

PERSONAL SUPPORT WORKERS

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Personal Support Workers



Personal support worker (PSW) is a composite term to refer to a group of workers who provide care to people in their homes, nursing and long-term care homes, and hospitals. Many other title variations are used in different contexts to refer to similar work, including continuing care assistants, health care aides, home health aide, home support aide, nursing assistant, health-care attendant, and visiting homemaker. The titles used to describe PSWs vary from province to province, sector to sector, and employer to employer and to a certain extent so does their work.

PSWs perform most of the paid hands-on assistance for older adults and people with disabilities and those who need assistance with their daily activities ranging from homemaking to some medical aspects of care (Kelly & Bourgeault, 2015a). PSWs can be considered the 'engine' of continuing care and among others who provide ancillary services, are "critical to care" (Armstrong, Armstrong & Scott-Dixon, 2008). However, these vital workers are often in precarious positions where their work is devalued and poorly compensated (Zagrodny & Saks, 2017). PSWs are often marginalized themselves, with disproportionate representation from immigrants, racialized women and often those with lower income and education levels.

History of the Profession

The origin of PSWs

The PSW category emerged with the evolution of the nursing profession. Through formal education and accreditation, nursing knowledge became increasingly specialized through formal education and accreditation (Mansell & Dodd, 2005). In the 1990s, as political and public pressure to reduce health-care costs escalated, it became too costly to employ nurses to perform 'non-specialized' tasks such as those handled by PSWs. Registered nurses were shifted to more managerial and supervisory roles, while continuing care was turned over to licensed or registered practical nurses (LPNs or RPNs) and PSWs, who perform what are often seen as lower skilled tasks at a lower wage rate than RNs, and therefore at a reduced cost to employers (Berta et al., 2013). With the increased pressure to lower costs of care provision, utilizing higher proportions of the less expensive PSW, where possible, became more popular over time. Indeed, from 1995 to 2003 PSW employment rates increased by approximately nine times more than the RN employment rate (7% for RNs versus 63% for PSWs) (Pyper, 2004).

The paradox of the PSW

Along with the pressure to cut costs, the 1990s also brought about efforts to limit hospital stays (Sutherland & Crump, 2011). As a result, patients were sent home much sooner after illness or surgery, or were transitioned to continuing care while in medical states that typically would have been treated in hospital. Again, PSWs emerged to fill this gap. This creates a paradox as PSWs represent both non-specialized, 'affordable' care while also possessing the semi-specialized knowledge and skills essential to transitioning and supporting individuals within Canada's health-care system (Denton et al, 2015; Saari et al, 2018).

Education and Training to Become a Personal Support Worker in Canada

Training standards

The education and training of PSWs has been a topic of contention throughout the 1990s and 2000s, and there is a move towards more standardization, depending on the province. Over this time, the rising importance of PSWs as part of the healthcare system has led to improvements in training standards over time, with province-level differences. A common educational standard is important because it helps to build a common level of entry skills across the PSW workforce, ultimately leading to the potential for more consistent PSW care provision across employers.

In Ontario, the Ontario Community Support Association (OCSA) developed provincial standards in the early 1990s but experienced difficulties when trying to implement them (OCSA, 2009b). Similarly, the Association of Canadian Community Colleges (ACCC) developed and promoted the Canadian Educational Standards for PSWs; however, educational programs are not obligated to conform to these standards (ACCC & CACCE, 2012). There was also the Long-Term Care Homes Act (2010), which required all PSWs hired after July 1, 2011 to have completed a PSW training program to work in publicly-funded long-term care homes. Without formally established educational prerequisites applying to all PSWs, several academic and community organizations have raised concerns about the great deal of variability in the quality of PSW training programs over the years (HPRAC, 2006; Keefe, Martin-Matthews, & Legare, 2011; Lilly, 2008).

In July 2014, the Ontario Ministry of Training, Colleges and Universities (MTCU) released a common education standard that applied to all PSW training programs which was most recently updated in January 2022

(MTCU, 2022). This standard includes 14 vocational learning outcomes, essential employability skills and a general education requirement. Colleges of Applied Arts and Technology, school boards, and most private colleges in Ontario adhere to these standards¹. Despite the progress that has been made, a disconnect between the classroom and reality, a high emphasis placed on long-term care homes as employers, and casualization of labour were some of the key issues raised by PSW students within Ontario PSW education and training programs (Kelly, 2017). (See Table 1).

Other provinces have also had varying degrees of educational standards applied to PSWs over time. For instance, in Nova Scotia, there are educational requirements that must be met for PSWs (under the title Continuing Care Assistants (CCAs)) to work in nursing homes and agencies that provide home care (Laporte & Rudoler, 2013). They must be a graduate of a recognized Continuing Care Assistant (CCA) program delivered by a licensed education provider and successfully pass the Nova Scotia CCA Certification Exam².

In Alberta, health care aides require certification gained through completion of a college degree³. In 2005, Alberta Health developed the Health Care Aide (HCA) Government of Alberta Provincial Curriculum. In 2010, the curriculum was updated and provided to licensed public and private post-secondary institutions, and to employer organizations for use in health care aide education programs in the province⁴; the most recent update at the time of writing was in 2019. The curriculum is the tool by which health care aides are trained to the 40 competencies identified in the 2018 Health Care Aide Competency Profile⁵. The curriculum and training programs for HCAs are overseen and approved by the Government of Alberta through Alberta Health to encourage consistent training of the health care aide workforce.

1 <https://personalsupportworkerhq.com/standards/>

2 <http://www.novascotiacc.ca/>

3 www.health.alberta.ca/professionals/health-care-aide-programs.html

4 www.health.alberta.ca/professionals/health-care-aide-curriculum.html

5 <https://open.alberta.ca/publications/9781460137253>

TABLE 1: Personal Support Worker Standard: Vocational learning outcomes

The graduate has reliably demonstrated the ability to:
1. work within the personal support worker role in various care settings in accordance with all applicable legislation, standards, employer job descriptions, policies, procedures and guidelines;
2. practice professionally and be accountable for one's own actions by applying problem-solving, self-awareness, time management and critical thinking to the provision of care as a personal support worker, whether working independently or as a member of a team;
3. practice as an engaged member of the interprofessional team to maintain collaborative working relationships for the provision of supportive, safe, responsive and competent client-centred care within care settings;
4. provide person-centred care, based on ethical principles, sensitive to diverse personal and family values, beliefs, cultural practices and other needs, which follows the plan of care;
5. establish and maintain therapeutic relationships with clients and their families using effective communication skills to build a genuine, trusting, and respectful partnership, in accordance with professional boundaries, employer policies, confidentiality, and privacy legislation;
6. identify relevant client information within the roles and responsibilities of the personal support worker using observation, critical thinking, and effective communication skills to report and document findings;
7. create, promote and maintain a safe and comfortable environment for clients, their families, self and others by implementing current infection prevention and control measures, emergency and first aid procedures, and best practices in pandemic planning that are in keeping with the plan of care, all applicable legislation, and employer policies and procedures;
8. assist clients across the lifespan with activities of daily living by applying fundamental knowledge of growth and development, psychological concepts, common alterations in functioning, health promotion, disease prevention, rehabilitation and restorative care, and holistic health care;
9. assist the client with medication following the client's plan of care, and if a delegated act, under the supervision of a regulated health professional or done by exception under the most accountable person and in accordance with all applicable legislation and employer policies;
10. assist with household management services and instrumental activities of daily living in accordance with the plan of care and considering the preferences, comfort, safety and autonomy of clients, families and significant others;
11. assist and support clients who are caregivers, considering individual and family choices, professional boundaries and the direction of the plan of care;
12. identify, respond to and report potential, alleged, suspected or witnessed situations of abuse, and/or neglect, as required by all applicable legislation, including the Retirement Homes Act, 2010 and the Long-Term Care Homes Act, 2007, and as required within the employers' job description for the personal support workers;
13. assist with the provision of holistic health care and advocacy for culturally safe and spiritually sensitive palliative and end-of-life care to clients and to their families and significant others from diagnosis through to death and bereavement, and in accordance with clients' choices and the plan of care; and
14. provide client-centered and client-directed care to individuals experiencing various mental health illness and challenges, cognitive and intellectual impairments, and/or responsive behaviours by using supportive approaches and evidence-based practices to promote positive and safe behaviours in clients.

Source: Ministry of Colleges and Universities (MTCU). (2022). Personal Support Worker Standard. Government of Ontario. Retrieved from: <http://www.tcu.gov.on.ca/pepg/audiences/colleges/progstan/health/41469.pdf>

Number of programs, types and length

In Ontario, several PSW training programs are offered in person and online through private and public colleges and school boards, and some employers include education requirements in their job postings. At the time of writing, there are 180 Ontario colleges listed by the search engine through Ontario College Application Service (OCAS) that offer PSW certificate programs; the majority are full-time programs (92%) and one year or less in length (98%)⁶.

As a result of the PSW labour shortage reaching critical levels during the COVID-19 pandemic, many PSW training requirements across Canada were

shortened with the goal of training new PSWs more rapidly to fill the shortages in PSW supply. In Ontario, accelerated training programs were announced in February 2021 and implemented starting in March 2021 (Government of Ontario, 2021b) which allowed people to graduate with a PSW certificate in six months versus the previous standard of one year or more. In many instances, college tuition was covered during the pandemic, and PSWs could start hands-on paid work placements after only three months of training (Government of Ontario, 2021b). Whether or not such shortened programs will become the norm post-pandemic remains to be seen.

6 <https://www.ontariocolleges.ca/en/programs/health-food-and-medical/personal-support-worker-psw>

Other provinces implemented similar accelerated PSW training and tuition coverage to varying degrees throughout the pandemic. For instance, in Nova Scotia, tuition was covered with the stipulation that graduates would work as a PSW (Continuing Care Assistant) for at least two years in Nova Scotia after completing the program (NSCC, 2022). In B.C., they created a Health Career Access Program where students could begin paid work placements immediately as Health Care Support Workers, with paid tuition and training which would lead to a full qualification as a certified PSW (called Health Care Assistant) (Government of British Columbia, 2022).

In addition to PSW-specific programs, the PSW shortage crisis during the COVID-19 pandemic (see Textbox below) led to the creation of micro-credentials to train people to carry out some tasks that PSWs perform. Across Canada, a federally funded under micro-credential for a Supportive Care Assistant program was implemented with six weeks of course-work and a paid work placement for two to four months; participating colleges spanned B.C., Alberta, Saskatchewan, Ontario, New Brunswick, Nova Scotia, and Prince Edward Island (P.E.I.) (Colleges and Institutes Canada, 2022). In Manitoba, the micro-credential to work as an uncertified health care aide (UHCA) was introduced during the pandemic with free tuition and a one-week program with the stipulation that you work for three months post-graduation in a personal care home (Government of Manitoba, 2020). The implications of creating an additional lower tiered PSW-type position through such micro-credentials and whether such programs will remain after the pandemic are yet to be seen.

Program admission

Eligibility requirements for PSW training programs vary depending on the program. Programs are available through public colleges, private career colleges, adult continuing education programs through public secondary schools, or employer-based training. Community colleges generally require a secondary school diploma or a General Educational Development (GED) certificate prior to application, although this is not always necessary for admission to a private college or adult education program. PSW certificates from private colleges are especially scrutinized as these

schools often focus on an individual's ability to pay the program fee rather than on providing high-quality training, and may mislead students through false advertisements (Servage, 2008). Eligibility for employer-led onsite training depends on the organization but typically presumes employment as a prerequisite.

Scope of Practice for Personal Support Workers

Despite varied terminology, these frontline healthcare workers are an increasingly distinct labour force carrying out a growing proportion of care provision in Canada. PSWs typically support older adults living in nursing and long-term care homes or in their private home residences. In addition to supporting older adults, PSWs also help individuals of any age while they are recovering from surgeries, acute illness, injuries, and similar conditions. People with physical disabilities and/or chronic care needs may require ongoing support and benefit from PSW care as well.

PSWs often support individuals with activities of daily living (ADLs), which include helping with personal hygiene, dressing, bathing, toileting and eating. PSWs can provide more medically-inclined tasks as well, such as assisting patients taking medicine under the supervision of a nurse — often titled a delegated act (HPRAC, 2006; Saari et al., 2018). In home settings in particular, PSWs sometimes undertake instrumental activities of daily living (IADLs) tasks — which include domestic activities such as shopping and house cleaning (Lilly, 2008; OCSA, 2009a). In short, “PSWs do the things that the person would do for herself, if she were physically and/or cognitively able” (PSNO, 2014). As the majority of PSW work includes helping people with ADLs and IADLs, the growth in patient populations that require such care (e.g., the older adult population and patients with increasingly complex co-morbidities (Steffler et al., 2021)) has contributed to a rise in PSW demand over time. In addition to ADLs and IADLs, a scoping review found that PSW's scope of practice is expanding over time and can include delegated tasks (e.g., wound care), as well as observing and documenting clinical measures, and other tasks which promote independence (e.g., emotional support) (Afzal et al., 2018).

TABLE 2: Activities of Daily Living (ADLs) and Instrumental Activities of Daily Living (IADLs) according to Edemekong, et al., 2022

The basic Activities of Daily Living (ADLs) include the following categories:	Instrumental Activities of Daily Living (IADLs) include the following categories:
Ambulating: The extent of an individual’s ability to move from one position to another and walk independently.	Transportation and shopping: Ability to procure groceries, attend events; Managing transportation, either via driving or by organizing other means of transport.
Feeding: The ability of a person to feed oneself.	Managing finances: This includes the ability to pay bills and managing financial assets.
Dressing: The ability to select appropriate clothes and to put the clothes on.	Shopping and meal preparation, i.e., everything required to get a meal on the table. It also covers shopping for clothing and other items required for daily life.
Personal hygiene: The ability to bathe and groom oneself and maintain dental hygiene, nail, and hair care.	Housecleaning and home maintenance. Cleaning kitchens after eating, maintaining living areas reasonably clean and tidy, and keeping up with home maintenance.
Continence: The ability to control bladder and bowel function	Managing communication with others: The ability to manage telephone and mail.
Toileting: The ability to get to and from the toilet, using it appropriately, and cleaning oneself.	Managing medications: Ability to obtain medications and taking them as directed.

Source: Edemekong, P. F., Bomgaars, D. L., Sukumaran, S., & Schoo, C. (2022). Activities of daily living. In *StatPearls* [internet]. StatPearls Publishing. <https://www.ncbi.nlm.nih.gov/books/NBK470404/>

PSWs typically work as part of a larger care team — including nurses and rehabilitation specialists — and tend to provide the majority of direct care to patients than do other paid healthcare workers in the settings where they predominate (Afzal et al., 2018; Home Care Sector Study Corporation, 2003). PSWs are often viewed as complementing or substituting for unpaid informal family caregivers.

Regulation of Personal Support Workers in Canada

In Canada, PSWs are not self-regulated health workers in the way that many health occupations are regulated through a self-governing regulatory body, often called Colleges, which require licensing to practice under the health profession title in that jurisdiction (e.g., to work as a Registered Nurse (RN) in Ontario, you must be registered through the College of Nurses of Ontario). However, PSWs are neither classified as health professionals nor permitted to independently carry out acts that are classified as “controlled” under for example the *Regulated Health Professions Act* (1991) in Ontario without the supervision of another regulated health professional.

There are exceptions for attendants performing ADLs (e.g., routine catheterization)—and these exceptions are part of what distinguishes attendants from PSWs (HPRAC, 2006). Attendant care is defined based on providing care under the independent living model versus a health care model (HPRAC, 2006). According to the Centre for Independent Living in Toronto (2023), “the key component in the provision of attendant services is self-direction of services by the consumer”. Attendants typically complete similar educational training to PSWs, but in a shorter timeframe (HPRAC, 2006).

The common education standard for PSWs suggests an alternative mechanism to regulation to standardize and monitor this field without necessarily transitioning to a regulated health profession (Kelly & Bourgeault, 2015b). Some educational programs boast “certification” upon completion, but this should not be misinterpreted as a form of occupational regulation which requires significant infrastructure (e.g., nursing). And as noted above, in some jurisdictions those working in these roles are licensed.

The question of self-regulation

The question of regulation is a central issue for these workers—and has been addressed in some form in different provincial contexts. First, it is important to recognize that certain settings where PSWs work (long-term care homes, for example) are highly regulated through legislation, Ministry directives, and reporting requirements. For instance, provincial governments set limitations on what PSWs can do through specifying ‘controlled acts’ – which are restricted tasks which only certain regulated professionals can perform (e.g., dispensing medications); these are outlined in provincial legislation, such as New Brunswick’s *Home Support Service Standards* (2011), Alberta’s *Long-term Care Accommodations Standards and Checklist* (2010), and Ontario’s *Long-Term Care Homes Act* (2007).

In Ontario, the question of regulation has come up repeatedly. In 2006, the Minister of Health and Long-Term Care commissioned a report by the Health Professions Regulatory Advisory Committee (HPRAC, 2006), which concluded that PSWs should not be regulated at that point in time. This report also explored and then dismissed the idea of creating a registry as an alternative to regulation. In contrast to the report’s recommendations, in 2011 the Ontario government announced the creation of a PSW registry that all PSWs working in government-funded home care programs must join. The purpose of the registry was somewhat ambiguous, as it did not clearly follow one of the three potential functions identified by the HPRAC report (certification, incident reporting or record of dismissals) (HPRAC, 2006). Some groups resisted formation of the registry, including the Canadian Union of Public Employees (CUPE, 2012). The registry was cancelled in 2016, yet just two years later in 2018, a re-design was announced – another indication of the disagreement around this topic. This latest attempt at designing a PSW registry in Ontario was placed within the Michener Institute and closed in late March 2020 (Muldoon, 2021), with little to no information available about outputs from the project or future plans provided by either the Michener Institute or the Ontario government at this time.

While Ontario has tried several times to create a PSW registry in vain, other provinces have done so with relative success. In British Columbia, the provincial government implemented a registry for PSWs to be used primarily for filing abuse allegations and to avoid hiring abusive workers (Laporte & Rudoler, 2013). A registry also exists in Nova Scotia and it was made mandatory under the *Continuing Care Assistants Registry Act* (2021); registration was live as of February, 2022 (Continuing Care Assistant Program, 2022). In Alberta, the Health Care Aide Directory was launched in May, 2017 and functions similarly to a registry⁷. All three registries are mandatory for PSWs working for a publicly funded employer in each respective province. Although these efforts provide a level of organization for the PSW workforce, they do not necessarily indicate that PSWs will become a self-regulated health profession.

Personal Support Worker Demographics

Largely because of PSWs lack of professional regulatory oversight, the prevalence of part-time/casual short-term contracts, and private arrangements to accommodate the needs of their patients, it is difficult to fully capture the extent of who PSWs are in Canada and where they practice. The relative lack of data collected for PSWs makes it difficult to know even the simplest information, such as the number of PSWs across the country, never mind describing the workforce as a whole. The information that we do have suggests that the PSW workforce has grown over time, with the actual number of PSWs in Canada varying across different reports, with an estimated 100,000 PSWs in Ontario alone in 2006 (HPRAC, 2006). Nevertheless, this section provides some indications used to describe the PSW workforce based on the available literature.

⁷ <http://www.albertahcadirectory.com/>

PSW data collection in Canada

In the absence of integrated registry data on PSWs across Canada, there are a few select sources that collect PSW data in Canada. In addition to siloed surveys that gather information for specific employers, or for specific research projects, there are registry data in some provinces (BC, Alberta, Nova Scotia, Ontario on and off). The degree to which this registry data is utilized, and results shared outside of those with registry access is often limited and varies by province.

Statistics Canada also collects data that includes PSWs. Statistics Canada data uses national occupational codes which group workers by occupation. However, there are often challenges with this. For PSWs that work in hospital or nursing and long-term care homes, it is easier to parse out data. However, PSWs in home care cannot easily be separated from other non-PSW occupations, which makes it more difficult to separate PSWs from other workforces that work in people's homes; this is a major limitation of this source of PSW data.

Furthermore, the types of data that are collected under such PSW datasets is not necessarily meant for timely, integrated, or detailed healthcare workforce planning purposes. For instance, the way that workers work needs to be captured to measure capacity appropriately. In the meantime, researchers use what is available from Statistics Canada, registries, and/or collect their own data on this workforce. The information presented here about PSWs is taken from such literature that relies on these often outdated or incomplete sources. Nonetheless, such literature provides some understanding of the PSW workforce as is available at this time, even if data collection is less than ideal.

Pursuing PSW data standardization

The Canadian Institute for Health Information (CIHI) is working towards PSW data standardization and advancement in Canada. Through consultations with various ministries of health and stakeholders, CIHI is working to identify existing sources of data, information needs, and to validate data standards for PSWs. To help understand existing data sources, CIHI is conducting a pilot data submission which began with Alberta's HCA Directory and is in the process of expanding to other sources. In addition to expanding the pilot to include other data sources, next steps for CIHI include:

- outlining the current state and readiness for capturing PSW data in relation to standardization;
- creating data standards for PSWs;
- recommendations for governance, technical, and legal aspects; and
- recommendations for expanding PSW data in Canada.

Source: Canadian Institute for Health Information (CIHI). Advancing the Standardization of Pan-Canadian Personal Support Worker Data: An Overview [infosheet]. Ottawa, ON: CIHI; 2022.

Who works as a PSW

We know that PSWs are predominantly women, although to varying degrees across care sectors (Laporte et al., 2020). In some literature from the Canadian long-term care home and home care sectors, over 90% of samples have been reported to be women (Laporte et al., 2020; Zeytinoglu et al. 2016), while in hospital settings there tend to be relatively fewer PSWs who are women (Zagrodney, 2022a). The majority (60-70%) of PSWs in Canada have reported to be in married/common-law relationships (Dill, Keefe and McGrath 2012; Zeytinoglu et al. 2016) and just over half (51-56%) of PSWs lived with children (Dill et al., 2012; Zagrodney, 2022a). PSWs often provide unpaid care to family members at home in addition to their paid PSW role — either to children, parents, or family members with a disability. Indeed, approximately one third of a Canadian sample reporting living with a family member over the age of 16 with a disability (Zagrodney, 2022a).

PSWs tend to be older than other healthcare workers such as nurses, with approximately half of home care PSWs over the age of 50 (Home Care Sector Study Corporation, 2003; Zagrodney, 2022a). Compared

to the general working population, a high proportion of PSWs are immigrants and visible minorities (Laporte et al., 2020; Statistics Canada, 2020). Internationally Educated Nurses (IENs) sometimes work as PSWs until they finish additional education and/or training requirements to practice as a nurse in Canada. In this way, PSWs are part of a trend where internationally educated health professionals whose credentials are not recognised are integrated into unregulated roles (Atanackovic & Bourgeault 2014).

It has become increasingly common for PSWs to have formal PSW-related education over time (Zagrodney, 2022a). Past research has found that most PSWs indicated that they hold a PSW certificate, while some provided other credentials such as home care aide certificate or personal attendant certificates (Lum, 2013). PSW educational attainment has been found to vary by sector in Canada, with hospital PSWs having the highest education levels, followed by long-term care (LTC), and home and community care PSWs (Zagrodney, 2022a). In terms of experience, more than 30% of PSWs have more than 10 years of experience in the occupation (Lum, 2013).

Figure 1: Proportion of immigrants among nurse aides, orderlies and patient service associates, Canada, 1996, 2006, 2016



Table adapted from: Statistics Canada, 2020. The contribution of immigrants and population groups designated as visible minorities to nurse aide, orderly and patient service associate occupations. Accessed at: <https://www150.statcan.gc.ca/n1/pub/45-28-0001/2020001/article/00036-eng.htm>

Figure 2: Sectors of work for Ontario PSWs according to the Ministry of Health and Long-Term Care, 2011



Where PSWs work

With limited data collection on the PSW workforce, it is difficult to capture the number of PSWs working within each sector. However, samples of PSWs often show that the majority of PSWs work in the LTC home sector, followed by home and community, and lastly the hospital sector.

The estimated distribution of Ontario PSWs in various sectors is displayed in Figure 2 (Ministry of Health and Long-Term Care, 2011). Other PSW samples have reported higher proportions of PSWs in the home care sector than reported by the Ministry of Health and Long-Term Care (as displayed in Figure 2). In a province-wide Canadian sample from 1996-2010, LTC homes also contained the highest proportion of PSWs, however, to a lesser degree than that shown in Figure 2; with 46% of PSWs worked in LTC homes, 33% in the home and community, and 21% in hospital (Zagrodny, 2022a). Previous reports based on Ontario Registry data also had higher proportions of PSWs working in the home and community; nearly half of PSWs in the Registry worked in home and community care (Lum, 2013). However, these numbers could be skewed as there was a greater push for the home care sector to join the Registry. Overall, the majority of PSWs tend to work in LTC homes or the home and community, with relatively fewer PSWs in the hospital sector.

Key Issues for Personal Support Workers

Job-related factors

Similar to the wide spanning care tasks that PSWs provide, PSW job characteristics can also vary considerably by province, sector, and employer. There is a wide range in the number of hours PSWs work — particularly with increased part-time and casual employment in the home care sector (Kelly, 2015b, Laporte et al., 2020). However, across Canadian studies, PSWs tend to work an average of 30-40 or more hours per week (Home Care Sector Study Corporation 2003; Zeytinoglu et al. 2016) (Dill, Keefe and McGrath 2012). The likelihood of a PSW belonging to a union is often correlated with care sector; there are much higher unionization rates for PSWs in the hospital (93%) versus LTC homes (68%) or home and community (35%) sectors (Zagrodny, 2022b). Unionization is important for PSWs, as higher wages are often reported by unionized PSWs versus non-unionized (Home Care Sector Study Corporation, 2003; Zagrodny, 2022b). PSWs can also be self-employed, particularly if paid outside of the public funding and privately by individual families. In a sample of PSWs in Ontario, many (86.5%) were found to have precarious employment measured across a range of factors including lack of unionization, part-time hours, non-permanent contracts, and limited employer benefits (Pinto et al., 2022).

Wages

Low wages are pervasive and a well-known challenge for recruitment and retention in the PSW workforce. Current minimum hourly wage rates for publicly funded Ontario PSWs are \$16.50 an hour (without PSW pandemic-related wage enhancements at an additional \$2-3 per hour, as applicable). PSW wage rates have been reported to vary across settings in Canada; for instance, lower wages have been reported in Eastern provinces, the home and community sector, and rural locations (Home Care Sector Study, 2003; Zagrodney, 2022b). In lieu of high wages, employers can offer benefits and pensions. However, often PSWs who receive low wages also receive little to no employer-based benefits or pensions (Keefe et al., 2011; Zagrodney, 2022b).

Turnover

In opposition to the increasing demand for PSWs, the supply side faces low supply and high turnover rates. A study exploring the turnover rate of PSWs employed by three different non-profit agencies found that between 1996 and 2001, 50% of the PSWs left their jobs (Denton, 2006). Reasons for leaving included finding a job with better pay or benefits, or not being able to handle the large workload that came with the job. More recently, a report by the Ministry of Health and Long-term Care (2020) has indicated that approximately one quarter of PSWs with over two years of experience exit LTC PSW positions annually. Another study on this topic found that large LTC homes were associated with higher rates of PSW turnover (Wodchis et al., 2007).

Onsite PSW training was associated with higher rates of PSW retention, which is an interesting consideration for employers experiencing turnover issues (Wodchis et al., 2007).

Health and safety

One of the key factors found to influence PSW turnover, the health and safety of PSWs at work is a key issue highlighted in the PSW literature. Canadian PSWs are exposed to high rates of workplace violence, which has been particularly salient throughout much of the LTC home research in Canada, where LTC physical and mental exhaustion tends to be worse than other countries (Armstrong et al., 2011; Daly et al., 2011). In the home care sector, high workloads have been found to correlate with violence and harassment for PSWs, which then leads to increased stress and decreased job satisfaction (Sayin et al., 2020). Discrimination in the workplace — particularly in relation to race or ethnicity — is also pervasive in PSW work (Pinto et al., 2022; Sethi, 2020). Compared to nurses in Canada, PSWs tend to report significantly higher injury rates, work-limiting disabilities, and generally worsened health (Alamgir et al., 2008; Zagrodney, 2022a). As a result of the physically exerting nature of much of PSWs work (e.g., patient lifts and transfers), musculo-skeletal injuries are common for PSWs (Alamgir et al., 2007). In addition, work-related sickness or injury is relatively high for this workforce (25.5%), which often go unreported and can lead to loss of work hours (Pinto et al., 2022). PSW's workplace health and safety is an important area for improvement with implications for retention in this workforce.

The COVID-19 pandemic and its impact on personal support workers

The COVID-19 pandemic and corresponding policies affected the PSW workforce in a variety of ways. In particular, pre-existing labour supply challenges were further exacerbated during the pandemic. The implications were widespread and included PSWs leaving the job out of fear of contracting the virus for themselves and/or spreading it to their families, reduced ability to work because of isolation procedures when exposed and/or sick from COVID-19, mental health strain, and burnout. Other societal-level disruptions, like school closures, affected PSWs who were parents and had to stay home to supervise children. Indeed, preliminary research has shown a significant correlation between Ontario home care PSW's leaves of absence and school closures in the first year of the pandemic (Zagrodney et al., 2021).

In efforts to address the shrinking PSW supply during the pandemic, the Ontario government implemented a series of policies that were aimed directly at the PSW workforce. For instance, PSW wage enhancements were implemented and extended multiple times (Government of Ontario, 2021a). The issue of low PSW

wages has been called out by experts in the field multiple times prior to the pandemic, and the importance of this wage issue pressed further during the pandemic as The Royal Society of Canada Task Force on COVID-19 made a call for appropriate pay, benefits, and sick pay for PSWs in response to the failures in LTC homes during COVID-19 (Estabrooks et al., 2020). In addition to wage-related initiatives, efforts were also made to recruit more people to the PSW workforce through multiple training initiatives and incentivization of recent PSW graduates to work in LTC or home care (\$5000 per PSW for a 6-month commitment to work in these settings) (Government of Ontario, 2020a).

At the same time, other government policies aimed at health and safety for patients had unintended consequences on the PSW workforce. For instance, in Ontario, the government implemented a single-employer policy which limited PSWs to work at a single location to reduce potential virus spread across locations (Government of Ontario, 2020b). PSWs often work for multiple employers, largely as a result of widespread precarity, non-guaranteed hours, and low income (Van Houtven et al., 2020; Zagrodny & Saks, 2017), therefore it is likely that this policy led to a reduction in PSW supply for the secondary employer. Future research is needed to assess the relative impact of competing policies and contextual factors during the pandemic on PSW labour supply

Yet despite the largely negative consequences from the pandemic on PSWs, there may be a silver lining for future change. As a result of the PSW health workforce crisis, the government and media have shed more light on the work that PSWs do, and indicated a need for improvement, particularly in relation to wages and regulation. Whether or not PSW wage increases will be sustained as well as other improvements to PSW jobs remains to be seen; but this increased attention to the importance of PSWs may lead to better positions for PSWs in years to come (Marani et al., 2020).

Conclusion

This chapter describes the role of PSWs and the context of their work in Canada. The chapter outlines PSW's scope of practice, history of the occupation, education standards and practices, workforce composition, job-related characteristics, and regulation. PSWs complement and supplement the work of other health-care professionals, yet they occupy the lower echelons of the hierarchical health-care system. Relatively low wages, high turnover, regulation, and health and safety were identified as key issues for PSWs. As a large and growing portion of healthcare providers, the reliance on PSWs to provide necessary care will continue to be essential to healthcare provision particularly for older adults in Canada, as in other countries. Given the critical roles these workers play in Canada's health and social systems, they should be better recognized and better compensated for the work they do. Furthermore, robust research will be needed to gain a deeper understanding of the individuals who comprise this workforce, their scope of practice and the challenges they face.

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Acronyms

ACCC	Association of Canadian Community Colleges
ADLs	Activities of daily living
CACCE	Canadian Association of Continuing Care Educators
CUPE	Canadian Union of Public Employees

GED	General Educational Development
HPRAC	Health Professions Regulatory Advisory Committee
HRSA	U.S. Department of Health and Human Services — Health Resources and Services Administration
IADLs	Instrumental activities of daily living
LPN	Licensed practical nurse
MTCU	Ministry of Training, Colleges, and Universities
OCSA	Ontario Community Support Association
PSW	Personal support worker
PSNO	Personal Support Network of Ontario
PHAC	Public Health Agency of Canada
RPN	Registered practical nurse

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