The Impact of Travel Nursing on Patient Outcomes and Healthcare Sustainability in Canada

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Abstract

Travel nursing in Canada has expanded rapidly since 2020 as a strategy to address staffing crises, yet its impact on care quality remains contested. This paper examines how the continually increasing use of travel nurses compared to units staffed exclusively by permanent nurses affects patient outcomes, hospital economics, safety, teamwork, and continuity of care. Drawing on recent Canadian and international literature, the analysis situates travel nursing within Donabedian's (1988) Structure-Process-Outcome model to distinguish the effects of nurse employment status from underlying system factors such as staffing ratios, work environment, and onboarding practices. Evidence suggests that many adverse outcomes attributed to travel nurses are more strongly associated with inadequate staffing, high workload, and poor organizational culture. At the same time, heavy reliance on travel contracts introduces ethical and economic concerns, including wage disparities, team cohesion tensions, and operational inefficiencies. The paper concludes that travel nursing is an important but unsustainable compensatory mechanism, and that improving retention, staffing models, and workplace conditions is essential to optimize its role in a resilient Canadian nursing workforce.

Introduction

Travel and agency nursing has played a vital role in Canadian healthcare. Although travel and agency work has been prevalent since the 1990s, there has been a 40% influx in travel nursing since 2020 (SpeedStaff, Inc., 2025) primarily due to systemic deficiencies exposed at mass extremes during the COVID-19 pandemic and the years following. Here, travel nursing emerged as a crucial strategy to address temporary staffing shortages (Chou et al., 2025). Although travel nurses provide flexible solutions to concerns of staffing, relevant experience, and diverse unit perspectives, questions arise regarding how their prior knowledge will translate in new environments. Specifically, what effects do temporary nurse contracts have on patient outcomes, hospital economics, safety, teamwork, and continuity of care? This essay will examine how the rapid increase of travel nursing compared to units with exclusively permanent staff affects the standard of care.

Background and Literature Review

The available Canadian literature on outcomes in units with versus without travel nurses is complex and inconclusive, hindering a concrete review. Vander Weerdt et al. (2023) conducted a systematic review finding no significant difference in patient care between travel nurses and permanent staff in 61% of the studies, while 31% reported adverse effects, including increased falls, pressure ulcers, medication errors, nosocomial infections, and decreased patient satisfaction. Only 8% of the studies reported benefits with the addition of agency nurses. Many of the adverse outcomes were reduced once systemic factors such as inadequate staffing, poor communication, and work environment shortcomings were noted and addressed (Snavely,

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2023; Vander Weerdt et al., 2023), suggesting that structural issues, rather than the presence of travel nurses, may be the primary driver of poor patient care. Senek et al. (2020) similarly found that the likelihood of care being missed increased as the quantity of temporary contract nurses rose. Although these findings may appear contradictory, they are complementary: Senek et al. (2020) demonstrates how the presence of temporary staff may hinder care delivery, while Vander Weerdt et al. (2023) broadly concludes that insufficient staffing levels and elevated workload strain significantly shape patient outcomes. Donabedian's (1988) Structure-Process Model further supports these findings by illustrating how structural elements (such as staffing levels, nurse-patient ratios, communication practices, and the overall work environment) significantly impact the care process (Vander Weerdt et al., 2023). Beauvais et al. (2024) reiterate the perceived nuance between studies, similarly noting that although travel nurses may lack familiarity with their worksites, their challenges often reflect deeper organizational issues such as poor retention, resource limitations, and temporary staff-reliant work environments. Collectively, the literature indicates that systemic deficiencies, rather than the status of nurses as temporary or permanent, are central to variations in continuity of care, satisfaction, and overall patient outcomes.

Although the healthcare workforce and system are inherently costly, the operational and economic impact of travel nurses highlights concerns regarding efficiency and patient safety. Ilya et al. (2024) conducted a retrospective review of 947 total hip arthroplasties (THAs) to compare the economic impact of travel staff versus permanent staff operating room (OR) efficiency, as well as the supply cost per THA. It became clear that among OR staff, permanent staff were more effective in minimizing costs and increasing efficiency compared to a combination of temporary and permanent staff, which significantly impacted OR times, supply costs, and surgical costs per THA. However, it is essential to note that the findings obtained by Ilya et al. (2024) were gathered from a single hospital, which limits their generality. In contrast, Chou et al. (2025) highlights the advantages of travel nurses during surgical cases, surveying and interviewing nurse leaders to assess the impact of travel nurses. Due to travel nurses' flexible scheduling, they can increase surgical volume by responding to more surgical cases, thereby stabilizing revenue generated. Ethical concerns arise when the use of travel nurses may compromise patient outcomes, prompting inquiry about whether hospitals prioritize revenue over patient safety. Economic issues beyond organizational profit directly affect travel nurses: nurse leaders perceive travel nurses as competent yet less accountable, fueling frustration as temporary staff perform duties similar to those of permanent staff despite receiving higher wages (Chou et al., 2025). Beauvais et al. (2024) similarly found that wage gaps create discontent among permanent full-time nurses and recommend strategies such as competitive pay and tuition reimbursement to support retention. Collectively, the literature suggests that although an increased salary for travel nurses can alleviate staffing shortages, it also raises ethical concerns, diminishes morale, and weakens workplace cohesion, all of which thereby negatively impact patient outcomes (Chou et al., 2025; Beauvais et al., 2024).

Issue Analysis

In travel nursing, a significant advantage is its impact on burnout. Recent Canadian mixed-methods data show a systematic strain, particularly concentrated among frontline workers such as nurses (Ziemann et al., 2023). Almost (2024) indicates that nurses continue to experience

extremely high levels of burnout, characterized by workload strain, high levels of emotional exhaustion, and low-staffing levels especially on high-acuity units. Travel nursing offers an alternative work structure that provides greater autonomy in scheduling, unit choice, and potential reprieve between contracts. For many nurses, this model reduces emotional exhaustion by allowing them to temporarily cease working and create a schedule that aligns with their personal needs. Overall, this alternative form of nursing can offer competent, experienced nurses a model that enables them to remain in the profession during times of burnout, rather than leaving the profession entirely, thereby contributing as a short-term solution for retention (Singh et al., 2024).

In addition to supporting individuals, travel nurses play a necessary role in maintaining overall patient safety. The aftermath of COVID-19 has led to systematic inequities in Canadian healthcare facilities which have increasingly relied on temporary staff to maintain safe nurse-to-patient ratios and reduce staff overtime (Canadian Institute for Health Information, 2023). The Almost (2024) suggests that poorer patient outcomes are more positively correlated with poor work environments than with the status of nurses as temporary or permanent. Staffing shortages have caused surges in preventable harm; therefore, when travel nurses are properly oriented and integrated into a team, the literature shows that their presence positively impacts patient outcomes by reducing the workload burden on permanent staff (Seida et al., 2024). Travel nurses' ability to rapidly mobilize into high-demand units supports the continuity of healthcare services, particularly in remote or underserved areas where recruitment of permanent staff remains deficient.

Beyond the clinical environment, the growing reliance on travel nursing also influences policy, education, and long-term health system planning. From a policy standpoint, travel nurses function best as part of a coordinated surge-capacity strategy that helps stabilize the workforce during times of crisis, rather than serving as a replacement for permanent staffing. The presence of temporary contract workers (travel and agency staff) identifies urgent gaps in the healthcare system, including unsafe workloads, inadequate staffing ratios, and a lack of standardization in recruitment and retention strategies (Health Canada, 2024). When effectively supported, travel nurses can strengthen teams by reducing overtime, improving morale, and enabling permanent staff to provide more consistent and higher-quality care (Canadian Institute for Health Information, 2023). These effects are consistent with Canadian research demonstrating that inadequate staffing (specifically high patient-to-nurse ratios) contributes to poorer patient outcomes, increased mortality, and greater nurse burnout, as shown in a large-scale observational study in British Columbia hospitals (Lasater et al., 2025).

However, the use of travel nurses in hospital units also has significant drawbacks that can affect the standard of nursing care and patient outcomes: in comparison with units that do not have travel nurses, there is a decreased standard of care in units that rely heavily on agency staff. For example, hospital units employing travel nurses score lower on the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) survey (Beauvais et al., 2024). Low scores on this assessment indicate poor interpersonal communication and ineffective patient pain management, suggesting a lower overall quality of patient care. Travel nurse skill sets and experience can vary as some agencies hire nurses who only meet the minimal regulatory standards. When nurses with minimal experience and limited skills are rotated to

acute units without proper orientation, patient care becomes inconsistent, thereby decreasing nursing practice quality (Beauvais et al., 2024).

Hypothetically, there may be safety risks associated with bringing new staff onto a unit who have not completed a site-specific interview process. Agencies require a thorough background check, but the assigned hospitals have no certainty if the incoming travel nurse will be a good fit for their unit or can be trusted with the care of multiple patients. Also, units that employ larger amounts of temporary staff demonstate higher rates of surgical complications including pressure ulcers, pulmonary embolisms, and deep vein thrombosis (Pittman et al., 2025). A key contributor to these outcomes is unfamiliarity with the clinical environment. When travel nurses are not properly oriented to their assigned sites, it can lead to missed cues and communication breakdowns within the team (Beauvais et al., 2024). The onboarding process itself is complex, when disorganized, it can disrupt workflow and create operational challenges for unit managers (Bethel et. al, 2019). Additionally, there is increased liability with the lack of orientation, such as being unaware of the location of a blood bank or pharmacy (Bethel et al., 2019).

The use of travel nurses may also be an operational burden to hospital units. Some agency staff may avoid reviewing protocols altogether and may also require additional supervision or be assigned fewer patients. Travel nurses also earn significantly higher wages than their permanent staff counterparts. The Office of the Assistant Secretary for Planning and Evaluation (2022) found that during the COVID-19 pandemic, some were paid up to $20,000 per week. Such a pay disparity leads many permanent staff to pursue travel contracts, exacerbating the nursing shortage and complicating retention (Ziemann et al., 2023). Such literature inquires: is it fair that travel nurses earn more than permanent staff for performing the same duties?

Future Implications

The demand for travel nurses is expected to grow exponentially. The World Health Organization anticipates a shortage of 5.7 million nurses worldwide by 2030 (Wang et al., 2024). Canada is expected to require an additional 100,000 nurses in the same timeframe (Baumann & Crea-Arsenio, 2023). This widened gap is likely to increase reliance on agency nurses, particularly as burnout and pay disparities motivate more permanent nurses to pursue contracts for higher compensation and better work-life balance. At the same time, evolving immigration policies and technological innovations are expanding the scope of travel nursing internationally. For example, the EU's revised Blue Card system allows nurses to work in member nations for up to three months (Make it in Germany, n.d.), and the travel nursing market in Asia continues to grow (Worldwide Market Reports, 2025). Advances in telehealth further enable travel nurses to provide remote triage or consultation services for rural sites (AAG Health Group, 2025), while artificial intelligence is streamlining the onboarding process through automated document verification (Supplemental Health Care, n.d.). Nursing leaders in Canada are trying to improve working conditions to promote retention and reduce dependence on agency nurses to reduce the cycle of nurse turnover and agency nurse employment. Governments and healthcare authorities recognize this cycle, Canadian nursing regulations are changing, and provinces are cracking down on travel agencies: the BC Nurses' Union (n.d.) has introduced minimum patient

ratios to ensure safer staffing and prevent burnout and errors (BCNU, n.d.). In Nova Scotia, travel nurses are limited to working six months per year (Henderson, 2023).

Conclusion

The literature clearly underlines that the debate of travel nursing and patient outcomes is shaped by broader systemic issues within the healthcare system: it is far more complex than only comparing temporary and permanent staff models. Although concerns exist around efficiency, safety, and staff integration, travel nurses are a valuable asset who help to address staffing shortages and reduce burnout among frontline staff. Ethical issues such as wage disparities, healthcare revenue priorities, safe nurse-to-patient ratios, and patient outcomes further reveal underlying problems in staffing ability, onboarding processes, and workload expectations. Rather than viewing travel nurses as the source of these challenges, the literature highlights larger systemic gaps to argue that the continued reliance on travel nursing is not sustainable in its current capacity. Travel nursing is likely to continue shaping the future of the profession, and its growing presence highlights the need for improved retention strategies, supportive work environments, and equitable staffing models. By addressing these systemic issues, travel nurses can remain a valuable resource, enhancing workplace and personal flexibility, strengthening team capacity, and maintaining continuity of care. Understanding these dynamics is essential for fostering a healthier, more resilient nursing workforce in future years.

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