

# **Health Sector Labour Force and Training Needs Assessment**

## *Executive Summary*

**December 2000**



## **EXECUTIVE SUMMARY**

Working on behalf of the Saskatchewan Health Sector Partnership Steering Committee, and with the Saskatchewan Department of Post-Secondary Education and Skills Training, Trimension Group, Thomas Marwick and Associates, Decision Research Inc. and Direct Arrow Communications were contracted to conduct research to identify the human resource and training needs of the health sector in the province and to devise strategies for human resource and training planning.

## **INTRODUCTION**

In order to develop and implement the most appropriate strategies for a proactive human resource and training plan for the industry, the Saskatchewan Health Sector Partnership undertook a survey and study of industry and its members to identify human resource and training needs of the current and future requirements of the industry. This report presents the results of this research.

## **METHODOLOGY**

Direct Arrow Communications, in association with Decision Research Inc., were engaged as consultants to conduct the primary research, which includes:

- a literature review which included;
  - an overview of the health sector, its composition, structure and direction and anticipated short and medium term changes;
  - identification of key human resource and training issues in the health sector; and,
  - identified issues related to the employment of Aboriginal people in the health sector and data.
- a needs assessment survey.

Trimension Training & Consulting Group Inc. was contracted to complete the industry validation of the research data, develop the training database and complete the final report. Five (5) focus groups were conducted with representative stakeholders of the health sector in Saskatchewan to gain further insight into the results of the telephone survey as well as to explore and report the viewpoints of these individuals regarding training needs within the industry. A moderator guide was developed and used to stimulate the discussion. A separate guide was developed for the focus group for the education and training providers. Participants were asked a series of questions compiled using the survey instrument and results, as well as input and ideas generated from the Steering Committee. The following broad areas were addressed:

- Labour force growth – recruitment and retention;
- Education and training;
- Development of a representative workforce;
- General.

## **KEY FINDINGS**

From the results obtained through the research, the focus groups and members of the Health Sector Steering Committee, several key areas and issues were identified. They have been compiled into the following key findings:

### **Representative Workforce**

A representative workforce was identified as a very important component for Aboriginal people participating in the Health Sector. The research identified the need to deal with negative attitudes and racism in the workplace. Education on these issues would lead to greater Aboriginal participation and employment. There is a need for more visible and effective role models within the health sector. More Aboriginal teachers and training providers are required and there is a need to develop and provide education and awareness training. Employers and unions support the concept of establishing representative workforce strategies, as well the Steering Committee sees this as a high priority.

### **Understanding the Role of Unions**

The findings from the research indicate there is a lack of understanding about the role the unions play when it comes to recruitment, seniority and collective agreements. Many people stated they felt that seniority was an issue and a potential barrier to obtain employment, particularly for aboriginal people. In actuality, seniority is not the problem in obtaining employment, the problem is getting seniority because of all the casual and part-time positions in the health sector.

This indicates there is a need to provide better information and education about the role unions play in the workplace and use this information to address the issue of seniority, part-time and casual employment and getting more aboriginal people participating in the workforce of the health sector.

### **Education and Training Accessibility**

The research found that health district employees are totally supportive of the need for better access to education and training programs. This need was identified for both the existing employees who wish to upgrade and update themselves, as well as for people who wish to take training in order to gain employment in the health sector. Most employees of the health districts indicated a need for training to be available so it could be taken within their home community or near by. Many suggested there are portions of the training that can be offered in home communities, therefore students need only travel to training centres which have access to highly technical equipment and facilities which are required for some portions of the training.

The practical nature of training often necessitates direct student contact with instructors. Therefore pure distance education programs were not always seen as appropriate and only certain components of a program or course can be delivered through distance education.

The use of the internet and computer based training were suggested as effective methods to be used in distance delivery, as well as the traditional models of satellite, correspondence and teleconferencing delivery.

The primary issue found was accessibility to education and training programs, particularly for the northern and rural health districts. The findings identified ways to improve accessibility could be attained through the use of various media, such as:

- distance delivery;
- combination of training in the community and in larger centres;
- workplace or on-the-job training.

### **Recruitment and Retention**

The study revealed that recruitment and retention of employees was a provincial wide issue and in particular, it was a real barrier for northern and rural health districts. Employers cited the lack of amenities, housing and pay were the contributing factors to attracting employees to jobs in the north or rural districts. This has been identified as a major issue for the northern health districts. Urban employers indicated the out migration and the attraction to other provinces and countries were the causes to their recruitment and retention problems.

The findings indicated there is a need to promote the health sector as having well paying and rewarding careers. Development of peer groups or mentors to offer support when needed was also suggested as ways to retain employees. The need to improve the education and training opportunities, particularly in the northern and rural districts where local people can access training and given employment opportunities rather than trying to recruit people from outside to a job. The common response was to train community members to take local jobs because they already have roots in that community and will more than likely stay.

### **Occupational Training Needs**

Based on the research compiled from the vacancy and turnover rates and the Health Employer Survey, there were a number of occupational groups where training is needed. They include Home Care/Special Care Aides, Therapists, Licensed Practical Nurses and Nurses. The northern and rural communities also indicated a need for trained technicians in X-ray and lab. It was also identified that the need for the advanced practical nurses to specialize in gerontology because of our aging population which will lead to an increase in Level III and IV long term care. This will also create a need for facilities and other employees to work in order to meet the demand. Education and training institutions need to work collaboratively to meet this training demand.

### **Provincial Coordination of Human Resources Planning**

The findings indicated that there are a number of agencies, organizations and communities working on various aspects and issues surrounding the human resource and training needs of the health sector. There were indications from survey participants that these organizations do not or are not communicating effectively or regularly with each other, nor do they know or understand each others mandates or purposes.

The Steering Committee felt it was necessary to develop an effective communication plan to co-ordinate human resource data gathering and develop a co-ordinated approach with all groups to obtain and share information. Committees could be formed into sub groups or committees to

address specific issues. The Steering Committee felt the provincial government needs to be involved at some stage to assist in co-ordinating this process provincially.

### **Education and Training Agreements and Collaboration**

The research revealed collaboration and communication is somewhat lacking particularly amongst the education and training institutions themselves and between them and the health sector employers. The findings indicated there is communication and collaborating occurring, but it is not regular nor sustained. Lack of funding for training in the health sector was cited as an issue. The fact that funding is presently provided to the health districts and to the education and training institutions on a year to year basis, makes it difficult to make long range plans and commitments for the development and delivery of training programs to meet the need.

The high cost of tuition fees for education and training was also identified as a barrier, in particular the fees charged for Special Care Aid training was stated as very high, especially for the income one earns once trained. However, recently it was announced that SIAST has addressed this issue by making it a core program thus reducing the tuition because it is no longer required to be offered on a cost recovery basis.

Other findings from the research indicated that course content or pre-requisites may not always be relevant to the occupation. As well, there are not enough seats available to meet the job demand and it was stated that some programs are not available because they are not based or delivered in their community. An example cited was the fact that Licensed Practical Nursing (LPN) training was not delivered in Saskatoon and yet there is a demand for that training there.

The results indicate there is a need to strengthen and improve the pre-requisite knowledge of students for many of the health programs, particularly the math and science requirements. A closer collaboration between employers and education and training institutions is needed so they can address such issues as adequate training spaces, ensuring consistency regarding educational qualifications and delivery locations.

This Council needs to continue and expand to ensure better collaboration between all the stakeholders involved in the human resource and training needs of the health sector. The Province Representative Workforce Council was established by Government to explore partnerships with employers, training institutions and the Aboriginal community.

### **Aboriginal Awareness and Culturally Relevant Training**

The findings from the study identified that issues of racism and misconceptions about aboriginal people exist. There is research which indicates by 2012<sup>1</sup> there will be an additional 46,000 aboriginal persons ready to enter the workforce. This fact, coupled with the grossly under-representation of Aboriginal people in the health sector that already exists means the need for more integration into the workforce. Aboriginal people need to be encouraged by all facets to participate fully in the health sector and for that matter in all sectors of the provincial economy.

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<sup>1</sup> HRDC - LMI.

It has become clear from the research that in order to achieve a representative workforce in the health sector, the workplace has to be better prepared for aboriginal people entering and becoming employed in this sector. In order to accomplish this goal, two major issues need addressing:

- development and delivery of aboriginal awareness training in the workplace and have all aspects of the workplace participate in this training; and
- improving the integration of culturally relevant content into the curriculum of all the education and training programs and courses.

## RECOMMENDATIONS

The following recommendations were developed by the Steering Committee and are based on discussions with the Committee about the research conducted. The recommendations, proposed by the Steering Committee are to serve as a guide for the future direction of the Sector Partnership. As the Committee's work continues, these recommendations will evolve into the basis for further action, through the refinement of goals and strategies and in keeping with the changing needs of the industry. These recommendations encompass strategies to keep abreast of changing human resource and training needs in the industry, as well as strategies to address the pressing concerns of today.

### *Data collection*

**Recommendation:** The Steering Committee recommends that a consistent means to collect data be identified, developed and implemented.

### **Data Collection Strategies**

- Develop a central registry for all information that has or will be collected regarding Health sector issues.
- A 'standardized method' of data collection needs to be implemented so all participants are dealing with the same data. Currently there is an abundance of data available but it has not been collected in the same manner from all participants.
- Communicate to stakeholders the need for resources, both financial and human, to undertake the data collection.
- Establish linkages to the job evaluation project.
- Access (payroll project) payroll systems to gather some of the data that is available from all participants.
- Share the information held by the various stakeholders i.e., Sask Health, SAHO, etc. The information that is currently in place should be used.
- Training database will be validated by the education and training institution.
- In the future, more assertive methods be undertaken for data collection which needs to be done on a more consistent basis for such things as succession planning and training delivery.

### *Web Site*

**Recommendation:** The Steering Committee recommends a website to house the training database be developed and maintained for on-going updating and enhancement of training information. The Steering Committee working in partnership with SAHO can decide where the database should be housed and how to maintain it on a consistent basis. The website should include such information as job classification, salary range, in-scope and out-of-scope positions, job descriptions, and qualifications.

### **Web Site Strategies**

- Steering Committee work with SAHO on the logistics of establishing and housing the database.
- Examine hiring a person to maintain the database on an on-going basis to ensure consistency and accuracy.
- Link all training institutions at the web site stage.

### *Overcoming Barriers to Employment*

**Recommendation:** The Steering Committee recommends that strategies be implemented to address the following barriers to employment:

- Misconception, misinformation and negative attitudes toward aboriginal people.
- The cyclical nature of entry level employment which leads to low retention and turnover.
- Misunderstanding of the role of unions.
- Lack of accurate information and employment status for succession planning.
- Reduced accessibility to jobs in the rural and northern districts due to casual hiring practices.
- Access to advanced math and science subjects in rural and northern areas.
- Access to training in the north.
- The high cost of education and training versus low level income.
- The arbitrarily "raising of the bar" for qualifications for low skill employment jobs (i.e. a job that requires a grade 8 education being moved to requiring a grade 12 education).

**Employment Strategies to Address Barriers**

- Communicate the information on labour market demands and job projects to both the employers and to prospective and current employees so that individuals can plan for the training they need, select the job they want and begin succession planning. This information should be made available to the K-12 aboriginal and non-aboriginal school systems, Aboriginal organizations and on the SAHO website for the general public.
- Provide accurate information about the role of seniority.
- Provide generic information about all the jobs in each district including those that are occupied.
- Health Care needs to be promoted as a positive place to work. The Committee should identify areas that may be seen as casting a negative light on Health Care careers and take an active role in representing it favorably to the public. The Steering Committee can participate in the strategies to promote health careers in a positive manner and the health sector as an employer of choice.
- Health employers hire an aboriginal employment co-ordinator.

***Education and Training Requirements*****Recommendation:**

1. The Steering Committee recommends talks be started with Saskatchewan Education to discuss the urgent need for the delivery of math and science 10, 20, and 30 levels, particularly in rural and northern Saskatchewan schools and to develop alternative ways to deliver these subjects. It was identified in the study that prospective rural and northern students do not always have the required pre-requisite education to enter health career education and training programs.
2. Develop culturally relevant math and science content for the K-12 subjects and culturally relevant content in post-secondary educational programs (i.e. Home Care/Special Care Aid and Nursing).

**Recommendation #1 Strategies**

- Improve access to the advanced levels in the math and science subjects for rural and northern students through consultation and work with Saskatchewan Education.
- Collaborate with education and training institutions to ensure consistency regarding the educational qualifications for each position classification.
- Utilize the aboriginal employment co-ordinator to work with schools to address education and entrance requirements and promote health careers.
- Market and promote the various preparatory programs that have been developed by the education and training institutions which improve success rates for students entering into health career programs. These programs will serve as a stop gap until such time as the regular math and science school programs are available.
- Work closely with the Provincial Representative Workforce Council to share information from this Committee and work together on common issues or needs.



**Recommendation #2 Strategies**

- Strengthen and ensure there is integration of aboriginal awareness content into the curriculum of high school subjects, occupational skill training programs and post-secondary educational courses.
- Improve and enhance consultation with the aboriginal education and training institutions in the development of culturally relevant education and training curriculum and utilize these aboriginal institutions in the delivery of these curricula.
- In collaboration with the aboriginal educational system, incorporate and use aboriginal essential learning developed by the aboriginal educational system.

***Workplace Aboriginal Awareness Training***

**Recommendation:** The Steering committee recommends training take place in all workplaces on Aboriginal Awareness to prepare the workplace. A communication strategy should be developed for the workplace explaining the representative workforce strategy.

**Aboriginal Awareness Strategies**

- Develop a marketing strategy and identify the various media (newsletter) that can be used to get the message out to the employers, union, employees and board members, about the Aboriginal Employment Development Program and its initiatives and strategies to attain a representative workforce in this industry.
- Aboriginal employment coordinators to participate in the development of Aboriginal Awareness Training in the workplace.
- Establish mentorship/role models between current health care workers and prospective employees and students.
- Involve all stakeholders to participate in aboriginal awareness training.
- Aboriginal education and training institutions to play a role in the development and delivery of workplace aboriginal awareness training sessions.
- Use aboriginal people in the delivery of aboriginal awareness training.

### ***Role of Unions***

#### **Recommendation:**

1. Employers, unions and the Aboriginal community work together in an ongoing forum to build an agenda to identify the challenges and opportunities for aboriginal employment.
2. The Union work with the Health Districts to educate the public, including Aboriginal people and clarify the role of unions.

#### **Role of Unions Strategies**

- The unions will meet to discuss and develop a communication strategy on the role of unions and the development of a common agenda.
- The Steering Committee will then develop an overall communication strategy.
- The communication strategy will be shared with the respective union bargaining committees.

### ***Communication Strategy***

**Recommendation:** The Health Sector Partnership Steering Committee will develop a communication strategy for releasing and distributing this study and its findings and recommendations.

#### **Communication Strategies**

- Each member of the Steering Committee will receive a copy of the complete final report which includes three documents (the main body of the Report, the Appendices and the Training Database) together with the Executive Summary by e-mail and in hard copy form.
- PSEST will distribute the Executive Summary to its list of stakeholders.
- All members and stakeholders of SAHO will receive a copy of the Executive Summary.
- Upon receipt of request for the complete report, stakeholders will be sent a copy either by e-mail or in hard copy.
- Copies of the complete study will be provided to IAA, SAHO and PSEST in hard copy, bound and unbound, and in disc form.
- The training database will be kept as a separate document and distributed.
- Post the report on the Government of Saskatchewan website.

## NEXT STEPS

The following action plan was developed as the next steps for the Sector Partnership Steering Committee to undertake:

1. Develop a communication strategy to address the following:
  - representative workforce strategy;
  - role of unions;
  - aboriginal employment development initiatives;
  - the need for partnerships; and
  - the role and function of the Sector Partnership Steering Committee.
2. Enhance and strengthen the Steering Committee to ensure there is a strong representation of all the key groups to carry on the discussions and initiatives from the report.
3. Communicate the results of the study to the various stakeholder groups, including the aboriginal community, unions and employers.
4. Arrange meetings with perspective ministers, their department officials and members of First Nations and Metis Nation governments to make them aware of the recommendations and strategies develop in this report. i.e. To meet with the Minister of Education and department officials to discuss the need to make advanced math and science programs more accessible in northern and rural schools.
5. Intergovernmental and Aboriginal Affairs will undertake the responsibility to distribute the training database to the aboriginal community for validation. IAA will work with SIAST and both Universities through their partnership agreements to discuss and determine ways to validate and distribute the training database.
6. Job descriptions will be added to the database in the next phase of the database development.
7. Committee will continue to meet to give support and direction in addressing ongoing human resource and training needs.