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Health Human Resources: Addressing Staffing Shortages in Long-Term Care

The staffing situation in long-term care is now an emergency. Staffing vacancies have continued to grow, even as the demand for long-term care increases and new beds are built. This is a situation that predated but has been exacerbated by the policy responses to the COVID-19 pandemic, particularly sector-specific recruitment retention bonuses.

A long-term care home is exactly that – a home for residents. Day-in, day-out staff work to support residents who face a wide spectrum of health challenges and provide a home-like environment for the later stages of a resident's life. The personal nature of the job is what makes the job rewarding, but also challenging.

The extraordinary nature of the COVID-19 pandemic and its impact on long-term care quickly led to burnout as staff worked longer hours to ensure staffing cover when their colleagues were sick, and watched residents they cared for grow ill through no fault of their own. The extraordinary work done by long-term care staff, operators,

public health and respective governments has seen vast improvements in the protection afforded homes since early in the pandemic, but recruitment and retention remain a challenge.

Long-term care homes rely on a wide mix of skills from health professionals such as nurses and PSWs, to administrative and support staff including nutrition managers and cooks, recreation program managers, cleaning, and laundry staff. The acute staffing crisis affects all these areas and unless action is taken, the problem will only grow more acute as new beds are built to cater to an aging population and growing demand.

It is clear that the current system for education and training does not support long-term workforce planning for the health and long-term care sectors. Shortages across all areas of the Canadian Health System reflect a lack of data and planning for future need.

Establishing improved workforce data, considering factors such as workforce age and expected retirement timelines, is crucial to laying a foundation for long-term workforce planning. Improved workforce data can be compared to demographic and health data to understand how to meet the

expected future demand for care, particularly as Canada's population ages, lives longer and develops more complex health conditions.

CALTC has engaged across the federal government to address health human resources issues in the long-term care sector, including participation in the Health Canada HHR roundtables and symposium in early 2022. CALTC and its members are committed to partnering with the federal and provincial governments to find solutions to the health human resources crisis.

Recruitment

Canada's long-term care sector needs an urgent injection of new staff as well as a long-term plan for recruitment that will ensure the sustainability of the sector. It is the position of CALTC and its members that several actions can be taken in the short and long-term to improve recruitment in the long-term care sector. Some of these actions, particularly in regard to immigration, are completely within the power of the federal government. Other recommendations require collaboration between the federal government, provincial governments and health stakeholders.

Immigration

Many of the roles in long-term care homes are highly skilled and require the completion of college and university education programs. This means that filling roles in long-term care can take years if we rely purely on developing a domestic workforce pipeline. The current situation is urgent and with new beds being built on a regular basis and increasing demand for longterm care due to an aging population, the need for staff is only growing. One avenue to address the crisis in the short-term is increasing the pool of health care professionals through immigration.

CALTC supports ethical immigration of health care professionals as per the WHO's Global Code of Practice on the International Recruitment of Health Personnel. This includes workplace equality of gendered and racialized immigrants, support for utilization of professional skills, and support for transition and integration into the workforce.

CALTC is proposing the federal government:

- Significantly increase the number of annual work visas granted to internationally educated health care professionals, and ensure there is a pathway to citizenship for skilled professionals.
- Expand the Employment Mobility Pathways Pilot (EMPP) and develop a funding envelope for employers to invest in relocation funding for eligible individuals.
- Continue to invest in improvements to Immigration, Refugees and Citizenship Canada processing times, to ensure skilled workers can obtain visas quickly.

Professional College Registration Requirements

The provincial and territorial regulatory college system has created barriers to entry for internationally educated health care professionals. Canada competes for skilled workers and the fragmented regulatory college system has created challenges not shared by similar nations, such as the UK and Australia, where most registration is completed at a national level.

CALTC is proposing the federal government work with the provinces, national health associations and regulatory colleges to:

- Streamline requirements for internationally educated health professionals.
- Ensure opportunities are provided for internationally educated professionals to either have their qualifications recognized or participate in bridging programs to meet the requirements for registration.
- Address labour mobility barriers between provinces and territories, with an acceptable standard of registration/licensing accepted interprovincially and Territories.

Domestic Education and Training

While urgent action is needed, the federal and provincial governments and health stakeholders also needs to plan more effectively for future staffing needs. Canada's population is aging, demand for long-term care is increasing, provincial governments are increasing mandated hours of care, and there will be a need both for more beds and more staff to care for residents in the future. This requires a dedicated and creative long-term plan to ensure the supply of new staff is commensurate with the increasing demand.

CALTC is proposing the federal government work with provincial governments, universities, colleges, regulatory bodies and national health associations to:

- Develop, fund, and implement plans to increase the number of annual places for nurses, PSWs and care professional degree, diploma and certificate programs.
- Develop, fund, and implement plans to increase the number of degrees, diploma and certificate programs with "on the job" workplace training placements which allows students to obtain academic credit, while providing additional staffing resources to long-term care homes.
- Enable long term care homes to host clinical training and preceptorships, which would support increasing the number of nursing program places, while ensuring a broader base of training in geriatrics across nursing education programs.

Sector Promotion

The extraordinary challenges faced by long-term care homes during the early waves of the COVID-19 pandemic were front page news across national, regional and local papers. The damage to the sector's reputation and the influence it had on discouraging potential staff for applying to jobs is incalculable. Recruiting staff will rely on students interested in a health care.

CALTC is proposing the federal government work with provincial governments, long-term care homes, universities and colleges to:

- Promote careers in long-term care through marketing campaigns targeted at high school, college and university students.
- Promote nursing career opportunities in long-term care to men.

Retention

Even as the long-term care sector looks to recruit new staff, long-term care homes must continue to ensure they retain the staff who currently work in homes. Retention has been a considerable problem as a result of the pressures of the COVID-19 pandemic and decades of underfunding in the long-term care sector.

Mental Health and Workplace Support Initiatives

CALTC is currently working with the Public Health Agency of Canada to address mental health challenges among staff in long-term care. The program, launching in early 2023, will see trainers conduct courses with front-line health care staff aimed at building mental health resiliency. These targeted and dedicated resources are a critical first step to ensure staff receive the support they need.

CALTC is proposing the federal government:

- Continue to invest in the Wellness Together Canada initiative with funding to produce sector specific resources aimed at providing mental health support for front line health care workers.
- Ensure funding through the Canada Health Transfer or alternative bilateral agreements is at an appropriate level that homes can provide enhanced workplace benefits to staff.

Career Pathways

Building a successful culture and welcoming environment for staff includes offering opportunities for career advancement. Increasing opportunities for staff to grow in their roles, access educational opportunities, develop skills and earn promotions in pay is critical to retaining staff over the long term.

CALTC is proposing the federal government work with provincial governments, universities, colleges, regulatory bodies and national health associations to:

- Further develop bridging programs which allow staff who have completed a diploma or certificate to have their previous academic credits and workplace experience count as credit towards a full degree program.
- Develop and fund dedicated professional development courses for long-term care staff.

About CALTC

The Canadian Association for Long Term Care (CALTC) is the national voice of long-term care, delivering resident-centred care services to seniors across Canada when they can no longer live at home. Since its inception in 2002, CALTC has been working together to share information, best practices, and evidence to improve the quality of care provided to residents in long-term care, no matter where they live.



















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