



# Demanding Labour: An Aging Health Care Labour Force

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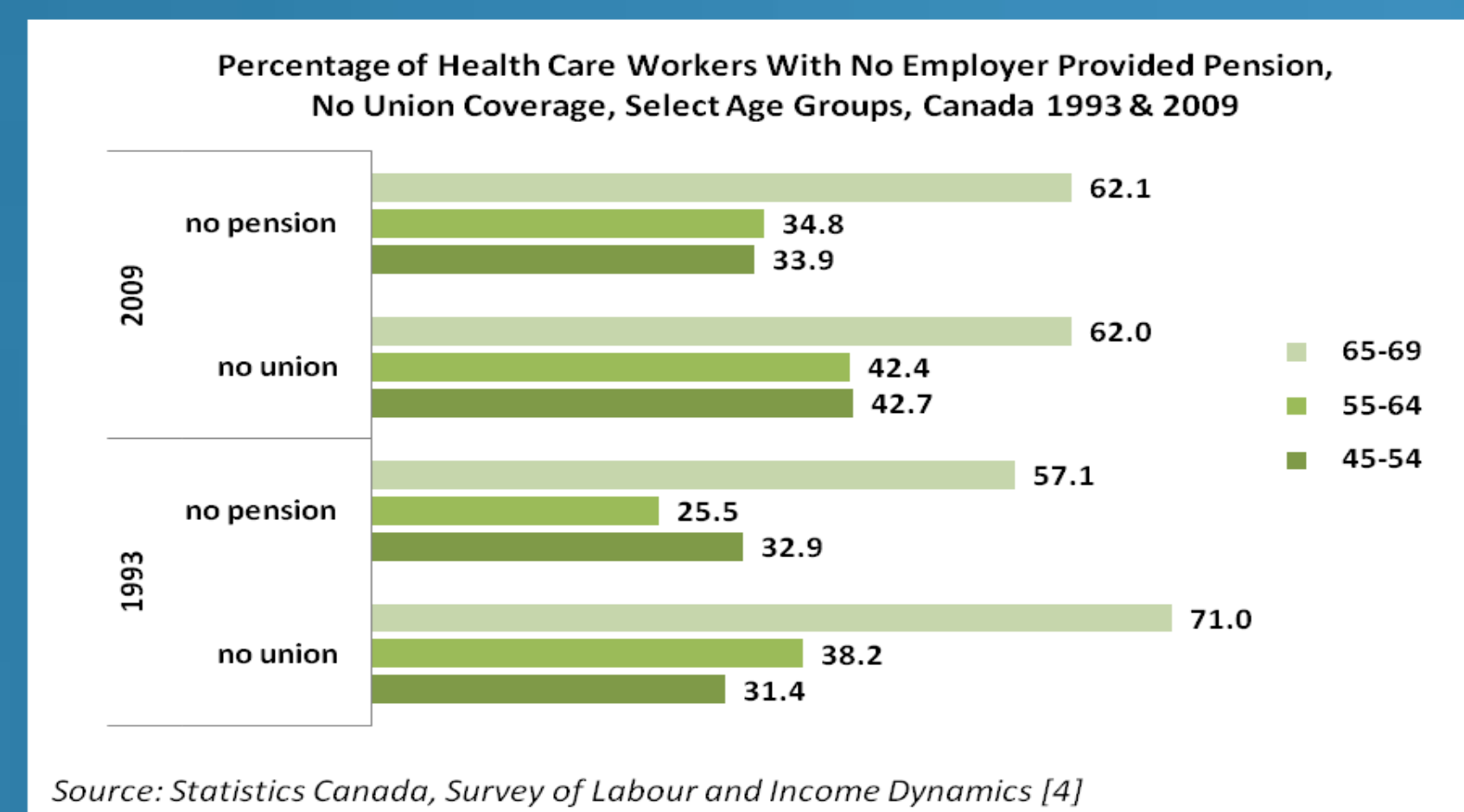
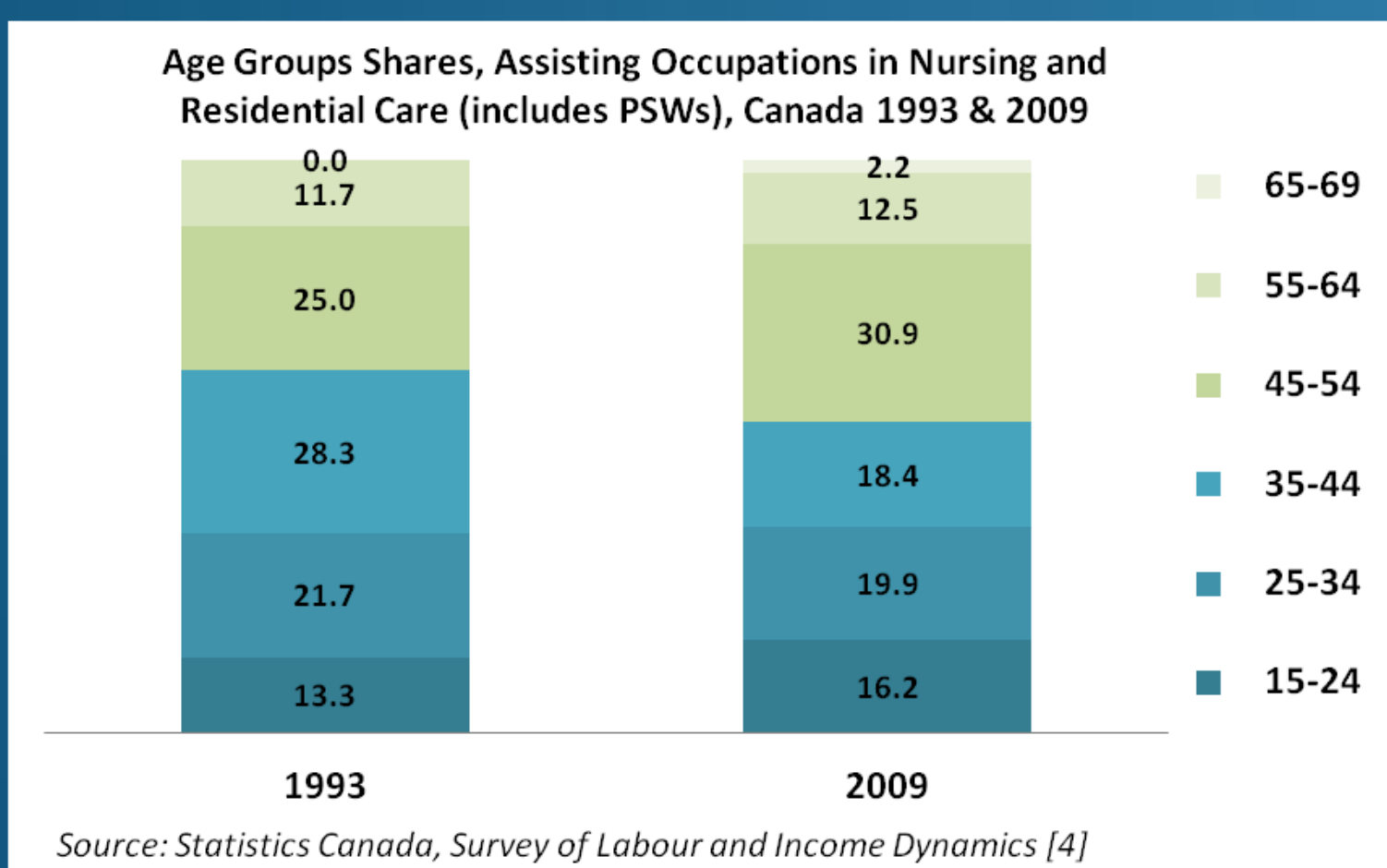
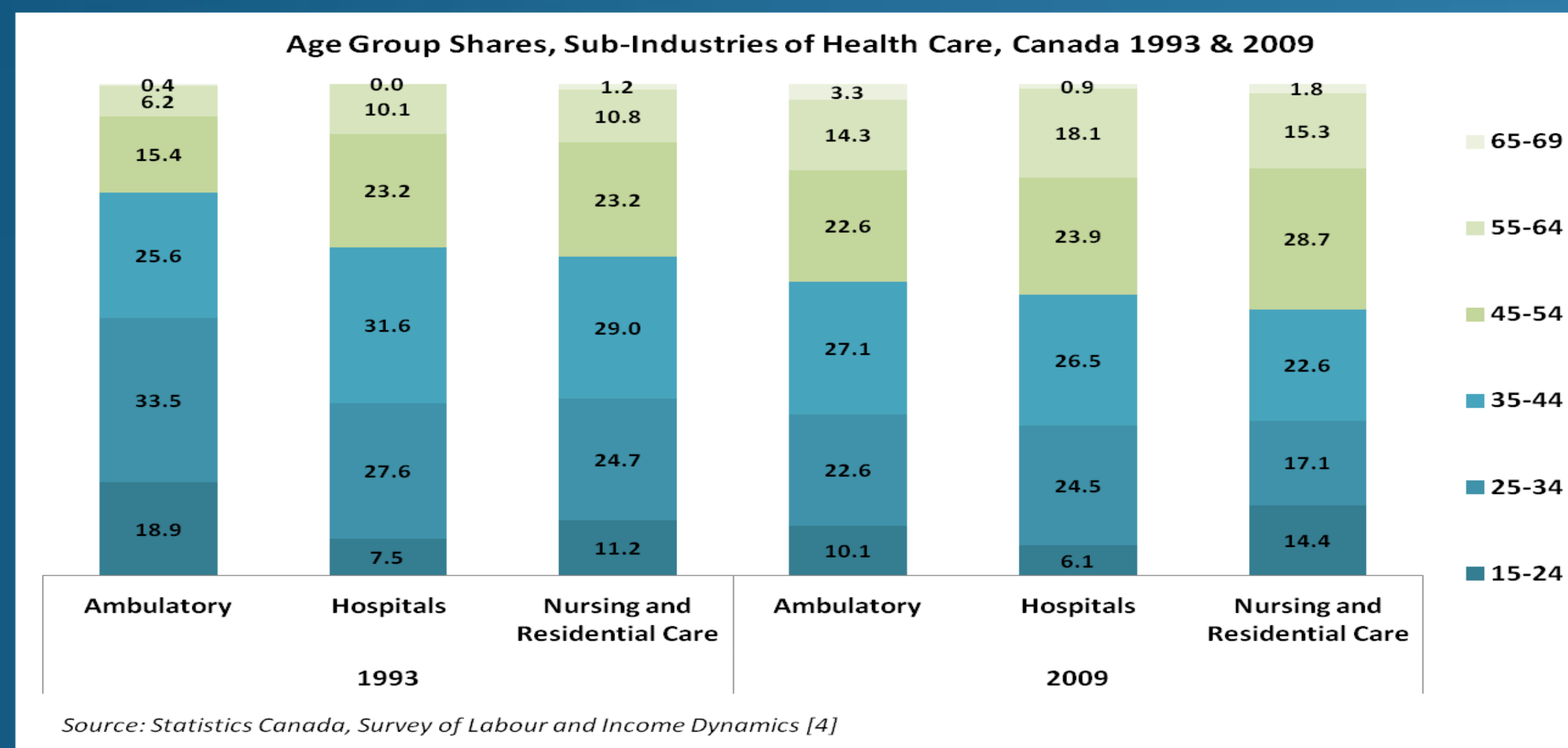
## Abstract

**Objective:** This paper explores the relationship between working conditions, an aging labour force and occupational health, comparing workers in long-term residential care in Canada with workers in four Scandinavian countries.

**Method:** We draw on two data sources. The first is an international comparative study of employees in long-term residential care [3]. The second is the Statistics Canada Survey of Labour and Income Dynamics [4].

**Results:** The Canadian health care sector has the highest absence rates and the highest number of days lost per worker due to illness and injury compared to other sectors [1,2]. The health care labour force is aging with the proportion age 45 and over higher than in the labour force as a whole [4]. Although resident populations and labour force age profiles are similar in long-term residential care in Canada and Scandinavia, workers in Denmark, Finland, Norway and Sweden face less violence, have less pain and are less exhausted than workers in Canada [3]. They also have less disturbed sleep and feel less guilt about not doing a good job because they look after fewer residents and have more time to complete tasks.

**Discussion:** Our findings suggest that job demands and work organization play a more important role in illness and injury in health care than the aging labour force.



**This study:** The aging of the health care labour force, combined with the changing population in health services [5,6], may explain some of the high rates of work absences due to illness and injury. This may be the case especially in long-term residential care where the largest proportion of workers is in the oldest age groups and where health care workers do some of the most physically demanding labour [4,3]. However, our international comparative data on personal support workers (PSWs) [3] suggest a more complex explanation.

| Days lost per worker in year due to illness or injury, Canada 2011 | Days |
|--|------|
| All Occupations  | 7.7  |
| All Health Occupations   | 12   |
| Assisting Occupations in Health (includes PSWs)                    | 14.7 |

Source: Statistics Canada, Labour Force Survey [2]

| Workers in LTRC having too much to do, comparing countries |                         |           |        |       |
|--|-------------------------|-----------|--------|-------|
| Country  | All or most of the time | Sometimes | Rarely | Never |
|  | (%)                     | (%)       | (%)    | (%)   |
| Denmark  | 30.2                    | 53.2      | 14.6   | 2     |
| Finland  | 50.6                    | 44        | 4.5    | 0.9   |
| Norway   | 39.2                    | 53.4      | 6.7    | 0.7   |
| Sweden   | 40                      | 50.5      | 8.9    | 0.6   |
| Nordic countries   | 40.2                    | 50.2      | 8.5    | 1.1   |
| Canada   | 57.8                    | 38.2      | 3.4    | 0.5   |

Source: Armstrong et. al. 2009 [3]

*"I love my work with my residents – especially Alzheimer residents. Unfortunately, as things stand now, our work-load is such that we do not have the time to give quality care or spend much needed time with our residents. Our job does not just include washing and dressing, but should also include time to spend talking or socializing with our residents. They deserve better."* [3] Quote from a Canadian PSW

## Conclusion

Aging may be a factor in the high absence rates due to illness and injury in the health care labour force. Many workers are without employer pensions or union coverage [4] that could provide them with more alternatives to full-time health care work [11,12]. The case of long-term residential care indicates that the work has become more physically and mentally demanding just as those who provide care are getting older [3]. Health care workers of all ages see a decline in their health and absences are not concentrated amongst the oldest [2]. Our data from Canada and Scandinavia demonstrate that the work need not be so demanding. Although resident populations and labour force age profiles are similar, workers in Scandinavian countries face less physical violence, go home with less pain and are less exhausted mentally and physically. In sum, **working conditions** offer a stronger explanation for absences than the aging of the labour force in long-term residential care.

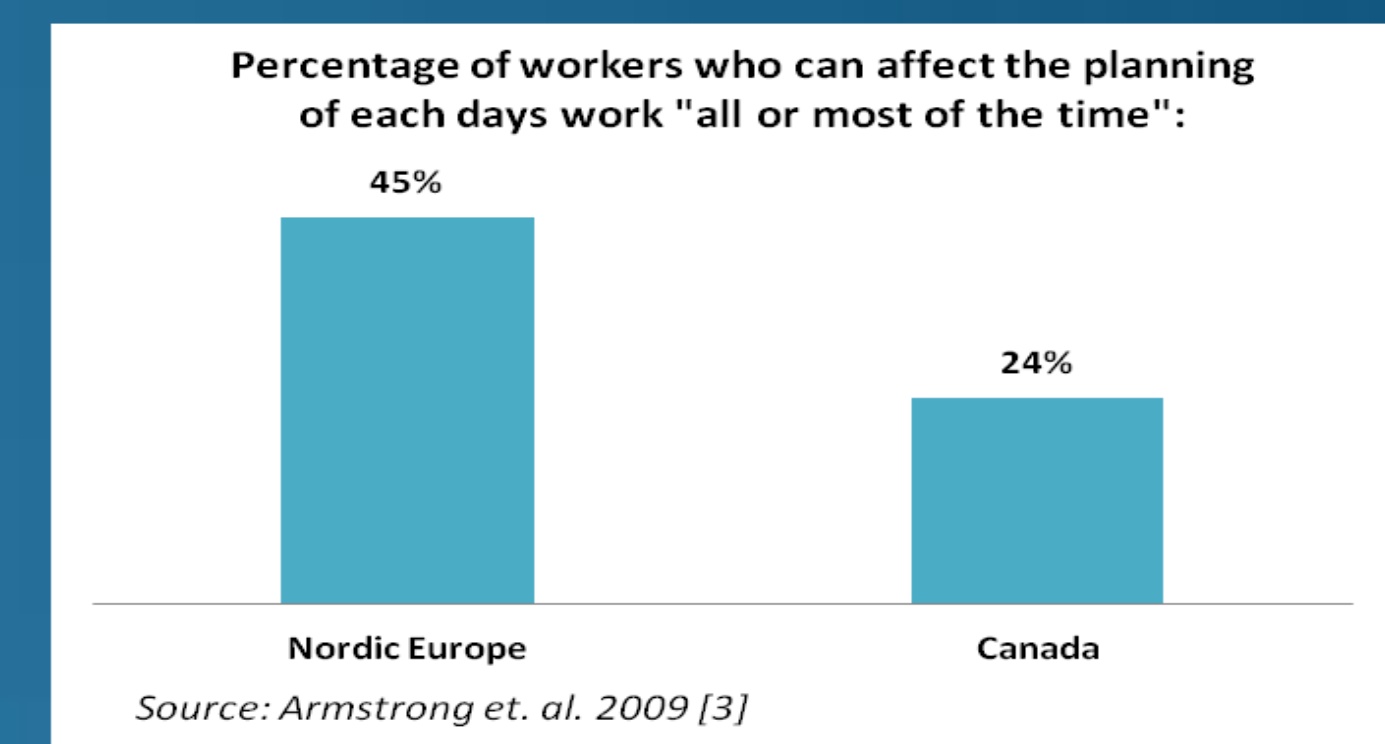
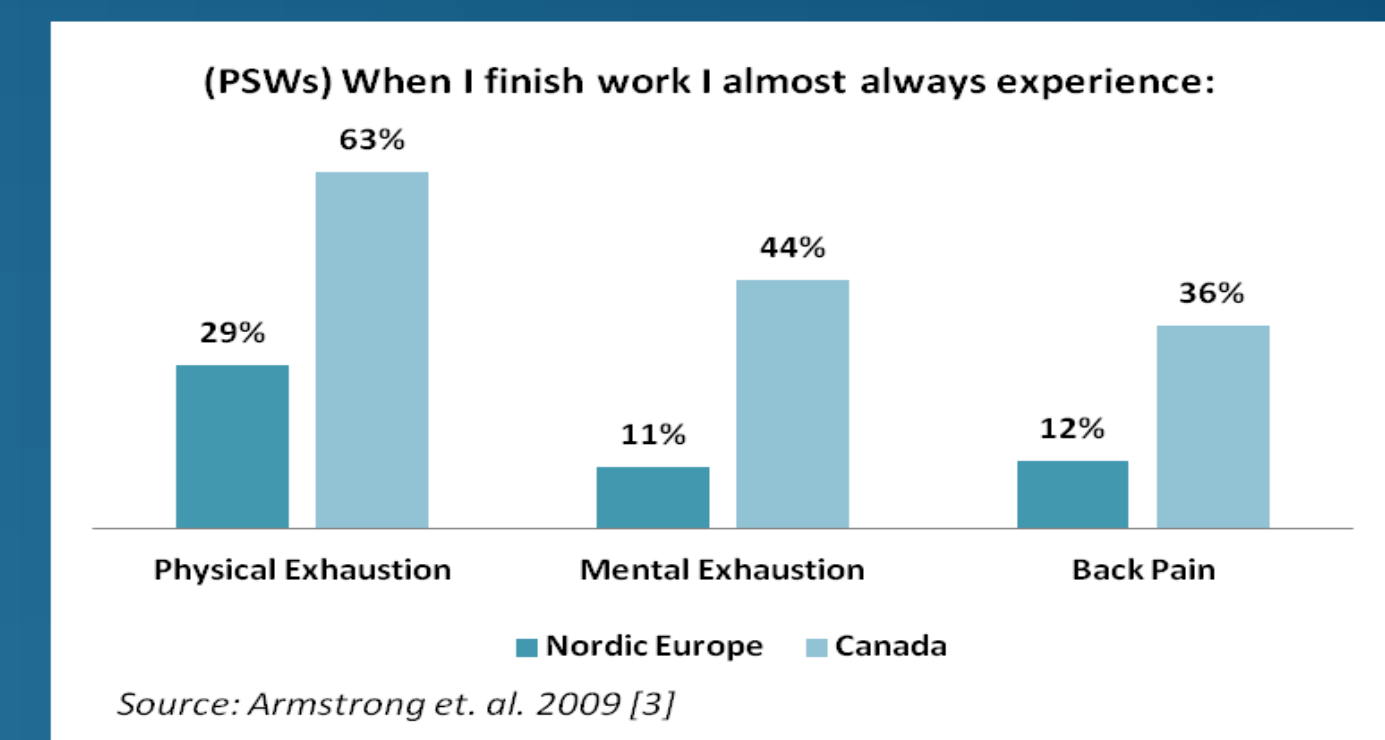
## What is affecting PSW health?

Absence due to illness and injury is very high for all health occupations but it is especially high for assisting occupations in health, the category of workers that includes PSWs [2]. The assisting occupations are the largest group of care providers in long-term residential care in Canada [15].

Rates of **physical violence** are very high for Canadian PSWs [3]. Canadians workers are more than six times as likely to say they face physical violence on a daily basis [3]. Canadians compared to Scandinavians are also twice as likely to experience physical exhaustion on a daily basis, four times as likely to experience mental exhaustion and three times as likely to almost always experience back pain [3].

**Workload and staffing levels** are factors, identified in other studies around the world [13]. Canadians are almost three times as likely as their Scandinavian counterparts to report that they work short-staffed on a daily basis [3].

**Control** is another factor. Karasek's [14] research long ago showed how the combination of high strain and low control creates mental health problems. There are also significant differences in the extent to which Canadians and Scandinavian workers have control over their work. While only a quarter of the Canadians say they can affect the planning of their day all or most of the time, this is the case for 45% of the Scandinavian workers [3].



## Acknowledgements

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