

**RESEARCH
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REPORT

CUPE Health Sector
Workload Survey Results
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Introduction

In British Columbia the Canadian Union of Public Employees represents more than 1300 community health workers across multiple health authorities – Fraser Health, Vancouver Coastal Health, and Island Health. Our members are in both the Health Sciences Professionals Bargaining Association (HSPBA) (799 members) and in the Community Bargaining Association (CBA) (528 members). We represent a large variety of professions including Clerical Support Clerks, Environmental Health Officers, Mental Health Workers, Occupational Therapists, Physiotherapists, Social Workers, and many more.

Excessive workload impacts our members across all health authorities and all classifications. While our members care about their work, increasingly they do not have the time to be able to deliver the quality service that they would like to deliver.

In response, CUPE's Health Presidents Council decided to include a workload survey as part of the standard the bargaining survey. CUPE National Staff and members from the sector collaborated to design the survey. The survey was launched in December 2017 and closed in January 2018.

The survey was complete by 364 members – 246 from HSPBA, and 118 from the CBA. This represents just under 30% of our members in the sector. This report is a summary of the workload survey results.

Excessive Workload & Understaffing

As Table 1 shows, the vast majority of survey respondents are working unpaid overtime, through their breaks or outside of work hours, in order to complete their work - eighty-four percent of HSPBA workers and seventy-three percent of CBA workers! As frontline workers in health, our members understand the importance of their work and find it challenging to leave work unfinished. Community health workers care about public health and the quality of public health services, so they feel pressured to sacrifice their own breaks, sometimes at the cost of their own health and wellbeing.

Table 1: Staffing Levels

CBA	HSPBA	
73%	84%	are working through their breaks or outside of work hours
63%	80%	are not compensated for the overtime they work
54%	76%	said management is NOT willing to pay overtime when needed
63%	67%	of those that would like vacation back-filled do not receive it
68%	75%	of those that would like sick-time back-filled do not receive it
55%	51%	of those that would like to have back-fill for other leaves do not receive it
58%	54%	said management is willing to schedule casuals when necessary
69%	73%	said there are not enough casuals to work in their department/area
51%	56%	say that positions have been eliminated or not filled in their work area or in within the last year

“We are told to go for breaks, but the workload is so great, and we are always short staffed due to sick calls. We have no coverage available to us as there are no casuals to call in. So, we choose to miss breaks to get the work done.” – CBA, Vancouver Coastal Health

“I work an extra 1-2 hours every day.” – CBA, Fraser Health

“I cannot speak for others in my department but for me, I have very good health, lots of energy, do not use sick time but feel misunderstood and undervalued by management. Why? I was displaced from a full-time position 4 years ago. To continue to work in my field - public health, I had the option to apply for one of 4 newly created city-wide part-time positions. This was in effect a 25% pay cut. Responsibility is up, workload is up, and pay is down...” – Vancouver Coastal, HSPBA

“I always work through my breaks. I start work as soon as I arrive in the morning, usually at least 10 minutes early, generally every day. I would stay late at least once per week. Before vacations, its typical to stay an hour late to finish my work.” – HSPBA, Vancouver Coastal Health

Systemic unpaid overtime is a clear sign that the workload is too high. Workers are told there is simply no money available for overtime, and that it is their own choice to work through their breaks or after work. This suggests that employers are framing unpaid overtime as a productivity issue – employees are told they should be able to finish tasks within scheduled hours. The ubiquitous nature of unpaid overtime clearly indicates that the issue cannot be attributed to the productivity of individuals – the workload in community health is too high. This has not been recognized by the employer. Health authorities are getting a free-ride because their employees care about their jobs and the services they provide. The Community Health Sector needs more staff and should offer employees paid overtime.

"[Overtime is] not part of the job" but if I don't work these extra times, the work isn't done, and it piles up and there just isn't enough staff to do the work." – HSPBA, Vancouver Coastal

"We're expected to absorb increased numbers on caseloads; there's no acknowledgement of the workload, or a realistic assessment of what is required for the work we do. Instead the message communicated to us is that the fault is ours - we don't work efficiently - rather than recognizing the time required to do a good job." – Vancouver Coastal, HSPBA

"I take the initiative to work longer because I want my work to be completed. However, I do this on my own and not at the request of my employer (but they expect the work completed)." – HSPBA, Island Health

Seventy-three percent of HSPBA respondents and sixty-nine percent of CBA respondents said there are not enough causals in their department, and most survey respondents also stated that they are unable to get back-fill when needed. This adds additional stress when taking sick-time or vacation. Without back-fill when workers are away, they put strain on their already overworked colleagues and / or they face a backlog of work when they return, exacerbating an already intense workload.

"The manager would always say to "prioritize". You are expected to cover another person's desk when someone is off on vacation or sick. It's impossible not to get burnt out when you are doing 2 people's desks. Management does not really care as long as the job is done. We always have to cover switchboard when they couldn't find any casual to do it. Sometimes, it takes 1-2 hours of coverage and that's how much is taken away from your job. It happens very often." – CBA, Vancouver Coastal

"[when on vacation work] piles up, only urgent issues (such as clients calling in crisis) or very high priority files are picked up. Everything else waits and may languish for several months. There is no casual Occupational Therapist (OT) pool, medical leaves are often not filled if the length of time is not specified. We have had 3 full time OTs on medical leaves this year (2017) for different reasons, each approximately 2 months, with no coverage. Our entire pool of OTs is only 6.5! That's down by half." – HSPBA, Fraser Health

"Looking at my co-workers in primary care, it is unbelievable the shortage of coverage provided, results in staff being overworked and burned out. This impacts their health. The employer then uses that against employees that are sick by reprimanding them." – Vancouver Coastal, CBA

Burnout is Systemic

The majority of respondents stated that they are experiencing symptoms of burnout – see Table 2 below. This is true both within the HSPBA and the CBA, across all worksites, and in each health authority. A high proportion of employees have less energy than they used to, feel a great deal of stress because of their job, and think about work frustrations outside of work hours. While workers stated they enjoy the nature of the work that they do, for many, workload is creating a great deal of stress and potential burnout.

Table 2: Burnout

	True HSPBA	True CBA
I enjoy my work	87%	83%
I am satisfied with my current job	63%	65%
I have less energy than I used to	75%	70%
I think about work frustrations often outside of work hours	66%	60%
I feel a great deal of stress because of my job	62%	54%
Use of sick time, WCB, or LTD has increased in my department over the last 5-years.	59%	56%
I am emotionally exhausted	56%	56%

“I do enjoy my work and feel as if I have done something to help the people down here. However, almost every day when I’m coming in I have trepidation as to how busy it will be and what the staffing level will be. By the end of the day I feel like I am a deer in the headlights and stunned. I need to clear my head and relax after work.” – Vancouver Coastal, CBA

Furthermore, a shocking 56% of respondents report that they are emotional exhausted. This speaks to the added emotional stress of working directly with clients and patients. Even without a high workload, our members, especially those working with patients, have very stressful and emotional jobs. In addition to the primary health concerns that our members attend to, they also often work with patients who are vulnerable and whose socio-economic status adds additional barriers to recovery. Compassion and empathy are part of many of our members jobs, but this can be difficult to sustain when workers are left without adequate resources and supports.

“On some days, I do feel like I am emotionally exhausted. At our dental clinic, we see very vulnerable high-risk children and it requires us to be very aware and alert of their current emotions and struggles. As a health care provider, I feel there is a need to feel well rested in order to have the mental capacity to help others. I do feel emotional fatigue oftentimes which makes me feel upset because I do not want to feel this way.” CBA, Vancouver Coastal Health

“I have left my job in tears because I feel overwhelmed with the workload... I cannot sleep at night” – CBA, Fraser Health Authority

“Sometimes I find myself snapping and being short with people. Friends worry about me burning out.” – CBA, Positive Living

*“The [overdose] crisis, [Downtown East-side] redesign process, recent job insecurity, the death of our colleague, and grieving the loss of clients and community members has been hella f***ing hard. Burn-out from system inadequacies, barriered collaboration and being stretched, is a constant voice creeping. And I love my job.” – HSPBA, Vancouver Coastal*

“I don't feel that we have the most effective ways to manage subtle stress/moral distress involved in dealing with "difficult" or complex patients and families. We don't have a good way yet to notify each other across teams about these challenges. PARIS alerts are mainly for things like suicide risk and violence, but not things like verbal intimidation, aggression, etc.” – HSPBA, Vancouver Coastal

The Quality of Health Services is Suffering

The quality of public health services provided in the community is suffering due to workload.

As shown in Table 3, less than half of HSPBA members are satisfied with the level of service they can provide, and nearly 80% said that workload impacts quality of service. Inadequate staffing impacts the timeliness of services, leads to large waitlists, staff burnout, and frustrated clients and patients. Quality of service in some areas has gotten worse over time and in other areas it has not changed.

“Clients often blame and get upset with us when we are unable to get out to see them in a timely manner. It is hard to build a trusting therapeutic relationship with client when you start out in a negative light due to systems and workload issues.” – HSPBA, Vancouver Coastal

“Clients discharged from hospital earlier and with unreasonable expectations of Home Health. Families and clients are more stressed/burned out and the tools we have to offer are less i.e. we only offer a max of 2 hours/day of home support and must get management approval for additional hours and it was previously 4 hours/day max” – HSPBA, Fraser health

Table 3 - HSPBA Perceptions of Quality of Service

	Yes	No	I don't know
Are you satisfied with the level of service you provide to the public?	45%	50%	5%
Does workload impact the level of service you are able to provide?	79%	17%	4%
Has the quality of service worsened since 1 year ago?	38%	39%	23%
Has the quality of service worsened since 3 years ago?	51%	25%	24%
Has there been an increase in negative feedback received by your department/area over the last three years (complaints from clients or other healthcare professionals)?	35%	27%	38%

As Table 4 demonstrates, workers in the CBA have a higher level of satisfaction with the level of service they can provide than workers in the HSPBA. Still, more than 25% are not satisfied, and most workers say that workload impacts the level of service they are able to provide.

Table 4 - CBA Perceptions of Quality of Service

	Yes	No	I don't know
Are you satisfied with the level of service you provide to the public?	69%	26%	4%
Does workload impact the level of service you are able to provide?	64%	29%	7%
Has the quality of service worsened since 1 year ago?	41%	36%	24%
Has the quality of service worsened since 3 years ago?	33%	31%	36%
Has there been an increase in negative feedback received by your department/area over the last three years?	39%	32%	29%

“With fewer resources available, I have asked the volunteer staff to make efficiencies wherever possible. Sometimes members who are used to previous levels of service complain about what we have available now.” – Positive Living BC

*“We work with people who need housing and other resources; the complaints are not about the work we do but the lack of resources we have at our disposal.”
- CBA, Vancouver Coastal*

Patient Care is Suffering

Out of the 166 respondents who provide health care directly to patients, 51% say they are 'not meeting priorities,' which means they are not able to see patients within the prescribed timeframe. This is very problematic and potentially unsafe for patients. Patients are being discharged from hospital without adequate consideration of the lack of home health staff available to provide care.

"I can't meet my priorities when clients are referred. I never feel caught up with my workload. This is causing me moral distress." – HSPBA, Vancouver Coastal

Furthermore, when practitioners do see patients they do not have the time to provide the comprehensive quality care that they would like to. Many practitioners feel they only have time to complete the bare minimum care that is required.

"I used to enjoy my work but now I only deal with crisis situations. No time to do real rehab, no preventative work only dealing with extreme crisis situations."- Vancouver Coastal, HSPBA

Additionally, these members are spending on average 30% doing clinical admin work. This takes away significantly from the time they can spend directly with patients.

Some of our members, particularly occupational therapists and physiotherapists, have the skills to provide rehabilitative care. Rehabilitative care goes beyond addressing the immediate needs of and risks facing patients and supports them in activities that will help them reach a full recovery. Just over 100 of survey respondents indicated that rehabilitative care is part of their job. Of those, only 36 said are always able to provide rehabilitative care, 53 said they sometimes do, and 14 said they never have time. This is disheartening for practitioners who want their patients to succeed, but do not have the time available to provide the comprehensive care that they would like to.

"Our mandate in community is mainly equipment and "putting out fires" vs. rehabbing the body as we depend on GFS or HFH to take care of the "rehab" of the physical body. Unfortunately, they are not able to serve the demand and MANY clients go home without even a referral to rehab hospitals as that takes too much time and delays their discharge. Very sad and depressing for us clinicians because we can't help them to the degree we would like to and sometimes, by the time they are referred to us, it is too late for rehab (contractures, too weak, too stiff, unmotivated, aged, etc.)" – HSPBA, Vancouver Coastal Health

"Very rarely [can I provide rehab]; due to high workload, focus is on support and equipment to keep clients safe and prevent hospitalization and delay facility placement" – HSPBA, Vancouver Coastal Health

How to Address Workload: Recommendations

1. Address chronic understaffing: hire more staff, increase hours available, and backfill leaves

- a. **Hire more staff:** The amount of work expected of community health workers is unreasonable, as demonstrated by the fact that a clear majority of workers are working unpaid overtime. Higher staffing levels are urgently needed to improve the quality of services, and to address significant issues with employee burnout.
- b. **Increase hours available:** The functioning of the community health care system should not depend on employees working extra hours because they care about their work. Not only is this unsustainable, and it is also insulting to workers who are not earning enough to keep up with the high cost of living in the Lower Mainland (especially true for CBA). Full-time hours of work could be increased to 40 hours a week instead of 35 to increase compensation and better represent the actual hours worked.
- c. **Backfill leaves:** In the face of significant workload issues, it is even more essential that workers feel they can take sick-time, vacation time, and participate in union activities. Without backfill, when individuals take leave they are putting extra strain on their already overworked colleagues and face an even higher workload when they come back to a backlog of work.

2. Increase compensation to improve recruitment and retention: Our members care deeply about the work they do in community health, but the pressure of the increasing cost of living in is significant. After gaining experience in community health, many workers leave to find less stressful and higher paying jobs elsewhere. For example, clerical staff make significantly more money working in hospitals under the Facilities Bargaining Association Collective Agreement than they do working in community under the CBA Collective Agreement. For health practitioners in the HSPBA, many of them have the option of going into private practice. For Environmental Health Officers, if they are willing to move, they can make significantly more money in other provinces. Poor recruitment and retention exacerbates the issue of understaffing.

“I believe we provide a quality service to the public but that the waiting time for that service is unacceptably long. One contributing factor has been that we have been short staffed due to inability to fill vacancies (due to a lack of qualified applicants). I don't know if this difficulty would be eliminated if our pay rates were more in line with other provinces.” – HSPBA, Vancouver Coastal Health

“I enjoy what I do but get burnt out on a regular basis. Heavy workload and feel that the pay does not match the amount of work we do and that the pay is barely enough to get by for basic living” – Fraser Health, CBA

- 3. A proactive/consultative approach should be used to solve workload related issues.** Workload should be a significant concern for employers since it is leading to burnout in their workforce, as well as damaging the quality of service provided to the public. Community health workers are keen to participate in discussions and help management find solutions to workload issues. They would like management to take a more proactive approach in addressing the issue of workload and to better advocate for the increased funding/staffing necessary for a well functioning public community health system.

“I’m amazed that management does not appear to notice the problem with retention of experienced staff. It would be amazing if they listened to our concerns and requested our input for solutions – Fraser Health, HSPBA

Specifically, for HSPBA:

- 1. Guidelines/limits for caseloads/number of referrals should be established.** The number of patients being referred to home health practitioners is completely unrealistic. As mentioned earlier, 51% of survey respondents who work with patients are not able to see patients in the within the assigned timeline. This can cause extreme stress for practitioners who care about the wellbeing of their patients. The referral system and caseload numbers need to be examined so that reasonable limits can be set. Workers should not have to face the moral distress of having to choose between patients who require care or deciding whether to compromise on the quality of care to accommodate more patients.

“No formal system in place for when we are full and can’t accept referrals. We are told to book them for the future, but the referrals don’t stop.” – Vancouver Island, HSPBA

- 2. Earned Days Off / flexible schedules should be reinstated.** Evidence demonstrates lack of job control and worker autonomy exacerbates workload issues. Working in the community can be unpredictable, and it is common for unexpected issues or events to occur. Having a flexible schedule, allows employees to make judgement calls about how to spend their time in order to be as efficient as possible. Employees should have the flexibility to stay longer on a particular day when a patient needs extra support, or when significant issues arise in a licensing inspection. Taking away control over work hours is insulting and exacerbates workload issues.

“When I tried to discuss this issue, they gave me a lesson to improve my efficiency. They tried to micromanage my day according to their perception of my work. After 27 years of professional autonomy this was a personal insult and I took it as very disrespectful.” – Fraser Health, HSPBA

“Bring more control back to the front line where issues are understood” – Vancouver Island, HSPBA

Specifically, for CBA:

1. **Ensure even division of responsibilities.** Faced with more tasks than people to complete tasks, managers are taking advantage of individuals who are more efficient or less likely to say no. Exceptional staff are being overwhelmed with an unsustainable amount of duties. Job descriptions should be clear, and tasks should be assigned in a logical, transparent, and fair manner. Employees should receive additional compensation when their responsibilities exceed the responsibilities of their coworkers, for example when they are consistently relied on to train new staff. Unfairness in the workplaces can intensify work related stress and contribute to burnout.

*“Distribute work more evenly, allow more casual hours as needed/required and manager should be open to new ideas and more updated ways of doing business.”
CBA, Fraser Health*

“[To address the issue there should be] consistency in workload and pay be equalized” – CBA, Vancouver Coastal

“I train new Program Assistants on top of my own workload without any additional compensation.” – CBA, Vancouver Coastal Health

Conclusion

The survey responses clearly demonstrate workload issues in the sector are systemic and unsustainable. Our members work in the public health sector because they care deeply about public health and their patients. This report demonstrates that health authorities rely on the caring nature and strong work ethic of their employees to keep the system afloat, but this cannot continue any longer, something has to give.