

Taking healthcare to patients: Healthcare workers' experiences of being on the road

Jackson, L., Kruisselbrink, A., Bourgeault, I., Gardiner
Barber, P., Leiter, M., Nourpanah, S., Price, S.

Sub-component of a larger research initiative

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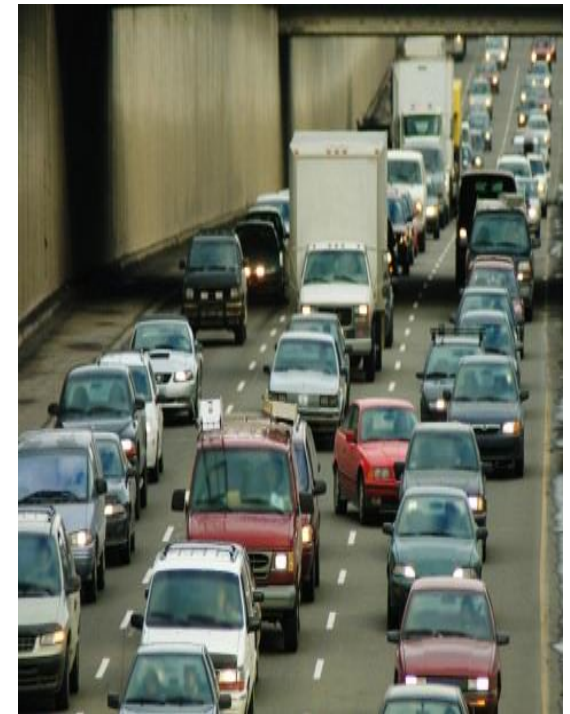
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What is employment-related geographic mobility (ERGM)?

- Extended travel from places of permanent residence for the purpose of, and as part of, employment.
- Mobility ranging from >3 hours daily to more extended absences and journeys lasting weeks, months or even years.



ERGM & Healthcare Workers

To document, compare and contrast the experiences, **challenges and benefits** of ERGM for **healthcare workers**, their families & communities.



Comparisons based on : gender, age, family structure, citizenship status, **work environments and occupational status.**

Types of Mobility

- ❑ Those who travel from *outside of the country to work in Nova Scotia* (e.g., Temporary Foreign Workers)

- ❑ Those who travel *to work in another province* (e.g., Alberta)

- ❑ Those who are mobile *within the province/Maritimes* (e.g., home care and clinics)
 - ❑ Focus of this presentation



Healthcare Workers

- Professional

- Physicians
- Nurses
 - Licensed Practical Nurses (LPN) and Registered Nurses (RN)

- Paraprofessional

- Continuing Care Assistants (CCAs)
 - Provide personal care, support services (e.g., medication management, assistance with meals)



1980s – Reforms aimed at “rationalization” of the healthcare system

- Focus on reducing hospital costs
- Emphasis on continuing care
 - **homecare** and long-term care

Key Current Emphasis (NS)

- Recruitment and retention of healthcare workers
 - Nurses
 - Continuing Care Assistants (CCAs)

Recruitment Ad



- There are now **remarkable career opportunities** across the province for Continuing Care Assistants (CCAs) and Licensed Practical and Registered Nurses in both long term and **home care settings**.
- What sets working in Nova Scotia apart? In addition to the amazing job opportunities, **it's the exceptional lifestyle that goes with it. Live among picturesque settings....**
 - If you understand the importance of compassion, and the immeasurable value of a smile, **now is the time to consider what your life could be like in Nova Scotia.**

http://healthteamnovascotia.ca/continuing_care/continuing_care.html



STOP

Preliminary Data

Interviews with Healthcare Workers N=21

- Professional (n=10)
 - Physicians
 - Nurses (Licensed Practical Nurses; Registered Nurses)
- Paraprofessional (n= 11)
 - Continuing Care Assistants (CCA)

Women = 20

Age Range

20-39 = 10

40-69 = 11



Temporal & Spatial Dimensions

(Regular and Occasional n=14)

Regular

Daily

within NS

CCAs/Nurse

Homecare

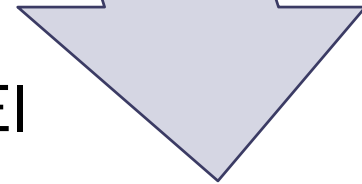
Occasional

Weekly.....Monthly

within NS & NB/PEI

Nurses/Physician

Homecare/Clinics



Some Key Benefits

Mobile within NS & Maritimes (n=14)



Regular Mobility

Homecare (CCA; Nurse)

- Travel is enjoyable
 - “Down time”
- Autonomy
- Away from highly regulated spaces (e.g., long-term care)
- Flexibility
 - eg., do errands during work day

Occasional Mobility

Homecare and Clinics (Nurses/Physician)

- Travel is enjoyable
 - Visit family/friends (clinic nurse)
- Autonomy
- Away from Politics
 - “Perk” to get out of hospital
- Use range of skills
 - not used in the hospital

Challenges

Mobile within NS and Maritimes

Regular Mobility

Homecare - CCA, Nurse

- Safety (personal)
 - Poor Weather



- For some – sick day/vacation day

Occasional Mobility

Homecare/clinics -Nurses, Physician

- Safety (personal)
 - Poor Weather



- Cancel clinic/home visit

Some Key Challenges

Mobile within NS and Maritimes



Regular Mobility

Homecare (CCA; Nurse)

- Isolation from peers
 - When do meet – “Almost a joyous occasion”
- Time/Scheduling
 - Stress (eg., if patient needs meds at a particular time)
 - Between clients – “Could spend a fortune in coffee shops or in your car trying to stay warm”
- Economic costs
 - Car depreciation; snow tires; CAA; some pay for own phone etc.

Occasional Mobility

Homecare/clinics (Nurses/Physician)

Physically Demanding (Clinics)

- Tiring few days (out of town)
- “Hauling heavy equipment”
- Security of materials while travelling
 - patient records
 - equipment
 - medications

Policy gaps and inconsistencies

Health and Safety

- Safety and weather
 - Lack of policies to determine when it is unsafe to travel
 - Employee has “freedom to decide”

Reimbursement Policies

Lack of reimbursement

- Some economic costs
 - particularly evident for regular mobility

Variable reimbursement - depending on employer

- Examples:
 - gas costs
 - when ‘clock starts’ for gas payment
 - e.g., how many km after you leave home

Conclusions

- Preliminary results suggest:
 - Some key benefits
 - Many challenges
 - **Some differences between regular and occasional mobility**
 - Policy gaps and inconsistencies need to be addressed to improve quality of work life for mobile healthcare providers

“Its wonderful and horrible at the same time” (CCA)

Thanks!

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