

THE REMEDY?

RATIOS

**Shortage or
work crisis
and exodus?**

Organization of Work and
Professional Practice Sector

SEPTEMBER 2025



Is there truly

**a labour shortage in
the health network?**


**Or is there a shortage
of good work and
practice conditions?**

**The FIQ believes we are
witnessing a work crisis.
This crisis is causing an
exodus of healthcare
professionals from the
public health network.**

SHORTAGE OR WORK CRISIS AND EXODUS?

For many years, policymakers and employers have been raising the spectre of a “labour shortage” in health and social services. The media parrots this message without questioning it. The concept of a “labour shortage” is convenient for employers and decision-makers: it allows them to not take accountability for the catastrophic state of the health network. They portray the staff shortage as inevitable, due in particular to the ageing population and the insufficient number of healthcare professionals. According to this theory, political power would be powerless to do anything about this since it would have no control over the fundamental causes of the problem.

To the FIQ, it is clear that the workforce in nursing and cardiorespiratory care exists but has limited availability. Several healthcare professionals are temporarily absent, work part time or leave the health and social services network (RSSS). Rather than systematically citing a “workforce shortage” to explain the lack of available staff, we think that one must look further into the work crisis happening in the RSSS. The crisis is caused by a work overload and its intensification. To protect their health and quality of life, healthcare professionals and other workers leave the network, go on sick leave, choose part-time positions, or go to the private sector (Lapointe, 2022).

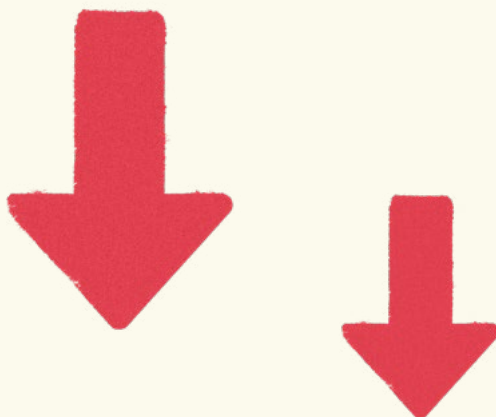


It's a vicious circle because the lack of available staff in the public network is used to justify the intensification of work: understaffing, non-replacement, overtime, mandatory overtime, etc. This increase in work intensity feeds the exodus and absenteeism, which then justifies a further intensification of work, in an endless loop.

Decision-makers, through their political choices, have knowingly created a work crisis. Successive governments, steeped in neo-liberal ideology and maintaining close links with the business world, employers and the most privileged social classes, have eroded the solidity of our public services. But it wasn't a selfless choice. It is in the interests of this neo-liberal "common front" to develop private markets parallel to the atrophied public services, from which it profits. In the field, employers have operationalized these devastating political decisions and thereby caused the exodus of the workforce.

To put an end to the work crisis, we must stop perpetuating the myth of the workforce shortage and identify those who are responsible for this disaster. It is possible to break this vicious work crisis circle through organization of work, massively investing in the public health system, implementing safe ratios and guaranteeing good work and practice conditions. It is possible to build a high-quality health and social services network for healthcare professionals.

The choice is political.

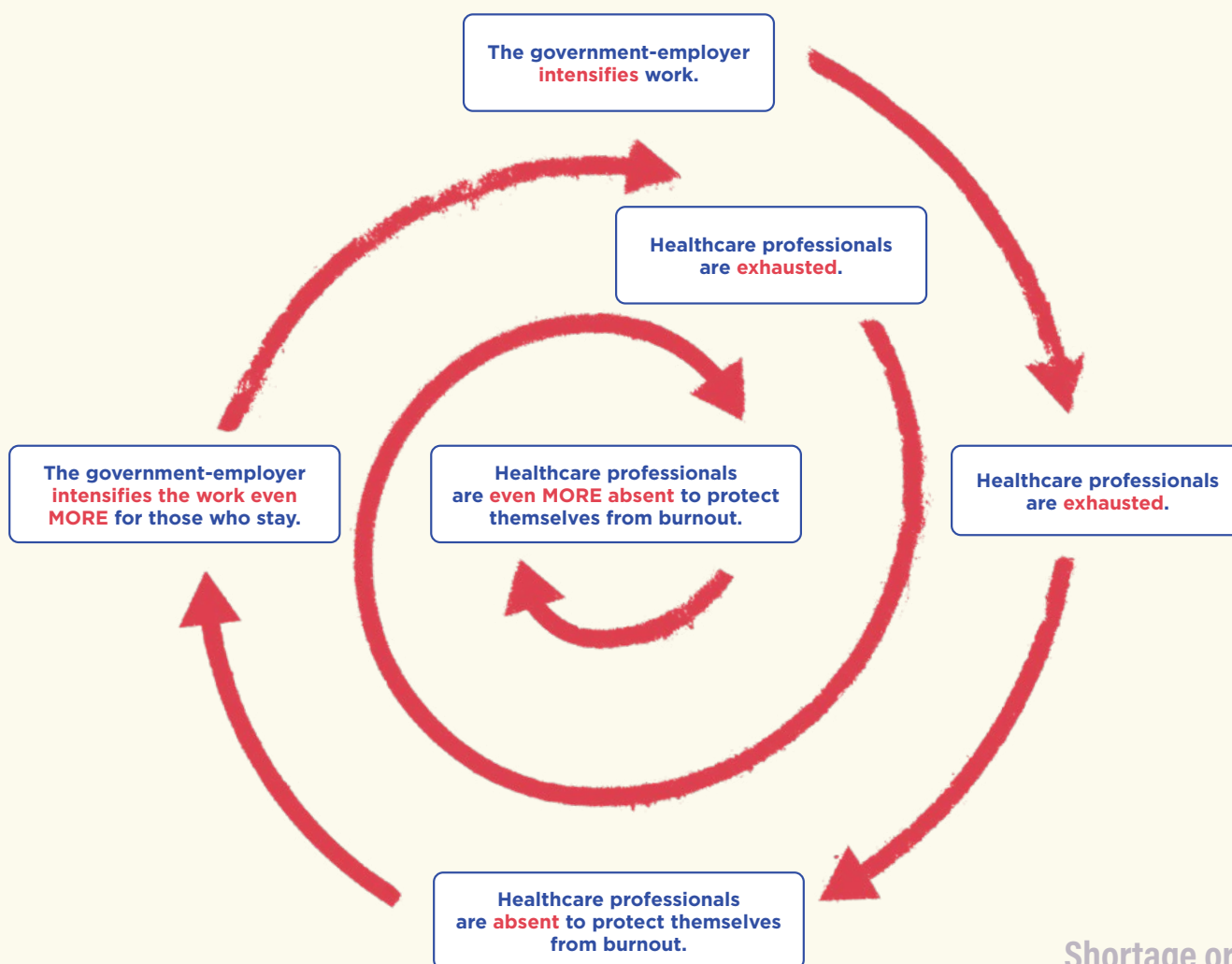


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THE NEW PUBLIC MANAGEMENT AND INTENSIFICATION OF WORK

In public health services, new public management is the ideological driver of work intensification. This approach claims to bring in the best management methods from the private sector to implement them in the public sector. Under the guise of seeking to stop wasting human and budget resources, and in the name of efficiency, employers are intensifying the workload. This management philosophy would have a smaller number of employees performing a greater amount of work. As such, “doing more with less” normalizes planned understaffing for care in the public network.

This type of management promised to produce more with the same staff, or even with less staff. The “just-in-time” or LEAN management method is part of this new trend. The promoters of this method expected it would generate a “generative tension” among workers. However, the higher tension, the intensification of work and lower quality care provided to the population led to unavailable staff, in part through an exodus of healthcare professionals from the public network.



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WHAT IS A SHORTAGE?


Contrary to popular belief, there are currently more workers in the health and social services sector than there were in the 1990s. In 2022, the workforce in the public and private sectors was 35% higher than in 1991, and this takes into account population growth and ageing (Plourde, 2024). However, still today the government claims that in the 1990s, Quebec had a labour surplus in the health sector (MSSS, 2022). So, the government is putting out mixed messages.

In the second half of the 1990s, this so-called worker surplus served as a pretext for the Parti Québécois government to justify cuts it was making to reach a zero deficit. As such, work intensified, as did the exodus of healthcare professionals. In the decades that followed, to justify the intensification of work, the Liberal Party of Québec and the Coalition Avenir Québec raised the spectre of the “labour shortage.”

While there may not be an actual widespread “shortage” of workers in the health and social services network, the consequences of the work crisis are alarming all the same. Between 2016 and 2023, the rate of vacant positions rocketed 844%, rising from 1,160 to 10,995 vacant positions. For licensed practical nurses, the rate went up 1,690%, rising from 200 to 3,580 vacant positions. The pandemic definitely accelerated the sudden rise, but the rising trend was already there before 2020 (Plourde, 2024).

A comparison would also be useful in pointing out the nuances of the idea of a “shortage.” Canada has an advantageous position within the countries of the Organisation for Economic Co-operation and Development (OECD). It has 10.3 nurses per 1,000 inhabitants compared to an average of 9.3 in countries with available data.

Within Canada, the ratio of nurses per inhabitant is generally better in Québec. In its 2022-2023 annual report, the Ordre des infirmières et infirmiers du Québec (OIIQ) pointed out that Quebec has 7.74 nurses per 1,000 inhabitants, compared to 6.37 in Ontario. Quebec’s nurse workforce has increased 8% since 1992, and this figure takes into account the population increase. The president of the OIIQ, quoted in a *Devoir* article, said: **“We have never had so many [nurses] in Québec. The number hasn’t stopped rising in the last 10 years”** (Levesque, 2022).



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That said, when taking not only the population increase into account, but also the ageing of the population, we see a decrease in the number of nurses practicing compared to the 1990s. All things considered, Quebec faced the COVID-19 pandemic with 13% less nurses than in 1992. Moreover, in 1992, 85% of nurses worked in the public network, compared to only 72% in 2022 (Plourde, 2024). The exodus to the private sector is significant, especially since it involves a loss of benefits for healthcare professionals (retirement and group insurance).

In the same line of thought, a recent economic note showed that in Quebec in 2022, for every 100 new nurses entering the profession, 43 nurses under the age of 35 were leaving it. The proportion of young nurses leaving the profession compared to those entering it has thus reached 29% since 2013 (Faubert, 2024). In other words, even if Quebec is training more nurses than ever, there is a lower retention rate because of the work crisis.

These are alarming findings that point to a lack of nurses in the field because of, above all, the lack of good working and practice conditions.

Considering the increase in the number of nurses per 1,000 inhabitants in recent decades, why do we get the impression that there is a shortage of nurses?

Where are they?

- Some work in the private sector because they earn a higher wage and because there is a lighter workload;
- Some work part time to prevent burnout and avoid doing mandatory overtime (MOT) or understaffed work;
- Some are on sick leave because of the toxic work climate and work overload.

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The exodus of healthcare professionals to the private sector is caused by a

**shortage of good working
and practice conditions.**

We are witnessing a work crisis in the network and the government refuses to take the actions needed to resolve it.

It instead uses the “labour shortage” as a scarecrow to avoid taking responsibility.

In hiding behind this pretext, the government is trying to trick us and not take responsibility for the work crisis that is breaking down the public health network!

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