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## Task shifting policy in Ontario, Canada: Does it help personal support workers' intention to stay?



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### ARTICLE INFO

#### Article history:

Received 26 April 2013

Received in revised form

16 December 2013

Accepted 3 January 2014

#### Keywords:

Home care

Intention to stay

Task shifting

### ABSTRACT

The objective of this paper is to analyze the impact of task shifting policy on personal support workers' (PSWs) intention to stay in home care. Data were collected through interviews with 46 home care staff of a large home care organization in Ontario, Canada. Interviews were transcribed, coded, and a thematic analysis was conducted using a qualitative software package. Half of the study participants mentioned that task shifting increases PSWs' intention to stay in home care, while less than a quarter commented that task shifting increases PSWs' intention to leave. Results show that the implementation of task shifting policy in Ontario, Canada may contribute to personal support workers' intention to stay; however, inadequate compensation may negatively affect intention to stay and should be addressed. We recommend policy-makers consider appropriate compensation to assist PSWs in effectively executing shifted tasks.

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## 1. Introduction

With an ageing population and early hospital discharge of patients, there is increased demand for home care services in Ontario and elsewhere in and beyond Canada [1–6]. To address the growing demand for home care services and to use health human resources efficiently, task shifting as a policy has been recommended in Ontario [2,7,8] and globally [9]. The objective of this paper is to analyze the impact of task shifting policy on personal support workers' (PSWs) intention to stay in home care.

Task shifting policy refers to delegating health care tasks performed by regulated health workers to unregulated, less specialized, lower-cost health workers [9,10]. The implementation of task shifting policy in the home care sector in Ontario involves assigning or delegating tasks by a therapist or a nurse to a personal support worker (PSW). In task shifting, the delegation of acts is governed by the Regulated Health Profession Act, 1991 of Ontario [11]. The legislation permits any member of a regulated health profession to delegate controlled acts. However, the legislation requires the delegation of a controlled act to be in accordance with the legislation that governs the staff's profession [11]. As regulated professionals, nurses' and therapists' activities are 'controlled acts' under the Regulated Health Professions Act, 1991 they can assign or delegate tasks to PSWs. Community Care Access Centres (CCACs), which are local organizations that award service contracts for home care, have a client services policy that states that the CCAC and the professional contracted service provider must develop

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local guidelines for transferring routine activities of care to PSWs [8]. Regardless of how many times the PSW has been trained on specific activities, they must be trained for each client [8].

Our earlier experience working with PSWs and conducting research in the home care sector [12–15] show that while task shifting policy is being implemented in home care in Ontario, there are no empirical studies on the effects of this policy on workers. Exploring this topic and understanding the effect of task shifting policy on PSWs' intention to stay can inform policy-makers on its effectiveness and assist decision-makers in management roles in implementing the policy. We aimed to analyze the impact of task shifting policy on PSWs' intention to stay in home care and asked, "Does task shifting affect PSWs' intention to stay in home care?" Given the health care human resource shortages in the sector and the need to retain workers [1–3], the topic of our research is timely and important. To examine the impact of the task shifting policy, we first explain tasks that are being shifted to PSWs. Then we investigate the experiences of PSWs with task shifting and its affect on their intention to stay. We also learn the views of PSW supervisors along with the therapists and nurses who assign or delegate tasks to PSWs on the effect of task shifting on PSWs' intention to stay.

The intention to stay question we posed to study participants was guided by the theory on retention [16,17]. The theory states that employee intention to stay in the organization is the best predictor of the employee staying [17,18]. In this study we focus on PSWs who are currently employed and, thus, we examine their intention to stay. Research shows the importance of the retention of valuable employees for the organization [19] and high costs of turnover for organizations when employees leave [20]. There are costs associated with recruitment, orientation, and training when an employee leaves. Additionally, the knowledge inherently accumulated by the employee during the duration of employment is lost. Given that organizations are interested in keeping valuable employees, focusing on those valuable employees' intending to stay is important for retaining these employees [21].

The integrative theoretical model of the retention process focuses on employees' intention to stay [21] and states that various aspects of the job and aspects of the individual can affect the ultimate outcome of retention or turnover. Among a number of factors that can affect an employee's decision to stay [21], job satisfaction is a core factor [22]. Employees who are satisfied with their jobs have a higher intention to stay than those dissatisfied with their jobs. In addition, those who have positive perceptions about their jobs [23], find their jobs adequately challenging and complex for their ability [24], and interpret job circumstances positively [25] have a higher intention to stay than those who have negative perceptions and views on these issues. Those paid well in the current job demonstrate intention to stay [23].

Based on retention theory, our experiences in conducting research on home care, and the home care policy environment in Ontario, we posit that the task shifting policy will have a significant effect on PSWs' intention to stay. Referring to the views of study participants, we examine

the impact of implementing task shifting policy on PSWs' intention to stay in home care.

## 2. Background on PSWs, visiting nurses and therapists in Ontario

PSWs make up 73% of the home care workforce in Canada [1]. There is no uniformly accepted definition of PSWs. The term can imply either educational qualifications or the health care role performed. PSWs are unregulated workers and do not have a body that oversees their ongoing professional development as a requirement for the continuation of their certification like regulated health care workers such as nurses and therapists. Different job titles that describe the role include home care worker, home support worker, personal support worker, ancillary worker, social and health care assistant, home care assistant or aide, and home health aide. Often the vocation is defined by a job description specified by the employer, and varies by sector and setting. PSWs are trained in the provision of health care and light homemaking duties for clients in their own homes. Some of the tasks performed are: (1) activities of daily living – personal care (bathing, feeding, dressing, toileting), transferring (walking), light housekeeping, and child care; (2) instrumental activities of daily living – menu planning, shopping, meal preparation, providing transportation or accompanying clients, educational and recreational assistance; (3) clinical care services – measuring a client's blood pressure, temperature, or pulse; taking specimens; and (4) delegated acts – administration of suppositories, colonic irrigation, enemas (bowel disimpaction), or medication; maintaining inventories; and supervising exercise routines. PSWs also provide personal interaction for clients, many of whom are socially isolated, thereby improving their quality of life. The PSWs usually receive shorter pre-service training and possess less qualification than therapists and nurses [12–14].

Home care nursing provides a continuum of nursing services to support the client. Home care nurses are also called visiting nurses. Visiting nurses assess and provide health care through preventive, therapeutic, supportive, palliative and rehabilitative means. Some of the tasks performed by home care nurses are health promotion and education, illness prevention, advocacy and the promotion of self-care. The therapists in home care can be physiotherapists or occupational therapists. Physiotherapists provide assessment and treatment, including education and pain control, for a variety of health conditions. Occupational therapy services in home care are designed to enable the client to participate in daily activities (i.e., bathing, functional mobility, meal preparation, shopping) and support the caregivers [1].

Although there is a frequently reported problem of recruitment and retention of home care workers, there are no retention statistics collected [1]. However, the length of time with the current employer can indicate the retention rate. A national level home care sector study shows that in Canada PSWs have, on average, 8 years of tenure with their current employer, and nurses and therapists have 9 and 8 years, respectively [1]. An Ontario study shows between 7–10 years of employment with the current employer [12].

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