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**Premier urged to look at real threats to Ontario hospital viability and staffing crisis; high workloads, chronic understaffing, high infection risks and violence**

**TORONTO, ON** - Responding to a recent letter from Premier Doug Ford asking for input, two of Ontario’s largest health care unions are urging him to move beyond the excuse of vaccination mandates and acknowledge the real reasons why there is a growing and critical shortage of nurses, personal support workers and other hospital staff province-wide.

Even before the pandemic began, Ontario had the fewest staff-to-hospital patient ratio of any jurisdiction in the OECD for many years. Workloads that result from this chronic understaffing, together with unsafe working conditions, a lack of full-time employment, and over 10 years of their wages falling behind inflation, create a challenging working environment for a mostly female workforce where it is increasingly harder to recruit and retain employees.

It’s these factors that “threaten the viability of our hospitals much more than the job losses reported resulting from vaccine mandates,” wrote Michael Hurley, the president of the Ontario Council of Hospital Unions (OCHU), the hospital division of the Canadian Union of Public Employees (CUPE) in Ontario, in his letter to the Premier.

In recent polling done by CUPE, 87% of more than 2600 hospital registered practical nurses (RPNs) indicated they have considered leaving their nursing job after the pandemic because of the thankless and grueling working conditions.

“Ontario does not have to wait for the implications of a vaccine mandate to experience a health human resource crisis. The crisis exists now. More healthcare workers are leaving the system because of poor wages and working conditions than because of vaccine mandates.” wrote Sharleen Stewart, president of SEIU Healthcare in her responses to Premier Ford. “A recent survey of health care workers shows that while we might lose 2% of the workforce as a result of vaccine mandates, we’re at risk of losing 20 times that number because of poor wages and working conditions.”

Polling by SEIU Healthcare found that 54% of their members in long-term care, hospitals and community settings are considering leaving the health care system in pursuit of a job in another sector. The primary reasons, according to 70% those who responded, are poor wages and unsafe working conditions.

Since COVID-19 began the number of vacancies for RPNs has increased 116%. From 2015 on, RPN vacancies have increased sixfold and vacancies for aides, orderlies, patient service associates, and support workers have increased threefold over the same period.

Hours of work are erratic. Overtime is rampant. Weekend work is frequent. Shift work is common, while a full-time job takes years to get. Vacations and days off are impossible to get approved. “This dynamic,” says Hurley, “for a female-dominated workforce, many of whom have child care responsibilities or are single parents, is untenable in the long-term. In addition, they face a torrent of physical, sexual, and racially directed violence every single day. This creates a climate in which staff are vulnerable and unprotected and the working environment toxic. But the hospitals refuse to address this problem in a systematic way.”

Stewart and Hurley encourage the Premier to grapple with these and other underlying factors that are making hospitals unwelcome places to work and are the key factors driving the worsening staffing shortage in Ontario hospitals. While the Premier’s recent letter opens the door for dialogue, we encourage him to meet with us and find solutions. We must stop the exodus of skilled staff from our hospitals.

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