**Entrepreneurial Opportunity [Agency Nurses]**

“Entrepreneurial Opportunity” represents individuals taking action to introduce new products, services, or ways of organizing. While addressing some immediate issues of Entrepreneurial Opportunity in Canada as related to nursing shortages, primarily in remote locations of the country, the Canadian Health Services has become a client of ‘Agency Nurses’, or ‘Travel Nurses’. These private services began in the UK and the US in the early 1990s, initially to provide in-home medical services, but have grown since that time to provide ‘agency nursing’ services in many countries, including Canada.

Provincial Health Service systems are often faced with general nursing staff shortages which, if not quickly addressed, can not only impact patient health care in hospitals, but also dramatically increase provincial health care service cost. The cause for these shortages is due to several reasons, including retirements, excessive overtime and burnout, and fewer registered nurses seeking employment in more remote parts of the country. Hospitals across Canada need staff nurses but if faced with a shortage of qualified nurses, need to resort to an alternate supply. If a nursing service is required and is not available on a local and ongoing basis, then some alternate arrangements must be made to ensure that service is made available. Hospitals may have few options other than to use the services of an Agency Nursing organization and pay at least twice or more the remunerations provided to staff nurses. In addition to higher hourly wages, hospitals are charged additional fees that can include travel, some accommodations assistance, etc.

Many trained nurses opt to work for an agency because they feel the lack of a reasonable work/life balance is not possible if they worked as a staff nurse in a hospital. Hourly wages for unionized nurses across Canada in recent months ranged from a low of $25.81 - $41.39 for Quebec to $37.93 - $57.37 for Ontario (Alberta ranged from $39.2 to $51.46). ‘Agency Nurses’ were paid two to three times these rates while the hospitals paid more to agencies to source them.

Not all of what is paid to Agency Nursing organizations goes to the ‘Agency Nurse’, but the net hourly payments far exceed those of the staff nurses. This is only one cause of concern for the staff nurses although the range of concerns may differ by hospital location and the number of ‘Agency Nurses’ working at the hospital. Additional concerns include the temporary addition of nurses who, while sufficiently qualified, are not integral members of a nursing team. Communications within and between staff nursing teams is often of concern as this could directly impact patient care. A common complaint by staff nurses is that ‘Agency Nurses’ are often not familiar with the practices and procedures at the hospital and if they can not deliver a required patient care service, then the task must be delivered by the staff nurse.

Staff nurses have already left their employer and joined ‘Agency Nursing’ organizations although some provinces have instituted regulations that permit ‘Agency Nurses’ from working for more than six months in the province. While this is happening, some Canadian hospitals are making efforts to reduce their reliance on ‘Agency Nurses’ but have already spent millions to date without addressing the root issues.

Hospitals across Ontario have dramatically ramped up their use of nurses from private staffing agencies to the tune of untold millions of dollars, according to the province's auditor general. A December 2023 report published by the CBC said, so far there is "no legislation that caps the amount these private, for-profit companies can charge hospitals," the auditor general's report says, recommending the government consider regulating the rates.

Ontario Health Minister Sylvia Jones says the government is trying to deal with the issue by boosting the size of the nursing workforce, through investing in the nursing education system and clearing the path for internationally trained nurses to gain accreditation. "We're opening up and making sure that there is no red tape to limit people's ability to come and practice in the province of Ontario," she said.

A December 2023 article stated that agency nurses were paid three times or more the N.B. hourly wage. It works out to an average cost of $142 per hour, according to Paula Doucet, president of the New Brunswick Nurses Union. When expenses such as travel, accommodations and registration fees are included, it jumps to around $300 per hour, she said, but could not immediately detail the formula used.

By comparison, an average hourly wage for a "mid-career" New Brunswick nurse, working six years at "top salary," is $45.67 per hour — one of the lowest paid in the country, after Quebec, she said. "For a government that is focused on 'value for money,' paying travel nurses three times what a salaried New Brunswick nurse earns makes no sense," said Doucet. It also makes New Brunswick nurses feel disrespected and devalued, she said. "The use of travel nurse agencies has to stop."

Alberta hospitals and health-care centres have become increasingly dependent on contract nurses and other workers to stay functional — a trend that critics say must stop before it erodes an already beleaguered public workforce.

In 2021-2022, AHS paid nearly $5.2 million an agency contracts as compared to $400 thousand in 2015-2016. AHS's reliance on agencies escalated when COVID-19 arrived in Alberta in spring 2020, a spokesperson said.

A report prepared for the Alberta government a year ago by [EY Canada](https://open.alberta.ca/dataset/66102fc1-1ddd-43f8-81e3-65f8d1b1747e/resource/f6170e30-a977-40d7-bbcd-01b33a5eb049/download/health-ey-health-system-sustainability-action-plan-2022-02.pdf)on the sustainability of the health system shows health-care workers in the province are quitting, working overtime and calling in sick at dramatically higher rates than a few years earlier.

Vacancy rates for RNs, LPNs and other health professionals jumped up between 2019 and 2021.

Agency owners and academics say the trend is similar across Canada and in some other developed countries.

**NOTE**

**My interest and concern about Agency Nurses originated late last year when a person I know in eastern Canada was hospitalized with a sudden stroke. Some of the follow-up in-hospital activities, including an incorrect assessment and record (on the patient’s chart) of medication to be provided raised some concern. Fortunately, these incorrect records and orders were noticed before they were to be enacted. Part of the follow-up implied miscommunication or lack of proper communication among the nurses, some of whom were from an Agency Nursing provider. In subsequent internet searches and recent media articles, it is apparent that this type of situation may be common since temporary agency nurses would not likely be fully conversant with the local practices and procedures of a hospital at which they were working.**

**Based upon this, I suspect there may be people in the Health Services who may be pursuing solutions to return to staff nursing rather than attempting to address a nursing shortage using agency nursing organizations. This is exacerbated by a shortage of primary care doctors as is witnessed by the number of people across the country who do not have a family doctor. Partial attempted solutions in Alberta that include permitting Nurse Practitioners may not directly solve the lack of sufficient primary care doctors but could raise other concerns as did the Agency Nursing approach as a ‘solution’ to the lack of sufficient staff nurses at hospitals.**

**GENERAL AGENCY NURSING ARTICLES**

**Pro & Cons of Working for an Agency Nursing Organization**

<https://www.indeed.com/career-advice/finding-a-job/pros-and-cons-of-working-for-nursing-agency>

**Relying on agency nurses carries patient safety risks – study**

<https://www.nursingtimes.net/news/research-and-innovation/relying-on-agency-nurses-carries-patient-safety-risks-study-11-01-2023/>

**Nurses leaving public health care for private agencies | The Current with Matt Galloway | Live Radio | CBC Listen**

<https://www.cbc.ca/listen/live-radio/1-63-the-current/clip/16041840-nurses-leaving-public-health-care-private-agencies-winterpeg>

**A summary of the public health care segment of this interview is:**

Across Canada, public health care systems are experiencing a nursing shortage as many nurses leave their positions to work for private agencies. In Manitoba, this issue has become especially acute. A spokesperson from the Manitoba Nurses Union says that in the past year, over a thousand nurses have left their roles in the public system.

There are several factors driving nurses away from public healthcare. One main reason is burnout from the pandemic. Nurses worked extremely long hours in stressful conditions over the past two years. The physical and mental toll has led many to leave the profession or seek less demanding jobs. Another big draw is higher pay. Private healthcare agencies can pay nurses significantly more than the public system as they are for-profit. Nurses can often make $10-15 more per hour by joining an agency.

The influx of COVID-19 patients also exacerbated existing issues in the public system like staffing shortages. Nurses were already overworked prior to the pandemic. Leaving for agencies is an attractive option when they aren't getting enough support and time off. Managers in the public system recognize they are losing nurses to burnout but say their hands are tied without more funding from government.

Relying more on expensive agency nurses is not a long term solution as it wastes funds that could be used to retention strategies like improving wages and reducing workloads. Hiring agencies have also increased their rates, putting additional financial strain on public healthcare budgets. Unless the root causes of nurse dissatisfaction are addressed, experts warn the shortage will only continue to worsen.

**PROVINCIAL AGENCY NURSING REPORTS**

**Agency Nurses – PE**

<https://www.cbc.ca/news/canada/prince-edward-island/pei-nurse-agency-costs-1.7012479>

**Agency Nurses – NB**

<https://www.cbc.ca/news/canada/new-brunswick/travel-nurses-new-brunswick-nurses-union-costs-stop-2025-1.7048562>

**N.B. nurses union seeks end of use of travel nurses, cites 'astounding' $57M cost**

https://www.cbc.ca/news/canada/new-brunswick/travel-nurses-new-brunswick-nurses-union-costs-stop-2025-1.7048562

**Agency Nurses – NS**

<https://www.cbc.ca/news/canada/nova-scotia/health-care-travel-nurses-michelle-thompson-janet-hazelton-1.7048835>

**Agency Nurses – ON**

<https://www.cbc.ca/news/canada/sudbury/northern-hospitals-agency-nurses-1.7051186>

<https://www.cbc.ca/news/canada/ottawa/ontario-hospital-nurse-agency-temporary-cost-1.7056380>

**Agency Nurses – AB**

[https://www.cbc.ca//canada/edmonton/alberta-dependent-on-contract-nurses-1.6735424](https://www.cbc.ca/news/canada/edmonton/alberta-dependent-on-contract-nurses-1.6735424)

**Have Nurses, will Travel**

<https://www.theglobeandmail.com/canada/article-how-canadian-hospitals-grew-dependent-on-expensive-out-of-town-nurses/>

**DOCTOR SHORTAGE ARTICLES (This is one of many similar articles on the subject)**

**Family doctor says 'it hurts' that red tape is preventing him from seeing 1,500 patients in Ontario**

<https://www.cbc.ca/news/canada/hamilton/family-doctor-shortage-1.7117965>

**NEW BRUNSWICK**

Here is a summary of the key points from a CBC audio clip about agency nursing in New Brunswick:

* There is currently a shortage of nurses in New Brunswick's public health system. Many nursing positions are being filled by agency nurses who work as private contractors.
* Agency nurses are more expensive than permanent staff nurses. Hospitals in NB are paying high fees, often double or triple the salary, to hire agency nurses on a temporary basis.
* In 2021/22, the NB health system spent over $40 million on agency nursing fees. This is up significantly from previous years and is putting strain on hospital budgets.
* Some nurses are choosing agency work over permanent jobs because it offers more flexibility and higher pay. However, it provides less stability for hospitals who rely on these temporary contractors.
* Critics say over-reliance on agency nurses is not sustainable and undermines recruitment/retention efforts. Healthcare professionals union representatives want the government to invest more in recruiting and training nurses long-term.
* The provincial government acknowledges the nursing shortage and high agency costs. They plan to invest in nursing education and recruit internationally to try and address staffing issues.
* Agency nurses usually work on temporary 13-week contracts that can be extended. This makes staffing levels unpredictable for hospitals compared to permanent nurses.
* At the Saint John Regional Hospital, around 20-30% of nursing positions are currently filled by agency staff on a given shift.
* It's common for agency nurses to be paid $60-70/hour compared to $40-50/hour for regular staff nurses. Some get daily rates of $800-1000 which hospitals must pay on top of agency fees.
* The high costs don't include extra for things like travel and accommodations for agency nurses who must come from out of province.
* Nursing groups argue the money spent on pricey agency contracts would be better used to improve recruitment/retention of permanent nurses through things like higher salaries, more full-time jobs, and tuition reimbursement.
* Projections show New Brunswick will need over 800 more nurses in the next 5 years just to maintain current levels as many nurses reach retirement age.
* International recruitment is planned but still won't replace domestic training of new nurses. It takes 3-4 years after acceptance to nursing school to produce a graduate.

So, in summary, over-reliance on expensive agency nurses is seen as an unsustainable Band-Aid that does little to solve the deeper nursing human resource challenges facing New Brunswick's healthcare system. More permanent solutions are needed.

**Massive new survey finds widespread frustration with access to primary health care.**

<https://www.cbc.ca/news/politics/primary-care-canada-10-000-canadians-report-1.7125990>

**HOSPITAL SITUATION ARTICLES**

**Ontario’s primary health care system 'beyond crisis levels' as 1 in 4 will soon be without family doctor: OMA.**

<https://windsor.ctvnews.ca/ontario-s-primary-health-care-system-beyond-crisis-levels-as-1-in-4-will-soon-be-without-family-doctor-oma-1.6771106>

**As family doctors our prescription for residents is to not set up a practice in Ontario**

<https://www.thestar.com/opinion/contributors/as-family-doctors-our-prescription-for-residents-is-to-not-set-up-a-practice-in/article_92430004-d015-11ee-9408-d711cf0d1b55.html>

**Rural and remote doctors are burning out. What will it take to help them?**

<https://globalnews.ca/news/10301709/family-doctor-shortage-canada/>

**These NL nursing students can't get permanent jobs. The health minister says to temper expectations.**

<https://ca.news.yahoo.com/nursing-students-cant-permanent-jobs-093000449.html>

**The use of Agency Nursing is Exploding**

<https://www.healthcoalition.ca/the-use-of-agency-nursing-is-exploding/>

**Not all hospitals hire agency nurses. Here's how they avoid it.**

https://www.cbc.ca/news/canada/ottawa/ontario-hospital-nurse-agency-temporary-cost-1.7056380

**How nursing staffing agencies are costing Ontario hospitals untold millions**

https://www.cbc.ca/news/canada/toronto/ontario-hospital-nurses-private-staffing-agencies-auditor-1.7050828

**Now for the ridiculous…** I did not do any ‘fact checking’ on the following article but it picks up on the overtime issues and the author, although sometimes a bit cynical, does make a few interesting points.

**“AHS manager tells healthcare workers to become Tik Tok influencers to supplement income due to policy limiting overtime.”**

This is an article by **Duncan Kinney** an [Edmonton](https://en.wikipedia.org/wiki/Edmonton)-based Canadian journalist and activist. He is the founder and executive director of [Progress Alberta](https://en.wikipedia.org/wiki/Progress_Alberta) and the editor of [*The Progress Report*](https://en.wikipedia.org/wiki/The_Progress_Report).

<https://www.theprogressreport.ca/ahs_manager_tells_nurses_to_become_tik_tok_influencers_to_supplement_income_due_to_policy_limiting_overtime>