

The Evolving Roles of Personal Support Workers and Health Care Aides

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Study Aim

- To contribute to our understanding of the nature of the work that Personal Support Workers (PSWs) and Health Care Aides (HCAs) do in the long-term care (LTC) and home and community care (HCC) sectors, respectively, in Canada
- This study informed the development of a proposal for a mixed methods study that aims to provide essential information for health human resource planning

Background

- The concurrent *increase in nursing wages, challenges to reduce health care costs, and advent of policy imperatives that support aging at home* has led to:
 - greater reliance upon lower cost unregulated workers in the LTC and HCC sectors, and
 - increasing reliance upon informal caregivers in the HCC sector
 - Alameddine et al., 2006; Baumann & Kolotylo, 2009; Chappell & Hollander, 2011; Lum et al., 2010; Williams et al., 2009

Background cont'd

- In Canada, a focus on shifting elder care away from hospitals to the HCC and LTC sectors has manifested as a demand for more and increasingly complex care in these sectors with implications for the training of direct care providers in these settings

Background, cont'd

- Little work has been completed that characterizes the PSW/HCA labour force in Canada (Lum et al., 2010)
- *We do know:*
 - They are often drawn from recent immigrant populations, and/or from the less-educated female segment of the labour market
 - They may or may not have training in health care
 - Expansion of their roles has and continues to occur
 - Their roles in the delivery of care to older Canadians appears to vary across sectors, and within sectors/across employers
- Overall, this points to the utility of querying the evolving training needs of these workers, and understanding their motivations to work in order to effectively recruit and retain them

Methods

- 2-hour focus group in February 2012 involving 6 industry experts from organizations that represent PSWs and HCAs in Ontario (2), and nationally (3), organizations employing PSWs in the Home and Community Care sector (1), and associations representing for-profit and not-for profit employer organizations of PSWs/HCAs in the long term institutional care sector (2)
- In order for us to better understand the type and scope of work that PSWs/HCAs do, focus group participants were asked to describe:
 - the nature of the practice environments for PSWs/HCAs;
 - how the work of PSWs/HCAs is structured; and
 - how/if their roles in the delivery of care in the LTC and HCC sectors has changed since the mid-1990s, and how they expect it to evolve going forward
- Thematic analysis involving all researchers led to the identification of key themes (concerns, observations, challenges) articulated by our focus group participants

Findings – What PSWs/HCAs Do

- Assist with ADLs, and
 - In HCC, we observe an expansion of responsibilities of HCAs to include delegated acts (e.g., administration of oral medication, injections) and additional IADLs (e.g., shopping, transportation)
 - Changes to training are occurring as a consequence of role expansion, and of shifts to integrated team-based care delivery models
 - In LTC, there is increasing reliance upon the extra-role behaviours of PSWs to provide emotional support and other aspects of supportive care that impact a resident's quality of life
- Role boundaries were referred to as one of the most contentious issues among PSWs/HCAs and their employers

Findings – Market Level Factors Impacting Workers & Their Work

- Compared to HCAs in LTC, PSWs in HCC are more difficult to retain, their wages are lower, they enjoy more autonomy in their work, and they are challenged by expansive service territories
- PSW entry into labour market is easier than entry into LTC
- Transitions are frequent from HCC to LTC, with no reciprocal transfer, and the better trained tend to be those that transition most
- Worker demographics are bimodal, which presents challenges in training and coordination of new team-based care delivery
- Many workers work for 2 or more employers in order to accumulate full time equivalent work; this is particularly challenging to achieve for PSWs whose services tend to be needed predominantly in early morning and evening
- In Ontario, and Canada, there is geographic variation in the availability of jobs, and the availability of qualified workers

Findings – Expectations Regarding Training & Education

- Over the past decade, a general increase in levels of HCA and PSW preparation
- HCAs now generally engage in a certification program
- There is not standard preparation required of PSWs, and training/preparation varies by individual, employer**, sector, and geography
- Early initiatives are underway to develop Canadian education standards for PSWs
 - Pressures to produce more PSWs quickly have led to less experiential instruction for these workers
 - Alerting existing workers to changes in evidence-based practices, and including these in education/training offered new workers, is identified as a formidable challenge

Findings – Factors of Relevance to Health Human Resource Planning

- **Substitution** has served to place novel emphasis on rapid training and role expansion, and has raised concerns for scope of practice
 - The chief driver of expanding scope of practice is government
- **Sectoral Shifts** are necessitating culture and structural changes
 - Team-based care delivery models; discussion of the concept of a “universal worker”
- **Workforce Management** is an emerging concern, where different management and accountability structures will be needed to effectively manage and allocate the time of this growing workforce, and to ensure the currency of their skills and knowledge
 - Foreseeably, HCAs and PSWs will increasingly be required to take on leadership roles – a relatively novel role for these workers
- **Changing Training & Task Expectations** will include a new emphasis on critical thinking and decision support to facilitate real-time, evidence-based responses to care challenges
 - Anticipated is a greater emphasis on prevention and promotion, and on management of chronic diseases “upstream” by PSWs and HCAs in the future
 - Evolutions in technology are anticipated to assist these workers where “the same people provide care to more people...with higher needs”

Conclusions

- A number of emergent issues relating to this increasingly important workforce are considerations for future health human resource planning
- As an interim step, basic information needs to be collected at several levels
 - at the individual level, information on worker characteristics, motivations, and aspirations
 - at the organizational level, a better sense of the array of existing recruitment, training and retention strategies (and how these impact workers) would be useful, and
 - at the environmental level, a closer examination/consideration of the impacts that policy changes in one sector have had and are likely to have on other, linked sectors in the system