



**BC Care  
Providers**  
ASSOCIATION



# The Perfect Storm:

A Health Human Resources  
Crisis in Seniors Care

*Final report on the 2018 BC Continuing Care Collaborative*

## EXECUTIVE SUMMARY

Ensuring there are a sufficient number of health care workers to care for our aging population is one of the most pressing issues facing B.C.'s continuing care sector. Presently, long-term care, assisted living, and home health care providers report that they face a health human resources crisis. An aging workforce, low-recruitment rates, high incidence of worker burnout and injury, funding challenges, and the increasing acuity level of seniors in care are all factors that have contributed to create this “perfect storm.”

Responding to these challenges, the BC Care Providers Association (BCCPA) held the second annual **BC Continuing Care Collaborative** event on January 26, 2018. The event, which was a partnership with the BC Ministry of Health, was entitled [\*Help Wanted: Developing a Human Resource Strategy for Seniors Care\*](#) and focused on the training, recruitment, and retention of the next generation of continuing care workers.

With over 170 delegates in attendance, the event included stakeholders from across the continuing care sector, including government and health authorities, labour, unions, training colleges, continuing care employers, and frontline workers themselves. Speakers from these diverse stakeholder groups provided presentations on four themes, including urban versus rural challenges, worker safety, innovation, and opportunities to create a sector-wide health human resources strategy<sup>1</sup>. Building on these presentations, collaborative delegates identified challenges and barriers, sought out solutions, identified collaborations, and agreed to put ideas into action.

One of the key take-aways from the 2018 BC Continuing Care Collaborative was the need for a comprehensive health human resource (HHR) strategy to address the sector's labour shortage crisis. As measured in a post-event survey, 96% of delegates agreed or strongly agreed that there is an immediate need for an industry-led HHR strategy for B.C.'s continuing care sector. Delegates identified that this strategy must be developed collaboratively with governments, health authorities, unions, continuing care employers, post-secondary institutions, and frontline workers themselves.

Delegates at the Collaborative identified that with our aging workforce and low recruitment rates, it will be crucial to attract a younger generation of workers into the continuing care sector. Providing tuition relief and bursaries for students, as well as other financial incentives to address affordability challenges, will be effective strategies to boost recruitment into the sector. Expanding the delivery of dual credit programs will also allow career-orientated students to graduate from high school ready to work in an industry that is growing quickly and offers long-term job stability. A comprehensive awareness building campaign, including job fairs and social media, will be needed to complement these financial incentives and advertise job opportunities in the sector.

Stakeholders outlined that there is also a need to clear a pathway for international students and workers. Hundreds of qualified nurses and Health Care Assistants enter Canada every year, only to discover that they can not start practicing in B.C. in a timely manner due to red tape and financial barriers. Similarly, international students represent an untapped pool of potential labour, but restrictive

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<sup>1</sup> Available online at: <http://bccare.ca/bc-continuing-care-collaborative/>

immigration policies currently discourage and block entry into the continuing care sector. Reducing red tape, removing financial barriers, and improving access for international students and workers will be a key component of the larger strategy to address B.C.'s labour challenges.

Finally, delegates noted that there is a need to better retain the workers we already have. It is well known that health care workers are at a high risk of occupational injury and long term disability. Opportunities exist for continuing care employers and post-secondary institutions to work more closely to ensure that all health care workers have the skills necessary to stay safe at work. Additionally, it is imperative that governments provide sufficient funding for increasing staffing levels and direct care hours that support the health and safety of health care workers.

The BCCPA is confident that by implementing the solutions and strategies outlined in this report, challenges and barriers experienced by continuing care providers can be overcome. However, few of these solutions can be implemented in isolation. The BCCPA is committed to working in collaboration with stakeholders across the continuing care sector to secure the next generation of seniors' care workers, and invites you, the reader, to be part of this vital work.

# INTRODUCTION

## About this Report

The BC Care Providers Association (BCCPA) held the second annual **BC Continuing Care Collaborative** event on January 26, 2018 in partnership with the BC Ministry of Health. The event, which was entitled *Help Wanted: Developing a Human Resource Strategy for Seniors Care*, focused on the training, recruiting and retaining the next generation of continuing care workers. The event included over 170 stakeholders from across the continuing care sector, who provided insight and expertise into issues relating to training, recruitment and retention.

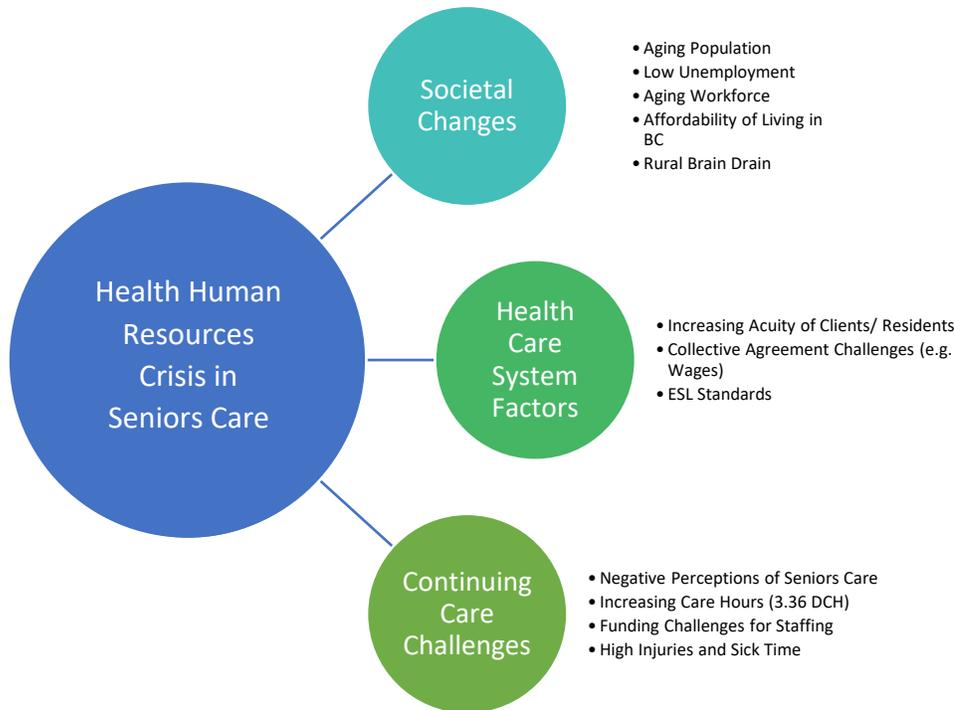
One of the key take-aways from the 2018 BC Continuing Care Collaborative was the broad support for a comprehensive health human resource (HHR) strategy. As measured in a post-event survey, 96% of delegates agreed (28%) or strongly agreed (69%) that there is a need for an industry-led health human resource strategy for B.C.'s continuing care sector. This support was universal to stakeholder types, including from government and health authorities, union and labour, continuing care employers, training colleges, and others.

In addition to supporting a renewed HHR strategy, stakeholders identified challenges and barriers, solutions, strategies and areas of collaboration. This report synthesizes these key themes, which are organized broadly into four categories: (i) Training (page 6); (ii) Recruitment (page 9); (iii) Retention (page 13); and (iv) Overarching Themes and Innovation (page 16). Identified Actions are also summarized on page 19.



## THE PERFECT STORM

Delegates at the BC Continuing Care Collaborative (the “Collaborative” hereafter) identified that the health human resource (HHR) crisis has evolved due to many factors. Some of these factors are broad societal shifts, while others are specific to the health care sector and continuing care. These factors have interacted to create a “perfect storm”, resulting in labour shortages across the province for care providers. The primary factors identified by delegates at the Collaborative include:



- **Aging population** – as the number of seniors in Canada has grown, so has the number of frail and elderly Canadians. This growth has precipitated an increased demand for seniors’ care services.
- **An aging workforce** – as Canada’s population has aged, so too has its workforce. The average continuing care worker is now over the age of 40.
- **Low unemployment levels** – Canada’s unemployment rate is the lowest it has been in four decades, shrinking the pool of potential care workers.
- **Affordability Challenges** – the cost of living in urban centres like Metro Vancouver has been increasing faster than wages for care workers, which has resulted in positions being less attractive relative to similar positions in other sectors.
- **Rural Brain Drain** – the urbanization of Canada has meant that fewer health care workers are available in rural/remote areas of BC. This has been exacerbated by a lack of training spaces for care workers outside of Metro Vancouver.

- **Increasing acuity and frailty** – as the health care system has shifted away from acute care, the acuity level of clients and residents in continuing care has increased.
- **Collective Agreement Challenges** – the collective agreement landscape in continuing care is complex, with employer-specific agreements, as well as the *Community, Facility, and Provincial Nursing* Subsector Master Collective Agreements. Other employers have no collective agreements. Wage and benefit differentials between these agreements create financial incentives to move frequently between job postings.
- **ESL Standards** – as the English Language requirements for Health Care Assistants (HCAs) have been strengthened, it has made working in continuing care more challenging for workers with English as a second/ additional language.
- **Negative Perceptions of Seniors’ Care** – societal prejudices such as ageism, and perceptions of personal care as “woman’s work” has meant that careers in continuing care are undervalued.
- **Funding for Staffing** – many care providers note that funding for staffing levels has not kept pace with the increasing acuity levels of residents and clients, including the rise of responsive behaviours associated with dementia.
- **Increasing hours in long term care** – as the health authorities look to fulfill the 3.36 direct care hour guideline, it will increase demand for care workers in long term care. This increased demand may result in fewer workers employed in home health care, as long term care employers hire workers away from this area.
- **Injuries and Sick Time** – with an aging workforce, and a care environment that has become more challenging, injuries and sick time have increased. This has had significant impact on worker productivity and retention, as well as negatively affecting job satisfaction.

## THEME 1: TRAINING

### LOW ENROLLMENT NUMBERS

Representatives from Post-Secondary Institutions in B.C. identified that enrollment numbers in Health Care Assistant (HCA) program have declined – particularly in private post-secondary institutions. Delegates at the Collaborative identified that this is due to many factors, including lack of awareness of job opportunities, high program costs/tuition relative to wages, enhanced English language standards, and a lack of prestige associated with the seniors' care sector.

69%

*Identified that training more Health Care Assistants and practical nursing students is very challenging or extremely challenging.*

Representatives from Post-Secondary Institutions and Continuing Care Employers noted that providing tuition relief and bursaries has been effective in boosting enrollment in HCA programs in the past. Delegates broadly agreed that tuition relief and bursaries will need to be a key component of any HHR recruitment initiative. Another opportunity may be for Continuing Care Employers to subsidize the tuition of students in exchange for return-to-service agreements.

Representatives from the BC Care Aide and Community Health Worker Registry (the “Registry”) identified that many opportunities exist to make program delivery more flexible for students. The Registry noted some programs offer combined in-person and online delivery, English as a Second Language (ESL) support, as well as evening and weekend options. Expanding the availability of these flexible delivery options may support increased uptake.

As noted by the Registry, some post-secondary institutions offer HCA Access and Upgrade programs. HCA Access and Upgrade programs focus on upskilling experienced care aides and workers from other jurisdictions respectively. These programs are shorter in length and less costly than the regular HCA program. However, only two institutions currently offer these programs (Gateway College and Spratt-Shaw), and the Access program is currently only offered at a Vancouver campus. Increasing access to these programs, particularly for students outside of Metro Vancouver, may be an effective way to increasing the supply of qualified care aides.

Continuing Care Employers noted that another barrier to increasing supply is the lack of program seats in regions outside of Metro Vancouver, particularly in rural and remote areas. Workers who leave small communities to train in urban centres rarely return, suggesting a need to train more workers locally. Delegates noted that there may be opportunities to create satellite training centres as partnerships between post-secondary institutions and continuing care employers.

Furthermore, Aboriginal communities were identified as underserved. Delegates noted that there may be opportunities to partner with Aboriginal Communities to train cohorts of First Nations students as HCAs and Nurses to serve their local communities.

## SOLUTIONS IDENTIFIED

- Provide tuition relief / bursaries for students entering HCA and PN training programs to increase recruitment of students.
- Explore the feasibility of Continuing Care Employers sponsoring student's tuition in exchange for return-to-service agreements.
- Expand flexible program delivery options for students, including evening and weekend options, combined delivery options, and ESL support.
- Explore the feasibility of expanding the HCA Access programs to post-secondary institutions outside of Metro Vancouver.
- Explore the feasibility of establishing satellite training centres as partnerships between Continuing Care Employers and Post-Secondary Institutions, in order to deliver training in rural/remote communities, as well as in partnership with Aboriginal communities.

## INTERNATIONAL STUDENTS

Many delegates at the Collaborative identified that recruiting international students should be a key strategy to boost recruitment.

Representatives from B.C.'s training colleges reported that while international students are eager to work in Canada's health care sector, they face barriers to entry. In particular, international HCA students graduating from private post-secondary institutions lack the ability to apply for post-graduate work permits (PGWP), affecting their ability to work in their field after graduation. Delegates from B.C.'s

training colleges identified that if this policy were to be amended, it could potentially increase the supply of HCA students by hundreds or even thousands each year. As PGWP are a federal responsibility, advocacy on this issue will require a pan-Canada approach.

As noted earlier, some, but not all, post-secondary institutions offer combined HCA-ESL programs. Expanding the delivery of HCA-ESL programs may allow more international students to successfully register as Health Care Assistants.



## SOLUTIONS IDENTIFIED

- Federal Government to expand the Post Graduate Work Permit to the HCA/HCA-ESL program in British Columbia to enhance the recruitment of international students into HCA programs.
- Support workers with English as an Second/Additional Language (ESL/ EAL) to improve their English Language skills by providing supports and incentives to complete English Language classes.

## **GAPS BETWEEN TRAINING AND PRACTICE**

Recruitment and retention issues can also be created by gaps between training and practice. Delegates noted that the skills and practices taught by post-secondary institutions are not always consistent with daily practice in the continuing care sector. Continuing Care Employers outlined that they invest significant time and resources into upskilling new workers when gaps in their training are identified, as some training institutions are not current with best practices in the industry. Conversely, Union delegates at the Collaborative noted that new workers can also become disillusioned when entering the workforce and learn ‘bad habits’ from more experienced workers. These challenges were identified both for clinical skills as well as health and safety.

Continuing Care Employers and Post-Secondary Institutions need to collaborate to ensure that hands-on training is both consistent with best practice *and* with daily practice in the industry. The BCCPA has proposed that care providers could partner with post-secondary institutions to establish satellite training centres to enhance the delivery of hands-on training.

### **SOLUTIONS IDENTIFIED**

- Create collaborations between Post-Secondary Institutions and Continuing Care Employers to deliver hands-on training that is consistent with best practice and reflects what is standard practice in the industry, so that students enter the workforce with the skills necessary to care for our aging population.
- Explore the feasibility of establishing satellite training centres as partnerships between Continuing Care Employers and Post-Secondary Institutions, in order to deliver training in rural/remote communities, as well as in partnership with Aboriginal communities.
- Create partnerships between SafeCare BC, Employers and Training Colleges to enhance the delivery of workplace health and safety training to students in HCA and PN courses.

## THEME 2: RECRUITMENT

### RECRUITING FROM OTHER JURISDICTIONS

Internationally educated health care professionals (IEHCPS) also face barriers when entering the workforce in Canada. One commonly cited challenge is a lack of English Language competency, as many international workers have English as a second or additional language (ESL/EAL). Delegates at the Collaborative noted that there may be opportunities to better support these

international workers to build their English language skills, thus, improving their employment prospects. Furthermore, many international workers possess language skills that are in demand in Metro Vancouver, as their residents and clients speak languages other than English. Thus, upskilling these workers so that they are eligible to practice in B.C. was identified as an opportunity.

Another commonly cited challenge for IEHCPS is a lack of consistency in education and training. Workers trained in other jurisdictions may not have equivalent skill sets. To address these challenges, B.C. has recently created the Nursing Community Assessment Service (NCAS), which ensures the competency of internationally educated workers before they are eligible to work in B.C.

In order to begin working in BC, workers trained in other jurisdictions require timely access to NCAS services; yet there are several barriers created by the current system. Specifically, some components of the competency assessment must be taken in-person in Vancouver. Expanding the NCAS to regions beyond Metro Vancouver would greatly improve access for workers and accelerate the recruitment process. Delegates also noted that the cost of taking the NCAS is a barrier, as many international workers lack the funds to undertake a time-consuming and costly certification processes. While the cost of the NCAS is partially subsidized by the provincial government, the cost is still prohibitive for many.

Finally, it was noted that workers from other Canadian jurisdictions face barriers to entry, as differences in terminology can create barriers. For example, Personal Support Workers (PSWs) from Ontario may not recognize that they are qualified for Health Care Assistant positions in B.C. Delegates noted that consistency in training and terminology could improve the mobility of workers throughout Canada.

71%

*of survey respondents identified that recruiting continuing care workers is very challenging or extremely challenging.*

### SOLUTIONS IDENTIFIED

- Support workers with English as a Second/Additional Language (ESL/ EAL) to improve their English Language skills by providing supports and incentives to complete English Language classes.
- Ensure that qualified HCAs, LPNs, and RNs from other jurisdictions have timely access to the Nursing Committee Assessment Service by expanding services to regions outside of Metro Vancouver and providing subsidies to cover the costs of credential recognition.

## RECRUITING YOUNGER WORKERS

Giving the aging of the workforce, recruiting younger workers in the continuing care sector was identified as an opportunity. Delegates noted that many young people lack awareness of job opportunities in the sector. An awareness building campaign, which could encompass social media, radio ads, job fairs, and peer-to-peer marketing, may be effective at recruiting this population.

Delegates at the Collaborative also discussed the need to expand upon the dual-credit model that is being used successfully in some areas of B.C. Dual credit programs allow high school students to earn credits toward high school graduation as well as post-secondary credits simultaneously. Increasing the number of dual credit seats would allow high school students to graduate ready to work in positions such as Health Care Assistants, activity aides, and others. Dual credit programs can also give high school students a head start on nursing degrees by allowing them to enroll in introductory nursing classes. As dual credit programs offer courses at reduced costs, they provide an effective way for career orientated students to enter the job market debt free. It was noted that school districts in the South Island region have a very successful dual credit partnership with Camosun College. This program could be replicated and expanded to other school districts in B.C.

Delegates also discussed generational differences that exist in the workforce, as Millennials and Generation Z have different values than older generations. These generational differences will have to be incorporated into awareness building campaigns and retention programs to ensure that younger workers are attracted to the

sector. For example, delegates noted that Millennials may prefer additional vacation days over other benefits. While potentially challenging in unionized environments, creating wage and benefit packages that appeal to Millennials values and priorities may help to address recruitment challenges.



*of survey respondents agree or strongly agree that expanding dual credit programs will improve recruitment in the continuing care sector.*

### SOLUTIONS IDENTIFIED

- Expand existing Dual Credit Programs to allow more secondary school students to graduate ready to work in the continuing care sector. Create additional Dual Credit Programs in regions outside of Metro Vancouver.
- Develop a comprehensive Awareness Building Campaign highlighting employment opportunities in the continuing care sector through job fairs, peer to peer marketing, radio and social media ads, with a focus on attracting younger workers.
- Where possible, create job positions with wages and benefit packages that appeal to Millennial workers.

## WAGES & FINANCIAL INCENTIVES

Wages were consistently identified as a barrier to recruiting and retaining continuing care workers. Collaborative delegates noted that wages for Health Care Assistants are relatively low compared to the cost of living in urban centres. Furthermore, the continuing care sector is in direct competition with the hospitality and service sectors for workers; these sectors often offer comparable wages for less challenging work, thus contributing to recruitment challenges.

It was also noted the collective agreement landscape in B.C. is complex, which has significant implications for recruitment and retention the sector. Currently, there are wage and benefit disparities between unionized and non-unionized employers, between home support and long-term care, and between collective agreements (e.g. the *Community and Facilities Subsector Master Collective Agreements*, as well as employer specific agreements). These disparities are partially the result of inequities in funding, as some continuing care employers receive less funding for the same care levels. These disparities in compensation contribute to worker churn and low retention rates.

Delegates noted that providing additional financial incentives to join and remain in the continuing care workforce may be one way to circumvent compensation challenges. Many delegates noted that continuing care workers face affordability challenges with respect to finding housing, child care, and transportation. If employers were able to offer access to affordable rental housing, for example, it could provide a significant incentive for workers to remain with that employer. Other financial incentives mentioned included relocation bonuses and loan forgiveness programs for workers relocating to remote regions of B.C., such as expanding BC's Student Loan Forgiveness Program to include HCAs.

### SOLUTIONS IDENTIFIED

- Address wage disparities between the HEABC *Community and Facilities Subsector Collective Agreements*.
- Address the disparities in the funding levels that are provided to continuing care employers for staffing levels and care hours.
- Provide loan forgiveness for HCAs relocating to rural/remote regions under the BC Loan Forgiveness Program.
- Continuing Care Employers to explore the feasibility of providing re-allocation assistance, bonuses, and other financial incentives for workers to relocate and remain in rural/remote regions.
- Continuing Care Employers to explore the feasibility of providing financial incentives to offset affordability challenges, such as child care spaces, transportation and low-cost housing.

Challenges Identified in Urban Areas	Potential Solutions
<ul style="list-style-type: none"> <li>• Strong competition from other sectors offering similar or better wages</li> <li>• Wage disparities between Collective Agreements</li> <li>• Affordability Challenges (housing, transportation, child care, etc.)</li> <li>• Many workers commute into the city centres</li> <li>• Younger generation is less likely to own a car or have a driver's license</li> <li>• English language requirements make recruiting workers with in-demand language skills more challenging</li> <li>• Casuals are often unavailable because they are working for multiple employers</li> </ul>	<ul style="list-style-type: none"> <li>• Expand dual credit programs for high school students</li> <li>• De-gender the work to appeal to men, who are underrepresented in nursing and personal care fields</li> <li>• Improving Career Advancement Opportunities</li> <li>• Provide employment incentives (e.g. child care, affordable housing)</li> <li>• Better sharing of casual work pools</li> <li>• Address compensation disparities between Facility and Community Subsector Collective Agreements</li> </ul>

Challenges Identified in Rural Areas	Potential Solutions
<ul style="list-style-type: none"> <li>• Difficult to retain younger workers, as many leave for urban centres</li> <li>• Lack of rental housing, transportation and child care options</li> <li>• Limited opportunities for partners/spouses looking for work</li> <li>• Difficult to recruit people to rural areas, particularly for part-time or casual positions</li> <li>• In very remote areas, there are affordability costs (food, gas, etc.).</li> <li>• Not enough training spots for HCAs, LPNs in local community</li> </ul>	<ul style="list-style-type: none"> <li>• Expand dual credit programs for high school students</li> <li>• Satellite campuses and laboratory spaces, as well as remote access to NCAS practical tests</li> <li>• Provide financial incentives to relocate/remain in rural and remote areas, such as housing assistance, child care, student loan forgiveness etc.</li> <li>• Partner with Aboriginal/First Nations Communities to train more people locally</li> <li>• Promote peer to peer recommendations of sector</li> <li>• Awareness Building campaigns that advertise the benefits of rural and remote areas (e.g. nature, lower housing costs)</li> <li>• Job sharing for Millennials</li> <li>• Retention bonuses</li> <li>• Get WorkBC to advertise HCA positions to underemployed / unemployed workers</li> </ul>

## THEME 3: RETENTION

### STAFFING LEVELS & BALANCED WORKLOADS

Delegates at the Collaborative widely agreed that two of the primary factors creating retention challenges in the continuing care sector are HHR shortages and low staffing levels and hours relative to workloads. Delegates reported that the current labour shortages in the continuing care sector are creating an environment where workloads are unbalanced, contributing to worker stress and burnout, as well as increasing physical wear and tear. Continuing Care Employers also noted that staffing levels in the continuing care sector have not kept pace with the increasing acuity of residents and clients, despite recent increases to direct care hours in long term care.

Delegates broadly agreed that increasing staffing levels and increasing the number of workers in the sector would be effective strategies to address worker retention. Many delegates expressed support for moving the long term care sector up to an average of 3.36 direct care hours in each health authority, though some expressed concerns about where they would find the staff to fill these additional hours.

74%

*of survey respondents believe that **retention** in the continuing care sector is very challenging or extremely challenging.*

While less broadly discussed than direct care hours, some delegates noted that short minimum visit times in the home health care sector also create stress and burnout for community health workers, who report that they are unable to provide high-quality, person-centred care in short time frames. Strategies to address this challenge include increasing minimum visit times and allowing for more flexibility in the way that community health workers deliver home care and support (e.g. self-organizing, or time windows).

### SOLUTIONS IDENTIFIED

- Ensure that Long Term Care Providers in British Columbia are adequately funded to deliver care hours and staffing levels that support balanced workloads, and to ensure the health and safety of residents.
- Ensure that the scheduling of home health care visits supports the health and safety of community health workers.

### CREATING PERMANENT POSITIONS

Another factor widely acknowledged as affecting worker retention was the high proportion of casual and part-time workers. Many delegates identified that creating more full-time permanent positions could potentially improve worker retention and prevent workers from leaving the sector. However, it

was also acknowledged that many workers prefer part-time or casual work, as it provides greater flexibility.

Continuing Care Employers noted that the shared nature of their casual pools creates significant challenges. Because casuals often work for multiple employers, it creates the impression of a robust pool of casual workers, but in practice many of these workers are not available when called upon. Delegates discussed solutions such as creating a shared list of casual workers between employers, though acknowledging that this may be challenging due to collective agreement and other structural barriers.

## SOLUTIONS IDENTIFIED

- Where possible, create more full-time permanent positions for workers in the continuing care sector, while ensuring that workers that need flexible hours are able to maintain part-time and casual positions.

## WORKER SAFETY AS RETENTION

Addressing worker safety as a retention strategy was a theme discussed throughout the Collaborative. Delegates identified that high injury rates in the continuing care sector negatively affect worker retention and reduce continuity of care for residents and clients. It was also noted that the sector's reputation for having high injury rates – particularly with respect to violence – prevents potentially qualified candidates from entering the sector.

As outlined earlier, delegates at the Collaborative identified that there is a need to ensure that the health and safety practices that are taught in school are up to date with industry best practices, and there is consistency between what is taught in school and practiced in the workplace. As such, delegates agreed that it will be beneficial for post secondary institutions to partner with SafeCare BC to provide occupational health and safety training, particularly in collaboration with Continuing Care Employers.

It was also identified, that by committing to staff safety and investing in health and safety training, leadership teams can create organizations that have a strong culture of safety. Organizations with strong safety cultures generally have lower injury rates, fewer workdays lost, and higher staff retention rates. As such, prioritization of staff safety was identified as a key strategy to improve retention in the continuing care sector.

### FACTORS IDENTIFIED AS AFFECTING WORKER SAFETY

- *Staffing Levels relative to Workloads (high client/resident acuity)*
- *Leadership Support & Prioritization of Worker Safety*
- *Organizational Culture and Psychological Safety*
- *Education and Training on Workplace Hazards*
- *Aging Workforce*
- *Task Focus and Routine Orientation among Workforce, as opposed to Flexibility and Person-Centred care*
- *Use and Availability of Technology and Equipment*

Finally, just as the continuing care sector must improve occupational health and safety practices, so too must it protect the psychological health and safety of its workers. This encompasses issues such as workplace bullying and harassment, but also promoting work-life balance, fostering open communication and respect, as well as managing stress and burnout. Employers can begin creating psychologically health workplaces by implementing the Canada’s National Standard for Psychological Health and Safety in The Workplace (“the Standard”). The Standard is a set of voluntary guidelines, tools and resources intended to guide organizations in promoting mental health and preventing psychological harm at work.<sup>2</sup>

#### **SOLUTIONS IDENTIFIED**

- Create partnerships between SafeCare BC, Employers and Training Colleges to deliver workplace health and safety training to students from HCA and PN courses.
- Continuing Care Employers to prioritize the health and safety of workers by investing in ongoing education and training for workers, as well as embedding safety into organizational culture.
- Creating workplaces that ensure the psychological health and safety of workers, by implementing the National Standard of Canada for Psychological Health and Safety in the Workplace.

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<sup>2</sup> Learn more about the Canada’s National Standard for Psychological Health and Safety in The Workplace through the Mental Health Commission of Canada at [www.mentalhealthcommission.ca](http://www.mentalhealthcommission.ca).

## THEME 4: OVERARCHING THEMES

### LOW AWARENESS OF OPPORTUNITIES

Delegates at the Collaborative identified that, despite significant staffing shortages, there is low awareness among the public of the job opportunities that currently exist within the sector. While it is well known that sectors such as high tech will experience excellent growth, the public lacks awareness of the strong growth in the health care sector, and in seniors care in particular.

#### *Opportunities in the Continuing Care Sector*

- *Seniors care will be the fastest growing industry in BC at 4.2% annually from 2020 to 2025.*
- *Over the next ten years to 2027, 18,000 positions will open for HCAs. This is double the number of positions that are available for early childhood educators.*

Health Care Assistants in particular will face strong occupational growth over the next ten years. However, delegates noted that labour shortages in the sector go well beyond nursing and personal care staff. Also affected are care allied health care workers, as well as administration and support staff. When asked which positions are experiencing chronic shortages in B.C.'s seniors' care sector, the positions most commonly cited were occupational therapists (55%), chefs/cooks (50%), physiotherapists (48%), housekeepers (39%), activity aides (35%), administration and clinical leaders (35%) and dietitians/dietary aides (35%).

Delegates outlined that awareness building campaigns for the seniors' care sector should target not just nursing and personal care staff, but all positions with identified shortages.

### SOLUTIONS IDENTIFIED

- Awareness Building Campaigns to raise awareness of the quality job opportunities that exist within the continuing care sector holistically, including personal support, nursing, allied health, and administration and support positions.

### DEVALUING OF SENIORS' CARE

One of the recurring themes identified at the Collaborative was how seniors' care is an undervalued career choice. This affects recruitment for all continuing care workers, including nursing, allied and support staff. There are several factors contributing to this issue, including ageism, as well as negative media bias. In particular, it was noted that while the media is excellent at highlight the challenges associated with working in the continuing care sector, is often overlooks the fact that careers in care are very meaningful and rewarding.

This issue was identified as being particularly acute for Health Care Assistants, as their position is not well understood by the public, or even by other health care professionals. Delegates identified that the public lacks awareness of the role of HCAs, in particular, their ability to provide delegated nursing tasks

under the supervision of a nurse. Furthermore, the work of HCAs is often perceived as “woman’s work”, and as a result is a less common career choice for men.

Within the work setting, delegates identified that healthcare is often characterized by professional hierarchies, which can be alienating for HCAs. Delegates identified a need to ensure that the work of HCAs is valued appropriately, and they are recognized as a valuable member of the interdisciplinary care team. One suggestion was to address the HCA occupation title; if the HCA occupation could be renamed to emphasize its basis in nursing, this could shift perceptions (e.g. Certified Nursing Assistant). However, support for this suggestion was not universal.

Delegates at the Collaborative agreed that if the continuing care sector’s recruitment and retention problems are to be addressed, the sector will need to be rebranded. Delegates outlined that any awareness building campaign should emphasize the meaningful and rewarding nature of working in seniors care, and should promote awareness of the integral role of HCAs as a member of the interdisciplinary care team.

81%

*of survey respondents agree that promoting Seniors’ Care as a great place to work will be effective at improving recruitment and retention.*

## SOLUTIONS IDENTIFIED

- Awareness Building Campaign to emphasize seniors’ care as a rewarding and meaningful career. Emphasize the critical role that Health Care Assistants and Community Health Workers play in caring for seniors as part of the interdisciplinary care team.
- Explore the feasibility and support for renaming the Health Care Assistant occupation title to include the word ‘Nursing.’

## USING CURRENT HHR SUPPLY MORE EFFECTIVELY

While the focus of discussions at the Collaborative was largely on recruiting additional workers, it was identified that there are also opportunities to use the current supply of workers more effectively. As noted earlier, some suggestions included converting casuals to permanent positions and creating shared casual pools between employers.

Delegates at the Collaborative also noted that there are opportunities to strengthen team based care by looking at scope of practice. One speaker, for example, identified that there is research to demonstrate that HCAs and LPNs are actually underutilized in the long term care sector, and that provision of care could be improved by allowing them to work to their full scope of practice. Suggestions included giving HCAs the flexibility to offer alternative

### IDEAS FOR INNOVATION

- *Look at worker’s scope of practice*
- *Integrating acute, community, long term care and mental health teams*
- *Casual Float Pools*
- *Create full-time casual positions with benefits*
- *Expand home support worker classification to include 2 tiers*
- *Flexible scheduling*
- *Team work and communication capacity building*
- *Create a new designation (i.e. non-skilled that could reallocate workload and funding)*

services to their clients during home support visits and allowing HCAs to collaborate in care planning for their clients. Another idea was to create a non-skilled “comfort and support workers” to supplement the work of HCAs, thus, allowing HCAs to spend more time at the point of care with residents.

There may also be opportunities to create more inter-sectoral care teams. One opportunity, for example, is to integrate home health care and mental health teams, with community health workers providing care to mental health clients during non-peak hours, and vice versa.

Finally, delegates noted that there are opportunities to increase the efficiency of care workers using technology and information systems, such as Electronic Health Records or communications technology.

#### **SOLUTIONS IDENTIFIED**

- Explore the feasibility of creating integrated home health care and mental health teams in order to better utilize the hours of community health workers.
- Explore the feasibility of improving the efficiency of continuing care workers through technology and information systems.

## SUMMARY OF KEY ACTIONS IDENTIFIED

Ensuring there are a sufficient number of health care workers to care for our aging population is one of the most pressing issues facing B.C.'s continuing care sector. Presently, long-term care, assisted living, and home health care providers report that they face a health human resources crisis. An aging workforce, low-recruitment rates, high incidence of worker burnout and injury, funding challenges, and the increasing acuity level of seniors in care are all factors that have contributed to create this "perfect storm."

Responding to these challenges, the BC Care Providers Association (BCCPA) held the second annual **BC Continuing Care Collaborative** event on January 26, 2018. The event, which was a partnership with the BC Ministry of Health, was entitled [\*Help Wanted: Developing a Human Resource Strategy for Seniors Care\*](#) and focused on the training, recruitment, and retention of the next generation of continuing care workers.

With over 170 delegates in attendance, the event included stakeholders from across the continuing care sector, including government and health authorities, labour, unions, training colleges, continuing care employers, and frontline workers themselves. Speakers from these diverse stakeholder groups provided presentations on four themes, including urban versus rural challenges, worker safety, innovation, and opportunities to create a sector-wide health human resources strategy<sup>3</sup>. Building on these presentations, collaborative delegates identified challenges and barriers, sought out solutions, identified collaborations, and agreed to put ideas into action.

One of the key take-aways from the 2018 BC Continuing Care Collaborative was the broad support for a comprehensive health human resource (HHR) strategy. As measured in a post-event survey, 96% of delegates agreed (28%) or strongly agreed (69%) that there is a need for an industry-led health human resource strategy for B.C.'s continuing care sector. This support was universal to stakeholder types, including from government and health authorities, union and labour, continuing care employers, training colleges, and others.

In addition to supporting a renewed HHR strategy, stakeholders identified solutions and strategies to address issues pertaining to training, recruitment, retention and opportunities for innovations. These solutions are summarized here.

### TRAINING - Improve access to HCA and PN Training Seats

- Provide tuition relief / bursaries for students entering HCA and PN training programs to increase recruitment of students.
- Explore the feasibility of Continuing Care Employers sponsoring student's tuition in exchange for return-to-service agreements.

<sup>3</sup> Available online at: <http://bccare.ca/bc-continuing-care-collaborative/>

- Expand flexible program delivery options for students, including evening and weekend options, combined delivery options, and ESL support.
- Explore the feasibility of expanding the HCA Access programs to post-secondary institutions outside of Metro Vancouver.
- Expand the number of program seats available in rural/remote areas of B.C., including by partnering with Aboriginal Communities to train workers locally.

**Stakeholders:** BC Ministry of Advanced Education (AVEST). Post Secondary Institutions. BC Care Aide and Community Health Worker Registry. Continuing Care Employers. Students.

### TRAINING – Improve Access for International Students

- Federal Government to expand the Post Graduate Work Permit to the HCA/HCA-ESL program in British Columbia to enhance the recruitment of international students into HCA programs.
- Support workers with English as a Second/Additional Language (ESL/ EAL) to improve their English Language skills by providing supports and incentives to complete English Language classes.

**Stakeholders:** BC Ministry of Advanced Education, Skills and Training (AEST). Post Secondary Institutions. BC Care Aide and Community Health Worker Registry. Students.

### TRAINING - Create Satellite Training Centres

- Create collaborations between Post-Secondary Institutions and Continuing Care Employers to deliver hands-on training that is consistent with best practice and reflects what is standard practice in the industry, so that students enter the workforce with the skills necessary to care for our aging population.
- Explore the feasibility of establishing satellite training centres as partnerships between Continuing Care Employers and Post-Secondary Institutions, in order to deliver training in rural/remote communities, as well as in partnership with Aboriginal communities.
- Create partnerships between SafeCare BC, Employers and Training Colleges to enhance the delivery of workplace health and safety training to students from HCA and PN courses.

**Stakeholders:** BC Care Providers Association (BCCPA). Post-Secondary Educational Institutions. Continuing Care Employers. Unions. SafeCare BC. BC Care Aide and Community Health Worker Registry. Students.

## TRAINING - Expand Delivery of HCA Dual Credit Programs

- Expand existing Dual Credit Programs to allow more secondary school students to graduate ready to work in the continuing care sector. Create additional Dual Credit Programs in regions outside of Metro Vancouver.

**Stakeholders:** BC Ministry of Education (EDUC). School Boards. Post Secondary Institutions. Students.

## RECRUITMENT – Building Awareness of Career Opportunities

- Develop a comprehensive Awareness Building Campaign to highlight employment opportunities in the continuing care sector through job fairs, peer to peer marketing, radio and social media ads, with a focus on attracting younger workers.
- Awareness Building Campaign to emphasize seniors' care as a rewarding and meaningful career. Emphasize the critical role that Health Care Assistants and Community Health Workers play in caring for seniors as part of the interdisciplinary care team.
- Awareness Building Campaigns to raise awareness of the quality job opportunities that exist within the continuing care sector holistically, including personal support, nursing, allied health, and administration and support positions.
- Explore the feasibility and support for renaming the Health Care Assistant occupation title to include the word 'Nursing.'

**Stakeholders:** BCCPA. Continuing Care Employers. Post-Secondary Institutions. Students. Frontline workers.

## RECRUITMENT - Address Challenges for Workers from Other Jurisdictions

### Address Challenges for Workers from Other Jurisdictions

- Support workers with English as a Second/Additional Language (ESL/ EAL) to improve their English Language skills by providing supports and incentives to complete English Language classes.
- Ensure that qualified HCAs, LPNs, and RNs from other jurisdictions have timely access to the Nursing Committee Assessment service by expanding services to regions outside of Metro Vancouver, and providing government subsidizes to cover the costs of credential recognition.

**Stakeholders:** BC Care Aide and Community Health Worker Registry. Post-Secondary Institutions. Frontline workers.

## RECRUITMENT & RETENTION – Financial Incentives

### Provide Financial Incentives

- Provide loan forgiveness for HCAs relocating to rural/remote regions under the BC Loan Forgiveness Program.
- Address wage disparities between the HEABC *Community and Facilities Subsector Collective Agreements*.
- Address the disparities in the funding levels that are provided to continuing care employers for staffing levels and care hours.
- Where possible, create more full-time permanent positions for workers in the continuing care sector, while ensuring that workers that need flexible hours are able to maintain part-time and casual positions.
- Continuing Care Employers to explore the feasibility of providing re-allocation assistance, bonuses, and other financial incentives for workers to relocate and remain in rural/remote regions.
- Continuing Care Employers to explore the feasibility of providing financial incentives to offset affordability challenges, such as child care spaces, transportation and low-cost housing.
- Where possible, create job positions with wages and benefit packages that appeal to Millennial workers.

**Stakeholders:** BC Ministry of Advanced Education, Skills and Training (AEST). Health Employers Association of BC (HEABC). Health Authorities. BC Ministry of Health (MOH). Continuing Care Employers. Unions. Frontline workers.

## RETENTION - Mainstream Workplace Health and Safety

- Create partnerships between SafeCare BC, Employers and Training Colleges to deliver workplace health and safety training to students from HCA and PN courses.
- Continuing Care Employers to prioritize the health and safety of workers by investing in ongoing education and training for workers, as well as embedding safety into organizational culture.
- Creating workplaces ensure the psychological health and safety of workers, by implementing the National Standard of Canada for Psychological Health and Safety in the Workplace.

**Stakeholders:** Continuing Care Employers. SafeCare BC. WorkSafeBC. Unions. Frontline workers.

### RETENTION - Ensure Appropriate Staffing Levels & Balanced Workloads

- Ensure that Long Term Care Providers in British Columbia are adequately funded to deliver care hours and staffing levels that support balanced workloads, and to ensure the health and safety of residents.
- Ensure that the scheduling of home support visits supports the health and safety of community health workers.

**Stakeholders:** BC Ministry of Health (MOH). Health Authorities. Continuing Care Employers. Unions.

### INNOVATION – Explore Opportunities to Enhance Efficiencies

- Explore the feasibility of creating integrated home support and mental health teams in order to better utilize the hours of community health workers.
- Explore the feasibility of improving the efficiency of continuing care workers through technology and information systems.

**Stakeholders:** BC Ministry of Health (MOH). Health Authorities. Continuing Care Employers/Employers. Unions. Frontline workers.