

# Snapshot of Canada's Healthcare Workforce

## Benchmarking survey of HealthCareCAN member institutions

### ABOUT THIS SURVEY

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 institutions across the country.

Overall, the data confirms that hospitals and health authorities across the country are at the apex of a health human resource crisis with both vacancy and overtime rates rising over the duration. This is the cause and effect which is leading to the other healthcare pandemic: massive rates of moral distress and burnout.

These survey results provide, in aggregate, a picture of what has been happening in Canada's acute healthcare systems between 2019-2022 and establish an early benchmark upon which to monitor changes in our health system. As such, the data provides both a "before-COVID" benchmark and what has happened through the whole of the pandemic.

HHRAC will continue to learn from this prototype survey and will convene a national working group to improve the survey process by discussing and developing health workforce indicators and definitions to be used nationally.

### SITUATION IN MEMBER ORGANIZATIONS

#### Vacancy



12.4%

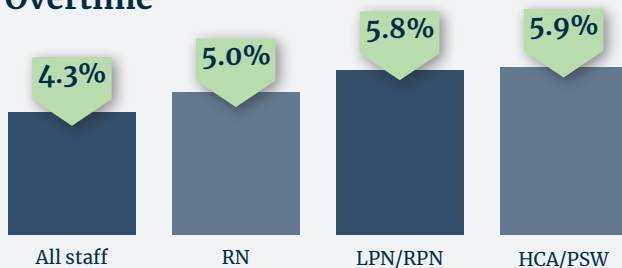
Vacancy rates increased by 4% between 2019 and 2022 (YTD) and are at the highest rate since the pandemic began. This is driving increases in overtime, sick time and staff turnover. The vacancy rate for RNs was higher than average, at 15% in 2022 (YTD). The vacancy rate in ER departments was 4% higher than average at 17%.

#### Turnover



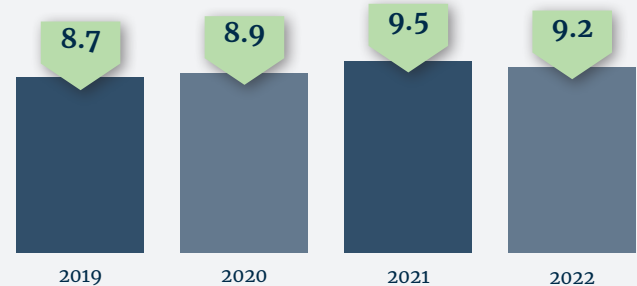
The health workforce turnover rate increased to 7.3% between 2019 and 2022 (YTD) with nursing roles experiencing the highest rate among all roles surveyed.

#### Overtime



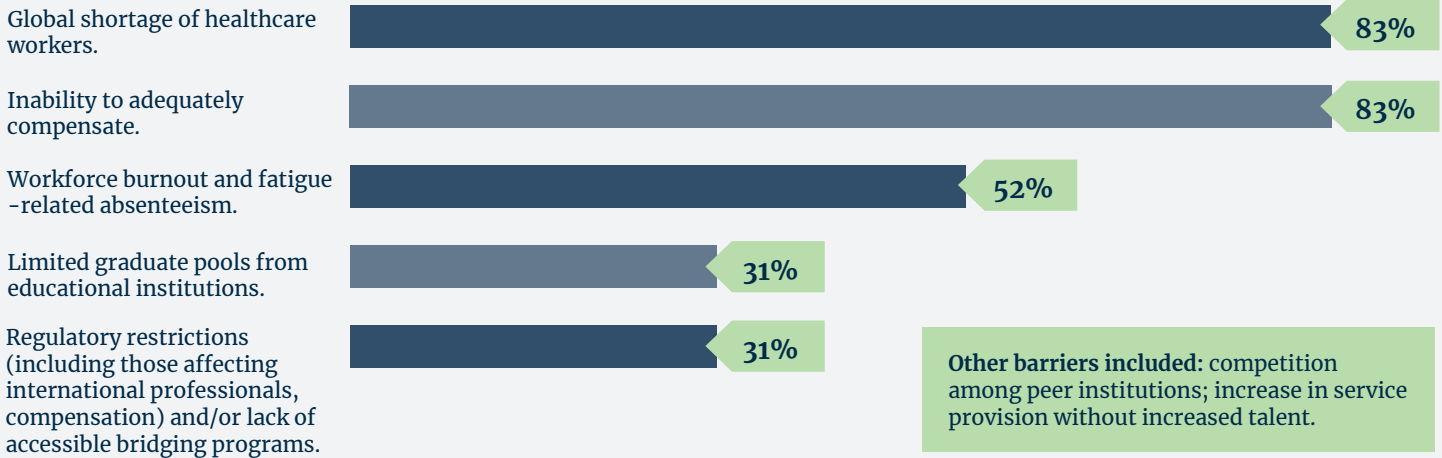
Overtime rates in critical care were 2-3% higher than the current overall average rate, with ER at 7.6% and ICU at 6.2%.

#### Sick time (average days per employee, per year)



Sick time was even higher for RNs (9.7 days) practical nurses (11.1 days) and care aides/PSWs (10.4 days).

## GREATEST PERCEIVED BARRIERS TO SOLVING THE HHR CRISIS



## MITIGATION STRATEGIES UNDERTAKEN BY MEMBER INSTITUTIONS

- 86%** made changes to models of care/skill mix, and/or have prepared alternate models for use in critical circumstances.
- 41%** reviewed and/or adjusted scopes of practice.
- 34%** mentioned redeployment when in critical circumstances.

## INTERIM & STOP-GAP MEASURES IMPLEMENTED BY MEMBER INSTITUTIONS

- 86%** work with external groups/agencies to seek solutions.
- 79%** introduced additional incentives to retain and/or attract staff (e.g.: referral, recruitment and retention bonuses, targeted programs aimed at rural/remote locations such as relocation incentives, allowances, bonuses).
- 62%** introduced or expanded international recruitment efforts, especially for nurses, to address their workforce challenges.
- 39%** described programs focused on education, through funding and/or structured training programs.

Other program descriptions related to housing, childcare, cultural programs, changes to policies regarding employee status (i.e. casual/standby), and other wage premiums/bonuses.

## CALLS FOR ACTION

- 41%** stated that reductions in barriers to international recruitment would be a significant support.
- 41%** stated that increased funding is a significant support.
- 17%** suggested changes to health care approaches and models, with specifics related to virtual care, scope of practice and increases to primary care/outpatient models.

Most mention provincial government support as important, with responses describing legislative changes, educational partnerships, and funding. Specifically, government policy or legislative changes that would reduce restrictions on staff compensation.

## PARTICIPATING MEMBER INSTITUTIONS

### British Columbia (4/5 regional health authorities)

- Island Health
- Northern Health
- Vancouver Coastal Health
- Fraser Health

### Yukon (acute care entire territory)

- Yukon Hospitals

### Alberta (entire province)

- Alberta Health Services
- Covenant Health

### Saskatchewan (entire province)

- Saskatchewan Health Authority

### Ontario

- Centre for Addiction & Mental Health
- Children's Hospital of Eastern Ontario
- Holland Bloorview Kids Rehabilitation Hospital
- Kingston Health Sciences Centre
- London Health Sciences Centre
- Ontario Shores Centre for Mental Health
- The Ottawa Hospital

- Sinai Health System
- St. Joseph's Health Care London
- St. Joseph's Healthcare Hamilton
- Sunnybrook Health Sciences Centre
- Thunder Bay Regional Health Sciences Center
- Unity Health Toronto
- University Health Network
- Waypoint Centre for Mental Health Care

### Quebec

- CIUSSS du Centre-Ouest-de-l'Île-de-Montréal

### New Brunswick (1/2 health authorities)

- Réseau de santé Vitalité - Vitalité Health Network

### Nova Scotia (entire province)

- Nova Scotia Health
- IWK Health

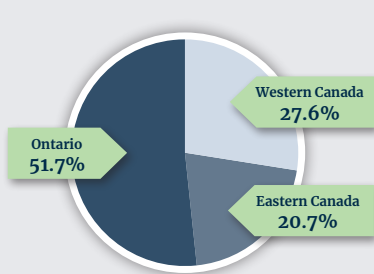
### Prince Edward Island

- Health PEI

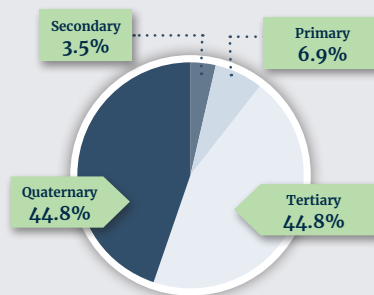
### Newfoundland and Labrador (1/3 regional health authorities)

- Eastern Health

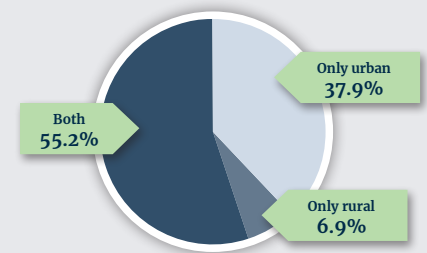
## GEOGRAPHIC & DEMOGRAPHIC REPRESENTATION



29 HealthCareCAN member institutions responded to the survey, from nine provinces and one territory. Respondents employ approximately 430,000 healthcare staff.



90% of responding institutions offer at least a Tertiary level of care.



Over half of responding institutions operate in both Urban and Rural settings.

HealthCareCAN and HHRAC 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.