



FORUMSPACE

Staffing crisis: Addressing the high turnover rate of personal support workers in Ontario's long-term care sector

doi:10.35493/medu.39.12

SAIF ALAM¹ & ANASTASIA DRAKOS²

¹Bachelor of Science in Integrated Science (Honours) Class of 2022, McMaster University

Correspondence: alams22@mcmaster.ca, drakoa2@mcmaster.ca

²Bachelor of Health Sciences (Honours) Class of 2022, McMaster University

INTRODUCTION

Personal support workers (PSWs) serve a valuable role within the health system, providing up to 80% of direct care to residents and clients in the home and community care (HCC) and long-term care (LTC) sectors.^{1,2} According to a report by the Ministry of Long-Term Care, as of 2018, 50 000 PSWs were employed within LTC facilities in Ontario, accounting for the majority of the workforce within this sector.³

The original purpose of the PSW role was to support residents with activities of daily living such as dressing, toileting, and bathing.^{4,5} However, in an effort to minimize healthcare costs and keep up with the rapidly aging population, there has been a recent shift towards implementing policies that support the idea of aging at home.⁴ The criteria for admission to LTC in Ontario was amended in 2010, with individuals now required to have “high or very high physical and cognitive challenges” to qualify for care.^{4,5} As a result, LTC home residents require a greater complexity of care, as reflected by the fact that an estimated 81% reportedly suffer from some form of cognitive impairment.³ To meet the increasing needs of residents in a sector that is severely understaffed, the role of PSWs has evolved to take on a greater responsibility in resident care and provide levels of support that are often beyond the scope of their training.⁴

As unregulated healthcare professionals, PSWs operate under the direct supervision of a nurse practitioner (NP) and face limited autonomy, strict reporting requirements, low wages, and minimal opportunities for further advancement.^{6,7} These factors contribute to the high staff turnover rates that exist for PSWs in LTC; 25% of PSWs leave the sector after just two years of work experience and 40% leave within the first year of graduation.³

This article will investigate the various factors that contribute to the high rate of PSW turnover, examine the COVID-19 pandemic and the staffing crisis, and highlight possible interventions that may improve staff retention within the LTC sector.

LONG-STANDING FACTORS CONTRIBUTING TO PSW TURNOVER

Short staffing is a long-standing issue that has plagued the LTC sector, placing an overwhelming workload on those working within these homes. A recent report by the Ontario Health Coalition highlighted insights gleaned from round table meetings with staff from eight LTC homes across the province.⁸ The majority of the homes included in this report identified shortages of at least one to two PSWs during every shift.⁸ The report also noted that understaffing within these facilities plays a significant role in the delay and absence of resident care, as PSWs are assigned too many tasks to complete during a single shift. The association between high levels of work-related stress and intent to leave has been supported by numerous studies.^{9,10} This raises the concern that PSW burnout is a significant factor that contributes to their high turnover rate.

A study by Perreira et al. found that PSWs employed in LTC homes across Ontario have significantly lower perceptions of support, safety, and work engagement when compared to those working in HCC settings.¹ When working in end-of-life environments, many PSWs have reported symptoms of compassion fatigue and indicated minimal workplace support to assist them with coping.^{3,8,11} With respect to safety, the LTC sector has the highest number of staff injuries resulting in time lost among all healthcare sectors.³ This further contributes to the staffing crisis, leading to greater workplace stress and more negative effects on the emotional well-being among staff.³

Lastly, despite their importance in providing high-quality care for residents, PSWs are subject to salaries that are not far above minimum wage, leading the majority of these individuals to work multiple part-time jobs.¹² The Ontario Health Coalition report noted that many PSWs left the LTC sector to work in retail outlets, restaurants, or school boards, jobs that are far less onerous and offer similar levels of compensation to that of a PSW.⁸ Although a \$4.00 pay raise and \$250.00 bonus were enacted to support PSWs throughout the COVID-19 pandemic, a more permanent solution is required to reflect the greater workload placed upon these individuals.¹²



THE IMPACT OF COVID-19 AND PSW TURNOVER

The COVID-19 pandemic has further exacerbated the workplace crisis that exists within the LTC sector, with PSWs leaving their jobs due to health and safety concerns and burnout.^{3,13} As a result, quality of care continues to suffer, further contributing to the disproportionate number of COVID-19 cases that exist within these facilities.

A WINDOW OF OPPORTUNITY FOR CHANGE

The COVID-19 pandemic has created an opportunity to address the issues of staff retention and ensure the highest quality-of-care is provided to residents. Current evidence suggests that interventions centered around improving the culture of care, staff empowerment, and leadership practices may be critical towards increasing staff retention.^{14,15}

Improving the culture of care is grounded in the notion of fostering a positive work environment in LTC homes. This can be accomplished by creating a climate where staff feel recognized for their contributions, have a sense of connectedness with colleagues and residents, and dedicate an increased number of hours to hands-on care.¹⁵ Studies by Castle and McGilton et al. found that caregivers who cared for an individualized subset of residents, and who developed meaningful relationships with those residents and other caregivers, had decreased rates of turnover and absenteeism.^{16,17}

Within the context of staff empowerment and leadership practices, existing literature further supports the adoption of educational training programs, greater autonomy, and integration in decision-making processes as key elements for retaining staff.^{14,18,19} A study conducted by Dreher et al. found a 43% increase in staff retention one month after implementing a 90-minute educational program on compassion fatigue awareness and self-care skill strategies in nursing

homes.²⁰ Similarly, when compared to low empowerment care facilities, Berridge et al. observed a 44% and 64% increase in staff retention in medium and high empowerment LTC facilities, respectively.¹⁸

Further insights from key stakeholders have revealed the need to focus on additional contributing factors, such as replacing temporary and part-time contracts with full-time employment positions, reducing the administrative burden, leveraging the use of technology, supporting professional growth among staff, raising staff compensation, and standardizing minimum benefits and paid sick leaves.^{3,21}

CONCLUSION

The limited retention of PSWs within the LTC sector is a pressing health-systems issue, with implications that have led to a ripple effect in LTC homes on both the working environment for staff and quality-of-care for residents. Coordinating strategies and finding solutions to these issues at the policy level helps bring upon the changes needed to achieve optimal care within these facilities.

REVIEWED BY: DR. MICHAEL WILSON

Dr. Michael Wilson is the Assistant Director of the McMaster Health Forum, an Associate Professor in the Department of Health Research Methods, Evidence, and Impact, a member of the Centre of Health Economics and Policy Analysis, and Investigator with the Program in Policy Decision-Making. His research focuses on supporting the use of research evidence by health systems decision-makers, including policymakers and stakeholders such as community-based organizations.

EDITED BY: AARON WEN & SOPHIE ZARB

The McMaster Health Forum aims to generate action on pressing health- and social-systems issues based on the best available research evidence. More discussion surrounding challenges within the health system—namely, identifying and harnessing the potential of technology in long-term care settings in Canada—can be found on mcmasterforum.org.

1. Perreira TA, Berta W, Laporte A, Ginsburg L, Deber R, Elliott G, et al. Shining a light: Examining similarities and differences in the work psychology of health support workers employed in long-term care and home and community care settings. *J Appl Gerontol*. 2019;38(11):1595-614. Available from: doi:10.1177/0733464817737622.
2. Lum J, Sladek J, Ying A, Payne LH. Ontario personal support workers in home and community care: CRNCC/PSNO survey results. Canadian Research Network for Care in the Community; 2010. Available from: <https://www.ryerson.ca/content/dam/crncc/knowledge/intofocus/factsheets/Infocus-Ontario%20PSWs%20in%20Home%20and%20Community%20Care.pdf> [cited 2021 Jan 25].
3. Ministry of Long-Term Care. *Long-term care staffing study* [Internet]. 2020. Available from: <https://www.ontario.ca/page/long-term-care-staffing-study> [cited 2021 Jan 25].
4. Berta W, Laporte A, Deber R, Baumann A, Gamble B. The evolving role of health care aides in the long-term care and home and community care sectors in Canada. *Hum Resour Health*. 2013;11:25. Available from: doi:10.1186/1478-4491-11-25.
5. Ontario Long Term Care Association. *This is long-term care 2016* [Internet]. Available from: <https://www.oltca.com/oltca/documents/reports/tiitc2016.pdf> [cited 2021 Jan 25].
6. Czuba KJ, Kayes NM, McPherson KM. Support workers' experiences of work stress in long-term care settings: A qualitative study. *Int J Qual Stud Health Well-being*. 2019;14(1):1622356. Available from: doi:10.1186/1478-4491-11-25.
7. Zagrodnev K, Saks M. Personal support workers in Canada: The new precariat? *Healthc Policy*. 2017;13(2):31-9. Available from: doi:10.12927/hcpol.2017.25324.
8. Unifor. *Caring in crisis: Ontario's long-term care PSW shortage* [Internet]. Ontario: Ontario Health Coalition; 2019. Available from: https://www.unifor.org/sites/default/files/documents/document/final_psw_report.pdf [cited 2021 Jan 26].
9. Meeusen VC, Van Dam K, Brown-Mahoney C, Van Zundert AAJ, Knappe HTA. Understanding nurse anesthetists' intention to leave their job: How burnout and job satisfaction mediate the impact of personality and workplace characteristics. *Health Care Manage Rev*. 2011;35(2):155-63. Available from: doi:10.1097/HMR.0b013e3181fb0f41.
10. Leiter MP, Maslach C. Nurse turnover: the mediating role of burnouts. *J Nurs Manag*. 2009;17(3):331-9. Available from: doi:10.1111/j.1365-2834.2009.01004.x.
11. Wiersma E, Marcella J, McAnulty J, Kelley ML. "That just breaks my heart": Moral concerns of direct care workers providing palliative care in LTC homes. *Can J Aging*. 2019;38(3):268-80. Available from: doi:10.1017/S0714980818000624.
12. Government of Ontario. *Archived - COVID-19: Temporary pandemic pay* [Internet]. Available from: <https://www.ontario.ca/page/covid-19-temporary-pandemic-pay> [cited 2021 Jan 26].
13. Rossiter K, Godderis R. Essentially invisible: Risk and personal support workers in the time of COVID-19. *Social Health Illn*. 2020;42(8):e25-31. Available from: doi:10.1111/1467-9566.13203.
14. Berridge C, Lima J, Schwartz M, Bishop C, Miller SC. Leadership, staff empowerment, and the retention of nursing assistants: Findings from a survey of U.S. nursing homes. *J Am Med Dir Assoc*. 2020;21(9):1254-9.e2. Available from: doi:10.1016/j.jamda.2020.01.109.
15. Johnston L, Malcolm C, Rambabu L, Hockley J, Shenkin S. Supporting the resilience and retention of frontline care workers in care homes for older people: A systematic scoping review and thematic synthesis. *medRxiv*. 2020;2020.09.05.20188847. Available from: doi:10.1101/2020.09.05.20188847.
16. Castle NG. Boscant assignment of nurse aides: association with turnover and absenteeism. *J Aging Soc Policy*. 2013;25(1):48-64. Available from: doi:10.1080/08959420.2012.705647.
17. McGilton KS, Boscant VM, Brown M, Bowers B. Making tradeoffs between the reasons to leave and reasons to stay employed in long-term care homes: Perspectives of licensed nursing staff. *Int J Nurs Stud*. 2014;51(6):917-26. Available from: doi:10.1016/j.ijnurstu.2013.10.015.
18. Berridge C, Tyler DA, Miller SC. Staff empowerment practices and CNA retention: Findings from a nationally representative nursing home culture change survey. *J Appl Gerontol*. 2018;37(4):419-34. Available from: doi:10.1177/0733464817721111.
19. Gaudenz C, De Geest S, Schwendimann R, Züñiga F. Factors associated with care workers' intention to leave employment in nursing homes: A secondary data analysis of the Swiss Nursing Homes Human Resources Project. *J Appl Gerontol*. 2019;38(11):1537-63. Available from: doi:10.1177/0733464817721111.
20. Dreher MM, Hughes RG, Handley PA, Tavakoli AS. Improving retention among certified nursing assistants through compassion fatigue awareness and self-care skills education. *J Holist Nurs*. 2019;37(3):296-308. Available from: doi:10.1177/0898010119834180.
21. Ministry of Long-Term Care. *A better place to live, a better place to work: Ontario's long-term care staffing plan* [Internet]. Ontario, Canada: Government of Ontario; 2020. Available from: <https://www.ontario.ca/page/better-place-live-better-place-work-ontarios-long-term-care-staffing-plan> [cited 2021 Jan 25].