The monitoring of current trends and planning for future health care requirements are central activities within health human resource (HHR) development. Planning initiatives focus on ensuring that adequate resources are available to meet the future health needs of Ontario’s population.

As the average age of Ontario’s population (including RNs and RPNs) increases, planning for future nursing resource requirements is crucial. A shortage in the number of nurses available to work has been predicted for the year 2011 (Ryten, 1997). In Ontario, we will begin to experience severe shortages within five years unless steps are taken to increase numbers of nurses. Will there be enough RNs and RPNs to replace the large number of nurses (almost half) eligible to retire within the next five to fifteen years?

Since 1991 there has been a drastic decline in the number of new entries to the profession. Employment issues, arising from the restructuring of Ontario’s health care system, are undoubtedly affecting nurses of all ages. Certain trends, however, seem to be having a disproportionate affect on younger members of the workforce (O’Brien-Pallas et al., 1988a). What are the current barriers to workforce entry, participation and retention for RNs and RPNs under the age of 30?

**Figure A**

**Current Age of the Nursing Workforce**

In 1999, the average age of all nurses (RNs and RPNs) in Ontario was 43.

Nurses in the youngest age group (20-24) have the smallest numbers. The highest number of nurses working in nursing falls in the 45-49 year old group (RN: 14,909; RPN: 4,892).

**RN and RPNs Working in Nursing by Age (1999)**

The most common age category of members working in nursing was 45 to 49. Those nurses under 30 who are working in nursing are the most likely to be seeking more nursing work.
Work Status

Although less severe for RPNs than RNs, young nurses are more likely to be looking for work or are unemployed.

- Of all RPNs working in nursing, those aged 20-24 comprise just over 2%.
- Of all RNs working in nursing, this figure is even smaller at 1% for those aged 20-24.
- Over 60% of RNs and RPNs aged 20-29 who are not working in nursing or unemployed report that they were seeking work in nursing.
- RNs between 20-29 are the most likely group to be employed in nursing outside of the province (almost 20%). Only about 1% of RPNs work outside Ontario (no age differences).

Employment Status

Not only are younger nurses having trouble finding work, they are also less likely to secure the jobs they want. Casualisation of the nursing workforce is adversely affecting nurses under the age of 30.

Within the RN workforce,

- over 50% of members aged 40 to 65 occupy regular full time positions, as compared to less than 40% for members under 35 years old, and
- a large proportion of casual part time positions are held by 20-24 year olds (~40%) and 25-29 year olds (~25%).

Similar trends are affecting the RPN workforce,

- over 50% of members aged 45 to 65 occupy regular full time positions, as compared to less than 30% for members aged 20 to 29, and
- the 20 to 29 year old RPNs are most likely to hold regular or casual part time positions.

Given that more than 75% of RNs and 80% of RPNs in the youngest age category are working part time, it is of little surprise that over 40% are seeking additional work in nursing.

Implications

- With low numbers of young nurses entering the profession, it is likely that the numbers leaving the profession through retirement will outnumber the amount of nurses available to fill vacant positions.
- The low rate of employment and notable loss of access to full time positions for younger nurses may have the effect of excluding graduates from the system. This may result in a further aging of the workforce and a pronounced shortage of experienced mid-career nurses in the near future.
- Diminishing prospects for younger nurses to secure regular and/or full time positions and to acquire positions in higher paying hospital positions may contribute to career disillusionment.

All of these trends have the potential to reduce the attractiveness of nursing as a career. Efforts to attract new entrants and to retain the young pool of nurses already working, will likely depend on resolution of these issues.
References
The Aging Nursing Workforce: Some Figures and Implications for the Future
