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Without Healthy Nurses, There is No Health Care System

Nadine Wathen, PhD, FCAHS (she/her)
Professor



I join you today from the traditional lands of the Anishinaabek, Haudenosaunee, Lūnaapéewak, and Chonnonton Nations, in what is now called London, Ontario.

I pay my respects to Elders past and present and convey my sincere gratitude for the privilege to live and work, uninvited, on this land.

I commit to doing my work in a way that does not re-stigmatize or reinforce stereotypes about people and that supports authentic reconciliation.

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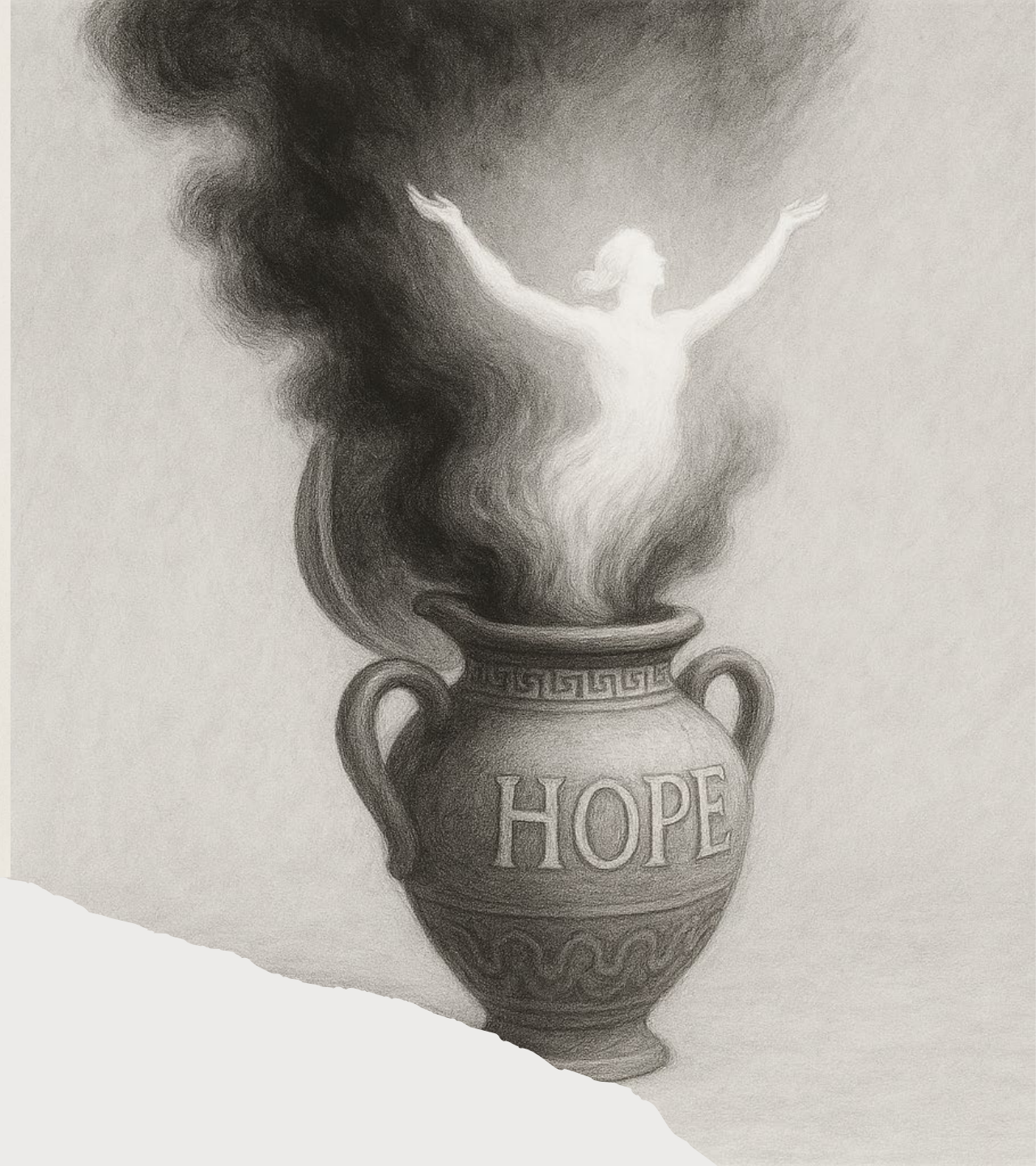
Learning Objectives

By the end of this session, participants will be able to:

- Explain how different factors in the work and workplace may affect nurse well-being.
- Describe how trauma- and violence-informed care (TVIC) strategies can support prevention of and response to potential harms and build protective factors to strengthen nurse well-being.
- Reflect on nursing and organizational strengths to support staff and client well-being.

Agenda

- Context-setting
- A TVIC lens on threats to nurse well-being
- Strategies, tools and resources
- Moderated discussion
 - Polls – your experiences
 - Reflection questions



Opening Pandora's Box
(which was actually a jar/amphora)

Ontario Health-Care Austerity: Key Stats (2025–2026)

- 0.7% annual health-sector spending growth projected to 2028 (vs 6.6% from 2021-25)
 - 100+ hospitals forecasting deficits
- 10K+ projected job losses & ~4K-bed shortfall by 2027–28
 - projected loss of >7,200 nurses by 2027–28 across sectors
 - 1,000 hospital jobs already eliminated by early 2026
- Hospitals operating at 120%+ capacity
 - ~75K waiting longer than they should for surgery (Mar 24)
- \$2.7B annual funding gap projected by 2026–27

Impacts on Public Health (PH)

- PH funding fell to \$62.19 per capita in 2024 (down \$5 from 2016)
- 700+ direct care nurse roles cut since Jan 2025
- Rising infectious disease rates (e.g., syphilis and measles)
- Impact on families experiencing marginalization:
 - reduced ability to provide prenatal/postnatal home visits, follow-ups
 - less capacity for developmental screening, breastfeeding support
 - increased health risks for infants and parents (e.g., congenital infections)
 - reduced mental health and family stability supports
 - increased hospital / emergency department use

Ontario's Rising Social & Economic Inequities

- Low-income rate at 18.5% in 2023 (up ~5% since 2020)
- Core housing need at 14.5% in 2022
 - 45.7% of Ontarians spend more than 30% of their income on housing
 - ~85,000 people are chronically homeless, expected to double by 2035
- Food insecurity at 26.4% in 2023 (up 9.4% since 2018)
 - cost of food increased 30.3% between 2018 and 2023
- Rising costs disproportionately impact lowest-income households
 - 63% reported difficulty meeting expenses
- Indigenous, racialized, newcomer, and other equity-denied groups face greatest barriers to adequate income, housing & healthcare => worse health outcomes
- Strong community belonging at 61.4% in 2023 (down 9% since 2020)

How Rising Inequities Impact Health

SOCIAL DETERMINANT	TREND IN ONTARIO	HEALTH IMPLICATIONS
Income and Employment	Widening income gaps and growth of precarious work	Higher stress, reduced access to benefits, delayed care
Housing	Rising rents and housing insecurity	Overcrowding, poor living conditions, mental health strain
Food Security	Increased cost of nutritious food	Poor nutrition, chronic disease risk
Education and Childcare	Unequal access due to affordability barriers	Lower long-term economic mobility and health outcomes
Social Inclusion	Systemic barriers for marginalized populations	Persistent health inequities and reduced well-being

Hate, Stigma & Discrimination

- Ontario's hate crime rate rose to 15.6 per 100,000 in 2023 – a threefold rise from 2019 – this is among the highest in Canada
 - driven by racial, religious, and gender/sexual-orientation-based hate
- Health sector reviews show systemic discrimination affecting Indigenous and racialized groups, and people with disabilities
 - denial of service, removal of service, reprisal
- Ontario acknowledges systemic racism, implementing targeted anti-racism and anti-hate initiatives

Workplace Harms on Nurses: Rates, Trends, and Impacts

- In the past year, 63% of Ontario nurses (incl PH) report physical violence, and 89% reported verbal abuse (rates doubled in 10 yrs)
 - violence is a major retention issue
 - nurses often face blame instead of support from employers
- 91% report increased workloads; 97% say short-staffing negatively impacts workplace culture
- 89% report declining mental health due to workplace conditions
- Increased overtime and loss of flexible schedules have driven many to consider leaving direct care roles
- **Understaffing increases violence exposure, burnout, and attrition across all sectors, including public health**

Vicarious trauma (VT)

- Increasing VT across all healthcare providers since COVID-19 (92% in a sample of Ontario ED nurses)
- Public Health Nurses (PHNs) work in ‘trauma-rich’ environments (violence prevention, vulnerable families) encountering repeated, and increasing, suffering
 - as community-based professionals, PHNs frequently work without the supports (e.g., reflective supervision, debriefing frameworks) available in some settings
- Studies highlight erosion of professional confidence & morale, mental injury, and emotional exhaustion, especially in those exposed to daily trauma
- Cumulative VT among nurses is tied to worsening staffing shortages and decreased system resilience

Accountability regimes and system values

- Ontario has had the worst RN-to-population ratio in Canada for nine consecutive years
 - 26,000 more RNs needed to meet Canadian average
- 52.5% of vacant positions remain unfilled for 90 days or more
- Administrative burden is a growing issue – PHNs spend ++time on documentation & quality assurance processes – often in unpaid overtime
- This decreases direct client care time, impacts job satisfaction & retention, and affects overall system efficiency and effectiveness

Ongoing legacy of Bill 124

Overall impact on broader public sector and tax-payers:

- Retroactive compensation costs, labour-relations strain, and long-term recruitment and retention challenges

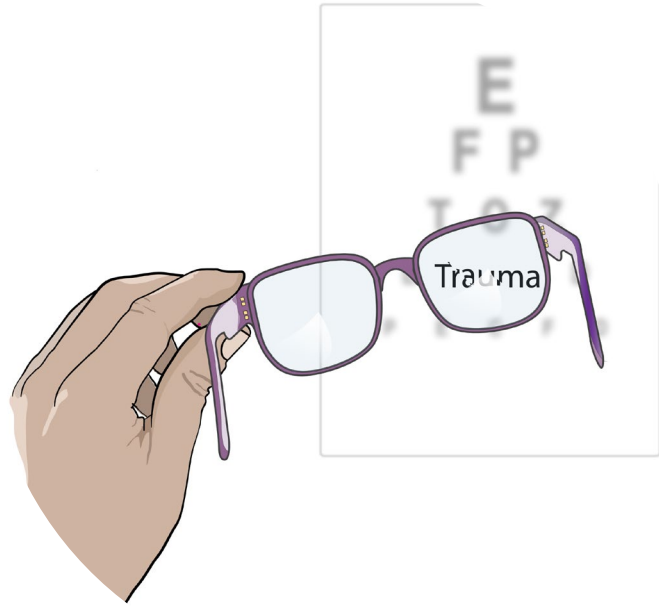
For Nursing specifically:

- Worsened nursing shortages, depressed wages during the pandemic, damaged morale; contributed to burnout and attrition
- Wage inequities created during the freeze cannot be fully caught-up through retroactive pay
- Impossible to quantify feelings of disrespect and being under-valued

So, what's out there to support nurses working under these conditions?

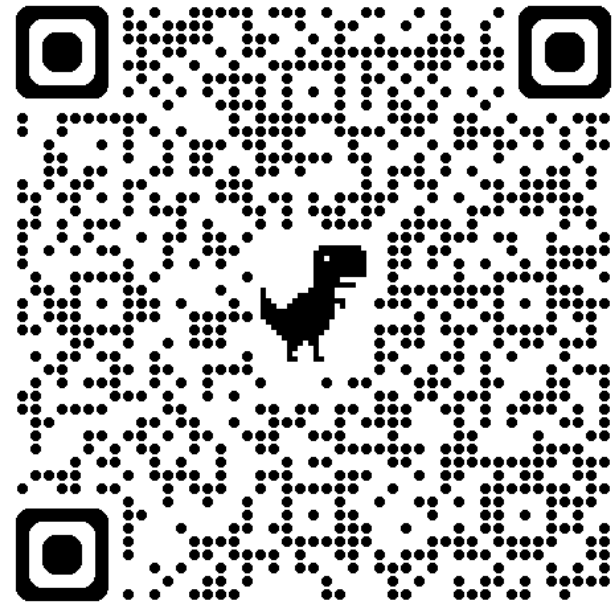
Integrative review findings (to date)

- 92 intervention studies with nurses in the sample (from >5600 identified)
- Almost all are interventions are at the individual level:
 - most aimed at burnout and vicarious trauma (and related concepts); <10% address moral distress
 - ~2/3 are mindfulness, yoga, gratitude, relaxation or meditation-oriented, and/or wellbeing education
 - <10% psycho-therapeutic
 - the rest multi-component or other
- **only 4% were organizational and none were system-level**



A TVIC Lens

(for my prior webinar introducing TVIC for PHNs, please go to the PHN-PREP Events page (<https://phnprep.ca/events/>) and scroll down to October 2022.



Four TVIC Principles for Organizations & Staff

FOCUS:

Structural & Systemic
Violence



1

Understand trauma, violence and its impacts on people's lives and behavior

FOCUS:

Actively Countering
Discrimination & Stigma



2

Create emotionally, culturally, and physically safe spaces and interactions for all participants

3

Foster opportunities for choice, collaboration and connection

4

Use a strengths-based and capacity-building approach

TVIC

Principle 2: A Focus on Safety including for Staff

**Physical
Safety**

**Emotional
Safety**

**Cultural
Safety**

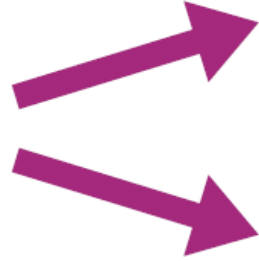
**Substance
Use Safety**

+ ***spiritual safety***, a concept we need to more fully explore

<https://equiphealthcare.ca/resources/gender-based-violence-services-resources/>

Provider Safety and Well-Being

Working with people who have experienced/ are experiencing trauma and marginalization



Vicarious/secondary trauma: trauma symptoms from hearing/ seeing the effects of others' trauma

Moral distress: harm arising from the effect on people of the mismatch between needed and actual care

Working in harmful and compromising contexts



Structural distress: harm arising from work conditions like unreasonable workloads, lack of workplace supports, workplace violence

Working with people who are denied basic rights & needs and/ or face discrimination and stigma



Vicarious structural violence: Distress, exhaustion and hopelessness from the harms caused by systems, including wait times, lack of services, stigma and discrimination



Decreased well-being and job satisfaction



Lack of workplace support



Feeling used-up, exhausted, depleted ("burnout")

Provider tool: <https://equiphealthcare.ca/resources/trauma-and-violence-informed-care/staff-well-being>

Organ'l tool: <https://equiphealthcare.ca/resources/rate-your-organization-discussion-tools/rate-your-organization-strategies-for-organizations-to-support-staff-well-being>

TVIC Strategies

Support staff well-being

What Can Organizations Do?

There are steps that organizations can take to support staff well-being. Organizational culture plays a key role in acknowledging and de-stigmatizing moral and structural distress, and vicarious trauma and structural violence; organizations are ultimately responsible for ensuring a culture of safety and care for staff and service users.



Organizational commitment to staff well-being, including education, policies and ongoing actions for safe and equity-oriented work



Staff and client participation in policy and protocol development



Employee Assistance Programs (EAPs)

Reflective supervision practices



Organizational supports for self-care

Opportunities for staff-initiated formal and informal debriefing

Assess organizational readiness



Rate Your Organization: A Discussion Tool

Organizational Strategies to Promote Staff Safety and Well-Being

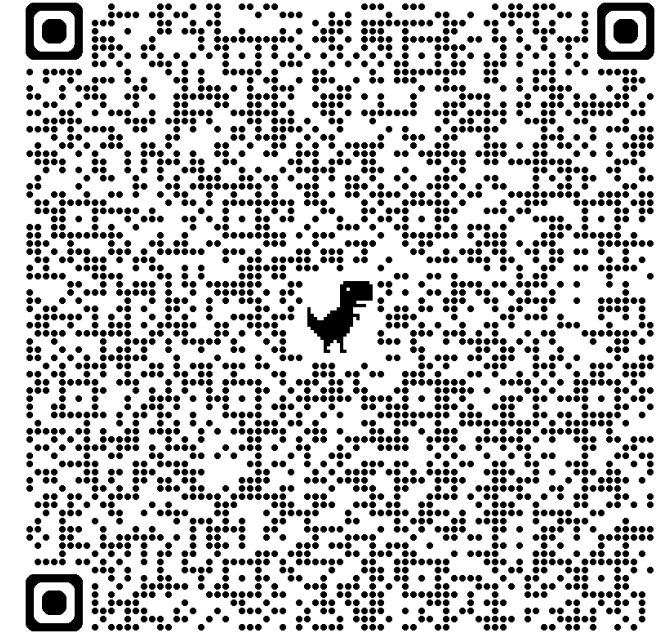
To assess how well your team, unit or organization supports staff safety and well-being, rate each strategy on a scale of 0 to 10, where 0 = “not at all attending to this strategy”, and 10 = “fully attending to this strategy”. Example questions are used to prompt discussion on each strategy, but specific approaches will vary by care setting, team, unit and organization.

- 1 Equity for and well-being of staff is identified as an explicit commitment in mission, vision, or other policy statements or strategic plans of your organization.**

Is attention given to the extent and impact of structural/systemic violence, workplace violence, harassment & discrimination and violence against staff in strategic priorities of the organization? Is leadership committed to the safety and well-being of staff?



- 2 Policies and processes are in place to promote equity for staff of all gender, cultural and other identities.**



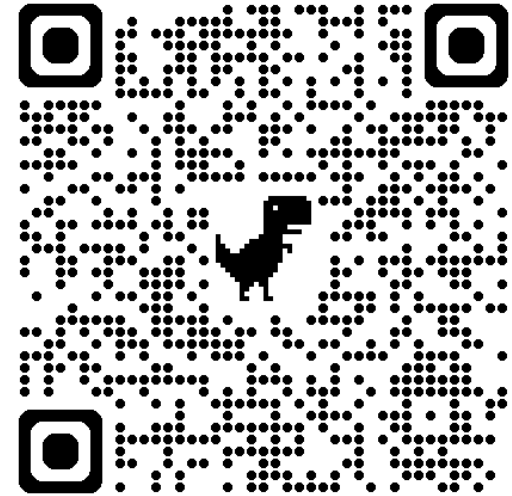
Provide practice guidance

Trauma- & Violence-Informed Care Strategies for Staff Well-Being

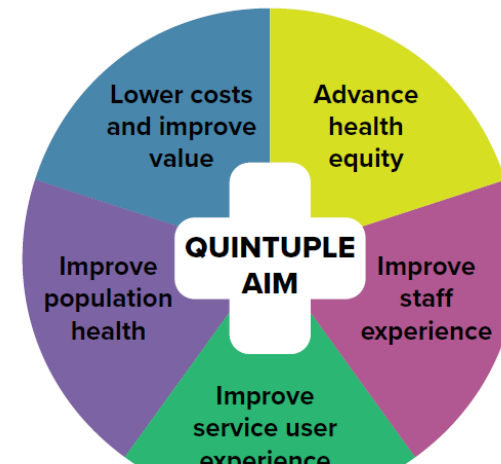
Everyone in a health or social service role will encounter suffering. Being exposed to suffering every day, especially preventable systemic harms, can take a significant toll.

When we know people are being poorly served, or we can't meet our professional practice standards, this can also be distressing.

Providers often feel overwhelmed in the face of this suffering and distress, how complex people's lives can be, and the disconnects between what we *can* do and what we *should* do – there are rarely “easy fixes.”



Provider well-being is one of the core goals of the “quintuple aim” of system improvement and is necessary for both a healthy workforce and a safe workplace. A healthy workforce also underpins excellence in trauma- and violence-informed service delivery. This tool provides key concepts related to understanding and assessing staff well-being, with a focus on organizational strategies, including how leaders can support staff in self-care strategies.



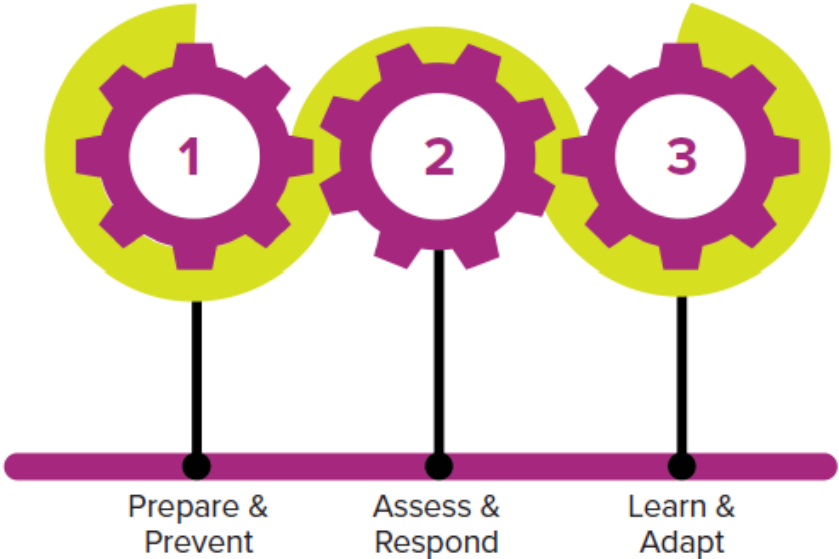
Harms can Be Direct or Indirect

Continuously improve safety

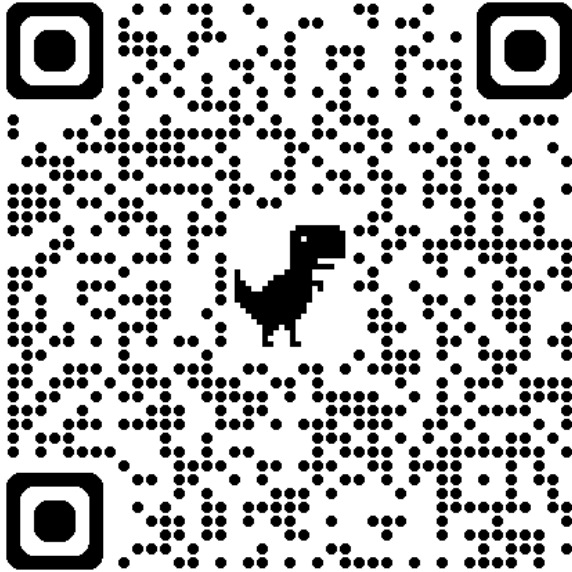


TVIC Strategies for (Re)Establishing Safety in Care Encounters

Interactions can become unsafe when service users experience a trauma response. These strategies can help you prevent, prepare for, and appropriately respond to difficult situations:

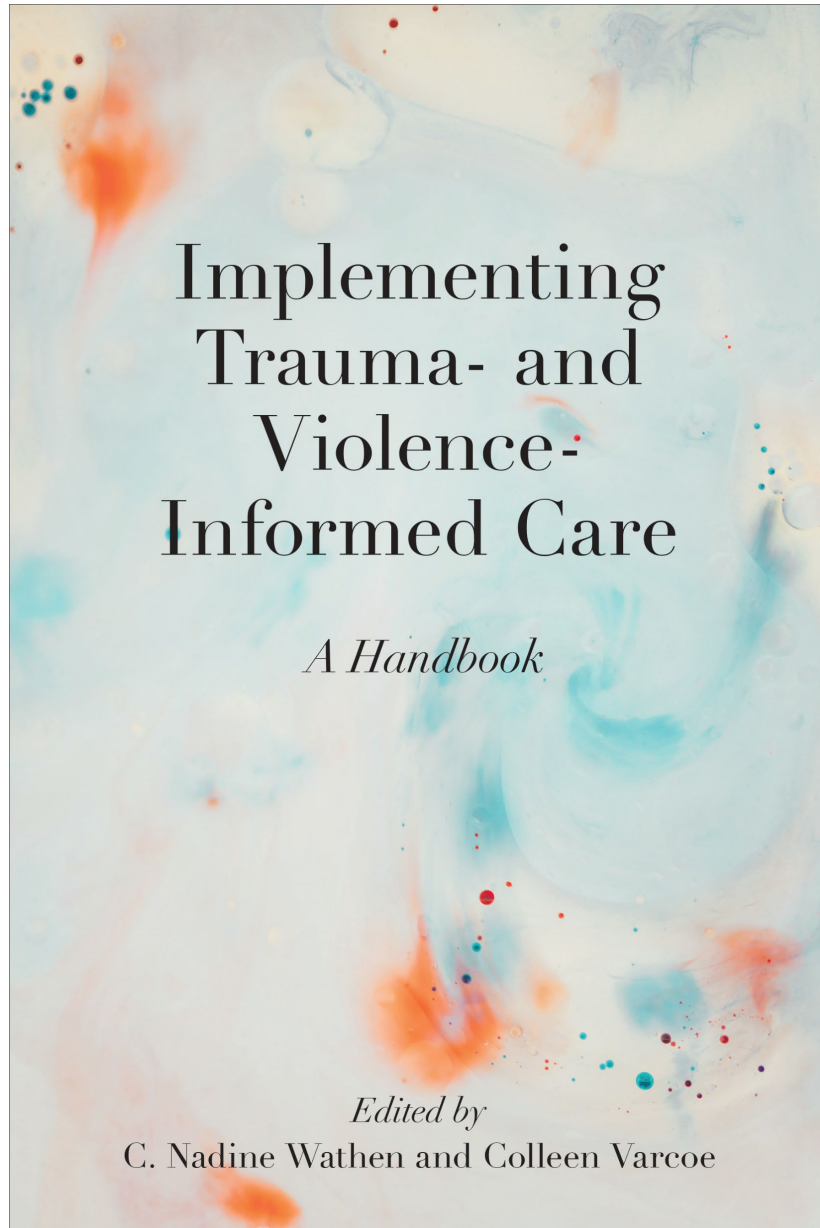


A key goal in a TVIC approach is to prepare staff and settings to prevent situations where people might experience a trauma response. If situations do become unsafe, ensure all staff are well-prepared to recognize and respond to indicators of potential escalation, in themselves and service users, and then learn from situations to adapt practices in the quality improvement cycle.



Reflection & Discussion

- What will you personally try to do to enhance your well-being, going forward?
- What will you advocate your organization do to better protect staff?
- What system-level advocacy needs to happen? What could this look like?

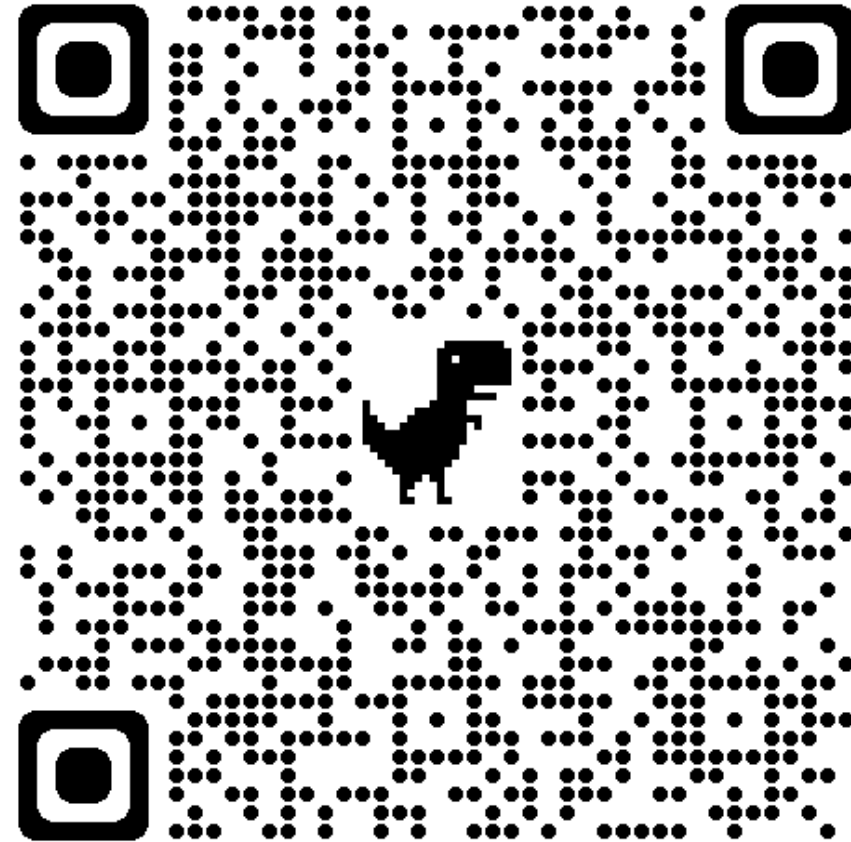


Implementing Trauma- and Violence- Informed Care

A Handbook

Edited by

C. Nadine Wathen and Colleen Varcoe



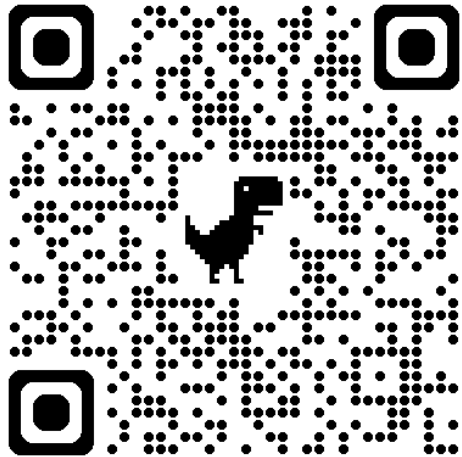
<https://utorontopress.com/9781487529260/implementing-trauma-and-violence-informed-care/>

Free Resources



<https://equiphealthcare.ca/>

- ✓ EQUIP e-learning : <https://equiphealthcare.ca/online-courses/>
- ✓ EQUIP Equity Action Kit : <https://equiphealthcare.ca/equity-action-kit/>
- ✓ TVIC, Cultural Safety & Substance Use Health resources, tools, videos & animations: <https://equiphealthcare.ca/resources/>



Contact:
Nadine Wathen, nwathen@uwo.ca