

What Nurses Answered, When Asked: We Are Not OK!



I've been here for you but...
I'm wearing out!

Prepared by Cathy Rogers, PhD



New Brunswick
Nurses Union

Syndicat des infirmières et infirmiers
du Nouveau-Brunswick

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Foreword

By Paula Doucet, RN, NBNU President

I would like to begin by thanking Cathy Rogers, PhD, the Research and Education Officer at the New Brunswick Nurses Union, for preparing this report. I would also like to thank the 4,187 Registered Nurses (RNs) and Nurse Practitioners (NPs)* who participated in the survey, laying bare their heartfelt and very personal nursing experiences and pleas for help.



They participated because they care – for their patients, their residents, their clients, and for the integrity of New Brunswickers’ healthcare system.

In June of 2021, NBNU conducted a survey, upon which this report is based. RN and NP members were asked how they were faring. Knowing already about nurses nationally reporting, a year prior, a decline in their mental and physical health in the face of a growing labor shortage and the resulting demands on them; knowing already that demands on New Brunswick’s nurses are growing amid worsening work conditions, that they have less time for much-needed recuperation, and that the healthcare system was challenged even pre-COVID-19, the survey sought the answer to a simple question - “How are you doing?” The degree to which responses among nurses mirrored one another led to the title of this report being, “We are not okay.”

The lack of retention and recruitment efforts in New Brunswick has culminated in nothing short of a labour, and thereby healthcare, crisis. This has a profound impact on our nurses. Their work conditions have become increasingly unbearable. The limit on the level of professional care that they are able to deliver, despite their best efforts and personal sacrifice in such conditions means that nurses experience moral distress daily, worrying about their patients, residents, and clients when they go home. These strains have resulted in more nurses moving away from the province, taking up travel nursing or quitting the profession altogether. There are nearly 1,000 RN and NP vacancies in New Brunswick, and this number is growing, which exacerbates even further the challenges facing our nurses needing help. They are extremely fatigued and burnt out. In the words of several, “Our cups are empty.”

Yet, despite the influx of patients and residents in hospitals and nursing homes, despite the unknown of entering clients’ homes, despite the stress of trying to protect our communities, nurses push forward one more shift, one more day, one more night. Nurses care immensely, often to the point of their own demise. They cannot keep up this pace. From an outside view, healthcare seems managed, but that is far from the truth.

There is so much rhetoric around the importance of one's mental health and well-being, especially since the pandemic. Why should that be any different for nurses? They have been sacrificing themselves to keep the healthcare system afloat. They have been undertaking those additional tasks and caring for the influx of patients, clients and residents. Nurses' mental and physical health matters, too. We need to take care of nurses so that they can take care of us. The healthcare system is not a thing or a machine, but rather a collection of human beings all struggling to hold the precious commodity together. Nurses, however, cannot continue to be stretched so thin that they must decide daily on whether to care for themselves or care for their patients, residents and/or clients.

This report demonstrates how nurses are faring and gives examples of the poor state of our healthcare system. Much needs to be done to improve healthcare in our province. New Brunswickers need and deserve a quality, sustainable healthcare system to handle growing needs, including managing COVID-19. New Brunswick needs, more so, to move forward with preventative healthcare strategies to improve the health, well-being and longevity of all New Brunswickers. However, none of this can be done without nurses. Who needs a nurse? We all do.

I hope that all who read this report will gain a deeper understanding of how important nurses are to our healthcare system, that nurses are suffering on-the-job and in their personal lives due to the labor shortage and resulting unrealistic demands on those who are left, and how we can support and help them, and thereby protect the integrity of our healthcare system in New Brunswick.

Nurses care greatly, but they are not okay.

A handwritten signature in black ink, appearing to read "Paula Doucet". The signature is fluid and cursive, with a large initial "P" and a long, sweeping underline.

Paula Doucet, RN, NBNU President

**It should be noted that the survey upon which this report is based was conducted before the New Brunswick Nurses Union acquired licensed practical nurses (LPNs) into the Nurses, Part III bargaining unit. Although the report may not reflect the answers of New Brunswick LPNs, we have been learning that many LPNs can relate to the responses, situations and personal challenges and poor well-being scores that Registered Nurses (RN) and Nurse Practitioners (NP) reported. NBNU is looking forward to conducting another survey in the near future that includes our new LPN members. This report in no way purposely excludes NBNU's LPNs.*

It is also noteworthy that Horizon Health Network is now under different leadership than it was at the time this survey was conducted.

Introduction

In June of 2021, the New Brunswick Nurses Union (NBNU) administered a survey to its members.¹ The goal was to check in on New Brunswick's Registered Nurses (RNs) and Nurse Practitioners (NPs) to see how they are faring.

At that point in time, the nurse shortage was at an all-time high. Nurses had been – at their own peril – sacrificially stepping up to support everyone during the COVID-19 pandemic. And they had been without a collective agreement for three years.

Nurses had been ramping up their efforts long before COVID and pleading for the New Brunswick government's attention to preserve healthcare integrity and safeguard its workers. For too long, however, nurses' appeals have gone unheard, and this has led them to where they are today – feeling stressed and burnt out, grossly undervalued, disrespected, hopeless, and leaving their jobs.

Eager to be heard, 4,187 New Brunswick RNs and NPs responded to the call for participation – to have their voices heard and their experiences understood.

Speaking frankly, nurses communicated their perspectives on the state of healthcare, their working conditions, and their own health and well-being, and they shared their own professional outlook.²

First, in Chapter 1, New Brunswick's nurses tell not only *that* NB's healthcare system and work conditions are in decline, but they share personal experiences in it. RNs and NPs offer views like, “the public would be shocked if they knew the state of healthcare [and] where it is headed,”³ and “management cares more about their budgets [than quality and safety].”⁴



For instance, the exorbitant number of overtime hours that nurses are “guilted”⁵ into working because their workplaces are so short-staffed serves as a significant safety barrier to quality care and healthy working conditions, and one burning out New Brunswick’s nurses. It is no surprise, then, that here nurses also tell of the lack of confidence they hold in leadership’s ability to turn things around. Finally, while not the focus of the survey, nurses offered up some of their own ideas, ones said to have been ignored thus far.

In Chapter 2, New Brunswick’s RNs and NPs testify to their own mental and physical health also deteriorating. Their well-being determinants are located directly within the context of Canada’s and their own increasingly challenged healthcare environments. New Brunswick’s nurses are tired. New Brunswick’s nurses are stressed. New Brunswick’s nurses are burnt out. Due to the now critical labour shortage, New Brunswick’s nurses are working chronically and precariously short-staffed and far too many hours. They are working to unrealistic and unsustainable demands, in unhealthy and unsafe conditions – with overtime and insufficient time off to recuperate. The longstanding nature of these circumstances explains New Brunswick’s nurses’ stress and increasing inability to cope.

Often told through tears, the 4,187 New Brunswick nurse respondents shared heartfelt words that indeed describe just how poorly they are doing. In the end, their work demands are making them sick. They are “wearing out,”⁶ “burnt out,”⁷ and have “nothing left to give.”⁸ The heavy burdens borne in being “short-staffed”⁹ and “unsupported by management”¹⁰ for so long has left them feeling “disposable ... [and] expendable.”¹¹ And, the long arm of the job means that their stress is taken home to their families – *every day*. Many nurses refer to a moral and ethical dilemma that they go to bed thinking about and testify to being “very stressful”¹² to live with. They persistently strive to provide quality care in a system so bereft of resources yet are unable to provide that care responsibly and safely. Retention challenges, then, are not only due to planned retirements; nurses are going out sick, on extended leave, long-term disability, or leaving their careers prematurely.

Finally, Chapter 3 depicts what New Brunswick’s RNs and NPs provide as an outlook on their own profession. Most audible is the grief they express about *even saying* what they do about the profession they *love*. While a 2021 survey of US nurses found that 22% “indicated ... that they may leave their current position providing direct patient care within the next year,”¹³ in New Brunswick, that number could be higher.¹⁴ Put most simply, nurses have compassion for their patients, residents and clients, but “hallway nursing”¹⁵ is “not what they signed up for.”¹⁶

To broaden the scope of data collection for this report on the Province’s healthcare as it pertains to RNs and NPs specifically, the public also had a chance to have a say. In July of 2021, 400 New Brunswickers weighed in.¹⁷ Results indicate that the public indeed *highly trust* nurses and value their input into healthcare decisions. The New Brunswick public is worried about the nurse shortage and the increased overtime hours and fatigue that has become their common reality. And the New Brunswick public is concerned about nurses’ compensation issues and the impact that the labour shortage is having on the Province’s quality of healthcare.¹⁸

This report ends with a call to action gleaned from the voices of New Brunswick's nurses (joining those from the public). Clearly, as the backbone of New Brunswick's healthcare system, nurses have been working in unacceptably unsafe conditions for too long, and this has been jeopardizing the quality of care and their very well-being. This cannot continue.

That "wait times for surgeries are among the highest in Canada"¹⁹ is *not okay*. That "New Brunswickers have never been unhealthier"²⁰ is *not okay*. New Brunswick's health spending per capita is lower comparably than that of other provinces²¹ and the outcomes are clear and present.

New Brunswick's nurses join their voices also with those of the Province's physicians, who recently admonished the NB government to up their investment in healthcare²² citing that improving access to healthcare is "money well spent."²³ A focus on the determinants of health and on upstream initiatives are more effective at preventing illness and avoiding the necessary yet more costly and less effective treatments for illness down the road.

Governments' slashing costs upstream over the years has served no one. Reducing expenditures downstream now would be unethical, irresponsible, and not what New Brunswickers expect and deserve. Rather, investment in both is now essential. And investment in the recruitment and retention of healthcare professionals is now an imperative for the quality and integrity of care.

RNs and NPs have been there for us. They are, however, "wearing out."²⁴ In their own words, they **"are not okay."**²⁵ Nurses, doctors, and New Brunswickers – none are okay with the status quo or the outlook.

Nothing short of strong and creative leadership is needed to turn things around.

Nurses offer their expertise. With what is left of their too-often muted voices and tired bodies, they await the respect they deserve and an invitation to be an integral part of a healthcare system that values them as workers and professionals. Everyone wants quality healthcare for New Brunswick.

Who needs our nurses? Everyone needs our nurses, healthy and strong.

1. From Nurses' Vantage Points About the Healthcare System

Nationwide, nurses report suffering the impacts of a labour shortage and its resulting unmanageable and unsustainable work demands.²⁶

In New Brunswick, nurses' situations are no different – though perhaps worse given the Province's current demographic and health indicators and its comparably lower per capita expenditures on health.²⁷ From their front-line vantage points, New Brunswick's nurses see the outcomes of a now critical labour shortage in healthcare. Beyond impacting their work conditions, they see the quality of healthcare for New Brunswickers seriously at risk. In a June 2021 survey of NBNU members, 4,187 Registered Nurses (RNs) and Nurse Practitioners (NPs) spoke frankly, loudly, and clearly about these challenges.²⁸

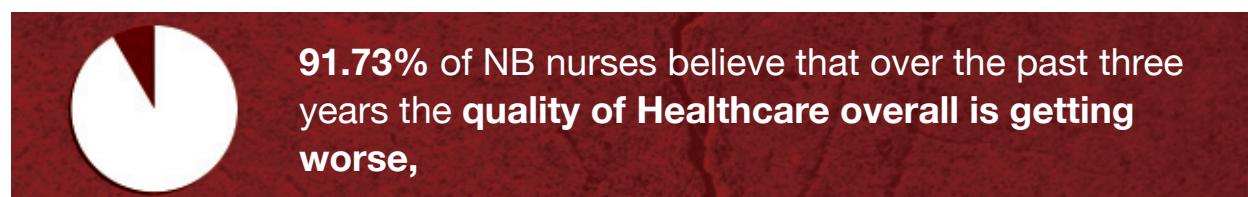


To be clear, while COVID-19 has exacerbated matters, the problems in New Brunswick’s healthcare system existed (and were forecast) long before the pandemic hit. Today RNs and NPs struggle to do more as demands increase and with less as resources decrease. In trying to do their best in an under-resourced system, they are the ones who bear the burdens, along with their patients, residents and clients. Yet, necessity being the mother of invention, and throughout these tough years, nurses from the front line have continuously brought insights and ideas forward, but tell of these being shut down or ignored, rendering them and their profession increasingly “disrespected,” [deeply] undervalued, [even]... expendable.”²⁹ Tired and demeaned, they are becoming hopeless despite their best efforts. Nurses are no longer able to cope with the now dangerous nurse-patient ratios compromising patient, resident, client and staff safety.

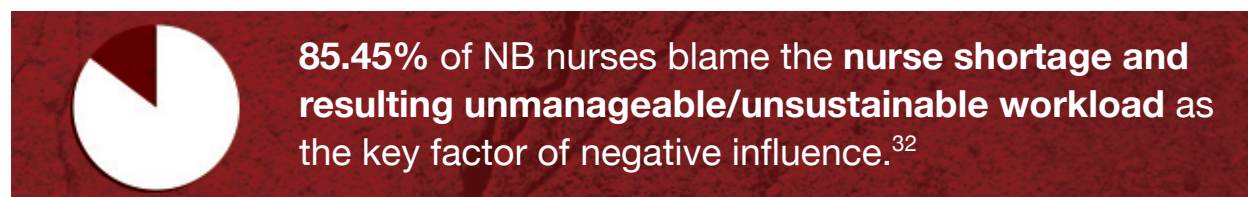
Adding to this already challenging situation, New Brunswick’s RNs and NPs report having little confidence in the current leadership’s ability to turn conditions around amid what they call a prevailing “culture of acceptance.”³⁰ The next section shares their words on the state of healthcare in New Brunswick and the working conditions within it.

A. The State of Healthcare & Working Conditions Within It

When RNs and NPs report on the state of healthcare in New Brunswick, they lament that the quality of care today is deteriorating. This is the case even in nurses’ own units or programs, despite their sacrificial efforts to buck it.³¹ The over 4,000 NBNU survey respondents, working from the variety of capacities in health and long-term care in New Brunswick, grieve that they feel so powerless to affect the trend on their own:



When asked to identify the top five key factors influencing this downward trend, most New Brunswick’s RNs and NPs cited the nurse shortage itself as the number one causal factor:



Nurses offer descriptions of their own, deeply personal struggles to meet patient needs amid a labour force in greater need. They are working harder, and trying to work smarter, but are rapidly burning themselves out, and feeling unsupported in the process.

Further, New Brunswick's nurses describe just how intensely they feel the pain of *wanting to but being unable* to be the professionals they were trained to be amid current conditions. They want to spend more quality time with and educate their patients, residents and clients, doing more follow-ups with them, and responding to their needs more effectively. Rather, they too often find themselves doing “hallway nursing,” being “floated” to floors where they have little or no training or experience, and “going home worried that [they] missed something critical.”³³

Here are some excerpts from nurses' own words³⁴ on this key causal factor cited for the decline in the quality of healthcare in New Brunswick – being too chronically short-staffed to meet patient needs:

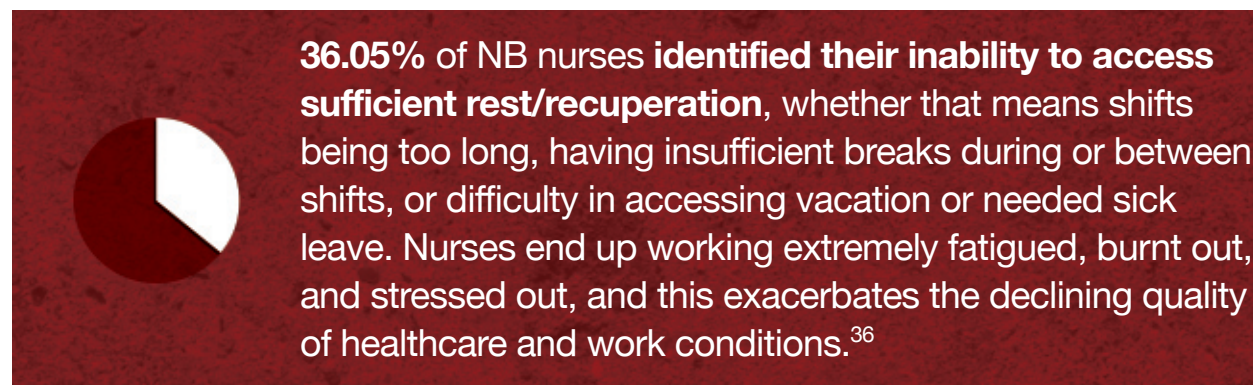
- They expect nurses to take care of elderly in improper spaces [with] lack of proper equipment, then [poof] “super RN” – cover the delivery room, cover the ER trauma room, hoping our 89-year-old doesn't fall. Oh, well, maybe the bed check will SAVE them!! This old nurse is tired of the unhealthy and TOXIC workplace. I can't take it anymore!!
- [We are] chronically and critically understaffed.
- Shortages have been ongoing ... despite calls for action. ... There needs to be a clarification of the role we play and better advocacy for our role in healthcare.
- The staffing shortage has gotten progressively worse.
- Staffing is atrocious.
- I have never seen the hospital this short-staffed in [my] 10 years.
- One RN is not enough for 60 residents.
- I work in LTC. The workload is heavy and unfair. I have to stay 1-3 hours a day after my shift to just reach the bare minimum to feel safe to leave. This, aside from working a double or triple shift. Documentation has become hideous, as there's no time Patients are so complex now, and families are demanding The love I had for nursing 28 years ago is gone. I give 200% and care so much and get nothing back. Feeling chest heaviness while we're running through the hallways and pee dribbling down my leg is not even a humane job. We are forced to work like this because we are always so short-staffed. We are working in such poor conditions ourselves, and we are supposed to look after others ... My mind and body can't look after itself [these days] let alone ... the sick and elderly ... Thousands are retiring soon. Change needs to happen now. It's already too late. So many [nurses] are sick and leaving. I already had to take a stress leave and an extended leave. Just now, typing all of this has given me heaviness in my arms as the feelings of what I endure are present as I think about it.

- [We are] expected ... to stay past our shift ... because [of] the needs The last thing we want is for details to slip through the cracks.
- Increased hostility in the workplace.
- I got completely burned out at my ER job, due to constantly being unable to keep up with the workload and provide safe care. I left the job [for] a new unit and had a very hard time adjusting because I had left all I'd ever known behind [but felt I had no choice].
- Alarming increased patient-to-nurse ratios. I have worked many unsafe shifts ... many times having 5-6 patients on my own. I am spread way too thin to provide [the] safe and compassionate care that my patients deserve.
- The atmosphere is one of exhaustion, feeling overwhelmed, with not being able to give the patient care that we are [supposed] to [be] giving. The smiles are not there anymore. The feeling of satisfaction is gone. Patients are losing out on quality care. This is sad!
- The constant 'revolving door' – admit, treat, gone in 2 days Hard to see if the ... patient has absorbed the new meds, new need for changes in lifestyle, etc.
- The public would be shocked if they knew the state of healthcare. New RNs are receiving poor orientation because they are forced to take an assignment [alone] due to [short-] staffing. Education for new/existing RNs is minimal as they are needed to work ... I love being an RN, however in my 28 years I have not seen the healthcare system this strained and unsafe.
- Patients are at the sacrifice of our shortage, and they are unaware of the fact that in a life-or-death situation, this could potentially be death with how our facilities are run, and how short-staffed our hospitals and units are.
- Toxicity in the workplace.
- [I'm always] thinking I might miss something crucial for a patient and cause the patient harm, because of the RN-patient ratio ... There is [just] no time.
- Taking on more patients than safely possible; many experienced nurses have left favoring a better schedule, approved vacation, and better staff/patient ratios.
- Working short-staffed compromises patient safety ... I can't properly care for patients and families.
- [There's just] no time for [needed] professional development.
- [We work] short every shift ... [with] no rest ... [and a] lack of [proper] education.
- I love nursing and it is my true passion, but I do not have the time to properly care for my patients' needs.
- [The] patient-nurse ratio is horrible! I am exhausted every day – mental, not physical. I have to retire early, age 55; I can't keep up the pace anymore.

- Our healthcare system is crumbling, and with it our nursing staff We are exhausted A lot of nurses are retiring and those coming into [the] profession are leaving!
- Morale in the workplace is worsening. Staff turnover worsening, making it harder in acute care settings to have vacation or time off granted due to lack of skilled and experienced nurses to cover each shift. More nurses going on stress leave.
- I am new to Canada. I can report that my work life is worse in NB.
- Our work environment has become negative ... a lack of empathy.
- I still work casually in NB [but] I have sought out higher wages and a much better work life balance [elsewhere]. I was entirely burnt out from working in an ER that was frequently over 200% capacity while working short-staffed.
- Everything has worsened.
- The morale gets low because we're all tired and stressed. I don't look forward to going to work like I used to.
- My [work] is all high acuity and I struggle getting my work done safely. I feel like I am letting my patients down despite working through breaks and staying late. I seldom go out of my home; I crave silence. The numbers of elderly continue... to escalate, and it is like pulling teeth to beg for comfort orders despite comorbidities that see the patient going down ... and suffering along the way. Doctor-nurse relationships are more strained because we are all overworked.
- I left the hospital setting as I could not handle the stress anymore. I would have panic attacks going into work, during work, and after work. I could not stand seeing other nurses crying in a corner because we could not take another patient as the floor was already unsafe. I was tired of working short staff[ed] all the time, not taking my meals, not being able to go to the bathroom, working in unsafe environment ... under a lot of stress, not being [allowed] to take vacation ... not being listened [to]/respected by management. I became sick and needed to make a change in my nursing career and had to leave my work family that I loved. I am in a better place now, even though we still work short staff.
- Staffing. It's like a floor rug ... pulled out from under our feet It's become overwhelming and almost impossible to stay afloat.
- 1 to 6 acute care patient ratio in an Emergency Department is asking for trouble. Patients do not receive appropriate care and things get missed.
- We are losing qualified, experienced staff ... due to burnout. This leaves a lot more stress on those experienced nurses left to mentor new staff and [who already] carry a heavier patient load.
- Almost everything at work is worse, honestly.

- [I] dread coming into work.
- As a nurse manager, for the past 13 years, I've rarely had to work overtime ... until these past [few] years as I've seen critical staffing vacancies increase. Just this past pay period I worked my 75 hours as a nurse manager and 41.5 hours as RNCA in the evening and on weekends.
- People do not realize that the delivery/neonatal care room is an emergency center. At any minute, a patient can arrive at 10 cm dilated or with a cord prolapse or a fetus in distress that requires a STAT caesarean section. We are talking about the life of a baby who would like to be able to meet his mother or the other way around... When a baby needs resuscitation, we do not call a code on the intercom like the other units. We have to organize ourselves because we are the only ones qualified (I can't say it enough!).
- More shifts of 16 or 24 hours and expect me to come home for my next shift 12 hours later. Less time off for me (16 and 24), more OT shifts. Workplace morale has become very negative.
- I have already thought about leaving my profession several times for another one. Even though I've only been a nurse for 3 years, I have already had 2 nervous breakdowns and am now on medication.
- The ratio ... in the nursing homes. We do 8 hour shifts and we have 2 days RNs, 2 evenings RNs, and 1 night RN. We only have an occasional RN. So, there is often no one to complete the shifts. When we are called for overtime, we know that if we refuse our colleague will be forced to stay and do a 16-hour shift. I sometimes cancel my plans with my spouse to cover for my colleague.
- I am currently suffering from burnout and am currently off work. The conditions ... inhumane and the constant demand to perform more is insane! ... We have a limit even if we are health professionals! ... It is time for us to be recognized for our true value!
- I have never worked as much under staff as I have in the last 2 years.
- I changed jobs because I started to have severe anxiety due to the working conditions. At least once or twice a week I had to go to the bathrooms to cry because I felt completely overwhelmed. I am a nurse with 19 years of experience, and I feel completely unappreciated by my employer.
- I had to change jobs; I was no longer able to work like this!
- I really like my job, but the current working conditions make me consider changing careers.
- Little time to do a good job.³⁵

Directly related to nurses' number one causal factor explaining the decline in the quality of healthcare and workplace conditions – the nurse shortage and the resulting unmanageable and unsustainable workloads – are other factors that nurses identify as key. According to the nurses themselves, the second-highest factor that explains the decline is that they are working so tired and with no time to recuperate:



Here again, are some precise words³⁷ shared by New Brunswick nurses relating primarily to the need for but the inability to access breaks, adequate rest and recuperation, vacation, and even sick leave – all while being continuously overworked and short-staffed on-the-job:

- Staff feel ... as though they cannot take on one more task/issue. [We are like] a whole lot of empty cups with nothing left to give.
- I am a new grad ... I can already feel the immense pressure on RNs and all healthcare workers.
- Vacation is non-existent; burn-out is leading to nurses leaving the profession.
- I graduated in 2018 Every single one of my co-workers is burnt out Everyone feels disrespected and not valued, ... not being taken seriously. It is hard to feel like that continuously It has been difficult as a new grad to enter a profession and automatically within your first year start to wonder if you made a mistake and if you should go back to school and find another career. Short staffed ... Unsafe and dangerous but we can't say no, [and we get only] vacation denials. I don't even have words for the way we are treated.
- [Being] denied vacation [is] not ok.
- If there is one profession that should [be guaranteed] time off, it is a nurse. Looking after people [is tiring].
- I am not compensated properly when called in on a weekend or holiday Requesting time off ... is difficult because of lack of coverage.
- I am trying to reduce hours before retirement. The constant struggle to maintain staff levels ... puts pressure on the part tim[ers] to cover sick calls, vacation requests, even when they themselves need a day off!
- 15-16-hour days sometimes, then working 30+ hour OT/on-call weekends after just having worked your regular Mon-Fri and needing to go back again and start all over your regular Mon-Fri the next week. It's exhausting.

- [It's common to] switch ... from routine 8-hour shifts to 12s ... two nurses have to share on-call duty, coverage on weekends – [It's a] complete shift from population health to outbreak management.
- \$3 an hour for standby pay is a joke; it doesn't pay for a babysitter I'm considering leaving very soon!
- I need some extra training, but I can't do that due to 12-hour shifts.
- I have had to stop picking up OT ... because I was on the verge of a mental breakdown.
- I now refuse overtime for my own mental health. I can't do it anymore. My family means more than a profession in which I do not feel valued.
- No more teamwork is done.
- Low motivation at work.
- Many 24-hour shifts and experienced nurses changing units because the stress load is too high, so new nurses who don't have much experience in emergency situations... stressful for the team.
- Need to change the model of care for youth.³⁸

Third, explaining the declining quality of healthcare in New Brunswick, nurses blame a lack of strong management.³⁹ Though the problems in the system have been more recently exacerbated with COVID, they existed before. Too often, nurses have brought suggestions and ideas forward in their varied places of employment, along with dire safety warnings, but they were ignored. More than a quarter of RNs and NPs identified leadership as needing to change for the quality of care to improve (much more on these judgments is shared in the next section):

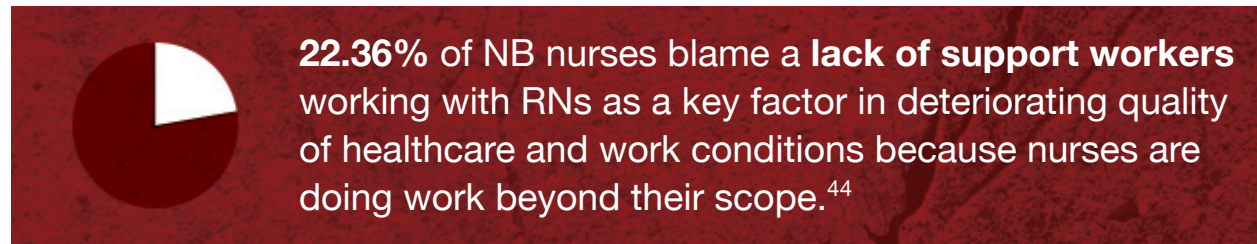


Here are only some of the nurses' words⁴¹ on leadership as being one of the top influential factors impacting the growing decline in the quality of healthcare and work conditions:

- Upper management policies ... are ill informed.
- [I'm] thrown into roles [with] little to no training.
- [There's just] no time for [needed] professional development.
- Having upper management ignore our concerns and basically sweep them under the carpet [is a big factor].
- Floating to other units is [terribly] stressful, and [has] worsened ... areas that are unfamiliar is awful ... increases risk to patients.

- I have been an RN for 41 years; [I] feel very disrespected from our government Stress ... [is] creating a very toxic work environment. This past year has been the worse I have seen, with [low] morale and lack of management.
- Absolutely nothing is being done about these growing problems, and the government's blasé and out-of-touch attitude does not instill confidence in anyone. The employer is not much better.⁴²

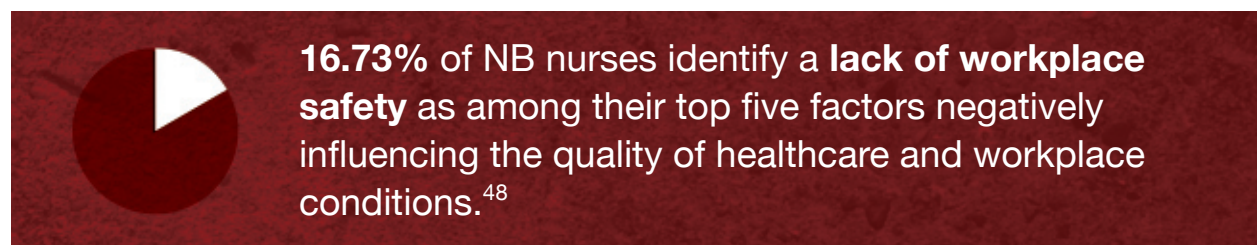
Fourth, and directly related to the number one factor of the nurse shortage and resulting unmanageable and unsustainable workloads facing nurses, New Brunswick nurses cited the shortage of other healthcare professionals:⁴³



And here are only a few among the many excerpts of nurses' quotes⁴⁵ highlighting this situation:

- [We are] emptying hampers because housekeeping is overwhelmed, transporting patients because SPD is understaffed Why is there no staff in those departments?
- Worse working conditions – LPNs [are] replacing shifts of RNs ... RNs ... going short ... less wages ... overtime. Staff getting sick.
- I'm just plain tired having to do the work of a nurse and cleaner, plus many other jobs.⁴⁶

Finally, among the top five factors identified by New Brunswick's RNs and NPs describing the reasons for the deterioration in the quality of healthcare and work conditions is an increasingly dangerous workplace. Nurses believe that as long as there remains a staff shortage, unrealistic and unsustainable working hours and demands with too few rest periods, a lack of security, protection, and assistance for nurses in dangerous situations, and leadership that is not intervening in the crises, the workplace will continue to make nurses feel unsafe and unprotected, something they reportedly worry about even at home, thinking about going back to work:⁴⁷



The following are some qualifying words⁴⁹ spoken by New Brunswick's RNs and NPs on the lack of workplace safety. And to be clear, they are talking about the safety for both their patients and themselves, and about their places in hospitals, community settings, and long-term care facilities:

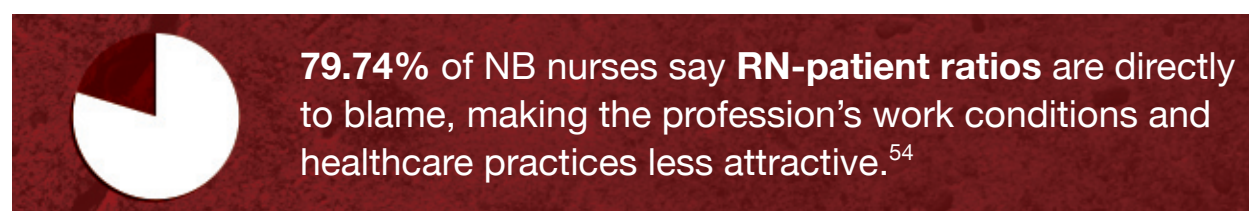
- Work is no longer a safe environment.
- [Too many] unsafe patient-staff ratios.
- [There is] no security at our facility ... patients with more mental health issues and narcotic abuse [issues] ... very dangerous situations ... [No wonder] we have trouble recruiting nurses.
- [It is now] unsafe to work in specialized units, not enough experience[d] nurse[s].
- If clients become violent or are experiencing mania, psychoses, [instability] ... we [who] are outside of the hospital environment, in a professional building, our only recourse is to call police for assistance It feels risky and vulnerable. [These clients] are also a risk to civilians who don't know about the [circumstances, and they] ... could encounter them anywhere in and around the premises.
- Safety is a huge concern; there is nothing to protect nurses from physical, emotional, and mental abuse; we [just] have to endure [it].
- I foresee a tragedy happening if changes don't take place, which is why I have been filling out professional practice reports almost daily. I have been in my unit almost 20 years, and I have never seen staff morale this bad.
- I managed a nursing home during a pandemic. Not only did I suffer mental health issues that impacted my family relationships; I was required to be in ... 24/7 and cover any RN shortage ... in addition to my regular job. Then I went to extramural to ease my stress, which didn't happen. I was required to go into home without an N95 mask with known positive COVID cases.
- In a medical-surgical ICU I cannot fully express the anxiety I experience, knowing it's only a matter of time before a patient is critically, negatively impacted due to the fact that I cannot be in two places at once. The staffing issues are not compatible with safe nursing care, and I fear for the day this results in grave consequences for our patients.
- This has been the worse 3 years in my nursing career.
- Conditions [are just] horrible.
- The fact that the operating room operates like a "drive thru" and that we are pushed more and more behind our backs, even if it means putting the patients and ourselves more at risk.
- We are in a crisis and we feel as health professionals that we are forgotten or not put in priority.
- [I am] not able to provide quality care to all my patients, which creates moral dilemmas and increases my concerns about my nursing practice.
- It causes me great insecurity as a nurse to work alone at night with an auxiliary for 35 patients which can go up to 37 because we are the ones who have the burden if a patient becomes unstable.⁵⁰

Clearly, sentiments about nurses' own declining health and well-being are seen in their descriptions of healthcare quality and workplace conditions. These are difficult to separate as they are so intertwined. Nurses' inability to access sufficient rest periods between shifts, vacation, or sick leave, and their being required to work too many back-to-back shifts, long shifts, and call-back shifts are now regular experiences. So, work conditions affect quality of care, and both impact nurses' well-being. The more fulsome testimonies on this impact, however, is discussed in the next chapter.

While it is important to connect declining workplace conditions and quality of healthcare decline with nurse well-being, the direct connection with nurse retention and recruitment efforts must also be made. The interplay is so integrated – as workplace conditions and quality of care decline, nurse retention is likely to also decline, and recruitment becomes more difficult in poor conditions. The reverse is also true – as nurse retention and recruitment become more challenging, healthcare and work conditions also deteriorate. Therefore, both work conditions and recruitment and retention efforts need to be addressed simultaneously, and urgently.

Basically, in work conditions where nurses suffer unhealthy and unsustainable degrees of personal fatigue, bear the chronic moral and distress of not being able to care for their patients properly, and personally sacrifice their own well-being and time with their families (often citing the care they have also for their “colleagues [as their] work families”⁵¹), the workplace culture becomes unattractive to new graduates or to young people considering the profession (negatively impacting recruitment). This aggravates efforts to retain and support nurses currently working overtired. As one nurse so aptly words the sentiments of many, “nursing is killing us.”⁵²

Workplace conditions,⁵³ then, are direct *contributors* to and *outcomes* of the nurse shortage, the challenging nurse-patient ratios, unsustainable workloads, and the decline in healthcare generally. It comes as no surprise then, that when nurses are asked their opinions on what factors have the most negative impact specifically on retention and recruitment efforts, their responses go directly to RN-patient ratios:



Identified by the more than 4,000 New Brunswick nurse respondents in the survey are other factors linked to the labour shortage including the following (rated as having “high” or “very high” influence) on retention and recruitment:⁵⁵



77.08% of NB nurses say **competitive wages** play a key role in retention and recruitment: NB is losing nurses to other jurisdictions because they are paid the lowest,



63.74% of NB nurses say that a lack of **workplace safety** is making the profession less attractive, negatively influencing retention and recruitment,



56.01% of NB nurses report that not having adequate **time for RN-patient interaction** which serves as a departure from why the nursing profession attracted them in the first place, impacting retention and recruitment,



46.68% of NB nurses say they might enjoy the work more if they could get rest, so not having **vacation access** was a key barrier to retention and recruitment,



39.34% similarly, NB nurses claim that if there were **limits on overtime/ standby**, and better **rest between shifts** offered to nurses, they might be higher functioning and better able to handle the greater demands in the system these days,



37.44% of NB nurses say that not having access to **training and education** is discouraging in their jobs and makes them feel more vulnerable “floating,” and



36.71% of NB nurses report that increasing **on-call/stand-by** pay might be an incentive for retention and recruitment.⁵⁶

It is useful to note that, though not rated as “high” as the factors above, challenges related to accessing the RN and NP bridging programs⁵⁷ are cited as having moderate- to high-impact on recruitment and retention challenges, as follows:



89.41% of NB nurses say that accessing the LPN → RN bridging program has some influence on recruitment challenges, and



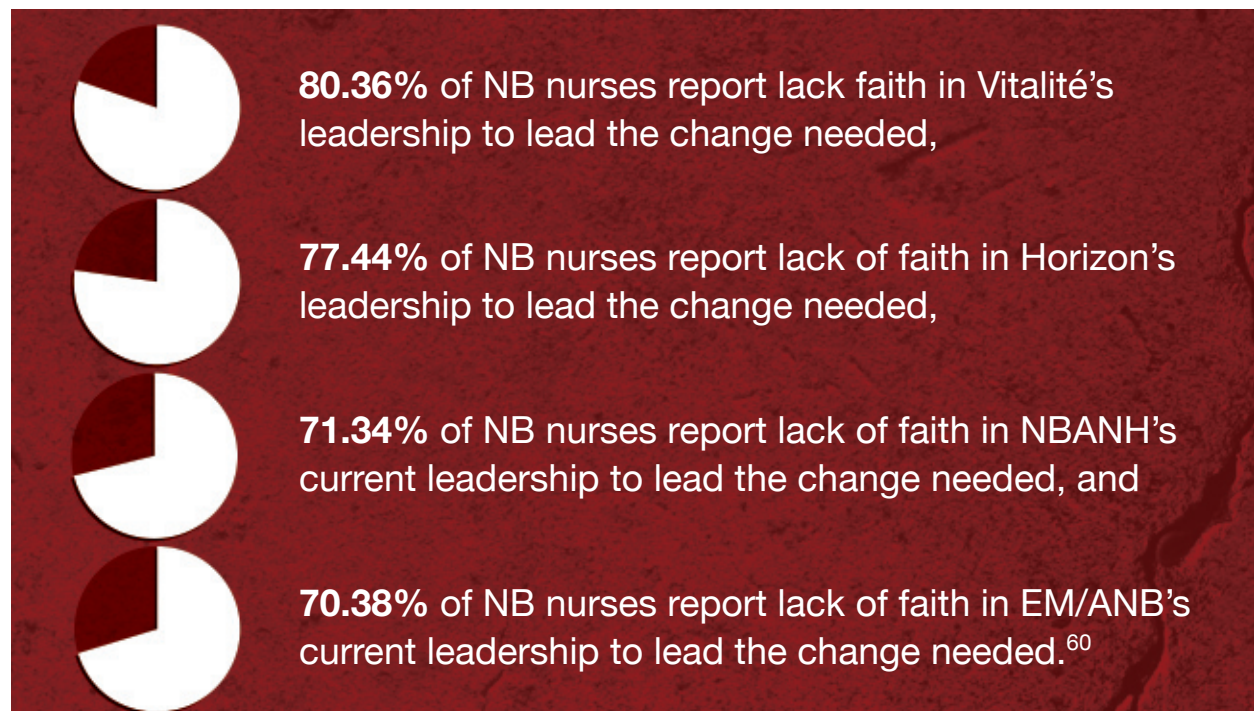
74.46% of NB nurses say that accessing the RN → NP bridging program has some influence on recruitment challenges.⁵⁸

To sum up, whether asked about the quality of healthcare, work conditions, or factors impacting retention and recruitment in New Brunswick, the responses of 4,187 RNs and NPs ultimately turn to the biggest challenge in healthcare being the nurse shortage and resulting unmanageable work demands and lack of support felt from management. In essence, and according to RNs and NPs, for all the deplorable conditions related to and including the labour shortage itself, it is ultimately management that is responsible. It is to the level of confidence that New Brunswick’s RNs and NPs hold for leadership’s ability to turn things around that is the focus in the next section.

B. The State of Leadership & Hope for Change

Registered Nurses (RNs) and Nurse Practitioners (NPs) in New Brunswick tell of the times they have brought serious concerns, and sometimes ideas and potential solutions, to management. Many lament, however, that their insights are too often ignored, shrugged off, or even sarcastically responded to. In pretty much all cases, nurses claim they feel unheard, and thereby disrespected and undervalued. Comments on this point, among those who talk about it, are unanimous – there is little to no action taken on what is brought upwards, let alone the problem being addressed. This adds to the hopelessness nurses feel when it comes to a better future.

The following percentages illustrate responses from the 4,187 New Brunswick RN and NP respondents on the question of confidence in leadership (the ratings capture only those judging trust/confidence at “low” or “very low” ratings):⁵⁹



The following are some exact quotations⁶¹ from New Brunswick's nurses that rationalize their judgments:

- There is very little mental health support for our patients, let alone us. Being an ICU RN, I see nightmare situations and have had to seek out my own support that I pay for with no coverage.... We need more debriefings. Upper-level management needs to be more aware of what our job entails.
- Staff shortage ... [is due to] poor management.
- [I worry] what will nursing look like with that many nurses gone? How are we going to survive? How are our patients supposed to survive? Why is no one listening?
- Hospitals have been overloaded for YEARS!!... Elderly patients do not belong in hospital for month[s] and years!! Young families suffer.... Management [needs to be] someone in the building, NOT 3 hours away!!! So, SO tired [of it]!!
- Disconnected management... [doesn't] understand front line issues.
- [We're] not feeling supported or heard by superiors... or... they're not able to solve the problem because it's a systemic issue beyond their control.
- I have been in the healthcare hospital setting for 20 years, and [these last two years] it seems the only solution is a reform that implicates never-ending changes in my daily practices. We cut corners in best practice [measures] to answer realistic needs. [We have] no real leaders in our healthcare setting, [only] managers and directors that don't understand nursing; no one is navigating our ship, and we are in the middle of a storm. Who will survive?!

- We have no support and when we do speak to leadership, nothing changes [We] go into a shift always short. I don't remember the last time where we were fully staffed.
- I feel completely unvalued... with 18 years specialty practice.
- There is so much negativity in the units. Patients and family members... [are] angry... and [they] belittle the nursing staff.... [And there's] no support for us from upper management... [nor] enough sitters for the amount of aggressive patients.
- Nothing [is] done by the RHA to retain nurses.
- The union, association, premier, medical officer of health, ...management should not accept the abuse that happens to nurses.... Post-traumatic stress is going to be a real issue.... Mandatory debrief[s] need to happen following a death, a Code, or any other stressful event.
- [Management needs to know that] PSW does not equal RN. LPN does not equal RN.... We all contribute to the healthcare team, but in critical situations, we are sometimes alone, adding more stress and pressure.
- If we leave due to fatigue or stress... or to [go to] another position, there is no follow-up as to why, or [no] incentive [provided] to stay. I feel we are just a number, being replaced by less qualified [staff] or just not replaced [at all].
- Within mental health and addictions, new positions tend to exclude nurses.
- I get harassed by management to work overtime and when I turn... it down, I'm made to feel guilty and responsible for my colleagues working short, when in fact we are not staffed well enough on any given day. We are so critically low in staffing that just one sick call can create so much disaster in any department.... I am extremely exhausted [from this].
- [When] we have a work situation... and incident reports [are done]... none of the issues are ever really addressed.... We get a response saying, "problem corrected with appropriate staffing["] or ["]issue resolved with proper education/assistance" – [Management is] never addressing the real problem or patient safety concerns.
- I have so much resentment towards my employer because ... my skills, knowledge, and profession are being taken advantage of with little to no end in sight.
- The lack of systems in place [do not] provide safe care for our patients [and rather are]... placing the burden of care on and burning out the RN.
- I worked a shift where I was the only RN on the floor for 36 patients.... [My] supervisor was aware of this too [but] offered no support.
- I really believe we need incentives (signing bonuses, increased wages) to keep nurses in NB.... So many nurses... have no reason to stay [and] there just aren't enough. ... I feel hopeless and see no end in sight.
- Things continue... to only get worse, despite my many cries for help, training, and support to management.... I went off work on stress leave. I decided that the only way to get my work-life balance back was to change jobs entirely and I resigned from the RHA.
- [Management is] calling on us on days off up to 20 times!

- The government nor employer actually care about the health of their staff. They preach open collaborative practice and working together, yet actually do nothing to foster this.
- Horizon implements policies not attainable for nurses, therefore putting our practice in jeopardy if something happens.
- [I have great] mistrust in the healthcare system and the people leading it.
- Poor management... no communication, just expectation.
- [Management] is tolerating violence towards staff.
- [We have] unprofessional leadership.... They bend the rules of [our] contract OFTEN... try to see how far they can push if nobody challenges them.
- Someone needs to step up for healthcare and nurses. Everyone in NB should be scared about the state of our nursing shortage. It will affect everyone sooner or later. This is not sustainable.... We were working in a broken system long before COVID came into our lives.
- I am not bilingual. I do not think that Fredericton, with only having 7.3%... claiming French as their primary language... [warrants] me being passed up for jobs. In my 6 years of nursing, I have only had 1 fully French patient and they were very understanding and appreciated my efforts to communicate [and said that] they cared more about good health than my poor French.
- The job postings are most always... for bilingual. In 26 years, I have NEVER had an issue with a francophone patient working in southeast NB. It is a huge deterrent to recruitment and is just unfair.
- [We simply] lack leadership.⁶²

While New Brunswick nurses accuse leadership of being weak and of lacking competence, empathy, and knowledge about the roles and experiences of RNs and NPs, there were also charges against management for prioritizing “saving money [over] putting patients first.”⁶³

It would be irresponsible to paint the whole of the leadership’s competence, empathy, and knowledge as inept and their priorities as wrong, because in the survey nurses spoke of some instances where Nurse Managers and Nurse Supervisors were also very frustrated and stressed over understanding the plights of their staff and trying to accommodate them and meet further-up managers’ budgetary demands – which was “impossible”⁶⁴ to do.

Finally, and though unsolicited in the NBNU survey, some nurses took the opportunity to share some of the ideas they had offered up over the years that could help sustain more quality healthcare, and these are shared in the next section of this report.

C. A Note on Ideas for More Quality & Sustainable Healthcare

As is illustrated above, the bulk of New Brunswick nurses' concerns about the declining quality of healthcare and work conditions, and the underperformance on nurse retention and recruitment goals impacting both, are rooted in management's inaction on solving the labour shortages and resulting unrealistic and unsafe work expectations. While there is no scarcity of words on what nurses report to be wrong in the New Brunswick healthcare system, what is reportedly most responsible for this is ultimately poor and weak leadership.

Some nurses did, however, share a few positive leadership examples in their midst. These are often shared as combined with ideas they have reportedly brought forward but were ignored. The overarching message gleaned from the narratives on this topic is that if some of these RN/NPs' insights about positive leadership examples – ones that were shared in the survey responses without being asked – were indeed a stronger focus of management, then perhaps retention and recruitment efforts in New Brunswick might be more successful, and the quality of healthcare and the work environment in New Brunswick would improve.

There are eight categories of points made (categorized by the author, and not to be taken as exhaustive, since again this was not a question asked in the survey). As mentioned earlier, there were over 4,000 respondents to the June 2021 NBNU members' survey. Ensuring adequate staffing levels was, in one expression or another, at the top of everyone's list. Also, nurses suggested management should foster teamwork, be more communicative and empathetic, adopt a patient-centered culture, ensure a safe work environment, have a proactive management/union/association working relationship, better value education and training, and provide an improved health and benefit package – especially for such trying times as these.⁶⁵

These sentiments are paraphrased and grouped below, with some excerpts from nurses' own words:

First, **management should ensure adequate staffing levels before anything else:**

- Proper staffing is a first step to providing safe and manageable care for patients, clients and residents, and for nurses to provide the care they are trained to do. It would offer nurses predictable hours of work, access to entitled vacation, and time off between shifts to re-energize. It would largely remove the moral and ethical distress they are experiencing. The point was made that to be healthy, nurses need to feel good about the healthcare they are providing and to have a life outside of work.
 - “I keep a happy, healthy, and calm life at home, and this enable[s] me to have balance.”⁶⁶
 - “A positive nurse [is] re-energized after their days off”⁶⁷ and this means better outcomes for everyone.⁶⁸
 - “We need to be respected, and all have a life outside of our profession, and [we] shouldn't feel obligated to go to work on our days off due to poor ratios.”⁶⁹

- Proper staffing also ensures nurses can take sick leave without guilt when they are sick. The point was made by many that if conditions were better, there would be less sick time even requested.
 - “Sick time would drop if there were payouts.”⁷⁰
 - “[Maybe we] should have earned bank time instead of separate vacation time and sick time.... I’ve worked in the US... [where] we rarely had anyone call in sick... if they weren’t, like [is the case at] most hospitals [here. We are desperate for time to re-charge].”⁷¹
 - “If conditions improved at work, there would be less sick time being used by staff.”⁷²
- Proper staffing might also allow limitations to be put on overtime (a public poll of 400 New Brunswickers showed 89% support for a limit to be placed on overtime hours; this is discussed later, in the Call to Action.)
 - “There should be a limit [on] the amount of overtime hours a nurse can work... and [on] shifts in a row.”⁷³
- When staffing cannot be increased, then workloads must be decreased. Not doing this exacerbates poor quality care and depletes nurses’ well-being. It is not a first choice, but a better default response.
 - “The workload should coordinate with the available resources. Beds should be closed [if we can’t do proper patient and resident care with the staff we have.... It’s] better than people being admitted and not receiving the quality of care they deserve because their nurses are spread so thin.”⁷⁴
 - “You don’t get a loaf of bread with half the yeast... Beds need closed!”⁷⁵



Second, **management should foster teamwork to help everyone cope with challenging working conditions:**

- Many RNs and NPs refer to their colleagues as their “work family”⁷⁶ and are highly motivated to help one another. They are generous with their time and energy at work, not only because they care about their patients, residents and clients, but because they care also about their coworkers’ well-being. They confess, however, that this has been at a high cost – to both their own well-being and to time available with their families at home. Fostering teamwork, nurses imply, means that everyone shares in the pain and the gain.
 - “We have a tight knit group of RNs who work well together and always have each other’s backs.”⁷⁷
 - “[We are] passionate, hard-working co-workers that support one another.”⁷⁸
 - “No one cares about the nurses [like] the nurses. We get us.”⁷⁹
 - “Our amazing inter-disciplinary team... [including our] ER docs [who] genuinely care that there is a critical nursing shortage and [understand that] the department can’t function without nurses [helps me to cope].”⁸⁰
 - “[In my unit we have] phenomenal coworkers. We try our best to support each other. No one sits until everyone can sit.”⁸¹
 - “Our commitment to patients and each other [makes] our team.”⁸²
 - “The most positive impact on my working conditions would be getting to work with my amazing coworkers every single day.”⁸³
 - “Resilience” & “helping our colleagues” is so important.⁸⁴
 - “[We have to make] sure we’re always laughing... try and stay light... ‘We can do this together,’ [is a motto we try to follow].”⁸⁵

Third, and commonly expressed by many nurses, is that **management needs to be communicative and empathetic**. It is important for management to listen, communicate with their staff, understand what nurses’ jobs entail, act on concerns brought forward, foster a climate of respect, and appreciate nurses for what they do. Though these qualities were more often mentioned as missing, some nurse respondents spoke of having a “good manager”⁸⁶ who embodied some of these qualities, and sometimes credited this manager/supervisor for their ability to cope in the challenging profession.

- Fostering positivity and hope, versus negativity and despair, was how one nurse supervisor tried to help foster relations:
 - “I have been asking my team to ‘dig deep’ as I believe there is a light at the end of the [tunnel]. Negativity breeds negativity. If we could just settle our contract, maybe we could move on to building a better future of nursing. We need to work smarter [though] not harder.”⁸⁷
 - “A positive workplace culture [helps so much].”⁸⁸

- Listening and understanding nurses' conditions:
 - “[Without my nurse manager, I] would have been gone long ago.”⁸⁹
 - “[I have] a good Nurse Manager and Resource Nurse” [but] I can see them becoming burned out [too].”⁹⁰
 - “[Too often management agrees to] rules that never work. [They need to understand the implications of their decisions].”⁹¹
 - “Decisions made by management and leadership [need to be made in] consultation with clinicians providing the service.”⁹²
 - “[Stronger management would involve] nursing input.”⁹³
 - “Upper-level management needs to be more aware of what our job entails.”⁹⁴
 - “[We need to do better with] succession planning.”⁹⁵
 - “[There is a need for] 24-hour hospital-based childcare.”⁹⁶ (Many expressed the sentiment that there is a lack of understanding of how difficult it is with childcare when they are asked to work late, and at unscheduled times.)⁹⁷

Fourth, **management needs to adopt a patient-centered culture.** Management that fosters a primary focus on patients', clients' and residents' needs first, rather than budget first, is not only good for healthcare but is more motivating for nurses:

- “I work with a great team of RNs who are all patient-focused, and able to give quality care to our patients” – [that means a lot].⁹⁸
- “The residents that I care for [are who] keep me working.”⁹⁹
- “[Nurses suffer] moral dilemma [when there are not enough resources to provide care. Nurses] want to provide high quality care, but with increased load [and] changing patient complexity and added paperwork, it is impossible.”¹⁰⁰
- “I am honored and proud to be a nurse... To be a nurse is to inherently care, to care deeply and profoundly for others... Every day that I put on my RN tag, I have the immense responsibility and honor to serve... to be that positive experience for my patient and their loved ones. This work feeds my soul. It nourishes my spirit. It reminds me every day that I am part of a bigger plan that the universe presents to me. And every day my soul is crushed seeing clients who cannot get adequate services and to see my colleagues so dissatisfied. I hope [Minister] Shephard was sincere... every New Brunswicker deserves to be satisfied with their healthcare and every nurse deserves to be satisfied with the healthcare they provide.”¹⁰¹

Fifth, **management must make workplace safety an imperative:**

- Far too often New Brunswick nurses speak of management overlooking safety issues, leaving them feeling unprotected and completely unsupported at work and even after leaving work. Nurses even worried about being put into positions where they were jeopardizing their license, put into situations beyond reasonable. Having a safe and supportive workplace, in the words of nurses, helps them to work better and rest at home better.
 - “When I am feeling safe... then I can do my job efficiently and well.”¹⁰²
 - “[Improve workforce stability:] Give RNs, LPNs, NPs full time work [instead of pulling] them to fill other jobs.”¹⁰³

Sixth, leaders should work together, **foster more proactive and collaborative working relationships and public support.** For example:

- Nurses suggested that all leaders could play stronger roles in educating the public on nurses' roles and realities to help with retention and recruitment in the profession, and in this way give respect and support to nurses.
 - “More promotion of the profession [so there is] more public knowledge. They have no idea the difficulties we face or what the government and hospital admin put on us.”¹⁰⁴
 - “If the public only knew [things might get better].”¹⁰⁵
- Some suggested there are benefits to be had with better collaboration amongst union, government, and other unions/associations:
 - “[There should be] better coordination between NBNU and NANB.”¹⁰⁶
 - [We need better] communication and support...[so] important issues are [not] left unaddressed. ¹⁰⁷

Seventh, **management could better value training and education:**

- There were many examples provided about nurses feeling improperly trained both as new grads thrown into unfamiliar situations, alone, or paired with mentors who had no time to mentor them. Even seasoned nurses spoke about the danger to everyone being “floated” with insufficient training in specialty areas, too often even to work alone.
 - “[We need, but there’s just] no time for professional development.”¹⁰⁸
 - “We see a lot... we need debriefings.”¹⁰⁹

Finally, and especially in these trying times with nurses so stressed and needing support for their own health and well-being, they say some **help could be found to support nurses by improving their health benefits plan.**

- “[We really need] far better wages and benefits.” ¹¹⁰
- ‘For the amount of stress we have, [we have] poor health benefits with Blue Cross.”¹¹¹
- “I... used all my Blue Cross coverage for psychologist and for massage therapy by May, so I have 7 months... to pay out-of-pocket [and it is needed].¹¹²
- “There is very little mental health support for... us. Being an ICU RN, I see nightmare situations and have had to seek out my own support that I pay for with no coverage.”¹¹³

These ideas and suggestions by New Brunswick’s RNs and NPs are not fulsome but they did emerge as ideas offered for some positive outcomes amid their negative situations.

This chapter clearly shows in RN/NPs’ illustrative stories that the quality of healthcare and workplace conditions in New Brunswick are in decline. Nurses’ words offer frank illustrations of the systemic and broad-based roots and outcomes of a critical nurse shortage.

Mirroring findings from the CFNU, which “confirms that [the workplace] is a pressure cooker out there for frontline nurses... [with] healthcare facilit[ies]... regularly over capacity.”¹¹⁴ This puts extreme stress on nurses. In fact, CFNU’s study reports that nationally, “among the top ten sources of extreme stress were short staffing, unpredictable staffing and scheduling, lack of support from the nursing administrators, having to deal with violent and abusive patients, and being held accountable for things over which they have no control.”¹¹⁵ New Brunswick’s RNs and NPs experience all of these. Their specific testimonies about their own health and well-being deteriorating are the topic of the next chapter.



2. From Nurses' Voices About Their Own Well-Being

When asked in a June 2021 NBNU members' survey how they are doing, New Brunswick's Registered Nurses (RNs) and Nurse Practitioners (NPs) self-reported in various words that they are “**not okay**.”¹¹⁶

The “dangerously high”¹¹⁷ nurse-patient or nurse-resident ratios not only diminish the quality of care and work conditions but stress out nurses to the point that they now say they “can't take any more.”¹¹⁸

New Brunswick nurses' experiences of mental and physical decline are shared in their own words throughout this chapter – first as they describe their state of wellness and then to what they attribute to being their most significant stressors. These 4,187 NB RN and NP testimonies speak to a healthcare system – and their own well-being – in crisis. Nurses' voices desperately seek to be heard and urgently plea for action.¹¹⁹

As difficult as it was to separate nurses' revelations of indicators of decline in quality of care and workplace conditions from those explaining retention and recruitment challenges – because in most ways they are one and the same – it is also difficult to separate their environments from their own health and well-being. Fish living in poison water die.



NB's nurses candidly and openly poured out their heartfelt stories that tell of their own mental and physical well-being deteriorating – and at times, “through tears.”¹²⁰

Due primarily to the unrealistic work expectations amid a nurse shortage and unresponsive leadership, the resulting outcomes are such that New Brunswick's nurses work day-to-day in dire conditions which exacerbate recruitment and retention challenges.

New Brunswick nurses have been dealing with a global pandemic on top of already-exacerbated work demands while short-staffed. New Brunswick nurses work long hours without breaks. New Brunswick nurses have insufficient time off between shifts. New Brunswick nurses have difficulty accessing vacation and sick leave. Even before going into work, New Brunswick nurses are “tired,”¹²¹ “stressed,”¹²² and “burned out”.¹²³ When New Brunswick nurses are “off [they are] not really off”¹²⁴ because they are “too often on-call or called back”.¹²⁵ Their at-home time is spent worrying about what they will face when they go back to work, for example not even “will we be short ... [but] how many we will be short?”¹²⁶ New Brunswick nurses are tired and burnt out. Period.

The moral distress that New Brunswick's RNs and NPs cite facing daily – pain caused by the differential between:

- what their education, profession, and personal desire for their patients', clients' and residents', health and wellness has prepared them for as a vocational focus, including how they want to practice nursing, and
- the less-than-stellar care that they are rather able to deliver given conditions and demands.

A CFNU 2020 assessment of mental disorder symptoms among nurses across Canada reports on such mental health experiences; findings match what New Brunswick's nurses report – that the growing nurse shortage and resulting “cycle of excessive overtime and unsustainable workloads, with widespread verbal and physical violence, have led to a decline in nurses' health.”¹²⁷ In reality New Brunswick nurses' “cups are empty,”¹²⁸ and they have “nothing left to give.”¹²⁹ In this chapter, and in desperation to be heard and understood, supported and helped, some of their personal testimonies are exposed for all to see.

A. A Wellness in Decline

An overwhelming majority of the 4,187 New Brunswick's RNs and NPs in a recent study self-report that their mental and physical health is deteriorating,¹³⁰ as is the case among nurses nationally.¹³¹ New Brunswick's RNs and NPs describe a now chronic stress that permeates their work and home lives and has led to a growing sense of hopelessness that things will change. The longstanding nature of their unheard pleas for help for a healthcare system with standards of care that have lowered because of chronic staff shortage resulting in unrealistic work demands has left them utterly discouraged, depressed, and with growing anxiety. Collectively, nurses feel “undervalued,... “unsupported... “unprotected... [and] vulnerable.”¹³²



83.08% of NB RNs and NPs say their **mental health has deteriorated** over the past 3 years, and



70.55% of NB RNs and NPs say their **physical health has deteriorated** over the same period.¹³³

When NB nurses were asked to rate the threat of burnout or level of stress they experience in their jobs, and to posit about any hope for relief, their responses clearly indicate an urgent need for attention:



81.13% of NB RNs and NPs confess currently feeling **high to very high stress/burnout**, (reasons cited for this claim are accounted for in the next section of this chapter, Section B) and



63.93% of NB RNs and NPs believe their **job stress will increase** if conditions remain.¹³⁴

Emerging from nurses' reports¹³⁵ about their own declining well-being and inclining stress are the following sentiments. First, nurses' self-reports, frankly and openly shared, are about their **general mental and physical health state of being** in their own words:¹³⁶

- My mental health... forced me to increase my antidepressant to cope with life/workplace.... I've lost all passion for my profession. I've lost endless coworkers/friends, as many have left to work elsewhere. All these factors combined have impacted my overall well-being in a negative way.
- We are burnt out. No one has any more to give.
- I [now] HATE going into work!... I dread going into work. [I am getting] less sleep, [am] financially worse off, [and have] less time with my children.
- I have changed as a person and now have become burnt-out and have a more pessimistic view of life.... I... had to start taking sleeping pills and anti-depressants.
- [I have trouble] sleeping, [I'm] starting therapy, starting medication, [and have] strain in relationships. Constant burnout [is] leading to no positive outlook during work [hours] or during time off. [I have] difficulty separating work from home. There is very little mental health support for our patients, let alone us. Being an ICU RN, I see nightmare situations and have had to seek out my own support that I pay for with no coverage.
- [We are] constantly feeling burnout from lack of resources and staff.

- We continue to tolerate verbal abuse, ... which is emotionally taxing. The entire team is stressed and overworked, so currently it's an overall negative atmosphere to be [in].
- [I'm experiencing] increased thoughts of suicide.
- [I now have] anxiety... after 40 years [nursing], first time... [not to mention] depression [and] extreme fatigue.
- My mental health has suffered as a result of feeling unsafe going to work so short staffed. I feel anxious on my way to work, knowing how bad the day will be.
- I am constantly saying 'no' to overtime and feeling guilty to do so.... [My] schedule... sometimes requires I work 7 days a week! I am exhausted.
- [I have] no interest in doing anything that I used to find enjoyable.... [I have] frequent episodes of anger or sadness.
- My mental health has deteriorated. Although I still enjoy my co-workers and profession, and although I function well as a nurse, my ability to relax and experience happiness at home has markedly decreased. I suspect I am suffering from PTSD and anxiety that stems from the profession. I cannot turn 'off' at home and relax anymore, and I am struggling to stop unhealthy habits such as drinking alcohol to cope with depression and anxiety. I do not take care of myself like I used to because I do not have the time nor the energy. My partner has noticed changes in me and finds it difficult to know how to support me.
- I have to increase my anxiety medication as I started to have symptoms of irritable bowel and was sick for weeks.
- My mental health has worsened.... I am sleeping less, and my moods are all over the place. I don't feel the same satisfaction in my job and have thought of leaving the profession, and I have only been a nurse for two years.
- [I'm constantly] feeling guilty when I don't work overtime,... compelled to respond to sick calls or work overtime, so my colleagues don't work short... feeling guilty... [just if I try] to protect my mental and physical health.... [It's] as if the career that I've chosen, and love, is making me bitter and destroying my ... health.
- [I'm] too tired.... [My] family suffers.... I have nothing left in the tank for them.
- I never feel rested.
- I am expected to just 'suck it up.'
- No balance.... I am yelled at, belittled... I attempt my best yet am 'drowning' from the work. I crash at home, unable to muster any more energy. My days off are spent recuperating as I am depressed, downcast, and sad. I start to feel like myself again when it's time to go back to that hell.
- I shoulder it because I feel that other nurses that I work with are even more stressed.
- On days off Kronos calls up to 5-6 times day.... [Then I do] shifts with no breaks.
- [It's a norm now to be] unable to finish on time... [and] miss... lunches.

- [It's impossible] to balance your work/life, and the guilt you have when you know you are leaving your co-workers short.
- [I'm] suffering from stress that has stopped me from sleeping. I have developed depression and chronic pain, and [now also have] hormonal problems.
- Chronic pain increase[d] as my work is more demanding.
- It's so difficult to pour from an empty cup.
- I'm tired all the time. I'm sick more often than I should be. I have compassion fatigue, which means I now have anxiety... and sleep problems.
- I was in a severe depression last fall that affected my work life and family life. I wasn't able to function or provide properly for them anymore [all due to] long workdays, short staff, extra tasks.
- I used to love my nursing profession.... Now I struggle to smile at work.
- [I do] not [get] enough sleep.
- I feel like I work all the time and when I'm off, [I'm] too tired to do anything.
- Everyone is unhappy, angry, tired, overworked, intolerant of others.... It hurts to see so much unhappiness.
- [I'm] not resting well as [my] mind [is always] racing with things to do.
- Nurses are physically and mentally drained.
- [It's] constant fear/uncertainty about next shift... thinking how you could have done more/better.
- I am always tired, never feel rested on my days off.
- I often feel guilty on my days off.... My co-workers are working short. This means I don't enjoy my time off because I am thinking about work.
- My physical and mental health have worsened.... Depression, anxiety, alcohol consumption all require[s]... counselling.
- Everything has worsened, from increased acuity and patient load to no vacation, to job satisfaction.... We are not respected, listened to. We are burnt out!
- Burnout... [The] atmosphere [is] negative. [I've developed] insomnia. All [this] kicked in and changed me. I'm still recovering and trying to better myself.
- I have had to take a leave of absence and am in LTD for burnout.
- I have never felt this burned out.
- My entire sense of well-being, mentally and physically, has deteriorated dramatically. I'm so broken, beyond burned out.
- Extreme moral distress, burnout, stress, and anxiety... [and] much before COVID.
- Anxiety and stress in my life.... [I] can't [even] come home from a shift and not be still overwhelmed from the shift; no breaks in 12 hours, physical health compromised...

- No time to de-stress [or] allotted time to see a counsellor.... [Desperately] need a vacation.
- I go home every night even more stressed out than I was the day before! Every morning on my way to work I'm already stressing over the fact I might work short today.
- We are frustrated, tired, stressed, and worried about our future as nurses! ... I am not the only one who is not ruling out the option of going back to school; my physical and mental health is failing me!
- It is almost impossible to take care of our mental and physical health without feeling guilty.
- I had to request sick leave for 8 weeks last year because I was on the verge of a breakdown.
- My mental health [suffers]; I am now taking antidepressants. Also, I find that my level of "caring" has been greatly affected negatively.
- I have insomnia; I lose my hair because of stress at work. Always have headaches during the day before going to work as well as mood swings. Very short staffed is the cause.
- No energy to do outside activities. Not interested in having visitors. Started taking antidepressant and pain medication.
- I am too tired to be more present for my family.
- Always tired and irritable, diminished quality of care for residents. Lost confidence in the system - nothing changes.
- Feel guilty about taking a sick day.
- Insomnia, work overload, understaffing and accumulated fatigue are some of the things that have affected me the most.
- Anger, anxiety, sadness, depression, insomnia, frustration, anguish, dissatisfaction.
- Every aspect of my life suffers because of the effects of the job due to the stress/exhaustion I bring home.
- Stress due to COVID, lack of staff.¹³⁷

Even **new-to-the-job nurses** are feeling the stress in New Brunswick, as these words from one testify for others:¹³⁸

- I have only graduated last year, and I am already on a verge of burnout.
- [I feel] the stress of starting a new job and being [already] completely overwhelmed, and [it's] getting worse.¹³⁹

New Brunswick's RNs and NPs report feeling so **sidelined** and that **no one is listening** to their pleas (or showing them signs for hope), they are becoming **hopeless**. Here are some of their words:¹⁴⁰

- Nurses' work is very demanding, physically as well as mentally.... Government does not see how we are in a crisis, and this crisis has been predicted for many years.
- [I] feel devalued, unimportant, not respected... [yet am] a highly educated and dedicated human being.

- Morale is... [at] an all-time low; tensions are high; nurses are leaving.
- [I] feel unsupported and undervalued.¹⁴¹

Nurses talk about the stress of work carried home with them. The long arm of the job impacts their family lives and increases their stress. Here are some of New Brunswick's nurses' words on this matter:¹⁴²

- [Work] consumes your energy and mind, leaving little space for you and your family.
- [It is] extremely challenging to leave work at work.
- I am 100% burn[t]out. I can no longer separate work from my home life. Between the constant calls, working short, injuring myself on heavy patients, and very limited massage therapy coverage, unsafe work, high expectations from management/family/patients, it is just too much.
- Relationships suffer... physical and mental health have declined.
- Work stress is something I never carried home with me [in the past]; now it's a regular part of who I am, and I hate it.
- My marriage was being affected from the stress of my current job.... I am leaving my current active floor I have worked on for 9 years to go to a medically discharged floor for less mental stress to hopefully not have extreme anxiety all the time.
- This past year has put added stress on my marriage, family life, and [I have more] workplace pressures.
- I never feel like I am off work. My mind is always thinking of work and how poor the environment is. I think of patients and how long they have to wait to get their call bells answered because there are not enough of us, ... of how we are running on usually one RN for two units.... If I miss a meal or break, nobody seems bothered by it. I sign for my overtime but go the rest of my shift hungry and sometimes feeling like I could pass out. There have been so many times that I have even been in the restroom and get... called out of there to come see a patient or answer a phone call from a concerned family member.... Working 12 hours or more per day, getting home to shower and then reading email upon email with numerous attachments about the pandemic and changes in policy and procedures.... I've had to turn off everything but the texting.... I'm so stressed out.... My mental health is so poor.... I feel so burnt out.
- [There is] pressure to come to work [even] when [you're] not feeling well, due to lack of nurses.
- No quality time with my family... always feeling fired and no energy.
- [We have] limited resources for employees'... counselling [to help ups cope].
- The responsibilities [are]... leaving me tired and burnt out... [and] bringing [that] home to my family. I'm too tired to spend time with my family and friends.
- RNs are expected to perform all of their duties PLUS be a phlebotomist, lab technician... RT during intubation/sedation... [do] housekeeping, stock... supplies.... I am far too often [working] 24-hour shifts because there is no staff, and I don't want to abandon my fellow coworkers. Meanwhile my husband and 5 children are at home without me. Who needs [me] more? [I'm] constantly torn.

- More... job stress... [and] wait lists, and pressures to take on more and more... [is overwhelming]. [It's taxing,] always being needed.... You give all you can to your coworkers to help them, so they don't drown... then after work you go home to be with your family where you are needed as a mom and wife. There are days I feel tapped out from work, and my family suffer.... [There's] never enough left in me to give to myself.
- The stress... [leaves me] too exhausted to be the person, mother, wife, and friend I normally am... [yet I have] little choice in any of this... [Then there's] the overtime... which stresses my family... [and] has left me feeling... unhealthy for us and our families.
- In December... due to work stress, I had to take 2 months off on sick leave as I could not keep all the balls juggled.
- ZERO TIME WITH MY FAMILY!
- My family suffers, my spouse is often alone at home with our 2 boys, and he also works full time, so it's a lot of stress in our couple.
- Less quality time with family. More bad moods.
- I have much less patience with my spouse. I am much less attentive to my family and friends... I am less inclined to go out and make plans. I have much more difficulty sleeping.¹⁴³



New Brunswick's RNs and NPs are at their wits' end. Combining the fact reported already that over 83% of the Province's nurses confess that their mental health has deteriorated over the past three years with the high number of nurses who say that they are currently very stressed or burnt out, the cause for concern for nurses' well-being should be sending alarm bells to government. Nurses are in crisis in New Brunswick. To recap,



81.13% of NB RNs and NPs report that they are very stressed or burnt out now

Further, when asked directly if they had sought professional help for their job stress, only some New Brunswick RNs and NPs acknowledge they have, and others explain why they have not.



57.48% of NB RNs and NPs claim they **did not ask for or delayed asking for help, because either they did not have time or resources to do so, or they felt guilty taking needed time which would let their colleagues down.**¹⁴⁴

Among the New Brunswick nurses who did not seek help, responses largely parallel those of nurses nationally. As reported in CFNU's 2020 study, nurses across Canada "who chose not to seek help... [cited] time - and job-related factors (e.g., too busy, workload, hours of work)... as ... reasons for not seeking help."¹⁴⁵ New Brunswick nurses are similar – their strong personal sense of commitment to their "work family... [leads them to continue] just hanging on... [so they do not] miss any time."¹⁴⁶ Many speak about the "guilt"¹⁴⁷ associated with taking time away from work for anything, for example, so as to not make their colleagues "even more short."¹⁴⁸ This is making New Brunswick nurses sick. And it is distressing.

Among those New Brunswick RNs and NPs who did seek professional help:



55.42% of NB RNs and NPs who sought help, claim to have **sought this professional help in past year alone, and**



89.98% of NB RNs and NPs claim the professional help was needed **due primarily to unrealistic work demands and the stress these have on their lives.**¹⁴⁹

While the genesis of health and well-being deterioration among New Brunswick's nurses has been identified as workplace rooted, also exposed in the self-reported narratives above is what many nurses believe to be their *greatest* stressors and the reasons for their loss of hope. That is the topic for the next section.

B. The Greatest Stressors & Roots of Hopelessness

New Brunswick's Registered Nurses and Nurse Practitioners talk about their top five stressors, which are like their top-five reasons for their health decline;¹⁵⁰ the question asked in a different way, however, also offers another way to reflect upon it. First, to recap again, the following statistics reveal that most New Brunswick's nurses are at or near burnout level:



81.13% of NB RNs and NPs report feeling a high to very high threat of stress/burnout, and



63.93% of NB RNs and NPs believe their job stress will continue to increase if conditions do not change.¹⁵¹

The over 4,000 New Brunswick nurses who spoke about their stress made the clear point that the stressors to which they refer were *present pre-COVID-19*.¹⁵² The following are rated as the top-five sources of stress:



82.57% of NB's RNs/NPs put at the top of their current stressor list the continuously changing **COVID protocols** added to already unrealistic workplace demands,



82.55% of NB's RNs/NPs say that the **unsafe nurse-patient ratio** tops the list (note: this was also cited to be *the primary source of nurses' own health and well-being decline*),



79.05% third, and still close, is **workplace safety challenges** as a stressor, (which, of course, is intricately related to the top stressors),



73.59% fourth, a **COVID stigma** outside work is identified as a stressor, and



70.92% close behind is **working extra hours/having insufficient time off.**¹⁵³

Most New Brunswick nurses locate these as their top five stressors, as can be seen in the percentages reported. It is possible to summarize that their greatest stress comes from the labour shortage and resulting unrealistic work demands,¹⁵⁴ which make conditions unsafe and unhealthy for both patients, client and residents and nurses.¹⁵⁵

New Brunswick's RNs and NPs identify too that these biggest sources of stress that impact both their mental and physical health are like the 'long arm of the job' which carries way beyond the working hours and is brought home to their families. Here are some of New Brunswick's nurses' own words, starting with those about **COVID-19 as a stressor:**¹⁵⁶

- [It's a] heavy workload with no change in staffing; COVID-19 has put all of us in such depressing moods; [we're] seeing patients die with one or no family members.... [I'm feeling] mental exhaustion and physically defeated [from my work].
- People changing their COVID symptoms in triage after being asked at the door 5 minutes prior to exposing staff.... [That's stressful].
- Heavy workload... [added to] COVID-19 has put all of us in such depressing moods, seeing patients die with one or no family members.... We [are suffering] mental exhaustion and [are] physically defeated.
- [I've experienced both] physical and verbal [violence from] both family and patients wanting to know why their mom or dad got so sick after the COVID shot and no one giving them answers. Or from families just wanting to visit their unwell family members and being denied access. And from public health for inquiring about... health decline incidents.
- Not only are patient-to-nurse ratios worsening, but patients are getting sicker. When you are the only RN on the floor, [and with the] increased precautions due to COVID... staff are tired, reactive, and less patient with one another. It takes its toll on [our] mental health.
- I've been verbally threatened by families for enforcing COVID rules and had patients hit, scratch, grab me.
- Families have become irate... about COVID rules.... Some have come up in my face yelling at me. One got really mad, and we had to call the supervisor because I told him I had a patient crashing who needed me, and I couldn't stand there and fight with him.

- We communicate with a baby monitor during emergency cases where there is suspected COVID.
- During COVID, [the] public have been cursing and taking out anger on nurses.
- Everyday COVID rules changing... but not compliant... and when you correct them [you're being] disrespectful... staff morale low; shows in worker apathy and quality of care.
- Vitalité did not hire people to work at the COVID clinic and it will be the registered nurses who will be forced to do this through their work. This was a great organizational stress.
- COVID restrictions are very hard on mental health.
- Lack of staff, social isolation caused by COVID.

The following quotes are some excerpts from New Brunswick RNs and NPs about the **unsafe nurse-patient/resident ratios and their being short-staffed with high work demands:**¹⁵⁷

- Worry about not being able to spend adequate time with my patients...
- Being a senior nurse, I can't do it; how can they expect a newer nurse to do it?!
- Lack of gov't support. Inhuman[e] conditions for both patients and nurses.
- If someone calls sick, [there's] never [anyone] to replace [them].
- So exhausted from working short.
- Short staffing, increased work demands, sicker patients... aggressive patients... violent... nothing being done about it... play[s] a toll on physical and mental health.
- We are pushed and pushed to the point that we are unsafe. Nurses are in a crisis. We are not holding up any longer. It was like this before the pandemic hit; it is unbearable now, feeling overwhelmed daily. No one should have to work like this.
- Our work conditions have caused many stressors. I have been hospitalized twice in one year because of physical issues caused by stress. As a patient on the other side of the fence, the working conditions are disgusting.
- After 28 years of dedication and service... denied basically all vacation... beyond angry and upset.... No one cares that nurses are in crisis.... I have no faith that this will get better.
- The demands at work have far exceeded the ability of the staff available.
- To meet the healthcare needs of our communities and [balance] home and family needs is becoming overwhelming. I know I am going to crash. The question is not how can I avoid burnout, but more how can I reduce the severity of this burnout?
- [My] job... sucks every ounce of my mental and physical energy, robbing me of quality family time.
- When I chose to become a nurse, my intent was to provide the best care possible to all my patients. ...[now] I go home feeling like a terrible person.... All this takes a toll on my mental health.

- Everyone at work is burnt out, always working short, and if we have one fully staffed shift, we get floated.
- Very poor morale... staff feeling as though they cannot take on one more task/issue. A whole lot of empty cups with nothing left to give.
- I feel with this increased stress, deteriorated mental health, and burnout due to shortage of staff, we are punished if we use our sick time by being put into a program and labelled that we abused our sick time that we earned.
- Feeling powerless, unheard.
- Demands constantly changing.
- Constant threat of the small ER I work in being closed due to lack of RN staffing of the inpatient unit/medical floor... RN staff in my ER constantly work OT and on-call just to prevent the closure... when generally it is not the ER that is short-staffed. I find myself frustrated and angry all the time at this situation.
- I feel trapped by my job. I can't get the time off... even if I ask over a year in advance.
- I am presently off with... cancer; I have been less stressed dealing with [that]... than working in my unit. I now have time to heal and be mindful of my health... It's pretty bad [this being the case].
- [Stressful] trying to be a good nurse and remember to brush someone's hair when you have 1,000 things on your mind... [feeling] a blatant lack of respect for nurses.
- The stress of paying my bills as a single parent and having to do so much overtime... takes so much time away from my family.
- Being the lowest paid critical care nurses in Canada, despite increased workload and increased responsibility.
- I'm a newer nurse, graduated in 2017... There [have] been many situations where we have worked short staffed and with me being the most senior RN on the floor. Situations such as these are [not only] dangerous for patient safety, [they]... are also very hard on my mental health.
- Workloads too heavy and unsafe.
- Dangerous work environments... at SJRH it is mandatory that a psych nurse be part of the Code White team 24/7, and police the hospital with no danger pay. It's only a matter of time until a nurse is killed on duty.
- We are all feeling the overwhelming weight of the NB healthcare system crumbling. We are not OK.
- I worried about losing my license for fear of mistakes.
- Working in the operating room... every day asked to stay late. Feel guilty if you don't. Mandatory to stay. Physical[ly] and mentally exhausted.

- Short staffed... denied vacation when needing a rest/break.
- I give more than 100%... I am not getting young[er] and want my time off.
- Shift changes without a lot of warning, mandatory overtime on standby weekends.
- Stress out of fear of making a mistake.
- I worked in the ER department [for two years] and left for Extra Mural as I was exhausted and stressed out. My mental health was deteriorating, and I had anxiety going into work. Short staff... everyone slowly burning out... it is not getting better. The overtime is getting worse, short staff getting worse, all the senior staff leaving, new grads in charge of the unit.
- The expectation to [have to] come in when not on call... feeling guilty.
- Every day being asked to work extra hours.
- Working for EMP, it is possible to eat while driving, although not recommended and... not a true break, but that is what is being done.
- The OR is a place by nature of high stress [but] with skeleton equipment and knowledgeable staff, leaves experienced RNs mentally and physically drained every single shift.
- Being in a new work environment (ER) and not feeling able to ask all of my questions... because everyone is overworked and tired... and bringing that stress home and worrying about repercussions.

- For years I have felt workplace stress... but since winter of 2020 until now it has steadily become more and more difficult, and the workplace is now very depressing. Morale is at an all-time low, and I personally have been struggling with my mental health... I never dreamed the workplace/bedside nursing could be this bad.
- We are all struggling.
- I began working as an RN June 2014. Over the last 7 years I have noticed a decrease in overall work satisfaction of myself and coworkers... increase in patient load and acuity, decrease in nurses working together... Safety is an issue... Certain floors will pre-arrange staff to float to new areas; it can really affect your overall job satisfaction if you are constantly put into uncomfortable new situations [and]... you have not been trained on that unit.
- The stress of the job is overwhelming; the thought of going to work knowing you'll be short staffed; not enough time to do my job.
- Staff shortages, stress about going to work, not knowing how unsafe it will be.
- I am 55 years old and... FTE with extra mural.... When I'm not on call, I have worked at the swabbing centers, immunization clinics, and have been to some outbreak facilities. I am tired, but frustrated with constant changing rules and some people's non-compliance... I'm running out of energy and empathy... I... need help but everyone is just too tired.
- Standards continue to drop... patients aren't being cared for...nurses are constantly working in unsafe work conditions.
- We are working at less than minimal critical staffing levels. It is very hard... I go home and do not feel I did my job right because we are expected to do the work of 3 or 4 persons by ourselves... It is VERY unsafe... I do it for my patients and my coworkers, and I am almost to a point where even that is not enough anymore.¹⁵⁸

Here are some of the words from New Brunswick's RNs and NPs about the stressors of **insufficient time off to recuperate – whether for vacation, sick leave, or even between or during shifts**, taken from the NBNU member survey:¹⁵⁹

- Small amounts of time off to decompress from all the added stress.
- More on-call/overtime.
- It is impossible to take time off without feeling guilt... working short, delivering quality care – the candle can't burn on both ends forever.
- There is no possible way to have a work/life at all.
- We aren't getting breaks because it isn't safe to do so. Our family life is suffering. Something has to give.
- I find it difficult not to feel guilty when I am asked to pick up overtime as I know my coworkers and patients will suffer. This leads to exhaustion and not having much of myself left to give to my family. On one occasion I told my manager that I could not pick up overtime [when] I was feeling burnt out. She replied, "well please just think about it because we're really short." That hurt... made me feel like I am just a body... no concern for how burnt out we... actually are... very sad.

- Increasingly poor work-life balance.
- Little or no vacation; we all need a break.
- Requesting time off... is difficult because of lack of coverage... I am not compensated properly when called in on a weekend or holiday.
- When I see a concern... I bring it to my manager. I'm told it will be dealt with, but nothing ever changes.
- Everyone is stressed, poor morale.
- Too busy at work... and worrying if [I] become sick [there will be] no one to cover, and coworkers are stressed, and patient care suffers.
- I work in the maternity dept... 12 hours without eating or going to the bathroom. Every day we take turns floating to other departments where we have never been oriented... The stress is overwhelming and everyone I work with are on antidepressants just to cope in our work environment. Days off are spent thinking about the next shift... we are on our feet 12 hours with no break... possibly... 24 hours.
- Long nights working up to 16-hour shifts, with skeleton staff handling traumas has caused me to experience anxiety, sleep issues, depression, and lasting effects (PTSD, relationship problems, and substance abuse challenges). Repeated denial of vacation... has negatively affected my family... I have never had a full week in a row of vacation [because] of call shifts, which... cause the most stress... No debriefings or in-person counselling available on-site for staff who have worked through heavy trauma (traumatic and graphic deaths, dismemberment, and disfigurement, failed resuscitation efforts, and many other... distressing situations).
- Added stress... constantly called for overtime which causes stress [also] on my days off... unable to get [rest].
- No vacation approved in the summer, dangerous staffing levels.
- If you get a washroom break it's a bonus.
- Guilt for taking time off because you are leaving coworkers without staff.
- Sometimes there are days where you need a mental health day to help rejuvenate from not only work-related stress, but regular life stressors as well... I can't take those days because [I know my] coworkers are already working short, and if you need to call out sick or want to take a vacation [day] then you feel guilty because your coworkers will be extra short-staffed. Most of the time vacation is denied anyway. It's a vicious cycle that is mentally and physically draining.
- The younger generations of RNs will not put up with what us older nurses have learned to just accept. In my case, the damage has been done and it's too deep to ever heal, but I have faith in our youth; they are educated and will not be USED.
- The demand is far too great.
- No summer vacation after... 22 years' experience.
- Tired all the time; I care less and less about my job. Anxiety, depression!!

- Feeling like I need to change careers.
- I'm a young, mentally, and physically, healthy nurse. I am amazing at my job and am burnt out. I want to quit nursing altogether because it's not worth the stress that it is bringing into my personal life. This shouldn't happen. How I feel is the epitome of being 'burnt out'.
- Seeing colleagues burnt out and leaving... is all very stressful.
- Going to work is depressing. I entered the workforce in 2019... Had I known how unsafe nursing could be, perhaps I would have chosen a different career. My mental health has deteriorated. I go into a state of panic every time I enter the hospital and have used medications to manage this intense fear sensation... I know I am not... alone in this issue.
- I find my job less rewarding.
- Shortage of staff.
- Safety!!! I had PTSD and my mental health took a hit. I am medicated for insomnia and anxiety.
- Lack of time to do our work properly.
- Less time and energy for personal life.
- Before each shift, being sick at home before going to work because of the stress of being understaffed again or having to go to another department.
- Stress - lack of sleep - no personal or even family life.
- Fatigue, emotional and physical stress, shoulder pain... we always give our 200%, but it is not enough.
- Before my shifts, I [hardly] sleep and sometimes I wake up in a panic, something I've never done before, because I know we're short-staffed and I don't know when I'll be able to come again. I don't know if I'm going to do a 24-hour or not. Last time I had to call in sick, I was crying at home, because I know my co-workers are going to work short and maybe even do a 24-hour shift; because of me. No way to rest when you are sick! Also I can't give 100% of the care I would like to give my patients, I go home at the end of my shift discouraged about my day, and not satisfied for the patients, because they deserve so much of the best care they are getting these days.
- Negativity in the hospital setting.
- Trying to orientate... new staff... very stressful.
- Feeling trapped...makes me anxious and fearful for patient safety. I don't like being forced to work 24 hours as it happens regularly. If I were younger, I would change careers.
- The stress is constant.

- I am exhausted!!
- Stress... I am on sick leave since three months.
- Stress, physical work more and more heavy, we try to dialyze patients who are waiting to die in nursing homes and have to take an ambulance to come to their appointment, very expensive for the government, \$\$\$, but they will cut on nurses. Very critical workload for a dialysis department when you have new patients on dialysis.¹⁶⁰

At this point it may be useful to repeat two findings from the June 2021 NBNU member survey, because of the parallel between them both. First, nurses reported their perception that the primary sources of the quality of healthcare (and workplace conditions) decline as the following:

- the nurse shortage and unmanageable/unsustainable workloads (85.45%),
- nurses' inability to get sufficient time for rest/recuperate (36.05%),
- a leadership/culture that accepts the status quo (26.06%),
- a lack of support workers (22.36%), and
- a lack of workplace safety (16.73%).¹⁶¹

Second, nurses offered the following reasons for their own greatest stress:

- COVID demands and protocols (82.57%),
- difficult nurse-patient ratios staff shortage, unrealistic work demands (82.55%),
- workplace safety issues (related to nurse-patient ratios) (79.05%),
- COVID stigma (73.59%), and
- extra hours worked and inability to get time off (70.92%).¹⁶²

One could even repeat here that RNs and NPs cited that the top factors that, in their view would help with retention and recruitment, as the following:

- improve RN-patient ratios (79.74%),
- make wages more competitive (77.08%),
- deal with workplace safety issues (63.74%),
- allow more time for RN/patient interaction (56.01%),
- improve access to needed time off (46.68%),
- limit working hours/overtime (37.33%), and
- increases standby pay (36.71%).¹⁶³

These latter data from nurses had been sought in survey in the positive form, as what would help with retention and recruitment, in nurses' opinions, and were reported earlier in this report in the negative form as barriers to retention and recruitment. The point to be taken here is how illustrative it is what nurses blame for deterioration of healthcare, work conditions, and their own health – the roots are similar, no matter which way the questions are asked.

And it is not a stretch to conclude that all the five sources of stress identified above stem primarily from the nurse shortage and the resulting unmanageable workload. For example, the fact that nurses talk about how at home they worry when they are about going back to unsafe conditions at work is telling, as is that the nurse-patient ratio aggravates workplace violence or lack of safety.

When New Brunswick's RNs and NPs describe "rushing around"¹⁶⁴ being unable to get breaks at work or time off between shifts, of course this impacts their ability to cope – and this is also rooted directly in the labour shortage and the need for "all hands-on deck, always."¹⁶⁵ The bottom line is that the personal impact on nurses from these sources of real workplace stress reveal a healthcare system gravely in need of attention.



The following represent only a small sample of the many qualitative remarks in the exact words of New Brunswick's RNs and NPs explaining the sources of their mental and physical health decline as they relate these directly to **unrealistic work demands** (challenged nurse-patient ratios, staff shortage) and the resulting **too little time to rest**:¹⁶⁶

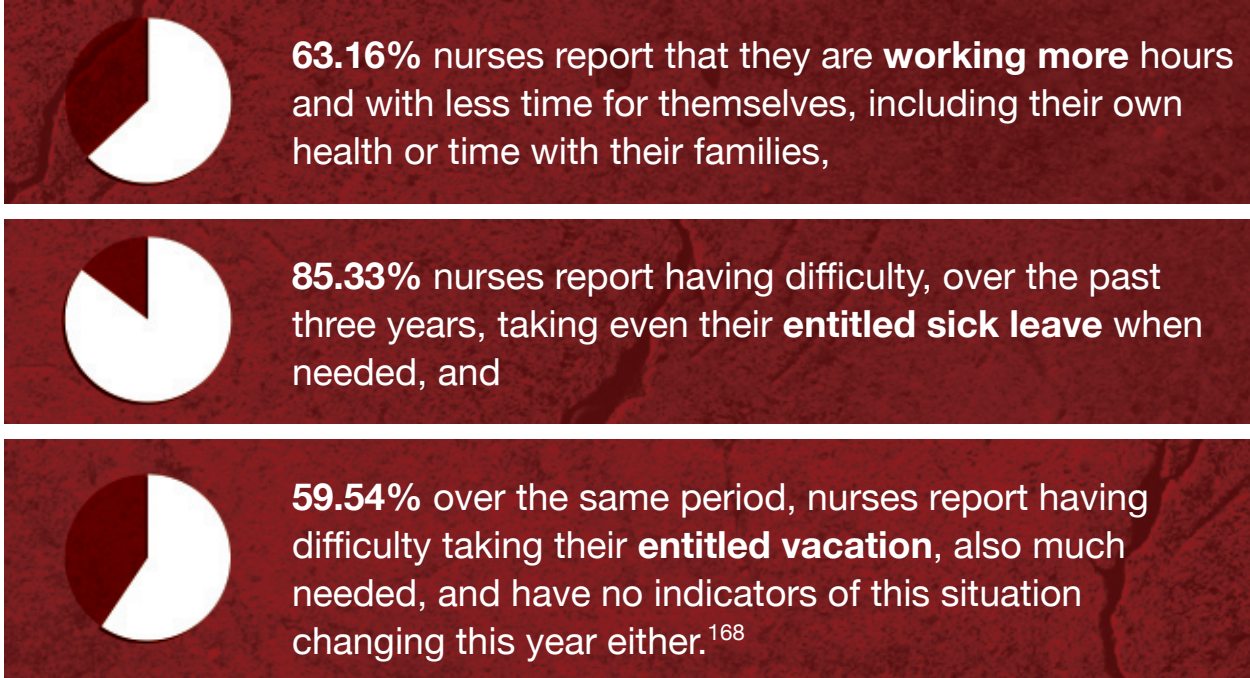
- [There is] no one to replace sick calls.
- [It's hard] not being heard about being in unsafe work situations.
- Taking a break in ICU is a luxury.
- I am burnt out due to working on an acute medical surgical floor with an attached ICU and being short [a] minimum [of] 2 RNs per shift.
- I stay late too often; I worry about work after I leave because of short staffing.... When I am at home I hear about work, and how bad it is, and it affects home [life].
- It is exhausting working short-staffed.... Patients are frustrated with wait times, and in turn take it out on nursing staff. I personally have been assaulted on the job several times (2 of which resulted in assault charges). My mental health remains affected.... I have been a registered nurse for 10 years, and it's disheartening that I don't enjoy it like I used to.
- No one cares about the caregivers.
- [I'm constantly] feeling the pressure to work on MY days off.
- No matter how hard I work... I haven't done enough.
- [I feel totally] under-appreciated and overworked.
- I have been an Emergency Nurse for almost 5 years.... We are expected to work as a machine would – pick yourself up, wash the blood off... and don't forget to smile.
- Nearly every day I stay at work late.... My physical/mental health is impacted by feeling so stressed and burned out. It takes a big toll on my family life as well... [takes me away from] caring for my children.... I don't get out of work on time to pick them up, and then feel like they aren't getting the... best version of me because I feel so burnt out by the time I get home.
- [In my unit] the procedural workload has increased 147% over the past 5 years, with no increase in staffing or resource.... [It is] physically and mentally exhausting.
- So many nurses are burnt out and off sick, WE have to float... on an unfamiliar unit... putting ourselves and our patients in danger. To go to work and already feel... mentally and physically FAR from my 100% and having to work short of 1, 2, or 3 nurses, plus having to do non-nursing extra chores/work like emptying dirty laundry baskets, running the patient hospital card at admission or patients' units of blood for transfusion at the lab, or having to double-check a labour and delivery room because it's NOT well cleaned... and all that without a break for a meal!!! I'm a human being.... I feel like quitting my nursing job almost every day.... [I'm] overworked, overtired, underpaid, and on the verge of changing [my] career.

- [I'm] physically and mentally exhausted because I cannot provide quality care... and... I worry about the negative impact this could have on my clients. I truly believe that the way we act and react when caring for our clients directly impacts their recovery, and it makes me sad to think that our healthcare system is so broken.
- Unfortunately, there is a culture within the organization that shames nurses when sick time is used for mental health.
- For 7 months I was the only registered nurse in a clinic that once employed 3.5 registered nurses.
- We have not been full staff for a VERY long time and now we can't even get temporary help!!! We are drowning!!!
- Overtime has been insane lately.
- [It's the] constant pressure to give more, work more; take on different roles without adequate training; never feeling that you are doing your job well anymore; knowing that you need[also] to be accountable.
- I am sometimes asked to go home for 4 hours and come back for another 8 hours after already working 12 hours. I am offered to literally work 48 hours straight.... This career is slowly killing us, mentally and physically.
- [I get way too many] calls for overtime when I don't want to... due to [having] a young family, but [the] guilt of not working due to wanting to help my work family [is problematic].
- [I am] never off shift on time.
- I don't know why it's OK not being able to go to the bathroom in a 12-hour day!! Work is so overwhelming that it's affecting my personal life. It's rare that I don't cry at work or that I don't arrive home and cry!
- We are being asked to do overtime with no vacation.... We are missing breaks. We are working 12 hours with no water, food, or bathroom breaks. I am now on anxiety meds just to be able to cope at work. Patients are not receiving the care and time they deserve.
- We are in a staffing crisis. Scheduled surgeries have been cancelled because there are not enough RNs. People are literally losing access to health services.
- Being severely understaffed, knowing/fearing [for] patients' lives [is hard on us].
- [Most difficult for me is] never knowing where I will work when I come in. I am a trained, 12-year NICU nurse, now... floating all over with no training [in the areas I'm sent to, and]... often [am left to work] alone... with inadequate 'back-up' or missing breaks and running around to make up for lack of staff.... It's exhausting.
- Our acute medical/surgical floor at this time is telling RNs that it is safe for them to be the only RN on shift for 24 patients!
- The standards of care are not being met and the increased responsibility takes its toll. I manage a 40-bed unit of which there is one RN on duty.... Many shifts we are short... then we are responsible for 73 to 76 residents.

- There is no way to cut corners when it comes to people's lives and safety. The moral obligation to care for patients at a level we cannot [do] due to short staffing, and workplace violence... [is hard on our mental health].
- Hallway nursing... [has an] impact on my level of moral distress.
- 12-hour shifts, back-to-back, gives us no time for ourselves or our families.
- The demands are too high, ratios unsafe, expectations beyond possible.
- I work in a nursing home... 1 RN for 200 residents.... It's unsafe.
- Nurse manager workload, managing a unit [with] 70+ staff is unrealistic. Nurse Managers asked to do more all the time. In the 10+ years I have done the job.
- I am not able to take [vacation].... I cannot recharge my batteries.
- Having to do the job of 2 nurses... doing a 12- or 16-hour shift with no break, being the only RN on a shift, more violence at work, ...[being] unable to provide patients with the care we want ... [all makes] patients and doctors... frustrated.... It's just not possible.
- The past 4 years [have] been nothing but negative changes in our system: the loss of [staff], schedule/rotation changes, cuts to RN positions, reduced float pool.
- Days off are spent stressing about the next shift.



- Workload demands [are] unmanageable as a nurse manager.
- Being on call and getting calls through the evening and overnight and then having to work the next day is extremely draining.
- Lack of staff, ... worry about patient safety, exhaustion... [causes mental and physical distress]. I can't staff my critical care unit.
- Concern about not being able to wear appropriate PPE [has been stressful].
- Doctor shortage in ER, high patient load... almost every shift [is hard on us].
- 24-hour shifts... should be made illegal.
- Due to multiple RN vacancies, I am often responsible for up to 75 patients at a time, which is a huge safety concern... the shifts are so overwhelming and short-staffed.
- [We desperately] need consecutive shifts off to de-stress.
- Being forced to work mandatory overtime [hurts our health and well-being].
- [I've] been at my job 2.5 years, and still have not received some of the mandatory education to keep my patients safe.
- When my days off [begin], I am already anxious about returning to work.
- When we are forced to work 24 hours because I work in a specialty and there is no replacement. This is very risky for the safety of our patients as well as our license...there is not only the stress of the job; we have families. I am a single mother.
- As an OR nurse, being told that we need to find solutions to the nursing shortage! I found it insulting that this falls on the shoulders of nurses who are already working hard and full time. I am tired of it!
- Having to stay at work, but I [don't] have anyone to pick up the kids from daycare.
- I've been working since 2007, never get a summer vacation.
- No quality of work and no stability of life with this job.
- Having work weeks of at least 60 hours or more.
- The Bachelor's program [of today] is not well adapted to reality!!... We need help on the battlefield.¹⁶⁷



As I heard, New Brunswick’s nurses are working **far too many hours overtime**. A recent request to Horizon and Vitalité health networks demonstrates this fact, and noteworthy, the following accounting is not fulsome, but is only from these employers (Horizon and Vitalité health networks), which excludes nursing/long term care facilities and extra mural; it is only for a six-month period (from January to June 2021); and it is only those overtime hours that are recorded (the NBNU member survey indicates there are many hours at the end of shifts not officially recorded);¹⁶⁹

Horizon Health Network OT hours worked by RNs Jan-June 2021:	+	98,694 hours ¹⁷⁰
Vitalité Health Network OT hours worked by RNs Jan-June 2021:		92,095 hours ¹⁷¹
Total:		190,789 hours

Another way of looking at this total of recorded-only overtime hours, for the six-month-only period, and from the health networks only, is to realize that these New Brunswick’s nurses – through overtime – worked an extra 97.47 person-years!

While there was an attempt in the NBNU member survey¹⁷² to capture the actual number of all 16+ hour shifts worked, all shifts worked back-to-back, all on-call or called back shifts worked, and the total number of overtime hours worked, unfortunately none of the data received is usable with validity and reliability due to the range of methods with which nurses responded. What can be said, however, is that there were reportedly:

- dangerously too many long shifts/too much overtime:
 - out of 1,593 nurses reporting regularly working overtime, 59 say they work 16 or more overtime hours per week on average, and many report commonly working 24-hour shifts, and some 48-hour shifts.¹⁷³
- too many unhealthy calls back during off hours:
 - some report being called back daily, even multiple times in a day,¹⁷⁴ and
- far too few opportunities for nurses to rest and recoup before next shifts:
 - often the length of time is too short between shifts, and other times nurses are interrupted with calls requesting their help when they are trying to get rest.¹⁷⁵

Directly related to the increased COVID-19 demands of an already unrealistic demanding work environment amid a nurse shortage (worded sometimes as too high a high nurse-patient/nurse-resident ratio) is that a large majority of the over 4,000 RNs and NPs responding to the recent NBNU survey spoke about an **ethical dilemma and moral distress** they face daily. These are some of their words on the outcome of all of these factors:¹⁷⁶

- Watching the NB healthcare system deteriorate week by week is extremely stressful.
- Moral distress [is what I feel] when standards of care cannot be maintained. [We bear the brunt of the] hostility from family members when their loved ones do not receive the care and attention they deserve and need; [I feel the] guilt [for] not picking up overtime when [my] coworkers are dangerously short or [for] calling in sick.... [I'm] overtired. [I suffer] insomnia, headaches, sore back, etc.
- The anxiety of going into work knowing that we will not be staffed appropriately to take care of the patients.
- We work so short, and it makes it very difficult to be happy and there for your patients.
- [It's constantly] feeling like you miss... things because it [is] too busy to do [the] job properly... [and I feel] unappreciated.
- [Working in Mental Health, I am always] worrying about client well-being, safety... doing [my] very best, ...yet people are suiciding. The negative media towards our work is very upsetting.... People don't think we care or are doing anything right. I've worked in this field for 28 years and have seen many people improve... [but] the constant negative attention makes keeping positive very hard.¹⁷⁷

And also related to the ethical distress moral injury, New Brunswick's RNs and NPs talk about their stress as connected to the systemic **decline in the quality of healthcare**. The interconnection with the healthcare problems and nurse well-being suggests that if patient care continues to decline and work conditions do not improve, nurses' mental and physical health will also continue to deteriorate. New Brunswick's RNs and NPs' professional opinions were sought on this matter, and validated a perceived correlation:



92% of NB RNs and NPs opine that patient care will decline if conditions endure as they are, and



91.73% of NB RNs and NPs rate the quality of healthcare, overall, to have been in decline over the past three years.¹⁷⁸

In a further attempt to analyse the experiences and impacts of New Brunswick's RNs and NPs working longer hours, having fewer breaks with less time off, and being repeatedly asked to "do the impossible,"¹⁷⁹ the question was asked in the NBNU member survey whether nurses feel rested first at the end of their week, and then to comment even on whether they feel rested at the beginning of their shifts. Here are their responses:



97.64% of NB's RNs and NPs report feeling **not rested at end of week**, and



89.91% of NB's RNs and NPs report feeling **not rested even at beginning of new shift**.¹⁸⁰

All of these testimonials from New Brunswick's nurses describe their well-being in decline and the sources of their health challenges. They give rationale for nurses' overall "life fatigue."¹⁸¹ They are working long hours, short-staffed, tired, in unsafe work conditions, lacking leadership and respect feeling lack of respect and leadership confidence – all with inadequate recuperation periods, breaks for meals and even drinks.¹⁸² The unrealistic demands placed on New Brunswick's RNs and NPs at work are carried home to their families, and it leaves everyone wondering what will happen next.

New Brunswick's nurses are professionals who care, who sacrifice themselves, who work the front lines of a crumbling system, and who work over and above the call of duty. They are now utterly fatigued and burnt out.

The concerns that 4,187 New Brunswick RNs and NPs so frankly shared, as exposed in Chapters 1 and 2, reveal that the Province's healthcare system, nurses' work conditions, and their own health are failing. And their confidence in the current leadership to be able to turn things around is low. Nurses have been carrying the burdens for far too long and these burdens cannot continue on their shoulders. They worry about the future of their whole profession, not to mention the integrity of healthcare for New Brunswickers. This is the topic of the final chapter, where what New Brunswick nurses answered when asked about their desperately powerless states that lead them ultimately to consider leaving their professions altogether before becoming permanently sick or permanently with damaged family relations.

Nurses grieve that their much-loved profession is becoming less attractive and more undervalued. Nurses' words about this professional outlook are the focus for the upcoming Chapter 3.



3. From Nurses on Nursing

Government has not prioritized the long-term needs for healthcare – especially labour force needs. Indicators that were once forewarnings, have now become current realities, putting the system in crisis, especially with no dedicated resources to deal with a global pandemic, let alone an aging workforce and greater patient acuity. Front-line experts see and live these realities every day. New Brunswick’s scenario will worsen, no doubt.

That said, neither can New Brunswick’s nurses continue to cope in today’s conditions. They are worn out, stressed out, tired, and sick themselves – there are too few of them with too many demands on and expectations of them. Yet, at the same time, still too many New Brunswickers have insufficient access to primary healthcare, and this necessarily increases (not decreases) the need for even more treatment, repair, and management of downstream care. All of this is sure to aggravate the already challenged healthcare system even more.

Because New Brunswick’s nurses’ voices have been ignored on these essential matters for far too long, they feel beyond tired and sick, but utterly disrespected – personally and professionally. Nurses’ outlook on the nursing profession and their place in it, therefore, is the topic for discussion now.



The over 4,187 RNs and NPs who have spoken, did so from many years of experience and from a variety of settings of front-line healthcare and management. The perspectives nurses provide, when asked, are those of the expert, those of lived experiences.¹⁸³

When seasoned New Brunswick nurses report feeling the lowest that they have ever felt – “hopeless”¹⁸⁴ even – their words must be taken seriously. They perceive virtually no evidence of action taken to address the serious and longstanding issues. In fact when what they see is the reverse, a continuing and rapid decline which parallels their continuously sidelined voices, there is every reason for their growing hopelessness.

Even post-COVID-19, there are expected to be new, previously unaccounted for healthcare needs on the horizon – both mentally and physically. The situation will become impossible when a dwindling number of nurses are asked to pick up the slack of their absent colleagues and asked to do more and more. Or it will become a lower standard of care with a dwindling number of nurses, resulting in non-nurses being asked to pick up the slack. The perfect storm that was forecast years ago, is here with us now.

Yet, as scary as that is, because the still-aging baby boomer cohort has not yet peaked, and because likely increasing patient acuity has not yet peaked, the oncoming eye of this storm will be difficult to manage without seriously investing in nursing in New Brunswick.

For nurses who entered their chosen professions because they care, for nurses who studied hard to be the professionals they assumed they would be in their various settings in healthcare, their current realities are not what they expected. They bear the brunt of a now unbearable reality that describes the work of their very own vocation. Says one, expressing the sentiments of many, “nursing is killing us.”¹⁸⁵ They are burning out or are already burnt out. Too many claim that choosing the profession they did was a mistake even. It has become the source of their burnout. Period. “I don’t know how much longer I can do this,”¹⁸⁶ say others, desperately craving recovery but having no time or energy to even seek that.

Given the state of the Province’s healthcare and the labour force shortage, it was most legitimate to directly ask the nurses about their outlook on their profession through these two questions:

- “Would you recommend nursing as a profession to family members or friends?”¹⁸⁷ and,
- “If you could afford to leave your career today, would you do so?”¹⁸⁸

This is how New Brunswick's RNs and NPs answered these two very telling questions:



86.85% of NB's RNs and NPs are so discouraged/powerless in their profession that they **would not recommend nursing as a profession to family/friends** in current conditions, and further



47.48% of NB's RNs/NPs say that they **would leave now** if they could, are **currently looking** for alternatives, or **already have an exit strategy/plan** already in place.¹⁸⁹

Regarding the first question above, New Brunswick's RNs and NPs commonly qualified their answers about not recommending the profession with how grievous it felt to even say so. To talk about their profession in such a way, a profession that they testify repeatedly to loving, to wishing the reality was different, causes them great stress, akin to being disloyal – but in their broken states they are heartfelt and brutally honest.

Beyond not recommending nursing, New Brunswick's RNs and NPs speak of experiences that changed their opinions and their personal plans for their own futures. Here are some of the words of the 4,187 RNs and NPs who responded to the question¹⁹⁰ by saying outright that they **would not recommend the profession** to a family member or friend:

- Nursing is awful. I've strongly discouraged family members and friends' children from entering this profession.
- I used to be proud of my profession and workplace. I no longer feel that way about either.
- Nursing is a HARD profession and to be honest, you don't really know what you're 'signing up' for.... We didn't know it would be like THIS. We had a dream to help people and to take care of people. But if we knew that dream would cost us ourselves, I think a lot of us would reconsider the decision and some are completely leaving the profession.... There's no work-life balance. Work infiltrates everything we do. Every day off the hospital is calling, multiple times a day. The calls wake you from your sleep and you wake up to voice mails and messages; it never ends... Worst of all? It feels like no one is listening... [and] **we are not okay.**
- Pride of the profession [has] diminished.
- There is zero incentive to be a nurse right now... [I'm] seriously considering what to do if I can't stay a nurse.
- I hate my job. I don't feel proud of my job anymore... RNs used to be respected and we are no longer.

- [I] regret going into nursing; many peers with my level of education are making more in private sector, not being abused.
- I had always felt my career choice was perfect. Helping people was a ‘calling.’ I no longer feel that way.
- My daughter started work on a really short-staffed floor; caused much worry. She moved to NS at my urging for their much better contract.
- My attitude towards the profession has become more negative.
- Constant tension and toxic environment to work in. The job I loved became the job I dread going to work.¹⁹¹

Regarding the second question about nurses’ intentions going forward in their chosen profession, though unsolicited beyond a ‘yes’ or ‘no,’ the **yes answers included a variety of sentiments summarized in three categories:**

- ① “Yes” they would leave, **without hesitation** (those at the end of their rope),
- ② “Yes,” they would leave their current positions and **reduce to part-time, casual, or elsewhere** (beyond public health) for their own health and well-being, or
- ③ “Yes” but the **decision would be difficult**, indicating the inner conflict between their commitment to their patients, residents and clients and their profession and colleagues, yet still knowing the current situation is unsustainable as is.

Should New Brunswick’s nurses follow through with their current inclinations, there are none among the three categories of affirmative responses that do not foretell of a grave future for the nursing profession and, therefore, for healthcare in New Brunswick.

While there could have been pages and pages of quotes shared that express nurses’ sentiments about their desire, plan, or wish to leave their profession – or reduce their hours or practice elsewhere – only a sample of exact quotes are shared from the approximately 2,000¹⁹² RNs and NPs who said they **would** leave their jobs today if they could financially afford to do so. These are as follows:¹⁹³

- I consider almost daily quitting my job to work in ANY OTHER field.
- One nurse is doing the job of sometimes 3... It’s unacceptable and unsafe. Many of us left the profession due to the working conditions.
- Unfortunately, most of us want out of the profession and we are not encouraging our youth to pursue careers in healthcare... sad situation.
- I think the only solution is to leave the profession at this point.
- I have never contemplated leaving nursing, until now; that is a sad, sad thought.
- I am seriously considering a career change.
- For 11 years I loved nursing... The last 2 years I have sadly begun to wonder why I am in this profession.

- [I have] been trying to decide if I can last another 15 years until I retire; have been looking at other options.
- I've not been happy being a nurse for almost two years now. I think about moving to a different line of work altogether.
- I have a side business I am currently looking into expanding... [or] going back to school.
- I am riddled with guilt. I thought this would be a great job/career, but it's not, and I'm ready to throw in the towel. This job literally makes me sick, and I can't do it anymore.
- Nursing was the worse decision of my life.
- [I'd be] 100% gone. Today.
- I have 2 degrees and a Masters. I can make a better living in private practice. [I] plan on leaving soon.
- Yes... I have no life.
- Yes, been nursing for 32 years, and [now am just] unable to give the type of care I would like, and the patient deserves.
- I honestly have grown to hate being a nurse. I only stay because I rely on the money.
- Yes, there are many other jobs that I would enjoy. I absolutely dread every shift, wondering how unsafe the staffing will be on any given day.
- Too stressful. Never enough staff. Not worth it.
- I regret this profession choice. I feel trapped, abused, and defeated.



- Too stressful. I find it difficult not to be able to provide good patient care.
- I am exhausted and my three children do not deserve this.
- I love the work but... such a negative and demanding atmosphere.¹⁹⁴

In the end, as is heard from the RNs and NPs themselves, they are so stressed, burnt out, and tired; their work experience is so different from what they were professionally trained and prepared for; and their mental and physical wellbeing (and that of their families) is so increasingly compromised, the unrealistic work demands and staff shortage have left half of them grievously wanting and/or planning to leave nursing.

When one considers what New Brunswick's nurses answered, when asked about the outlook on their own profession and their participation in it, in combination with findings reported in Chapters 1 and 2 about New Brunswick's declining quality of healthcare and work conditions, and those about RNs and NPs' declining health, there is nothing left to conclude but that we are in a massive and critical healthcare crisis, *now*. This crisis is very likely to worsen without extreme and strategic intervention.

Nothing short of an abrupt turning point, directed by strong and courageous leaders, must be undertaken, and considered urgent. First and foremost, the quality of healthcare depends on strong and creative attention to the labour shortage predicament. Because government has inadequately prepared for the storm facing New Brunswick healthcare today, even greater risk is likely on the horizon without this.

The June 2021 NBNU members' survey captured the voices of nearly all of New Brunswick's very busy, very tired, and very stressed unionized RNs and NPs.¹⁹⁵ The findings match very closely those reported in the 2020 CFNU nurses' health assessment nationally.¹⁹⁶ As well, the July 2021 public poll of New Brunswickers reveals that they too raise the same red flag.¹⁹⁷ From here is borne a call to action, presented next.

Call to Action From New Brunswick Nurses and Public

NBNU has been aware for some time and has warned governments for decades that an impending nursing shortage, combined with New Brunswick's aging demographic and higher patient acuity, would create pressures on healthcare. Many health researchers, demographers, and economists have warned of similar concerns awaiting New Brunswick (and Canada) if strategic action is not taken in preparation. It was not taken.

New Brunswick, who has a comparably high incidence and prevalence of co-morbidities, is arguably even more challenged than are other provinces. New Brunswick is the province in Canada first at the gate with aging baby boomers. Reports from both Statistics Canada and the New Brunswick Health Council warn that since 2013 life expectancy in New Brunswick has been declining – “for the first time in decades,” and worse, that this is primarily due to illness that is largely preventable and/or treatable.¹⁹⁸ This is where we are today, in New Brunswick.

New Brunswick's acute shortage of nurses exacerbates the forecasted problems here with us today and makes the horizon look more precarious. That New Brunswick nurses indicate a loss of confidence in today's healthcare leaders to turn things around¹⁹⁹ seems to parallel the discouraged sentiments of the general public, where only 39% and 29%, respectively, hold high trust in the Minister of Health or the Premier's ability to intervene effectively. Even worse, only 29% and 24% hold enough trust in the CEOs of Horizon and Vitalité Health Networks, respectively.²⁰⁰



The reality could be different. It could be better. For too long, the priorities of government that have garnered the winning political and bureaucratic attention for budgetary inclusion have been those at the back ends of systems. These are the investments that have served few in the short term and have not reaped the longer-term return needed. These focus on treatment and correction but are more costly and less effective in the end.

Such back-end, downstream prioritization has contributed to increasing needs for medical attention but decline in healthcare access, and a loss of upstream investments generally – those that *prevent* illness, *promote* health, and *intervene early*, in the end reducing costs and contributing to a better quality of life. The reality could be different. It could be better.

But better depends on today's political and bureaucratic decisions on healthcare priorities, and on investment in nurses as a significant and essential part of the healthcare system. Good leadership is leadership that is strong, creative, and effective because it listens to frontline health professionals – its nurses and physicians.

Improving nurse retention and recruitment is vital. Investing in *both* retention and recruitment means that nurses' current work conditions and respect for their profession today must top the priority list. It is difficult to recruit new nurses due to the pay offered in New Brunswick, to the conditions present in New Brunswick, and to the poorer outlook envisioned for New Brunswick. RNs and NPs are valuable frontline professionals who constantly speak about the current situation in healthcare, and their voices of expertise need to be valued.

New Brunswickers do not want, nor do they deserve, to lose their rights to quality healthcare because successive governments have not taken seriously enough the urgency around evidence-based predictions about healthcare needs and its realities today. Further, nurses can no longer bear the burdens of today's poor working conditions that put them in such precarious situations that they fear their very licenses are in jeopardy and the deteriorated quality of care they are able to provide is causing them burnout.

Neither do New Brunswickers want nurses' exodus from public healthcare because government will not take their pleas seriously.

Upstream investments can no longer be ignored or held back for future dreams-only. If steps are not taken today to bring to fruition the quality of healthcare that New Brunswickers want and deserve, healthcare tomorrow will be worse for everyone. Investing in New Brunswick's nurses is nothing short of an imperative in this scenario.

Both nurses, and the public, have spoken. Will leaders listen? When asked, nurses spoke and said that they have been trying to be heard, but have instead been muted, sidelined, and disrespected. Now, when asked how they are doing, they answered: they are tired, burnt out, and **“not okay.”**²⁰¹ When asked, the New Brunswick public spoke too and an incredibly large majority (97%) told of their belief that our RNs and NPs are “very valuable,”²⁰² and 84% hold the belief that it is “very important” for RNs and NPs to have a strong voice in how public healthcare operates.²⁰³ Solid healthcare leaders listen to their frontline professionals. Effective political leaders listen to their constituents.

Further evidence for widespread support for nurses and the preservation of our healthcare system, should government need it, lies in the question put to 400 members of the New Brunswick public: in whom, among the different health professionals, do they place their highest level of trust? 85% said it was the RNs and NPs. When asked what their top concern for nurses was, the same 400 New Brunswickers cited the staffing shortage (followed by nurses' overtime hours and unfair compensation). Further, 74% of public voices shared their belief that there are not enough nurses in the Province to meet today's needs, and 90% said that nurses are overworked.²⁰⁴ The fact that even 84% of New Brunswickers rated the threat of nurse burnout as a top concern for the profession, followed by the nurse shortage overall (62%),²⁰⁵ indicates that government would be wise to recognize they have support for a political decision to re-prioritize investment in nurses. Over half (56%) of New Brunswickers perceive that the challenging conditions of nurses will indeed result in a decreased quality of healthcare and poorer patient outcomes.²⁰⁶ We can easily conclude that the public has empathy for nurses' plights and concern for their own healthcare system's sustainability.

The urgency is there. The political climate is there. Is government there? The need for action is clearly now. Investment in nurses in New Brunswick is a wise one for everyone. If nurses are not respected and valued today, we will lose them (faster than we are now), and all New Brunswickers will lose too.

Registered Nurses and Nurse Practitioners have been there for New Brunswickers through it all, but they are wearing out, and now they need our support. Their offer stands – to be at the table as a credible voice for the needed healthcare reform – but in the meantime, their working conditions need to be made a top priority for the good of everyone. Nurses' too often muted voices have spoken, but they are weakening, and without strong and urgent intervention and investment, they will disappear. They deserve better. New Brunswickers deserve better.

Endnotes

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- ¹¹⁴Stelnicki, A.M., Carleton, R.N., Reichert, C. (2020). Mental Disorder Symptoms Among Nurses in Canada. Canadian Federation of Nurses Unions (CFNU). <https://nursesunions.ca/research/mental-disorder-symptoms>
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- ¹²⁸New Brunswick Nurses Union (NBNU) Member Survey. (June 2021). Rogers, C.L. *What nurses answered, when asked: "WE ARE NOT OK"*. 129-130¹bid.
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