



Healthcare Human Resources Study for Huron and Perth




Executive Summary



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Introduction

An aging healthcare workforce combined with the increased health service needs of aging communities present substantial challenges to healthcare human resources in rural communities. The inadequacy of quantitative and qualitative data on the state of healthcare human resources in rural communities impairs the ability of organizations to gauge the availability of appropriate healthcare services for local populations. It also hampers the ability of local healthcare providers to work together to address human resource challenges.

In response to this dilemma, the Huron Perth Providers Council initiated a study to develop a detailed profile of the current state and composition of healthcare human resources in Huron and Perth counties. A number of different data sources were examined to compile an inventory of healthcare human resources for Huron and Perth counties including various healthcare provider data bases and key informant interviews and surveys with representatives from hospitals, long term care homes / retirement homes, Family Health Teams, Public Health Units, EMS services, and others. The surveys and interviews along with discussion groups were also used to examine healthcare human resource recruitment and retention challenges in the Huron Perth area. The study also included a survey of participants in the Rural Healthcare Work Placement program as well graduates from the Practical Nursing program and the Food Service Worker program to better understand how students and graduates search for work in the healthcare sector, the challenges they experience in searching for work and the importance of working in the Huron Perth area.

Huron Perth Community Profile

Compared to the province as a whole, a significantly larger proportion of the population in Perth and Huron reside in rural areas and despite pockets of population decline across some areas, projections suggest that the total population in Perth and Huron will increase by 3.8% and 3.5% respectively by the year 2022. Among the different age groups, those aged 65 and over are projected to experience the greatest increase in Perth and Huron. This will increase the need for healthcare services relevant to an older population with chronic and acute conditions and a greater life expectancy.

Employment status, type of employment, income, and education are all factors that contribute to the health of individuals and communities. Although overall unemployment rates for Perth and Huron are below the provincial rate, manufacturing and agriculture continue to represent two of the most important industry sectors in Perth and Huron and are among the riskiest of jobs in terms of workplace injuries because of the physical labour involved.

Income can impact the health of families and individuals by affecting access to resources required for healthy lifestyles and Perth and Huron households on average have lower incomes than the Ontario average. However, it appears that Perth and Huron have a smaller proportion of households, families and individuals living in low-income situations when compared to the province.

Education is another important determinant of health given its impact on employment and Perth and Huron have a much higher proportion of individuals who have not obtained a certificate, diploma or degree relative to the province.

With respect to behavioural risk factors, the population in Perth and Huron has higher rates of alcohol consumption (especially among youth) and a smaller proportion of people with healthy body weights compared to the province. Huron County also has higher rates of tobacco use (especially among individuals with less formal education) compared to the province.

Changing demographics and health characteristics as well as economic factors are changing the demand for health services in Perth and Huron and will challenge the ability of the healthcare system to provide efficient and effective continuing care.

Huron Perth Healthcare Human Resource Inventory and Challenges

As noted above, this study followed multiple lines of inquiry in compiling an inventory of healthcare human resources in Huron and Perth counties. There is currently no single source that can provide details on all professions. However, in the case of the regulated professions, the HealthForce Ontario Health Professions Database is progressing to provide this service and its utility will increase as the data for nurses, physicians and the newly regulated professions are incorporated into the data base. The utility of the database will be further enhanced as more current data is made available and the turnaround time for data requests is reduced.

A considerable challenge remains in documenting the number and type of service providers from the non-regulated professions. The approach used in this study was to focus on a few select non-regulated professions as a starting point and surveying major employers in the area. Successive studies of the non-regulated professions can be enhanced by working with organizations that track/update health services in the area (e.g. thehealthline.ca) and strengthening their capacity to monitor the number of service providers by profession.

With respect to the regulated professions, the healthcare human resource inventory developed through this study identified a total of 2,489 positions across 26 different professions.

The largest regulated profession in the Huron Perth inventory is nursing which accounts for 57% of the positions of which the majority (64%) are Registered Nurses (64%). Part-time, casual and temporary positions make up the majority of the nursing positions (59%) and the limited availability of full time positions in both hospital and long term care residence settings represents a recruitment and retention challenge in the area. Long term care / retirement residences face the additional challenge of competing with the higher wages offered to nurses in hospital settings and career opportunities in long term care / retirement residences are not seen to be sufficiently promoted in training institutions. Long term care / retirement residences also identified the need for training institutions to provide more leadership training to nurses as nurses tend to carry a high level of responsibility in long term care / retirement residence settings. A further complication facing the nursing sector in general is the large number of Registered Nurses and Registered Practical Nurses that are nearing retirement and the entry of the next generation of nurses who have different workplace expectations (e.g. scope of practice, working hours).

With respect to physicians, the inventory shows a total of 118 family doctors and 70 specialists in Huron and Perth with most of the specialists concentrated in the Perth area. Although progress has been made in increasing the number of family doctors in the region in recent years,

a number of doctors are expected to retire soon and recruitment efforts will need to be maintained. This is an intergenerational workforce and younger physicians tend to work fewer hours and see fewer patients than older doctors. This means that a 1-1 physician recruitment strategy will not be sufficient to replace retiring doctors.

After nurses and doctors, the most numerous regulated healthcare providers practising in the Huron and Perth area include pharmacists (103), massage therapists (100), dental hygienists (82), and medical laboratory (69) and medical radiation (57) technologists. Compared to Perth County, Huron County has a higher proportion of part-time positions in many of the regulated professions (e.g. respiratory therapists, medical radiation technologists, medical laboratory, dentists, dietitians, optometrists). Some of these professions feature large segments that are nearing retirement (e.g. dentists, medical lab technologists, dietitians) while other professions are relatively young (e.g. massage therapists, dental hygienists).

With respect to the non-regulated professions, the partial inventory developed through this study identified a total of 1,361 positions across 7 different professions.

The largest non-regulated profession in the Huron Perth inventory is Personal Support Workers (PSW) which account for 61% of the positions. Almost all of the PSW positions are in long term care / retirement residence settings or with home care service agencies. The majority of PSW positions in long term care / retirement residences are part-time (48%) or full-time (32%) while the majority of PSW positions with home care service agencies are casual (81%). Long term care / retirement residences and home care service agencies are continuously recruiting to fill part-time positions and the limited availability of full time positions for PSWs represents a significant recruitment and retention challenge. PSW recruitment and retention challenges have been amplified by the recent introduction of the PSW certification requirement which has reduced the pool of talent these organizations can draw from and job security issues and the lack of job benefits pose additional recruitment and retention challenges for home care service agencies.

Food Service Workers (FSW) make up the next largest non-regulated profession in the Huron Perth inventory (223 positions). Most of the FSW positions in hospitals are part-time (69%) or full-time (28%) while FWS positions in long term care / retirement residences represent a mix of mostly part-time (52%), full-time (26%) and casual (20%) positions. Entry level positions in food preparation jobs are mostly part-time and the limited and inconsistent hours present a challenge in recruiting and retaining staff.

Paramedics represent the third largest non-regulated profession in the Huron Perth inventory (164 positions not including managers, supervisors and support staff). Most of the paramedic positions are full-time (62%) or part-time (30%). There are no serious challenges associated with recruiting paramedics but the limited availability of full-time positions and the level of pay can sometimes result in paramedics leaving the area to take positions in other jurisdictions.

A number of additional recruitment and retention challenges were identified with the following professions:

- Dietitians are growing in importance with the aging population but they are difficult to recruit. Dietitians may find it difficult to work in rural communities where they need to work with a wide demographic vs. an urban setting where they can be more specialized. Family Health Team budgets only allow for a part time Dietitian position and there is a wage gap compared to what hospitals can offer.

- The need for mental health services is likely greater than the existing capacity to respond as much of it goes undetected or people fear the stigma of disclosing their condition and asking for help. Staff turnover in mental health crisis services is high and it is difficult to recruit psychologists. There is considerable variation in the mental health human resources on Family Health Teams. There is a general gap in children's services and some teams have limited resources and have to refer to other agencies.
- It is difficult for some Family Health Teams to recruit pharmacists as most positions are part time and some pharmacists may require working in 3-4 different locations to maintain a full time position. Pharmacists also tend to make more income in the private sector.
- Activation workers are difficult to recruit. The recent introduction of the certification requirement has made it more difficult for organizations to draw Activation Workers from the local population.
- Hospitals typically only offer part time positions for Med Lab Technologists which makes it challenging to recruit good applicants.
- Social workers can be difficult to recruit. Social workers play an important role in helping to reduce the workload of physicians in the Family Health Team setting. Social/mental health problems often accompany physical problems and social workers can assist with helping patients manage depression, deal with family breakdown, live with chronic or debilitating health conditions, recover from trauma, face end of life issues, etc.
- Long term care residences are finding it very difficult to recruit for and retain Directors of Care. There is a very limited pool of qualified people to recruit from and the position has a high level of responsibility and stress and limited remuneration which contribute to turnover challenges.
- Executive Directors with Family Health Teams take on many roles and responsibilities. The position requires a passion for the work and an array of qualifications which can make the position difficult to recruit for.

Volunteers represent another key human resource for hospitals and long term care / retirement residences and it is becoming increasingly difficult to recruit younger volunteers which results in a heavy reliance on older volunteers, especially in long term care / retirement homes. There is a risk of programming being impacted (reduced / eliminated) as older volunteers are no longer able to offer their support. It is especially difficult to recruit volunteers to work with people who have mental health problems. Volunteering is generally recognized by students as a good way to gain experience in the healthcare sector but more services/resources are needed to help students find volunteer positions that match their occupation/career interests.

Many of the organizations that were contacted as part of this study offer some form of support for staff to participate in professional development activities. However, the ability of these organizations to provide support is often challenged by resource / budget constraints.

The region features several programs to help youth gain an introduction to and work experience in the local healthcare sector. The MedQUEST camp program plays an important role in

introducing high school students in the area to healthcare career opportunities and past participants are starting to be seen as participants in the Rural Healthcare Work Placement program. Student interest in the Rural Healthcare Work Placement program continues to grow and more placements need to be found or developed to meet the demand. The placements represent an important recruitment tool for rural healthcare organizations but budget constraints can sometimes limit these opportunities. HealthKick in partnership with Georgian College is also providing local training opportunities in the region in response to the interests of students who want to upgrade their skills and need a local and affordable option.

Recommendations

The following recommendations are made in response to the findings that emerged from the development of Huron Perth healthcare human resource inventory.

1. Identify the professional development needs of different healthcare organizations and providers in the area and coordinate resources to make professional development more feasible and accessible.
2. Develop a rural retention strategy to promote the retention of healthcare human resources in Huron and Perth. The strategy could potentially include a combination of education and regulatory actions, monetary compensation (direct and indirect financial compensation), and management, supervision and social support.
3. Develop a rural volunteer strategy for healthcare in Huron and Perth (and rural Ontario in general). This could potentially include developing an overview of volunteers in healthcare settings in Huron and Perth in terms of their demography and the roles they carry out; an overview of the volunteer infrastructure and support in healthcare settings; an overview of volunteer training in healthcare settings; best practices in volunteer management, marketing, and communication in healthcare settings; and an overview of quality standards. There should also be an evaluation component to assess the volunteer strategy once it is implemented.
4. Develop a succession plan for Family Health Team Executive Directors to help develop new staff leaders, ease the departure of long term Executive Directors, and ensure the sustainability of the organizations.
5. Conduct a more in depth review of self employed healthcare professionals to better understand their needs and challenges and the service gaps that exist across the region.
6. Continue to support and expand the MedQuest program, the Rural Healthcare Work Placement program, and local training opportunities. Where possible, attempt to monitor the extent to which program participants enter or continue work in the healthcare sector and the extent to which they work in the Huron Perth area.

Huron and Perth have a number of organizations that could collaborate in developing a formal action plan to respond to the above recommendations including the Huron Perth Providers Council, HealthKick, Gateway Rural Health Research Institute, South West Local Health Integration Network (LHIN), Healthline.ca, Four County Labour Market Planning Board, the Huron Business Development Corporation, and others. With its established reputation in rural healthcare exploration, work placements, training programs, and community engagement,

HealthKick should be considered as a potential lead agency to oversee the development, implementation and monitoring of the action plan with the support of a coordinating committee.

The following recommendations relate to the provincial government and training institutions.

7. The Ministry of Health and Long Term Care should adjust its policy and provide funding to support assistant positions for Directors of Care in Long Term Care residences.
8. The Ministry of Health and Long Term Care should review the role of RNs, RPNs, and PSWs to determine where scope of practice for PSWs can be expanded (e.g. administering medication).
9. The Ministry of Health and Long Term Care, the Ministry of Training, Colleges and Universities, and training institutions need to collaborate to expand the number of PSWs in rural areas through increased promotion of PSW career opportunities, increased access to affordable training and greater employment incentives (e.g. increased wages, benefits).
10. The Ministry of Health and Long Term Care, the Ministry of Training, Colleges and Universities, and training institutions need to collaborate in marketing / promoting nursing career opportunities in long term care / retirement home settings.
11. Training institutions need to ensure that their courses provide orientation to the practice of nursing in rural communities. Training institutions need to assist in facilitating access to clinical placements in rural communities.