

SafeCare BC 2020 Member Survey Results



Introduction:

Each year, SafeCare BC conducts a survey of the continuing care sector. The objectives of the survey are:

- Identify workplace health and safety priorities and challenges facing the continuing care sector
- Assess the market penetration and reach of SafeCare BC
- Understand how people interact with SafeCare BC
- Evaluate the impact of SafeCare BC’s initiatives on knowledge transfer and behavioural change

In light of the pandemic, SafeCare BC’s survey incorporated an additional area of focus on COVID-19. This included assessing the impact of COVID-19 on continuing care workers and the changes workplaces have instituted in response to the pandemic.

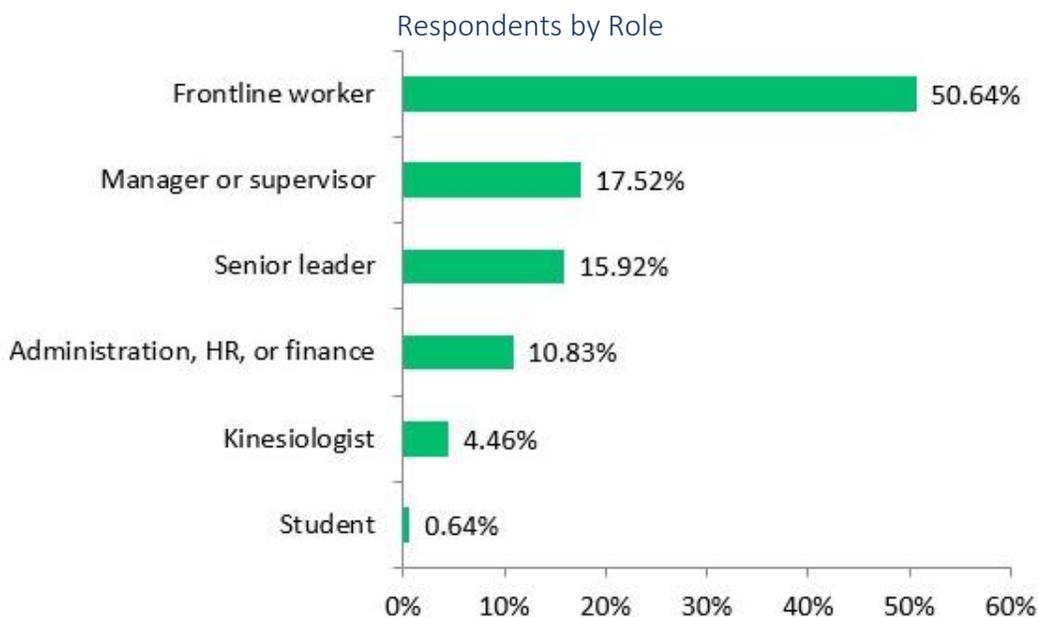
Methodology:

The survey was programmed into an online format and distributed electronically via SafeCare BC e-blast, direct email, social media, and via partner channels. It was left open for a period of two and a half weeks. Over this period, 345 respondents completed the survey. This is up from last year’s 284 responses, an increase of 21%. The survey results were then analyzed according to sector and role.

Findings:

Respondent Demographics:

Most respondents were from the long-term care sector (73.2%), with home and community support (17.2%), Assisted Living (16.9%), Independent Living (10.3%), and kinesiology (4.0%) making up the rest. Just over half (51.1%) of respondents were frontline workers, an increase from last year’s 34%; followed by manager or supervisor (17.0%); senior leader (16.1%); administration, HR, or finance (10.9%); kinesiologist (4.2%); and student (0.6%). Because the sample size for those identifying as students was quite small, a separate analysis was not conducted of this group. Just over 35% of respondents were members of an Occupational Health and Safety Committee.



All health authority regions were represented in the sample. Most (34.1%) came from the Fraser Health region, followed by Island Health (32.1%), Vancouver Coastal Health (17.2%), Interior Health (13.9%), and Northern Health (1.0%). A small percentage (1.7%) were unsure in which health region they worked. Most (77.3%) had heard about the survey through the SafeCare BC e-blast, while another significant percentage of respondents had heard about the survey through their supervisor or manager (20.7%).

Workplace Safety Concerns and Priorities for SafeCare BC (Non-COVID-19):

Most respondents indicated that workplace health and safety was important to their organization (91.6% = very important; 6.1% = somewhat important) and this was consistent across all sectors. When analyzed by role, there was some inter-group variability. For example, fewer of those who identified as either administration or frontline rated workplace safety as very important or somewhat important (90.9% for administration; 89.2% for frontline workers) to their organizations than managers/supervisors or senior leaders (98.1% and 98.0%, respectively).

Overall, safe client/resident handling, violence prevention, and mental health/stress were the top workplace health and safety concerns. There was some variation between sectors – for example, in long-term care, the top-three concerns were violence prevention, safe client/resident handling, and dementia care. In home care and community support, the top-three concerns were safe client/resident handling, creating a culture of health and safety, and health and safety risk assessments. Assisted Living and Independent Living were the most tightly aligned, with mental health and stress, safe client/resident handling, and creating a culture of safety in the top-three of concerns (albeit in different order). This variation likely reflects the different conditions of work in each sector.



When analyzed according to role, there was a high level of agreement with regards to violence prevention and safe client/resident handling being top priorities. Senior leaders differed from other respondents in ranking the creation of a culture of health and safety as one of their top-three concerns, whereas frontline workers and those in administration ranked mental health and stress within their top-three concerns.

Engagement with SafeCare BC:

Almost all respondents had heard about SafeCare BC (89.6%), although this may be skewed by how survey respondents were primarily recruited, which was via SafeCare BC e-blast. Awareness of SafeCare BC was lowest among frontline workers, at 82.3%, and highest among senior leaders, at 100%.

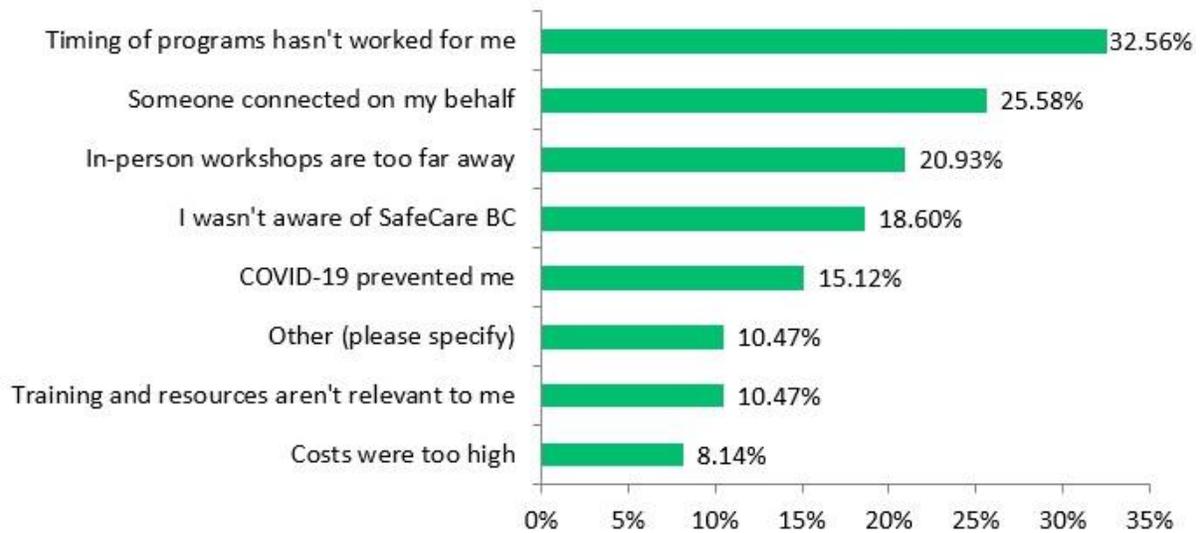
Of those respondents who had heard about SafeCare BC, 91.5% stated they were very familiar (43.3%) or somewhat familiar (48.2%) with SafeCare BC. Those in the long-term care sector expressed the highest degree of familiarity, whereas those in the assisted living sector had the lowest degree of familiarity. Kinesiologists and those working in administration had the lowest degree of familiarity with SafeCare BC, whereas awareness was highest among senior leaders.

Just over 70% of respondents had connected with SafeCare BC in the past twelve months. Frontline workers were least likely to have connected with SafeCare BC in the past twelve months, at 60.0%, whereas senior leaders were most likely to have connected with SafeCare BC in the past twelve months (90.0%). The most common way that people had connected with SafeCare BC was via the website (80.1%), followed by subscribing to the e-blasts (65.4%). This was consistent across roles and sectors.

In terms of how people had engaged with SafeCare BC, most had participated in a webinar (48.8%) or an online course (45.0%), followed by an in-person workshop (31.3%). This pattern held consistent across all sectors. When analyzed according to role, the top-three ways people had engaged with SafeCare BC remained the same across roles; however, online courses was the most-common way frontline workers had engaged with SafeCare BC, whereas for all other roles it was webinars.

Of those who had taken an in-person workshop, most identified the Provincial Violence Prevention Curriculum (54.6%), followed by Gentle Persuasive Approach and Occupational Health and Safety Committee training. This held largely true across roles and sectors, although safe client/resident handling entered into the top-three in-person workshops for those working in home care and community support or long-term care. (In long-term care, Occupational Health and Safety Committee training and safe resident handling tied for third; in home care and community support, Gentle Persuasive Approach and safe client handling tied for third). When asked why they had not connected with SafeCare BC within the past twelve months, the most-commonly cited reason was “timing of programs hasn't worked for my schedule”, followed by “someone in my organization connected on my behalf”, and “in-person workshops are too far away”. This was largely consistent across sectors and roles, except for those who worked in Independent Living. In this group, “Training and resources aren't relevant to me” was the second-most common reason for not connecting with SafeCare BC.

Reasons for Not Engaging with SafeCare BC

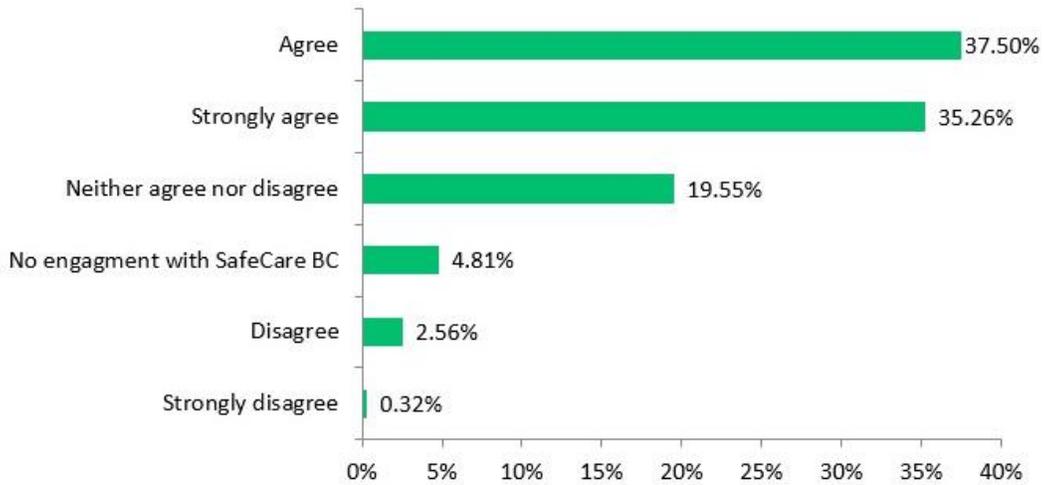


When asked how they preferred their training to take place, most respondents indicated online self-paced learning. In-person training, then webinars, made up the remaining top-three. Although the ordinal ranking of preferences was largely similar across sectors, there were some significant inter-group differences in terms of the strength of the preference. For example, home care and community support, independent living, and kinesiology more strongly preferred online learning as compared to long-term care and assisted living, which were more evenly split between online learning and in-person learning. There was significant variation in results when analyzed by role – overall, senior leaders and managers/supervisors preferred online or webinar-based learning over in-person learning, whereas frontline staff preferred in-person learning over self-paced online learning or webinars.

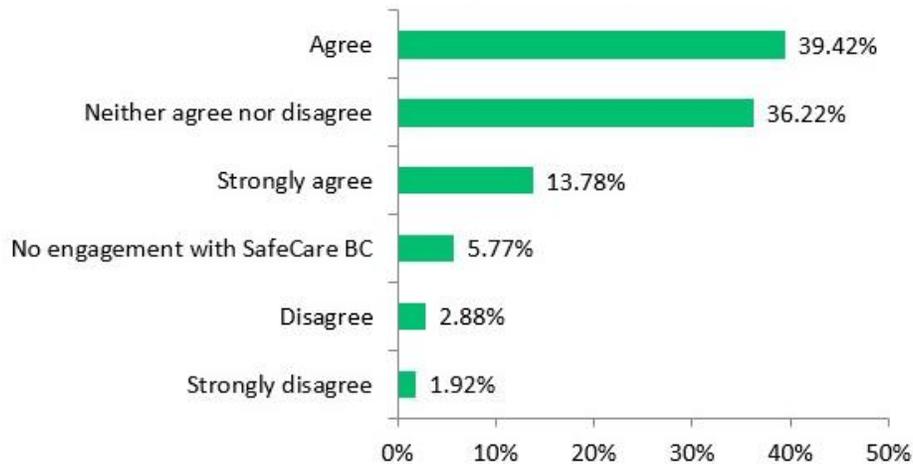
Assessing Impact

Overall, SafeCare BC’s impact among respondents was high. Seventy-two percent strongly agreed (35.6%) or agreed (37.2%) with the statement, “because of SafeCare BC, I am more aware of workplace health and safety”. Fifty-eight percent strongly agreed (20.1%) or agreed (38.2%) with the statement, “because of SafeCare BC, I have changed how I work”. Fifty-three percent either strongly agreed (13.9%) or agreed (39.5%) with the statement, “because of SafeCare BC, our organization operates differently”. Agreement levels were fairly consistent between frontline workers and managers/supervisors, slightly higher among senior leaders, and slightly lower among those in administration. Across sectors, agreement levels were higher among those in long-term care than in all other sectors.

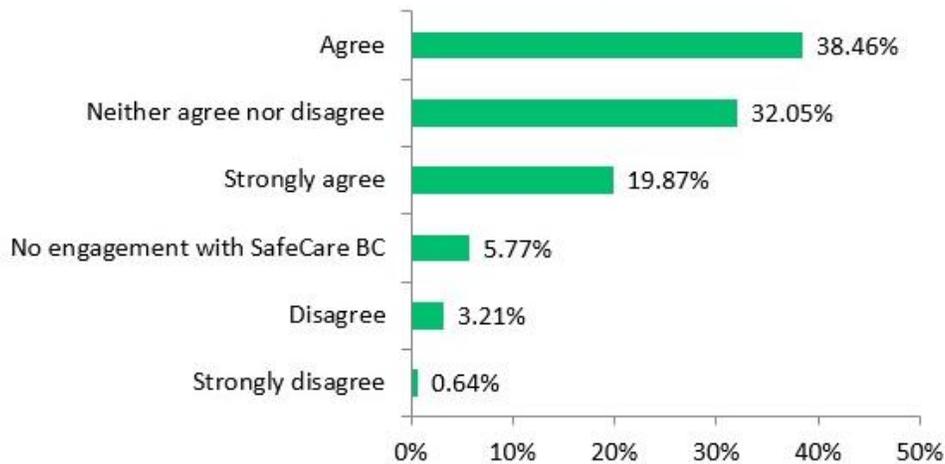
Because of SafeCare BC, I am More Aware of Workplace Health and Safety



Because of SafeCare BC, Our Organization Operates Differently



Because of SafeCare BC, I've Changed How I Work



COVID-19's Impact

The pandemic is impacting those who work in this sector. Over 76% indicated feeling very (20.7%) or somewhat (55.7%) anxious about COVID-19. The percentage of those reporting feeling very anxious about COVID-19 was highest among frontline workers and those working in long-term care.

When asked what changes their organizations have made in response to COVID-19, the most-often mentioned items were things like personal protective equipment (PPE), heightened awareness or training around hand hygiene and cleaning protocols, and extra protocols around client/resident screening, visitors, and social distancing.

When asked about whether the pandemic had changed their plans to continue working in the sector in the next 12 months, the majority said it had not (64.0%). Interestingly, of those whose plans had changed, more respondents indicated they were *more likely* to still be working in the sector in the next twelve months (25.7%) versus those who had indicated they were less likely (10.4%). Frontline workers were more likely to have changed their plans to work in the sector – being both the group with the greatest percentage of those reporting they were more likely to still be working in the sector, and less likely to still be working in the sector in twelve months.

Of those who were less likely to still be working in the sector in twelve months, the majority cited burnout as the reason (65.6%), with being concerned for either their own health or the health of their loved ones being a secondary concern. This was largely consistent across sectors and roles. For those who were more likely to be working in the sector in twelve months, the vast majority (81.0%) cited wanting to be there for their clients/residents. This sentiment was widely held across roles and sectors.

COVID-19 and SafeCare BC's Role

Overall, the majority of respondents (83.1%) were either very (51.3%) or somewhat satisfied (31.8%) with SafeCare BC's response to the pandemic. Only 1.3% reported being somewhat unsatisfied and none reported being not at all unsatisfied.

In response to the open-text question around how SafeCare BC could support those working in the sector during the pandemic, several themes emerged: access to PPE; regular communication; mental health resources; and access to training. Respondents repeatedly cited access to PPE as an ongoing area of need – requests ranged from advocating on behalf of the sector for greater access, to assisting organizations in screening for quality, and providing guidance on usage. Regular communication centred on the need to stay informed and to have access to clear, relevant information. Mental health resources were cited in the context of supporting staff's psychological health and wellbeing. Access to training was most frequently mentioned in the context of online learning, as respondents cited the need for training that complies with current public health directives and is widely accessible regardless of location.

What SafeCare BC Should Prioritize

Respondents ranked providing training as SafeCare BC's first priority, followed by online resources, and health and safety research. This finding was echoed in responses to the open-text question around how SafeCare BC could support those in the continuing care sector – the majority of these responses linked back to training activities, although there was significant variability in the type of training indicated.

There was a fair degree of agreement across roles, except for managers/supervisors and those in administration – they thought SafeCare BC should prioritize training, online resources, and support

tailored to organizations. Similarly, there was a fair degree of agreement across the different sectors, except for Independent Living, which prioritized awareness campaigns over health and safety research.



Conclusion:

SafeCare BC is very much seen as a purveyor of information and education – indeed, this is what respondents seem to most value about SafeCare BC. How respondents want to see that education delivered varied across roles, however; this may be associated with different levels of access to technology between those in administrative-type roles and those in frontline-type roles, as well as group learning preferences. Variations in preference between sectors may, in part, be explained by the nature of the work – for example, home care and community support workers are typically decentralized, with fewer opportunities to gather face-to-face with their co-workers for training.

In the context of the pandemic, respondents also valued SafeCare BC’s advocacy and support with regards to PPE. The impact of Operation Protect, the most public-facing of SafeCare BC’s PPE initiatives, extended beyond the simple supply of PPE – respondents saw it a public acknowledgement of the sector’s challenges and a statement of support for the sector.

The pandemic has, overall, had a significant impact on the sector. It has impacted workflows in organizations and the psychological health and wellbeing of those working in the sector, particularly among frontline workers and those in long-term care. Surprisingly, the events of the pandemic have, in some ways, renewed people’s commitment to their work, as demonstrated in the percentage of people stating they were more likely to be working in the sector in twelve months as compared to before the pandemic. However, it is notable that the primary reason cited for planning on leaving the sector is burnout – this points to an ongoing need to address the underlying psychological safety hazards facing those working in the sector.

In terms of impact, survey results indicate SafeCare BC is having success in disseminating knowledge and inspiring change, both at an individual and organizational level. Consistent with previous survey results,

those in leadership positions were more likely to point to organizational change than frontline workers. This points to an interesting difference in perception between frontline workers and senior leaders, and it may be an area of opportunity for future inquiry to better understand the factors behind this difference. Moreover, SafeCare BC enjoys a positive reputation among respondents, both in terms of its pandemic response and overall delivery of services and support the sector.

Overall, the survey provides insight into current sector needs and priorities and reveals potential barriers or facilitating factors that may enhance sector engagement with future SafeCare BC programs and initiatives.