Formal Care Workforce

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Overview

• Who are the formal care workers?

• What are the caring conditions in long-term care (LTC)?

• What conditions do we need to improve?
Who are the formal care workers?
…on the frontlines

• Professionals:
  ◦ Registered Nurses
  ◦ Social Workers
  ◦ Occupational / physical therapists
  ◦ Physicians

• Non-professionals:
  ◦ Care aides / personal support workers (PSWs)
  ◦ Dietary aides
  ◦ Recreation Therapists
Workforce Composition

• 186,483 full-time equivalent personnel in “homes for the aged” (Statistics Canada – 2009/10, Table 107-5505)

• Most care workers work part-time and are women

• More men entering care work

• Increasing proportion are immigrants
Caring Conditions in LTC
Caring Conditions

• Workforce is:
  ◦ Growing
  ◦ Aging

• Doing “double shift” by providing care on the job & at home

(Statistics Canada – 2009/10, Table 107-5505)
Caring Conditions

• Often **low status, fast paced & low autonomy** work

• Staff are routinely exposed to:
  - Low **staffing levels**
  - **Distress**
  - High rates of **illness & injury**
  - High rates of **violence**
Example: “Aggressive Behaviours”, by Province

Continuing Care Reporting System, 2011 - 2014
Caring Conditions

• Result in:
  • Job strain
  • Burnout
  • Lack of continuity with job turn-over
  • “Care Gap”
Improving LTC
We know the existing formula…

...and it doesn’t work
Example: Ontario Staffing Levels

Hours per resident per day (hprd)

- 2007 Ontario nursing + personal care staffing: 3.12
- Expert Recommended: 4.55
Canada and **Sweden** are two rich countries with very *different* approaches to LTC

<table>
<thead>
<tr>
<th></th>
<th>Canada</th>
<th>Sweden</th>
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<tbody>
<tr>
<td><strong>Ratio LTC FTE / 80+ in population</strong></td>
<td>13.5</td>
<td>33.2</td>
</tr>
<tr>
<td><strong>Spending (% GDP)</strong></td>
<td>1.3%</td>
<td>1.8%</td>
</tr>
<tr>
<td><strong>Staffing intensity: Frontline staff to residents</strong></td>
<td>↓</td>
<td>↑</td>
</tr>
<tr>
<td>% private rooms</td>
<td>↓</td>
<td>↑</td>
</tr>
<tr>
<td><strong># residents / unit</strong></td>
<td>25 - 30</td>
<td>8 - 10</td>
</tr>
<tr>
<td><strong>Composition of workforce (estimates):</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Registered Nurses</td>
<td>20%</td>
<td>5%</td>
</tr>
<tr>
<td>- Support Staff</td>
<td>20%</td>
<td>5%</td>
</tr>
<tr>
<td>- RPN / LPN / Assistant Nurses</td>
<td>15%</td>
<td>60%</td>
</tr>
<tr>
<td>- PSW / Care Aides</td>
<td>45%</td>
<td>30%</td>
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<tr>
<td><strong>Right of Citizenship</strong></td>
<td>No</td>
<td>Yes</td>
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Moving forward

• Learn lessons from other countries

• Prioritize staffing levels in order to:
  ◦ Improve social engagement for residents
  ◦ Create safe and healthy workplaces
  ◦ Enable work time for
    ◦ training
    ◦ skills development & improvement
    ◦ collaborating with colleagues


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