How Did We Get Here? Shortages of Healthcare Workers

September 2, 2022

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Two weeks ago, the provincial government announced its *Plan to Stay Open* to prevent the healthcare situation from getting worse than it already is. But how did we get to this point?

From March 2020 to mid-June 2022, the news shared daily reports on the state of hospitals and Intensive Care Units (ICUs) across the province.* For the past few months, these numbers have been reported weekly.* Since we've been seeing these numbers drastically fluctuate over the years, it may seem like this issue began when the pandemic did.

But the shortage of healthcare workers is similar to other social issues: it existed for decades before 2020, but most people were unaware of it until the pandemic both intensified it and increased the average person's awareness. In the words of André Picard: "The COVID-19 pandemic accelerated the slow-motion [Canadian healthcare] crisis, in the way a torrential downpour can lead to the collapse of a cliff that has been slowly crumbling for years."*

The only people who were likely aware of this problem were those who regularly interacted with the healthcare system either as a patient, caregiver, or healthcare staff and the people who know them. But it's never too late to learn about the context of a social issue.

It's our democratic right to participate in conversations about the way things ought to be. The strained healthcare system in Ontario and Canada are hot topics. There is much debate over whose fault it is and whether it's an exaggeration to call this situation a crisis.

Before we can form our own opinions, we need to understand the facts. This article will share factual information about the state of emergency rooms and some of the many factors for why there aren't enough nurses and family doctors to meet demand.

The Facts: The State of Emergency Rooms (ERs)

Multiple Temporary Closures

Information about the state of ERs across the province is collected by Ontario Health, which is a "super agency" that oversees the province's healthcare administration.*

According to Ontario Health, in July 2022, 10 emergency departments temporarily closed due to not enough nurses being able to fill the shifts.* For context, before this, Ontario had only had "one unplanned ER closure since 2006 due to a lack of doctors."*

During the August long weekend, there were 14 temporary closures of hospital emergency departments, beds, or ICUs due to staff shortages.*

Typically, the issue of staff shortages causing temporary closures of ERs are more common in smaller hospitals in rural communities.*

Perth, one of those rural communities, had to close their ER for almost three weeks.* Andrew Williams, Huron Perth Healthcare Alliance President and CEO stated: "We're running at about half of the nurses that we need to open this department on a 24-hour basis."*

However, major city centres, such as Ottawa and the Greater Toronto Area, have had temporary closures, too.*

Wait Times

Even when the ER is open, "ill and injured patients [are] waiting days in ERs for a hospital bed."*,* Some hospitals are so overwhelmed that they are asking patients with less urgent health needs not to come.*

Many people have already had their care delayed due to the pandemic, so many patients in ERs are in a worse condition than ER patients in the past.* This means that nurses need to spend more time to evaluate and treat their needs.*

"There's less space, it takes more time, and there are fewer staff trying to do what they were doing before," says Matthew Anderson, CEO of Ontario Health.*

"We do know that nurses working in the hospital sector are working short almost every single shift which means they're taking on a higher patient load than they normally would," said Morgan Hoffarth, a nurse who works in Long-Term Care and the former president of the Registered Nurses Association of Ontario (RNAO).* For instance, a nurse who normally takes care of four patients now has to take care of 30 patients with complex care needs.*

According to Ontario Health, in May 2022, out of all the patients admitted to the hospital from the emergency department, only 24% were within the province's target timeframe of eight hours.* Also in May 2022, the average wait time was 20 hours, which is 6 hours more than the average wait time ten years ago.*

Where are all the nurses?

Why aren't there enough nurses to cover these shifts? There is speculation that it's because it's the summer and nurses are choosing to go on vacation.*

This is simply inaccurate. During Ontario's third wave in 2021, the RNAO did a survey of 5,200 nurses across Canada, and most of the people who responded were Registered Nurses from Ontario.* Of those 5,200 nurses, 57.9% reported that their employers limited their vacation time to manage workplace demand.* Although this study was from last year, the state of healthcare has only worsened since then, and demand has only increased. So, it's very likely that these workplace limitations on vacation time are still in place.

The study found that 37.3% of nurses took less vacation that they were entitled to.* While most people in that group (52.6%) were asked by their employer, many nurses (35.8%) were

mandated to limit their vacations*, meaning that it was a requirement for them not to use all of their vacation time.

The commentary that nurses are abandoning their patients to go on vacation blames the rough state of the healthcare system on individuals' morality. And not just any individuals, but healthcare professionals who have dedicated their careers to the care of others.

It is a fact that the vast majority of nurses have shown incredible resilience and adaptability while working to provide care within an under-funded and overwhelmed system, especially throughout the pandemic.*

"Many Canadian nurses… made out their wills before going to work as the pandemic began. They did that because they feared they would die but they went in [to work] anyway," said Cathryn Hoy, president of the Ontario Nurses' Association (ONA). *

Clearly, the nursing shortage is not caused by nurses' vacation time or lack of commitment to their patients. It's important to debunk this speculation because it could cause patients and people in their support system to be hostile towards the nurses who are taking care of them.

ERs are short-staffed because many nurses are leaving the public sector and/or the profession.* There are a few reasons behind the "mass resignation." One of the most well-researched reasons is burnout.

What is burnout?

In casual conversation, you may have heard people say "burnout" or "burnt out" as a substitute for "tired". This is like how some people say "depressed" instead of "sad". For instance, "I feel burnt out today because I didn't sleep well last night" or "I feel depressed because my favourite show finished."

In these examples, burnout and depression are used to describe feelings. However, burnout and depression are complicated phenomena, and they can't be solved with a day off.

The World Health Organization (WHO) describes burnout as:

- "feelings of energy depletion or exhaustion;
- increased mental distance from one's job, or feelings of negativism or cynicism related to one's job; and
- reduced professional efficacy."*

Unlike depression, burnout is **not** a medical condition.* According to the WHO, burnout is caused by "chronic workplace stress that has not been successfully managed."* Therefore, burnout is a systemic issue that is also preventable and reversible. If you want to learn more about burnout, click here.

The RNAO study asked questions from a standardized measurement tool to assess nurses' level of burnout in terms of exhaustion and disengagement from their work.* The average

score for both of these categories were “above the suggested clinical cut-offs, implying widespread burnout among the Canadian nurses.”*

More than 75% of nurses were burnt out in terms of exhaustion and disengagement, and **only 11.4%** were functioning at a “normal” level!* These numbers indicate that, for many nurses, “ leaving their position or profession could become the only option.”* In other words, burnout is causing some nurses to leave their job for their own health and well-being; it’s not always by choice.

One nurse who took the survey said: “Burnout has made me leave a department I love and felt like I had a calling for.”* Another said “As nurses burn out, they are often blamed for not doing enough, working hard enough, or feel that they are not doing enough.”*

Even though burnout is not a medical condition, working in a department that isn’t fully staffed has led to worsened mental health conditions.* There were significantly higher scores of depression, anxiety, stress, and burnout (disengagement + exhaustion) among nurses who were moderately or extremely concerned about working in settings that were under-staffed and needed them to have a greater workload.* Remember the example of a nurse having 30 patients instead of four patients, and each patient being sicker than usual due to delayed care.

In fact, when using the same measurement tool to compare Canadian data with the international average, Canadian nurses had higher scores of depression, anxiety, and stress.*

On top of that, “Ontario went into the pandemic with 22,000 fewer registered nurses per capita than the rest of the provinces in Canada,” said Hoffarth.* This shows that this issue existed long before 2020. It can also explain why the nursing shortage is especially dire in Ontario.

This is not only an issue in hospital ERs

Although the news mainly focuses on the significant shortage of nurses and the temporary closures of ERs, there are staff shortages in other areas, too.

Hoffarth explained, “There’s no sector in healthcare that has been unaffected… [Long-Term Care] was a sector very minimally staffed because of the funding model… It has been a challenge there. But we know it’s been equally as challenging in the community. And without solid community care, without the ability to reliably access community care, it makes it really difficult to discharge people from hospital if they can’t get the care and service that they need to stay healthy at home.”*

“It’s everywhere in the [healthcare] system. It’s everywhere throughout the hospital. But [the ER is] sort of the backstop to everything,” added Dr. Lisa Salamon, an ER physician working in the Toronto hospital system.*

In other words, in addition to being the first place where people go in an emergency, the ER also acts as the safety net that catches everyone who fell through the cracks of the rest of the healthcare system.

Why do I have to wait so long to see my family doctor?

You may have noticed that your family doctor is still mostly doing online appointments, and you have to wait for weeks to see them in person. This is a significant barrier for people in need of care. Similar to the ER, the family medicine sector helps connect people to less accessible sectors within the healthcare system, such as specialists.

President of the Canadian Medical Association Dr. Katharine Smart stated: "Family medicine is the foundation of our healthcare system. Our whole healthcare system is designed around the idea that you would have a longitudinal care provider that knows you, knows your issues, and helps you navigate the other parts of the healthcare system. So when that's crumbling, it has downstream impacts on acute care and the rest of our health healthcare system."*

Dr. Smart noted that burnout is also causing many Canadian doctors, especially family doctors, to quit.* She says, "A lot of family doctors were burnt out to begin with before the pandemic, and the pandemic caused it to increase exponentially."* The Ontario Medical Association reported that **72.9%** of doctors in the province acknowledge that they have some sort of burnout.*

Dr. Salamon explained the impact that one family doctor has when they leave the profession. It's common for a retiring family doctor to have 2,000 to 2,500 patients in their care.*

However, one retiring family doctor can't be replaced by one recent medical school graduate because family doctors have to do much more paperwork and administrative work for their patients than they needed to do in the past.* So for every family doctor who leaves the profession, two or three doctors are needed to manage those 2,000 to 2,500 patients.*

Your family doctor's availability is likely limited because they are helping other patients in an attempt to prevent more people from falling through the cracks and ending up in the ER with complex health needs.

Dr. Salamon also shared that "25% of the family doctors in Ontario are over the age of 60. So if you can imagine, a lot of family doctors now over 60 might be retiring earlier than they would have because of the burnout they have dealt with over the pandemic or other reasons. Or leaving to do other forms of medicine or just other jobs. A lot of these family doctors have large practices. These people carried huge numbers of patients and now [the] new doctors [who are] coming in [to the profession] practice from a very different model."*

Lastly, she stressed that the issue of the nursing shortage and the family doctor shortage are interconnected. According to Dr. Salamon, "When we're adequately staffed with nurses, it makes our jobs as physicians easier." As a result, doctors can see more patients, sooner.

Final Thoughts

If you use the healthcare system, there is a place for you in the conversation on what should be changed. I hope that this information made you feel more confident about forming your own opinions and following the news as the situation develops.

As mentioned above, the issue with the healthcare system is not with individual nurses and family doctors, but with the way the system is set up. Since burnout is the result of "chronic workplace stress that has not been successfully managed,"* staff shortages would be less of an issue if hospitals, clinics, and the entire healthcare system were managed differently. This would lower the stress and strain on healthcare workers, reverse and prevent burnout, and reduce the problem of staff shortages.

Another significant reason for staff shortages are the administrative barriers for internationally-trained nurses and doctors to practice medicine in Ontario. This issue was too complex to simply add on to this article, and it will be its own article in the future.

Unless a major announcement happens, next week's article will be about the multiple suggested solutions brought forward by health experts and politicians. This includes the solutions in the province's *Plan to Stay Open*. For each potential solution, there will be a discussion of its benefits and drawbacks with a special focus on how it may impact people with disabilities.

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If you think you may be experiencing symptoms of COVID-19, take the self-assessment at www.ontario.ca/coronavirus. Follow all directions from your medical provider or your local health unit at the following phone numbers:

Telehealth Ontario: 1-866-797-0000

Toronto Public Health: 416-338-7600

Peel Public Health: 905-799-7700

Durham Region Health Department: 905-668-7711

York Region Public Health: 1-877-464-9675