

Wicked Problems: Impact of Agency Nurses on Staff Morale and Retention in Vancouver

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HLTH5200: Canadian Healthcare System

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September 26, 2025

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The impact of agency nurses on staff morale and retention in Vancouver represents a complex and multifaceted wicked problem within the health care system. Although agency nurses have been a part of the health care system for many years, there was an influx in response to staffing shortages during the COVID-19 pandemic and the reliance on private nursing agencies has become a persistent feature of hospitals and long-term care (LTC) facilities (Canadian Federation of Nurses Unions, 2022). Addressing this problem is particularly challenging because it stems from long-standing systemic nursing shortages, escalating operational costs, and workforce dynamics that affect team cohesion, staff well-being, and patient care quality. Key challenges surrounding this topic include financial strain from agency contracts, compromised continuity of care, challenging work environments, heightened risk of burnout, and potential staff turnover, all of which threaten the sustainability and effectiveness of Vancouver's health care system and the overall morale of current Vancouver nursing staff (Almost, 2024; British Columbia Nurses Union, 2025). This outline explores why the impact of agency nurses on staff morale constitutes a wicked problem, examines the populations most affected by staffing practices, and analyzes the external factors contributing to the issue. Finally, four potential solutions will be discussed to mitigate the challenges associated with agency nurse reliance and disparities, aiming to improve staff morale, retention, and overall health care system sustainability.

What Makes it Wicked?

The impact of agency nurses on staff morale and retention in Vancouver exemplifies a wicked problem, defined by its interdependent causes, far-reaching consequences, and lack of a definitive solution. Agency nurses are necessary to fill staffing gaps however their employment creates new challenges, including pay inequities, heavier workloads for permanent staff, and disruptions to workplace culture (Almost, 2024). Their role in Canadian health care predates the COVID-19 pandemic, but reliance expanded sharply during this period as a temporary response to critical shortages. This dependence has since persisted, compounding systemic issues such as chronic nursing vacancies, escalating costs, and workforce tensions that undermine cohesion, well-being, and patient care quality (Almost, 2024).

The wicked nature of this issue is evident in the interconnected factors that sustain it. Staffing practices, organizational culture, and labor market shortages converge with conflicting stakeholder priorities among management, permanent staff, unions, and agency workers (British Columbia Nurses Union, 2025; Almost, 2024). Compounding this, healthcare staffing needs are highly dynamic, shifting with seasonal illness, pandemics, and attrition, making static policy responses inadequate (Institute for Health Economics, 2024). Reducing agency reliance may strengthen morale but risks limiting patient care capacity, while continued dependence may hinder long-term reforms such as policy initiatives and expanded training for permanent staff (British Columbia Nurses Union, 2025). Addressing this challenge requires coordinated, adaptive strategies across governments, health systems, unions, and educational institutions, underscoring its inherently wicked nature (Institute for Health Economics, 2024).

Population

The population most affected by the introduction of agency nurses in Vancouver hospitals are permanent nursing staff and other frontline professionals who provide consistent, long-term patient care. This group ranges from early-career nurses in their 20s to experienced staff in their

50s and 60s and is overwhelmingly female, reflecting the national nursing workforce (Wu et al., 2025). In Vancouver, registered nurses earn an average annual salary ranging from \$76,730 and \$133,975 in Canadian dollars (ERI Economic Research Institute, 2025). These earnings place many nurses within the national middle-income bracket, generally defined as \$52,875 to \$141,000 Canadian dollars (Maimann, 2025). This middle-income bracket does not take into account the exorbitant costs of living in Vancouver, which is now considered the fourth most expensive city to live in in the world (Schuermann, 2025).

The heavy reliance on agency nurses directly affects permanent staff, who often must absorb additional work orienting temporary staff and filling care gaps, stretching them beyond their regular duties. This dynamic contributes to role conflict, job dissatisfaction, and heightened emotional and physical stress. Research links unstable staffing and high turnover to lower morale, increased burnout, and declining mental health among nurses (Lasater et al., 2025). Patients and families are also indirectly impacted through reduced continuity of care, while the broader healthcare system faces higher costs and organizational strain when agency staff are used as a long-term solution rather than a temporary fix (British Columbia Nurses Union, 2025).

Context

The impact of agency nurses on staff morale and retention in Vancouver represents a complex “wicked problem” shaped by historical, systemic, and contextual factors. Vancouver is a diverse metropolitan area with hospitals and LTC facilities serving immigrants, Indigenous peoples, and an aging population which increases complexity for individualized patient-centered care (Government of Canada, 2022). Healthcare institutions in Vancouver, much like the rest of the province, have faced persistent nursing shortages exacerbated by high turnover, limited local nursing school capacity, and the COVID-19 pandemic (Almost, 2024).

These shortages have compelled health authorities in Vancouver to increasingly rely on private nursing agencies, which provide flexibility to cover shifts but often disrupt team cohesion and workplace culture, contributing to permanent staff feeling undervalued, overworked, and demoralized (British Columbia Nurses Union, 2025; Berg Jansson & Engström, 2018). Financial and policy constraints further complicate the situation; while agency nurses are often more expensive on an hourly basis, hospitals must balance budget pressures, safe patient-to-nurse ratios, and union agreements, all while attempting to maintain quality care (Almost, 2024). The cost and prevalence of agency nurses in Vancouver has only been increasing, with statistics stating that Vancouver Coastal Health spent \$5.7 million in the 2019-2020 fiscal year and \$43 million in 2024-2025 spent towards private nursing agencies in order for hospitals and LTC care facilities to continue to be operational (Daflos, 2025). Institutional resources, including professional development programs and retention initiatives, are available but limited by workforce shortages and high vacancy rates of over 5,000 across the province (British Columbia Nurses' Union, 2024a).

British Columbia has yet to implement significant provincial policy changes regarding agency nursing. In contrast, Manitoba is phasing out its reliance on for-profit nursing agencies by cancelling existing contracts and introducing a request for proposals (RFP) process to select more regulated providers, with the goal of improving working conditions and strengthening patient care within the public system (Government of Manitoba, 2024). Similarly, Quebec has passed legislation to ban for-profit nursing agencies by the end of 2024 in major cities and by the end of 2025 in rural regions (Government of Quebec, 2025).

The historical reliance on temporary staffing has created complex systemic challenges: reliance on agencies offers short-term relief but discourages long-term policy solutions such as increasing nursing program enrollment or expanding permanent positions, thereby perpetuating cycles of burnout and attrition (Almost, 2024; Canadian Federation of Nurses Unions, 2022). Combined with Vancouver's growing population and unpredictable healthcare demands, these developments highlight why the impact of agency nurses on staff morale and retention remains persistent and resistant to simple solutions (Institute for Health Economics, 2024; Almost, 2024).

Solutions

Solution 1: 80/20 Professional Development Model led by Simone Ye

One solution to address reliance on agency nurses and its negative effects on staff retention and morale is the 80/20 professional development model. In this approach, nurses spend 80% of their time providing direct patient care and 20% on professional growth activities. Professional development activities may include continuing education or certification courses, engaging in mentorship, participating in research and quality improvement projects, taking on leadership or committee roles, and exploring nursing theories and evidence-based practice.

Nurses at all career stages view ongoing professional development as essential. Early career nurses highlight the need for training to ease workplace transitions, while mid to late career nurses value lifelong learning to maintain competence and deliver quality care. Development opportunities have been linked to improved job satisfaction, retention, and patient outcomes, particularly in supportive environments that invest in continuous growth. The 80/20 professional development model has been shown to enhance care alignment with patient priorities, increase meaning in work, and foster staff engagement. Reported outcomes include reduced absenteeism, lower overtime, sustained professional development, and higher staff satisfaction, with some programs achieving zero turnover by their second year. By structuring time for growth, the model supports recognition and reduces reliance on agency nurses (Price & Reichert, 2017; Bournes & Ferguson-Paré, 2007).

The University Health Network's Peter Munk Cardiac Centre (PMCC) in Toronto is currently trialing an 80/20-style professional development program. While outcomes are still being evaluated, preliminary feedback is promising. Nurses, particularly younger and internationally educated staff, reported reduced anxiety, increased confidence in navigating hospital policies, stronger feelings of support and belonging, and renewed engagement in professional activities after pandemic-related burnout (American Association of Critical-Care Nurses [AACN], 2025). Successful implementation depends on aligning the model with institutional goals through nursing leadership, securing funding to support staffing adjustments, involving nurses at all levels in program design, and leveraging peer recommendations to encourage participation.

Solution 2: Financial Incentives led by Sarrah Welch

Another strategy to improve staff morale on units with a high prevalence of agency nurses is to decrease reliance on temporary staff by strengthening permanent staffing ratios. This can be achieved by encouraging agency nurses to transition into permanent roles or by attracting

nurses from other regions. In British Columbia, financial incentives have already been implemented to encourage this shift, with promising effects for unit morale and cohesiveness. For example, the BC Ministry of Health committed \$169.5 million in one-time funding for recruitment and retention initiatives to support minimum nurse-to-patient ratio (mNPR) implementation and promote retention (Government of British Columbia, 2024). Under this funding, signing bonuses of up to \$15,000 are offered to nurses who accept permanent positions with GoHealth BC, with similar incentives available for difficult-to-fill urban and rural hospital roles (British Columbia Nurses' Union, 2024b). The Provincial Rural Retention Incentive (PRRI) provides eligible nurses in approximately 74 rural or remote communities up to \$2,000 per quarter, or \$8,000 annually, for permanent positions (British Columbia Nurses' Union, 2024b). Vancouver Coastal Health also offers relocation assistance of \$5,000 and additional incentives tied to 24-month return-of-service commitments for permanent vacancies in priority units (Vancouver Coastal Health Authority, 2025). These measures help reduce wage disparities between agency and permanent work, making the latter more financially attractive, and represent a viable strategy to combat the wicked problem of agency nursing's impact on staff morale and retention in Vancouver. As more agency nurses transition into permanent roles, units gain greater stability, consistent team membership, predictable scheduling, and stronger professional relationships, all of which are proven to enhance morale and cohesiveness (Lasater et al., 2025). Sustained investment in these financial incentives, paired with ongoing support for workplace well-being, will be critical to ensuring that Vancouver hospitals not only recruit permanent nurses but also foster long-term retention, ultimately creating healthier, more cohesive care environments for both staff and patients.

Solution 3: Alternative Staffing Models & Scheduling led by Sanj Nagra

A third solution to alleviate nursing shortages and improve unit morale would be developing alternative staffing models and revising traditional shift work rotations to provide permanent nurses with more flexibility for scheduling likewise to agency nurses, resulting in staff retention and job satisfaction. Many agency nurses elect to stay employed with agencies because it allows them to have control over their schedules and the ability to choose when and where they want to work (Chou, Failla, Skorka, & Fangonil-Gagalang, 2025). A contributing factor to turnover in nursing is 12 hour shifts (rotations), working overtime, weekends and nights which is not conducive for work life balance, family life and leads to job dissatisfaction (O'Brien-Pallas, Duffield, & Hayes, 2006). To add, many nurses who also have children reconsider careers due to rigid schedules with minimal flex options, and the lack of childcare options/associated costs, adding to the shortage (O'Brien-Pallas et. al., 2006). Creating alternatives such as Seasonal Nurses who work for 3-4 months, being creative with current full time equivalent positions, job sharing, and creating blended roles will allow permanent staff to have scheduling options similar to agency nurses—will improve morale and is a feasible option for organizations.

A great example of alternative staffing models is Manitoba's Provincial Travel Nurse Team (PTNT) created by the provincial government and Manitoba's nursing union. PTNT was

created during the pandemic in response to nursing shortages in rural and remote areas. It employs provincially hired nurses who travel to remote/rural areas to provide coverage (as agency nurses would), it offers more flexible schedules, employment options and benefits (housing/mileage) similar to those offered to agency nurses and additionally provides health care benefits/pensions and continuing professional development (Warren & Sneath, 2024). PTNT has shown success; with currently 175 employed nurses and plans to expand up to 400 PTNT positions (Warren & Sneath, 2024). Research supports agency nurses elect to stay in their positions due to flexible scheduling and work life balance, it also reflects permanent nurses are electing to leave the nursing field due to the rigidity and inflexibility of scheduling. Therefore, BC's provincial government, healthcare administration and unions should work together to develop alternative staffing models & revamp shift work rotations to include: self-scheduling, job sharing, lines with options (flex, adjusting start times) allowing for work life balance, conducive scheduling for family life and working parents, resulting in increased job satisfaction/morale and recruitment & retention of permanent staff.

Solution 4: Improve Orientation and Consistency of Agency Nurses led by Monica Nagra

Nursing shortage has been an ongoing concern for many years now ; therefore the need of agency nurses will always be existent. The nursing field demands specific skills that are high in demand with a limited workforce supply (Shepherd et al, 2024). A fourth solution to improve the impact of agency nurses towards staff morale is to have a specific orientation program for agency nurses which may encourage agency nurses to renew or extend their contracts with the organization allowing employers to be able to use the same agency nurses who are familiar with the site. As per Shepherd et al (2024), typical complaints about agency nurses are that they have rushed orientations with limited training and are only at the site for a short time and therefore do not possess any loyalty to the healthcare facility. Improved orientation may assist agency nurses to take the health organization and unit policies and guidelines more seriously. The consistency of having the same agency nurses coming to the specific unit or site improves continuity of care and staff to become more familiar and welcoming of these nurses. Regular nursing staff have voiced concerns that there is decreased accountability from agency nurses and there have been issues regarding patient safety because agency nurses do not always follow hospital processes and take shortcuts instead (Chou et al, 2025). From an agency nurse's point of view, the absence of a structured orientation, not having a written orientation package and not knowing how to use certain equipment can impact an agency nurse's confidence in an unfamiliar clinical setting which then leads to a lack of effective delivery of patient care (Birmingham et al, 2019). An effective orientation program for agency nurses set up by the Clinical Nurse Educator reviewing the facility/ organization's policies, protocols, guidelines, role expectations and critical information needed to successfully work at the site will benefit the morale for agency nurses and improve patient care. That could be followed by buddy shifts based on the kind of shifts the agency nurses will be working and during those shifts, the agency nurses can be provided a checklist of what they need to focus on learning on the unit. In addition, agency nurses should also be encouraged to access the health organizations education modules and resources (online, CNE, etc.)

which may assist them in successfully adapting to what their role expectation is within the unit/facility.

Chou et al (2025) states that some nursing leadership staff noted that some agency nurses lacked the same performance levels as permanent staff and felt that the agencies' screening of nurses was inadequate which made them perceive agency nurses as "you not knowing what you were getting, while some hospitals experienced that there was a benefit of using agency nurses as they came with experience and expertise from working in different environments. A thorough orientation tailored to the specific organization and unit agency nurses are covering along with better screening and consistency of nurses from reputable agencies could improve staff morale and milieu between regular staff and agency nurses.

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