

# ALGOMA'S

HEALTHCARE WORKFORCE

Report



2023

## ACKNOWLEDGEMENTS

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Healthcare

## INTRODUCTION

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COVID-19 has had a profound impact on the lives of Canadians and the industries in which they work. The healthcare and social assistance sector has been under immense pressure due to increased hospitalizations, the demand for services, and unprecedented job vacancies during the pandemic and the post-pandemic.

This report aims to present the data collected from healthcare employers and organizations across Algoma that highlight the primary workforce issues impacting the sector and identify possible solutions.

## METHODOLOGY

From September to December 2022, AWIC contacted employers in the healthcare industry across Algoma to complete an online survey on workforce trends and issues. This survey is a follow-up to the one conducted for *Algoma's Health Care Workforce* published in Spring 2018.

In total, 23 healthcare organizations completed the survey, representing over half of Algoma's healthcare workforce and some of the region's largest employers.

Participating organizations included hospitals, ambulatory healthcare services, nursing and residential care facilities, social assistance, and other healthcare-related employment sectors.

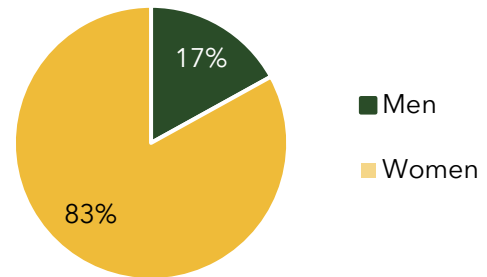
# OVERVIEW

## DEMOGRAPHICS

The population and workforce of Algoma are both evenly distributed between men and women. Still, the healthcare workforce is heavily occupied by women—more so than any other occupational category.

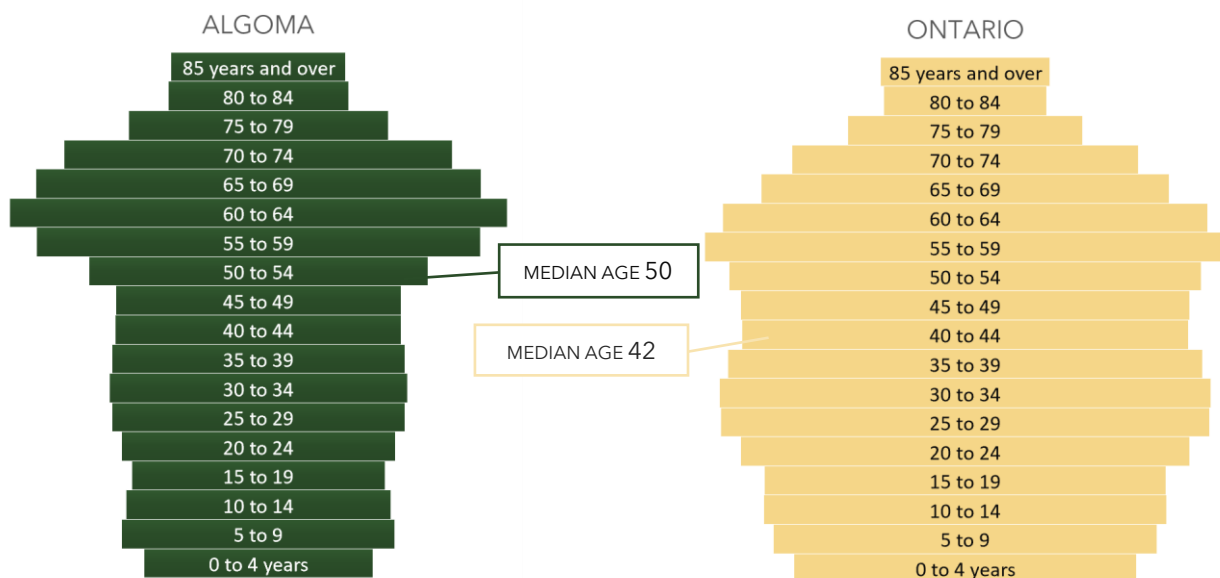
Occupations related to nursing account for 61% of the healthcare workforce and are comprised of 90% of women.

ALGOMA'S HEALTH CARE WORKFORCE



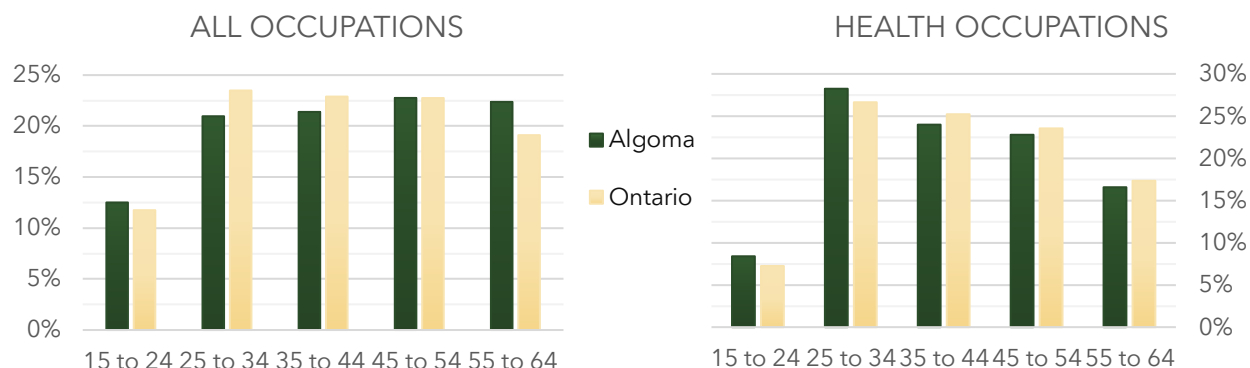
Source: Statistics Canada. 2021 Census of population.

Algoma's population continues to age, with the median age increasing to 50 years in 2021 from 49 in 2016. The median age in Ontario is increasing at a much slower rate, increasing only slightly from 41 years in 2016 to 42 in 2021. An aging population strains the healthcare system as demand for services increases and older healthcare workers retire.



Source: Statistics Canada. 2021 Census of population.

Comparatively, the working-age distribution of Algoma’s workforce doesn’t differ quite as much compared to that of Ontario overall.



Source: Statistics Canada. 2021 Census of population.

Health occupations are youthful in Algoma and are the only occupational category with more individuals in the 25 to 34 age group than in the older age group of 55 years and over. Health occupations also have the highest distribution of individuals aged 25 to 34 years of all occupational categories.

Technical occupations in therapy and assessment are the youngest health occupations, followed by nursing and allied health professionals. The oldest health occupations are physicians and therapy and assessment professionals.

#### AGE DISTRIBUTION OF HEALTH OCCUPATIONS IN ALGOMA

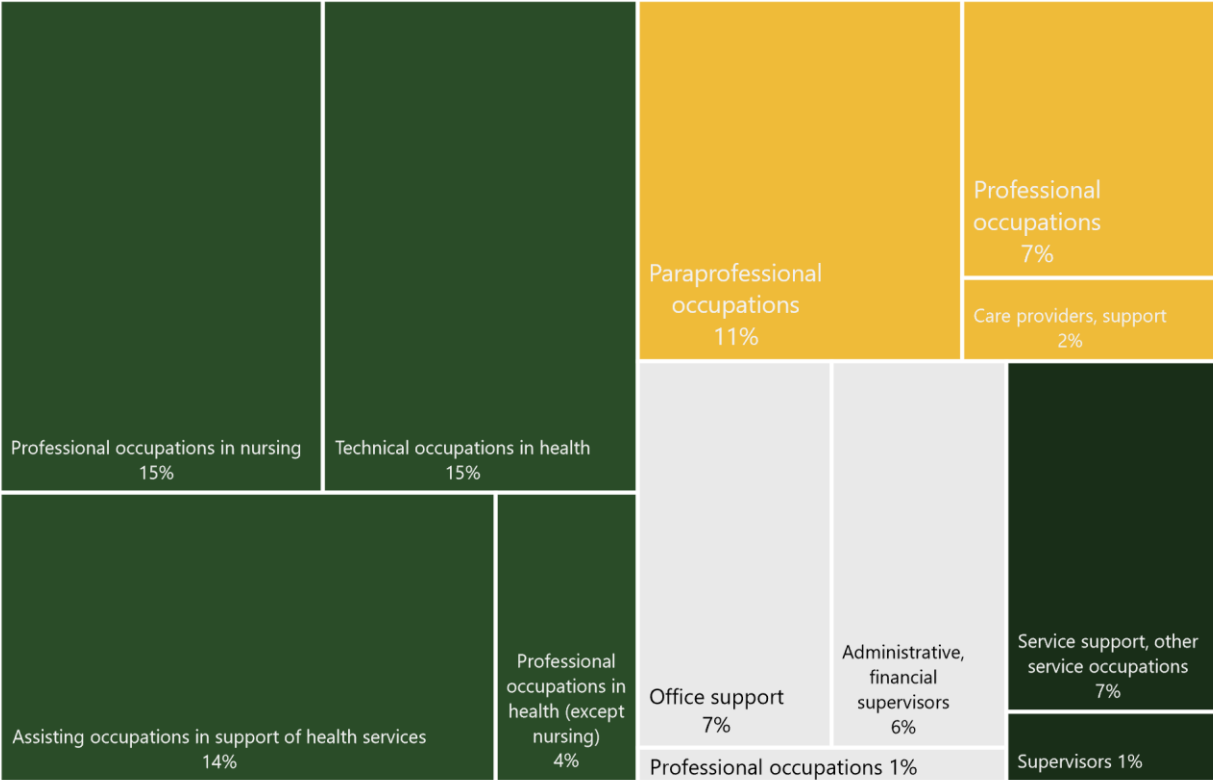
Description	Under 35 years	35 to 54 years	55 years and over
Assisting occupations in support of health services	35%	44%	21%
Nursing and allied health professionals	39%	42%	19%
Technical occupations in therapy and assessment	44%	45%	13%
Physicians	27%	39%	31%
Medical technologists and technicians	35%	41%	20%
Therapy and assessment professionals	8%	72%	21%
Pharmacists and dietitians	25%	56%	13%
Managers in healthcare	14%	67%	19%

Source: Statistics Canada. 2021 Census of population.

# INDUSTRY AND OCCUPATION

Health care and social assistance is Algoma’s largest employing industry, accounting for 19% of the total workforce in 2021<sup>1</sup>. Nearly half of the jobs in the sector (47%) are occupied by workers in health occupations<sup>2</sup>. In Algoma, 91% of individuals in health occupations are employed in the healthcare industry (compared to 84% across Ontario).

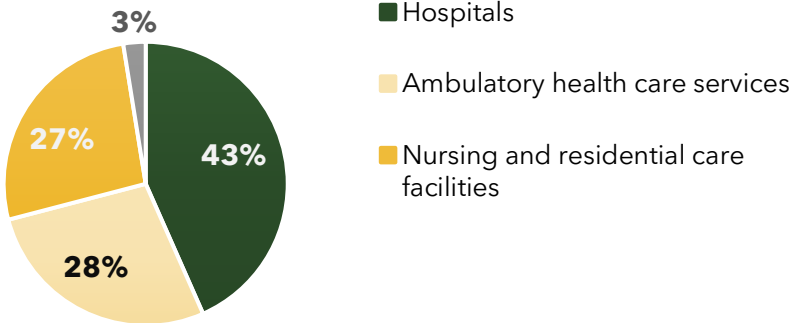
ALGOMA'S HEALTH CARE INDUSTRY



Source: Lightcast. (2022).

Breaking down the healthcare industry into subsectors, hospitals are the largest employer within the sector, followed by ambulatory healthcare services, nursing and residential care facilities, and social assistance<sup>3</sup>.

Source: Lightcast. (2022).



<sup>1</sup> See Appendix A for details.  
<sup>2</sup> See Appendix B for definitions.  
<sup>3</sup> See Appendix C for definitions.

The most common health occupations in Algoma are, assisting occupations supporting health services; and nursing and allied health professionals, representing 61% of all health occupations. Assisting occupations in support of health services comprises of nurse aides, orderlies and patient service associates (76%), and nursing and allied health professionals are almost entirely represented by registered nurses and registered psychiatric nurses (94%).

#### MOST COMMON HEALTH OCCUPATIONS IN ALGOMA

<b>NOC</b>	<b>Description</b>	<b>Percentage (%)</b>
3310	Assisting occupations in support of health services	33%
3130	Nursing and allied health professionals	28%
3210	Technical occupations in therapy and assessment	14%
3110	Physicians	5%
3212	Medical technologists and technicians	5%
3120	Therapy and assessment professionals	4%
3112	Pharmacists and dietitians	3%
3001	Managers in healthcare	2%

Source: Statistics Canada. 2021 Census of population.



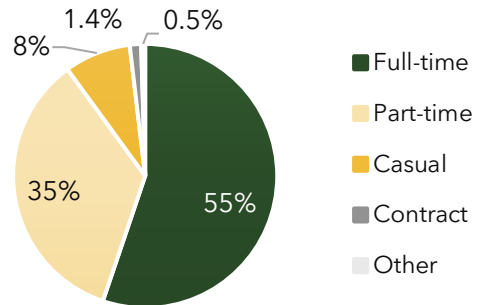


# SURVEY RESULTS

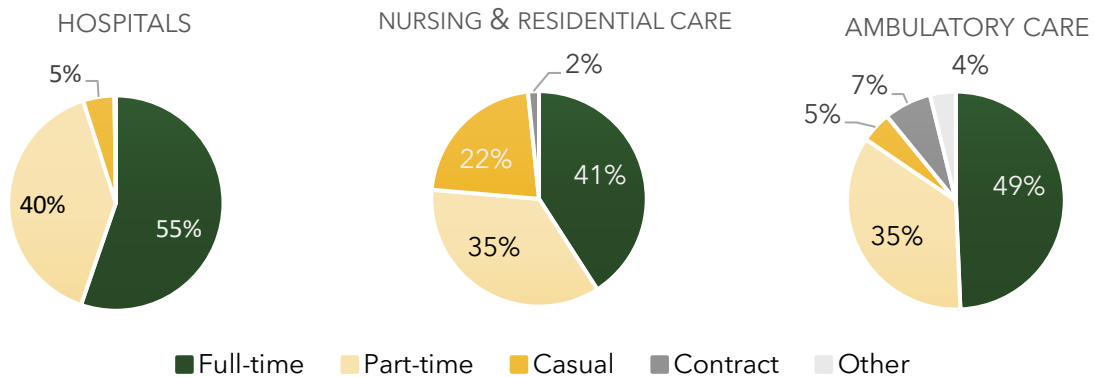
## EMPLOYMENT

Over half of Algoma’s healthcare workforce was represented in the survey, with 23 participating healthcare organizations.

Just over half (55%) of the workforce employed by participating organizations are in full-time positions, which slightly increases over the 2018 survey results (53%), but the type of employment varies by subsector.



The type of employment remains consistent in hospitals, while nursing and residential care facilities saw a slight shift from full-time to casual employment. Ambulatory healthcare services, however, experienced a drastic change from 2018 to 2022, going from 74% full-time employees to 49% and 19% part-time employees to 35%.



Nursing and residential care facilities experienced the highest overtime percentages, and nurses and PSWs were the positions with the most overtime. There were significantly fewer unfilled shifts compared to 2018 due to the shifts being covered by overtime.

HIGHEST OVERTIME PERCENTAGES  
Nursing and residential care

MOST OVERTIME  
Nurses & PSWs

## STAFFING AND HIRING

Health care is one of the primary sectors contributing to job vacancies across Canada, with the ratio of new hires to vacancies trending downwards since 2017.<sup>4</sup> This is consistent with the survey results, which clearly reveal employers lost more employees than hired over the past 12-month period.

- 95% of employers reported hiring employees over the last 12 months, and 86% plan to hire over the next 12 months
- 82% of employers experienced separations<sup>5</sup> in the previous 12 months, compared to 68% in 2018
- Over three quarters (77%) of separations were employee resignations, compared to 45% in 2018

The most common reasons employers cited for employee resignations are leaving for another job, relocating to a larger city, and stress/burnout. Leaving for another job was the top cited reason by a large margin—much more than in 2018; the number of employees quitting to relocate is about the same as in 2018, and stress/burnout wasn't cited as a reason in 2018.

The most difficult occupations to fill are RN, PSW, and RPN. These are also the most hired occupations of the past year and the occupations with the highest number of expected vacant positions in the coming year.

Expansion or restructuring within the organization and retirement are the main reasons for expected upcoming job openings, followed by resignations.

### **PART-TIME EMPLOYEES:**

- 35% of participating organizations' workforce
- 61% of resignations
- 65% of dismissals
- 49% of hirings
- 45% of expected hiring

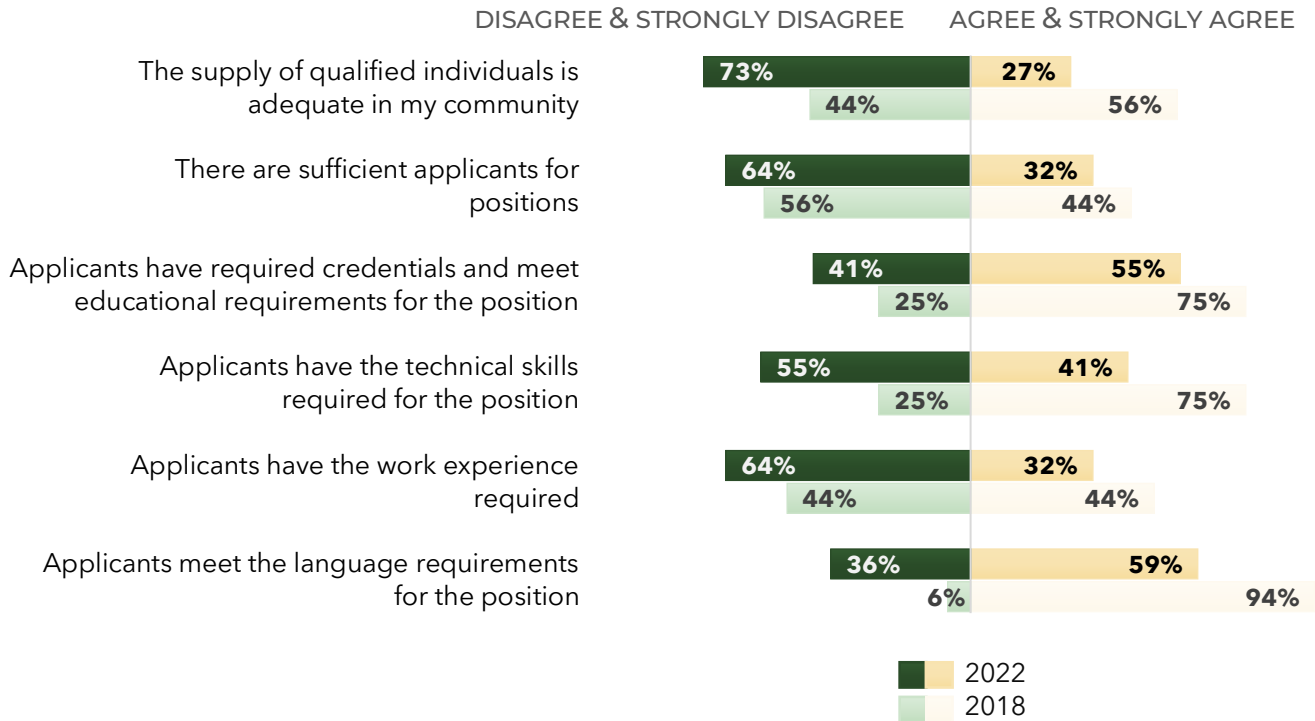
Almost half (45%) of employers believe their organization does not have adequate human resources, 62% reported their organization as having a succession plan in place, and 24% were uncertain. A little over a third (36%) of employers agree employee turnover is a problem in their organization—an increase from 12% in 2018.

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<sup>4</sup> Statistics Canada. (2022). *Labour shortage trends in Canada*.

<sup>5</sup> A separation is defined as retirement, dismissal, permanent layoff, temporary layoff, or other termination of employment.

Only 27% of employers agree there is an adequate supply of qualified individuals in their communities—a significant decrease from 56% in 2018. There are also significantly fewer employers who agree that applicants have the technical skills or meet the language requirements for vacant positions.



The top recruitment methods organizations used to fill positions over the last 12 months are posting on the organization’s website, word of mouth or other informal networks, and online job boards; 27% used an employment program or service to assist with recruitment and hiring activities.

## SKILLS AND TRAINING

Technical skills were overall rated as less critical than soft skills. The most important skills employers look for are teamwork and willingness to learn, both of which employers rated at the highest level of importance compared to 2018. Analytical/research skills, oral and written communication, and computer literacy saw the most drastic drops in importance.

Other skills that remain high in importance are customer service, professionalism, time management and organizational skills.

Most organizations (95%) provided or supported some training or educational opportunities for employees in the last 12 months, and most employers provide on-the-job training.

- 91% provided or supported on-the-job training
- 82% provided or supported upgrading programs delivered in-house
- 73% provided or supported educational programs offered by third parties

The most common source of training/education is on-the-job training, followed by peer-to-peer training and industry and professional association programs. Though peer-to-peer training is one of the most common sources of training for employees, fewer employers reported it as such compared to 2018. Industry and professional association programs and colleges both had a notable increase as familiar sources of training/education.

Most organizations (91%) offered at least one program for students and youth in the last 12 months, with the majority offering between 1-5 different programs—an increase over 2018. The most common program for high school students was unpaid co-ops, and the most common programs for college and university students were summer programs.

High School	College	University
<ul style="list-style-type: none"><li>• Unpaid co-op</li><li>• Summer programs</li><li>• Paid co-op</li></ul>	<ul style="list-style-type: none"><li>• Summer programs</li><li>• Unpaid internship</li><li>• Unpaid co-op</li></ul>	<ul style="list-style-type: none"><li>• Summer program</li><li>• Unpaid internship</li><li>• Unpaid co-op</li></ul>

# IDENTIFYING ISSUES AND THEMES

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## RECRUITMENT

- Not enough applicants for open positions
- Applicants do not meet credential or educational requirements
- Inadequate housing and lack of opportunities for spouses in smaller communities
- Inadequate efforts and funding to attract foreign talent
- Difficulty evaluating credentials of foreign workers who apply for available positions

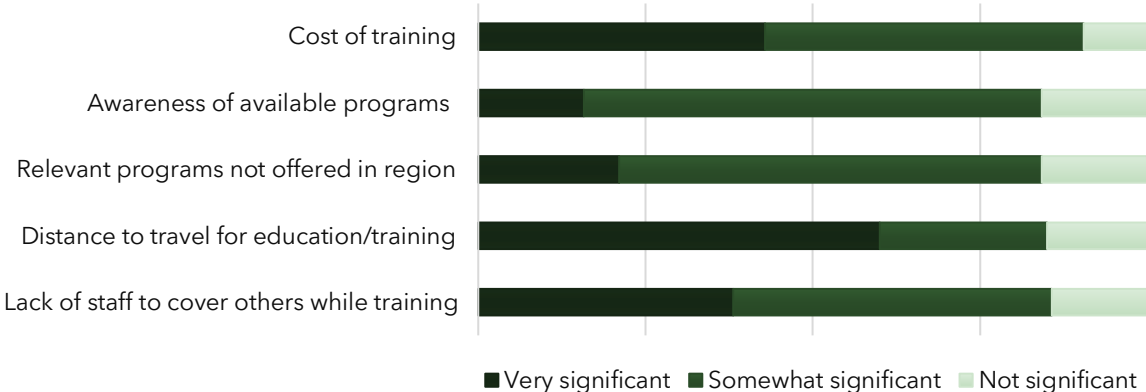
## RETENTION

- High turnover, especially in part-time positions
- More overtime and more resignations due to burnout
- Staff leave to relocate to larger cities—more opportunities, better housing options
- Wages and benefits are not competitive with similar employers

## TRAINING

- Cost of training
- Lack of awareness of available programs and supports
- Relevant programs not offered in the region and require travel to access
- Distance to travel for education and training prohibitive
- Lack of available staff to cover shifts while others are in training

HOW SIGNIFICANT ARE THE FOLLOWING AS OBSTACLES IN PROVIDING OR SUPPORTING TRAINING AND EDUCATION FOR YOUR EMPLOYEES?



## LOCATION

Location is an overarching theme in the issues listed above, impacting all facets of managing the healthcare workforce. Housing and spousal opportunities were frequently cited as significant obstacles in the hiring process.

## RECOMMENDATIONS

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In Canada, average overtime hours among healthcare workers are the highest in over a decade,<sup>6</sup> and the survey indicates a similar state in Algoma. Nurses have been disproportionately impacted by this increase in overtime and report higher levels of stress and burnout than other health occupations. More nurses intend to leave or change jobs in the next three years than any other health profession, stating burnout as the primary reason.<sup>7</sup>

Healthcare workers with more experience are less likely to intend to leave their jobs than workers with less experience.<sup>8</sup> Retention efforts for newly hired workers should include continuous support and mentorship through the first three to five years, not only with colleagues but potentially with former teachers. Bringing in-house training opportunities by partnering with local educational institutions can address retention issues by providing mentorship and professional development opportunities.

Low wages are not necessarily the reason for labour shortages in health care,<sup>9</sup> though employers who participated in the survey cited wages as a primary challenge in hiring and retaining employees. Offering other benefits, such as flexibility in scheduling and supporting work-life balance in practice, can majorly impact addressing burnout and retaining employees.

Employees value training opportunities, paid training, and continuing professional development. The incentives not only benefit the employee by way of career fulfillment but benefit the organization as well—employees trained in multiple areas can cover staff shortages in various areas, and education and training are vital contributors to successful workforce retention.<sup>10</sup>

Community partnerships are integral to creating a welcoming environment and promoting information sharing. Resources that include information for spouses and families, such as work opportunities, education and childcare programs, and recreational activities, can help recruiters. Creating and maintaining partnerships with

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<sup>6</sup> Canadian Institute for Health Information. (2022). *Health workforce in Canada: In focus*.

<sup>7</sup> *ibid.*

<sup>8</sup> *ibid.*

<sup>9</sup> Statistics Canada. (2022). *Labour shortage trends in Canada*.

<sup>10</sup> Strasser, R. and Strasser, S. (2020). *Reimagining primary health care workforce in rural and underserved settings*.

schools to promote health careers and continually endorsing the education-to-career pipeline—healthcare workers are likely to remain in the location of their training.<sup>11</sup> Partner with organizations that can help advocate for expanded immigration programs and support.

## CONCLUSION

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As the proportion of older adults continues to rise, more services will be needed, which puts pressure on the healthcare sector and undue stress on the individuals working therein.

Overall, the supply of labour from the perspective of employers in the healthcare industry is lacking in both quality and quantity. Smaller communities need more recruits, but recruits need a reason to stay in smaller communities.

Most employers reported that their staff chose to work there because of the organization's reputation for good work culture and a passion for working in health care. There is an opportunity for those who choose to work in health care because of a passion for the work. The fact that these workers are being driven away or hesitant even to enter the healthcare industry needs a community-wide effort to be corrected.

The issues expressed in this report are not new and are consistent with the overall trends of the healthcare workforce in Canada but will continue to worsen without a long-term holistic approach. Recruitment, retention, and location are all linked and must be approached as a more significant issue that cannot be resolved without solid community partnerships and support.



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<sup>11</sup> *ibid.*

## APPENDICES

### APPENDIX A - EMPLOYMENT BY INDUSTRY, ALGOMA

	Count		Percentage (%) Change	Percentage	
	2016	2021		2016	2021
<b>All Industries</b>	<b>47135</b>	<b>43,855</b>	<b>-7.0%</b>	<b>100.0%</b>	<b>100.0%</b>
<b>Goods-Producing Sector</b>	<b>9760</b>	<b>9,920</b>	<b>1.6%</b>	<b>20.7%</b>	<b>22.6%</b>
Manufacturing	4515	4,360	-3.4%	9.6%	9.9%
Construction	3135	2,940	-6.2%	6.7%	6.7%
Mining, quarrying, and oil and gas extraction	840	1,165	38.7%	1.8%	2.7%
Agriculture, forestry, fishing, and hunting	800	945	18.1%	1.7%	2.2%
Utilities	470	510	8.5%	1.0%	1.2%
<b>Services-Producing Sector</b>	<b>37375</b>	<b>33,935</b>	<b>-9.2%</b>	<b>79.3%</b>	<b>77.4%</b>
Health care and social assistance	7825	8,195	4.7%	16.6%	18.7%
Retail trade	5940	5,705	-4.0%	12.6%	13.0%
Educational services	3720	3,700	-0.5%	7.9%	8.4%
Public administration	3650	3,065	-16.0%	7.7%	7.0%
Accommodation and food services	3875	2,495	-35.6%	8.2%	5.7%
Transportation and warehousing	2060	1,795	-12.9%	4.4%	4.1%
Professional, scientific, and technical services	1485	1,750	17.8%	3.2%	4.0%
Administrative and support, waste management	2445	1,720	-29.7%	5.2%	3.9%
Other services	1850	1,585	-14.3%	3.9%	3.6%
Finance and insurance	1110	1,100	-0.9%	2.4%	2.5%
Arts, entertainment, and recreation	1355	990	-26.9%	2.9%	2.3%
Wholesale trade	875	760	-13.1%	1.9%	1.7%
Real estate and rental and leasing	595	600	0.8%	1.3%	1.4%
Information and cultural industries	570	445	-21.9%	1.2%	1.0%

Source: Statistics Canada. 2021 Census of population.



## APPENDIX B - SELECT OCCUPATIONS

### BUSINESS, FINANCE AND ADMINISTRATION OCCUPATIONS

NOC	Description	Examples
11	Professional occupations in business and finance	<ul style="list-style-type: none"> <li>Financial auditors, accountants, investment professionals</li> <li>Human resources, business service professionals</li> </ul>
12	Administrative and financial supervisors and administrative occupations	<ul style="list-style-type: none"> <li>Administrative services supervisors</li> <li>Office administrative assistants</li> <li>Records management technicians, statistical officers</li> </ul>
14	Office support occupations	<ul style="list-style-type: none"> <li>General office workers</li> <li>Office equipment operators</li> <li>Financial, insurance and related administrative support</li> </ul>

### HEALTH OCCUPATIONS

NOC	Description	Examples
30	Professional occupations in nursing	<ul style="list-style-type: none"> <li>Nursing co-ordinators and supervisors</li> <li>Registered nurses, registered psychiatric nurses</li> </ul>
31	Professional occupations in health (except nursing)	<ul style="list-style-type: none"> <li>Physicians, dentists, veterinarians</li> <li>Optometrists, chiropractors,</li> <li>Midwives, nurse practitioners, physician assistants</li> <li>Pharmacists, dietitians, nutritionists</li> <li>Physiotherapists, occupational therapists</li> </ul>
32	Technical occupations in health	<ul style="list-style-type: none"> <li>Medical technologists and technicians</li> <li>Technical occupations in dental healthcare</li> <li>Licensed practical nurses, paramedical occupations</li> </ul>
34	Assisting occupations in support of health services	<ul style="list-style-type: none"> <li>Nurse aides, orderlies</li> <li>Dental assistants, other assisting occupations</li> </ul>

### OCCUPATIONS IN EDUCATION, LAW AND SOCIAL, COMMUNITY AND GOVERNMENT SERVICES

NOC	Description	Examples
41	Professional occupations in law and social, community and government services	<ul style="list-style-type: none"> <li>Judges, lawyers, psychologists</li> <li>Social workers, counsellors</li> <li>Policy researchers, consultants, program officers</li> </ul>
42	Paraprofessional occupations in legal, social, community and education services	<ul style="list-style-type: none"> <li>Paralegals, social and community service workers</li> <li>Early childhood educators and assistants, instructors of persons with disabilities</li> </ul>
44	Care providers and educational, legal, and public protection support occupations	<ul style="list-style-type: none"> <li>Home childcare providers, home support workers</li> <li>School teacher assistants</li> <li>Correctional service officers, by-law enforcement officers</li> </ul>

### SALES AND SERVICE OCCUPATIONS

NOC	Description	Examples
63	Service supervisors and specialized service occupations	<ul style="list-style-type: none"> <li>Service supervisors</li> <li>Chefs, cooks, butchers, bakers</li> </ul>
67	Service support and other service occupations	<ul style="list-style-type: none"> <li>Food counter attendants, kitchen helpers</li> <li>Light duty cleaners, specialized cleaners, janitors</li> <li>Caretakers and building superintendents</li> </ul>

Source: Statistics Canada. *National Occupational Classification (NOC) 2016*.

## APPENDIX C - HEALTH CARE AND SOCIAL ASSISTANCE SUB-SECTORS

### 62 - HEALTH CARE AND SOCIAL ASSISTANCE

This sector comprises establishments primarily engaged in providing health care by diagnosis and treatment, providing residential care for medical and social reasons, and providing social assistance, such as counselling, welfare, child protection, community housing and food services, vocational rehabilitation and childcare, to those requiring such assistance.

#### 621 - AMBULATORY HEALTH CARE SERVICES

This subsector comprises establishments primarily engaged in providing health care services, directly or indirectly, to ambulatory patients. Health practitioners in this subsector provide outpatient services, in which the facilities and equipment are not usually the most significant part of the production process.

- Offices of physicians
- Medical and diagnostic laboratories
- Out-patient care centres
- Home health care services

#### 622 - HOSPITALS

This subsector comprises establishments, licensed as hospitals, primarily engaged in providing diagnostic and medical treatment services and specialized accommodation services to in-patients. These establishments have an organized medical staff of physicians, nurses and other health professionals, technologists, and technicians.

- General medical and surgical hospitals
- Psychiatric and substance use hospitals
- Specialty hospitals (except psychiatric and substance use)

#### 623 - NURSING AND RESIDENTIAL CARE FACILITIES

This subsector comprises establishments primarily engaged in providing residential care combined with either nursing, supervisory or other types of care as required by the residents. In this subsector, the facilities are a significant part of the production process, and the care provided is a mix of health and social services, with the health component being nursing services.

- Residential facilities for persons with an intellectual or developmental disability, a mental health or substance use condition
- Community care facilities for the elderly
- Nursing care facilities

#### 624 - SOCIAL ASSISTANCE

This subsector comprises establishments primarily engaged in providing a wide variety of assistance services directly to their clients.

- Individual and family services
- Community food and housing, and emergency and other relief services
- Vocational rehabilitation services

Source: Statistics Canada. *North American Industry Classification System (NAICS) Canada 2022.*