

Snapshot of Canada's Health Workforce

HealthCareCAN's Member Consultation

This document was produced by HealthCareCAN, the national voice of hospitals, healthcare and health research organizations across Canada.

June 2024

About the Consultation

In the fall of 2022, HealthCareCAN's Health Human Resource Advisory Committee (HHRAC) launched a nation-wide benchmarking survey to better understand the workforce challenges facing healthcare organizations across the country. The survey has been refined and improved, with changes to definitions and metrics to ensure consistency and comparability. This year's survey therefore represents a baseline year.

In addition to the survey, HealthCareCAN further consulted with HHRAC members in person in June 2024 to discuss and strategize challenges, opportunities and best practice sharing across Canada and formulate recommendations found in this report.

Health Human Resource Advisory Committee (HHRAC)

HHRAC is a committee of HealthCareCAN's Board of Directors and made up of Canada's most senior health leaders of People and Culture. This committee represents the health workforce across the country, not only from hospitals, but from provincial and regional health authorities delivering care across the continuum.

HealthCareCAN and its members will use the survey results to advocate with key decision makers and respond to today's pressing HHR issues on behalf of our membership, and to establish a critical benchmark against which investments, policy changes and environmental impacts can be evaluated over time.

Workforce Representation

The 2022-23 workforce survey represents the following workforce within member organizations:



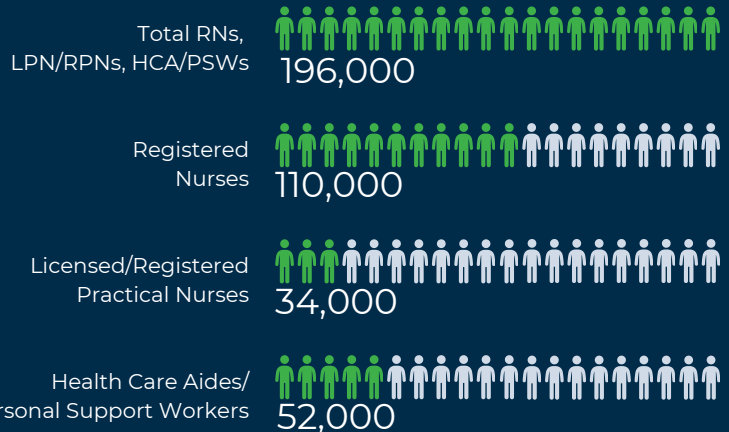
30 organizations
10 provinces /territories



450,000 staff



Over 524 million hours worked



Respondent organizations represent different types of organizations depending on the jurisdiction (i.e.: provincial or regional health authority vs. individual hospitals).

Current State

Post-Pandemic, healthcare organizations continue to face significant workforce challenges across Canada, precipitated by elevated rates of worker strain and burnout, shortages of certain critical professions and in particular care settings, and growth and change in the care needs of Canadians. This translates into challenges with recruitment, retention, health and wellness of staff, and subsequent impacts on access to high quality care. Complex health systems must continuously evolve to meet the changing needs of patients, communities and our workforce and deliver effective care across the continuum.

Issues & Opportunities



Over 48,000 positions are currently being recruited for across respondent organizations. Vacancy rates have remained higher, primarily because of the addition of more positions to handle volumes across the system, than pre-pandemic rates.

Opportunity: HHRAC members to collaborate together and with federal players (e.g.: Health Workforce Canada, IRCC) on a pan-Canadian strategy for fast-tracked recruitment and retention of Internationally Educated Healthcare Professionals (IEHPs) that considers jurisdictional needs, strategies to assess and address skill gaps, settlement supports and integration in existing workforce.

Opportunity: HealthCareCAN to advocate for investments in practical research that supports the adoption and spread of technology into health care delivery (e.g.: artificial intelligence) to reduce administrative burden, enhance utilization of professionals full scope of practice, improve work satisfaction and improve quality and safety of care.



The average overtime rate (overtime hours as a % of total paid hours) for front-line care staff was 7.6% (RN), 8.6% (LPN/RPN) and 9% (PSW/HCA) across Canada, with significantly higher rates in some parts of the Atlantic Canada. Critical care departments also saw substantial overtime by its specialized staff: Emergency departments (9.1%) and Intensive Care Units (11.9%). This is impacted by vacancies, sick time and increased need for health services and has a significant impact on worker wellbeing.

Opportunity: Invest in researching and implementing new models of care that enhance and integrate primary care, community/home care with acute care, and provide the most appropriate and cost-effective care in the right part of the care continuum.



While average turnover (# of staff leaving positions/total # of employees) has stabilized at around 7% nationally, some regions like Ontario experience greater turnover (11%) where more competition between organizations is seen - costing the system greatly and impacting vacancy and overtime. Personal support workers/aides turn over at a higher rate than other professionals.

Opportunity: We support Health Workforce Canada to identify international success stories in workforce optimization and innovative models of care. HHRAC would collaborate with Health Workforce Canada and others, such as professional bodies, to test and trial these models in HealthCareCAN member organizations in Canada.



From Ontario to the East Coast of Canada, an average of 9% of paid worker hours for nursing positions (RNs, RPNs/LPNs) were recorded as sick time. For some organizations and locations, the rates are substantially higher, such as in rural, remote and northern jurisdictions where sick rates were as high as 29%. Further sick time challenges may be faced during periods of increased respiratory infection.

Opportunity: Invest in examining and supporting implementation of innovative tactics that maximize worker wellbeing, work-life balance and satisfaction, such as flexible scheduling, reduced administrative burden, worker supports (e.g.: affordable/accessible childcare, front-line mentorship and peer support) to improve sick time as well as recruitment, retention and rejuvenated interest in healthcare careers.



Members agree that professional development is a critical lever in impacting staff engagement, retention, and succession planning across all of healthcare. In addition to front-line staff, management/leadership roles can be difficult to fill with qualified individuals. A reported large number of retirements over the pandemic period left significant leadership gaps requiring upskilling and capacity building.

Opportunity: HealthCareCAN's professional development division, CHA Learning, to work with organizations to identify how to support healthcare-specific leadership development that enables system transformation.

Opportunity: Increase investments in the professional development of all healthcare professionals to further support worker wellbeing, retention, and important capability-building in the system.

PARTICIPATING MEMBER ORGANIZATIONS

British Columbia (3/5 regional health authorities)

- Fraser Health Authority
- Island Health
- Northern Health Authority

Alberta (entire province)

- Alberta Health Services
- Covenant Health

Saskatchewan (entire province)

- Saskatchewan Health Authority

Manitoba (entire province)

- Shared Health Manitoba
- Cancer Care Manitoba

Ontario

- Baycrest
- Children's Hospital of Eastern Ontario & Ottawa Children's Treatment Centre
- Kingston Health Sciences Centre
- London Health Sciences Centre
- The Ottawa Hospital

- SE Health
- Sunnybrook Health Sciences Centre
- Thunder Bay Regional Health Sciences Center
- University Health Network
- Waypoint Centre for Mental Health Care
- Women's College Hospital

Quebec

- Integrated Health and Social Services University Network for West-Central Montreal

New Brunswick (1/2 health authorities)

- Réseau de santé Vitalité - Vitalité Health Network

Nova Scotia (entire province)

- Nova Scotia Health Authority
- IWK Health

Prince Edward Island (entire province)

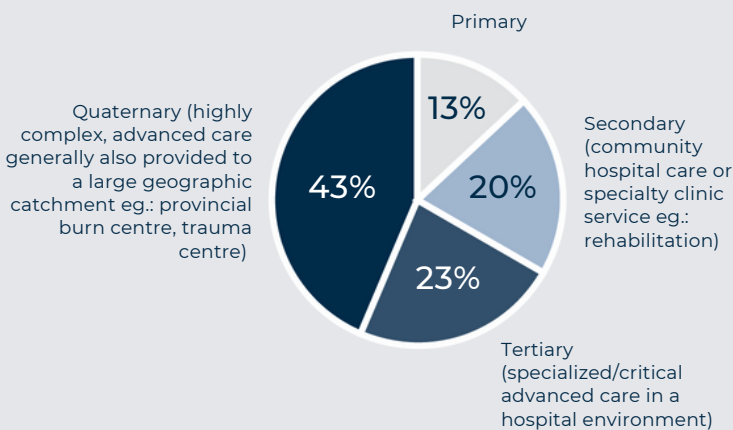
- Health PEI

Newfoundland and Labrador (entire province)

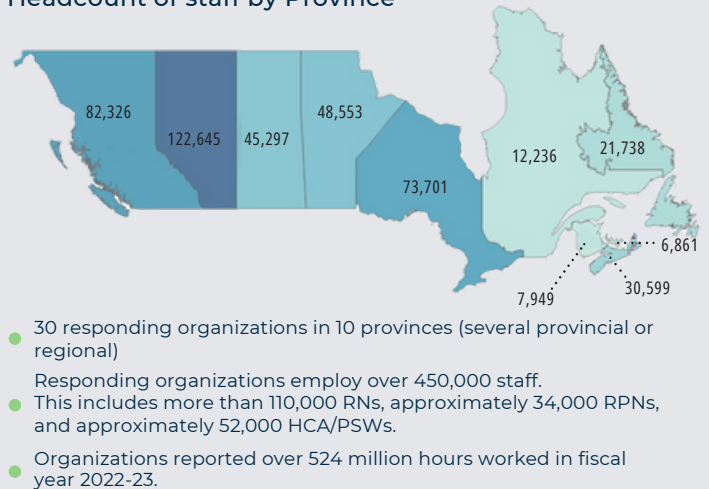
- Newfoundland and Labrador Health Services

GEOGRAPHIC & DEMOGRAPHIC REPRESENTATION

66% of responding organizations offer at least a Tertiary level of care



Geographic distribution of respondents: Headcount of staff by Province



% of Respondents Providing Services

