COMMUNITY RESEARCH REPORT: 
Healthcare Workers "On the Move" 
December 2019

What was the research about?
- We focused on healthcare workers’ geographic mobility, or their movement/travel, to engage in healthcare work in fixed sites (e.g. patients’/clients’ homes, community clinics).

Why is this research important?
- We know quite a lot about the work of mobile healthcare workers in fixed sites (e.g. in patients’/clients’ homes), but we know less about their geographic mobility to and from fixed sites, and how this mobility influences their lives. We wanted to fill this knowledge gap by conducting a number of related studies.

Our research looked specifically at the mobility of Nova Scotia mobile health care workers through...

- Interviews with Nova Scotia mobile healthcare workers (see pages 1 and 2)
- A survey of mobile Nova Scotia healthcare workers (see page 2)
- Interviews with managers of mobile healthcare workers (see page 2)

What Were Some of Our Key Findings?

Our interviews with Nova Scotia mobile healthcare workers found a number of challenges (i.e. risks and costs) such as:
- Some workers experience health and safety risks (e.g. driving in bad weather).
- Some workers experience economic costs related to mobility (e.g. cost of maintaining their vehicle).
- Some workers report using a vacation day, “banked time”, or are not paid if it is too risky to travel (i.e. drive a vehicle) in bad weather and they need to cancel a patient/client.
- A few workers reported personal health costs (e.g. being sedentary for long periods of time while traveling).

"...my new winter tires will cost me between $1000 and $1200. And then I have, because I drive so often, I have more frequent oil changes... So I think there needs to be some modifications to what we’re compensated for in terms of our mileage"

(Participant #27, Female)

Our interviews with Nova Scotia mobile healthcare workers (n=25) also found that:
- Many workers enjoy being mobile and feel a "duty to care" for individuals.
- Some workers reported key opportunities related to being mobile such as an overall sense of freedom from being "on the road" or away from an institutional setting.

"Oh, it’s freedom. It’s something I really enjoy, even in the winter if the weather isn’t too bad... It can be a real nice mental break in a busy day"

(Participant #23, Female)

It is important to note that in this study...
- We spoke to professionals (e.g. nurses) and paraprofessionals (e.g. continuing care assistants)
- Most participants were women, reflecting the fact that women dominate the healthcare field
- Many drove using their personal vehicle, but other modes of transportation were also used (e.g. bus)
- There was some variation in frequency of travel, but some drove often and great distances

For more information:
Key Findings (continued)

Based on our interviews with Nova Scotia mobile health care workers...

A number of the workers reported various strategies for ensuring that their family life and household responsibilities were looked after when they were working, and (for some) on the road for periods of time, including:

- Advance preparation (e.g. preparing meals before leaving for work)
- Relying on partners, family & friends to help with different tasks (e.g. picking kids up from school) when they cannot be home.

The relationship between work, geographic mobility and household responsibilities is complex. More research is needed to tease out how these intersecting aspects of mobile workers’ lives impact workers and families.

"And if I need to, I can call on say my mother to take her (child) to her recreation, her after school dance or something like that"

( Participant #12, Female)

Our survey results (n=156) with Nova Scotia mobile healthcare workers found that:

- Most, but not all, mobile healthcare workers are aware of the hazards of bad weather driving and its potential for harm.
- Slightly over half were confident in their ability to address these hazards.
- Most described limited organizational support in terms of training or equipment.

For more information:


Our interviews (n=9) with managers of Nova Scotia mobile health care workers revealed that...

- Many managers are concerned about the health and safety of mobile workers, and some organizations provide various supports (e.g. first aid kits).

- The schedule of mobile workers can be challenging, but at the same time, there is some flexibility (e.g. workers can stop and take a break when needed).

- In some organizations, workers are responsible for deciding about safety when driving, such as if it is too unsafe because of poor weather. In some cases, if workers decide it is unsafe, they have to use a vacation day, sick day, banked day, or not get paid.

- Some organizations require workers to use their personal vehicle for travel, and the full costs related to such use (e.g. wear and tear on their vehicle) may not be covered through travel reimbursement.

The expectation is that if they’re (mobile workers) cancelling any of their clients for inclement weather, they can pull from their, what we call, bank. So they could use some vacation hours or overtime hours or holiday hours to make up that time. Or if by choice they don’t want any pay, they can opt to take no pay for that couple of hours.

Manager #3
What are the Implications of our research on healthcare workers' mobility?

- Many mobile healthcare workers experience mobility as having some positive aspects (e.g. freedom on the road) which may be important for retention of this workforce.
- For some workers, there are economic costs associated with their mobility. Policies are needed to address such costs. One potential policy is to have 'paid bad weather days.' This type of policy may be especially important given climate change and the expected increasing severity of storms.
- Further research is needed to understand how the various aspects of mobility - both positive and negative - impact mobile healthcare workers travelling various distances and over many years.

Project Information

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Partner Organizations

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- NS Community College
- NS Government and General Employees Union
- Healthy Populations Institute, Dalhousie University
- Centre for Organizational Research and Development, Acadia University

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