HEALTH WORKFORCE IN CANADA FACT SHEET

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Health workers are the backbone of the health care system

While governments often focus on health care equipment and infrastructure, care is always dependent upon health care workers. Without health care workers, ventilators will not work, testing will not take place, vaccines will not be administered, medications will not be provided, and patients will not recover. Proper health care staffing strengthens the health care system and improves patient safety. In every health care environment, addressing staffing needs and improving work environments, as well as employing health workers appropriately, contributes to better patient outcomes.

An explicit focus on health workers must be included in all health system planning.

It is egregious that we do not know the Indigenous or racial identity of health workers

To better appreciate how the health workforce reflects the broader population, we should know key diversity data, including race and Indigenous identity. Despite being required by Federal Employment Equity legislation, these data are *egregiously absent* in all health worker datasets in Canada. How are we to gauge our progress on the Truth and Reconciliation Commission's Calls to Action to increase the number of Indigenous health workers? There should be a coordinated approach to Indigenous health workforce development – across the 'life-course', from student to early- career support, to retaining skilled Indigenous workers in the workforce, through to end--of--career support to pass along their unique knowledge and expertise to the next generation of care providers.

The racialization of the health workforce has implications for population health; but this has not been fully explored. There are no comprehensive race-based data on the health workforce. We know anecdotally that Black people are more likely to acquire and die from COVID 19, and this is reflected in the disproportionate number of deaths amongst Black and racialized health workers, concentrated in the lowest tier of the health workforce, especially in long-term care.

The health system is critical to economic recovery

Our health care system plays a central role within the broader economy and will be critical to our economic recovery. The health workforce accounts for more than 10 per cent of all employed Canadians, and over two-thirds of all health care spending, amounting to nearly eight per cent of Canada's total GDP, not including the costs of their training. We have shockingly little data about this important public health investment.

A well-functioning health care system, with sufficient staffing, resources and supports, underpins a healthy and productive economy. The health workforce is primarily women, and Canada's economic recovery is critically dependent on women's participation in the workforce.

Health workers are at a breaking point

Health workers and health care decision-makers are burnt out, exhausted, and physically and mentally depleted. Burnout and other mental health issues, already prevalent among both nurses and doctors prior to the pandemic, have increased dramatically.

A Statistics Canada survey of 18,000 health care workers found that 70 per cent of health care workers reported worsening mental health during the pandemic. Those who provided direct care for

suspected or confirmed COVID-19 cases fared even worse. Health care workers have faced extended days, unmanageable workloads, cancelled vacation leaves, and moral distress. As they have cared for others, they have had few opportunities to adequately care for themselves.

Many workers have left already and many more will leave the health care system in the wake of the pandemic. We are already seeing the pandemic's impact on the sustainability of health care services. According to a Statistics Canada report published earlier this year, the number of vacancies in health care and social services has increased dramatically during the pandemic to 112,000, the highest vacancy rate of any sector.

Nurses, who have provided the majority of hands-on care throughout the pandemic, have seen an alarming year-over-year increase in vacancies of nearly 50 per cent. These vacancies are driven partly by nurses leaving their jobs. The percentage of nurses leaving their jobs in Quebec was up 43 per cent in 2020 compared to 2019, and a similar dynamic is likely being played out across the country. The convergence of these factors spells disaster for the Canadian nursing workforce of the future, and for the patients who depend on it.

This is playing out across many health workforces.

The clearest signal that we value our health workers is meaningful action, without which we can expect a major exodus from the health workforce in Canada in the near future, along with a dramatic worsening of already unacceptably long wait times, and a deterioration in health outcomes.

As the toll on Canada's health care workers emerges, the repercussions of the pandemic will be felt for many years to come, leading to an erosion of a workforce already facing pre-pandemic shortages.

Safe staffing is critical to an optimal health system

Ideally, the health care system responds to population health care needs at the macro, meso, and micro levels, matching these needs with the right mix of health care providers. The goal of safe care can only be achieved through safe staffing when we have accurate data on population health care needs, and timely and comprehensive data on the members of the health workforce who are providing care.

Robust data will allow us to better understand who is caring for patients, the types of care they provide, and the outcomes experienced by both patients and health workers. Integrated and comprehensive data about the health care workforce will allow us to design and implement a collaborative team-based approach to care, improving access, experience, and outcomes while reducing costs.

Put simply, if we want to better match services to needs and improve access, we have to start by knowing the current capacity of the health workforce. Only then will we understand what needs to be done to optimize this capacity to meet the growing needs of the Canadian population, both during and after the pandemic.

A misaligned health system

Acute Care*:* In hospitals, a shortage of nurses, doctors in some specialities, and other allied health professionals (physiotherapists, occupational therapists, speech language pathologists and audiologists, etc.) has plagued Canada for decades. Wait times for specialists are long. The nursing shortage recently prompted health writer André Picard to reference it as a 'gaping wound.' This shortage of health care workers has real-world implications for patient care: it translates into long wait times in overcrowded

emergency departments or even emergency department closures, delayed or cancelled surgeries, unfilled vacancies, an increase in avoidable medical errors, and delayed hospital discharge. For health care workers, it means excessive workloads, unpaid or mandatory overtime, difficulty accessing vacation leave, leaves of absence due to stress and burnout, and an overall decline in work satisfaction. All these factors, combined with the stress of the pandemic, could readily set in motion a steady stream of early departures from the workforce.

***Long-Term Care*:** During the pandemic, Canada's performance in long-term care has been abysmal. Almost 70 per cent of Canada's death toll is among residents of Canada's nursing homes, a proportion that doubles that of the United States. Inquiry after inquiry both prior to and during the pandemic have identified a lack of staffing as a major contributor to the tragedy that has unfolded in long-term care. According to the Canadian Institute for Health Information (CIHI,) Canada had only 1.3 nurses and 2.3 care aides per 100 long-term care residents over age 65, a ratio far lower than most other countries, including the United States and Australia, where residents in long-term care fared better.

The lack of staffing, further eroded by the pandemic, meant some residents were badly neglected during the pandemic. The shortage of full-time regulated health providers in long-term care contributed to the chronic, complex needs of residents being unaddressed, leaving residents more vulnerable to COVID-19 due to multiple co-morbidities. Unchecked outbreaks surged through facilities, leaving thousands of residents dead from both COVID-19 and other health conditions that went untreated. The health care group most impacted by COVID-19 infections and deaths was personal support workers (PSWs) or healthcare aides. Infections among PSWs were linked to poor working conditions, a lack of access to PPE, inadequate training and support with respect to using PPE, precarious work, low pay, and no sick leave and other benefits. PSWs, a significant part of our health system, are also the health occupation about which we know the least. While we know we need many more staff in long-term care, the lack of *any* available data on personal support workers –- who provide the majority of care in long-term care homes –- poses a significant challenge to workforce planning.

***Public Health*:** After many years of underfunding and understaffing, the pandemic has catalyzed a renewed interest in public health. It was evident that Canada was caught off-guard: we didn't have enough public health specialists and staff to respond to the pandemic. Canada must continue to invest in its public health workforce to ensure it has a sufficient supply of public health specialists and other workers for public education, contact tracing, vaccination, and other efforts needed to contain outbreaks. Post-pandemic, measures must be taken to further develop Canada's public health capacity so that we can focus on proactively addressing the social determinants of health and to ensure we are prepared for the next public health crisis, potentially just around the corner. A significant part of this preparation will be determining what our public health workforce should look like going forward. To do this, we will need much better data on the current makeup of this workforce.

Mental Health: Post-pandemic, care for mental health and substance use disorders will be more important than ever in supporting Canada's collective rebuilding project. Data are even more limited for many critical provider groups in the mental health and substance use sector. Canadians' mental health has faced significant challenges during the pandemic. Emerging evidence suggests that mental health and substance use will be long-standing and complex issues that will need to be addressed. To expand capacity in this sector over the longer term, we need a fuller picture of the mental health and substance use workforce, beyond doctors and nurses, to better capture the areas of expertise of

different providers and where they work, in the interests of expanding Canada's service capacity to better match emerging population needs. Even as we know our health care system was failing to provide sufficient and adequate services prior to the pandemic –- less than half of those who wanted help to improve their mental health received it –- survey after survey tell us that Canadians will depend upon an expanded mental health workforce post-pandemic.

Primary Care: We know that, pre-pandemic, many Canadians (about 5 million according to Statistics Canada) did not have a regular primary care provider. In most cases, this provider is a family physician, though other professionals such as nurse practitioners, pharmacists or allied health professionals also play important roles, particularly in emerging interprofessional practices. According to the Commonwealth Fund's 2020 International Health Policy Survey of the General Population in 11 Countries, Canadians are less likely to have a regular source of care, compared to citizens of other Commonwealth nations. Even for those with access, Canada fell below the international standard for timely access. Canada's record was among the poorest for access to same- day/next- day appointments [when someone was sick], as well as for access to after-hours -care. As a result, many Canadians reported visiting emergency departments for conditions that could have been treated elsewhere. In emergency rooms, Canada had the poorest record on wait times of all countries surveyed. During the pandemic, many of those without a dedicated primary care provider have been reluctant to visit emergency departments even as their health deteriorates and conditions go untreated. When they eventually do seek care, they are sicker, require more interventions, and incur longer and costlier stays in acute care settings. Our primary care system must be bolstered to deal with these challenges by obtaining and using accurate data to inform the workforce planning as it applies to both family physicians and other health care providers active in the primary care field.

Post-pandemic, primary care will be more important than ever as Canada responds to the long-term impacts of COVID (including neglected chronic conditions, mental illness and burnout) and prepares for future public health threats. We also need to implement digital infrastructures that will allow primary care to function as an integrated system, including infectious disease surveillance, for the whole of Canada. Unfortunately, what we have found is a huge upswing in big, for-profit companies offering virtual walk-in care that offers episodic care lacking continuity, disconnected from the rest of the primary care system. It is the continuity of care that has been shown to lead to improved health outcomes and reduced reliance on hospital services. The digital infrastructures that would support the continuity and comprehensiveness of primary care are aligned with the new health workforce data we call on the federal government to support.

Home Care: Most geriatricians agree that team-based home care is vital if we are to have an integrated continuing care system, allowing seniors to leave hospitals and stay out of long-term care facilities. It was known before the pandemic that one in nine new residents of long-term care did not need to be there. If resources were available in the community, these residents could remain in their homes. Integrated home care makes sense for a whole host of reasons: seniors want to stay in their homes, it is cheaper than long-term care, it reduces visits to hospitals, it reduces the burden on family caregivers, and it can provide same-day urgent care, along with palliative care supports. There is a pressing need to adequately support home care using an inter-professional team-based approach that includes doctors, nurse practitioners, registered nurses, registered psychiatric nurses, licensed practical nurses, social workers, physiotherapists, occupational therapists, pharmacists, dieticians and personal care aides. However, as with long-term care, additional data are needed to develop a

strategy for the home care workforce, and to help determine the optimal number and skill mix of health workers needed to meet current and expected future demand.

Oral Healthcare: The effect of oral health on overall health is well-documented. Yet many untreated and largely preventable oral and gingival diseases place a heavy burden on Canada's health care system. For many vulnerable populations, the need for access to preventive oral healthcare has not stopped during the pandemic. When it comes to optimizing oral health workforce strategies to support access to services across the country, investing in health workforce data is critical. A strong oral healthcare workforce that is made up of dentists, dental hygienists, and dental assistants means that dental care is integrated across other care settings such as in primary care, long-term care and home care. It also means a workforce supported by physical and mental health strategies since we know that the pandemic has affected the physical and mental health of all oral health professionals as a workforce at risk due to the close proximity and prolonged exposure to un-masked patients while providing dental and oral care. And in providing treatments that generate aerosols, a strong oral health care workforce is founded on the latest evidence, knowledge and skills necessary for successful infection prevention and control. Although only a few points are highlighted here, there are of course many ways to ensure a strong oral health care workforce in Canada – all of which rely on strong evidence and data for planning.

Rehabilitative Care: *Understanding the rehabilitation workforce is essential for responding to the current influx of rehabilitation needs of Canadians following a prolonged ICU stay, lingering COVID-19 co-morbidities ("long-haulers") and delayed or cancelled medical procedures. Better workforce data, and evidence-based planning based on scope of practice can help with targeted recruitment and retention of health care providers, provide optimized workforce ratios that best support patient health and wellness outcomes, and deliver cost-effective care amidst budget restraints and soaring needs.*

Optimized use of regulated rehabilitation workforce, such as physiotherapists, occupational therapists, speech language pathologists and audiologists, and rehabilitation support personnel, can help to alleviate pressure on hospitals by delaying hospital admission and re-admission, and help manage hospital flow by supporting safe discharge from hospital. They are essential in post-pandemic planning, to help with the influx of chronic conditions and complex physical and mental health needs following the pandemic.