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Background and Objectives

- The Health Care in Canada (HCIC) survey’s vision is to inform and influence Canadian health policy and care (see Box 1 for current HCIC members).
- Thirteen iterations since 1998.
- Nationally representative samples of the Canadian public and health professionals are polled regarding healthcare topics such as access and quality of care, personal health, professional engagement, team care, eHealth, Pharmacare, future innovations, patient-centred care and end-of-life care.
- Job engagement of health professionals is crucial for a successful healthcare system. Trends across the 2013, 2016 and 2018 surveys regarding workplace engagement of healthcare professionals are reported.

Box 1. Current HCIC member organizations:

- Canadian Cancer Society, CCS
 - Canadian Home Care Association, CHCA
 - Canadian Hospice Palliative Care Association, CHPCA
 - Canadian Medical Association, CMA
 - Canadian Nurses Association, CNA
 - Canadian Pharmacists Association, CPhA
 - Constance Lethbridge Rehabilitation Center, McGill University
 - Health Charities Coalition of Canada, HCCC
 - HealthCareCAN
 - Innovative Medicines Canada, IMC
 - Institute of Health Economics, IHE
 - Merck Canada
 - Studer Group Canada
 - CareNet/Strive Health
 - Pollara Strategic Insights
- Past member:
- Canadian Foundation for Healthcare Improvement, 2014, 2016

Approach

Data sources: 2013, 2016 and 2018 online surveys of Canadian doctors, nurses, pharmacists and administrators; Other health providers (dietitians, occupational therapists, physical therapists, psychologists and social workers) were added in 2016.

Professionals were asked to rate their personal health (2014, 2016, 2018), mental health (2018) and level of job engagement (2014, 2016, 2018). Information was also collected on health professional sex, years in practice, practice type and level of household income.

Sample sizes:

- 2014: Doctors (n=101), Nurses (n= 100), Pharmacists (n=100), Administrators (n= 104)
- 2016: Doctors (n=102), Nurses (n=102), Pharmacists (n=100), Administrators (n=100), Other Health Providers (n=100)
- 2018: n=100 for each group: Doctors, Nurses, Pharmacists, Administrators, Other Health Providers

Probability samples of these sizes provide an estimated margin of error of $\pm 9.8\%$ for all groups (except other health providers which does not have a comparable margin of error).

Analyses: Descriptive statistics

Results

In 2018, half of all professionals were female (50%) and community-based (52%), while two-fifths (41%) had been practicing for more than 20 years. Income levels varied, with 20% reporting > \$200,000 annual household income, while 37% were in the \$100,000-\$200,000 range. 2016 and 2014 results were similar except: > 20 years in practice, which was 47% in 2014 and 51% in 2016; and, females in 2016, at 57%.

Figure 1 shows the ‘Overall Health’ of professionals, with the vast majority reporting good to excellent health in all three surveys.

In 2018, only two percent of professionals (n=5 doctors, n=4 nurses) rated their Mental Health as being ‘Poor’, while six percent (n=28) of all professionals selected ‘Fair’.

Regarding the level of job engagement, Figure 2 illustrates that engagement has been stable over time for nurses and pharmacists, while engagement for doctors and other providers has declined.

Results (continued)

Although administrators’ engagement increased over time, the ‘very good’ category decreased from 50% (2014) and 54% (2016) to 23% (2018).

Figure 3 shows results when professionals were asked to rate factors that contributed in a ‘major way’ to job disengagement, with increased workload and stress commonly cited in all surveys.

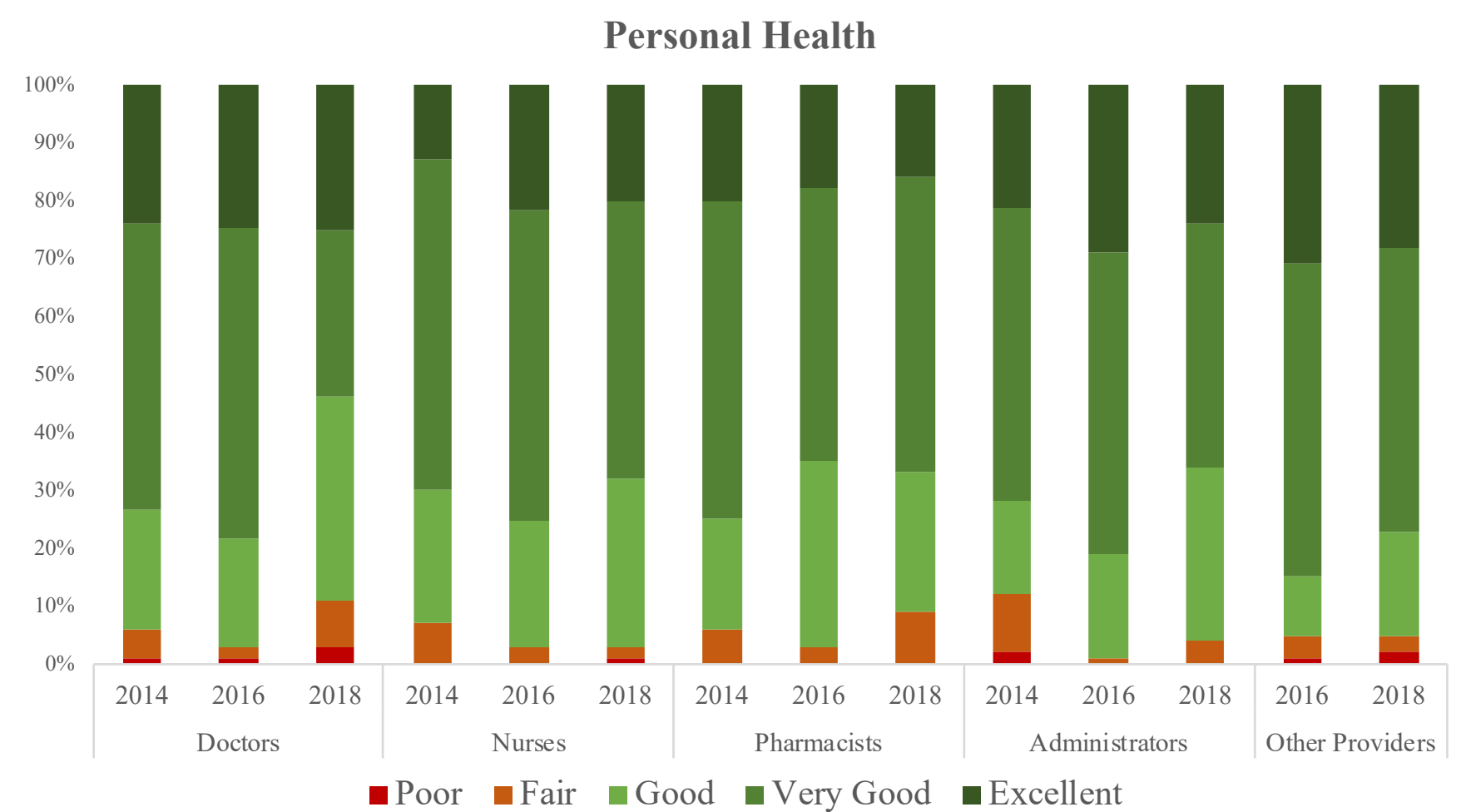


Figure 1. Healthcare professionals’ rating of their personal health when asked “In general, how would you rate...your own health?”

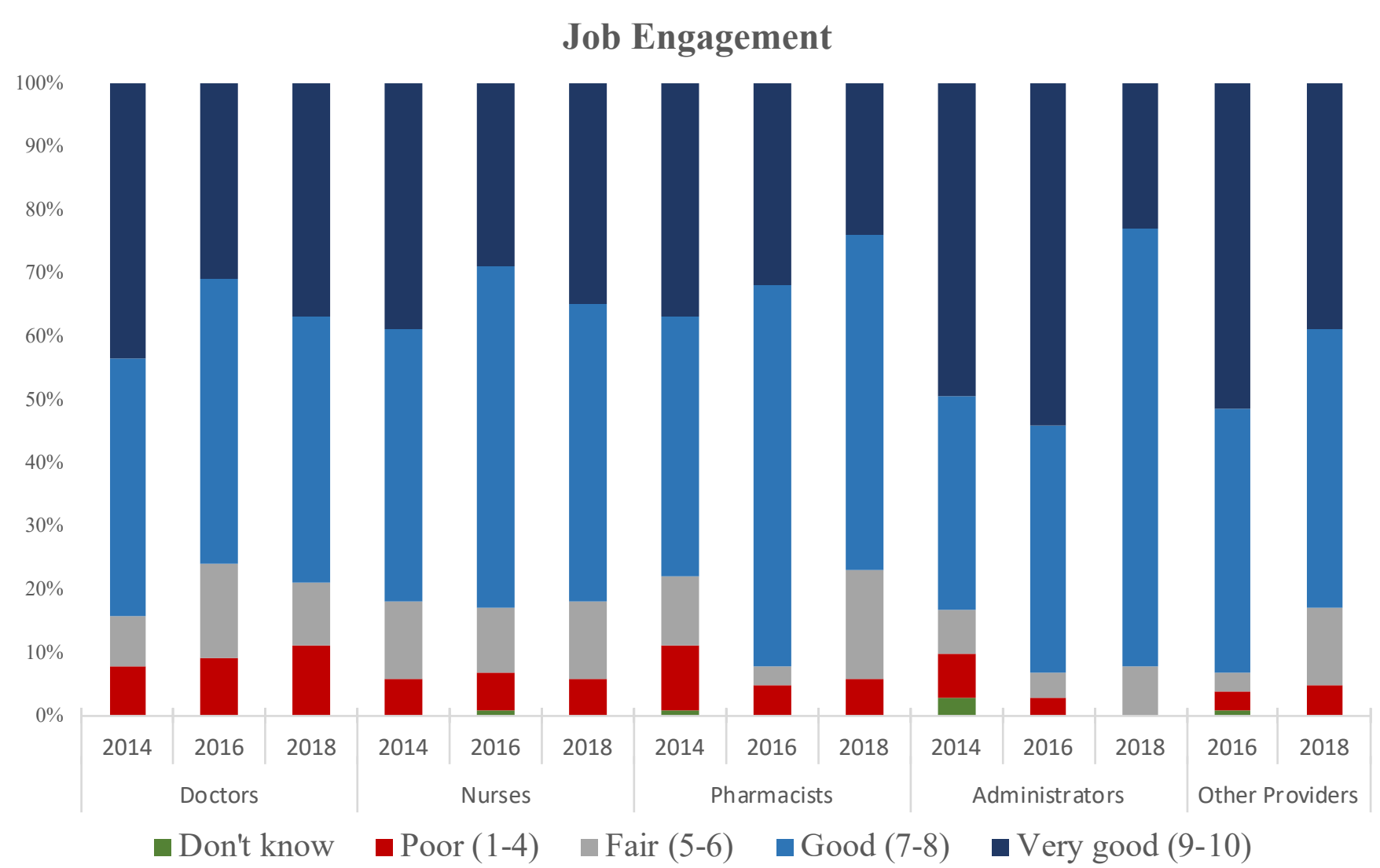


Figure 2. Healthcare professionals’ rating of their job engagement when asked “In general, how would you rate your level of engagement in your current job using a scale from one to 10, where one means your level of engagement is “very poor”(i.e., with long-term exhaustion, cynicism and inefficiency) and 10 means your level of engagement is “excellent” (i.e., with high energy, involvement and performance efficacy)?”

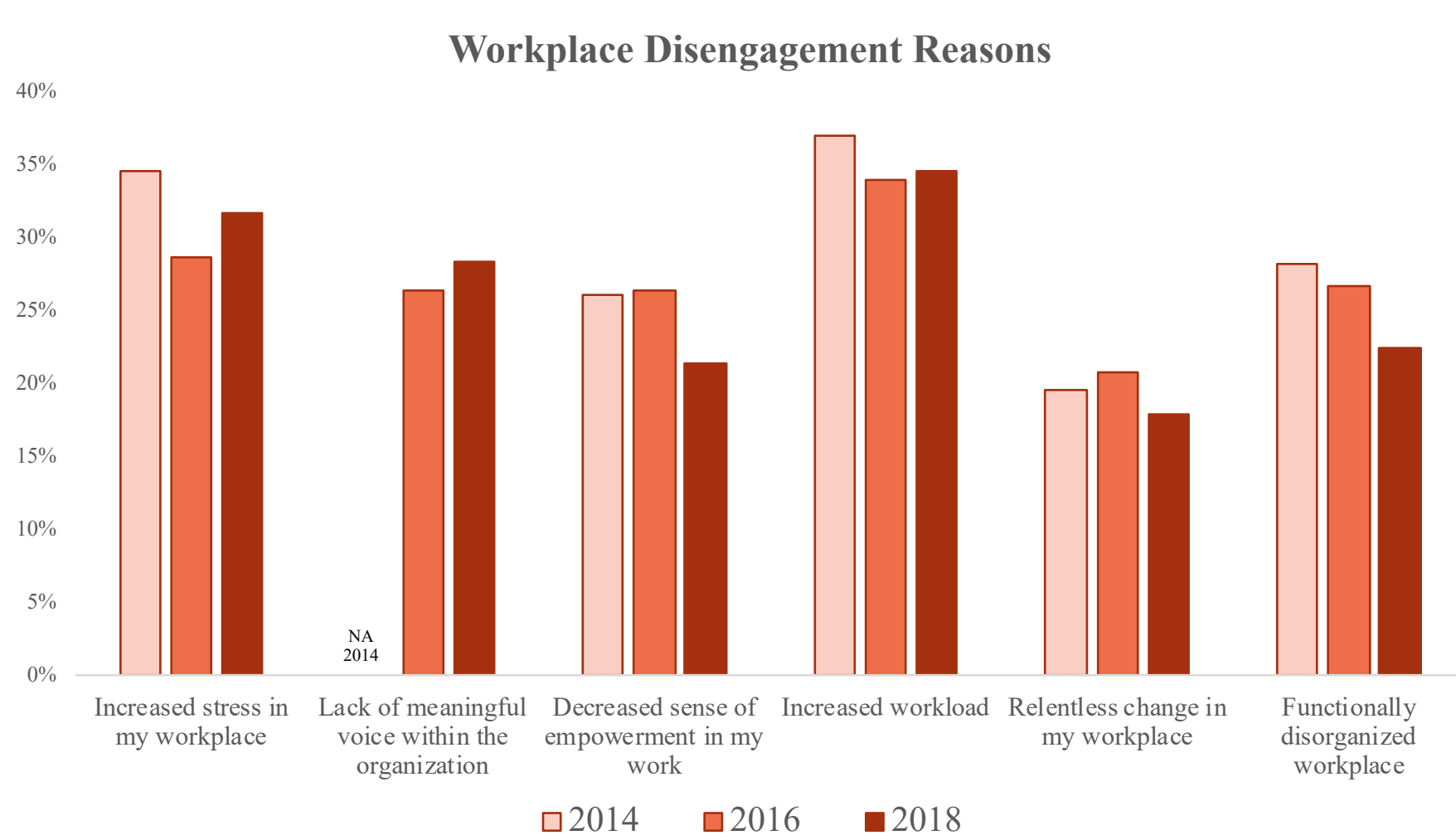


Figure 3. Healthcare professionals’ rating of the major reasons (scores 9-10) for workplace disengagement when asked to rate factors “using a scale from one to 10, where one means it is “not a contributing factor” to lesser workplace engagement and 10 means it is a “major contributing factor.””

Conclusion

- Job engagement of health professionals is crucial for a successful healthcare system. The trend of decreased engagement by some providers is alarming and may necessitate further investigation.
- Increased workload, workplace stress and the lack of meaningful voice within the organization are taking a toll on Canada’s healthcare professionals, and therefore, in the healthcare system as a whole.
- Resources should be allocated to implement/evaluate the quadruple aim: individual experiences of care, health of populations, per capita cost of healthcare, and experience of providing care.

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