

Holistic Approaches to Positive Attendance: Summary of Engagement Sessions

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Stakeholder Consultations

Who We've Heard From (So Far)

- HANS Supported Committees
 - Continuing Care Council, Home Care Network, ARC RRC Association, LTC Strategic Financial Planning Work Group
- HANS Internal Divisions
 - Member and Partner Engagement, Labour Relations, Benefits Administration, CCA Program
- Regional HANS membership stakeholder meetings
 - Halifax, Cape Breton, New Glasgow, Waterville
- External Stakeholders
 - DHW, DCS, NSHA, AWARE NS, WCB, CGO Society, HHR Sector Council, Doctor NS, NS Centre on Aging (MSVU)



Themes

Managing Attendance

- Tracking and managing employee time off is side of desk work for many organizations
- Enormous administrative burden that takes away from focus on clients/residents
- Unfortunately, the few who seem to abuse the system distract from the many great workers in the system
- A sensitive topic

Possible Actions

- Learn from other organizations that have implemented successful attendance programs, share working practices
- Pursue a pilot project with Morneau Shepell
- Explore opportunities to share HR resources between organizations where they might not be enough resources in one place



Themes

Culture Re: Time Off

- Perception that sick time is an entitlement, not an insurance policy
- “Everyone else is taking it, I’d be foolish not to”
- Collective agreements are such that time banks up
- Need to address challenge without harming those who need it

Possible Actions

- Address sick time in collective agreements, even if it is as simple as a language change (from entitlement to insurance)
- Invest time and energy in culture change (with employee partners, with help from outside organizations)



Themes

Recruiting

- A significant challenge, particularly in rural areas
- Doesn't seem to be a large enough pool to draw from
 - Perception that enrollments are down since bursary was cancelled
 - People are failing the examinations
 - 1st year RNs unable to work as CCAs in the summer anymore
- The sector isn't "sexy"
 - Seen as "poor cousin", where people go to retire
- There is perceived instability in some cases
 - New home care contracts
 - ARC RRC transformation



Themes

Recruiting, con't

Possible Actions

- Increase classes, funding for more CCAs
- Make the CCA registry mandatory to know where recruits are going
- Work with education providers to match student placement to HHR recruiting needs
- Engage with the Academic Health Council, Provincial Nursing Network, Broken Homes Committee and others to work on recruitment strategies and make continuing care a sector of choice
- International recruitment – through the Atlantic Immigration Pilot Project and other programs, help from ISANS and other programs to help with inclusion, cultural and language barriers

When vacancies are filled, sick time goes down dramatically



Themes

Hiring “Fit”

- This sector is hard work
- Some people might not be getting into the field because they are passionate about it
 - Guaranteed job with benefits in a tough job market
 - Maintain social safety net benefits
- How to find the people with the appropriate skills and demeanor to stay in the field?

Possible Actions

- Work with CCA program to explore competency requirements
- Consider licensing and regulating CCAs



Themes

Injury

- Sector has high WCB rates
- Nature of work, complexity of clients, age of employees, practices

- Possible Actions
 - Support the work of the Workplace Safety Action Plan (workplace violence; safe lifts and handling; mental health and wellness, slips, trips and falls; stay and work, return to work programming)
 - Enhance safety leadership, culture, training
 - Make use of “return to work” programs (WCB “Ease Back” program)
 - Address staff shortages / care models
 - “Hiring fit” – there is a heavy physical component to this work
 - Engage with other helpful resources (e.g. Employer MD, Office of the Employer Advisor)



Themes

Responsive Behaviors

- Inadequate training and resources to manage
- Frustrating and stressful for employees
- Results in injury, work refusals

Possible Actions

- Support the work of the Workplace Safety Action Plan (Workplace Violence)
- Engage with the Centre on Aging's post-doctoral fellow working on person centered approach to caring for those with behavioral issues
- Engage with the ARC RRC sector, who has significant expertise in this area (low arousal training)



Themes

Physical Illness

- Nova Scotia is an old, sick, overweight province
- Ageing workforce
- Staff come to continuing care “to retire”
- Hard to support behavior change outside of “walls”

Possible Actions

- Increase resources, access to, and use of employee wellness and support programs, as well as return from illness programs (e.g. HANS EASE)
- Promote healthier workplaces internally
- Work with partners to advocate for greater access to primary care
- Work to attract younger generations



Themes

Employee Stress, Fatigue, Mental Health

- The work of the sector is getting increasingly difficult
 - Client acuity, complex cases
 - Expectations are constantly increasing = demotivating
 - Suffering from compassion fatigue and burnout
 - Others not showing up increases burden on those that do
- At-home stress effects workplace practice
 - Child care, elder care, or both
 - Mental health concerns, addictions



Themes

Employee Stress, Fatigue, Mental Health, con't

Possible Actions

- Work-related
 - Explore new staffing mixes and models in the renewed Continuing Care Strategy
 - Support the Mental Health And Wellness stream of the Workplace Safety Action Plan
 - Increase and enhance employee support programs, or use to greater extent where they are already in place
 - Work with unions to support flexible work hours for those with demands at home
 - Investigate ways to increase coping skills and resiliency (e.g. HHRSC's mental health and resiliency programming)
- Outside work walls
 - Engage with other sectors and partners to advocate for proper mental health diagnoses and increase community mental health supports



Themes

Workplace Engagement and Motivation

- Workplace engagement fosters a greater sense of loyalty and reduces time off
- Burnout is often the result of feeling disengaged
- How to become a sector and workplace of choice
- Roots are in true engagement, not necessarily on the job “perks”

Possible Actions

- Use leadership and management models that support staff engagement in care and organizations decision-making, as well as true inter-professional team work (e.g. Kaizen, TREC research project, Broken Homes report committee recommendation, results of DocNS burnout survey)
- Invest in employee learning, mentorship and development (possible partnerships with the Academic Health Council, RN Professional Development Centre, Provincial Nursing Network, HHRSC, Labour and Advanced Education)



Thank You