

LABOUR MARKET STUDY

Recruitment and Retention of Health Care Aides in Long Term Care



A study undertaken to examine the issues faced by the long term and continuing care sector in recruiting and retaining Health Care Aides

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LABOUR MARKET STUDY

Executive Summary

Purpose:

The Labour Market Study examines the systemic barriers and specific issues related to the recruitment and retention of Health Care Aides who compose 80% of the resident care workforce in the long term and continuing care sector in Alberta. Information was obtained from several sources:

- Focus Groups:
 - Eight employee focus groups representing twelve sites, rural and urban
 - Four employer focus groups representing thirteen sites, rural and urban
- Employers from other Provinces
 - Employers from British Columbia, Saskatchewan, Manitoba, Ontario, Nova Scotia and New Brunswick were asked to identify initiatives in their provinces that have assisted them with Health Care Aide recruitment and retention
- Literature Review
 - Articles and research studies related to Health Care Aide recruitment and retention, primarily North American, were reviewed

Systemic Barriers:

Three systemic barriers are influencing the ability of long term and continuing care operators to recruit and retain Health Care Aides:

- The Alberta society does not value the frail, disabled or elderly, resulting in fewer people choosing careers in the sector.
- The Alberta economy is hot, with many employment opportunities available.
- Funding levels for the long term and continuing care sector are inadequate to meet rising demand and client expectations and are inconsistent between Regions

Specific Issues Related to Recruitment and Retention of Health Care Aides

The following specific issues were identified:

- Advertising and marketing initiatives are not attracting applicants for Health Care Aide positions
- Education programs to attain the required certification to become a Health Care Aide are becoming the responsibility of employers because colleges are unable to attract applicants to their programs
- Retention is increasing in difficulty with turnover rates ranging from 40 – 60% for part time and casual employees and 28% for full time employees
- Creating an attractive workplace is difficult in the face of staff shortages, increasing expectations of clients, overtaxed management staff and aging facilities and equipment.

Long Term and Continuing Care Sector Action Plan for Health Care Aides

Addressing the recruitment and retention issues surrounding Health Care Aides requires an action plan that actively engages government, the Alberta Continuing Care Association and individual employers. Individual employers will not be successful working in isolation. The following action items are recommended:

BUILDING PLANNING CAPACITY

- Workforce planning for the sector occurred several years ago, but strategy implementation has not. Government must ensure resources are available to implement required strategies.
- Government must plan and provide for changing needs of clients of the long term and continuing care sector
- Government planning for expansion of beds in the sector must include a plan for staffing
- Government services for the clients of this sector should be consolidated under a single ministry with funding provided directly to the sector.
- Government must plan for required education seats for Health Care Aides and develop strategy to attract applicants to the programs
- Action plans for recruitment of Licensed Practical Nurses and Registered Nurses for the long term and continuing care sector are also needed
- Affordable housing is required to attract workers such as Health Care Aides to the province
- Employers require improved information systems to enhance planning and monitoring.

ADEQUATE SUPPLY

- Promotion and marketing strategies are required to promote the sector and the positive aspects of working with the client group
- Workable strategies are required to deal with the current shortages of staff
- Recruitment strategies must be implemented immediately
 - Funding must be provided to ensure competitive salary and benefits for Health Care Aides
 - Education costs must be subsidized to attract students to the colleges
 - Immigration and visa granting processes must be streamlined to attract foreign workers
 - An assessment tool must be developed to evaluate qualifications of individuals who take training outside Alberta
 - Revise strategy to implement new certification standards for Health Care Aides to allow for grandfathering of experienced employees and provide recruitment alternatives where qualified applicants are not available
 - Provide financial incentives to attract employees to the long term and continuing care sector
 - Implement staffing levels appropriate to rising acuity of the client group
 - Develop permanent float pools to fill vacant positions faster

- Employers should explore how to share resources with respect to training, recruitment campaigns, joint appointments
- Fund overtime - overtime costs will continue until the supply problems are rectified
- Provide funding for in-house Health Care Aide certificate program instruction
- Target “second career” workers for Health Care Aide training
- Promote career paths when advertising for Health Care Aides
- Ensure recruitment processes are effective
- Consider joint ventures with other large employers in the same geographic area (to attract spouses to the sector).
- Adopt Retention Strategies
 - Sponsor a transportation pilot to enhance access to sites, especially for nights.
 - Use consistent rather than rotating assignments for Health Care Aides
 - Provide assistance with “burn-out”
 - Establish more peer mentoring programs
 - Develop initiatives to cultivate effective relationships in the workplace
 - Develop and maintain effective performance management systems
 - Provide supervisory training programs for leaders
 - Improve access to continuing education opportunities

APPROPRIATE UTILIZATION

- Streamline Government and Regional regulatory and reporting structures to reduce administrative requirements for managers and staff
- Develop an education passport to eliminate duplication of training when employees move between employers
- Explore opportunities to expand training through the Continuing Care Education Resource Centre

HEALTHY WORKPLACES

- Upgrade facilities and equipment to make them safer and more efficient
- Employers need more information about attitudes and values of the workforce to structure work and initiatives to appeal to different generations and different cultures
- Provide for balance between work and personal life

LABOUR MARKET STUDY: Recruitment and Retention of Health Care Aides in Long Term Care

Purpose:

This project examined recruitment and retention issues faced by the long term and continuing care sector, with respect to Health Care Aides. The project goals included identifying factors affecting recruitment and retention and collecting the best practices of employers across Canada and the United States.

Focus group sessions with employers and employees (primarily Health Care Aides) from the membership organizations of the Alberta Continuing Care Association examined the issues, generated ideas for solutions and shared best practices. (See Appendix A – Employer Focus Groups – Summary of Results and Appendix B – Employee Focus Group Results.)

Interviews with operators in British Columbia, Saskatchewan, Manitoba, Ontario, New Brunswick and Nova Scotia focused on strategies they have found most useful in recruiting and retaining Health Care Aides and the types of government assistance they have benefited from in working towards solutions. (See Appendix C – Health Care Aide Recruitment and Retention in Other Provinces)

A literature review, focusing on the past five years, researched best practices being used to resolve staff shortages, encourage job satisfaction and enhance retention. It should be noted that the literature review indicates the shortage of Health Care Aides is a significant problem across North America with several jurisdictions describing the situation as a “crisis”. (See Appendix D - Literature Review)

Finally, systemic barriers were identified and a workforce action plan was developed specifically for Health Care Aides, identifying actions that will improve the current situation and secure a Health Care Aide workforce for the future.

Background:

There has been significant publicity surrounding the shortage of medical professionals – physicians, nurses, pharmacists and others. Only recently has there been media coverage about the severe shortage of Health Care Aides in this province.

“The Alberta Government does not value the frail, disabled or elderly. Negative media coverage affects the image of the sector, further decreasing its popularity as a career choice.”

The importance of the work of the Health Care Aide is not well understood by the public, or even by the broader health care system. Health Care Aides are responsible, under the supervision of a Licensed Practical Nurse or a Registered Nurse, for providing personal support and health services to residents of long term and continuing care facilities. Although Health Care Aides are not regulated, they do require

certification, gained through completion of an approved college program. As they are the first contact with the resident, their observations of behaviour and changing conditions are an important component in ensuring appropriate health care. In addition, their day to day contact with the resident provides social interaction and needed assistance with the activities of daily living.

The Health Care Aide, also known as Nursing Attendant, Personal Service Worker, Resident Care Worker and many other titles, represents approximately 80% of the workforce providing care services to residents of long term care and assisted living facilities. In total, there are 16,000 Health Care Aides providing a variety of services to seniors and other people with disabilities both institutional settings or in their homes.

The shortage of Health Care Aides is and has been for some time, affecting the quality of care and the quality of life for 15,000 people in care in this province. It has also impacted upon countless others who rely on home care services to continue to live independently in our communities.

Systemic Barriers to Recruitment and Retention of Health Care Aides

A “systemic” problem relates to or affects the entire body or an entire organism. In our case a “systemic” barrier affects the quality of care and services available to aging or disabled members of society who must rely on our long term and continuing care or home care system for their support and well-being.

“The lack of value of the senior demographic is reflected in our public institutions by the way resources are allocated to the long term care sector through Regions; where priority often results in services on the low end of the scale and funding diverted to other regional priorities.”

There are three major systemic barriers affecting the ability of employers to recruit and retain Health Care Aides:

1. The Alberta society at large does not value the frail, disabled or elderly.

The lack of value society places on this client group, affects the interest and desire of individuals to work in the areas that provide services to them, interfering with all but the most persistent recruitment and retention efforts. Negative media coverage also affects the image of the sector further decreasing its popularity as a career choice.

This lack of value is reflected in our public institutions by:

- the way resources are allocated to the long term and continuing care sector through Regions where priority setting often results in services for these most vulnerable clients being relegated to the low end of the scale and funding intended for continuing care being diverted to other regional priorities;
- organization of public services for this client group – the services come from a variety of sources including three ministries (Health and Wellness, Seniors and Community Supports and

Employment and Immigration) and the Regions. This structure has resulted in a plethora of regulation, inspections and audits substantially increasing administrative workloads of leaders and staff as they seek to comply.

“The lack of value of the senior demographic is reflected in our public institutions by the lack of regional and provincial understanding of the issues facing long term and continuing care and the absence of action on previous plans to address these issues.”

- the lack of regional and provincial understanding of the issues facing long term and continuing care and the absence of action on previous plans to address these issues (*Provincial Health Care Aide Awareness and Promotion Strategy - Report on Survey of Employers in the Continuing Care Sector in Alberta, June 2005*). The sector continues to experience shortages of staff, inadequate equipment (lifts and electric beds) and a significant number of aging buildings requiring substantial investment to meet basic standards.

“Health care aides are concerned about their ability to meet the qualification standards.”

The government’s Health Workforce Action Plan, designed to cover the period 2007 to 2016, and has only three initiatives specifically directly related to recruiting and retaining Health Care Aides in the long term and continuing care sector. The first is

“Alberta Health and Wellness provided funding to Bow Valley College in 2006 to develop a HCA – PN Bridge Program”.

“Many health care aides are choosing to work in other professions in order to obtain higher compensation.”

The second initiative is

“The Health Workforce Action Plan proposes that funding be provided to cover employers’ costs of filling temporary labour vacancies while health-care aides are assessed and trained. This upgrading will ensure that Albertans’ personal care is provided by competent providers and that Albertans have access to safe, quality health care.”

“Employees fear continuing employment in the field may not be possible.”

The third initiative is

“Many health-care aides are choosing to work in other professions in order to obtain higher compensation. Unlike most private businesses that can react quickly to cost increases by raising prices, private long-term care providers hired by the health regions are limited in how quickly they can raise accommodation rates because of regulatory stipulations.”

As a result, funding must be provided to these organizations to increase wages and help them recruit workers to address the critical shortage of health-care aides in the continuing care sector.”

Although the publication indicated there was a shortage of 2000 Health Care Aides in 2006, and a projected shortage of 5000 by 2016, the plan includes no initiatives designed to increase the supply.

2. The Alberta economy is hot, teeming with a variety of employment alternatives.

These alternatives often offer:

- “easier” work with less physical effort than found in the long term and continuing care sector
- competitive pay and benefits packages offering full time employment with a single employer

The booming economy has further exacerbated recruitment and retention through the significant increases in housing prices over the past few years, making it virtually impossible for employees in the sector to afford the cost of living, given they are likely to be employed on only a part time basis.

3. Funding levels are insufficient.

Funding is inadequate to:

- provide staffing levels appropriate to the care needs resulting from rising acuity levels. Funding varies between health regions with no standardized funding formula.

“Funding varies between health regions with no standardized funding formula.”

- provide pay and benefits that are competitive with other provinces and with the local market – A 2007 survey revealed Alberta and Manitoba had the lowest paid Health Care Aides in western Canada. Saskatchewan was paying 1.99 per hour more and British Columbia \$4.05/hour more than Alberta. Calgary and Edmonton employers are reporting increasing numbers of people leaving employment to relocate out of province where salaries and benefits are more favourable and housing costs substantially less.
- ensure the upgrading of existing employees to meet the qualification standards for Health Care Aides established by the Department of Health. Focus groups revealed many Health Care Aides are concerned about their ability to meet the qualification standards because they cannot afford to take the program and they are unable to take time off work to study due to staff shortages. Because grandfathering of those without formal qualifications has not been allowed, employees fear continuing employment in the field may not be possible. These concerns will lead to increased turnover as they seek other opportunities they view as more secure.
- maintain equipment and buildings, ensuring a safe and comfortable environment for both residents and employees – poor building design increases the effort required to provide care and prevents the installation of equipment that ensures safety of resident and employee (e.g. overhead lifts). The focus groups identified shortages of equipment, bathtubs that are

inaccessible, toilets that constantly plug and crowded spaces as impediments in performing their daily tasks.

- pay for overtime costs necessitated by staff shortages. While acute care has the option of restricting admissions and closing beds to deal with staff shortages, there are few options available to the long term and continuing care operator. Facilities are required to have 97% occupancy or be penalized financially. The residents are dependent on the facility staff to meet their needs. Overtime is the only solution available when the operator is unable to hire staff to fill the vacancies.
- develop marketing campaigns to promote the sector, undertake out of country recruitment initiatives, pay for advertising costs, or provide meaningful incentives to attract more people to the industry and to specific facilities

Specific Issues Related to Recruitment and Retention of Health Care Aides and Potential Causes

The provincial *Health Workforce Action Plan* has three main outcomes: improving the supply of appropriately skilled workers; developing highly skilled, educated and innovative people; and creating high performance work environments. Clearly the issues faced by long term and continuing care operators require focused initiatives if this sector is to achieve these outcomes.

ISSUES	CONTRIBUTING ISSUES
<p>Employers are unable to attract potential applicants to Health Care Aide vacancies, regardless of the method of advertising or promotion. An aggressive province-wide recruitment initiative in the fall of 2007 met with no success.</p>	<ul style="list-style-type: none"> • Young people are not interested in the Health Care Aide occupation, because they see the job as heavy, dirty, poorly compensated, and view it as “unimportant” work by comparison with other available employment options. • The 24/7 nature of the operation requires significant weekend work, interfering with work/life balance. • There is a shortage of marketing and promotion activity related to the long term and continuing care sector, in general and more specifically related to the choice of Health Care Aide as an occupation. • Applicants want full time employment – the majority of positions available for those who are new to the sector are part time. Full time positions, when they are available, are filled internally from existing part time staff in accordance with collective agreement provisions. An employee in one of the focus groups indicated she had been working for ten years in the sector and still had not managed to obtain a full time position. • Even though there is a surplus of Health Care Aides in other provinces, it is unrealistic to consider bringing people in from out of province as the cost of living in

ISSUES	CONTRIBUTING ISSUES
	<p>Alberta is prohibitive for someone who is likely to have only part time work at a low rate of pay for a significant number of years.</p> <ul style="list-style-type: none"> • Immigration is not a realistic option to fill these positions because the Health Care Aide occupation is not on the expedited list and the immigration and visa granting processes are so cumbersome that those who have used immigration have experienced up to two years delay in placing an employee in a vacancy. Furthermore, there is no assessment tool available to assess educational programs from out of country and determine equivalences. This increases the likelihood that an immigrant worker will have to take the training program prior to qualifying for work as a Health Care Aide, creating a further delay in becoming active at work. And, finally, the temporary worker program is not effective when you need on-going service and commitment. • The opportunities available in the service sector are attractive to many employees because the salaries are not significantly different, benefits are often better and the effort required is considerably less. In addition, there is a greater likelihood of full time employment than in the long term and continuing care sector. • Benefits packages for Health Care Aides are not as attractive as those provided for many other occupational groups in health care, often lacking a pension plan. • Public providers tend to have higher salaries and better benefit plans, attracting employees from other providers. However, public providers continue to have recruitment and retention issues as well.
<p>Developing a Health Care Aide supply is becoming the responsibility of the employer, rather than the responsibility of the educational system across Canada. Because the educational system is not able to produce trained staff, employers are forced to provide in-house training</p>	<ul style="list-style-type: none"> • Educational programs are not providing a sufficient pool of prospective employees. A survey conducted in September 2007 found that out of 340 available seats in Health Care Aide educational programs in Alberta, only 115 were filled. This survey also found that many more seats could be made available to train Health Care Aides because seven programs had discontinued delivery of the program due to low enrollments and several other schools did not apply for licenses to deliver the program because

ISSUES	CONTRIBUTING ISSUES
<p>programs for Health Care Aides. They are required to hire and pay educators, diverting funding that could have been directed to care.</p>	<p>of insufficient demand.</p> <ul style="list-style-type: none"> • Focus groups and other sources revealed that the cost of taking a training program is prohibitive for the level of earnings one can expect upon graduating. • New standards (developed in 2007) for Alberta Health Care Aide education require employers to upgrade education of all existing employees, but funding is insufficient to support the initiative and additional staff is not available to replace workers who need to attend the education. • Health Care Aides have significant concerns about time frames by which they need to complete the upgrading and if they will continue to have employment should they be unable to meet the required time frame. This is impacting directly on retention. • There is no reciprocity between provinces concerning training required for certification as a Health Care Aide. There is no assessment available to evaluate educational qualifications of programs outside the province to determine if they meet the Alberta standards.
<p>Retaining existing Health Care Aides is difficult. Turnover rates are high with overall turnover in long term and continuing care ranging from 40% to 60% for part time and casual employees and 28% for full time employees. The demographics of the workforce indicate retirement, or simply leaving the industry due to the heaviness of the work will have further impact. In long term and continuing care the average age of all caregivers is 49.</p>	<ul style="list-style-type: none"> • Working short is the cause raised most frequently for inability to retain staff. Employees are leaving employment because the work is becoming too heavy for them, vacations are being denied due to staff shortages and the constant calls to come in on days off creates an imbalance between work and home life. • Competitive salary and benefits are a factor, particularly in this economy. Even within the sector employees move between employers frequently to seek the benefit of slightly higher pay at a facility where bargaining is completed early and new rates come into effect. There is ongoing competition from acute care facilities and the service industry. • Younger employees do not have the same loyalty and work ethic as the older workforce, leaving jobs with short or no notice. • New employee orientation is not as effective as it once was because staff shortages prevent assigned mentors from spending sufficient time with the new worker,

ISSUES	CONTRIBUTING ISSUES
	<p>sometimes resulting in an initial bad experience, disillusionment and early resignation.</p> <ul style="list-style-type: none"> • Employers have noted increases in employees leaving to relocate out of province where the cost of living is less, and, in the case of our adjacent provinces, the salaries are considerably higher. • Transportation issues affect both rural and urban employees with many employees opting for a job closer to home when one is available. • Aging workers are approaching retirement; and even if they do not qualify for retirement, many are leaving for “easier” work because their bodies are breaking down from years of heavy work.
<p>There are significant challenges in creating a workplace environment that is attractive to prospective employees and ensures existing employees are sufficiently engaged to maintain employment in the sector. Research has shown that opportunities for development, including the use of new skills; effective supervisory relationships; being able to experience a sense of achievement; recognition and appreciation of efforts; working as part of a team; safe and comfortable surroundings; and work-life balance are required.</p>	<ul style="list-style-type: none"> • Staff shortages make it difficult to provide in-service education to existing employees. Employers have had to decrease time spent on in-service education and may have to cancel or deny external training opportunities because they are unable to find replacement staff. • While most Health Care Aides indicated they are able to perform at their full scope of practice, others identified skills they were not using because certain functions had not been delegated to them. Others felt they should have improved compensation in recognition of the additional duties that had been added to their responsibilities. • Management staff is overtaxed with increased administrative responsibilities making it more difficult to provide sufficient time and attention to employee supervision, performance management and recognition. Research has shown that the impact of the relationship with the supervisor/manager is directly linked to turnover. Management training that would provide the tools to improve skills in this area is both costly and time consuming. • Prior to entering the long term and continuing care arena, clients and their families are not aware of the staffing issues faced by the sector. They have expectations that far exceed the ability of the staff complement to provide, particularly when they are working short on a regular basis. These expectations become a source of conflict with

ISSUES	CONTRIBUTING ISSUES
	<p>front line employees, substantially decreasing their levels of job satisfaction.</p> <ul style="list-style-type: none"> • Employees who choose Health Care Aide as an occupation usually do so because they are “caring” people who see value in making a difference in someone’s life. The work volume no longer provides the time for employees to interaction with the client. A Health Care Aide commented during a focus group that “we have gone from providing care and comfort to just keeping people alive”. For many, this disillusionment leads to seeking employment outside the long term and continuing care sector. • While most facilities are providing some type of employee recognition or appreciation program, it is apparent from the focus groups that further enhancements may be needed. • Employees identified tubs that are not being used for bathing because more lifts are required or because residents fear being placed in lifts to access the tub. Poor building design such as long hallways and small rooms result in considerable extra effort by staff; and building and equipment maintenance is needed to ensure safety and convenience for both staff and residents. • Resident behaviours are becoming more difficult to manage – especially prevalent is aggression, increasing the risk of injury to staff while providing care. • Employees are burning out from working overtime, requiring extended daily hours or forfeiture of days off due to staff shortages. Even when the full staff complement is present, work volume related to the increasing complexity of care required by residents, without corresponding staffing adjustments, creates significant stress for staff. This manifests itself in injuries, illness, and conflict within the care team. These factors have a significant impact on the employee’s personal life. One employee described how her request for vacation to celebrate her 25th wedding anniversary was likely to be denied because of staff shortages, causing her to consider resignation as a reasonable alternative.

Long Term and Continuing Care Sector Action Plan for Health Care Aide

The *Comprehensive Health Workforce Plan* framework, released by government in 2003, addresses health human resources planning within four building blocks; recognizing that each building block is interdependent on the other building blocks.

Building Planning Capacity	Adequate Supply	Appropriate Utilization	Healthy Workplaces
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The attached plan addresses the human resource planning requirements with respect to Health Care Aides in the long term and continuing care sector in Alberta. It should be noted that many of the elements of this plan would be just as applicable to Licensed Practical Nurses and Registered Nurses, two other major occupations where long term and continuing care are having difficulty recruiting and retaining.

This plan, although not previously documented to this extent, has been in progress for several years. Employers have recognized that the greatest effort is required in the area of increasing supply and have exercised a wide variety of creative measures to enhance recruitment and retention of the employees they have. Unfortunately, their efforts have been hampered because little action has been taken to address the three systemic barriers referred to above. It is unlikely the situation can be further improved by the sector, acting in isolation. Broad government action is called for to address this critical situation. Recommendations are included in the plan.

APPENDIX A

EMPLOYER FOCUS GROUPS – SUMMARY OF RESULTS

Representatives from thirteen continuing care sites participated in focus groups conducted in Calgary and Edmonton to

- identify common issues faced by continuing care employers with respect to Health Care Aide recruitment and retention
- share best practices being used to deal with these issues
- identify actions required to improve recruitment and retention

Issues with respect to Health Care Aide Recruitment and Retention

The groups identified six major categories that impact recruitment and retention of Health Care Aides.

1. Working Hours/Shift Schedules

- Both employees and prospective employees prefer full time employment, but large numbers of positions in the continuing care industry are part time only.
- Because many positions are part time, employees who work in the industry are forced to hold more than one job, creating scheduling issues for employees and employers alike.
- Small positions remain unfilled for extensive periods of time; shifts may not be covered due to depleted casual rosters and refusal of existing employees to take on additional hours or overtime.
- Weekend work is not unattractive, but existing employees indicate a willingness to work every second weekend; creating schedules that maximize full time positions requires working three out of five weekends rather than the preferred every second weekend.
- Collective agreement provisions restrict scheduling options; new union proposals are likely to result in further restrictions and may reduce the number of full time positions possible.
- Regional micro-management of certain budget lines restricts the flexibility of the employer to assess priorities and reassign resources to deal with emergent staffing situations.
- Because there are fewer relief workers, overtime is increasing; full time employees do not want to work overtime on a continuous basis and many part time employees are refusing to work additional hours unless they are paid at overtime rates.
- Workers want to self-schedule to balance their lives; a trend is emerging where full time employees are transferring to casual to gain more control of their work schedule.

2. Recruitment Issues

- Alberta HCA employees are the lowest paid across Canada. Not only are salaries for HCAs not competitive with other provinces, but they are also not competitive in the Alberta marketplace. Employers are advertising in a variety of ways, but receiving little response. After the Alberta

Continuing Care Association spent more than \$100,000 on recruitment marketing, employers reported no improvement in attracting applicants for Health Care Aide positions.

- Competition in the marketplace is significant. Not only are employees being enticed to go to acute care, but they are also seeing restaurants, gas stations and retail establishments as realistic employment options when salary is compared with effort required.
- Foreign recruitment is hampered by inefficient immigration processes with continuing care employers experiencing delays of up to 18 months when attempting to recruit registered nurses. In addition, the HCA has not been identified as a targeted occupational category
- There is no mechanism to assess qualification equivalencies for foreign- trained, or indeed, Canadian-trained HCA workers. Any process that may be instituted in the future is likely to experience significant time delays based on experiences employers have had with CARNA.
- The pool of potential workers is small, resulting in shuffling employees from employer to employer. Even if educational institutions were able to fill seats in their training programs, it is unlikely there are sufficient seats to deal with future demand. Without initiatives to increase the size of the pool, it is unlikely the situation will improve.
- Transportation issues affect both recruitment and retention at sites where there is no public transportation access, or where employees have lengthy commutes. Public transportation schedules that do not coordinate with shift commencement and ending create safety concerns, particularly for night shifts. Paid parking is often not affordable for HCAs.
- The image of the continuing care industry is not positive. Health Care Aide work is generally seen as difficult, heavy and dirty. In addition, negative media stories make employees feel as if they are under constant public scrutiny.
- Union contract provisions preventing assignment of bargaining unit work inhibit using programs such as STEP and Careers, Next Generation to provide genuine experiences, influencing potential employees to come to work in the industry.
- There is insufficient staff to preceptor students wishing to complete practicums in a facility. A negative work experience can influence a student to avoid continuing care as an employment choice.

3. **Retention Issues**

- Turnover rates are increasing, and driving up recruitment costs.
- Older employers are affected by the heavy workloads and experiencing more injuries. All employees are experiencing workload stress resulting in higher absenteeism.
- Job satisfaction of Health Care Aides is decreasing because heavy workloads preclude spending one-on-one time with clients to provide quality of life services.
- Health Care Aides are leaving the industry to take employment in other sectors where the pay is similar but the effort is less.
- There are a significant number of Health Care Aides who are approaching retirement age.
- There is an increase in relocations out of province where salaries are higher and the cost of living lower.

- Lead-lag situations in bargaining are resulting in employees moving from one employer to another to capture the lead rate.
- Employees are being denied vacations because of staff shortages, resulting in resignations.
- Managers, the key to staff retention, are working many hours outside the regular hours and are burning out while shortages of professional staff (LPN/RN) are affecting the levels of day to day supervision of HCAs. Without sufficient supervisory and management support, retention will suffer more.

4. **Changes in Client Requirements and Expectations**

- Resident acuity is increasing; care needs are more complex; behaviour management is more difficult. Funding, based on 2005 CMI, has not provided additional staffing to offset increased workloads.
- Family expectations are greater than the service that can be provided with existing staffing levels.
- DAL facilities are becoming heavier, but continue to be funded for only 2 hours care per day per client. Staff is unable to provide the level of supervision required, creating a stressful working environment along with safety concerns for the resident. One operator reports that 12-15% of their DAL clients require long term care services.

5. **Training and Education for HCAs**

- The costs of attending an approved educational program to be a HCA are too high for prospective employees, considering the salaries they earn on completion. Seats at educational institutions remain empty while the need for HCAs escalates.
- The cost of upgrading to the new educational standard is too expensive for employees to bear. Time to provide training and education to Health Care Aides is exacerbated by staff shortages, making it extremely difficult to take the employee away from the unit for the required training.
- In addition to the training to attain required standards, significant training is also needed to prepare HCAs for MDS implementation.
- The system is wasting resources by duplicating training from one employer to another (e.g. competency training for the HCA, WHMIS)

6. **Attitudes and Values of the Workforce**

- Younger workers do not have the same work ethic and are less loyal, often leaving with little or no notice. Their interests are achieving work-life balance and maintaining social contacts.
- More employees want “employment at will” and are able to get that in this marketplace.

Employer Best Practices to Address Issues

Employers have exercised significant initiative in developing practices to address the issues. Best practices were shared for use across the industry.

1. Working Hours/Shift Schedules

- Employers are using a variety of solutions to increase the size of FTEs to full time or close to full time
 - Redistributing hours from short shifts among several people to create a rotation that is closer to 37.5 hours per week
 - Combining evening and afternoon shift hours to create a rotation with more hours
 - Combining smaller night positions
 - Expanding small FTEs by adding float hours (NOTE: This option has a risk of overspending if scheduled float hours result in more sick leave usage. In addition the administrative requirements are onerous.)
 - Scheduling all shifts as .7 to eliminate the smaller positions
 - Creating all full time shifts in a rural setting to allow for better competition with acute care
- Employers have experimented with 12-hour shifts on long term care units with varying success. Employee interest in 12-hour shifts appears to be mixed. Employers noted that 12 hour shifts interfered with part time employees' second jobs; interfered with family life; were characterized by more accidents and injuries; were too long to sustain the level of activity required on a long-term care unit; and were more difficult to recruit to than shorter shifts.
- Employers have worked with employees in a variety of ways to engage their participation in shift scheduling:
 - Engaging RN/LPN in shift scheduling for the unit
 - Engaging HCAs in shift scheduling, considering accountabilities and peak period requirements
 - Consulting HCAs while revising shifts to determine which shifts were most desirable to each person
- Employers are doing extensive customization of schedules to coordinate with the employee's second job and address personal and family issues. Examples include providing flexible start and finish times to allow for transportation time to get to another job or to deal with child care issues. The customization approach is labour intensive and hampers unit communication. One employer has dealt with the communication issue by recording shift change reports so employees arriving after regular shift commencement are able to obtain the needed information.
- Weekend work is not attractive to existing or prospective employees. Employers who are attempting to increase the size of positions are faced with rotations that require working three out of five weekends, while employees prefer to work alternating weekends only. Many employers are using the alternate weekend model.

- Collective agreement provisions restrict scheduling options. Employers continue to seek flexibility during bargaining. One employer has negotiated a letter of understanding to deal with scheduling issues outside the terms of the current collective agreement.

2. Recruitment

- A variety of strategies are being used to increase the employee pool on which to draw to fill vacancies
 - Agency staff is being brought in on contract to fill vacancies or provide relief at RN, LPN and HCA levels
 - Employers are offering on-the-job training for unqualified applicants. Some are providing a salary during the training.
 - Other employers have partnerships with educational institutions and the Region to deliver HCA training programs in-house.
 - In Edmonton, an educational initiative may assist with pool development. An Edmonton public school has begun providing education that will result in HCA qualifications upon graduation.
- Employers are finding traditional methods of attracting employees are not working and have implemented a number of strategies to enhance attraction
 - Employee referral programs with referral fees ranging from \$200 to \$500 are in place.
 - Employers are attending career fairs, noting the school fairs are good for recruitment while other commercial fairs are successful for branding.
 - Student placements are being encouraged as they are effective recruitment tools.
 - Outreach activities such as speaking to graduating classes are being used to create understanding of the continuing care industry and the career opportunities it offers.
 - Employers in smaller communities find the local newspapers and bulletin boards in local businesses result in attracting applications, while employers in cities note using the daily papers is ineffective.
 - In-house career fairs are being used to communicate employer efforts to existing staff and generate applications with immediate interviews
 - Employers are engaging ad agencies to create marketing messages and using technology such as DVDs and videos on web-sites to provide more information for potential employees.
 - Some employers are targeting LPN students who have completed the first year of their program to work as HCAs on a part time basis.
 - One employer is providing an incentive to part time employees who pick up additional hours in the form of a draw for \$500 at each site.
 - Employers are using web sites (organization, free, Edmonton job shop and others), television (Edmonton's Best is Hiring), radio advertising, bus benches, portable signs and banners to advertise vacancies

- One employer is advertising salaries that include the shift differential and weekend premiums and profiling the benefits package.
- Some employers are using signing bonuses for RN/LPN and considering extending this strategy to HCA recruitment.

3. **Retention**

- Employers have implemented many initiatives to build employee loyalty.
 - Scholarship/bursary program (2 awarded annually) for children of employees
 - In-service education opportunities
 - Quality of life spending account
 - Benefits eligibility at .4 FTE
 - EFAP services
 - Schedule flexibility to meet lifestyle needs
 - Using a “star identification” process to select employees to buddy new employees
 - Customer Service Committees that provide morale boosting activities
 - Free meals at work for weekend staff or for working outside regular hours
 - Pay for meal breaks when working outside regular hours of work
 - Scholarships for HCAs who wish to become LPNs
 - Contests and promotional events that include give-aways and opportunities to act as a spokesperson for the organization in a radio commercial
 - Social activities such as golfing and corporate challenge
 - Service awards (1, 3, 5, 10 + years) with pins, dinners, gifts or gift certificates
 - Encouraging team activity on the units
 - Increasing management involvement with HCAs – e.g. manager visibility on the unit, meetings with senior management, human resources follow up after hiring.
 - HCA preceptorship pay
 - Engaging employees in problem-solving activities respecting recruitment and retention
- Attendance management programs are being used to deal with increases in absenteeism
- Return in service agreements are being used when training new HCAs in house or providing the up-grading to existing HCAs at the employer’s cost.

4. **Changes in Client Requirements and Expectations**

- Employers are providing training in behaviour management techniques to assist HCAs in dealing with difficult to manage clients.

5. **Training and Education for HCA's**

- Employers have significantly increased their commitment to training due to the required new standards for HCAs.
- Employers have been forced to deliver in-house training programs at their own cost to create an accessible workforce pool as schools are unable to fill their education seats due to high tuition costs. This puts employers in direct competition with the educational institutions and redeploys resources that should be focused on providing care to the education of the workforce.
- Employers are also providing upgrading for HCAs who do not currently meet the provincial standard either by paying for the tuition or by providing the training in-house.

5. **Attitudes and Values of the workforce**

Employers recognize the challenges of dealing with changing attitudes and values in the workplace and have identified a need to better understand how demographics and cultural background affect attitudes, values and work ethics.

Employers' Recommendations for Action

The Government and the Health Regions have been working on the creation of a health workforce plan, identifying initiatives under four major building blocks to support it. The plan, however, has been primarily focused on acute care needs and has not addressed HCA recruitment issues, affecting 70% of the continuing care workforce.

Through the focus groups, continuing care employers have identified a number of initiatives that are essential to ensuring a Health Care Aide workforce into the future.

Building Block 1: Building Planning Capacity

Action Required	Lead	Rationale
Establish a representative committee and conduct workforce planning specifically for the continuing care industry.	Government	Current health workforce planning activities are not inclusive of continuing care. Assumptions have been made that the Regions will ensure continuing care is considered, but the reality is continuing care employers are being left to fend for themselves in a complex and increasingly difficult recruitment and retention environment. Direct involvement of the industry would ensure industry needs are addressed during the planning process.
Plan for appropriate numbers of education seats to support	Government	The industry is not confident there has been adequate workforce planning in this area. Affordability must also

Action Required	Lead	Rationale
industry needs		be addressed.
Influence government to ensure they understand the concerns and issues of the industry, insuring industry priorities are addressed in government planning.	ACCA	Ensure the continuing care industry receives the consideration it needs to continue providing services to its clients
Expand the work being done for HCA to include other critical occupational groups for the continuing care industry (LPN/RN)	ACCA	Although strategies to address HCAs will encompass 80% of the workforce in continuing care, recruitment and retention issues are evident in other occupational groups as well.

Building Block 2: Increasing Supply

Action Required	Lead	Rationale
Establish an assessment tool to allow employers to evaluate qualifications of applicants trained in other provinces and other countries to ensure they meet the HCA standard. The assessment tool should also include assessment of experience, identifying only the areas where upgrading is required	Government and Sector representatives	There is no established process resulting in situations where potential employees who may be qualified not being considered for employment or being retrained at considerable cost to the employer.
Provide affordable educational programs through grants or non-repayable loans to applicants who want to become HCAs.	Government	College seats remain vacant due to a combination of high tuition costs and low salaries upon graduation. Providing a “free” education would attract applicants who are currently unable to afford the

Action Required	Lead	Rationale
Alternatively, provide funding for an “earn as you learn” approach where paid employment is combined with instruction.		program and increase the supply of HCAs for the industry.
Provide tax rebates for individuals who are entering into education streams related to continuing care, or entering employment in the continuing care industry	Government	Incentives to enter the industry may increase the candidate pool for continuing care.
Consider using financial incentives for HCAs similar to those used for attracting people in the apprenticed trades.	Government	Incentives would increase employment pool
Provide financial assistance to employers/employees to attain the required educational standards for HCAs	Government	Employers are redirecting money to education that should be used for care.
Grandfather existing HCAs with respect to implementation of the new standards with the changes in standards occurring at entry into the occupation (similar to the RN changes). The timeframe for compliance should be moved to 2010.	Government	We cannot risk losing HCAs who will be required to complete an educational program even though they have been working in that capacity for many years.
Work with government to resolve issues surrounding the implementation of certification standards for	ACCA	Retaining existing employees must be a priority.

Action Required	Lead	Rationale
HCAs.		
<p>Revise the funding system to</p> <ul style="list-style-type: none"> • Provide funding levels that ensure continuing care operators can support salaries and benefits for HCAs equivalent to those provided by its major competitors, the acute care industry and the hospitality and service sectors. • Provide funding directly to the industry, rather than through the Region where it may be redirected to other priorities. • Deal with accumulated debt of operators resulting from chronic under-funding. • Provide staffing levels that reflect the increasing acuity and complexity of care required by residents 	Government	<p>Alberta HCAs are the lowest paid across Canada, in direct contrast to the RN which is the highest paid in Canada. HCAs are being lured to non-industry competitors by more competitive salaries and favourable working conditions.</p> <p>The continuing care industry requires direct funding to ensure industry priorities can be met. The existing situation has resulted in debt accumulation by individual owners and operators which if unaddressed could lead to facility closure.</p>
<p>Include HCA as an expedited occupation for immigration and improve immigration and qualification evaluation processes to allow employers to fill positions in a timely manner</p>	Government	<p>Currently waits of up to 18 months are being experienced to recruit through immigration either because of delays in qualification assessment or visa approval processes. HCA has not been recognized as a priority for recruitment through immigration.</p>

Action Required	Lead	Rationale
Create affordable housing.	Government	Cost of living, particularly housing represents a significant barrier for immigration and is causing an increase in relocations out of province.
Provide adequate funding to support employer-based education and career development programs targeted to HCAs	Government	Educational assistance is a significant factor in retaining employees. Career development initiatives such as supporting HCAs who wish to become LPNs are currently limited by fund-raising capacity at the facility level.
Provide sufficient funding for competitive compensation packages for nurse leaders.	Government	Supervisory and management support significantly impact on retention of HCAs.
Raise the profile of the continuing care industry through marketing and advertising, media stories, and other public relations activities that will ensure the public and potential continuing care clients are aware of the types of services provided by the industry.	ACCA	Potential employees must see the industry as an attractive option.
Enhance the image of continuing care and influence people to choose continuing care as a career choice by working with schools and colleges and implementing marketing strategies. Seek government funding for initiatives.	ACCA/Government	Marketing needs to target groups with potential to become HCAs. Significant resources will be required to enhance industry image and develop effective recruitment strategies.
Explore the possibility of partnerships with other	ACCA	Potential employees must see continuing care as an attractive option.

Action Required	Lead	Rationale
advocacy groups to enhance image of continuing care.		
Promote the certificates accepted for HCA on employer and ACCA web sites	Employers	This approach will ensure those considering this occupation will select the appropriate college program
Build permanent float pools	Employers	Provides for faster response in filling vacant shifts; there is a risk of increased sick leave use if employees know someone is available to fill in.
Consider schedules where .9 positions are prevalent	Employers	Alternative shift schedules may appeal to more current and potential employees
Coordinate industry-wide recruitment campaigns	ACCA	This approach profiles the industry and creates more awareness.
Encourage continuing care staff, clients and their families to communicate with MLAs to make them aware of any concerns.	ACCA	Enhanced communication with government decision makers ensures issues and concerns are heard.
Develop promotional tools that present positive images of happy people working in the industry; create maps of the province profiling locations of continuing care facilities along with contact information	ACCA	Promotional tools can be used by employees for referral programs. Maps can be used by employers to refer people who are relocating to an alternate employer.
Communicate directly with government on the needs of the industry.	ACCA	Ensures communication reaches government decision makers.

Action Required	Lead	Rationale
Enhance the appearance of employer links on ACCA web sites	ACCA	Greater visibility may increase hits and access to employment opportunities
Improve sharing of posting information between employers	Employers	May lead to referrals of potential candidates
In rural areas work with acute care facility to create coordinated schedules to facilitate staff sharing	Employers	Acute care is a major competitor for continuing care employees.
Conduct a continuing care career fair for all membership	Employers	Profiles the industry
Develop a referral process to use within the industry when employees relocate to another community	Employers	Ensures HCAs continue to work in the industry
Develop a protocol to refer candidates to other employers	Employers	Candidates may be more appropriate for certain programs or may have preferences for location. NOTE: Referral processes must conform to provincial privacy standards.
Improve employer networking	Employers	Sharing of best practices benefits everyone.

Building Block 3: Appropriate Utilization

Action Required	Lead	Rationale
Streamline administration requirements. Government regulation of the industry is split between several portfolios. Administrative work associated with government regulation and regional reporting is diverting significant time from care.	Government/Region	Administrative demands have increased significantly with multiple audits occurring simultaneously and increases to reporting requirements. Staff hours are being diverted from care to administration.
Develop beds and resource requirements to accommodate those waiting for continuing care services	Government	Hospital beds are being taken by people who should be in continuing care. Designated Assisted Living is becoming an unregulated “nursing home” environment but is not staffed to provide that level of service.
Coordinate the development of strategies to deal with the staff shortages	ACCA	Hospitals close beds and cancel surgeries when staffing is not available. Continuing care is under pressure to continue admissions regardless of whether staff is available to provide care or be penalized financially.
Develop an education passport that can be used by all employers to prevent wasting resources on unnecessary training	Employers	Facilitates placement of employees and conserves resources
Explore using the Continuing Care Educational Resource Centre for basic employee education initiatives. Individual employers can add site specific info.	Employers	Provides an education option that all employers could access.

Building Block 4: Healthy Workplaces

Action Required	Lead	Rationale
Provide infrastructure dollars to upgrade facilities	Government	Many existing facilities were not designed well and are not conducive to providing efficient and safe care. Maintenance concerns experienced in older facilities affect the ability of employees to do their work effectively.
Purchase appropriate equipment such as lifts and electric beds to ensure a safe environment for both staff and residents.	Government	Residents are increasingly dependent on staff to assist them with mobility, requiring appropriate lifts to ensure safety for the resident and reduce injuries for staff.
Influence government to provide funding for equipment and facility upgrades to improve safety of working environment	ACCA	Good working environments that provide the appropriate tools for the job have a positive influence on retention.
Provide communication to employers concerning developments in the industry and progress on initiatives.	ACCA	Facilitating communication within the organization enhances retention.

APPENDIX B

EMPLOYEE FOCUS GROUP RESULTS

Employees from twelve sites participated in focus groups in Calgary and Edmonton to

- Identify factors that provide job satisfaction
- Identify factors that detract from job satisfaction
- Recommend courses of action

Factors that enhance job satisfaction for Health Care Aides

Employees identified what has contributed to their decision to take and maintain employment in the continuing care industry.

- Being able to help someone; performing the assisting/helping role
- Working in a family environment (employees enjoy the day to day contact with residents, families and coworkers, describing these relationships as family-like)
- Feeling personal satisfaction in doing a good job; personal fulfillment knowing that you have made a difference in someone's life. Establishing personal connections with the client group.
- Being compensated for doing something you enjoy
- Bringing the outside world to the residents – providing social contact and creating enjoyment – being part of someone else's life
- Dealing with the challenges of meeting different resident needs and dealing with behaviours
- Working in a team – camaraderie, support and sense of accomplishment in attaining common goals
- Working with new residents when they enter a facility
- Working with clients who have dementia/Alzheimer's Disease and seeing the moments in which they respond
- Acting as family members for people approaching death
- Learning new things through in-service education or coaching from the RN/LPN – having opportunities to progress
- Having job security - there will always be jobs for HCAs
- Working at a slower pace than in acute care
- Having access to employee benefits
- Having access to a variety of employment opportunities in different units with the same employer
- Participating in problem solving groups
- Attending orientation

Factors that detract from job satisfaction for Health Care Aides

Employees identified what they like least about working in the industry, generating a comparatively longer list as follows:

- Working short – this is a safety concern for both residents and staff – employees indicate that 4-5 days out of 7 are being worked short – although there are protocols for working short, employees don't find them to be effective - employees share the work among the team members but go home very tired – one employee indicated “it just takes over your whole life and you begin to wonder if it is worth it.”
- Salaries are poor compared to effort and compared with other provinces – one employee indicated she will not tell people what she earns because her friends have made fun of her for continuing to work in the industry. She also indicated she will not recommend employment in the industry to anyone else. Other employees indicated pay for effort was not comparable for other jobs in the market place. Two examples were \$15 per hour for pumping gas and \$15 per hour for working at “Chicken on the Way”.
- Benefits are not competitive with those offered by other employers e.g. no vision plan
- HCA work is viewed as heavy, difficult and dirty; employees identified the physical strain on their bodies from work they believe is becoming heavier
- The scope of the jobs is increasing (e.g. including housekeeping functions, using MDS, pain observation and taking vitals), but the salary does not reflect these additional responsibilities
- Heavy workloads are stressful – illnesses become more prevalent. Employees feel they are being questioned for legitimate use of sick leave
- Management support and acknowledgement of effort is lacking
- Because of time constraints, created in part from the heavy workloads, employees feel like they are working on an assembly line with no time for individual contact with the residents. Employees also indicated they do not have enough time per resident to provide care needed.
- Employees feel intimidated to come to work sick, accept overtime assignments or come in for additional hours
- Employees do not feel they have flexibility to modify their schedules to deal with family or transportation issues
- HCAs feel their opinions are neither sought nor valued with respect to workplace issues
- Employees feel they are missing out on communication within their facility concerning management and program changes. Employees want more feedback not only on their performance, but on the performance of the unit and organization
- Some coworkers have poor attitudes that are not being corrected
- Resident behaviours are becoming more difficult to deal with – e.g. there is an increase in aggression.
- Shift start and end times are inconvenient and don't match with public transportation schedules
- Employees indicated there are not enough lifts, and in some situations lifts are not being maintained. Another employee identified the need for more slings.
- Employees are often short of laundry and towels

- Family complaints – lack of appreciation from families – especially in situations where staff are already working short
- Ambulance services do not value seniors or the staff in continuing care facilities and do not respond quickly to calls
- Employees are not always able to make use of all their skills due to time constraints
- Employees are being denied vacations because of being short staffed
- There is no increase in staff to deal with the increase in care required as resident conditions become more complex
- Poor building design makes it difficult to do work e.g. rooms that will not accommodate equipment, hallways that are too long
- Extensive weekend work is required – doesn't work well for employees who have families
- Injuries are prevalent in this line of work
- Supervisory relationships are seen as negative by some employees
- Employees are giving up coffee breaks because of being short staffed
- Employees feel that continuing care jobs have gone from providing care and comfort to just keeping people alive.
- Time waits for residents to receive help are too long due to staff shortages
- Need more full time employment opportunities to be able to make a living
- No pension benefits.
- Employees do not have a sense that they have any power to deal with issues facing them in performing their work
- Resident assignments to beds are often not appropriate matches
- Employees are feeling trapped in low end jobs with little opportunity to progress

Retention factors

Employees identified what will influence them to continue working in the industry.

- Opportunities to provide input
- Receiving information on actions being taken to improve the industry for employers, employees and clients
- Recruiting staff who have compassion
- Recognizing long service in a more meaningful way – not just a pin or a certificate
- Improved salaries
- Flexibility in schedules
- Improved staff/resident ratios
- Bursaries/scholarships and tuition reimbursement to assist employees to progress
- More full time positions

- Improved benefits – pension plan
- Greater time allocation to spend with each resident
- Management support; RN/LPN support
- History with the organization – remembering better times
- Acknowledgement of skills and appreciation of efforts
- Improved working environment – having the equipment you need, pleasant and safe surroundings
- Relationships – with residents, families and coworkers

Turnover factors

Things that may influence employees to leave the industry include:

- Repeated injuries
- Working short
- More competitive salaries elsewhere
- Heavy workloads
- Reduced hours
- Communication breakdown between supervisors/managers and employees
- Conflict with coworkers
- Feeling overwhelmed – especially for a new worker
- Cost of living – could result in relocation to cheaper place to live
- Elevators that do not work.
- Not getting vacation leave
- Not being able to attend education because of staff shortages
- Lack of support from manager
- Location – being able to find work closer to home or with fewer transportation issues
- Rural – leave for larger centre and better job
- Family issues
- Retirement
- Stressful work environment
- Working demanding shifts that require 7 days in a row and 3 out of 5 weekends

Scope of practice

Health Care Aides were asked if they are using the skills they learned in their educational program and in-service training. Most agreed they were using their full scope of skills. The areas where some employees felt there could be improvement in skill use included taking vitals and charting. In addition,

Health Care Aides felt they could contribute more through their observation skills if they were consulted more by the professional staff.

Some employees noted that LPNs are not performing their full scope of practice due to time constraints, or a perceived unwillingness of the RN to delegate the function.

Resources, Equipment, Supplies

Employees need improved resources in the following areas to provide effective and safe services to clients:

- More lifts, ceiling lifts – also ensure lifts are properly maintained
- Remove/replace carpeting – creates a safety hazard when moving lifts
- Staff shortage is greatest issue
- More tubs/repairs to tubs
- Electric beds
- Improved food quality for residents
- Adequate supplies and laundry
- Better transportation options for rural residents
- More recreation and rehab programs for residents
- Better access to regional programs for special services e.g. mental health and wound management
- Better programs and services for clients aged 50 and under
- More OT/PT hours to allow for timely assessments of new residents - the resident often does not have the equipment needed because of significant delays in assessments
- Improved maintenance on toilets – plugging is an issue

Hours of Work and Scheduling

Employees provided recommendations concerning hours of work and scheduling to make HCA work more attractive. They advised employers to consider the following:

- Increase the number of full time jobs
- Require working every second weekend rather than more frequent weekend work
- Emphasize scheduling flexibility to assist employees in dealing with transportation issues and family needs
- Use only straight shifts
- Involve employees in developing schedules
- Extend short shifts by 30 minutes – they are not long enough to complete the work assigned; the longer the shift, the more desirable to staff and the greater likelihood it will be filled

- Reduce overtime requirements – when you are working full time, overtime results in burnout
- Experiment with some 12 hour shifts
- Provide competitive weekend and shift premiums
- Consider public transportation schedules when determining shift commencement and completion times
- Ensure schedules do not require seven consecutive working days – it is too much when you are doing heavy work and are short staffed.
- Don't use four hour shifts – no one wants them
- Consider providing incentives for working more days that you are scheduled
- Recognize regular attendance with incentives

Action Areas for the Future

Employees were asked to identify issues they believe should be addressed to assist in recruiting and retaining Health Care Aides in the continuing care industry. Their suggestions have been grouped according to the Health Workforce Planning building blocks.

Building Block 1: Building Planning Capacity

Action Required	Lead	Rationale
		HCA's had no recommendations in this area

Building Block 2: Increasing Supply

Action Required	Lead	Rationale
Improve salaries	Employer	Funding must be sufficient to pay competitive salaries. Without competitive salaries we will be unable to compete for employees in the marketplace.
Provide a housing subsidy	Employer	HCA's are having difficulty finding affordable housing, causing some to leave the province
Improve benefits (include	Employer	Funding must be sufficient for

Action Required	Lead	Rationale
provisions for pension plans, vision plans and enhanced medical plans)		benefits. Benefits are a significant retention factor for employees
Recruit foreign workers	Employer	HCAs should be on the expedited immigration list; improved processes for qualification evaluation and immigration processing must be developed to allow employers to fill positions in a timely manner
Reduce cost of training to become a HCA by either providing subsidies for tuition, or providing paid training on the job	Government	Tuition costs are too expensive to attract potential entrants to the occupation. Employers are not funded to provide training, resulting in diverting funds from other areas.
Increase the practical experience portion of HCA training	Government/Colleges	Facilitates transition into the workplace. Many new employees are overwhelmed and leave.
Provide a tax incentive for becoming a HCA	Government	Encourages entry to the occupation and retains existing employees
<p>Do more aggressive recruiting at the high school level:</p> <ul style="list-style-type: none"> • include HCA as part of a career exploration week to “try out” the occupation before entering a training program • use student volunteers to work with residents 	Government/Employers	Colleges are unable to fill their seats. We must influence young people to become interested in the occupation.
<p>Use more incentives for existing employees:</p> <ul style="list-style-type: none"> • Recognize long service in 	Government/Employers	Funding may be required to support incentive programs. Incentives would encourage employees to stay.

Action Required	Lead	Rationale
<p>a more prominent way</p> <ul style="list-style-type: none"> • Provide an incentive for staying 3 months; 6 months • Provide incentives for working short or staying longer than assigned hours (meals, reimburse parking) • Incentives for regular attendance 		<p>Financial incentives were suggested for service. However, other incentives such as providing meals or reimbursing parking were seen as options for working short or staying beyond the assigned hours of work.</p>
<p>Improve orientation process to ensure new employees receive sufficient support:</p> <ul style="list-style-type: none"> • train HCAs to provide better mentorship and to emphasize the positives about the occupation • provide recognition to HCAs who do preceptorship 	Employers	<p>A good orientation along with workplace support assists in keeping employees beyond the critical retention period of one year.</p>
<p>Improve selection process to ensure only people who are appropriate for the work setting are selected</p>	Employers	<p>Employees want to work with people who care about the clients and strive to provide effective care</p>
<p>Use good performance management practices:</p> <ul style="list-style-type: none"> • Use probationary periods effectively to ensure only the people who perform to standards become permanent • Evaluate performance annually for all employees • Hold everyone 	Employers	<p>Employees recognize the need for everyone to perform to standard and see performance management as a retention strategy</p>

Action Required	Lead	Rationale
<p>accountable</p> <ul style="list-style-type: none"> Coach employees to have positive attitudes 		
<p>Increase educational opportunities available for HCAs:</p> <ul style="list-style-type: none"> assistance to become LPN increased in-service 	Government/Employers	Educational opportunities are limited by funding available
Use a staff suggestion system	Employers	Employees have lots of good ideas that employers are not tapping into.
Consider employer assistance with transportation issues	Employers	Transportation to and from work is problematic when public transportation is not convenient or accessible
Create a HCA Association to recognize the certification required and the contributions of the occupation	Government	HCAs feel their occupation receives no recognition for the important work they perform.

Building Block 3: Appropriate Utilization

Action Required	Lead	Rationale
Develop processes that include more consultation of HCAs in the worksite	Employers	HCAs provide observations to identify concerns, but they are not being consulted regularly to participate in problem-solving.
Ensure HCAs are assigned responsibilities to take vitals and do charting	Employers	This is part of the training HCAs receive, but not being used consistently in practice.

Building Block 4: Healthy Workplaces

Action Required	Lead	Rationale
Purchase appropriate equipment to ensure safe working conditions and resident environments: <ul style="list-style-type: none">• lifts• electric beds• bath tubs/showers	Government/Employers	Funding is required.
Remove carpets from certain areas of facilities	Government/Employers	Carpet makes lifts difficult to move and may result in injury to residents and staff. Consider this in the design of buildings.

APPENDIX C

HEALTH CARE AIDE RECRUITMENT AND RETENTION IN OTHER PROVINCES

As part of the research for the Labour Market Project, a total of ten out-of-province operators representing British Columbia, Saskatchewan, Manitoba, Ontario, Nova Scotia and New Brunswick were contacted. (1)

The operators were asked to share strategies they use to ensure recruitment and retention. They also provided information on the types of government assistance they are able to access with respect to recruiting, educating and retaining health care aides.

Most facilities have difficulty recruiting Health Care Aides across the respective provinces. Some exceptions are Ontario and British Columbia and Saskatchewan. In Ontario recruiting Health Care Aides is a problem only in northern communities where the recruitment pool is smaller and there is more difficulty attracting people willing to relocate there. The southern part of Ontario has a surplus of Health Care Aides. One operator feels the surplus resulted because of a training initiative undertaken by the former Ontario government to reduce the numbers of people dependent on social assistance programs. Many people in receipt of social assistance were provided with free training to become Health Care Aides. Another operator indicated immigrants settling in Ontario are seeking their certification through colleges, increasing the size of the available pool of workers. In British Columbia recruiting in North Vancouver and Vancouver Island is difficult due to the cost of living in these areas but other initiatives have improved recruitment across most of the province. A Regina operator indicates there is no difficulty recruiting Health Care Aides and that the facility is able to recruit casuals as well as full time employees.

Recruitment:

The strategies used in other provinces for recruitment do not differ significantly from those already being used in Alberta. They include:

- Maximizing full time positions to the extent possible
 - One operator is using a maximum of 6 shifts of 10 hours in a two-week period for most staff, supplemented with pick up hours to reach full time
 - Combine small positions where possible
 - Hire people full time and use them for vacation/sick relief across the organization
 - Use “overbooking” to create full time positions
 - A British Columbia operator has a minimum shift size of 5.5 hours.
 - The Saskatchewan operator indicated they had undertaken an extensive review of scheduling and operational requirements, resulting in a new roster that was implemented last October. They maximized the numbers of full time positions, increasing the resources dedicated to Health Care Aide staffing. After 6 months they have found offsetting

decreases in costs in other areas. In addition, residents benefit from greater continuity of care. The new roster requires employees to work two out of three weekends.

- Facilitating effective schedules
 - To allow employees to work two jobs
- Working closely with schools/colleges where potential candidates are trained
 - Hosting student placements from high schools
 - Ontario has a compulsory community placement for students; they have been successful in recruiting from this student pool
 - Attending job fairs at colleges
 - Providing practicum placements (these students later become a recruitment pool)
 - Using pre-recruitment presentations to ensure practicum students know about the benefits of employment at the facility in which they are doing their practicum.
 - Ensuring students have effective mentors
 - Trying to influence university to provide practicum placements in long term care in the 4th year of the RN program.
 - Nurse leaders actively work with colleges on matters other than recruitment for the facility
 - SIAST (Saskatchewan) is responsible for training Health Care Aides. Their seats are full and there is a waiting list.
- Promotion and Awareness
 - Participating in provincial initiatives to promote the industry
 - Promoting the individual organization by seeking media coverage for certain events
 - Setting up booths at events, conferences where target candidate groups will be in attendance
 - Attending job fairs (British Columbia indicates local fairs are better than provincial or national fairs for recruitment of Health Care Aides.)
 - Running a monthly column in a local newspaper with human interest stories about long term care activities or clients
 - Developing marketing campaigns that focus on desirable features of long term care
- Cooperation with other Continuing Care Employers
 - Ontario – use a referral process to refer candidates between employers
 - Quarterly meetings of continuing care employers to share information, discuss opportunities to work together
 - A Manitoba operator indicated Administrators of public and private facilities in the same geographic area meet regularly to discuss their staffing needs, resulting in some joint appointments between facilities to create a full time opportunity (e.g. Social Work, Dietary Manager). The group has also explored possibilities of joint appointments for

Health Care Aides, Licensed Practical Nurses and Registered Nurses, but collective agreement provisions are standing in their way.

- Lobbying Government
 - To increase educational seats
 - To provide free education for Resident Attendants (New Brunswick)
 - Writing letters to MLAs of areas where facilities are located, requesting their action to expedite immigration and visa approval processes.
- Government Assistance
 - Nova Scotia has a bursary program that has been in operation for three years. It provides up to 70% of the funding for training programs, with 10 % of the funding able to be directed to existing staff and the balance to new staff. Both Nova Scotia operators interviewed are training new Continuing Care Assistants and up-grading current employees in-house with the assistance of this funding.
 - In Nova Scotia, the government funded a public relations program for recruitment and retention of Continuing Care Assistants. It was effective in the rural areas, but not as much in the urban centres. In rural areas, information was disseminated through local newspapers and on local business bulletin boards. In the cities one promotional idea was using bus signs.
 - Manitoba government is providing incentives for employees who want to work as a Registered or Licensed Practical Nurse in long term care. In the cities they receive a \$2000 bonus. In rural areas this increases to \$3000. If the candidate comes from outside the province, this amount is \$5000. They are going to be expanding the program to Health Care Aides. The details are in the planning stage.
 - British Columbia Government has begun B.C. Cares, a \$6.8 M pilot program to increase enrollment in courses for Resident Care Aide and Home Support Worker programs. The two-year pilot project provides a loan reduction program for students of up to \$2500 per student. The student must complete the program in 2007-08 or 2008-09. The objective of the program is to graduate enough students to fill the needs of the Fraser Health Region for expanded beds in residential care and assisted living.
 - Also noted is the B.C. Loans Forgiveness Program that provides loan forgiveness for nurses and nurse practitioners, among other professionals at the rate of 33 1/3% per year, post graduation.
 - The British Columbia Government has opened up more training seats and have been able to fill them
 - The Saskatchewan Government is gearing up for an international recruiting campaign for 300 nurses. This is being funded by vacancies across the system – whenever there is a vacancy, 60% of the budget dollars for that position go to the Region to become part of the recruitment funding.
 - Saskatchewan is holding the line on tuition.

- Contracting Out
 - Ontario Operators indicated they had maintained contracting out in their collective agreements for part time personal support workers. These workers are brought into the organization through an agency, but then recruited into a position after having had an opportunity to observe their skills and abilities.
- Targeting recruiting/advertising
 - Advertise through community service groups
 - Web-based recruitment
 - Ontario finds Monster.ca and Workopolis effective web sites on which to recruit
 - Facebook
 - Saskatchewan has free access to the Saskatchewan Network (for advertising jobs in Saskatchewan)
 - The Saskatchewan operator advertises in community newspapers in the communities adjacent to the city – the Regina daily papers are not effective
 - The Saskatchewan operator has implemented a 24-48 hour response time to applications coming into the facility
- Allowances
 - Supplying room and board or housing in northern Ontario communities
 - Relocation assistance
- Benefit accessibility
 - New Brunswick employees are eligible for benefits on date of hire.
 - British Columbia benefits plans for health care workers are very good, but not all private facilities have access to these benefits.
 - Saskatchewan employees are eligible for the SAHO benefits package, which is very good.
 - Saskatchewan employees have a “banked day” provision allowing them to work slightly extended days in return for a day off every two weeks.
- Employee referral programs
 - Up to \$500 for all hard to fill positions, payable upon completion of probation
- Immigration
 - Philippines destination used by Ontario. Saskatchewan will be recruiting Registered Nurses from the Philippines this year.
 - A Nova Scotia operator is evaluating four different companies to partner with to facilitate immigration of both professional nursing staff and Continuing Care Assistant and support levels. They are preparing for expansion over the next two years.
 - Another Nova Scotia operator has been actively recruiting from the Philippines, having hired 15 – 20 employees to date. When they recruit through immigration at the RN level, they obtain an exemption from the government to employ the foreign RN as a Continuing Care Assistant. The employee would have to achieve certification as a Continuing Care

Assistant within two years. However, during this period, the employee may also write the required examination to become registered as a RN. When that occurs, the facility hires them as a RN.

- Manitoba did recruit Licensed Practical Nurses from the Philippines approximately 4 years ago. During that recruitment campaign, the Manitoba Government took the Licensed Practical Nurse examination over to the Philippines and tested people there to ensure they qualified for licensing before embarking on the immigration process. It took about two years to get the people into Canada, but the initiative was successful.
- Hiring immigration specialists – cost of approximately \$2500/\$3000 per hire.
- Providing Health Care Aide In-House Education Programs
 - A New Brunswick operator indicates many employers are providing training programs and recruiting people appropriate to become Resident Attendants. There is no provincial standard for qualifications for Health Care Aides in New Brunswick so employers are setting their own. No tuition is charged for the program, but the recruits do not get paid during the training period. 100% attendance at the training program is required. A one-year return in service agreement must be signed upon hiring. When one operator's program began, they focused on recruiting candidates with home care or previous care home experience, but are now accepting candidates with no related experience for training.
 - In Nova Scotia one operator has established a Centre of Excellence, incorporating the delivery of the Continuing Care Assistant course, enabling them to recruit candidates with no experience. They first complete 6 weeks mandatory education, completing four modules. They then work for 2-3 months. They are provided with a non-taxable loan to pay their tuition and pay it back at the rate of \$1 per hour.

The Centre of Excellence also houses a staffing call centre and Occupational Health and Safety programming. Another Nova Scotia operator has hired a full time educator who delivers the Continuing Care Assistant course in house. Applicants receive the training free, but must sign a two year return in service agreement.
- Identifying likely sources of applicants
 - New Brunswick recruits their Resident Attendants from the Home Care Attendant pool. The salary differential between the two makes the Resident Attendant more attractive. (NOTE: In-house education and no certification requirements widen the recruitment pool in New Brunswick.)
 - A Nova Scotia operator actively recruits people who have been out of school for 10 – 12 years, often young mothers who had some type of previous work experience (retail or hospitality) who couldn't afford to stay out of the workforce to take a college course. (NOTE: this employer provides in-house Continuing Care Assistant education.)
 - A British Columbia facility recruits retirees to come in on call.

Retention:

- Education and Training
 - Assist current employees in obtaining certificates. One Ontario operator received a grant from the TD bank which was used to upgrade the qualifications of Health Care Aides. In Nova Scotia a self-directed learning process with RN supervision is one alternative to attaining the upgrading required to become certified. Nova Scotia also uses a prior learning assessment for Health Care Aides who have experience, but no formal training. Once the assessment is made, the employee will pay tuition to obtain the specific instruction they require to attain certification, usually costing around \$500.
 - Ongoing in-service training
 - A British Columbia operator provides “Supportive Pathways” education as well as an end-of-life care program as part of their in-service training
 - Paid tuition for Health Care Aides who wish to progress to Licensed Practical Nurse
 - A Nova Scotia operator is working toward full scope of practice with its Continuing Care Assistant, foreseeing a different Registered Nurse role in the future considering their inability to recruit Registered Nurses and the knowledge that the average age of their Registered Nurses is 50. Licensed Practical Nurses have been working full scope of practice for some time at this facility and many others in Nova Scotia. This operator is meeting with community colleges to customize some courses to expand scope of practice for the Continuing Care Assistant.
 - A Nova Scotia operator has done an assessment of technology readiness and is providing training to bring up the skill levels of employees prior to the implementation of computerized resident charts. The first initiatives are in the payroll and administration areas.
 - The Saskatchewan operator has expanded the training offerings to include things like cultural awareness as the facility is multicultural in nature.
- Monetary incentives/retention incentives
 - These may be associated with long service programs or they may be retention bonuses
- Promoting career progression
 - A Nova Scotia facility has facilities providing the full continuum of care and uses this opportunity to do career ladders, providing for development for employees. Because they have been successful in moving people from support services positions into their training program for Continuing Care Assistant, they have modified their orientation processes to ensure that everyone receives information that would be required at various steps on the career ladder. In-service education is used to support laddering.
 - Promote from within wherever possible – a British Columbia operator provides tuition for Health Care Aides wanting to become Licensed Practical Nurses provided they work one shift per week while attending school and sign a one year return in service commitment. They also have scholarships for Licensed Practical Nurses who wish to become Registered Nurses.

- Prerequisites
 - Discounts on services or merchandise
 - Gift certificates at Christmas (AMEX = cash)
 - Pay for emergency child care
 - Free parking
- Employee recognition initiatives
 - Assigning committee work
 - Use seasoned workers as mentors
 - New Brunswick has a “Character First” program that rewards the types of behaviours the organization desires and recognizes employees for their efforts with financial and days off awards.
 - Service awards – the majority of the awards are for 5 year intervals
 - Nomination programs to recognize staff in certain performance categories
 - Monthly barbeques at a cost of \$3 per staff member
 - Appreciation events/social events
 - Nominate employees for national award categories – they attend a gala dinner in Toronto
- Scheduling initiatives
 - Using employee committees to change schedules
 - One Ontario operator tried self-scheduling for Health Care Aides, but had to discontinue because overtime was being incurred regularly.
 - New Brunswick offers part-time non-guaranteed hours that allow the employees to state their preferences for shifts, times and days.
 - A Nova Scotia operator is experimenting with self-scheduling and uses considerable customization to provide schedules that fit with employee needs.
 - Several facilities in Nova Scotia are using 12 hour shifts for Continuing Care Assistants. Every six weeks there is a complete week off. The facilities also have 8 hour shifts as older people do not like the 12 hour shifts, but the younger workers demand it. They indicated that increases in absenteeism and injuries were not prevalent in the 12 hour shift arrangements.
 - Rotating shifts are not popular, with many employers moving away from that type of scheduling.
 - There is an increase in 60-year old employees taking a leave to apply for CPP and then returning to work, sometimes in a reduced hours capacity
 - 20 week rotations with every second weekend off
- Redesigning work to fit the candidate
 - Develop work assignments appropriate for people with physical limitations
 - Develop work assignments appropriate for retirees to return on part time basis

- Ensure the work environment is flexible and conducive to enhanced employee morale
 - Bring babies to work
 - Equipment and facility in good condition to facilitate performing work
 - Anti-bullying programs/programs that promote respect in the workplace
 - Effective performance management programs
 - Minimum staffing guidelines with short staffing protocols
 - Focus on cleanliness
 - Ensure processes are well defined and well executed (e.g. recruitment, call-in)
 - No-lift programs to prevent staff injury
- Attendance Management programs
 - Ensuring employee calls manager and enquiring about the symptoms of the illness
- Management involvement/training
 - A facility in B.C. emphasizes senior management interaction with front line staff. The CEO and the senior management staff are required to spend time daily talking to front line staff. The CEO regularly engages small groups of staff in discussions.
 - Saskatchewan is emphasizing management education for supervisors and managers, using Regional management training programs that are readily accessible.

FOOTNOTES

(1) Operators contacted:

British Columbia

Dave Cherperdak, and Ken Gower, Broadmead Care Society

Christine Nidd, Rivera Long Term Care

Saskatchewan

Sylvia Jones, Parkside, Extendicare

Manitoba

Gwen Johnson, Vista Park Lodge, Extendicare

Ontario

Brian Smith, Lennadeo Home (county owned)

Josephine DesLaurier, Leisure World Senior Care

Bernita Borgh, Don Mills Foundation for Seniors

Nova Scotia

Coleen Conway, Glades Lodge, Ltd.

Ellen Stoddard, Shannex

New Brunswick

Rayma O'Donnell, York Manor, New Brunswick

HEALTH CARE AIDE WORKFORCE PLAN FOR LONG TERM AND CONTINUING CARE SECTOR

BUILDING PLANNING CAPACITY

The goal of this building block is to provide workforce planning capacity that will ensure

- anticipation of changes in the roles of health care providers;
- plans are built based on service delivery structures and appropriate assignments of work in relation to qualifications;
- anticipation of workforce trends and changing health needs in the population; and
- health outcomes are evaluated based on health workforce planning decisions

Current Strategies	Recommended Strategies	Comments
<p>The Continuing Care Workforce Working Group prepared a report on a survey of employers in the continuing care sector in Alberta in 2005, identifying recruitment and retention issues and employer suggestions to correct the situation. Another meeting is scheduled for April, 2008 to “launch a discussion” on workforce planning for the sector.</p>	<p>Government must expedite implementation of strategies to enhance recruitment and retention of key occupations specific to long term and continuing care. Many strategies have already been identified through previous planning processes, but implementation has been very slow. Resources must be available to implement the required strategies.</p>	<p>The current approach is too slow to deal with a situation that is in crisis now. A multitude of issues were identified three years ago but only limited action has occurred to address employer suggestions requiring funding.</p> <p>While employers have implemented a significant number of strategies that fall within their financial capability, success is contingent upon additional funding to address the broad issues of promoting the industry and the jobs within it, educating new employees, reeducating the existing employees to meet the new standards, and ensuring salaries and benefits are sufficiently competitive to attract and retain employees.</p>
	<p>Government must plan, fund and implement changes that will provide for the identification of changing needs of the client groups of long term and continuing care services and provide the resources to ensure these needs are addressed</p>	<p>Regions are not funded on a consistent basis as there is no funding formula. Funding available from year to year varies. Operators are unable to run in a deficit.</p>

Current Strategies	Recommended Strategies	Comments
	Government must plan for the required numbers of educational seats required by the occupation to meet long term and continuing care workforce requirements and develop strategy with educators to attract applicants to the approved educational programs.	The sector has provided significant amounts of data to the Department of Health and Wellness to project future needs over the past decade.
ACCA has sponsored the Labour Market Study to document the workforce issues and needs with respect to Health Care Aides and will provide that information to decision makers and stakeholders.		
	Action plans targeted to Licensed Practical and Registered Nurses for long term and continuing care require further development.	
	Government long term and continuing care programs and services should be consolidated in a single Ministry that provides funding directly to the sector, rather than through the Regions.	This approach would provide for direct communication between government decision makers and the sector and would ensure funds allocated for long term and continuing care initiatives are directed to the purpose intended.
	Government must address affordable housing/cost of living to ensure workers are willing to relocate to Alberta.	Health Care Aides are unlikely to relocate to the province even if there are surpluses elsewhere, because the cost of living is prohibitive for someone who is likely to work only part time and start at \$11 per hour.
	When planning for expansion of beds to meet rising client demand,	Currently hospital beds are being used by people who should be in continuing care.

Current Strategies	Recommended Strategies	Comments
	government must consider the type of service the clients will need and how staffing will be secured.	DAL is becoming an unregulated “nursing home” environment because operators report client care needs often exceed what can be provided in that environment. There isn’t enough staff to provide service for beds already in the system. Special initiatives are likely to be needed to generate a supply of staff for new beds.
	Improved information systems are needed to assist employers in monitoring trends with respect to recruitment, retention, injuries and illness.	Current information systems are not robust, necessitating considerable manual work to collect and analyze data.

ADEQUATE SUPPLY

The goal of this building block is to educate, recruit and retain sufficient numbers of health service providers to meet emerging/evolving health service requirements.

Current Strategies <i>Promotion and Marketing</i>	Recommended Strategies <i>Promotion and Marketing</i>	Comments
<p>ACCA ran a promotional campaign in the fall of 2007 to attract Health Care Aides to its many employers. The campaign included advertising, using media ranging from radio and community news papers to LRT and ETS signs and the use of paper and electronic information on the occupation. (See site at www.choose2care.ca) Employers hosted “open houses” to provide additional information. A second initiative is planned for this spring.</p>		<p>The fall 2007 initiative did not generate significant interest in employment as a Health Care Aide. While a similar strategy was successful in British Columbia where government sponsored initiatives are in place to ensure they have enough Health Care Aides to staff new facilities planned in the next few years in the Fraser Health Region, the Health Care Aide occupation is more attractive there as it pays \$4.05 per hour more than in Alberta and the education program provides a loan reduction of up to \$2500 per student.</p>
	<p>ACCA will continue to upgrade the choose2care web site, adding information recommended by stakeholders.</p>	<p>A suggestion is to promote the certificates that will provide Health Care Aide Certification on the web-site in the hopes of attracting more people to the training programs.</p>
<p>ACCA has engaged a communication specialist to enhance communication and publications, improving the public image and increasing greater awareness of the sector.</p>	<p>ACCA will explore the possibility of partnerships with other organizations or advocacy groups seeking to enhance or improve the image and services in the long term and continuing care sector</p>	<p>Media coverage of the sector is often negative, creating further public image issues for the sector. ACCA already works with Alberta Home Care and Supports Association, Alberta Senior’s Association and related ministries</p>

Current Strategies <i>Promotion and Marketing</i>	Recommended Strategies <i>Promotion and Marketing</i>	Comments
	<p>ACCA should consider the possibility of coordinating further industry-wide recruitment initiatives/career fairs and developing more promotional materials.</p>	<p>This approach would give greater profile to the sector.</p>
	<p>ACCA should continue to urge employees, clients and their families to communicate with MLAs to ensure they are aware of the concerns they have about the sector.</p>	<p>Decision-makers require information on the issues.</p>
	<p>ACCA should work with industry leaders to identify alternative strategies to assist the sector in dealing with staff shortages.</p>	<p>Acute care can close beds, discharge early or postpone surgery. Continuing care is under pressure to continue admissions regardless of staff availability. Realistic strategies are required to deal with staff shortages.</p>
	<p>To facilitate both recruitment and retention, funding must be made available to provide competitive salary and benefits for Health Care Aides.</p>	<p>The compensation package must reflect occupational effort required and be competitive in the local market place. Other jurisdictions indicate their primary competitors are other health care providers, in Alberta, the service industry has become a competitor. A more favourable compensation package is needed to attract and keep people in the occupation.</p>
	<p>Government must subsidize education costs to ensure existing seats are filled and increase seats available. We cannot possibly generate a</p>	<p>Alberta must look to initiatives that have been used by other provinces such as the loan forgiveness programs in British Columbia, the bursary programs in Nova Scotia and the “free” training initiatives</p>

Current Strategies <i>Promotion and Marketing</i>	Recommended Strategies <i>Promotion and Marketing</i>	Comments
	<p>supply of Health Care Aides to replace retiring workers and deal with increasing need with only one third of the existing education seats filled.</p>	<p>undertaken by the former government of Ontario.</p>
<p>ACCA developed a Career posting site for use of its members (www.ab-cca.ca) since www.Healthjobs.ab.ca is available only to employers who are part of the Region.</p>	<p>Regions should provide no-cost access to the Healthjobs.ab.ca web site for all long term care/continuing care operators to post government-funded care positions.</p>	<p>In Saskatchewan long term care/continuing care operators have access to the provincial jobs network for posting their employment opportunities. They have found this method of advertising is successful in recruiting Health Care Aides. Access to the Healthjobs web site would provide another venue for attraction using a web site that many prospective employees are already familiar with.</p>
	<p>Government must improve immigration and visa granting processes. Health Care Aides must be advanced as a priority occupation.</p>	<p>Immigration and visa granting processes, along with other requirements such as attaining medical examinations prior to immigration, are causing lengthy delays. Ontario experienced a two year delay in being able to place immigrating Health Care Aides in their positions. The waiting period between application and arrival has meant immigration is not a viable source of new employees for this occupation.</p>
	<p>Government must provide resources to fund international recruitment for the long term and continuing care sector.</p>	<p>Ontario has been successful in recruiting Health Care Aides and other health care professionals from the Philippines. This initiative would require a process to assess out of country qualification requirements as they relate to the Health Care Aide standards (see below).</p>

Current Strategies <i>Promotion and Marketing</i>	Recommended Strategies <i>Promotion and Marketing</i>	Comments
	<p>Government must develop an assessment tool to evaluate educational programs from out of province and establish equivalencies with respect to the new Health Care Aide competency requirements.</p>	<p>The pool of employees coming from within the province is inadequate to meet the needs. With no ability to establish equivalencies, employers may be forced to eliminate prospective employees because they have not completed an approved provincial program.</p>
	<p>Government must establish a reasonable strategy to upgrade the education and competencies of existing Health Care Aides, allowing employers to work toward the standard over a longer period of time and providing some alternatives for recruitment and training to build the supply.</p>	<p>The original deadline by which all Health Care Aides were to meet the new standard was March, 2008. High vacancy rates and budgetary restrictions have made this date impossible to attain.</p> <p>When Nova Scotia implemented new Health Care Aide educational standards, they recognized the recruitment and retention issues for this occupation. First, they grandfathered existing experienced employees, not requiring them to obtain certification. Secondly, they provided an alternative recruitment mechanism where, by application, an employer could recruit an employee who did not meet the required standards, but who would have to complete the required education over a two year period. Finally, they provided up to 70% of the funding for employer sponsored training programs to ensure an uncertified new employee was safe to work on initial appointment and was able to complete the educational requirements within the two year time frame.</p>
	<p>Government should offer financial incentive programs for employees to come and work in the long term and</p>	<p>Manitoba has implemented an incentive program that currently targets Licensed Practical and Registered Nurses, providing incentives of up to \$5000 per</p>

Current Strategies <i>Promotion and Marketing</i>	Recommended Strategies <i>Promotion and Marketing</i>	Comments
	continuing care sector. This could be in the form of an incentive payment, similar to Manitoba, or a tax rebate.	appointment. They are planning to expand the program to Health Care Aides.
Employers have increased the numbers of permanent full time opportunities to the extent possible, considering financial and scheduling restrictions. Other initiatives have been implemented to maximize the size of the FTE.	Government funding must reflect care needed as acuity increases. Not only are increased staffing levels required to provide more complex care but appropriate staffing levels would also result in the ability to provide more full time jobs to attract employees to the sector.	One of the negative aspects about being a Health Care Aide is it is often difficult to find a full time position, resulting in most employees working between sites with one employer, or working multiple jobs with multiple employers. Having part time employees significantly increases turnover as they try to increase the numbers of guaranteed hours they have to work.
	Employers should consider the development of permanent float pools to offer faster response in filling vacant shifts	Those who have experimented with this approach have noted the risk that sick calls may increase when staff know someone is available to fill the shift.
	Employers should explore how they can work more effectively together to share posting information, share resources with respect to training, conduct recruitment campaigns, create opportunities for joint appointments	Joint appointments have become a reality in Manitoba where operators in a specific geographic area have partnered to provide full time employment through joint appointments. Other provinces have initiatives to refer candidates between employers and to conserve resources by working together on certain projects
Employers have developed many flexible scheduling options ranging from flexible start and stop times that facilitate child care and multiple jobs to developing schedules that fit times		The result of providing increased flexibility is the administrative workload associated with unique scheduling and payroll procedures. Evaluation of 12-hour shifts found the heavy work was a deterrent for many employees.

Current Strategies <i>Promotion and Marketing</i>	Recommended Strategies <i>Promotion and Marketing</i>	Comments
<p>employees are or can be available for work and attempting to give employees every second weekend off. Employers have also experimented with twelve hour shifts and have ensured involvement of employees when developing new shift schedules</p>		
	<p>Government should provide funding to sponsor a transportation pilot in a major centre.</p>	<p>Many sites in Calgary have sited transportation as a major issue. City transportation to certain sites is either inaccessible or inconvenient, particularly at nights. There is interest in piloting a shuttle service for the continuing care community if funding is provided.</p>
<p>Employers are hosting student placements to the extent possible, ensuring those who are selected as mentors provide effective guidance to the student.</p>		<p>Students represent a pool for future recruitment. Unfortunately, placements are limited by the poor enrollment in the Health Care Aide Programs.</p>
<p>Employers have evaluated advertising strategies and are focusing on those that provide the best hope for success, based on their experiences. Some employers are engaging advertising agencies to develop marketing slogans.</p>		<p>Employers have found advertising in the major dailies is not effective. Community newspapers, bulletin boards and community group advertising are effective in rural areas. Larger centres are focusing on a variety of web sites and use of technology such as DVDs and videos on line. They are attending school career fairs, which are more successful than large commercial fairs.</p>
<p>Recruitment incentives, such as employee referrals and</p>		

Current Strategies <i>Promotion and Marketing</i>	Recommended Strategies <i>Promotion and Marketing</i>	Comments
<p>signing bonuses for certain occupations, have been implemented with varying degrees of success by many employers.</p>		
<p>Employers are targeting LPNs who have completed the first year of their program to work as Health Care Aides over the summer and part time while they are attending classes.</p>		
<p>Employers are offering incentives to part time employees who pick up extra hours as one method of controlling overtime while ensuring client service.</p>	<p>Government must provide funding at the appropriate level to pay for overtime costs until the supply problems for Health Care Aides can be rectified.</p>	<p>Residents must be cared for, leaving few options other than overtime.</p>
<p>Employers are using contract services through a variety of agencies when positions are unable to be filled by existing casuals or through overtime assignments</p>		<p>Contractual services experiences include increased errors and less effective care. However, this improves if the employer is able to have the same contract workers on a repeated basis. This staffing option is expensive.</p>
<p>Employers have developed a variety of initiatives to build employee loyalty to the organization including in-service education programs, scholarships for progression, quality of life spending accounts, EFAP services, employee recognition programs, service awards, increased management involvement with employees,</p>		<p>Employee development and career progression is critical to retention. Scholarships mean a significant financial commitment. Operational funding is insufficient to provide these opportunities, so employers have gone to their donors and fund raised to provide staff scholarships.</p>

<p align="center">Current Strategies <i>Promotion and Marketing</i></p>	<p align="center">Recommended Strategies <i>Promotion and Marketing</i></p>	<p align="center">Comments</p>
<p>social activities and other unique initiatives.</p>		
<p>Attendance management programs are being used to address absenteeism issues.</p>		<p>Absenteeism has been increasing in most sites. This is being attributed to both rising stress on the job and employees trying to balance life with multiple jobs.</p>
<p>Employers are beginning to offer in-house training programs specifically to develop new Health Care Aides since the colleges are unable to supply them. Some are offering pay during the training period.</p>	<p>Appropriate funding must be provided to long term and continuing care operators who are providing the instruction if this is to become the preferred method of developing supply.</p>	<p>This places employers in direct competition with educational institutions and diverts resources from care to education.</p> <p>Nova Scotia is also actively training employees to become Health Care Aides. Their program has government support through the bursary program and is able to be completed over a two year period while the employee is actively at work in the facility.</p>
<p>Return in service agreements are in place for situations where employers are training new Health Care Aides in house or upgrading existing Health Care Aides at the employer's cost.</p>		<p>This encourages retention for the period of the agreement.</p>
	<p>Try targeting "second career" workers for in-house Health Care Aide training and to fill the seats in existing college programs.</p>	<p>Research has shown second career workers tend to have more interest and success as Health Care Aides, although, this is more so for home care settings than for long term and continuing care.</p>
	<p>Develop more career path information to publicize when recruiting Health Care Aides.</p>	<p>This would attract individuals who may be interested in progressing to Licensed Practical Nurse or Registered Nurse in the future.</p>

Current Strategies <i>Promotion and Marketing</i>	Recommended Strategies <i>Promotion and Marketing</i>	Comments
	Provide as many “consistent assignments”(same caregiver with same residents) as possible.	Research has shown that consistent assignments are conducive to retention.
	Ensure employees have assistance available to deal with burn-out or job stress situations	Not all workplaces have access to EFAP services
	Consider establishing more peer mentoring programs for new employees	This provides a greater support system for new employees when retention is at greatest risk
	Review recruitment processes to ensure they include the use of techniques that are likely to select the candidates most likely to succeed.	Techniques such as behavioural observation and behavioural description interviewing have been shown to provide a greater likelihood of success in the selection.
	Develop initiatives in the workplace to cultivate effective relationships	The opportunity to form relationships is a positive for the sector.
	Develop and maintain effective performance management systems	Focus groups indicated employees want everyone to be held accountable for assigned responsibilities.
	Provide education for supervisors and managers to ensure they are able to provide the appropriate leadership and feedback to employees	Research has shown that the relationship between an employee and the supervisor are very important to retention.
	Consider joint ventures with	Recruiting spouses of employees who are

Current Strategies <i>Promotion and Marketing</i>	Recommended Strategies <i>Promotion and Marketing</i>	Comments
	large employers in the same geographic area.	transferred to Alberta may provide an additional source of Health Care Aides.
	Develop more avenues to work with high school students to influence career choices.	Before this can be effective, we need to address the public image of the sector, the cost of training and the compensation packages available for Health Care Aides.
	Bring more education programs to rural areas to ensure accessibility and to retain those employees in those areas.	Inconvenient or inaccessible development opportunities are a risk to retention in rural areas.

APPROPRIATE UTILIZATION

The goal of this building block is to strive for the most effective and efficient utilization of health workforce providers

Current Strategies	Recommended Strategies	Comments
	Government and Regional regulatory and reporting structures require streamlining to ensure administrative requirements do not adversely affect retention.	Administrative demands related to government regulation and regional reporting is diverting a considerable amount of time from leaders. Streamlining would allow these leaders to increase the time they spend with employees. Research confirms that management communication, supervision and coaching have a positive correlation with retention.
	Develop an education passport that can be used by all long term and continuing care employers.	The passport would ensure appropriate instruction that has already been received by the employee would not be duplicated instruction by other employers as employees move between organizations.
	Employers should explore whether ERC would be able to provide some basic employee education initiatives.	This could provide an easily accessible education option for all employers.
Employers are working toward full scope of practice for all categories of care providers.		Most Health Care Aides are performing their full scope of practice. Licensed practical nurses practice is varied, depending on the facility, supervision available and workload factors.

HEALTHY WORKPLACES

The goal of this building block is to create workplace environments that will have a positive impact on job and professional satisfaction. This, in turn, will have a positive impact on recruitment and retention of health care providers.

Current Strategies	Recommended Strategies	Comments
	Funding is required to upgrade existing facilities and equipment to make them safer and more efficient for both residents and employees	Old building design with carpeted floors and small rooms interferes with use of lifts. Outdated and poorly operating equipment present an added frustration to providing services. Working in less than ideal conditions negatively affects retention.
Purchase electric beds and lifts as financial resources allow.		Appropriate equipment will prevent injury and enhance retention of workers.
	Employers need to acquire more knowledge about the attitudes and values of the workforce to enable them to tailor employment opportunities and retention initiatives that appeal to different generations and different cultures.	Employers have noted that younger workers have less loyalty to the employer, often leaving with short notice or no notice. Another trend is the desire to have “employment at will”, resulting in some employees leaving permanent full time employment in favour of casual employment that affords them the opportunity of establishing their own schedules.
	Develop initiatives that provide for balance between work and personal life.	More employees are seeking work/life balance.
Employers are providing education to Health Care Aides to assist them in managing behaviours.		The residents coming into care are exhibiting an increase in aggression, resulting in greater risk of injury for Health Care Aides.

HR Consultant Sharon Roulston Biographical Information

Sharon worked in public administration for 22 years with the Government of Saskatchewan in several portfolios, including the Public Service Commission, Economic Development and Social Services where she managed a variety of human resources, information systems, financial and communications activities. More recently, she spent 5 years as Director of Human Resources for Capital Care before retiring in 2006.

Sharon has a Bachelor's Degree in Education and a Certificate in Human Resource Administration from the University of Regina.