

Employment-Related Geographic Mobility of Healthcare Workers - Nova Scotia Policy Brief -

To: Employment-Related Geographic Mobility (ERGM) - Nova Scotia Policy Stakeholders
From: Lois Jackson (PI), Ivy Bourgeault (co-PI), Audrey Kruisselbrink, Pauline Gardiner Barber, Sheri Price, Michael P. Leiter, Shiva Nourpanah and Ann McInnis (NSCC representative)
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SUBJECT: Policy Relevant Findings from the Nova Scotia **Mobile Healthcare Worker Interviews & Survey component** of the ERGM Study

SUMMARY:

- ***Purpose:** To highlight the key insights from the **worker interviews and survey component** of the Employment-Related Geographic Mobility (ERGM) study of Nova Scotian healthcare workers*
- ***The Issue:** The ERGM of Nova Scotian healthcare workers needs to be more fully considered in the development, consolidation and implementation of various policies*
- ***Implications:** All mobile healthcare workers should have employment contracts that ensure their safety and cover all economic costs of mobility.*
- ***Action Requested:** To create a multi-stakeholder forum to discuss the practice implications of the research findings and co-develop a responsive set of policies.*

BACKGROUND: The *On the Move Partnership* (OTM) is the first comprehensive study of the range of employment-related geographic mobility from extended daily commuting to long distance travel to work, including across provincial or even national boundaries. Funded by the Social Sciences and Humanities Research Council of Canada, OTM is based at Memorial University and included more than 50 researchers from 17 disciplines and 22 universities across Canada and internationally, working with more than 30 community partners. This policy brief focuses on the Nova Scotia component of the study which looked at ERGM among healthcare workers. The Nova Scotia team focused on 1) a policy review of the ERGM of healthcare workers; 2) interviews and a survey with mobile healthcare workers; and 3) interviews with managers of mobile healthcare workers.

ISSUE: This policy brief highlights the key policy related insights from the worker interviews & the survey component of the study of the employment-related geographic mobility (ERGM) of healthcare workers in Nova Scotia.

APPROACH: From 2014-2016, we interviewed 25 Nova Scotian mobile healthcare workers: 16 were professionals (physicians, nurses and social workers), and nine were para-professionals (continuing care assistants/personal care workers). All were women except for one. We focused on several key elements of mobility - the experiences of the ERGM and its implications, highlighting the similarities and differences among the workers.¹ We also conducted a survey, and survey participants included 143 females and 13 males. All survey participants worked in healthcare, with 107 working in homecare. The survey focused on participants' experiences of risk and road safety, workload and burnout.²

KEY FINDINGS: Interviews with mobile healthcare workers: The geographic mobility-related responsibilities and skills required of both professional and paraprofessional mobile workers are not typically valued or recognized. Travel associated with mobile care work is often thought of as what happens prior to the ‘real’ healthcare work. Negative experiences linked to mobility included safety risks, and, for some, health (e.g. sedentary for long periods of time when driving) and economic costs. The actual toll of the economic costs may be very different between mobile para-professional and professional workers.

There were also positive experiences of being mobile such as ‘time away’ from institutional settings. The idea of mobility as freedom appears to be key to creating an attachment to mobile work even when there are risks and costs. Various meanings were associated with mobility including that it is part of one’s duty to care.¹

Survey of mobile healthcare workers: Most of the survey respondents expressed awareness of the hazards of bad weather driving and its potential for harm. While slightly over half of respondents expressed confidence in their capacity to address these hazards, most described thin organizational support in terms of training or equipment.²

IMPLICATIONS: Our findings indicate a need for explicit support for mobility safety. This will mean making visible healthcare workers’ mobility as part of healthcare workers’ labour, and viewing this work as involving significant skills, responsibilities and effort. There is a need to implement labour regulations and policies to ensure all workers have employment contracts that ensure their safety and cover all economic costs of mobility.

RECOMMENDATIONS:

1. Policies/regulations/contracts could place caps on the time and distance mobile workers can travel in a day and ensure mandatory breaks during the day.
2. Worker contracts could ensure increased healthcare coverage (e.g. physiotherapy, massage) for mobility-related health issues.
3. Policies/regulations/contracts could include an allowance for mobility-related safety features (e.g. snow tires, roadside assistance services).
4. For those workers who shoulder economic costs when they do not travel due to poor weather, policies/regulations/contracts could include provisions for paid ‘weather days,’ that could be used like vacation days.

NEXT STEPS: Discuss and co-develop policy recommendations emanating from the policy relevant implications of the research findings

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¹ Jackson, L. et al. (2019). Healthcare workers ‘on the move’: Making visible the employment-related geographic mobility of healthcare workers. *Health Sociology Review*, 23(3), 277-290.

² Leiter, M. et al. (2018). The Relationship of Safety with Burnout for Mobile Health Employees. *International Journal of Environmental Research & Public Health*, 15, 1461.