

POLICY BRIEF: Health Care Lessons from Cross-Border Nurses

Dom Lucyk | July 2026



The shortage of staff in Canadian health care is commonly cited as a source of many problems in the system. As just one example, 93% of National Union of Public and General Employees members said in an early 2025 survey that they felt short-staffed, specifically “agreeing there are insufficient personnel in their roles.”¹

In order to learn more about how to fix this issue and to make sure there are enough nurses to keep Canada’s hospitals and clinics running effectively, SecondStreet.org previously surveyed Canadian nurses who live in Ontario but chose to work in Michigan, USA.

This study aims both to update that report with the latest data on the opinions of nurses living in Ontario and working in Michigan, and to go further by exploring additional questions.

After obtaining contact information for 3,078 Ontario nurses with active licences in the state of Michigan, SecondStreet.org surveyed them to learn more about their decision to work abroad. The survey was conducted between June 4 and June 11, 2025, and 228 nurses responded (the margin of error for a sample this size is $\pm 6.2\%$).

Highlights from this research include:

- Data from this survey suggests that an estimated 2,218 nurses live in Ontario but work in Michigan. This is up significantly from the 2023 total of 1,887.
- The remaining nurses either previously worked in the U.S., hope to work there in the future, work in both countries, or have their licence to work in Michigan as a backup plan.
- The most common reasons nurses cited for their decision to work in Michigan were “availability of work with a schedule I want” (44%), “compensation/salary” (29%), and “working conditions” (19%). Many noted they were searching for full-time work and could only find part-time work in Ontario.
- More than half (50%) of nurses said that if they wanted to find work in Canada, they would face at least some red tape. A quarter (approximately 25%) said there was no red tape, while another quarter said they didn’t know.
- Half (50%) indicated that if they were to work in Canada, it would not matter whether they had a unionized job or not, while 62% said it would not matter if they worked in a government or non-government health care facility.
- An overwhelming majority (68%) said that health care technology and equipment is worse in Canada than in the United States. A mere 2% said it was better in Canada while the rest said it was equal or they did not know.

Policy makers in government should be reflecting on why so many Ontario health care workers would go to the trouble of regularly crossing an international border to work. How could that pool of trained and qualified professionals be lured back

to Ontario? Just as importantly, what could be done to retain current Ontario medical professionals who are considering employment opportunities in Michigan, other border states and other jurisdictions?

Further, 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 personnel 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 due to labour agreements.

SecondStreet.org's survey indicates that while compensation was the reason why some of these workers left Ontario for work, most chose Michigan due to working conditions, availability of work and a variety of other factors.

Background

In January 2023, the Ontario government announced details about its decision to expand partnerships with private and non-profit clinics to provide surgeries for patients paid for by public health insurance.³

This plan intended to deliver thousands of additional surgeries for Ontario patients. Premier Ford suggested that in the years ahead, half of the surgeries being provided in hospitals at that time would instead be completed at private and non-profit clinics.⁴ Some observers raised concerns about where these facilities would find the staff they needed, and 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.⁵

SecondStreet.org decided to investigate the possibility of a different source of staff—trained medical professionals who live in Ontario but work in the United States. Private clinics

could potentially convince some of these nurses to work locally instead of commuting across the border. The public sector would also benefit from understanding why nurses in Ontario are leaving the province to work in Michigan, and what changes could be made to attract them back to the government-run system.

This report seeks to update and expand on our 2023 report exploring the same topic. That report found that many nurses who lived in Ontario but worked in Michigan were open to staying in the Canadian system if a number of changes were made, such as improving the types of positions available (particularly full-time work), compensation, scheduling and overall working conditions.

In all, this report explores more deeply the phenomenon of Canadian nurses opting to commute to a neighbouring US state for employment rather than work in Canada.

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 publicly available, including contact information for active nurses registered in the state. In June 2025, SecondStreet.org made the same request, accessing the latest version of the publicly available online resource.

This time, the online survey was sent to 3,078 nurses who had a licence to work in Michigan and a residential address in Ontario (compared to 3,016 nurses in 2023). Of those, 228 responded between June 4 and June 11, 2025, for a response rate of 7.4%. According to Qualtrics.com, a sample of this size has a margin of error of $\pm 6.2\%$.

The survey asked respondents ten questions, including: two questions 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 one question 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. The survey was slightly longer than the 2023 edition, adding questions on the process of becoming certified to work in Canada, the level of health care technology available in both countries, and on exploring each nurse's preferences around government and unionized positions.

Results and Analysis

The survey responses showed almost all of the nurses surveyed currently live in Canada; just 2.2% indicated they live outside the country. Out of those who live in Canada, 73.7% indicated they currently work in the United States (compared to 64.6% in 2023). This means, as of 2025, an estimated 2,218 Ontario nurses commute to work in Michigan (once we extrapolate this finding). In 2023, the survey estimated that only 1,887 nurses lived in Ontario but worked in the state of Michigan.

Of the remaining nurses, 4.8% indicated they would like to work in the United States in the future. This represents approximately 147 Ontario nurses. Another 17.5%—approximately 538 nurses—said they had previously worked in the United States.

The remaining small percentage shared a variety of explanations for their status, such as working remotely in Canada for an American hospital or holding onto the Michigan licence as a backup plan.

The third question SecondStreet.org asked respondents involved 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:

Q1 What is the most significant reason why you decided to work in the U.S. as a nurse?	
Reason:	Percentage:
Availability of work with the schedule I want	44%
Compensation/Salary	29%
Working Conditions	19%
Work/Life Balance	8%
Other/Vague	4%

NOTE: Total does not add to 100% due to rounding.

Twenty-nine percent (29%) of nurses indicated that “compensation” was the “most significant reason” 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.

It is worth noting that these were the same top-three reasons as the 2023 edition of this report, though with different percentages of respondents choosing them. At the time, 30% of nurses chose “Availability of Work” as their top reason, 25% chose “Compensation” and 19% chose “Working Conditions.”

However, there is certainly the opportunity for public-sector employers to increase compensation. 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, but they would also have more resources with which to increase compensation levels.

Next, SecondStreet.org asked what could be done to convince nurses who currently work in the United States to work in Canada instead.

The following table shows the results of the open-ended question. Coding different reasons was necessary, as the nurses could enter whatever they wished into the response field.

Q2	
If an Ontario hospital or clinic (in a convenient location) wanted you to work for them, what could be changed so that you would prefer to work in Canada?	
Reason:	Percentage:
Better scheduling	45%
Comparable or better salary/benefits	42%
Better workplace conditions	28%
Nothing/Can't be convinced	10%
Make Canadian licensing easier	7%
Other/Unclear	3%

NOTE: Total does not add up to 100%, since multiple answers could be given.

As seen in the table above, scheduling was the most common answer at 45%. While nurses gave various answers as to what they wanted (full-time, part-time, contingent, only days or only nights, etc.), it was clear each respondent wanted more autonomy over their schedule than they felt they could find in Canada.

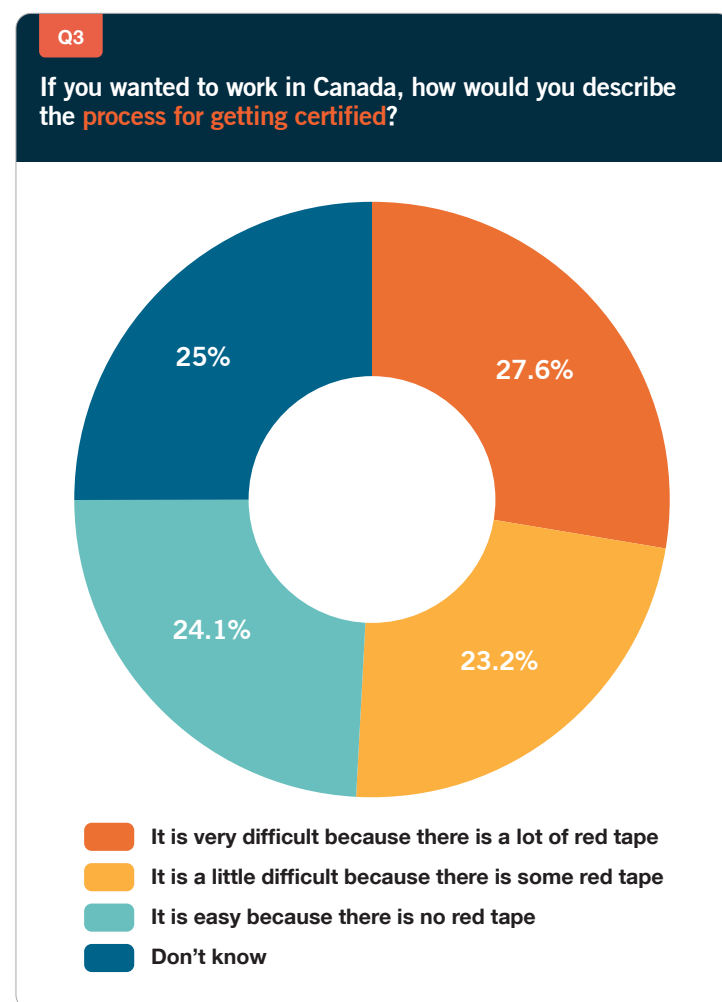
Compensation and/or benefits was the second-most common answer at 42%.

Better workplace conditions—the third-most common answer (28%)—was a category including several different answers, ranging from wanting more respect in the workplace, wanting a non-unionized position, wanting more opportunity for advancement, wanting better technology, etc.

A not-insignificant portion (10%) said things had simply gotten too bad and they could not be convinced to work in Canada—the “nothing” category. About 7% were frustrated with red tape or costs related to a Canadian licence, while a small number of respondents (3%) gave other or unclear responses.

Speaking of red tape, the fifth survey question delved into red tape around working in Canada.

Answers for all survey respondents were considered for the following chart.



As seen in the chart above, over half of respondents thought it was at least a little difficult to become certified in Canada, while only 24% thought it was easy, with no red tape. The remainder did not know.

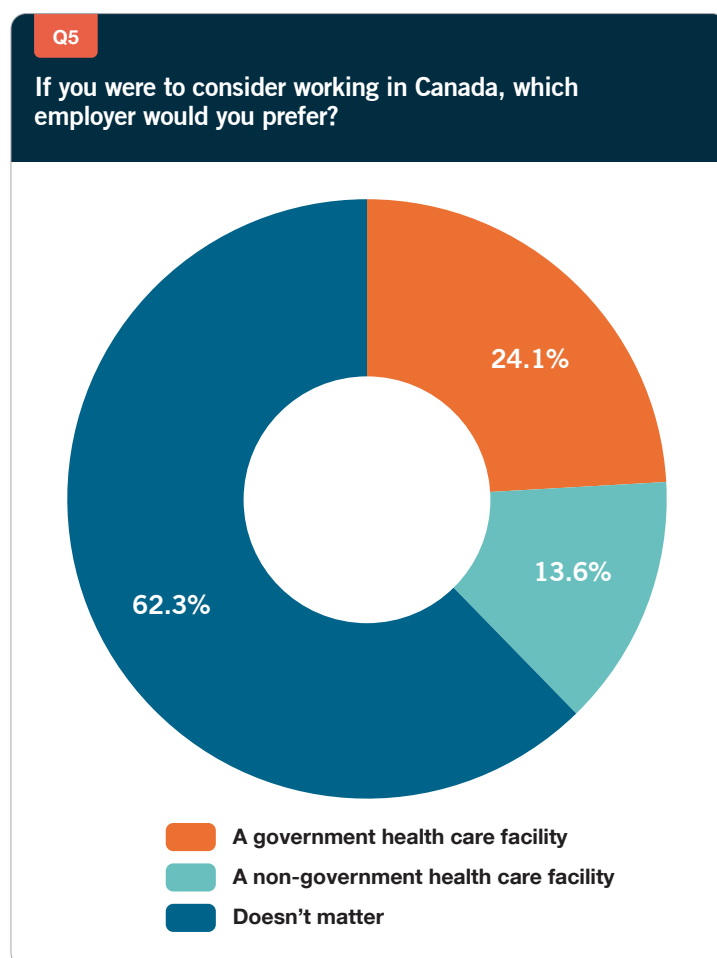
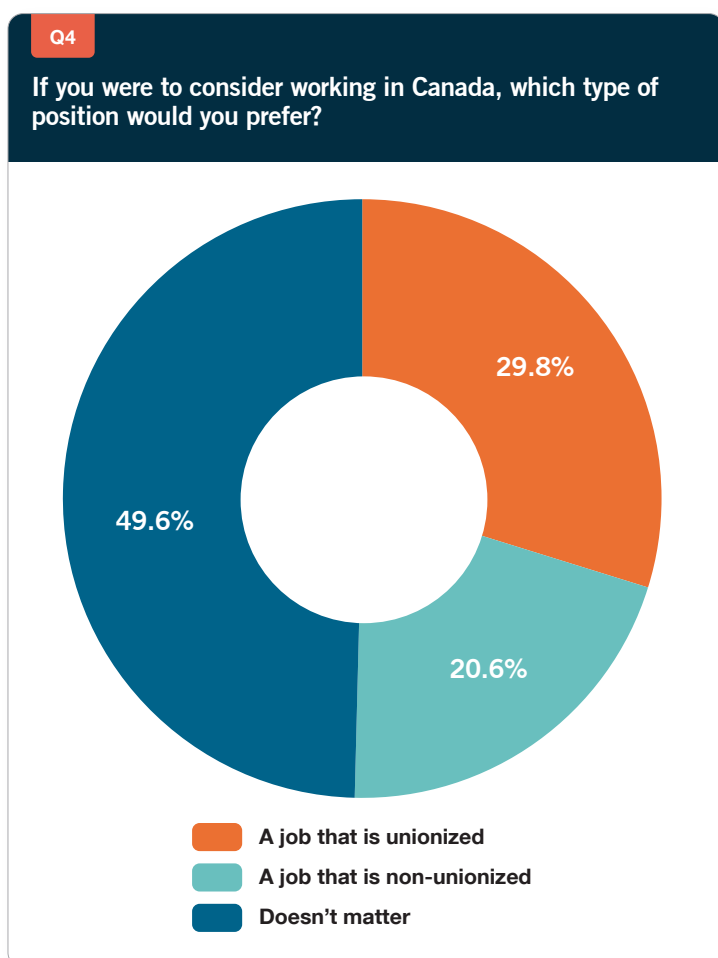
Given how common this concern was among respondents, the Ontario government should consider looking into the licensing process, as it may be a barrier for qualified nurses who might be able to otherwise help address the hospital staffing shortage.

The next question asked nurses about their opinions on unionized positions.

For nearly half of the respondents, whether or not the job was unionized did not matter.

But for the 21% of nurses who prefer non-unionized positions, this is another matter that might be addressed by allowing more choice in Ontario health care. If more non-government, non-unionized clinics were allowed to operate, nurses who might otherwise work in the United States could be drawn home by the lure of a non-unionized position.

Related to privately-operated health care facilities, the next question asked about preferences on government or non-government positions.

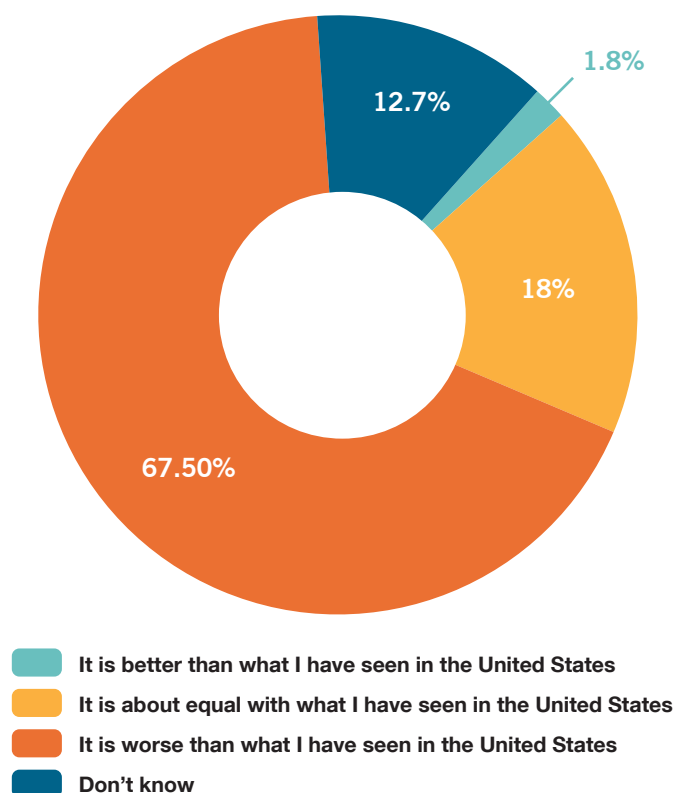


As the graph indicates, nearly two-thirds of nurses indicated they do not have a preference as to whether their employer is the government or a non-government health provider.

This survey also brought about the opportunity to gain unique insight from nurses who would have a higher degree of knowledge on the differences between hospital facilities in Canada and the United States. This is what the next question explores.

Q6

How would you describe the level of health care technology and equipment that is available in Canada?



The answers to this question are quite sobering. An overwhelming majority (67.5%) said that technology and equipment is worse in Canada, with only 2% saying that it's better. Clearly, there is much room for improvement.

Finally, the survey closed with an open-ended question.

Q7

Do you have **any other feedback** on how Canada could attract or keep more health care workers?

Each response to this question can be seen in the appendix of this report. However, the following are a number of particularly interesting responses:
Note: Only minor punctuation edits were made for clarity.

There appears to be no collaboration between doctors, nurses or other members of the health care team. Family members can't even get information on their loved ones from a doctor or nurse. No respect. I refuse to accept or work in that type of environment.

The College of Nurses was unnecessarily putting up so many barriers to re-license me back in Ontario it was disgraceful. I requested an RN license in October and was finally granted one in January. Note I previously had an RN license in Ontario, was educated here and worked here. But somehow I needed 3 months worth of red tape including proof of English language proficiency. English is my first language, my only language. I almost gave up and moved back to the US over it.

Need to properly staff hospitals so Nurses and Doctors aren't overworked and running short. Need to offer good quality opportunities - should not have to wait many years working a crappy job at the same hospital until you realistically get a chance for a good position. Need more healthcare funding. Hallway medicine is not good healthcare - you would never see a politician or CEO in the hallway. Improve systems - wait times are a result of an entire system issue and backlog

Yes. Make transfer of license easier and give the "college" less authority. You need qualified nurses and don't seem to want to help those of us who have knowledge and experience. Shame on you!!

Ensure English comprehension and fluidity in English (it is exhausting trying to understand your coworkers)

Treat the nurses like the important part of the team they are. Stop treating the doctors like they are worth more, they aren't. Stop making your nurses work swing shifts. Day shifts and night shifts in the same week. What kind of nonsense is that?

Conclusion

There are now an estimated 2,218 Ontario nurses who regularly commute to Michigan for work. This is up significantly from the 1,887 SecondStreet.org estimated in 2023. In 2024, there were only 651 registered nurses per 100,000 people in Ontario—the lowest ratio in Canada.⁶ Considering this, public health bodies in Ontario might find this research helpful as they seek to recruit and retain staff.

Further, insights from the nurses surveyed for this report—such as their preferences toward different types of work environments and their experiences with health care technology—can be helpful for governments and health care administrators across the country.

As Ontario expands its network of non-government health providers, and as the private sector can be creative and flexible with its employment offerings, this presents new opportunities for Ontario nurses to look at options to remain in the province.

About the Author

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

References

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[illegible]

Timestamp	1) When it comes to your personal situation , which one?	2) When it comes to your work situation , which one?	3) What is the most important reason why you decided to work in the U.S. as a nurse?	4) If an Ontario hospital or clinic (in a convenient location) wanted you to work for them, what would the reasons be that you would prefer to work in Canada?	5) If you wanted to work in Canada, how would you describe the:	6) If you were to consider working in Canada, what?	7) If you were to consider working in Canada, what?	8) How would you describe the level of health care?	9) Would you be willing to share your experience w/:	10) Do you have any other thoughts on how Canada could attract or keep its
6/9/2025 16:29:08	I am a resident of Canada	I work in healthcare in Canada	I reside in Ontario and work full time in Ontario	I work in Ontario so this survey doesn't apply to me at all. I work and reside in Ontario Canada	Don't know	Doesn't matter	Doesn't matter	Don't know	Your survey doesn't apply to me as I work fulltime in Ontario Canada and the	
6/9/2025 16:02:08	I am a resident of Canada	I worked in the US, currently work in Canada, but for	Compensation, work/life balance, availability of full-time positions & CTO benefits	Ability to leave healthcare, full-time work, flexibility in scheduling	It is a little difficult because there is some red tape	A job that is unlicensed	A government health care facility	It is worse than what I have seen in the United States	Offer more medical/lifestyle benefits to workers despite their work-related tra	
6/4/2025 14:00:51	I am a resident of Canada	Previously and intentions to return	Work-life balance	Unfortunately not much	Don't know	A job that is unlicensed	Doesn't matter	It is worse than what I have seen in the United States		
6/9/2025 14:58:23	I am a resident of Canada	Work remotely in Canada for US hospital	Multiple reasons, work where I am interested in not where I have enough autonomy, work balance,	Work balance, compensation where I want to work, not just a job	It is very difficult because there is a lot of red tape	A job that is nonunionized	Doesn't matter	It is worse than what I have seen in the United States	Canada needs desperately to re-invest in its infrastructure. Add diversity in g	