

Are health care careers losing their lustre?

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It's no secret that Canada's health systems are struggling. But are stories of increasing stress, burnout, harassment, and staffing challenges taking the shine off health care careers?

More than one in 10 physicians, one in six personal support workers, and nearly one-quarter of nurses say they intend to leave or change jobs in the next few years, not including those who intend to retire, according to Health Canada data.

Years in practice appear to factor into the decision. Across the health workers surveyed, those with fewer than five years of experience were more likely to consider leaving their jobs (39.6%) than those who had five to nine years (25.9%) or more than 10 years of experience (34.6%).

Vacancies in health care and social assistance have more than doubled since before the pandemic to 126 000.

Meanwhile, trainees continue to enter the field amid reports of chronic understaffing and overwhelm, and escalating workplace violence.

Four in five physicians surveyed by the Canadian Medical Association reported experiencing intimidation, bullying, harassment, or microaggressions at work, with two in five saying they experience abuse at least weekly or monthly. Three in five said their mental health is worse now than before the pandemic. And half of physicians said they are likely to reduce or modify their clinical hours in the next two years.

Trainees undaunted by workforce challenges

Despite these reports, medical schools remain as competitive as ever.

"I haven't really seen students coming in feeling disillusioned," says Marcus Law, associate dean of the University of Toronto's MD program. "From speaking to a lot of

our new learners, they actually have a stronger desire to support the system, like this is the right moment for them to come in and advocate."

While many have a "general sense of disappointment" at the harassment and other challenges physicians are facing, Law says most are "still in the honeymoon period" of their own journeys in medicine.

There's also a "strong stigma" related to changing course, Law says. "The stigma from family, the stigma of not reaching your own potential or your own expectations... can be a lot, especially for first-generation physicians or medical students, especially if you're racialized."

Kathleen MacMillan, a fourth-year medical student at Dalhousie University, remains hopeful about the impact she can make, despite the challenges ahead. "Things are still very exciting for us," she says. "It's what we've worked for, for a very long time."

As a student representative on Dalhousie's admissions committee, MacMillan says many applicants are drawn to medicine for altruistic reasons.

"You get to help people. You really get to make a difference," she says. "A lot of people are still very much attracted to that."

Medicine remains competitive, but who is competing is changing

While the number of students applying to medical schools hasn't decreased, anecdotally, the demographics of the students accepted have shifted in recent years.

Brenda Hemmelgarn, dean of the faculty of medicine and dentistry at the University of Alberta, says applications have not declined but the school is attracting more diverse candidates, especially Indigenous, Black, and rural students.

Law says medical schools "still have a long way to go" on this point, and actively recruiting underrepresented students is just the first step.

At the same time, it's important to increase diversity in hospital and academic leadership to support trainees, Law explains. "We can bring more young people, but it needs to be reflected on the other end with role models and mentors so that they can see the future."

Schools have also continued accepting increasing numbers of women trainees, who have outnumbered men at most institutions in recent years.

Some have noted, however, that demographic shifts often accompany changes in professional prestige.

Research shows that compensation drops as women increasingly join fields dominated by men.

One recent investigation by *The Globe and Mail* found women doctors in Ontario earned 34% less on average than men across 35 specialties — including those dominated by women like pediatrics and obstetrics and gynecology.

In fact, the specialties most dominated by men — including ophthalmology, neurosurgery, cardiothoracic, vascular, and thoracic surgery — were among the highest paying. Women outnumbered men in only six disciplines, and half of those specialties were among the lowest paying.

Women and people of colour are also more likely to be welcomed into competitive environments during crises — a phenomenon known as the "glass cliff." But this puts these professionals in precarious positions.

Research on the glass cliff has mostly focused on women in corporate leadership and politics; however, some argue

the phenomenon deserves more attention in health care, too.

Nonsurgical specialties face recruitment woes

Certain specialties have struggled more than others to recruit and retain physicians during the pandemic.

The number of unfilled family medicine residency positions in the first iteration of the match has been growing for the last three years, according to CaRMS data, from 137 unfilled positions in 2019 to 219 in 2022.

In Ontario alone, the number of family doctors leaving practice doubled in the first year of the pandemic, affecting an estimated 170 000 patients.

Researchers attributed the trend to doctors accelerating retirement plans due to health concerns, increased practice costs, decreased revenue, and burnout.

“The practice environment has never been worse,” says Brady Bouchard, president of the College of Family Physicians Canada (CFPC). “Family physicians are living daily with the moral injury of knowing what their patients need to get back to good health, but being part of a health system that is unable to deliver, whether that be timely surgeries, diagnostics, consultations with other specialists, or home care.”

Bouchard says many family doctors are dealing with increasing administrative burdens that are taking them away from patient care. “They are working with electronic medical records that seem to get in the way of good care, rather than enable it. And they are often unable to

take a break, either because there is no one to cover for their patients, or because they cannot afford to.”

Dedicated, sustained investments in team-based care could help ease that burden, Bouchard says. “Until and unless we start to see a change in primary care and family medicine, our health system will continue to let down Canadians.”

According to Law, other nonsurgical specialties, such as pediatrics and psychiatry, are struggling to attract recruits for the same reasons.

There were 10 unfilled pediatric positions and 12 unfilled psychiatry positions after the first iteration of this year’s match, compared to none in 2020. Numbers of applicants also declined from 311 pediatric applicants and 332 psychiatry applicants in 2020 to 257 and 272, respectively, this year.

Retention issues plague nursing

Other health professions are facing bigger problems with retention than recruitment.

Nursing schools are graduating more students than ever — roughly 12 000 annually over the last six years, according to a spokesperson for the Canadian Association of Schools of Nursing.

“We’re still attracting people to nursing, we’re still attracting people to medicine, and any other health care field,” says Linda Silas, president of the Canadian Federation of Nurses Unions. “The issue is when they graduate and they enter the workplace, they immediately want to leave.”

Nearly half of nurses surveyed by the Registered Practical Nurses Association of

Ontario say they’re considering leaving their jobs. Three in five are considering leaving the health care sector altogether, with just over one-third saying they feel proud to be a nurse — down from more than two-thirds in late 2020.

The crux of the problem is a lack of respect, says Silas. “We do not respect our health care workforce, as workers, as individuals.”

She cites insufficient support for child care, continuing education, and time off, as examples.

Some provinces have promised bonuses to nurses who stay at their posts in the short term. But according to David Este, professor emeritus of social work at the University of Calgary, that doesn’t get to the heart of the problem.

“What needs to happen is that the working conditions that the nurses face on a daily basis, that’s what needs to change,” says Este.

It’s the same reason why financial incentives alone haven’t been enough to retain physicians in rural areas, he explains. “It was more the quality of life and the nature of the work conditions.”

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