# Strengthening Nurse Retention in Manitoba: Evidence, Leadership and Action

Sonia Udod, RN, PhD

**Saskatchewan Nurse Retention Forum**

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# Outline

Why retention matters

Nurse Retention in Manitoba

Innovative Shifts in Thinking & Actions

*"What can healthcare organizations do today to make Saskatchewan a place where nurses choose to build and sustain their careers?"*

# Why Nurse Retention Matters

- "40 out of 100" trend where approximately **4 in every 10 young nurses** leave the profession (Sandler, 2018, MEI, 2025)
- Between 2018 and 2023, SK **lost 526 rural and remote RNs** greatly diminishing community healthcare access (CBC, January 2025)
- In MB findings suggest that approximately **57 nurses** are lost for every 100 hired between 2024 and 2025 (Tate, 2024)
- **117,600** nurses needed in Canada by 2030

# Op Ed for Politicians

**Udod, SA,** Chapman, L, Cummings, G, & Warren, M. (2026, April 22). A system that can't keep nurses can't keep patients safe. *The Hill Times*. https://www.hilltimes.com/2026/04/22/a-system-that-cant-keep-nurses-cant-keep-patients-safe/500281/

# A system that can't keep nurses can't keep patients safe

**Experienced nurses are cutting back hours, changing roles, or leaving the profession not because they care less, but because care environments have become untenable.**

Sonia Udod, Leigh Chapman, Greta Cummings & Monika Warren

Opinion

Near the end of a long shift, a nurse finishes charting after caring for more patients than is safe—while the next shift is already short-staffed. This isn't an exception; it's the new normal across Canada. The core issue is not supply alone; it's a system that cannot retain nurses in conditions that protect patients.

Across provinces, experienced nurses are cutting back hours, changing roles, or leaving the profession—not because they care less, but because care environments have become untenable. The default response—train and recruit more nurses—ignores the systemic leakage already draining the workforce. Chronic understaffing drives unsafe workload, exposes nurses to workplace violence, and fuels emotional exhaustion and burnout. Add growing patient complexity and the steady creep of non-nursing tasks, and "working short" becomes normalized.

## Why retention is failing

Nurses are being asked to carry more clinical risk with fewer resources, while policy responses prioritize visible, short-term fixes such as recruitment drives, and expanded program seats. These steps may increase headcount, but they do not fix the conditions that push nurses out: unsafe staffing, avoidable administrative burden, limited supports, and the moral distress of providing care below an acceptable standard. New graduates then enter environments where the gap between education and reality is immediate—without consistent mentorship, stable teams, or protected time to develop.

Retention will not improve until leaders treat working conditions as core infrastructure for safety and quality, measure them transparently, and act on what nurses report.

## Cost of inaction

The consequences are already visible: emergency department disruptions, surgical backlogs, longer waits, and fragmented care that increase risks for patients and families. Financially, the system pays twice—through overtime, sick time, turnover, and expensive agency staffing—while losing the continuity that keeps care safe. Most critically, when experienced nurses leave—through retirement, disability, or career change—the system loses clinical judgment, leadership on the unit, and mentorship for new nurses. That expertise is not quickly or cheaply replaced.

## Call to action

A multi-pronged approach to the nursing shortage with a focus on retention as a central pillar of the health workforce strategy can provide the highest yield—it is faster, cost-effective, and immediately impactful. Retention requires targeted investments in the work environment. Flexible scheduling, access to mental health support, and meaningful opportunities for career development can significantly improve job satisfaction.

Retention will not improve until leaders treat working conditions as core infrastructure for safety and quality, measure them transparently, and act on what nurses report, write Sonia Udod, Leigh Chapman, Greta Cummings, and Monika Warren. *Photograph courtesy of Pexels*

The Nursing Retention Toolkit developed under the leadership of Dr. Leigh Chapman, chief nursing officer of Canada offers eight themes with practical tools and example initiatives that employers can use to support nurse retention. Using the Toolkit as a foundation, our research team was funded to develop a nurse retention framework for hospital sustainability for Manitoba. A workshop held in Winnipeg in November 2025 engaged stakeholders, including front-line nurses, in using these themes as a foundation to identify retention strategies that may be most effective and appropriate for the Manitoba context. Our results emphasized the need for system-level strategies such as improved communication, visible leadership, mentorship, and flexible scheduling for work-life balance, and we are now determining the feasibility of an intervention for nurse retention. In addition, Manitoba developed a unique staffing model that enables nurses to work as provincial travel nurses within Shared Health, offering flexible placements and supported orientation, strengthening staffing across public, rural, and remote care settings.

Canada's health system does not lack dedicated nurses. It risks losing them. Our call to action is to invest in keeping the nurses we have—by making their work sustainable, respected, and supported, we can begin to rebuild a system that attracts and retain them. Until governments confront the reality that retention is a patient safety issue, not just a workforce metric, the cycle will continue.

*Sonia Udod is an associate professor in the College of Nursing at the University of Manitoba, and principal investigator, LEAD Outcomes Research Program.*

*Leigh Chapman is chief nursing officer of Canada.*

*Greta Cummings is a professor in the Faculty of Nursing at the College of Health Sciences with the University of Alberta. She is also principal investigator of the CLEAR Outcomes Research Program, and emeritus dean of the university's Faculty of Nursing.*

*Monika Warren is chief nursing officer of Shared Health in Manitoba, and also serves as the chief operating officer of the Health Sciences Centre in Winnipeg.*

*The Hill Times*

# Co-Creating a Nurse Retention Framework for Hospital Sustainability in Manitoba

- The **primary aim** was to collaboratively identify priority needs and co-create knowledge mobilization strategies to improve nurse retention in MB hospitals
- **How We Got Here?**
  - **Nursing in Canada was in a crisis** before the WHO declared a global pandemic in March 2020
  - Private nursing agencies filled vacant shifts costing the MB government **$75.3 million** in the 2023-2024 fiscal year

# Co-Creating a Nurse Retention Framework

- 3 Rs of nursing workforce sustainability: *retain and support, return and reintegrate,* and *recruit and mentor* (Ahmed & Bourgeault, 2022)

**Phases:**

- 2 to 1 Day Forum November 10, 2025
- Virtual Meeting April 1, 2026

# Key Preparatory Actions

- Evidence informed, engaging and action-oriented
- Engage stakeholders and be mindful of schedules
- Disconnect and lack of trust between leaders and nurses
- End with a clear action and plan

# Forum

- Understanding current challenges of the workforce
- Identifying what keeps nurses engaged
- Exploring retention strategies
- Building a shared vision for nurse retention –Imagining the Ideal Workplace

# Forum Findings: Keeping Nurses Engaged

- Feeling valued and support
- Strong communication
- Meaningful work
- Professional growth opportunities
- Mentorship and connection
- Worklife balance

# Forum Findings: Exploring Retention Strategies

- Sustainable feedback systems
- Strong mentorship culture
- Professional development
- Leadership presence
- Recognition and incentives
- Training managers and self scheduling workplace safety

# Forum Findings: Ideal Workplace

"A happy, healthy, and skilled workforce"

# Virtual Meeting

- Support a priority intervention for nurse retention
- Breakout groups, 3 people/group
- Developed template to populate
- Ideas: specific manager training, flexible education sessions, shared model of care, and mentorship
- Preparing an intervention study on mentorship
- Send summary to stakeholders and provide update in the Fall

# ***Shift in Thinking and Actions***: Retention as a Patient Safety Issue not a Labour Issue

- **How** organizations influence retention
- Move the conversation from "filling vacancies" to "how do we create healthcare organizations where nurses can build long and meaningful careers?"
- The role of nurse leaders in shaping healthy work environments
- Organizational trust as a retention strategy
- Retention as an indicator of organizational health
- Moves conversation from individual deficit to organizational accountability and redesigning systems

# ***Shift in Thinking and Actions***: Generational Transformation of Nursing Workforce

- **How** the workforce is changing
- Gen Z (1997-2012) have different expectations: meaningful work, professional development, nontraditional career pathways, flexibility, transparent leadership, psychological safety, mentorship
- Reframing to "staying in the profession"
- Applying outdated retention strategies designed for previous generations of nurses

# ***Shift in Thinking and Actions***: Belonging as Canada's Next Workforce Strategy

- **Why** nurses choose to stay
- Psychological safety and inclusion
- Creating cultures where nurses feel valued and heard
- Workplace relationships and team cohesion
- Indigenous, internationally educated, and early-career nurses' experiences
- Innovation focuses on relationships

# Conclusion

- Shifting the conversation from "How do we fill vacancies?" to "How do we create healthcare organizations where nurses can build long and meaningful careers?“
- Nurse retention is essential to sustaining Saskatchewan's healthcare system
- Healthy work environments and supportive leadership are critical retention factors
- Targeted investments in rural nursing supports and early-career mentorship can strengthen workforce stability

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Thank you for listening!

**sonia.udod@umanitoba.ca**

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