

# SafeCare BC 2020: Assisted & Independent Living Survey Results

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## About SafeCare BC

SafeCare BC is the health and safety association for BC's continuing care sector, whose 864 member organizations employ 28,000 workers. We work closely with employers, unions and workers, and respond to their needs as we collectively strive to provide a safe workplace.

## Introduction

To support a comprehensive Needs Assessment of the independent and assisted living sector, SafeCare BC conducted two surveys of employers and frontline workers across the province. Developed in consultation with the Assisted Living and Independent Working Group, inclusive of seniors' care and living providers, representatives of WorkSafeBC and union leaders, the online surveys invited input from July 15 to August 14, 2020 from frontline workers and leaders regarding:

- the importance of various health and safety training topics
- how workers participate in health and safety training now
- what technology is available to support learning
- how the sector wants to be consulted and receive safety information from SafeCare BC
- barriers to safety training
- impacts from COVID-19

This report summarizes the findings from both surveys, as is one aspect of larger needs assessment being conducted for the independent and assisted living sector (classification unit 766018).

## Methodology

The two surveys were programmed into an online format and distributed electronically via SafeCare BC's e-blast, direct mail, social media, and via partner channels. One survey was tailored to the needs of frontline workers, while the other survey was tailored for leadership and management. Both surveys were left open for a period of four weeks. Over the period, 58 respondents completed the worker survey and 70 respondents completed the employer survey.

## Findings

### Respondent Demographics

#### Front-line Workers

With respect to the worker survey, most survey respondents were from the assisted living sector (75%) and independent living sector (42%); supportive housing (17%), long-term care (17%), home and community care (17%), and other (8%) made up the rest—see Figure 1 below. All health authority regions were represented in the sample. Most (54%) came from the Fraser Health and Coastal Health regions (25%), followed by Island Health (13%), Interior Health (8%) and Northern Health (8%).<sup>1</sup>

Most respondents were health care assistants (43%), with administrative staff (22%), registered nurses (9%), housekeepers (9%), recreation (8%), and other (9%) making up the rest. All levels of career experience were represented, including less than 12 months (13%), 1-5 years (17%), 6-10 years (29%), and more than 10 years of

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<sup>1</sup> Categories are not mutually exclusive.

experience (42%). The majority of respondents are employed full-time (58%), with the rest reporting part-time (33%), casual (4%), and prefer not to say (4%). Few respondents (18%) indicated that they were part of a Joint Occupational Health and Safety Committee (JOHSC).

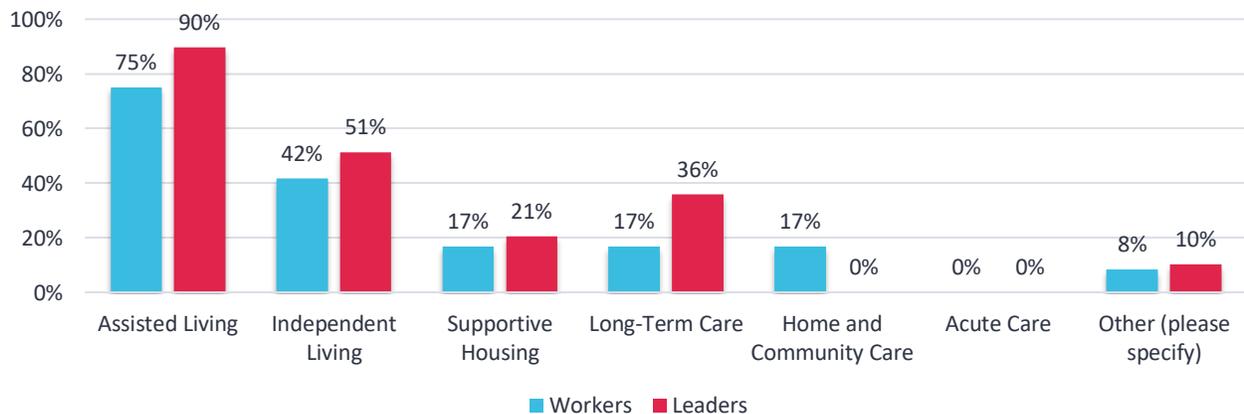
### Leadership & Management

With respect to the survey for leaders and managers, most survey respondents reported that they provide assisted living (90%) and independent living services (51%), with long-term care (36%), supportive housing (21%) and other (10%) making up the rest—see figure 1. All health authority regions were represented in the sample. Most survey respondents came from the Fraser Health (49%) and Coastal Health regions (18%), followed by Interior Health (23%), Island Health (13%), and Northern Health (10%). A small percentage reported that their operations were from outside of BC (3%).<sup>1</sup>

All levels of career experience were represented, including less than 12 months (3%), 1-5 years (18%), 6-10 years (21%), and more than 10 years of experience (59%). The majority of respondents were Managers (46%). Other positions included Directors (18%), CEOs/EDs (10%), nurse supervisors (8%), owners (5%) and other (13%).

Responding organizations varied by size. A quarter of survey respondents (26%) represented organizations that are part of a larger national chain, though the majority were local to British Columbia (74%). All sizes of organization were represented from small (fewer than 20 staff), medium (20 – 100 staff), and large (100+ staff). The majority of survey respondents (85%) reported that their organization receives health authority funding, with only 15% reporting that their organization receives no public funding.

**Figure 1 - Respondents by care sector**

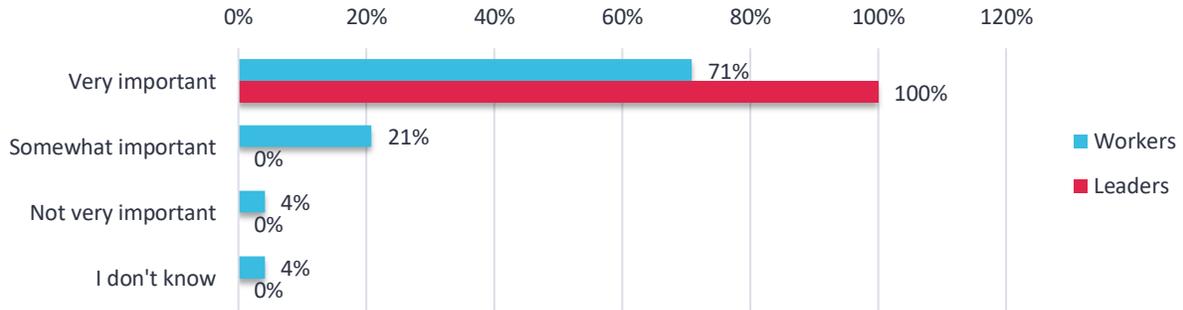


## Workplace Safety Concerns and Priorities

### Prioritizing Workplace Health & Safety

Most leaders (100%) and frontline workers (71%) indicated that workplace health and safety was ‘very important’ to their organization, although agreement was higher among leaders than front-line workers (see figure 2 below). A further 21% of frontline workers reported that safety is ‘somewhat important’ to their organization, 4% reported ‘not very important’ and the remaining 4% did not know.

**Figure 2 - How important do you think workplace health and safety is to your organization?**

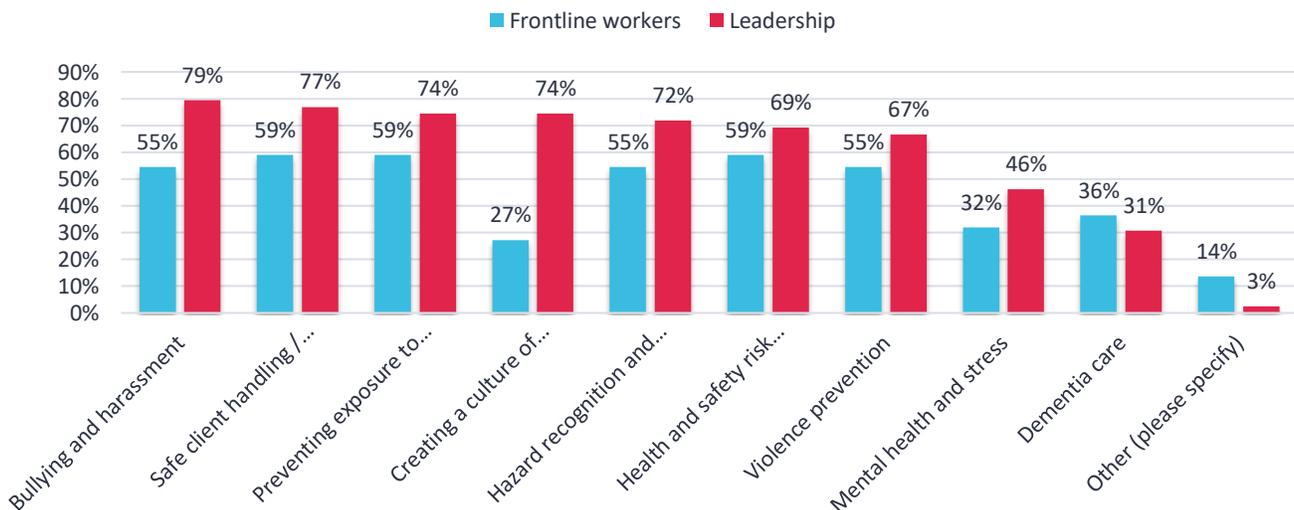


### New Worker Orientation

Six in ten frontline workers (58%) reported that the orientation at their current place of employment included health and safety topics, while the remaining 42% indicated that it did not. In contrast, 90% of leaders indicated that orientation at their organization addressed OH&S topics.

As reported by frontline workers, safety topics most likely to be included in worker orientation included preventing exposure to infection (59%), health and safety risk assessments (59%), safe handling (59%), violence prevention (55%), bullying and harassment (55%), and hazard recognition and control (55%). Topics less likely to be covered included dementia care (36%), mental health and stress (32%), and creating a culture of safety (27%). Leadership reported that all pertinent topics are addressed, with the exception of mental health and dementia care—see figure 3 below.

**Figure 3 - What safety topics are covered during new worker orientation?**

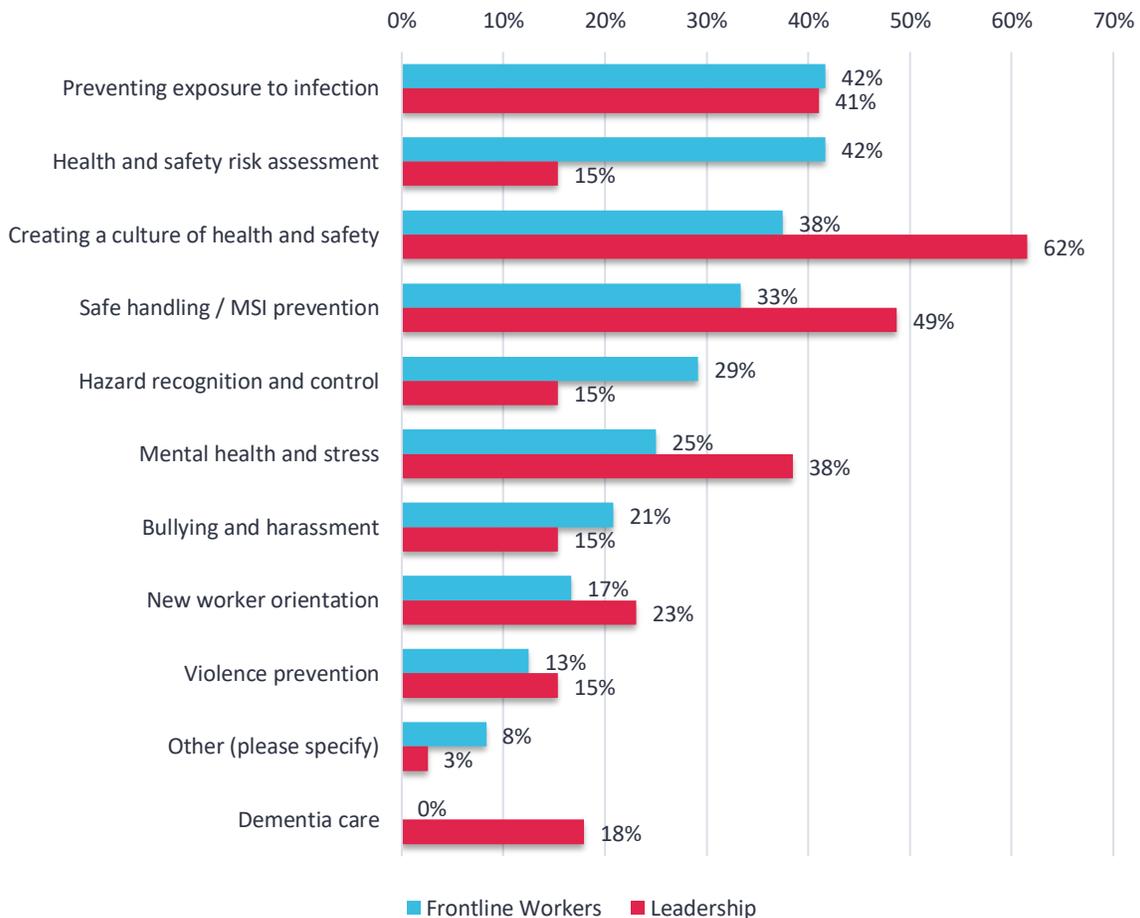


### Education & Training Priorities

Survey respondents indicated that their top safety concerns are creating a culture of safety, preventing exposure to infection, safe client handling/preventing musculoskeletal injuries, and health and safety risk assessments. However, these concerns were prioritized differently than frontline workers than managers. Frontline workers identified that preventing exposure to infection (42%) and health and safety risks assessments (42%) were their top concerns. In contrast leadership and management identified creating a culture of health and safety as their top priority (62%). See figure 4 below.

Frontline workers and leadership were also asked about the importance of education on specific health and safety topics. Survey respondents indicated that nearly all identified education areas are important for frontline workers (see table 1). Frontline workers identified infection prevention and control (4.9 out of 5), new worker orientation (4.8), violence prevention (4.7), workers rights and responsibilities (4.7), and musculoskeletal injury (MSI) prevention and safe client handling (4.7) as the most important training areas. Leadership and management similarly prioritized new worker orientation (4.8), reporting unsafe conditions (4.8), infection prevention and control (4.7), and musculoskeletal injury (MSI) prevention and safe client handling (4.7)—see table 1 below.

**Figure 4 - What are your top 3 workplace health and safety concerns?**



**Table 1 – How important is training on the following health and safety topics for *workers*?**

OH&S Topics	Avg. Weighted Score, Frontline Workers	Avg, Weighted Score, Leadership
Infection prevention & control	4.9	4.7
New worker orientation	4.8	4.8
MSI prevention /safe client handling	4.7	4.7
Violence prevention	4.7	4.5
Worker rights and responsibilities	4.7	4.5
Bullying/harassment	4.6	4.5,
Reporting unsafe conditions	4.6	4.8
Workplace hazard identification	4.6	4.6
Dementia, such as Alzheimer’s disease	4.6	4.2
Slips/trips/falls	4.6	4.6
Psychological health at the workplace	4.5	4.4
Incident Investigations	4.5	4.5
Working alone	4.5	4.2
JOHS Committees	4.3	4.4
Return to work	4.3	4.4

Leaders were also asked about the relative importance of health and safety training for managers. Nearly all education areas were identified as important for managers. The most important topics were identified as communication skills (4.9 out of 5), new worker orientation (4.9), incident investigations (4.8), infection prevention and control (4.8), and reporting unsafe conditions (4.8). Topics areas seen as lower priority included working alone and dementia care (see table 2 below).

**Table 2 – How important is training on the following health and safety topics for *managers*?**

OH&S Topics	Avg, Weighted Score for Leadership
Communication skills	4.9
New worker orientation	4.9
Incident Investigations	4.8
Infection prevention & control	4.8
Reporting unsafe conditions	4.8
Workplace hazard identification	4.7
Violence prevention	4.7
Psychological health at the workplace	4.7
Bullying/harassment	4.6
Slips/trips/falls	4.6
Musculoskeletal Injury (MSI) prevention/safe client handling	4.5
Joint Occupational Health and Safety Committees	4.5
Return to work	4.5
Working alone	4.3
Dementia, such as Alzheimer’s disease	4.3

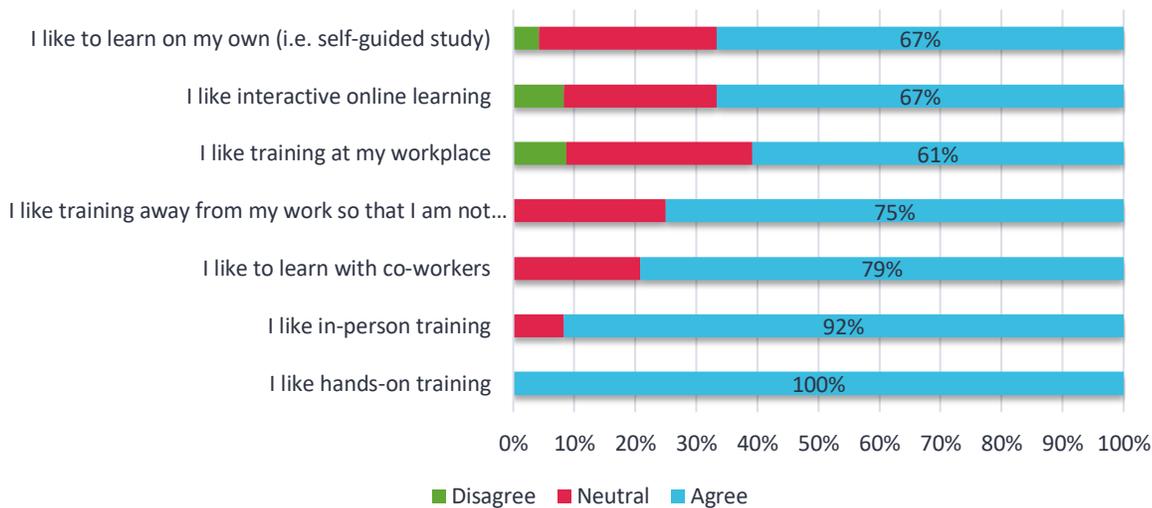
## Training Format

Frontline workers were asked about how health and safety training can best be delivered in the assisted and independent living sector. Frontline workers expressed a strong preference for training is hands-on (100%), in-person (92%), and delivered with their co-workers (79%). Workers expressed support for training that is away from the workplace to minimize distractions (75%). Support for self-guided study was modest (67%)—see figure 5. An overwhelming majority of workers (96%) indicated that it is important to receive a certificate of complete after participating in training.

Leadership and management were also asked about their preferences for education and training. Managers indicated that their staff were very most likely to participate in online learning during paid hours (72%), as well as on-site training during paid time (64%). Leadership indicated that staff were less likely to participate in training delivered off-site (37%). The vast majority of managers and leaders (92%) reported that they support a train-the-trainer model for learning.

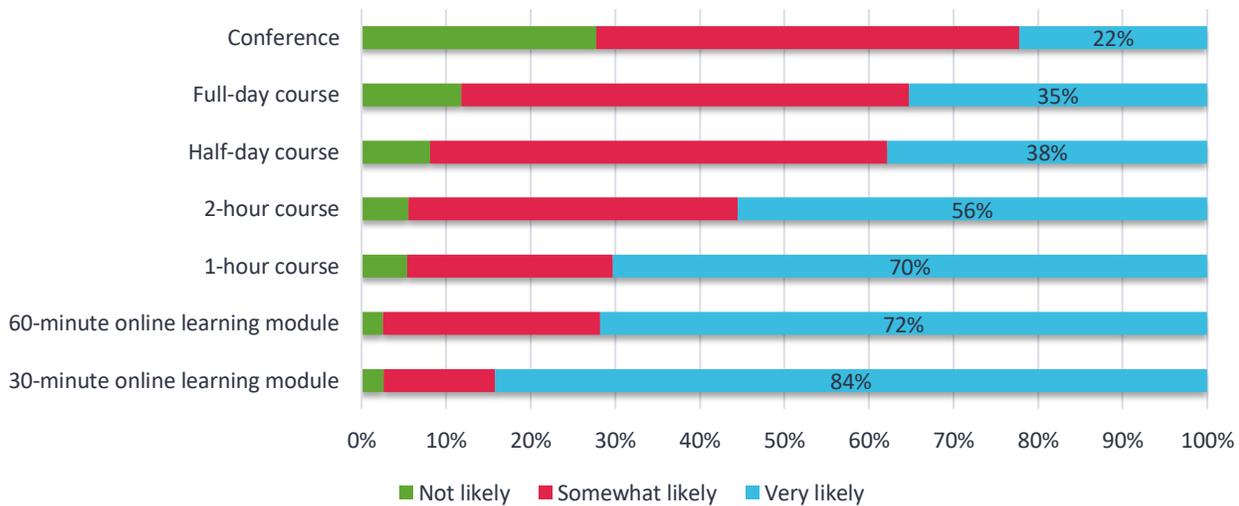
Leadership and management reported that health and safety training is usually provided by a manager within their organization (74%), as well as online training (51%). Other identified sources of OH&S training included clinical nurse educators (31%), other OH&S professionals (31%), provincial/health authority training (26%), union training (13%), training purchased by a service provider (10%), and training through their care/hospitality sub-contractor (10%). A small minority (3%) of respondents indicated they did not provide OH&S training.

**Figure 5 - Frontline worker perspectives on training format**



Leadership and management were asked about how likely they are to send workers to training depending on the length of training. Survey respondents indicated that they were more likely to send frontline workers to education that is relatively short in length, such as courses that are a half-day in length or less—see figure 6. Managers were also very likely to send their workers to short online training sessions. Only 22% of managers indicated that they would be very likely to send workers to conferences.

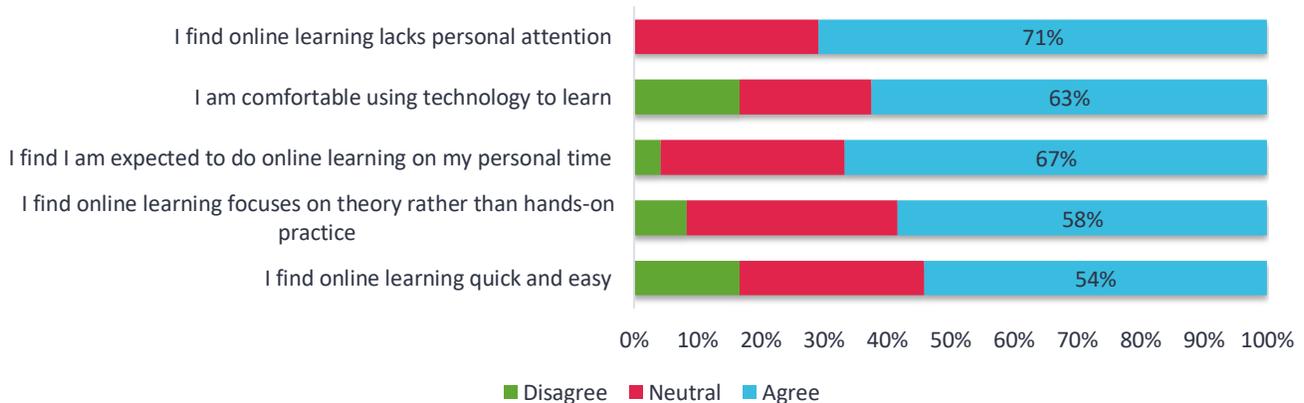
**Figure 6 - How likely are managers to send workers to the following training formats?**



### Use of Technology for Training and Education

With respect to technology, frontline workers indicated modest support for online learning (67%). While survey respondents agree that they are comfortable using technology to learn (63%), they indicate that it lacks personal attention (71%), and that they are often expected to complete online learning on their personal time (67%)—see figure 7.

**Figure 7 - Frontline worker perspectives on learning through technology**

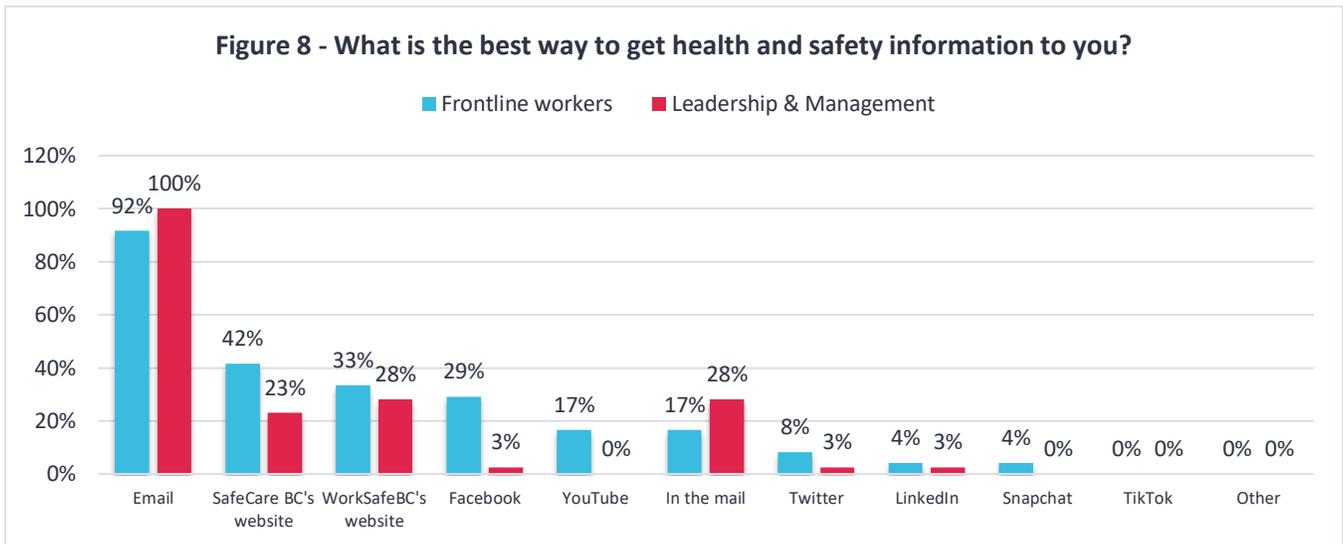


In terms of access, most frontline workers indicated they have access to computer (75%) or smartphone (67%) at their place of employment for the purposes of education and training. Similarly, managers indicated that their staff have access to computers (87%) and wireless internet (68%). Slightly more than half of managers indicated that their workers have access to a telephone near a computer (58%), video conferencing (55%) and work email address (53%). Access to tablets connected to the internet is less common (21%). A minority of workers (13%) do not have access to technology to support learning.

## Communication Channels & Social Media

Survey respondents were also asked about their preferences around the use of social media and other communication channels. A minority frontline workers indicated that they like using social media to learn (38%), although most have access to numerous social media channels, including Facebook (87%) and YouTube (87%). Other platforms include Instagram (48%), Twitter (39%), Snapchat (35%), LinkedIn (30%), TikTok (13%), and Other (9%).

Both frontline workers (92%) and leaders (100%) indicated that they prefer to receive health and safety information by email or online newsletter, as well as through SafeCare BC’s website. A minority of respondents prefer to receive information through social media channels (see figure 8).



## Access and Barriers to Training & Education

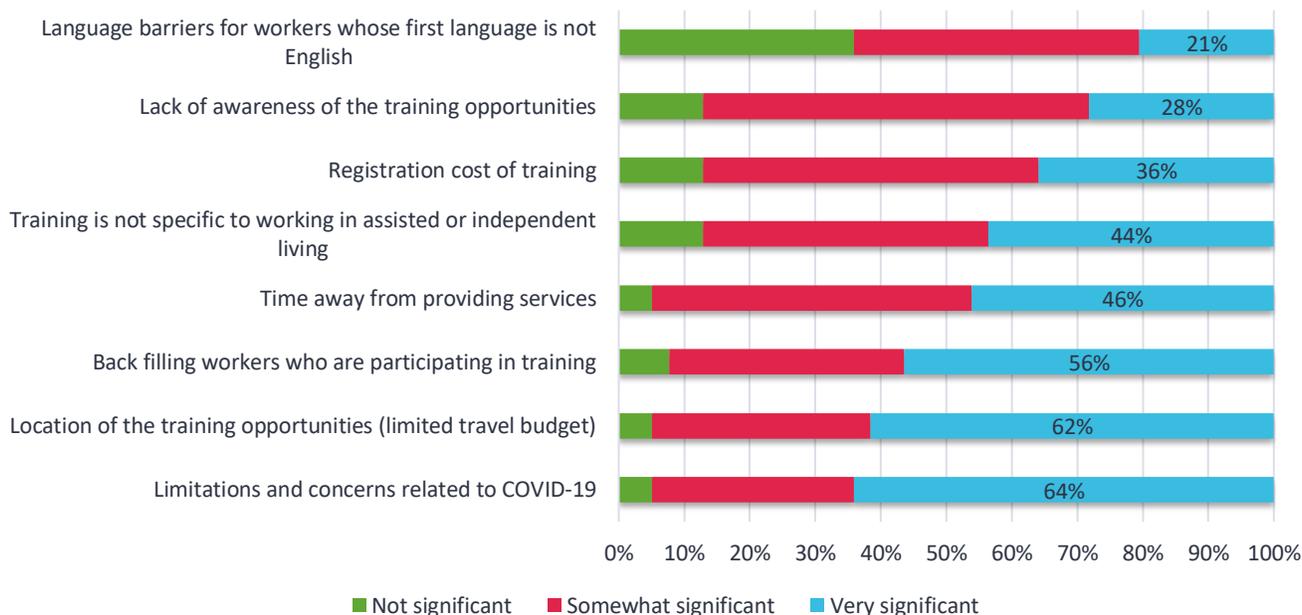
Survey respondents were also asked about the barriers that may prevent workers from attending training. The most common barriers identified by frontline workers were a lack of information from their employer about training (48%), as well challenges covering shifts (39%), not getting paid to attend training (39%), and lack of time (35%). Other factors, such as a lack of transportation or employer support, were not commonly identified by frontline workers—see table 3 below.

Leaders and managers were also asked to identify barriers that may prevent them from sending frontline workers to training. Commonly identified barriers included concerns related to COVID-19 (64%), the location of training (62%) and backfilling workers (56%). Other barriers included time away from providing services (46%), content that is not specific to the assisted and independent living sector (44%), cost (36%), lack of awareness (28%), and the language barriers for workers who have English as an additional language (21%)—see figure 9 below. Leadership identified that strategies that SafeCare BC can use to eliminate these barriers include online training, ensuring that training is cost effective, and ensuring that training sessions are short.

**Table 3 – Barriers to Education & Training, as identified by frontline workers**

Barriers	Percentage
No information from my organization that the training is available	48%
I do not get paid to attend training	39%
There is no one to cover my shifts	39%
I do not have time	35%
I am not aware of the training	30%
I have concerns about coronavirus/ COVID-19	30%
Training is not specific to working in assisted or independent living	26%
I do not see the relevance of the training on my work	22%
No employer support to attend training	22%
I am not supported by my organization to apply what I learned	13%
I do not have access to transportation to attend training off-site	9%
Other (please specify)	9%

**Figure 9 - Barriers to training, as identified by leaders**



Leaders and managers were asked about whether training on specific health and safety topics is available at their organization or in their region. Most leaders identified that training on bullying and harrassment (76%), reporting unsafe conditions (76%), and new worker orientation (74%) are available at their organization. Other training often available through their organization included workplace hazard identification (65%), JOHS committees (62%), slips/trips/falls (62%), as well as workplace risk assessments (62%). Training that was less likely be to identified as available through their organization included psychological health (32%) and dementia care (25%) – see table 4.

**Table 4—Which of the following safety training is available in your organization and/or in your region?**

Health & Safety Training	Available at Organization	Available in Region	Don't Know
Bullying/harassment	76%	16%	8%
Reporting unsafe conditions	76%	16%	8%
New worker orientation	74%	16%	11%
Workplace hazards identification	65%	30%	5%
Joint Occupational Health and Safety Committees	62%	24%	14%
Slips/trips/falls	62%	32%	5%
Workplace risk assessments	62%	24%	14%
Health and safety rights and responsibilities	58%	32%	11%
Creating a culture of safety	55%	29%	16%
Infection prevention and control	55%	39%	5%
MSI prevention/safe client handling	50%	39%	11%
Violence prevention	49%	46%	5%
Working alone	49%	32%	19%
Incident investigations	46%	41%	14%
Return to work	43%	41%	16%
Psychological health at the workplace	32%	49%	19%
Dementia, such as Alzheimer's disease	25%	61%	14%
Barriers to occupational health and safety training	19%	31%	50%

## Impacts of COVID-19

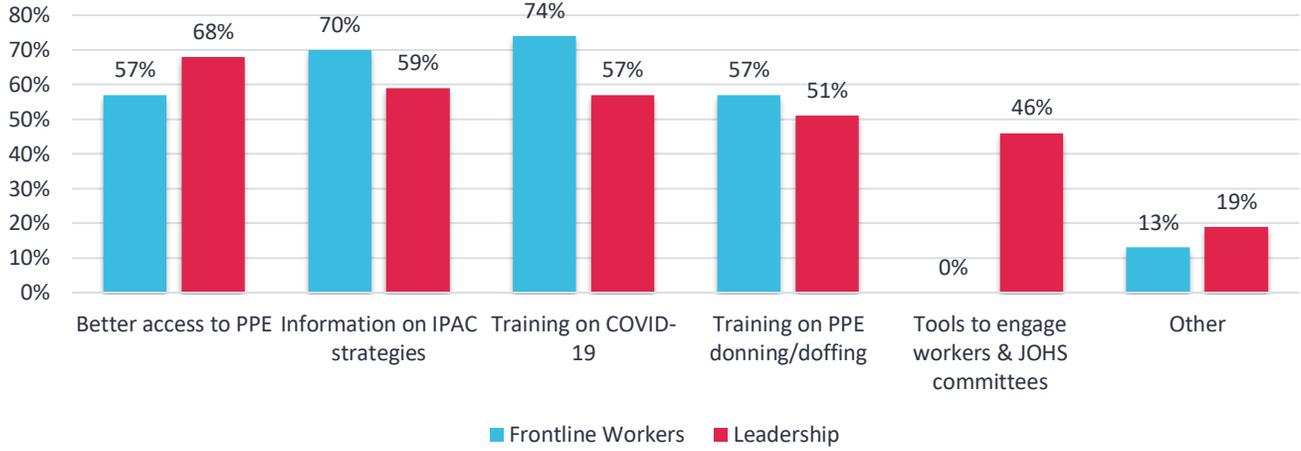
Survey respondents were also asked about the impacts of COVID-19 on their place of employment over the past several months. Both frontline workers and leadership reported a relatively high level of anxiety regarding the coronavirus, with 80% of frontline workers and 82% of managers reporting that they are very or somewhat anxious.

Survey respondents nearly universally indicated that the COVID-19 pandemic has impacted their workplace, with 92% of frontline workers and 100% of managers reporting changes to their workplace as a result of COVID-19. When asked to explain further, common changes identified included:

- New policies and procedures around infection prevention and control, including enhanced cleaning, use of PPE, and screening of staff
- Significant limitations to visitors and volunteers
- Mental health impacts for both staff and residents
- Limitations to staff movement under single site orders, as well as exacerbated staffing shortages
- Elimination of many recreational activities and common dining for residents/clients

Survey respondents were also asked what health and safety tools would support them to navigate the COVID-19 pandemic. Frontline workers indicated that they would be best supported with information on infection prevention and control strategies (70%), as well as training on COVID-19 (74%). Leadership indicated that they would be best supported by better access to PPE (68%)—Figure 10. Survey respondents also indicated that mental health supports for residents and staff would help them to navigate the pandemic.

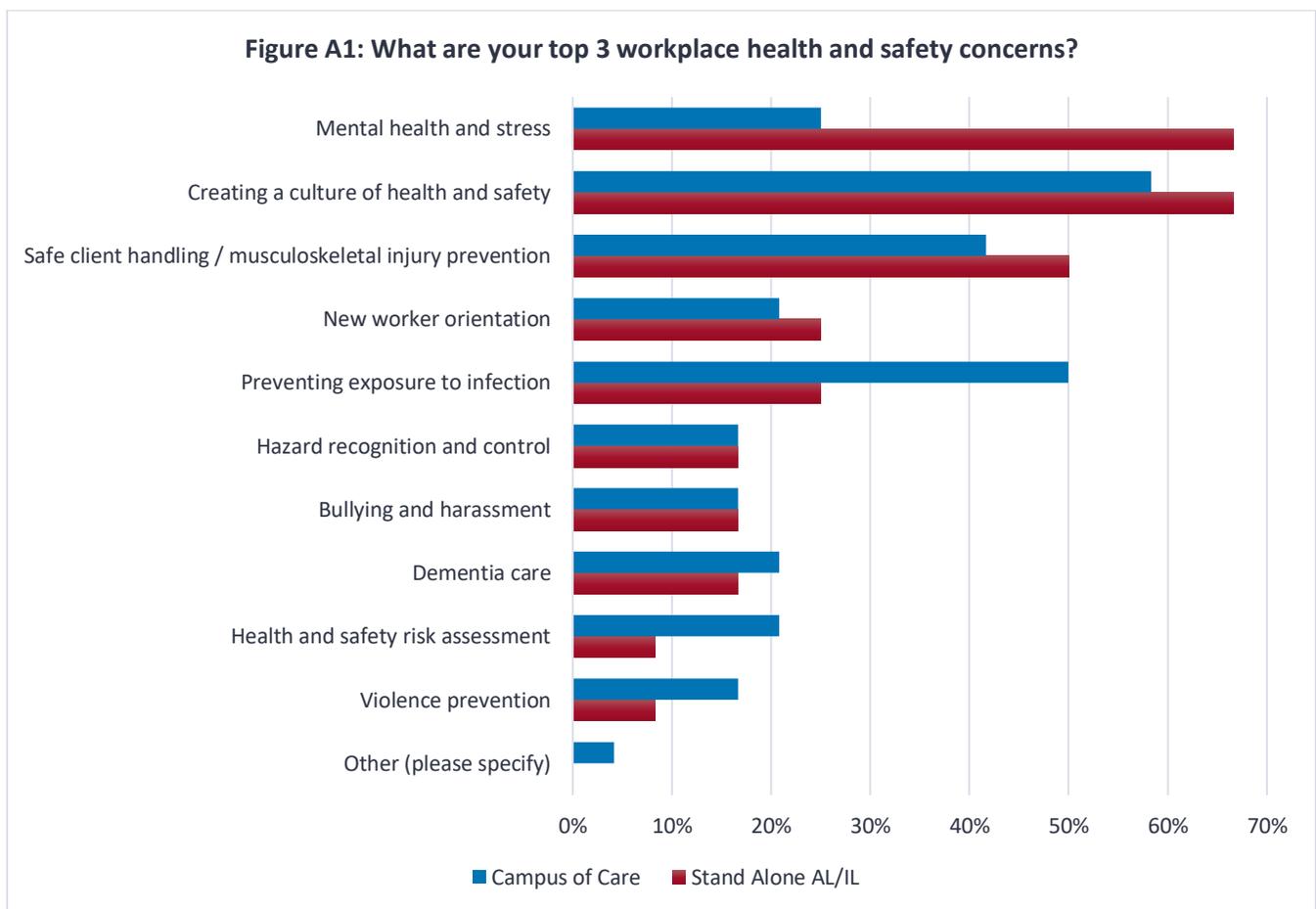
**Figure 10 - What workplace health and safety supports would help you navigate COVID-19 challenges?**



## Appendix A—Results for Campuses of Care & Independent AL/IL sites

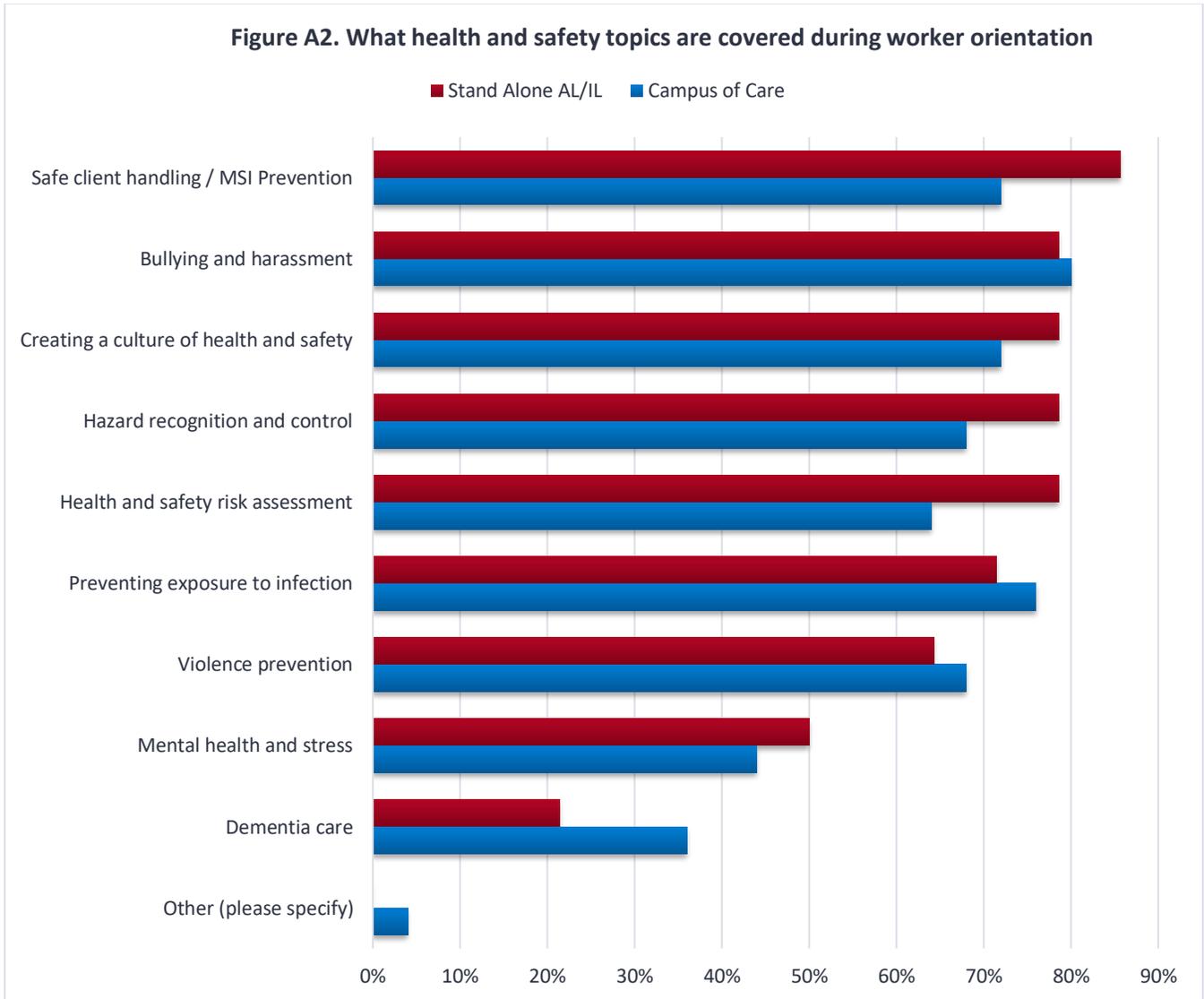
### Education & Training Priorities

Survey respondents indicated that their top safety concerns are creating a culture of safety, preventing exposure to infection, safe client handling/preventing musculoskeletal injuries, and health and safety risk assessments. However, there were some differences between campuses of care and stand alone assisted/independent living residences. Campuses of care were much more likely to indicate that preventing exposure to infection was a top safety priority than stand alone AL/IL residences; in contrast, independent AL/IL operators were more likely to report that mental health and stress was a priority area for safety (see Figure A1).



### New Worker Orientation

Survey respondents were asked about which topics are addressed during new worker orientation. The majority of leaders identified that safe handling/ MSI prevention, bullying and harassment, creating a culture of safety, hazard recognition and control, health and safety risk assessments, preventing exposure to infection, and violence prevention are addressed during orientation. Less likely to be addressed are mental health and stress, as well as dementia care. Leaders and managers at stand-alone assisted living and independent living sites were more likely to report that OH&S topics are addressed during orientation than leadership at campuses of care (see figure 2A below).



### Availability of Training

Leaders and managers were asked about whether training on specific health and safety topics is available at their organization or in their region. Most leaders identified that training on bullying and harassment (76%), reporting unsafe conditions (76%), and new worker orientation (74%) are available at their organization. Leaders at stand-alone assisted living and independent living sites were more likely than campuses of care to report that training was available within their organization (see Table A below).

**Table A—Which of the following safety training is available in your organization and/or in your region?**

Health & Safety Training	Available at Organization		Available in Region		I Don't Know	
	Campus of Care	Stand lone AL/IL	Campus of Care	Stand lone AL/IL	Campus of Care	Stand lone AL/IL
Bullying/harassment	68%	92%	20%	8%	12%	0%
Reporting unsafe conditions	68%	92%	24%	0%	8%	8%
New worker orientation	64%	92%	20%	8%	16%	0%
Workplace hazards identification	58%	77%	33%	23%	8%	0%
Joint Occupational Health and Safety Committees	52%	83%	32%	8%	16%	8%
Slips/trips/falls	56%	75%	36%	25%	8%	0%
Workplace risk assessments	56%	75%	28%	17%	16%	8%
Health and safety rights and responsibilities	56%	62%	32%	31%	12%	8%
Creating a culture of safety	52%	62%	28%	31%	20%	8%
Infection prevention and control	52%	62%	40%	38%	8%	0%
MSI prevention/safe client handling	44%	62%	40%	38%	16%	0%
Violence prevention	44%	58%	48%	42%	8%	0%
Working alone	32%	83%	44%	8%	24%	8%
Incident investigations	56%	62%	44%	33%	16%	8%
Return to work	44%	42%	40%	42%	16%	17%
Psychological health at the workplace	24%	50%	56%	33%	20%	17%
Dementia, such as Alzheimer's disease	29%	17%	58%	67%	13%	17%
Barriers to occupational health and safety training	13%	33%	29%	33%	58%	33%