Assessing Strategies for a Long Term Care Labour Force

The study and report was conducted by the following researchers.

Pat Armstrong is a Distinguished Research Professor Emeritus at York University, Toronto and a Fellow of the Royal Society of Canada. She has been studying long-term care for a quarter century and during that time has lead multiple research projects, including a ten year international, interdisciplinary study of promising practices for treating those who need and those who provide care with dignity and respect. Conducted in teams, the research has been carried out in partnership with unions, community organizations and government policy makers, with a particular interest in gender and the conditions of work. She is a long-time member of the Canadian Health Coalition's Board.

Hugh Armstrong is a Distinguished Research Professor and Professor Emeritus of Social Work and Political Economy at Carleton University in Ottawa, His major research interests include long-term care, the political economy of healthcare, unions and public policy, the organization of work and family and household structures. Like Pat Armstrong and with her, he has been studying long-term care for over twenty-five years. He serves as a member of Ontario Health Coalition's Board.

Marta Szebehely is a Professor Emeritus of Social Work with the Department of Social Work at Stockholm University in Stockholm, Sweden. For over four decades, she has partnered and lead several Nordic and international comparative research projects on eldercare. She has analyzed how policy and organizational changes in eldercare have affected the everyday life of care workers, older people with care needs and their family members. Her research interests include gender, social policy and care; shifting boundaries of care (family, state, market); comparative and historical perspectives on care policies; everyday life perspectives on formal and informal care; living conditions and use of care among older and disabled people; working conditions in care work.

Their longitudinal study focuses on the Labour Force Work Crisis in Long Term Care. The study makes the assumption that conditions of work are the conditions of care. Care work is skilled work and the labour includes paid and unpaid workers ,long-term care is primarily care by women for women.

The goal of the study was to identify promising practises for treating people with dignity and respect. The group searched for ways to make care homes, a positive choice and places that can bring joy in work and living.

To that end, they identified five major overlapping strategies that are strategic in in long-term care homes.

1) Reduce
2) Re-organize
3) Replace
4) Recruit
5) Retain

Solutions to these challenges are often introduced in isolation and reflect the assumptions on how the problem is understood. This piecemeal approach deals with only one aspect of the crisis at a time. It is found the in context of management practises from the private sector can simultaneously reduce costs and improve accountability.

In government efforts to reduce care costs, they have shifted where care is provided. Traditionally care was provided in long-term care facilities the new ageing in place policy being promoted shifts the cost and labour to a family, and it becomes a personal responsibility. Consequently, those who require extensive care,have fewer options as to where that care can be obtained. The trend is to shift as much responsibility as possible to unpaid persons. Staff rules within institutions are being redesigned with responsibilities going to the least trained. Technology is being implemented to reduce costs, monitor, and track staff and time tasks.

The government solution is to reduce costs with family and individuals to take more responsibility for care. This is often presented as a choice. The study promotes reframing strategies to the extent that they become the right to care the right to access and the right to provide quality care. Current policy tends to focus on the rights of patients and families in contrast this study promotes a new focus that on staff and their needs.

Szebehely views the present situation as one where :

1) Public spending on aging agenda has not kept pace with an ageing population.
2) There has been a drastic reduction in the number of nursing homes since 2000. Pre 2000 20% of seniors aged 80+ lived in nursing homes while now 10% live in these settings.

3) Home care has not compensated for the reduced spaces in congregate settings.
4) Seniors needs are increasingly being covered by family care and privately purchased services.
5) Without changes in legislation

Public discourse in Sweden tends to be that it is not possible to meet the needs of an ageing population without reducing the public responsibility. The ageing population is steadily increasing without a corresponding increase in the care workforce. There is a need to increase the portion of the workforce to work in elder care. The overwhelming opinion of Public employers' organizations is that it is not possible to recruit enough workers, therefore the system will need to reduced, replaced and reorganized. It will take a great deal of political will to change the system to effectively meet the need.

The lack of skills is the biggest challenge, there is not enough increase in the labour market to meet the increase needed in the elder care system.

REDUCE: this would be highly unpopular as it is synonymous with increasing the workload on families to take up the slack.

REPLACE: replace people with technology where applicable, subsidized are being used to promote the use of technology in the field. It is argued that this will advance elder independence, security, it is hoped that recruitment needs will be reduced when the mundane tasks are completed by non human staff. Strong support for this is coming from commercial suppliers of elder supports, users and unions are more sceptical and do not see it as a cost saving measure.

REORGANIZE: will require a new division of labour, new skills sets, shift from care homes to home care.

The Swedish experience is that women are the main health care workers. Men are increasing in numbers but still remain a small portion of the workforce. Make Care work more attractive for formally trained workers.

RECRUIT: Almost half of all Care workers are born outside of Sweden, Focus is on recruitment of recently arrived immigrants. Language skills are a problem. immigrants widen the recruitment base, yet these workers have less or no formal training, high turnover of staff leads to less continuity of care, cost savings are often not realized. Programs are offered to increase language skills in care worker settings. Programs to increase formal training for those already working in care.

Employers feel it is not possible to recruit enough workers, educate the public and reduce their expectations of care, legislate workers to work longer hours and for more years to qualify for pensions.

Unions feel that an increase in public spending will close the gap on the kind of care elders can receive, marketization wastes money, too much administrative staff and therefore use of resources, working conditions for staff must improve to allow for a better work- life balance and they advocate for a reduction in the number of hours required to be considered full time work.

RETAIN: Under the Canadian model retaining workers is a top priority. The numbers are bleak. There is a high turnover rate, recruitment takes time, and new recruits often leave. The researchers propose good conditions of work to improve retention, and the quality of care. Traditionally, labour crisis have been addressed by offering full-time positions, increases in wages and benefits,a predetermined schedule, workplace safety, advancement opportunities, and sufficient staff to do the job.

This does not seem to be working for this particular crisis.

Retention is multifaceted, and it demands a proactive approach. To facilitate retention leadership needs to inspire teams and support their innovations as well as provide space for staff to distress. Less often discussed but crucial is the staffs need for autonomy to tailor care to the client, and to innovate in response to challenges.

This study is still ongoing and more reports will be issued as it reaches it final conclusions.