

POLICY BRIEF: Nearly 2,000 Ontario Nurses Working in Michigan

Colin Craig | April 2023



Executive Summary

In January 2023, the Ontario government announced more details about its decision to partner with private and non-profit clinics to provide surgeries for patients (paid for by the public system).

Some observers raised concerns about where these clinics would find additional staff, many arguing private clinics would poach workers from the public system. The Ford government announced that non-government clinics would have to work with the public system to ensure this did not occur, but the situation did lead SecondStreet.org to investigate a different source for staff – trained medical professionals who live in Ontario, but work in the United States. Simply put, private clinics could potentially convince some workers to work locally instead of commuting to the United States.

After obtaining contact information for 3,016 Ontario nurses with active licenses in the state of Michigan, SecondStreet.org surveyed them to learn more about their decision to work abroad. The survey was conducted between February 25 to March 5, 2023 and 462 nurses responded for a margin of error of $\pm 4.2\%$.



Highlights from this research include:

- The findings suggest there are 1,887 nurses who currently live in Ontario and commute to Michigan regularly for work.
- A further 248 Ontario nurses want to work in Michigan.
- The remaining nurses have since retired, work in Ontario or live and work in the U.S. (despite providing an Ontario mailing address).
- The most common reasons why Ontario nurses indicated they decided to work in Michigan were: “availability of work” (30%) followed by “compensation” (25%) and “working conditions” (23%). Many noted they were seeking full-time positions while only part-time positions were available in Ontario.
- The most common reasons why these nurses might consider working in Canada include: if they were offered better compensation (68%), better scheduling options (49%) and working conditions (27%). (This question was open ended so some participants noted multiple reasons.)

As private and non-profit clinics in Ontario look to hire staff for their facilities, they may want to consider recruiting some of the thousands of local medical staff who commute outside the province for work. Private and non-profit clinics would be better positioned to respond to the preferences and needs of these workers than public sector entities that are often less flexible.

Further, policy makers should be asking why so many Ontario health care workers would go to the trouble of regularly crossing an international border to work in Michigan and New York (the latter to be examined separate from this report)? How could that pool of trained and qualified professionals be lured back to Ontario? Equally important, what could be done to retain current Ontario medical professionals who are considering employment opportunities in these border states and other jurisdictions?

SecondStreet.org's survey indicates that Ontario lost many of these nurses not due to unsatisfactory compensation in Canada, but due to working conditions and availability of work.

Background

In January 2023, the Ontario government announced details about its decision to partner with private and non-profit clinics to provide surgeries for patients paid for by public health insurance.¹

This plan included working with private and non-profit clinics to delivery thousands of surgeries for Ontario patients. Premier Ford suggested that in the years ahead, half of the surgeries currently being provided in hospitals right now would instead be completed at private and non-profit clinics.²

Some observers raised concerns about where these clinics would find the staff they needed. One claim was that such clinics would poach workers from the public system. The Ford government indicated that non-government clinics would have to work with the public system to ensure this did not occur.³ SecondStreet.org decided to investigate the possibility of a different source for staff – trained medical professionals who live in Ontario, but currently work in the United States. Private clinics could potentially convince some of these nurses to work locally instead of commuting to the United States.

Methodology

In February 2023, SecondStreet.org contacted the Michigan Department of Licensing and Regulatory Affairs to request information on Canadian nurses working in their state.

Staff responded that such information was available, including contact information for active nurses registered in the state.⁴ Out of 3,016 nurses in their system with Ontario addresses, SecondStreet.org was able to send a survey to 2,997 of them by email. The survey was sent on February 25 and again on

February 28 (the second email only went to those who did not complete the survey the first time).

Overall, 462 responses were provided between February 25 and March 5. According to Qualtrics.com, a sample of this size has a margin of error of $\pm 4.2\%$.

The survey asked respondents seven questions, including: two to determine their residency and working status related to the United States, one question to determine why they decided to work in the U.S. and a question asking for respondents to indicate what could be done by a Canadian health facility to convince them to work in Canada. The survey also solicited general feedback and comments about this subject.

Results and Analysis

The survey responses showed almost all of the nurses surveyed currently live in Canada – just 2.6% indicated they live outside the country. Out of those who live in Canada, 62.6% indicated they currently work in the United States. This means approximately 1,887 Ontario nurses currently commute to work in Michigan (once we extrapolate this finding).

Of the remaining nurses, 8.2% indicated they would like to work in the United States in the future. This represents approximately 248 Ontario nurses.

The remaining nurses have since retired, work in Ontario or live and work in the U.S. (despite providing an Ontario mailing address).

The third question SecondStreet.org asked respondents was to indicate the most significant reason why they left to work in the United States. Respondents were given multiple options to choose from along with the option to provide an alternative reason.

The following table shows the survey data for nurses who indicated they live in Canada and work in the United States:

Q:

What is the most significant reason why you decided to work in the U.S. as a nurse?

Reason	Percentage
Availability of work	30%
Compensation	25%
Working conditions	23%
Work/life balance	8%
Multiple answers	8%
Other	3%
Prefer the United States	2%
Travel	0%
Spouse / partner	0%

Note: Total does not add up to 100% due to rounding.

Only 25% of nurses indicated that “compensation” was the “most significant reason” why they left. By improving working conditions, offering the types of employment that nurses are seeking (including full-time opportunities) and addressing other workplace concerns, health bodies in Ontario could prevent even more staff departures in the future.

However, there is certainly the opportunity for public sector employers to increase compensation and convince more nurses to return to working in Ontario. This could be beneficial when it comes to convincing some nurses to return to Canada for work.

Further, private clinics could also potentially offer compensation packages that are more generous than what the public sector currently provides. If Ontario kept the province’s public system, but allowed private clinics to charge patients for services outside of the public system, private clinics would not only have more business, they would also have more resources to increase compensation levels.

Next, SecondStreet.org sought input on what Ontario health bodies could do to convince nurses who work in the U.S. to work in Ontario instead.

This was an open-ended question that allowed respondents to provide multiple answers. As you can see below, increasing compensation (including benefits) was a significant factor.

Q:

If an Ontario hospital or clinic (in a convenient location) wanted you to work for them, what circumstances would have to exist for you to do so?

Reason	Percentage
Compensation	68%
Schedule	49%
Working conditions	27%
Other	8%
Availability of Work	7%
Work/life balance	5%
Never	4%

Note: Total does not add up to 100% as multiple answers were allowed.

Finally, we asked respondents if they had any other feedback on how Canada could retain more nurses. A variety of answers were submitted – ranging from concerns with nursing unions to compensation, scheduling and, what they felt, was substandard health care technology in Canada.

A selection of responses includes:

“Needs to develop a more business-oriented mindset”

“Improve pay”

“Union at healthcare facility protecting bad employees, it become hard for management to take disciplinary [sic] actions against bad employee due to union.”

“Would love to work in Canada [sic] near my family, but not willing to go back to shift work and short staffing.”

“Give nurses FULL TIME contracts!!”

“More career options. Also, why would I start over in Ontario and be at the bottom of the union’s hierarchy. I have 6 weeks paid time off in Michigan and a lot of flexibility.”

“Pay better, better working conditions, if required to work full time hours we should receive full time benefits.”

“Stop the absurd amount of waste. There is no need for most of the administrators in healthcare. They do literally nothing and cause bloat in healthcare budget. Create a 2-tier system to incentive at least some innovation and prevent people from dying on the waitlist.”

“For hospital setting, offer full time positions, no swing shifts (2 days, 2 Nights... make it consistent days/nights).”

“Full time positions with benefits”

“Get current with the technology and upgrade the hospitals in the community”

One final observation that readers might find of interest is that Michigan state’s nursing database included Canadian nurses not just from Ontario, but another 96 from across the country. The list included: 34 from Alberta, 26 from British Columbia, 11 from Saskatchewan, nine from Quebec, four from Manitoba, four from Nova Scotia, three from Newfoundland and Labrador, three from Canada’s Territories and one from both New Brunswick and Prince Edward Island.

Policy Implications

Understanding how to recruit more nurses to work in Ontario will be crucial in the years ahead. According to a March 2023 report by Ontario’s Financial Accountability Officer (FAO), the problem is serious:

“Ontario is currently experiencing shortages of nurses and personal support workers (PSWs), which is projected to persist through the FAO’s six-year forecast period. Even with government measures to increase the supply of nurses and PSWs, by 2027-28, the FAO projects a shortfall of 33,000 nurses and PSWs.”⁵

This research could help public sector health bodies as they seek to recruit workers, including those who not only work in Michigan, but also in New York and other states. Further, the data and feedback contained within this report could also help health officials learn more about how to retain staff and prevent losing them to the United States and other jurisdictions in the first place.

As Ontario grows its network of private health services – through contracted work with the government – nurses will have even more opportunities for employment. These facilities might find this research useful as they seek to staff their facilities and consider courting local nurses who work in the United States.

Conclusion

There are nearly 2,000 Ontario nurses who regularly commute to Michigan for work. No doubt the province has also lost trained nurses to New York state and other jurisdictions – in the U.S. and in some cases, beyond North America.

Considering there is a shortage of nurses in Ontario right now, public health bodies in Ontario might find this research helpful as they seek to recruit and retain staff.

Further, as Ontario expands its network of private health providers, it provides new opportunities for Ontario nurses to look at options to remain in the province as the private sector can be creative and flexible with its employment offerings.

About the Author

Colin Craig is President of SecondStreet.org. He has an MBA and a BA (Economics) from the University of Manitoba and is the author of *The Government Wears Prada*, a book that examines how governments could be more cost-effective. Most recently, Colin authored several chapters for the eBook, *Life After COVID: What's next for Canada?* He has contributed to public policy changes at the federal, provincial and municipal levels in Canada and was awarded the Queen Elizabeth II's Platinum Jubilee medal in 2022 for his public policy work.

Research Contributor

Dom Lucyk is the Communications Director of SecondStreet.org. He graduated with honours from the Western Academy Broadcasting College in Saskatoon. He's passionate about holding government accountable and public policy that brings greater freedom and prosperity for Canadians.

References

1. Gray, Jeff, Dustin Cook and Janice Dickson. "Ontario Announces Plan To Increase Surgeries at Private Health Care Clinics." *Globe and Mail*, January 16, 2023. <https://www.theglobeandmail.com/canada/article-doug-ford-announcement-private-surgeries/>
2. Ibid
3. Canadian Press. "Ontario Hospitals Optimistic Health-Reform Bill will Prevent Drain of Workers." CTV News site, February 22, 2023. <https://toronto.ctvnews.ca/ontario-hospitals-optimistic-health-reform-bill-will-prevent-drain-of-workers-1.6284684>
4. Michigan State Department of Licensing and Regulatory Affairs website. Login required to download "FOIA-Nursing List". <https://aca-prod.accela.com/MILARA>
5. Ontario's Financial Accountability Office (FAO). "Ontario Health Sector: Spending Plan Review." March 8, 2023. <https://www.fao-on.org/en/Blog/Publications/health-2023>