario: Regulatory Exam – Practical Nurse (REx-PN)

Exams for RNs in Ontario: National Council Licensure Examination – Registered Nurses (NCLEX-RN)

Exams for NPs. The NP candidate writes one of the following:

Adult-Gerontology Primary Care Nurse Practitioner Exam

Pediatric Primary Care Nurse Practitioner Exam

Canadian Nurse Practitioner Examination: Family/All Ages (CNPE:F/AA)

LEGEND

Education

Number of nurses registered with the CNO in 2022

Represented in orange: 188,592

Number of graduates with nursing degrees in the latest reported year (and change over previous reported year)

Represented in pink: 5,789 (+1031)

Number of CNO applicants who passed the licensing exam (in the latest reported year)

Represented in teal: 13,126

Functional specialties

Number of nurses employed in Ontario

Represented in blue: 155,604

Change in graduate-prepared RNs (incl. NPs) working in Ontario (over previous reported year)

Represented in brown: +569

Nurses are most often associated with clinical roles. Clinical nursing roles are characterized by the provision of nursing or advanced practice nursing care to patients, clients and/or residents in a health-care setting or within the public health sphere, including clinics, shelters, correctional facilities and more. Attaining a nursing specialty certification is a preferred way for nurses practicing in the clinical domain to engage in continuing education and professional development. The Canadian Nurses Association (CNA) Certification program currently consists of 22 nursing practice specialties, with 19 exams offered (Appendix D). Nurses in Ontario may also choose to engage in further education to attain a specialty certificate in a specific practice area. For example, some colleges and universities in Ontario offer continuing professional development certificates for nurses to help them build their knowledge and skills in areas such as critical care, surgeries and surgical care, obstetrics, leadership and education.

Nurses can also advance their education to pursue different nursing designations. RPNs often “bridge” to RN roles to expand their scope of clinical practice. Personal support workers (PSW) may choose to bridge to nursing roles through continuing education and licensing. While most nurses work as staff nurses, some choose to attain a master’s degree in nursing and serve in advanced practice nursing and clinical nurse specialist roles. These “master’s prepared” nurses contribute to the health system in a variety of clinical roles:

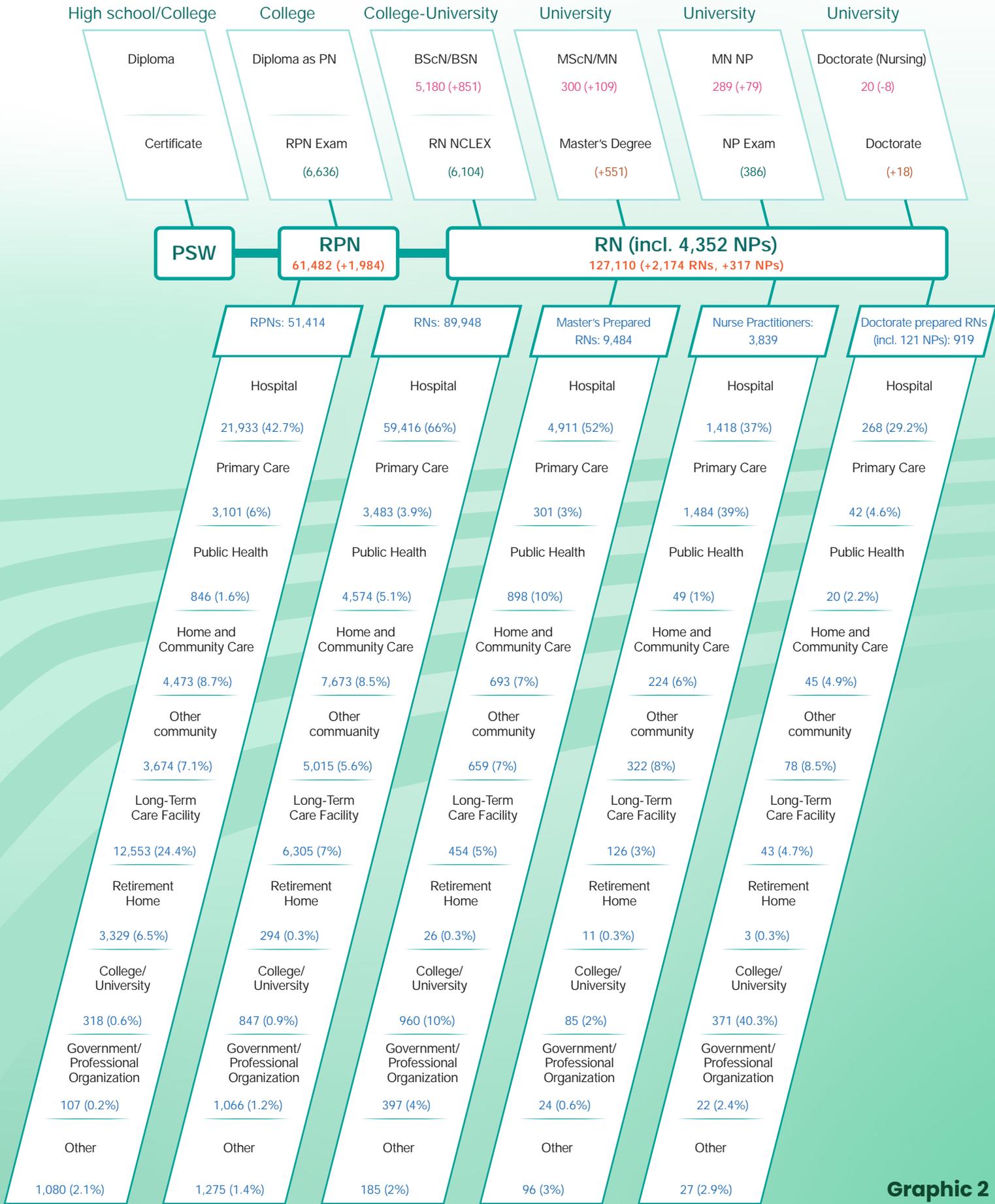
- Clinical nurse specialists (CNS) hold a master’s degree or doctorate from a nursing program and develop expertise in a clinical nursing specialty, providing specialized care for clients with highly complex needs.
- NPs hold at minimum a master’s degree in nursing and an NP certificate, and are authorized to diagnose, order and interpret diagnostic tests, and prescribe medications and other treatments.

The expertise of nurses in all clinical roles advances quality health outcomes for Ontarians and for our health system.

Nurses may decide to attain master’s degrees or doctorate-level degrees – whether a PhD or doctorate of nursing (DN), a doctorate of nursing practice (DNP) in nursing, or a graduate degree in a related discipline:

- PhD studies help nurses develop high-level leadership, analytical and research skills needed to address complex clinical, theoretical, and health-system issues, as well as advance the boundaries of nursing knowledge.
- DN/DNP studies are focused on applying research knowledge to positively impact nursing practice, clinical innovations, care delivery, nursing education and the health-care system.

Nursing career pathways: sectors



Graphic 2

While most nurses prepared at the master's and doctorate levels remain in clinical nursing roles, a growing proportion work within the education, research, policy and administrative domains. Nursing administrative positions span from middle management roles to executive positions – they include manager, director, chief nursing executive, chief nurse officer and more.

Nursing expertise in leadership roles is paramount in all domains of practice. Nurse leaders serve as a voice for nursing within health-care settings, providing a health-focused perspective. They direct attention to social and environmental determinants of health, inspiring evidence-based practice and improving health outcomes, shaping healthy work environments, transforming health policies, and advancing health systems.

Nurses also contribute to bettering the health system and nursing profession through research and policy roles. The expert research and analytical skills of nurse researchers and policy analysts help advance nursing science, nursing education, health policy and health outcomes – through robust evidence, innovative programs and policy work.

Education is a crucial domain of nursing practice. The next generation of nurses depends on an adequate supply of high-quality nurse educators to provide nursing education in clinical and academic settings.

Nurses working in all domains and roles can be found across multiple settings in the health system. These include public health, primary care, hospitals, home and community care, long-term care, retirement homes, colleges and universities, government and professional associations and many other settings. Regardless of setting and role, nurses draw on their nursing knowledge, skills, and judgment to provide expert care and services to persons, communities and the health system. Effective functioning of a health system that provides access to all in Ontario requires nurses be engaged vibrantly across all health sectors and systems of care.

Ontario's nursing workforce

The College of Nurses of Ontario (CNO) is the regulatory body for nurses in Ontario. Nurses must be registered and in good standing with the CNO to practise nursing in Ontario. Data from the CNO provides insight regarding the nursing workforce in Ontario, allowing workforce trends to be monitored. Such monitoring is crucial in the context of the Ontario nursing crisis.

Nurses registered to practise in Ontario				
CNO registrants	Total registrants (including registrants in the non-practising class, as of 2022)	Change from 2021	Number of registrants who are employed in nursing in Ontario (2022)	Proportion of registrants who are not practising nursing in Ontario (2022)
RPN	61,482	+1,984	51,414	16.4%
RN	122,758	+2,174	100,230 RNs (including 9,484 Master's prepared and 798 PhD prepared)	18.4%
NP	4,352	+317	3,960 NPs (including 121 PhD prepared)	9%
Grand total	188,592	+4,475	155,604	17.5%

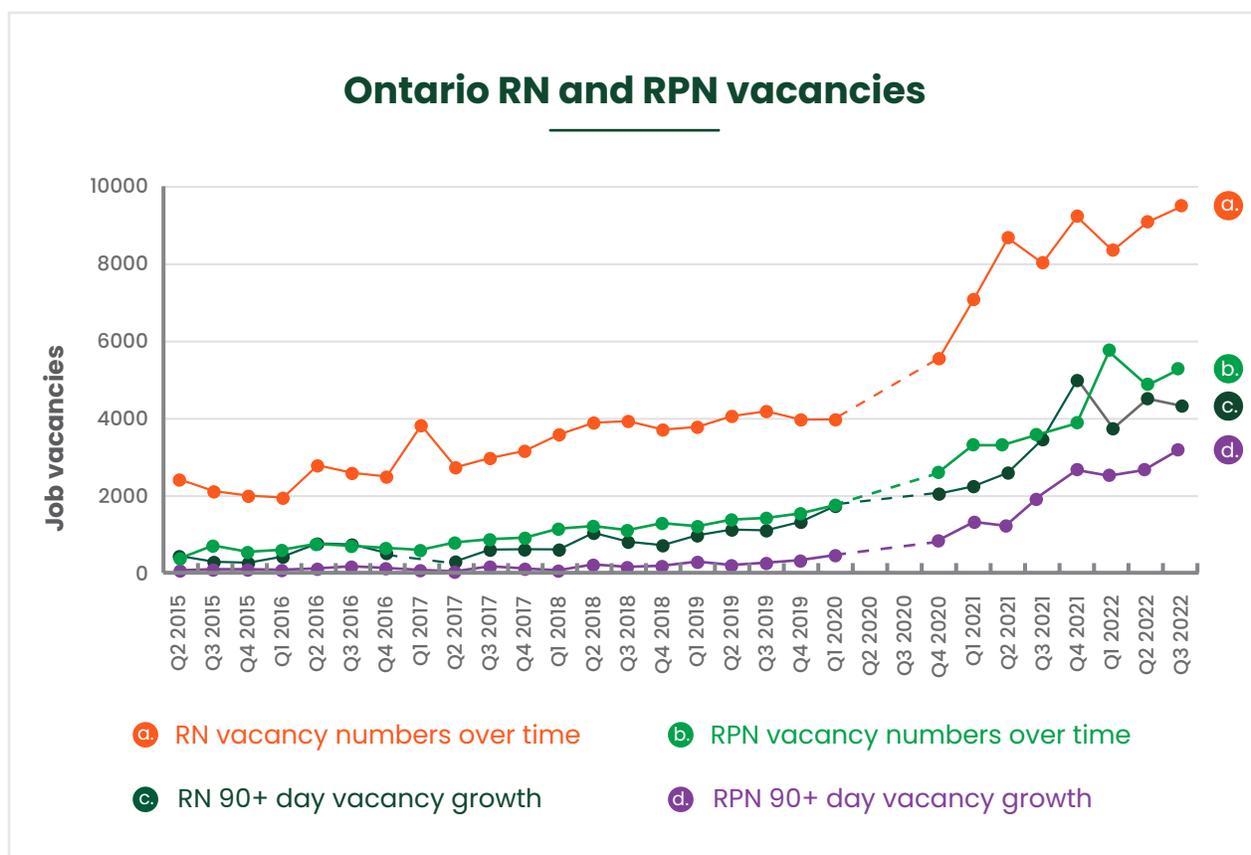
Source: CNO (2022b).

Not all CNO registrants, however, are currently participating in Ontario's nursing workforce. At present, this group, encompassing nearly 18 per cent of CNO registrants, includes:

- nurses in the "non-practising class"
- nurses working outside of Ontario
- nurses who are seeking employment in nursing
- nurses who are not seeking employment in nursing
- nurses who are on leave

The percentage of CNO registrants not engaged in Ontario’s nursing workforce has consistently risen over the years, showing that an increasing proportion of nurses registered in Ontario are choosing not to practise nursing in Ontario.

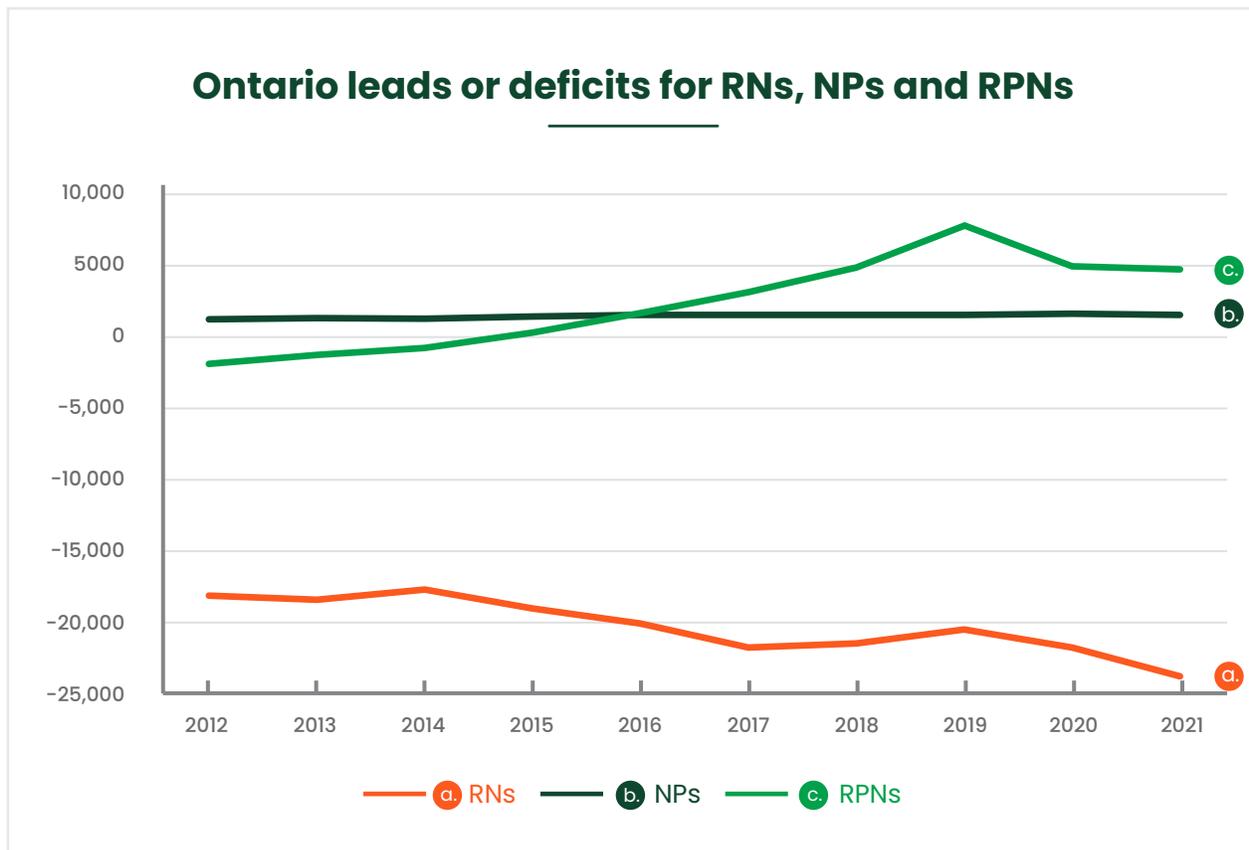
This is contributing to Ontario’s present nursing crisis where we find ourselves with a growing number of nursing vacancies. In fact, according to Statistics Canada, RN and RPN vacancies – and the number of Ontario nursing vacancies that have remained unfilled for 90 days or more – have more than doubled since the start of the pandemic.



Source: Statistics Canada (2022a).

Indeed, Ontario entered the COVID-19 pandemic nearly 22,000 RNs short of the rest of Canada on a per-capita basis. Over the course of the pandemic, this gap has grown to 24,000 RNs. This means Ontario would need 24,000 more RNs to bring the province to the same RN-per-population ratio as the rest of Canada.

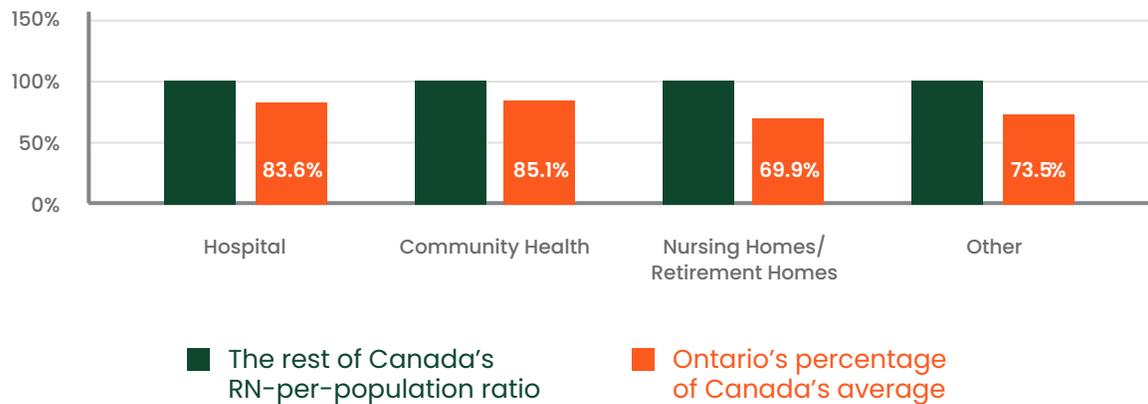
Ontario leads or deficits for RNs, NPs and RPNs



Source: Calculation by RNAO. RN statistics from Canadian Institute for Health Information (2022). Population statistics from Statistics Canada (2022b).

Moreover, when comparing sector-specific RN-per-population ratios with the rest of Canada, Ontario's ratio of RNs is lower than the rest of Canada for every sector. Overall, the Ontario RN-per-population ratio in 2020 was 80.6 per cent of the average for the rest of Canada, but it varied by sector. The ratio was slightly higher in the hospital sector and the community sector, while the gap is very large in the LTC/retirement home sector and other sectors.

RN crisis in Ontario: sector-specific data



Source: Calculation by RNAO. RN statistics from Canadian Institute for Health Information (2022). Population statistics from Statistics Canada (2022b).

If we want to address the nursing crisis in Ontario, the first task is to tackle the barriers standing in the way of retaining and recruiting nurses and advancing their career pathways. Policymakers should start by addressing the barriers to retention, including compensation and workloads. They must also leverage opportunities to pave the way for a brighter future for nursing in Ontario. This is the only way to emerge from this crisis with a stronger nursing profession and health system.

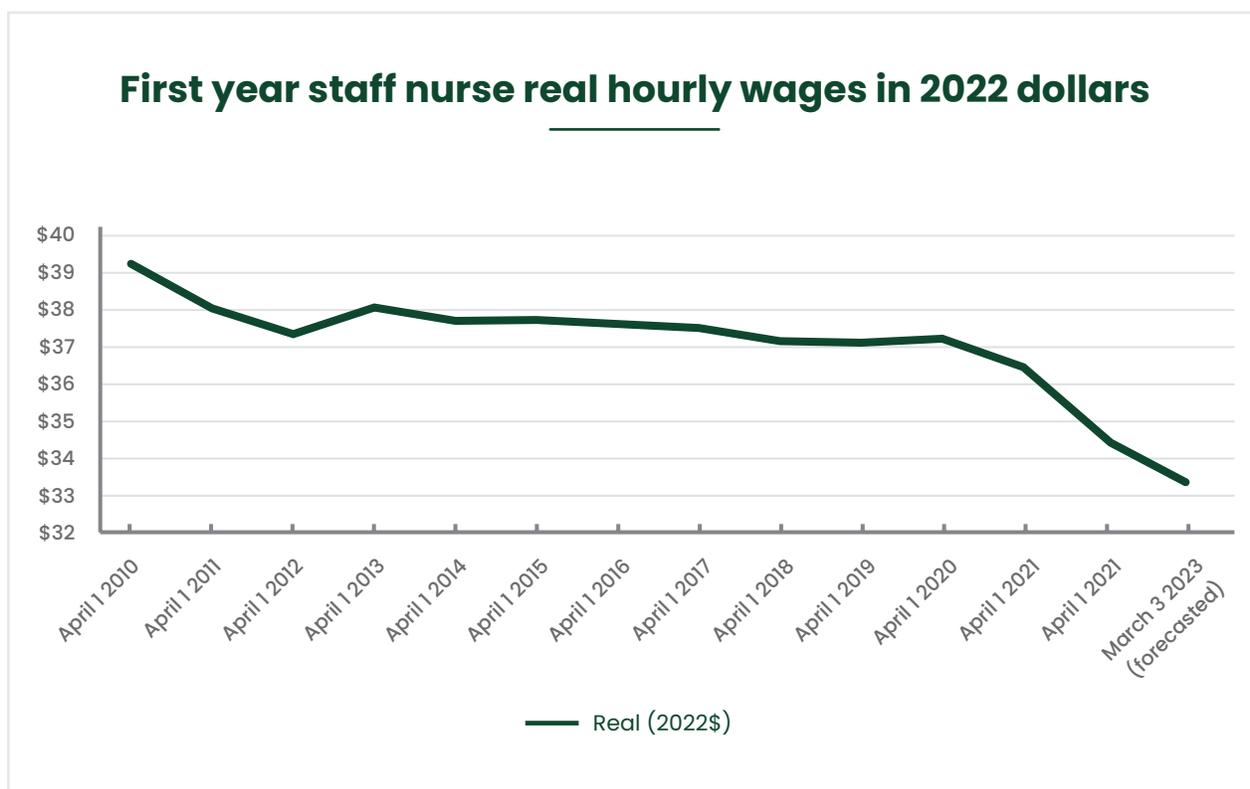
The recommendations that follow will bring about transformational change to Ontario's nursing profession and health system, if implemented.

Opportunities, barriers and recommendations

BARRIER B1: Compensation

See graphic 3 on page 14

- The income of nurses, in real terms, has been in decline since 2010 and dropped precipitously due to government wage restraint legislation and historically high inflation.



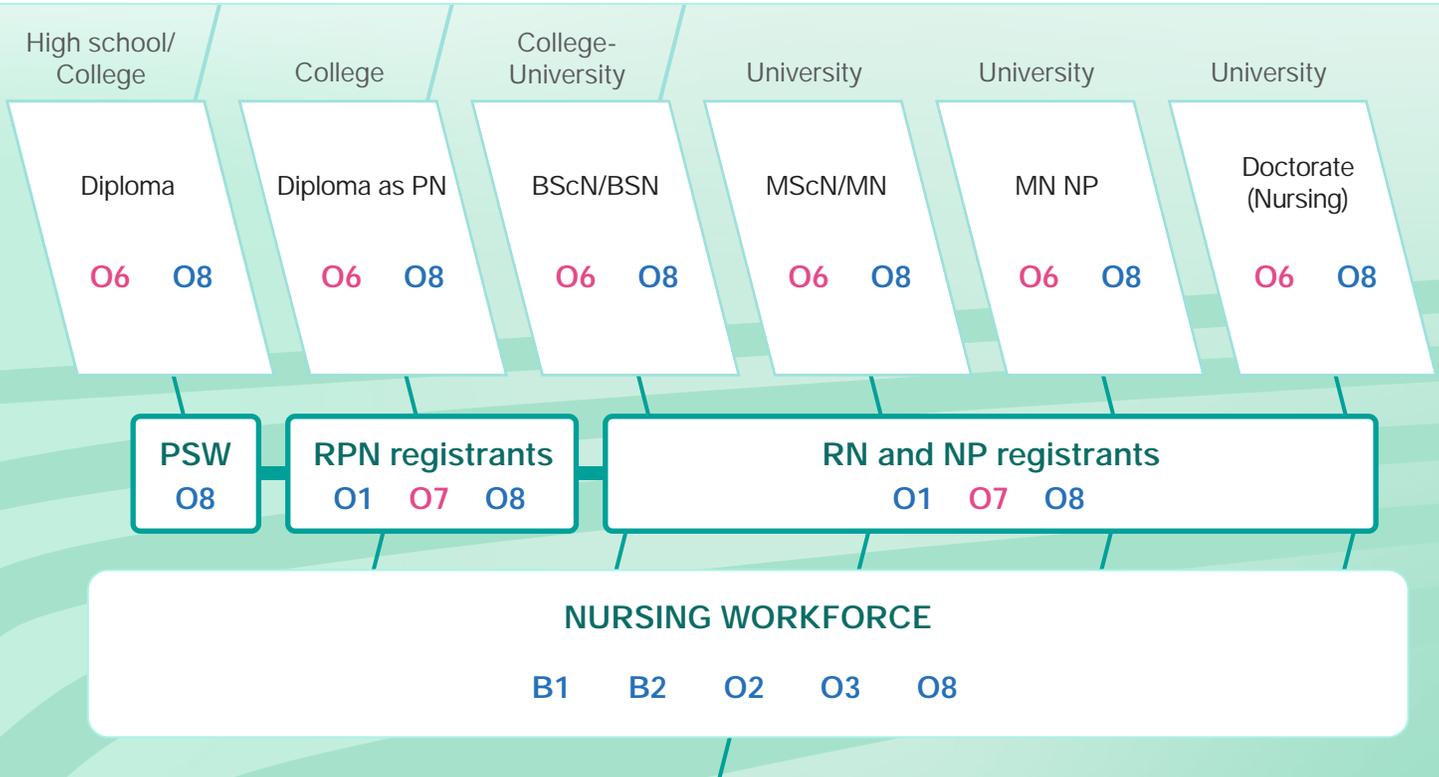
Sources: Ontario Nurses' Association (2021), page 89, Article 19; Statistics Canada (2023), Table 18-10-0005-01; Bank of Canada (2023), page 9, Table 1.

- There are significant wage disparities within and between nursing classifications, and across different sectors.
- Wage compression within the profession discourages nurses from assuming the responsibilities and accountabilities associated with higher nursing classifications.

Nursing career pathways: opportunities and barriers

Entry pool: General Population | Internationally Educated Nurses | Pre-Qualified Candidates

O4 O5 O8



Re-entry pool: Non-Registered Nurses (Retired | Resigned | Not Renewed)

O1 O7 O8

LEGEND

Retention

Recruitment

O=Opportunity

B=Barrier

B1: Compensation

B2: Workloads

O1: Provide mentorship supports

O2: Provide leadership training

O3: Increase career development opportunities

O4: Register internationally educated nurses

O5: Increase nursing education seats and funding

O6: Expand nursing education pathways

O7: Return nurses to the workforce

O8: Eliminate racism and discrimination

Inadequate compensation has been identified as a significant barrier to nurse retention in several recent large-scale reports (Ben Ahmed and Bourgeault, 2022; RNAO, 2022; Tomblin Murphy et al., 2022). The enormous stress of the COVID-19 pandemic, combined with the disdain of the Ontario government embodied in Bill 124, has caused a serious nursing retention issue in Ontario. That issue has been further compounded by the government's appeal of the Superior Court decision declaring Bill 124 to be "void and of no effect."

Low salaries offered to NPs, in addition to the drastic shortage of RN support, has made it difficult to attract NPs into sectors and roles where they are needed such as long-term care and corrections. And government increases to PSW wages, while fully warranted, have narrowed the gap between PSW and RPN salaries, creating a disincentive for RPNs to continue assuming the professional liabilities associated with nursing.

We note that these long-standing compensation issues affect not only individual nurses, but entire sectors of their practice. For example, organizations representing the Ontario home care and long-term care sectors have called for wage parity as a key recruitment and retention factor for nurses in these sectors (Home Care Ontario 2022; Ontario Community Support Association, 2022; AdvantAge Ontario, 2023). This issue predates the current century, as evidenced by the landmark report, *Good Nursing, Good Health: An Investment for the 21st Century*: "Salary differentials compared with other sectors, mainly reported in home care sector and also in LTC, is a significant retention and recruitment impediment" (Strelieff et al., 1999).

RECOMMENDATIONS:

- Increase compensation for Ontario nurses in all roles, domains and sectors so it is competitive with compensation in other jurisdictions, including the U.S.
- Address pay disparities among nurses working in different sectors, including home care and long-term care, by harmonizing their compensation upwards.

BARRIER B2: Workloads

See graphic 3 on page 14

The long-standing and detrimental impact of RN understaffing on patient care and nurse wellness is well-documented in several national surveys. As far back as 2005, data from Statistics Canada showed that a high percentage of nurses experienced work overload, preventing them from providing high-quality care (Statistics Canada, 2005). Results from comprehensive surveys reported in *Nursing Through Crisis* (RNAO, 2022) demonstrate that nurses are being confronted with heavier workloads than ever before, which is contributing to increasing burnout, stress, depression, anxiety, and turnover. When Canadian nurses were asked about work-related concerns resulting from the pandemic, their most frequently identified concerns were staffing levels, skills mix and managing workload.

Personal concerns: Per cent “moderately or extremely concerned”

60.3%

expressed concerns about staffing levels (number of staff/ratios of staff to patients/clients)

53.8%

expressed concerns about skills mix (number/ratios of the right kinds of staff)

53.3%

expressed concern about managing workload

Nurses who were moderately or extremely concerned about staffing levels, skills mix and workload had significantly higher scores for depression, anxiety, stress, disengagement and exhaustion, compared with those who were not at all, slightly or somewhat concerned across the three work factors. Further, the top retention factors for nurses planning to leave the profession were better workplace supports (68.3 per cent) and reduced workloads (63.3 per cent).

68.3%

The top retention factor was better workplace supports

63.3%

Reduced workload

Other retention factors:

58.3%

Ability to adjust work schedules

55.4%

Improved benefits

43.4%

Better career development opportunities

RECOMMENDATIONS:

- Ensure safe and healthy workloads for nurses by increasing nurse staffing and supports across all sectors.
- Implement evidence-based recommendations to retain and recruit nurses by providing full-time employment, mentorship and professional development, occupational health and safety measures and enforcement, as well as safe workloads.

OPPORTUNITY 01: Provide mentorship supports

See graphic 3 on page 14

According to *Nursing Through Crisis* (RNAO, 2022):

- 21.5 per cent of potential nurse retirees indicated that more mentoring opportunities and spending less time in direct care might persuade them to stay in the profession.
- 24.5 per cent of nurses reported that better access to mentoring might keep them from leaving the profession.

Report findings also highlighted that early-career nurses are particularly vulnerable to turnover. However, the risk of turnover can be mitigated through effective transition supports such as mentorship. The following recommendation from the 1999 report *Good Nursing, Good Health*, reinforces the need for improved transition supports for new nurses: “Provide sufficient financial resources to employers to provide time and opportunities for experienced nurses to teach new nurses” (Strelloff et al. 1999).

RECOMMENDATIONS:

- Expand the Nursing Graduate Guarantee (NGG) to include all new nursing registrants in Ontario and internationally educated nurses (IEN).
- Reinstate the Late Career Nurse Initiative (LCNI), and encourage recently retired nurses to return as mentors for new graduates.

Upon the inception of the NGG program in 2007, the Ontario government invested \$89 million to benefit up to 4,000 new nursing graduates in Ontario. Funding allocations for this program have dropped significantly, with only 1,019 new nurses benefitting from the NGG program in 2021–2022.

The ministry of health has indicated that the LCNI is no longer being offered at this time, despite public commitments from the current government to reinstate this initiative.

In addition to the above policy priorities, RNAO has created programming to make mentorship opportunities available to all nurses as they progress through their careers to ensure supportive experiences. RNAO has also created a “health and wellbeing” stream of its Advanced Clinical Practice Fellowship (ACPF), through which RN or NP participants can focus on promoting wellbeing and creating a healthy work environment, improving retention or recruitment of nurses, or providing mentorship or support for new staff.

OPPORTUNITY 02: Provide leadership training

See graphic 3 on page 14

Nurses who are in current or prospective leadership roles must have access to training, to ensure that they are able to effectively lead their teams (Ben Ahmed and Bourgeault, 2022; RNAO, 2022). According to *Nursing Through Crisis*, different perceptions between front-line nurses and their management counterparts regarding workplace control and support reinforce the need for leadership programs. Such programs must enable management to better understand the needs of front-line nurses, leading to greater retention (RNAO, 2022).

RECOMMENDATION:

- Provide nurse leaders with leadership training and supports.

In 2022, RNAO launched a series of nursing leadership programs intended to provide the skills needed to lead in the context of nursing human resource constraints. The first virtual Leadership and Management for Nurses Program was made open to RNs, NPs and RPNs in managerial roles in Ontario hospital or long-term care settings. The program serves to enhance key knowledge and skills to achieve goals, support shared decision-making and create healthy work environments and team functioning.

OPPORTUNITY 03: Increase career development opportunities

See graphic 3 on page 14

There is considerable evidence linking continuing education and professional development opportunities to improved nurse retention. According to *Nursing Through Crisis*, 43.4 per cent of nurse participants who indicated that they were planning to leave the profession cited “better career development opportunities” as a key retention factor (RNAO, 2022). Moreover, expanding scope of practice for RNs and NPs and scaling out innovative models of care would provide meaningful career development opportunities for nurses. Unfortunately, RNs and NPs face legislative and regulatory barriers that prevent them from functioning to their full scope (RNAO, 2019; RNAO, 2021).

Nurses also often face challenges when attempting to further their education, including tuition and other education-related costs, work and family obligations, time commitments and lack of funding resources. This can be evidenced by the fact that there were 6,587 Ontario nurses with a CNA specialty certification in 2021 (Appendix D), representing only four per cent of Ontario’s workforce. Nurses have expressed that access to accessible and funded continuing education opportunities would influence their decision to migrate to another province (Lalonde et al., 2013). In the context of heavy workloads, increasing patient acuity, long hours and overtime, nurses feel they need to be compensated for the time and expenses associated with continuing education activities (Lalonde et al., 2013).

RECOMMENDATIONS:

- Expand RN scope of practice to include RN prescribing.
- Expand NP scope of practice and innovative models of care, including more NP-led clinics.
- Increase funding and resources for nurses to pursue continuing education, professional development and nursing specialty certifications.
- Provide nurses with time off, flexible work scheduling and compensation when pursuing continuing education.

OPPORTUNITY 04: Register internationally educated nurses

See graphic 3 on page 14

RNAO's analysis of the Fairness Commissioner's *Fair Registration Practices Report 2020* showed a backlog of up to 26,000 IEN applications with the CNO in 2020. RNAO has long urged the CNO to adopt a more streamlined approach to process IEN applications of nurses who are already in Canada – one that avoids the international recruitment or “poaching” of nurses that has caused much harm in disadvantaged regions of the world (World Health Organization, 2020). RNAO's advocacy, especially over the past couple of years, has been instrumental in influencing the government and the CNO to make significant efforts to improve registration processes for IENs in 2022. According to CNO data, 4,942 new IEN registrants have been registered with the CNO over the past 12 months (as of Feb. 1, 2023) while 5,965 IENs are still in the CNO applicant queue (CNO, 2023a; CNO, 2023b).

RECOMMENDATION:

- Continue to implement policies and programs to ensure IENs who reside in Canada and want to practise in Ontario are registered with the CNO in a timely manner.

OPPORTUNITY 05: Increase nursing education seats and funding

See graphic 3 on page 14

Multiple nursing schools in Ontario have cited an increase in applications, indicating that there is a large potential pool of future nurses that could be recruited into the profession. Recruitment of new nurses must be of great priority in Ontario, to address the ongoing nursing human resources crisis in the province. To leverage the increased interest in nursing education in Ontario, we must make concerted efforts to further expand the enrolment capacity of domestic nursing schools.

RECOMMENDATIONS:

- Increase the supply of RNs by further increasing enrolments and funding for four-year baccalaureate nursing programs, second entry/compressed programs and RPN-to-RN bridging programs by 10 per cent per year for five years.
- Compress the RPN-to-BScN bridging programs to two years.
- Support faculty retention and recruitment in both college and university programs as a critical strategy to increase the RN supply in Ontario.
- Increase the supply of masters and PhD/DNP/DN-prepared RNs by increasing enrolments and funding for these nursing programs.
- Increase the supply of NPs by increasing the funding and capacity for student-NP seats and associated program costs. This should include enabling more NPs to be prepared at the PhD/DNP/DN levels for faculty support.
- Support a 50 per cent increase in the number of NPs by 2030 as set out in RNAO's 2021 NP Task Force report, *Vision for Tomorrow*.

Due to the financial and personal costs associated with pursuing advanced education, and the need for more graduate-prepared nurses, we urge the government to provide fully-funded tuition packages for all types of nursing programs, with special priority for MN-NP, MN/MScN and doctoral nursing programs. These funding packages should include full tuition and an annual stipend or salary for the duration of the studies (Johnson, 2021). See appendix A on page 35 for existing government pledges and commitments for nursing education.

OPPORTUNITY 06: Expand nursing education pathways

See graphic 3 on page 14

We have the opportunity in Ontario to capitalize on the eagerness of many nurses, throughout their careers, to return to the education system in pursuit of deeper knowledge, additional skills and more advanced roles in the health system. Some international jurisdictions offer a wider variety of compressed and accelerated education pathways than Ontario, allowing nurses to bridge between nursing classifications and/or advance their education, skills and training. Ontario could be at risk of losing nurses due to the greater accessibility of education pathways in other countries. Ontario has the capacity to offer these opportunities in the province.

RECOMMENDATION:

- Develop expanded and optimized nursing education pathways similar to the U.S. and other countries to encourage nurses to advance their nursing education and careers in Ontario.

OPPORTUNITY 07: Return nurses to the workforce

See graphic 3 on page 14

As of 2021/2022, there were 10,068 RPNs, 22,528 RNs, and 392 NPs registered with CNO as “non-practising” or otherwise not employed in nursing in Ontario (CNO, 2022b). These people – 32,988 in total – represent a pool of nurses who could potentially be brought back into the nursing workforce by putting into place effective retention and recruitment policies and programs:

14,900

“non-practising class”

3,618

working outside of Ontario

5,596

seeking nursing employment

3,005

not seeking nursing employment

5,869

on leave

RECOMMENDATION:

- Establish a “Return to Nursing Now” program to attract CNO registrants back into Ontario’s nursing workforce.

OPPORTUNITY 08: Eliminate racism and discrimination

See graphic 3 on page 14

Racism and discrimination form a public health crisis that contributes to health and socio-economic disparities across Ontario. Systemic racism and all forms of discrimination exist, too, within the nursing profession. RNAO's [Black Nurses Task Force report](#) addressed in detail the microaggressions and discrimination experienced by Black nurses from colleagues, patients, families and superiors – in both workplace and academic settings – and the profound impact it has on their lives and careers.

Black nurses are not alone in confronting systemic racism and discrimination in the profession. Other racialized nurses, Indigenous nurses and 2SLGBTQI+ people have also historically experienced, and continue to experience, discrimination and prejudice in the nursing profession and the health system.

For all nurses in these groups, racism and discrimination exist as foundational barriers to educational and career pathways to other roles and sectors and to educational attainment, professional development and career advancement. They also exist as barriers to health in the workplace. We know from our evidence-based guideline development work that, just as safe and inclusive environments are needed to enable nurses to optimize health outcomes for those receiving care, so are safe and inclusive environments essential to the health, wellbeing and dignity of those providing that care.

The current nursing and health system crisis presents an opportunity to build nursing careers in Ontario. That opportunity, properly and fully realized, means ridding the nursing profession – its organizations, regulatory bodies, associations and the broader health system – of systemic racism and discrimination in all its forms.

The barriers identified in this report – compensation and workload – may also disproportionately affect those impacted by systemic racism and discrimination in Ontario. These barriers will only be fully dismantled when compensation and workloads are equitably distributed within the profession. Similarly, all pathways through the education system and into and out of sectors and roles must be open to all nurses and ensure diversity, equity and inclusion (DEI) in the nursing profession.

RECOMMENDATIONS:

- Mandate the collection of race-based data by the CNO.
- Provide cultural safety education and awareness building at individual, organizational and policy levels.
- Incorporate DEI principles in all health human resources policies to ensure fair and equitable access to educational opportunities, professional development and career advancement potential.
- Ensure programs that support DEI, such as mentorship, are available in all workplaces.

Nursing profiles

The public most often associates nurses with clinical roles and bedside care. Yet, nursing is a mature, diverse and sophisticated profession with countless educational and career pathways to explore. With such a variety of career routes and roles, nurses form the backbone of our health system. These profiled health-care workers are just a few of the unheralded tens-of-thousands who ensure that Ontarians receive the care they need:



**Diana
Mugambi**

BScN student

George Brown and Toronto Metropolitan University

I am a second-year BScN student in the collaborative program at George Brown and Toronto Metropolitan University. I initially started working as a personal support worker to earn an income to support myself as a 21-year-old who had just immigrated to Canada. I am grateful for the eight years of experience I had while working as a PSW because they stirred within me a passion to further my career in nursing. I discovered my desire to bring tangible change in human lives. People often ask what's like transitioning from a PSW to a baccalaureate program and my simplest answer is that passion breaks all barriers.



Jennifer Ferris

RPN

Clinical Lead for Pain and Palliative Care Fairview Lodge, Whitby

When given the clinical lead position for pain and palliative care at Fairview Lodge, I thought the universe was aligning for me. After losing close family members, I made a personal commitment to ensure my residents receive the best possible care and that their families feel supported. As a nurse, palliative care became a passion for me. There is joy in knowing I have done everything possible to manage pain and to provide honourable, dignified and respectful care. Our role as nurses is to learn, improve, listen, and always be open to feedback from our interprofessional colleagues.



Marilou Ahmad

RN, BScN, CCU course

**Critical Care Unit nurse
Michael Garron Hospital, Toronto**

“I want to be a nurse someday,” I wished as a girl, inspired by nurses in their white uniform and nursing cap. My dream came true when my father enrolled me in nursing school in the Philippines. Interacting with people physically, emotionally and psychologically is exciting, scary and frustrating at times – but I found my true potential and strength in serving others. As a bedside nurse for 35 years – 20 in Ontario – the greatest reward has been making a difference in people’s lives. Later in my career I took on the challenging role of critical care RN. The responsibility of caring for acute cardiac patients and others with life-threatening conditions is enormously rewarding and inspiring. This is my dream fulfilled – I will always be proud to be a nurse!



**Marisa
Bannavong**

RN

Yonge Street Mission, Toronto

I was initially inspired to pursue a career in nursing during a co-op placement. After becoming an RN, I discovered my love for community care through a volunteer role at a non-profit organization. I now work there as a primary care RN providing direct quality care to street-involved, homeless youth and their families. Being able to offer access to free health services helps reduce some of the cost to our health-care system. Each day, my patients inspire, teach and motivate me with their courage and resilience. I wish to see the nursing profession as a whole continue to grow in size, unity and impact.



Emily Fung

RN, MN, PNC(C)

**Clinical Nurse Specialist
Women’s and Infants’ Health Program at Mount Sinai Hospital**

My consolidation placement changed my idea of a nursing career and I was passionately enthralled in the perinatal field. Working in an acute-care academic hospital allowed me to explore opportunities that bridge the gap between evidence-based best practices and patient care. Therefore, I pursued my MN to be a change agent in the health system as an advanced practice nurse. My interests in advancing the quality and safety of care for patients and families, and in empowering staff to provide this holistic care, led me to my current role. I hope that nurses continue to strive for excellence in health care.



Gabrielle Heil

NP-PHC, MN

Nurse Practitioner

Palliative Care Consult Team, Sarnia-Lambton County

I am an Indigenous woman and a member of Oneida Nation of the Thames. I am grateful to have the opportunity to connect with patients to help them live as well as possible, for as long as possible. When faced with terminal and/or progressive diagnoses, people often search for spiritual connection. Being an Indigenous woman, I know how important spirituality is to one's wholistic health, and I love being able to explore spirituality with my patients. I am privileged to be teaching an Indigenous health course at Western University, where I educate future RNs to provide culturally-safe care and encourage them to advocate for anti-racist structures, policies and legislation. It is such an honour to be able to incorporate both these passions in my work as an NP.



**Marysia (Mish)
Waraksa**

NP

Safer Opioid Supply Clinical Lead

Parkdale Queen West Community Health Centre, Toronto

I'm an NP providing primary care and harm reduction services to people who use drugs and are at high risk for opioid overdose. I prescribe medications to help people reduce their use of street opioids and use drugs more safely. What I love most about my job: being able to connect people who face immense barriers and stigma to care that feels welcoming and safe. I believe NPs provide high quality care, bringing their unique skills, perspectives and front-line nursing experience to primary care. We excel at helping patients navigate health system challenges and building interprofessional bridges in care. My wish for our profession: to expand the use of nurses and NPs to improve access to primary care across the province.



**Christina
Pullano**

RN, BScN, MN

Nursing Policy Analyst

Registered Nurses' Association of Ontario

RNAO's *Mind the Safety Gap* report inspired my love for health policy and opened my eyes to the many public policy issues impacting our profession and health system. Every day I put my master's of nursing, informed by experience at the bedside as an RN, to work to determine how to improve the system for those who use it and those who work in it. I'm a data fanatic and love the pursuit of evidence to support change in care delivery. I want to see more nurses in our system so that the job becomes safer for patients and healthier for nurses.



Matt Wong

RN, BScN, MN

**Manager of Professional Practice & IPAC Lead
VHA Home HealthCare**

I didn't always know that I wanted to be a nurse. Part of me felt destined for a high-paced business environment where strategic decisions translate to operational success. My BScN studies challenged my preconceived notions of the nursing profession, fuelling my passion. As a novice nurse, an inquisitive nature for how/why nursing practice decisions were made led me to complete my MN. As an advance practice nurse, I support patient safety through education, policies, procedures and models of care that maximize nurses working to full scope. I love being able to impact practice and create environments where nurses' desire to provide optimal patient care can thrive. My wish for nursing is to continued advocacy for a seat at every decision-making table – the nursing perspective is essential to health-care transformation.



Victoria Smye

RN, PhD, FCAN

**Associate Professor and Director
Arthur Labatt Family School of Nursing, Western University, London**

I have been an academic since 2001 when I left the clinical practice domain to join the faculty at the University of Victoria's School of Nursing. It is my view that health equity is nursing's social mandate for the 21st century. My current role as an academic and director of a school of nursing provides me with a unique opportunity to help achieve this mandate. It is a challenging but incredibly exciting time for nursing. Research, expanding nursing education and working collaboratively for transformative change in the nursing education, practice and policy domains energize me AND it is a great privilege to do this work alongside so many wonderful people.



Susan Walsh

RN, MSc., MBA

**President and CEO
Northumberland Hills Hospital**

I became a nurse out of love for human sciences and a deep desire to have a purpose-driven life. Today, as a RN, a hospital president and CEO, my focus remains the same – driven by purpose, with an eye on ensuring systemic impact. I know that by creating the right inputs and providing a healthy work environment, we directly and indirectly impact the lives of many. As a hospital CEO, I never forget the privilege that comes with being an RN and our duty to provide high-quality trusted care with knowledge, empathy and dignity for all.

Conclusion

Nurses hold the key to addressing our current health-care crisis – but only if our crisis in nursing is first resolved. Because nursing is a caring profession, we sometimes forget that nurses, too, need nurturing. They need access to education, healthy work environments and workplace supports to continue fulfilling their vital roles.

We've outlined important opportunities to begin rebuilding careers in nursing in Ontario and enhancing the pathways to the diverse roles that nurses fulfill in our health system. We must take proactive steps and allocate the funds needed to clear away the barriers to entering and staying in nursing.

We have provided a snapshot of nursing career pathways and the current state of nursing in Ontario. RNAO's purpose is to inspire those who want to join the profession and those who are immersed in it day-to-day to continue and advance in their career journey. RNAO also expects to motivate those in a position of influence to effect change and address the nursing crisis. Systemic change is required – to open nursing seats, doors and other opportunities, as well as provide supports and funding to those who want to become a nurse or who are nurses already. The goal of nurses is to keep Ontarians healthy. Your goal – policymakers – is to provide nurses with the resources and tools they require to fulfill and thrive in their jobs. Nurses – and Ontarians' health – deserve nothing less.

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Appendix A

Ontario government supports for nursing retention and recruitment

Current Ontario government programs available in nursing:

- **Community Commitment Program for Nurses (CCPN)**
This program provides \$25,000 in grant funding to eligible RNs, RPNs and NPs, in exchange for a two-year commitment from them to work for an eligible employer in the hospital, long-term care, home and community care, primary care, or mental health and addiction setting in an area of need within Ontario.
- **Advanced Clinical Practice Fellowships**
This program provides opportunities for registered nurses (RN) and nurse practitioners (NP) to advance projects that will meet a need or gap in service within their organizations. The standard financial contribution for each fellowship is \$20,000 – \$15,000 provided by RNAO through funding from the government of Ontario and a minimum of \$5,000 in funding from the organization sponsoring the fellow.
- **Learn and Stay program for tuition funding**
This grant program provides funding (free tuition, compulsory fees, books, other direct educational costs) for students studying in priority programs (including practical nursing, bachelor in nursing/bachelor of science in nursing, master's programs in nursing and postgraduate nursing diploma programs) in priority communities in Ontario. This program requires recipients to learn and work in the region where they study (minimum of six months for every year of study funded by the grant).
- **Nursing Education Initiative**
This program accepts applications from RNs, NPs and RPNs registered to practise in Ontario and employed in a ministry of health and long-term care priority area for grants of up to \$1,500 per year to support their education and professional development.
- **Tuition support for nurses**
This program provides tuition reimbursement to recent nursing graduates (within one year of graduation) from rural and remote communities who are new CNO registrants (RN, NP, or RPN) and who choose to do a return-of-service in an eligible community.

- **Grow Your Own Nurse Practitioner Initiative**

This program involves re-purposing government funds allocated to an NP position, to allow a community to sponsor an RN to complete their post-graduate Primary Health Care NP education. Funds are provided for salary continuance and tuition, in exchange for a return of service agreement with the sponsoring organization.

- **BEGIN program**

This program provides grants to reimburse eligible participants enrolled in an approved and accredited PSW-RPN or RPN-RN program for some tuition expenses (up to \$6,000 per year to a maximum of \$15,000 for eligible PSWs; up to \$10,000 per year to a maximum of \$30,000 for eligible RPNs.) Upon graduation, program participants must commit to one year of employment in the Ontario long-term care or home and community care sector for every year they receive funding.

Ontario government pledges and commitments for nursing education:

The Ontario government has also made several commitments over the past few years, including:

Increase in nursing education seats

- investing \$35 million in 2021/2022 to increase enrollment in nursing education programs in publicly-assisted colleges and universities across the province, to introduce approximately 1,130 new practical nurses and 870 registered nurses into the health care system
- pledging to invest \$145.5 million to increase the number of nurse education seats by 1,500 which will add 2,000 nurses to the system by 2025–26
- dedicating more than \$400,000 in a one-time increase to train an additional 38 nurse practitioners starting in 2022–23
- committing in 2022–2023 to start investing \$41.4 million annually to support the clinical education component in Ontario’s nursing education programs
- pledging to add 150 more education seats for Nurse Practitioners starting in 2023–2024

Temporary supports for entry or return to practice by retired or internationally educated nurses

In the 2022 fall economic statement, the Ontario government pledged to work with the College of Nurses of Ontario (CNO) to provide up to \$1,500 to temporarily cover the costs of examinations, applications or registration fees to help retired or internationally educated nurses with financial barriers that hinder them from beginning or returning to practice. Note: At the time of preparing this appendix in February 2023, it was unclear whether such a program had yet been administered.

Each of the above programs must be scaled up to allow more nurses to partake in these opportunities. Although these initiatives represent a positive start, many more programs and funding initiatives – at a larger scale – are required in order to attract nurses back into Ontario’s nursing workforce, and to retain existing nurses in Ontario’s nursing workforce.

Appendix B

Nursing Career Pathways – RNAO consultations

The purpose of the “domains” (Figure A) and “sectors” (Figure B) graphics is to provide a clear snapshot of the domains and sectors that nurses are currently working within, so that the potential educational and career pathways for nurses can be easily understood. We shared these graphics through a broad consultation process, and used our findings to inform next iterations of these graphics.

These consultations also informed our work on a third graphic (Figure C) intended to illustrate the barriers and opportunities that influence nurses’ career pathway trajectories.

From November 2022 to February 2023, RNAO consulted the following groups for feedback on the “Nursing Career Pathways” documents related to “domains” and “sectors” as well as the accompanying explanatory notes (Appendix C):

1. RNAO’s Board of Directors and Assembly of Leaders
2. RNAO members (through a webinar hosted by RNAO)
3. Nursing organizations in Ontario:
 - Joint Provincial Nursing Committee
 - Assistant Deputy Minister of Health and Chief of Nursing and Professional Practice
 - Chief Nurse Executive and Clinical Institute and Quality Program Executive
 - College of Nurses of Ontario
 - Colleges of Applied Arts and Technology
 - Council of Ontario University Programs in Nursing
 - Ontario Nurses’ Association
 - WeRPN

We collected and synthesized feedback as follows:

1. Technical feedback

Feedback	RNAO response
Separate nurse practitioners (NP) and master’s-prepared RNs on the graphics	We have broken NPs and master’s-prepared RNs into two distinct groups on the graphics to report the data in separate quadrants for domains and sectors.
Change “PhD” to “doctorate” on graphics.	We adopted this feedback to more accurately encompass both professional doctorates (DN/DNP) and PhDs as terminal degree options for nurses.
Clarify where internationally educated nurses (IEN) enter the system	We made changes to represent IENs – one of the main pools of prospective nurses – as part of an entry pool on the third “Nursing Career Pathways” graphic. Several IENs are also encompassed within the current CNO registrant pool and the Ontario nursing workforce.
Report on the number of nurses who are registered with the CNO but not employed in nursing in Ontario	Our report goes into detail about the different pools of nurses who are registered with the CNO but are not employed in nursing in Ontario. This pool of nurses is presently represented in CNO data but not in Ontario nursing workforce data.
Provide greater context/ explanation of the graphics	We developed a narrative report to provide context and flesh out the data captured in the graphics.
Be more inclusive of all potential career pathways	We removed arrows from the consultation drafts of the graphics, as many nurses do not opt to pursue additional educational or career pathways outside of their original role. This also helps better represent that nursing education and career pathways are not unidirectional.

Feedback	RNAO response
Consider representing non-nursing degrees that some RPNs hold	Due to data analysis processes, we can only presently report on the non-nursing graduate degrees of nurses who have at minimum 1. completed a nursing baccalaureate degree; and 2. registered with the CNO as an RN or NP.
Why compare nursing school graduates with licensing exam passes?	The intention is not to compare the two pieces of data. Rather, the purpose of including data on nursing school graduates and licensing exam passes is to report on both indicators, as they represent steps that are fulfilled prior to nursing registration. This provides insight about the incoming pools of prospective registrants.
Consider reporting on nursing school enrolments	Nursing graduates are a more immediate predictor of potential nursing registrants than enrollees. At present we have decided to report only on nursing graduates for this reason. We expect that the number of graduates will increase over time as enrolments increase.

Note: As a result of consultation feedback, we changed the data source for CNO registrants (numbers represented in **orange** on the graphics) from CNO “Registration Totals at a Glance” (November 2022) to CNO (2022b).

2. Feedback related to utility of the graphics

Feedback on how the graphics could be used	Examples
Can be used for political advocacy	<ul style="list-style-type: none"> • “This could be used by provincial HHR tables, including that led by Ontario Health North” • “Helpful to determine points of advocacy based on available trends.” • “Opportunity to advocate for more consistent and readily available data.” • “I can see bringing this when visiting with MPP’s to assist with explanations” • “Helpful for government officials to understand that “a nurse is not a nurse is not a nurse””
Can be used by teachers/ students	<ul style="list-style-type: none"> • “The information needs to be simple and available to students in elementary schools who will see and better understand that nursing is a profession that should be considered.” • “it is a good presentation to highlight nursing profession and its various pathways. It could be used in colleges and universities to highlight various options in healthcare leading up to nursing and beyond.” • “This could be brought to high schools during career day to differentiate roles” • “Would be a helpful tool for guidance counsellors, or careers counsellors for immigrants. Most do not know the many levels of entry into the profession.” • “From a student perspective, it’s helpful to understand what the school options are and how that can be translated to real life.”

Note: To preserve the integrity of the consultation process, RNAO presents the original consultation feedback as provided by participants in the “Examples” column of this table, without any edits.

Feedback on how the graphics could be used	Examples
Can be used by researchers	<ul style="list-style-type: none"> • “This is helpful for researchers.” • “This information is extremely valuable to me as I am an assistant professor in nursing and my research program encompasses nursing health human resource issues. Thank you for this excellent summary!” • “There is a wealth of information available in the graphic, but I like that there is the legend which helps to synthesize the information.” • “ I like that it includes numbers and percentages and that it is visually easy to see at a glance where RPNs and RNs are distributed in our system.”
Can be used by nurses	<ul style="list-style-type: none"> • “First opportunity to actually see where I fall in the great scheme of things (nursing)! Great perspective.” • “Helpful to see the career development possibilities.” • “Encouraging to see the number of providers seeking advancements.” • “I liked learning about all the Career choices available to Nurses.” • “The information is vital for nurses and decision makers to understand.”

3. Recommendations elicited for graphic 3

Feedback on how to build nursing career pathways in Ontario	Examples
<p>Funding supports for nursing education and professional development</p>	<ul style="list-style-type: none"> • “Not only should PhD nursing students be fully funded in Canada but so too should all NP students. They should all be fully funded including a salary.” • “There are still many RN college grads who would pursue the degree and further education if there were more available and affordable programs similar to in the US.” • “I think it is difficult to obtain further education when paying for the cost of living in ON these days.” • “it is extremely difficult to try to work full time while being enrolled in a full time program. Work life balance is so important and trying to attend full time studies while trying to maintain financial stability can be really detrimental to mental health and lead to burnout.” • “Canada needs to be more creative in what options are available for a female dominated profession to have affordable access to excellent nursing education that promotes advanced nursing education.”
<p>Better pay/benefits for nurses</p>	<ul style="list-style-type: none"> • “What is the motivation to get a master or PHD when the salary is the same sometimes less with a lot of more responsibilities than bedside RN.”

Feedback on how to build nursing career pathways in Ontario	Examples
Better pay/benefits for nurses	<ul style="list-style-type: none"> • “I personally believe that if someone is to go through the process of completing a masters or a phd, they should be compensated accordingly, whether financial gain was the goal or not. These programs create highly knowledgeable, experienced professionals who invested a lot into their education and career. In addition, as previously mentioned, people with more education are typically given more responsibility. This is something recognized in other professions, I am not sure why it should be different in nursing.” • “most nurses start in the acute care sector, but if you want to explore other areas in the health care system that often means a pay cut and loss of benefits.” • “I know a few colleagues going to the states. I believe the cost of living in ON drives people to move to other areas of work and other countries. The government needs to make it affordable for healthcare providers.”
Improved nursing education pathways	<ul style="list-style-type: none"> • “I think there should be an opportunity for PSW’s to bridge and transition into RPN>RN’s (and of course NP’s if they choose) there needs to be ample support for them to upgrade their courses ie math, chemistry, sciences etc...we have an insurmountable gap in our education system in our Northern communities and this needs to be considered. Bring the program(s) to the communities especially in our First Nations to provide those opportunities. Hybrid approaches could be integrated as well..” • “I want to know how to advise my daughter who wants to fast track (with financial support) to RPN/ RN”

Feedback on how to build nursing career pathways in Ontario	Examples
Improved nursing education pathways	<ul style="list-style-type: none"> • “for an RN to pursue BScN they are often required to take the bulk of the program (and cost) and very limited pathways available.” • “There are also many Continuing Education Programs that would be very useful for Nurses to help advance your career.” • “There are many front line nurses with a wealth of knowledge who would like to pursue further education, to continue learning and providing the best care. There needs to be more reasonable opportunities for them to do so if we want to keep them in this profession. With rising cost of living and family commitments it is challenging. We also need more online options for courses.”
Importance of nurses in all roles across the system	<ul style="list-style-type: none"> • “we need to find ways to keep nurses at the bedside with quality work places, and make sure that nurses with higher education find their place in clinical practice with great recognition, opportunities and independence!!” • “The more nurses at the bedside with advanced certification and education the better for excellent patient care” • “I am sometimes made to feel like I am less for not moving past BSN and bedside. I love what I bring to the bedside! Families remind me everyday,” • “This discussion re working at the “patient side” really reinforces the need to make the work environment much more healthy for nurses, especially those who are working directly with patients.” • “our Nursing circle is strong, alive and well! We must pave the way for the next generation of nurses!! Sustain, support those of us who are in the roles we are in now and encourage more nurses to join the profession!”

Appendix C

Nursing Career Pathways explanatory notes

The explanatory notes below provide a detailed description of the data found in the “Nursing Career Pathways: Domains” and “Nursing Career Pathways: Sectors” graphics.

Nursing education (represented in pink):

- **BScN/BSN=5,180 (+ 851)**: Total number of baccalaureate nursing degrees awarded in Ontario in the 2021 calendar year. Increase of 851 baccalaureate nursing degrees compared to the 2020 calendar year.*
- **MScN/MN=300 (+ 109)**: Total number of master’s in nursing degrees awarded in Ontario in the 2021 calendar year. Increase of 109 master’s in nursing degrees compared to the 2020 calendar year.*
- **MN NP=289 (+ 79)**: Total number of nurse practitioner (NP) program graduates in Ontario in the 2021 calendar year. Increase of 79 NP program graduates compared to the 2020 calendar year.* **NOTE:** NP programs may be combined with or integrated into master’s degree programs, and schools may or may not report separate data for these integrated programs. Where the data are reported separately, it is recorded under the NP program.
- **PhD (Nursing)=20 (- 8)**: Total number of PhD degrees (in nursing) awarded in Ontario in the 2021 calendar year. Decrease of 8 PhD degrees in nursing, compared to the 2020 calendar year.*

*Based on Canadian Association of Schools of Nursing (2022)

NOTE: The number of RPN diploma graduates was not reported for Ontario in 2021.

Education (incl. nursing and non-nursing graduate degrees) (represented in brown) and Licensing Exams (represented in teal):

- **RPN Exam (6,636):** Total number of registered practical nurse (RPN) applicants to the College of Nurses of Ontario (CNO) who passed the Canadian Practical Nurse Registration Examination (CPNRE) in 2021.**
- **RN NCLEX (6,104):** Total number of registered nurse (RN) applicants to CNO who passed the National Council Licensure Examination for Registered Nurses (NCLEX-RN) in 2021.**
- **Master's Degree (+ 551):** Yearly change in the number of master's-prepared RNs (including NP program) registered to practise in Ontario (2021-2022).***
- **NP Exam (386):** Total number of NP applicants to CNO who passed one of the NP exams in 2021.**
- **PhD (+ 18):** Yearly change in the number of PhD prepared (incl. professional doctorate) RNs (including NPs) registered to practise in Ontario (2021-2022).***

**Based on CNO (2022a).

***Based on CNO data request (received Nov. 14, 2022) examining Primary Employer Data by Nurse Type, Highest Education Level, and Primary Employment Position (self-reported). **Note: This data request was from the same data set as that used in CNO (2022b).**

Number of nurses registered to practise in Ontario (represented in orange):

- **188,592 nurses:** total number of nurses registered to practise in Ontario in 2022 (including non-practicing RNs, NPs, RPNs). ***
- **RPN = 61,482 (+ 1,984):** total number of RPNs registered to practise in Ontario in 2022 (including non-practicing RPNs). Increase of 1,984 RPNs compared to 2021.***
- **RN (incl. 4,352 NPs) = 127,110 (+ 2,174 RNs, + 317 NPs):** total number of RNs and NPs registered to practise in Ontario in 2022 (including non-practicing RNs and NPs). Increase of 2,174 RNs and 317 NPs compared to 2021 ***

***Based on CNO data request (received Nov. 14, 2022) examining "Primary Employer Data by Nurse Type", "Highest Education Level", and "Primary Employment Position (self-reported)".

Number of nurses employed in Ontario (represented in blue):

- **155,604 nurses:** total number of nurses employed in nursing in Ontario in 2022.***
- **RPNs = 51,414:** total number of RPNs employed in nursing in Ontario in 2022.***
- **RNs = 89,948:** total number of RNs employed in nursing in Ontario in 2022.***
- **Master's prepared RNs = 13,323:** total number of Master's prepared RNs (including 3,893 NPs) employed in nursing in Ontario in 2022.***
- **PhD prepared RNs = 919:** total number of PhD prepared RNs (including 121 NPs) employed in nursing in Ontario in 2022.***

***Based on CNO data request (received Nov. 14, 2022) examining "Primary Employer Data by Nurse Type", "Highest Education Level", and "Primary Employment Position (self-reported)".

Domains of practice classifications (represented in blue on page 1)***:

- **Nursing and advanced practice nursing-** includes nurses working in any of the following primary positions in 2022:
 - Visiting Nurse
 - Staff Nurse
 - Public Health Nurse
 - Outpost Nurse
 - Office Nurse
 - Occupational Health Nurse
 - Infection Control Nurse
 - Consultant
 - Case Manager
 - Advanced Practice Nurse – CNS (**only RNs or NPs**)
 - Advanced Practice Nurse – Other (**only RNs or NPs**)
 - Nurse Practitioner (NP) (**only NPs**)
- **Clinical Education and nursing/clinical education-** includes nurses working in any of the following primary positions in 2022:
 - Educator/Faculty
 - Clinical Educator
- **Research, nursing/clinical research and advanced nursing/clinical research-** includes nurses working in any of the following primary positions in 2022:
 - Researcher
 - Policy Analyst
 - Informatics Analyst

- **Management (LTC), clinical leadership/management, senior clinical leadership/management, and executive leadership/management-** includes nurses working in any of the following primary positions in 2022:
 - Senior Manager
 - Middle Manager
- **Other-** includes nurses working in the following primary positions in 2022:
 - Volunteer
 - Sales/Marketing Representative
 - Other
 - Not Stated

Health care sector classifications (represented in blue on page 2)*:**

- **Hospital-** includes nurses working in any of the following primary employment settings in 2022:
 - Acute Care Hospital
 - Addiction & Mental Health Centre/Psychiatric Hospital
 - Complex Continuing Care Hospital
 - Rehabilitation hospital
 - Other Hospital
- **Primary care-** includes nurses working in any of the following primary employment settings in 2022:
 - Community Health Centre (CHC)
 - Family Health Team (FHT)
 - Nurse Practitioner Led Clinic
 - Physician's Office
 - Remote Nursing Station
- **Public health-** includes nurses working in any of the following primary employment settings in 2022:
 - Public Health Unit/Department
- **Home and community care-** includes nurses working in any of the following primary employment settings in 2022:
 - Client's Environment
 - Local Health Integration Network (LHIN) home and community care services
 - Nursing/Staffing Agency
 - Hospice
 - Blood Transfusion Centre
 - Cancer Centre
 - Children Treatment Centre (CTC)
 - Community Mental Health Program
 - Diabetes Education Centre (DEC)
 - School

- **Other community-** includes nurses working in any of the following primary employment settings in 2022:
 - Industry (Not Health-Related)
 - Correctional Facility
 - Health-Related Business/Industry
 - Spa
 - Telephone Health Advisory Services
 - Other Community
- **Long-term care facility-** includes nurses working in any of the following primary employment settings in 2022:
 - Long-Term Care Facility
 - Other Long-Term Care Facility
- **Retirement home-** includes nurses working in any of the following primary employment settings in 2022:
 - Retirement Home
- **College/university-** includes nurses working in any of the following primary employment settings in 2022:
 - College/University
- **Government/professional organization-** includes nurses working in any of the following primary employment settings in 2022:
 - Government/Association/Regulatory Body/Union
- **Other-** includes nurses working in any of the following primary employment settings in 2022:
 - Other

***Based on CNO data request (received Nov. 14, 2022) examining “Primary Employer Data by Nurse Type”, “Highest Education Level”, and “Primary Employment Position (self-reported)”.

Appendix D

Canadian Nurses Association specialty chart

Specialty	Number of valid CNA certifications in Ontario
Cardiovascular nursing*	145
Community health nursing*	302
Critical Care nursing (adult)*	493
Critical care pediatric nursing*	30
Emergency nursing*	351
Gastroenterology nursing	62
Gerontological (RN/NP) nursing*	682
Gerontological (LPN/RPN) nursing**	48
Hospice palliative care nursing*	516
Medical surgical (RN/NP) nursing*	91
Medical surgical (LPN/RPN) nursing**	4
Neonatal nursing*	29
Nephrology nursing*	479
Neuroscience nursing	122

Specialty	Number of valid CNA certifications in Ontario
Occupational health nursing*	249
Oncology nursing*	919
Orthopaedic nursing	39
Pediatric nursing*	27
PeriAnesthesia nursing	42
Perinatal nursing*	194
Perioperative nursing*	414
Psychiatric and mental health nursing*	1164
Rehabilitation nursing	68
Wound, ostomy and continence*	117
Grand total:	6587

For RNs and NPs*, For RPNs**

Source: Canadian Nurses Association. (2021). *Number of Valid CNA Certifications by Specialty/Area of Nursing Practice and Province or Territory*. March 15, 2021.



For further information, please visit
our website: RNAO.ca



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