

Chapter 12

Saskatchewan Health Authority—Filling Hard-to-Recruit Healthcare Positions

1.0 MAIN POINTS

In the event the Saskatchewan Health Authority does not have staff available to deliver needed healthcare services, disruptions occur. Healthcare is an industry in which staffing deficiencies can mean life or death.

We assessed the Authority's processes to fill hard-to-recruit healthcare positions.

At March 2022, the Authority anticipates over 2,000 staff shortages in hard-to-recruit positions across the province over the next five years, which includes about 840 continuing care assistants, 520 registered nurses, and 180 medical laboratory technicians. However, the Authority's staffing gap analysis does not specifically identify which facilities or locations in the province will experience the largest shortages; our analysis found the Authority expects to need 700 staff alone in Prince Albert, Meadow Lake and La Ronge over the next five years.

Filling these positions can be a daunting task as the healthcare sector faces a nationwide shortage of qualified nurses and other healthcare professionals. Many of the hard-to-recruit positions are not in sufficient supply from post-secondary institutions for the Saskatchewan healthcare sector in the future. Further, the Authority has difficulty recruiting staff in rural and remote areas, particularly in northern Saskatchewan, and will need to tailor its plans appropriately.

Some new initiatives the Authority is undertaking to address staffing shortages for hard-to-recruit positions include international recruitment of 150 staff from the Philippines, and working with the post-secondary sector to increase the number of certified candidates graduating from nursing programs each year. However, training more nurses will not have an immediate impact on staffing shortages. Retaining existing staff is needed to help the Authority address staffing shortages in the short-term. The Authority will have to do more to address the total anticipated staffing gap for hard-to-recruit positions soon.

We found the Authority needs to:

- Implement and monitor the success of targeted plans to fill hard-to-recruit positions with significant gaps—increasing the likelihood of finding the right people for the job in the right locations, and limiting the impact on services
- Determine the optimal supply of new graduates to help address staffing shortfalls and whether post-secondary training seats purchased out of province are a successful recruitment strategy
- Establish a First Nations and Métis recruitment and retention plan—providing an opportunity to create a diverse workforce and help to fill the supply gap for hard-to-recruit positions, especially in northern Saskatchewan



- Centrally analyze results from staff exit interviews—understanding why staff leave hard-to-recruit positions can help to identify necessary changes to retention strategies
- Assess whether student clinical placements are a successful recruitment strategy for hard-to-recruit positions

Successful recruitment and retention of key staff is a significant factor toward providing quality healthcare services, and meeting staffing demand. Having staff shortages for a long period can contribute to work overload and staff burnout. The Authority needs to determine ways to increase its supply of hard-to-recruit staff in order to fill significant staffing shortages, and ensure it fosters working conditions that encourage staff to stay, especially in roles where it needs them most.

2.0 INTRODUCTION

Hard-to-recruit healthcare positions include those jobs responsible for directly delivering healthcare services where the Authority experienced difficulty in recruiting and retaining staff with the competencies required for the role. Our audit did not include physicians or positions responsible for administration at the Authority.

2.1 Authority's Responsibility

The Saskatchewan Health Authority is responsible for planning, organizing, delivering, and evaluating healthcare services within the province. Under *The Provincial Health Authority Act*, the Authority is responsible for engaging the services of any person in order to carry out its work.¹

The Authority employs over 40,000 staff (including physicians) to deliver healthcare services, some part-time and some full-time. At March 31, 2022, the Authority had 34,136 full-time equivalent (FTE) staff (2021: 34,292) located throughout the province (excluding physicians).²

The majority of the Authority's staff belong to one of five unions with more than 50% of its unionized staff being nurses.³ Three of the five unions break into several bargaining units based on the location of the staff position in former health regions across the province (overall, 14 separate bargaining units).⁴ The Authority must abide by the terms of each specific union employment contract for each staff position.

The Authority's human resources department is responsible for recruiting the Authority's 35,000+ workforce (not including physicians), and for executing retention strategies. It routinely hires, organizes staff orientations, provides training opportunities, and administers benefit plans for staff.

¹ *The Provincial Health Authority Act*, s. 4-3(2)(e).

² Full-time equivalent (FTE) is a unit indicating the workload of an employed person in a way that makes workloads comparable across various contexts. A FTE of 1.0 is equivalent to a full-time worker while an FTE of 0.5 signals half of a full workload.

³ The five unions include Saskatchewan Union of Nurses, Canadian Union of Public Employees, Health Sciences Association of Saskatchewan, Service Employees International Union – West, and Saskatchewan Government and General Employees Union.

⁴ Twelve former health regions amalgamated into one, the Saskatchewan Health Authority, effective December 4, 2017.

2.2 Authority Vacancy Rates

In an attempt to lessen staff turnover and increase retention rates, the Saskatchewan Health Authority monitors vacancy rates.

The vacancy rate refers to the rate of job openings. It indicates the percentage of unfilled positions compared to the total number of positions in an organization.

The Authority considers chronic vacancies as those positions vacant for more than 90 days. Having staff shortages for a long period can contribute to work overload and burnout among the remaining staff.

Overall vacancy rates for the Authority's healthcare positions (not including physicians) as of March 31, 2022, varied across the province. The highest overall vacancy rate was in the northwest part of the province, with a chronic vacancy rate of 3.9% (see **Figure 1**). In addition, the Authority's overall vacancy rates more than doubled since 2019 (see **Figure 2**). The Authority indicated an increase in the number of permanent and temporary positions (full-time and part-time) because of the COVID-19 pandemic, starting in 2020, contributed to the increase in overall vacancy rates.

Figure 1—Saskatchewan Health Authority Overall Vacancy Rates by Area at March 31, 2022

Area	Chronic Vacancy Rate (>90 days)	Short-Term Vacancy Rate (<90 days)	Overall Vacancy Rate
North East	3.0%	2.6%	5.6%
North West	3.9%	2.5%	6.4%
Regina	0.0%	5.4%	5.4%
Saskatoon	1.0%	3.7%	4.7%
South East	2.1%	2.1%	4.2%
South West	2.5%	2.2%	4.7%
Total	1.6%	3.5%	5.1%

Source: Adapted from information provided by the Saskatchewan Health Authority. The Authority defines chronic vacancies as those positions advertised publicly (posted) and vacant for greater than 90 days. Short-term vacancies are those positions posted and vacant between 31 and 90 days. The overall vacancy rate includes chronic vacancies, short-term vacancies, and any positions that have been vacant between 31 and 90 days that have not been posted.

Figure 2—Saskatchewan Health Authority Vacancy Rates Since 2019

Year	Chronic Vacancy Rate (>90 days)	Short-Term Vacancy Rate (<90 days)	Overall Vacancy Rate
2019	0.5%	1.6%	2.1%
2020	0.5%	1.4%	1.9%
2021	0.8%	2.2%	3.0%
2022	1.6%	3.5%	5.1%

Source: Adapted from information provided by the Saskatchewan Health Authority. The data includes vacancies for permanent and temporary full-time and part-time positions at March 31.



2.3 Hard-to-Recruit Positions

The Saskatchewan Health Authority publishes its listing of hard-to-recruit positions on its website. **Figure 3** lists 31 hard-to-recruit positions identified by the Authority, with eight positions deemed hard-to-recruit because the vacancy is located in either rural or northern Saskatchewan.

Figure 3—Saskatchewan Health Authority Hard-to-Recruit List as of March 2022

Assistant Cook (Rural and North positions only) ^A	Medical Radiation Technologist
Audiologist	Medical Resonance Imaging Technologist
Cardiology Pulmonary Function Technologist	Nuclear Medicine Technologist
Cardiology Technologist	Nurse Practitioner
Cardiovascular Technologist	Occupational Therapist
Combined Laboratory and X-Ray Technologist	Perfusionist
Continuing Care Assistant (Rural and North positions only) ^A	Pharmacist
Cook (Rural and North positions only) ^A	Pharmacy Technician
Clinical Genetics Technologist	Physical Therapist
Diagnostic Cardiac Sonographer	Public Health Inspector (Rural and North positions only) ^A
Diagnostic Medical Sonographer	Speech-Language Pathologist
Electroneurophysiology Technologist	Psychologist (Masters and PhD)
Emergency Medical Technician (Rural and North positions only) ^A	Registered Nurse (Rural and North positions and speciality areas only) ^A
Health Information Management Practitioner	Registered Psychiatric Nurse (Rural and North positions only) ^A
Licensed Practical Nurse (Rural and North positions only) ^A	Respiratory Therapist
Medical Laboratory Technologist	

Source: www.saskhealthauthority.ca/careers-volunteering/careers/hard-recruit-opportunities (3 August 2022).

^A The Authority defines rural and north positions as those positions not located in either Regina or Saskatoon.

The Authority recognizes some positions are hard-to-recruit for various reasons. For example, some are in-demand positions such as respiratory therapists, pharmacists, medical laboratory technologists, and/or are located in rural or remote areas of the province. Other in-demand positions, such as registered nurses, generally have higher turnover rates in Canada. Typically, there is a limited supply of potential staff with the required skill sets to fill these positions in the desired location.

3.0 STAFF—A VALUABLE RESOURCE IN THE HEALTH SECTOR

Staff represent the single greatest asset, and cost, to the healthcare system. In 2021–22, the Saskatchewan Health Authority paid \$2.97 billion (2020–21: \$2.83 billion) in salaries and benefits, excluding payments to physicians. Payroll represents about 60% of the Authority's total expenses.⁵

⁵ Saskatchewan Health Authority Annual Report to the Legislature 2021–22, p. 75.

The Authority's ability to deliver cost-effective healthcare services depends on its ability to attract and retain staff on a long-term basis. Not having qualified staff in the right place at the right time can negatively impact the care patients receive. Recruitment strategies bring staff into the organization, retention strategies help to keep them there.

According to Statistics Canada's *First Quarter 2022 Labour Force Report*, high labour demand in the healthcare and social assistance sector, intensified by the COVID-19 pandemic, continued to push the number of job vacancies up in this sector across the country. Almost 70% of overall vacancies in healthcare positions across the country in the first quarter of 2022 related to nurse aides and patient service associates, registered nurses and registered psychiatric nurses, and licensed practical nurses.^{6,7} The pandemic significantly impacted the Authority's operations over the past two years, requiring it to respond immediately to certain staffing needs (e.g., through redeployment of staff, filling of additional positions). The pandemic also constrained the Authority's progress on filling a wide range of hard-to-recruit positions.

The nationwide shortage of qualified nurses and other healthcare professionals is caused by a few compounding factors, including the highest number of people nearing retirement in Canadian history.⁸ As the country's baby boomers (i.e., those who were born between 1946 and 1965) age, and require more consistent or complex care, the demand in healthcare is expected to increase.⁹

The ability to recruit a qualified workforce and fill staff shortages within a reasonable time is critical. Delays in filling vacant positions presents a risk to the Authority's ability to fulfill its duties. For example, not having a perfusionist position filled as needed can impact the Authority's ability to conduct life-saving cardiac surgeries. A perfusionist's role is to operate the cardiopulmonary bypass machine during cardiac surgery to manage the patient's physiological status.

Also, working short-staffed can make it difficult for healthcare workers to meet the continuing care needs of acute and long-term care patients. Recently expressed concerns by healthcare workers in the media include those about nursing shortages and unbalanced workloads contributing to workers' stress and subsequent burnout.¹⁰

Retention strategies minimize the costs associated with frequent turnover, including loss of key skill sets, impacts on organizational capacity, and staff morale. Retaining qualified staff is more cost-effective than continually recruiting, training, and orienting new ones.

To provide Saskatchewan residents with access to health services they need, the Authority must anticipate the number and type of healthcare professionals required to provide those services, determine the current supply, and use its recruitment and retention programs to fill in gaps.¹¹

⁶ www150.statcan.gc.ca/n1/daily-quotidien/220621/dq220621b-eng.htm (3 August 2022).

⁷ www150.statcan.gc.ca/t1/tb1/en/tv.action?pid=1410035601 (7 August 2022).

⁸ www150.statcan.gc.ca/n1/daily-quotidien/220427/dq220427a-eng.htm (9 August 2022).

⁹ www12.statcan.gc.ca/census-recensement/2021/as-sa/98-200-X/2021003/98-200-X2021003-eng.cfm (10 August 2022).

¹⁰ www.leaderpost.com/sponsored/news-sponsored/whats-being-done-to-address-saskatchewan-nursing-shortage (16 August 2022).

¹¹ Auditor General of British Columbia, *An Independent Audit of the Recruitment and Retention of Rural and Remote Nurses in Northern B.C.*, February 2018, p. 43.



Healthcare is an industry in which staffing deficiencies can mean life or death. The health outcome for a patient (e.g., badly injured in a car accident) taken to a hospital emergency department lacking staff with key skill sets may be less positive than admitting a patient into a fully-staffed hospital. In addition, overtime costs incurred to cover vacant shifts not only increases the cost of healthcare service delivery, but increases the risk of medical errors.

4.0 AUDIT CONCLUSION

The Saskatchewan Health Authority had, for the 12-month period ended March 31, 2022, effective processes to fill hard-to-recruit healthcare positions, except the Authority needs to:

- Determine in which facility locations across the province it expects to have the most significant shortages of hard-to-recruit positions
- Implement targeted plans to address recruitment and retention for specific hard-to-recruit positions with significant gaps
- Enhance its analysis of key information to measure whether recruitment and retention strategies (e.g., clinical placements, post-secondary training seats) are working for hard-to-recruit positions
- Develop and implement a First Nations and Métis recruitment and retention plan
- Centrally analyze and act on results from staff exit surveys for hard-to-recruit positions

Figure 4—Audit Objective, Criteria, and Approach

Audit Objective: To assess whether the Saskatchewan Health Authority had, for the 12-month period ended March 31, 2022, effective processes to fill hard-to-recruit healthcare positions.

Healthcare positions do not include physicians or positions responsible for administration at the Authority.

Audit Criteria:

Processes to:

1. Identify the hard-to-recruit positions

- Establish future human resource needs (e.g., positions needed by healthcare facility based on services to be provided, projected attrition rates)
- Assess current state of human resources against forecasted future needs
- Determine gaps in key positions
- Assess which key positions with gaps will be hard-to-recruit

2. Create strategies to recruit and retain for hard-to-recruit positions

- Maintain plans (e.g., incentives, train, fly-in service, contract) for hard-to-recruit positions with projected gaps
- Implement recruiting practices (e.g., student sourcing, flexible scheduling)
- Utilize retention initiatives (e.g., continued education, supportive clinical supervision, employee surveys)

3. Monitor effectiveness

- Collect key staff hiring and turnover data (for hard-to-recruit positions, overall, by location/position)
- Analyze key data to identify successes of strategies and root causes of issues, if any
- Modify strategies as needed

- Report regularly to senior management on root causes of staff shortages and plans to address issues

Audit Approach:

To conduct this audit, we followed the standards for assurance engagements published in the *CPA Canada Handbook—Assurance* (CSAE 3001). To evaluate the Saskatchewan Health Authority's processes, we used the above criteria based on our related work, review of literature, including reports from other auditors and consultations with the Authority's management. The Authority's management agreed with the above criteria.

We examined the Authority's policies, procedures, *Health Human Resource Plan 2022–2026*, and reports relating to recruitment and retention of employees to fill hard-to-recruit positions. We assessed the Authority's recruitment and retention processes by examining documentation and interviewing key Authority staff responsible for employee recruitment and retention. We also obtained other related documentation (e.g., purchases of inter-provincial training seats) from key stakeholders (e.g., Ministry of Health, Ministry of Advanced Education). We tested a sample of recruitment plans and job postings.

5.0 KEY FINDINGS AND RECOMMENDATIONS

5.1 Workforce Shortages Cause Service Disruptions

When the Saskatchewan Health Authority does not have staff available to deliver needed healthcare services, disruptions occur.

As of March 2022, the Authority's health services consisted of 2,500 acute care patient beds, and approximately 9,000 long-term care beds (not including those provided by contracted long-term care service providers—also known as healthcare affiliates who staff their own facilities).

The Authority posts service disruptions at various healthcare facilities across the province on its website.¹² Our analysis of the website found a couple of service disruptions in healthcare facilities as of July 2022 specifically due to healthcare staffing shortages.

The Kamsack Hospital did not have in-patient and emergency services available as of July 13, 2022, due to staffing shortages. As of January 2022, the Authority had eight registered nurse positions posted, but unfilled due to challenges with recruitment and retention, at the Biggar and District Health Centre. This resulted in the facility not having 24-hour emergency and acute care services available since January 9, 2022. As of August 2022, the Authority continued to have four vacant registered nurse positions at Biggar and District Health Centre, resulting in eight beds unavailable.

Both these communities have a population size around 2,000 people and serve numerous neighbouring communities in their greater areas.

Having an effective staffing plan and recruitment strategy in place can increase the likelihood of the Authority finding the right people for the job and limiting the impact on services. Maintaining appropriate staffing in healthcare facilities is essential to providing a safe work environment and safe patient care.

¹² www.saskhealthauthority.ca/news-events/service-disruptions (3 August 2022).



5.2 Workforce Plan Recently Developed But Staffing Gaps By Facility Not Identified

The Saskatchewan Health Authority issued its *Health Human Resource Plan 2022–2026* (Plan) in June 2022. This is the first comprehensive workforce plan the Authority created since its inception in December 2017.^{13,14} However, the Plan does not identify staffing gaps by facility location to assist in determining where the Authority needs hard-to-recruit staff most.

Typically, the process to develop a workforce plan would include:

- Conducting a current workforce assessment and potential workforce supply analysis
- Developing an assessment of an appropriate mix of healthcare skills to meet population health demand
- Conducting a gap analysis between supply and demand by service and location
- Creating solutions to reduce any gaps

Workforce planning helps to support having the right people with the right skills in the right locations at the right time. Plans need to continue to adapt and change as strategic priorities and needs change.

In March 2022, the Authority created its draft Plan for the period 2022–2026. The Authority issued it to senior staff in June 2022 and intends to release a summarized version to the public by fall 2022.

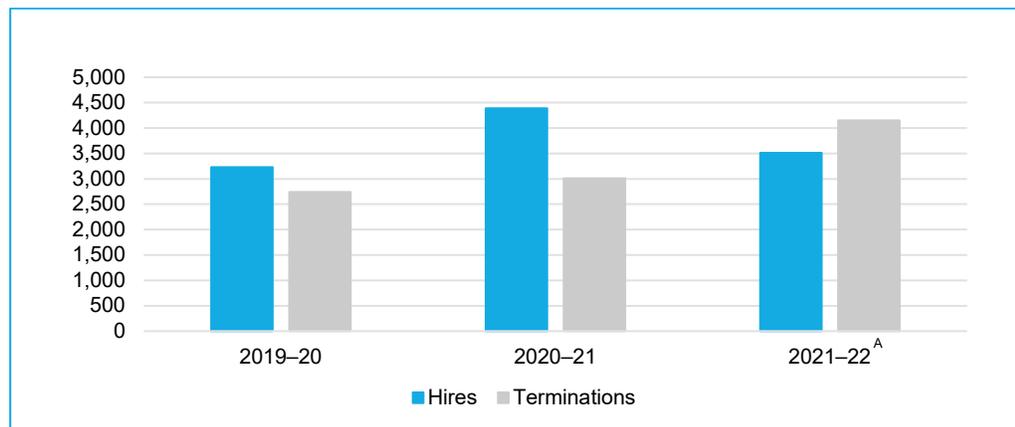
The Authority's Plan contains the major elements required of a workforce plan: supply, demand, gaps, and planned solutions. Further details on the solutions to address staffing gaps outlined in the Plan can be found in **Section 5.4**.

In the Plan, supply is based on current workforce plus expected workforce from new hires, international recruitment and new graduation hires. Demand includes current positions required, workforce required for new initiatives (e.g., urgent care centres), workforce lost by terminations, and current staff vacancies.

Figure 5 shows the new hires and terminations the Authority experienced overall since 2019–20. In 2021–22, the Authority had about 3,500 new hires and over 4,100 terminations (both voluntary and involuntary). At March 31, 2022, the Authority had a vacancy rate of 5.1%, which means about 2,000 staff positions were unfilled overall.

¹³ *The Provincial Health Authority Act*, came into effect on December 4, 2017, amalgamating 12 former health regions into one—the Saskatchewan Health Authority.

¹⁴ In 2020, the Authority created a COVID-19 Workforce Plan focussing on stabilization of service areas impacted by public health orders and ensuring resourcing continued to be in place to support strategies and pressures (e.g., managing outbreaks, field hospitals).

Figure 5—Overall Terminations and New Hires Since 2019–20

Source: Adapted from information provided by the Saskatchewan Health Authority.

^A The Authority indicated the increase in terminations during 2021–22 reflects its termination of casual employees who did not work for specific periods of time as specified by relevant collective bargaining agreements (i.e., these casual employees were no longer working for the Authority).

The *Health Human Resource Plan 2022–2026* includes a workforce supply and demand analysis for hard-to-recruit positions. The Authority expects about 765 staff in hard-to-recruit positions to terminate their positions with the organization each year, and will hire close to 1,100 new staff each year based on historical trends.

The Plan shows the Authority still has a shortfall in certain hard-to-recruit positions (see **Figure 6**) due to staff needed for new healthcare initiatives and current long-term staff vacancies. For example, the Authority anticipates it will be short about 840 continuing care assistants and 520 registered nurses over the next five years. The Authority indicated it expects its ability to address gaps annually (e.g., through workforce optimization, recruitment efforts) will affect its need for staff over the long-term.

According to the Authority, gaps in staffing capacity may be filled through part-time and casually employed staff choosing to work more hours, use of overtime, and reorganization of work. However, these staffing shortages may ultimately result in more service disruptions (see **Section 5.1**).

We assessed the Authority's Plan, and found it does not identify staffing gaps by healthcare facility location, which could help drive the recruitment and retention strategies required. For example, the Authority needs to conduct further work to understand and address how staff shortages impact health services at urban facilities compared to rural facilities. While we found the Authority has a tool (i.e., vacancy dashboard) to identify overall vacancies at regional levels across the province at a specific point in time, it does not assess expected vacancies in hard-to-recruit positions by facility location in the long-term.

We analyzed data the Authority used to support its Plan's gap analysis and found it estimates new initiatives (e.g., expansion of the Prince Albert Victoria Hospital and various long-term care services) will require over 700 additional staff in Prince Albert, Meadow Lake, and La Ronge over the next five years alone, but the Plan does not specifically address staffing gaps by facility locations. This presents a significant staffing challenge for the Authority, as it can be difficult to recruit staff to rural and remote areas, particularly in the north, and will require targeted plans.



An analysis of expected staffing gaps by facility location across the province would assist the Authority in determining where it needs staff most, and help it to prioritize and tailor its recruitment processes accordingly. Doing so should also help the Authority to minimize service disruptions to the public.

1. We recommend the Saskatchewan Health Authority determine in which facility locations across the province it expects to have the most significant shortages of hard-to-recruit positions.

Our review of the Authority's Plan identified other factors that could affect its staffing gap analysis. The Authority should consider incorporating the following factors when it updates the gap analysis included in its Plan:

- Population growth and aging population—not considering this can underestimate future demand for health services meaning the gaps may be much larger than projected. For example, 10% of Saskatchewan's population is nearing 70 years old or older meaning more people will seek long-term care or community care options.
- Continued expansions of post-secondary institutions' training seats and the supply of new graduates expected to help address shortfalls (see **Section 5.7**).

Almost all of the positions noted on the Authority's hard-to-recruit list require at least two years of post-secondary education while others require four or more years. In order to influence a sufficient supply of qualified applicants to meet its needs, the Authority needs to understand its needed supply and partner with related post-secondary institutions at least two to three years in advance of increased demand.

- Advances in technology, planned changes in healthcare service delivery, or union agreement changes in the upcoming years and their impact on workforce planning. Positions in the healthcare sector are often affected by changes in technology (e.g., virtual care, more advanced testing technology). Hard-to-recruit staff skills required five years ago may not be in demand now, and the Authority needs to plan for the skill sets it will require in the future.

Overall, the Authority's Plan is relatively comprehensive, but it will need continual assessment to update significant resourcing gaps, and adjust strategies to address the gaps.

5.3 Significant Gaps for Hard-to-Recruit Positions Identified

The Saskatchewan Health Authority determined which hard-to-recruit positions will have significant staffing gaps at a provincial level in the next five years.

The Authority's staff shortage is a result of demand exceeding supply. To develop an effective recruitment strategy, the Authority must focus on both present and future needs.

The Authority's internal *Health Human Resource Plan 2022–2026* included a projected five-year gap analysis of its workforce for specific positions that are also on the Authority's hard-to-recruit list (see **Figure 3**).

As shown in **Figure 6**, the Authority expects its largest staffing gaps in the next five years to be in the following three positions:

- Registered nurses or registered psychiatric nurses
- Continuing care assistants
- Medical laboratory technicians

These positions can have a significant impact on the ability to deliver healthcare services in hospitals and long-term care homes. For example, almost all patients entering a hospital require some laboratory tests generally conducted by medical laboratory technicians, one of the identified hard-to-recruit positions. Having insufficient medical laboratory technicians can impact the Authority's ability to complete these tests in a timely manner. The results of these tests are critical tools that aid healthcare staff in determining and providing the most appropriate patient care.

Figure 6—List of Hard-to-Recruit Positions and Anticipated One-Year and Five-Year Gaps

Position	Staff Gap 2022–23	Staff Gap in Five Years
Registered Nurse (RN) and Registered Psychiatric Nurse (RPN)	247	519
Continuing Care Assistant	64	841
Medical Laboratory Technician	28	177
Respiratory Therapist	26	94
Cook	22	66
Licensed Practical Nurse (LPN)	20	25
Physiotherapist	17	52
Psychologist	11	55
Cardiac and Diagnostic Sonographer (ultrasounds)	9	58
Pharmacist	8	40
Medical Radiation Technician	7	85
Speech-Language Pathologist	7	40

Source: Adapted from Saskatchewan Health Authority's *Health Human Resource Plan 2022–2026*, March 2022 and June 2022 versions.

The Plan does not clearly outline which areas of the province the Authority expects it will experience significant staffing gaps for hard-to-recruit positions. The Authority indicated that it has not yet completed an analysis of where the expected gaps are located (see **Recommendation 1**).¹⁵

The Authority's Plan provides a starting point to identify changes needed to reduce the total number of anticipated vacancies (just over 2,200 in the next five years) in its hard-to-recruit positions.

¹⁵ We found the Authority periodically produced some information related to assessing gaps on an overall staff basis (e.g., turnover rate, retirement eligibility, movement of staff between departments), but could not easily prepare this information specifically for hard-to-recruit positions.



Some of the actions outlined in the Plan to help address the overall position gaps (including those for hard-to-recruit positions) include:

- Casual and temporary staff (e.g., registered nurses) securing permanent positions.

The Authority has a number of staff, including those in hard-to-recruit positions, who choose to work as casual staff instead of in a permanent full-time or part-time position. Casual staff can set their work hours by limiting their availability, giving them more control over their work life. As set out in **Figure 7**, the Authority experienced an increase in the number of staff moving to casual positions since 2019.

The Authority noted it hired many casual and temporary staff during the COVID-19 pandemic and it anticipates moving more staff into permanent positions in 2022–23 to secure more stable staff scheduling options.

Figure 7—Overall Staff Movement from Full-Time or Part-Time to Casual Since 2019

Calendar Year	Staff Moved to Casual
2019	311
2020	526
2021 ^A	1,146
2022 (five months ending May 2022)	788

Source: Adapted from information provided by the Saskatchewan Health Authority.

^A According to the Authority's *Health Human Resource Plan 2022–2026*, in 2021, it used a staff mix of about 56% full-time, 30% part-time, and 14% casual staff.

- Expanding nursing seats to increase the number of certified candidates graduating from nursing programs each year (see **Section 5.7.2**).
- Internationally recruiting up to 150 future staff members in 2022–23 from the Philippines with an expectation they may be able to fill continuing care assistant, registered nurse, licensed practical nurse, and medical laboratory assistant positions once the new recruits meet Saskatchewan's regulatory requirements for these professions.¹⁶
- Targeted digital/social media recruitment campaigns.

A workforce plan must start with a vision for the future and outline some actions and strategies that aim to address future workforce gaps. The Authority's Plan does that, but it will need continual assessment to identify changes in resourcing needs, learn from unsuccessful actions, and incorporate new opportunities to further address staffing gaps.

Taking initiative to regularly analyze and forecast hard-to-recruit position needs against actual supply that is, and will be available, should help the Authority enhance and target its recruitment actions.

¹⁶ In April 2022, the Government of Saskatchewan introduced *The Labour Mobility and Fair Registration Practices Act* to reduce barriers to working in the province to ensure skilled workers can have their skills and credentials recognized, while assisting employers in filling jobs across a number of key sectors, including healthcare. In addition, the Government plans to work with regulatory bodies to examine timeframes for registration application requirements and decisions, qualification assessment processes, and internationally-trained recognition pathways.

5.4 Recruitment and Retention Strategies Exist, But Targeted Plans for Hard-to-Recruit Positions Need Improvement and Implementation

The Saskatchewan Health Authority has broad recruitment and retention strategies for all healthcare positions, along with targeted plans for some of its hard-to-recruit positions. Its targeted plans lack consideration of certain key areas, such as varied sources of qualified staff and consideration of root causes of hard-to-recruit positions to help tailor its plans for these positions.

The Authority has generalized staff sourcing strategies for all healthcare positions in its *Health Human Resource Plan 2022–2026*. Some of these strategies address hiring gaps, as well as retention, for hard-to-recruit positions. These strategies include:

- Conducting virtual and in-person career fairs at Saskatchewan’s post-secondary institutions (the pandemic limited in-person activities in the past several years)
- Targeting advertising/social media recruitment campaigns on various platforms provincially, nationally and, in some cases, internationally
- Assessing whether pay and benefits align with current industry market (e.g., as part of collective bargaining process)
- Providing clinical placements in partnership with various provincial post-secondary institutions that allow students to gain the necessary, practical experience to complete their education (see **Section 5.6** for further discussion)
- Purchasing training seats from various post-secondary institutions (see **Section 5.7** for further discussion)
- Providing relocation assistance for internal and/or external candidates for confirmed hard-to-recruit positions
- Offering negotiated northern benefits in accordance with collective bargaining agreements for all northern in-scope positions
- Providing negotiated market adjustments for certain positions with the various unions that includes several hard-to-recruit positions

We found the Authority developed recruitment plans for some of its hard-to-recruit positions. These plans list the actions the Authority expects to carry out in the next year. We assessed a sample of 10 hard-to-recruit positions and found the Authority developed recruitment strategies/plans for nine of the positions tested. The Authority did not have a recruitment plan for one hard-to-recruit position we tested—cardiology technologists. At June 2022, the Authority did not expect to have a staffing gap for this position over the next five years.



The existing recruitment plans included advertising plans, recruitment sources (i.e., newly graduated post-secondary students or candidates from the Philippines recruitment initiative), and some consideration of needs (e.g., references to specific needs in certain locations).

However, we did not find evidence of the following in the recruitment plans for specific hard-to-recruit positions:

- Root causes of hard-to-recruit positions (e.g., lack of rural preceptors (instructors) for lab and x-ray technicians, lack of suitable/available housing).¹⁷ Consideration of root causes would help the Authority focus on developing strategies tailored to addressing the reasons why specific positions are hard-to-recruit.
- Sources of qualified people who could fill hard-to-recruit positions (e.g., high school students, current employees, or contract staff) other than post-secondary students.
- Sourcing channels such as referrals, recruiter networks, or industry conferences. We note the Authority does not have an employee referral program in place as a sourcing channel—such programs could help the Authority reduce recruitment time and effort while increasing staff engagement (e.g., new hires familiar with current staff). The plans also did not establish reviews of past experiences or measure the success of various sourcing channels.
- Promotion opportunities for some hard-to-recruit positions to local rural and remote youth. One good practice suggests staff retention will improve if you select applicants to fill positions in smaller communities with healthcare workers who are from, or have practiced in smaller and/or remote communities, because they understand and more easily adapt to those locations.
- Alternate potential recruitment pools, such as professional regulatory bodies (where applicable), clinical placements, local communities or high schools to generate interest in the healthcare industry. See **Section 5.7** for further discussion.

A lack of documented root cause analysis is a concern. If the Authority does not know why it cannot recruit and retain staff, it can be difficult to build plans to address the underlying issues.

For example, if the Authority expects to have a shortage of continuing care assistants in La Ronge over the next five years, then targeted strategies can help to focus the Authority's efforts toward addressing identified root causes specific to rural and remote recruitment. Such strategies could include working with the local community to provide social supports (e.g., assistance finding housing, daycare, or spousal employment) or the establishment of professional networks to support and mentor staff.

While the Authority has a workforce plan, including staff sourcing strategies for all healthcare positions, it continues to project a shortfall in staff resources for hard-to-recruit positions (close to 2,200 positions over the next five years). For example, even with the recruitment of potential nurses from the Philippines, the Authority still expects to need over

¹⁷ A preceptor is an experienced practitioner who provides supervision during clinical practice and facilitates the application of theory to practice for students and staff learners.

200 registered nurses in 2022–23. In addition, while the expansion of nursing seats in the province will help to address the Authority’s long-term staffing needs, it will not have an immediate impact on staffing shortfalls.

Further expansion and variation of its strategies to fill hard-to-recruit positions will be necessary for the Authority to limit further service disruptions to the public. Also, having an understanding of where in the province it expects to experience significant resource gaps may help the Authority implement appropriate targeted plans (see **Recommendation 1**).

2. We recommend the Saskatchewan Health Authority implement targeted plans to address recruitment and retention for specific hard-to-recruit positions where it expects to have significant gaps.

5.5 Specialized Staff Training Provided

The Saskatchewan Health Authority provides specialized staff training to assist in its recruitment and retention efforts.

The growing employment gap in healthcare in Canada presents an immediate concern for all healthcare providers.¹⁸ Focusing solely on filling gaps with recent and future graduates will not fully meet current talent needs. However, finding ways to enhance its use of staff can help the Authority address some immediate staffing needs.

We found the Authority offers a number of training opportunities for hard-to-recruit positions. Examples of such training opportunities include:

- The Authority working with various post-secondary schools on a one-year ‘Earn While You Learn’ program where students enroll in the continuing care assistant education course while working for the Authority as untrained continuing care assistants. Between 2020 and 2021, the Authority employed 67 students in the program (63 students continued to work with the Authority as at August 2022). This program enables the Authority to fill long-term staffing gaps immediately, while also providing staff the opportunity to build career skills.

A continuing care assistant is one of the Authority’s hard-to-recruit positions with an anticipated five-year gap of 841 positions (see **Figure 6**). The Authority employs continuing care assistants in many of its facilities. They generally work in long-term care, home care, and acute care with the pandemic highlighting them as a critical role.

- The Authority paying for specialized training courses for selected staff to qualify for hard-to-recruit positions. This includes providing approximately 100 registered nurses with critical care and perioperative advanced training annually. This training qualifies these nurses as specialized registered nurses.¹⁹ We also found the Authority directly purchased one seat for electroneurophysiology technologist training and two seats for perfusionist training for its staff (both four-year programs) from the British Columbia Institute of Technology.²⁰

¹⁸ *Labour Force Survey, June 2022*, Statistics Canada, www150.statcan.gc.ca/n1/daily-quotidien/220708/dq220708a-eng.htm.

¹⁹ Critical care nurses typically work in hospital emergency rooms, ICUs or specialty departments such as cardiac care, pediatrics, neonatal units, or trauma and burn units. Perioperative nurses care for patients undergoing surgery or invasive procedures.

²⁰ Payments to post-secondary institutions associated with interprovincial training seats cover the institutions’ costs for items such as accreditation site assessments and arranging and supervising clinical placements associated with the training programs. Students are responsible for tuition costs associated with the training seats.



The Authority enters into return-for-service agreements where staff selected for these specialized courses commit to work for the Authority after course completion for a specific period of time—ranging from one to four years depending on the program costs incurred by the Authority (i.e., meaning the Authority will retain these staff for a number of years following course completion).

Making specialized training opportunities available to staff can help address recruiting challenges. It can also help in retaining existing staff in hard-to-recruit positions.

5.6 Need to Assess Success of Student Clinical Placements

The Saskatchewan Health Authority needs to assess the success of student clinical placements to determine whether the strategy requires adjustment.

As the largest single healthcare employer in the province, the Authority offers numerous opportunities for students or learners to do the clinical work required to complete their education in various fields of study—including for several hard-to-recruit positions (e.g., registered nurses, licensed practical nurses, medical laboratory technologists). The Authority has clinical placement agreements with all Saskatchewan post-secondary institutions providing healthcare education to allow their students to gain clinical experience in their chosen field as part of the educational curriculum.²¹

Annually, the Authority creates clinical placement opportunities across the province for about 4,500 healthcare students enrolled at Saskatchewan post-secondary institutions with some of these placements for hard-to-recruit positions. The Authority provides supervision and training (through preceptors) for the majority of clinical placement students.

However, we found the Authority does not have a system to monitor student placement and performance, or to track the number of employees it attracts as a result of these initiatives. In addition, while post-secondary institutions may conduct student experience surveys, the Authority does not receive this information in a centralized way or conduct its own surveys to gain insight into student perspectives of the program or their views of the Authority as a potential employer.

Clinical placements are an important recruitment strategy that the Authority is uniquely positioned to use. The Authority needs to assess whether this strategy effectively helps to address its gaps in hard-to-recruit positions. Measuring the success of the strategy will enable the Authority to consider the root causes of any failures and make necessary adjustments.

3. We recommend the Saskatchewan Health Authority analyze whether clinical placements for students are a successful recruitment strategy for hard-to-recruit positions.

²¹ The Authority has clinical placement agreements with: University of Saskatchewan, University of Regina, Saskatchewan Polytechnic, First Nations University of Canada, Gabriel Dumont Institute, Saskatchewan Indian Institute of Technologies, and the eight regional colleges across the province.

5.7 Student Supply Key to Filling Hard-to-Recruit Positions

The Saskatchewan Health Authority does not know whether all efforts to optimize the supply of healthcare workers through post-secondary training is working effectively.

The Authority is a party to several initiatives encouraging students to join the healthcare sector, including those in hard-to-recruit positions. These initiatives include:

- Purchasing specialized healthcare training seats for use by Saskatchewan students at Canadian post-secondary institutions outside of Saskatchewan (i.e., inter-provincially)
- Assessing the number and type of healthcare profession training seats offered at Saskatchewan post-secondary institutions
- Promoting hard-to-recruit healthcare positions as a career to Saskatchewan's post-secondary students through career fairs, informational posters and electronic communications

5.7.1 Inter-Provincial Training Seats Purchased, But Not Well-Monitored

The Government of Saskatchewan through the Ministry of Advanced Education signed inter-provincial agreements to purchase training seats related to healthcare education at Canadian post-secondary institutions outside of Saskatchewan. This type of training is required for several hard-to-recruit positions (e.g., respiratory therapist, diagnostic sonographer). The Government purchases the training seats to allow students who are Saskatchewan residents that meet the post-secondary educational requirements to access specialized healthcare training outside of the province.

Recently, the Authority worked with the Ministries of Advanced Education and Health to assess the sufficiency of out-of-province seats available to Saskatchewan students in healthcare positions, including the education required for several hard-to-recruit positions. As shown in **Figure 8**, this assessment resulted in purchasing several additional seats to assist the Authority in filling its hard-to-recruit staffing gaps.

Figure 8 illustrates the inter-provincial training seats purchased by the Ministry of Advanced Education for 2020–25 related to the Authority's hard-to-recruit positions. For example, beginning in 2021–22, it purchased 40 seats per year from the University of Alberta for occupational therapists (a two and half year program). Within its five-year gap analysis, the Authority anticipates hiring 16 of the students who fill these seats annually.

For 2019–22 period, the Ministry of Advanced Education spent an average of just over \$2 million annually on securing these training seats available to Saskatchewan students who qualify for entrance into the respective post-secondary institutions.²²

²² Payments to post-secondary institutions associated with interprovincial training seats cover the institutions' costs for items such as accreditation site assessments and arranging and supervising clinical placements associated with the training programs. Students are responsible for tuition costs associated with the training seats.

**Figure 8—Inter-Provincial Training Seats Purchased by the Ministry of Advanced Education for Hard-to-Recruit Positions from 2020–25**

Program	Institute	Number of Purchased Seats				
		2020–21	2021–22	2022–23	2023–24	2024–25
Diagnostic Medical Sonography	Southern Alberta Institute of Technology	24	24	24	24	24
Respiratory Therapist	Southern Alberta Institute of Technology	28	32	36	36	36
Nuclear Medicine Technology	Southern Alberta Institute of Technology	6	4	4	4	4
Magnetic Resonance Imaging	Northern Alberta Institute of Technology	2	2	2	2	2
Occupational Therapy	University of Alberta	35	40	40	40	40
Electroneurophysiology ^A	British Columbia Institute of Technology	2	2	1	1	1
Cardiovascular Perfusion ^A	British Columbia Institute of Technology	0	1	1	1	1
Total Seats		97	105	108	108	108

Source: Adapted from information provided by the Saskatchewan Health Authority.

^A In addition to the seats described above, the Authority directly purchased one seat for electroneurophysiology technologist training and two seats for cardiovascular perfusionist training (noted in **Section 5.5**). In August 2022, the Authority determined that for the seats it directly purchased, one cardiovascular perfusion graduate had completed the program and was working with the Authority and the other two students had not yet completed their programs. Beyond these three seats, the Authority has not directly purchased any further seats from post-secondary institutions outside of Saskatchewan.

The respective post-secondary institutions are responsible for choosing the Saskatchewan students who will fill the purchased seats. Beyond completion of their clinical placements in Saskatchewan, the students are not obligated in any way to the Government of Saskatchewan or to the Authority in exchange for using the seats; students are not required to work in Saskatchewan after training.

We note that even with the inter-provincial seats purchased and the anticipated hiring of these students, the Authority determined it continues to have large one-year and five-year staff gaps for diagnostic medical sonographers and respiratory therapists (see **Figure 6**). The number of potential hires is dependent on students returning to work at the Authority following completion of their training.

We found neither the Ministry of Advanced Education nor the Authority have a system to readily monitor student placement and performance, or to track the number of students who return to the province to work upon completion of their studies. In addition, no one conducts surveys or interviews to gain insight into student perspectives on potential location of employment or their views of the Authority as a potential employer.

As the primary healthcare employer in the province, new recruits from the post-secondary system are a key source of staff supply for the Authority's hard-to-recruit positions. While the Authority directly purchases some training seats, it also works with key stakeholders (e.g., the Ministry of Advanced Education) to assess out-of-province educational access to specialized healthcare training. However, a lack of monitoring whether students using government-purchased seats return to work at the Authority increases the risk that public

money is not well spent. If purchased seats do not effectively address staffing vacancies, the Authority should consider adjusting its approach.

4. We recommend the Saskatchewan Health Authority periodically determine whether post-secondary training seats purchased out of province are successful at addressing vacancies for hard-to-recruit positions.

5.7.2 Assessment of Certain Saskatchewan Training Seats Underway

Until March 2022, the Authority was a member of the Saskatchewan Academic Health Sciences Network (SAHSN)—a partnership between the Government of Saskatchewan and the post-secondary sector.²³ Effective March 2022, this partnership evolved into the Saskatchewan Health Human Resources Partnership (SHHRP).²⁴ The Authority works with its partners (i.e., Ministries of Health, Advanced Education, and Immigration and Career Training) to assess supply and demand for various healthcare professions for the healthcare sector in Saskatchewan and to make recommendations on educational access to ensure a sufficient supply of trained healthcare professionals.

Our analysis of SAHSN's latest annual report on Health Human Resource Priorities (2020), found it provided an update on key actions—many of which focused on increasing educational training seats for certain healthcare professions, including those designated as hard-to-recruit. The Authority's more recent *Health Human Resource Plan 2022–2026* indicates it is working with its partners regarding an expansion to nursing seats for fall 2022.

SAHSN's 2020 reporting included an assessment of predicted provincial supply and demand by position over the period 2019–20 to 2024–25, and ranked many hard-to-recruit positions as not in sufficient supply from post-secondary institutions for the Saskatchewan healthcare sector in the future.

SAHSN's reporting stalled after 2020 due to the COVID-19 pandemic and the resulting changes in healthcare priorities. Any continued assessments and analysis of supply and demand by the Authority's partners should provide valuable input into its own assessments of staffing gaps for hard-to-recruit positions.

5.7.3 Promotion of Hard-to-Recruit Healthcare Positions to Certain Students Lacking

One way to increase the supply of healthcare professionals is to promote professions to young people making career choices. Prior to the COVID-19 pandemic, the Authority would create poster promotions, attend career fairs, and make classroom presentations to high school students. The Authority targeted some of these activities to rural and northern areas

²³ The Saskatchewan Academic Health Sciences Network's primary mandate was to optimize the coordination of health science training, education and competency development toward the end objective of adequately supplying the health system with qualified health professionals to meet the health needs of the province. SAHSN was made up of senior officials from the health sciences at the University of Saskatchewan, University of Regina, and Saskatchewan Polytechnic, as well as representatives from the Saskatchewan Health Authority, and the Ministries of Health, Advanced Education, and Immigration and Career Training.

²⁴ The Saskatchewan Health Human Resources Partnership is a partnership between certain ministries (i.e., Ministries of Health, Advanced Education, and Immigration and Career Training) and the Saskatchewan Health Authority that serves as the province's principal authority for setting Health Human Resource (HHR) priorities; making decisions on and executing appropriate HHR strategies; and monitoring results of actioned HHR initiatives.



of the province to encourage students to choose a career in healthcare. High-potential candidates who originate from rural and northern communities are more likely to understand and appreciate the values of working in a smaller community.

In our assessment of nine recruitment plans for hard-to-recruit positions, we did not see any actions related to the promotion of these professions outside of post-secondary institutions where students already made a career choice in healthcare. However, the Authority indicated it resumed attending in-person recruitment events (e.g., career fairs, conferences, high school events) in April 2022 targeted at various sources of healthcare professionals, including high school students, post-secondary students, and immigrants.

Enhancing work with various stakeholders (e.g., professional regulatory bodies, high schools) to encourage students to select fields of study related to hard-to-recruit positions may increase the Authority's potential future applicant pool. The Authority could further emphasize such actions within its recruitment and retention plans for hard-to-recruit positions (see **Recommendation 2**).

5.8 Opportunity to Increase Indigenous Representation in Hard-to-Recruit Positions

The Saskatchewan Health Authority plans to develop a First Nations and Métis recruitment and retention plan by March 2023. Having a targeted plan that increases the number of First Nations and Métis staff may help to fill the supply gap for hard-to-recruit positions, especially in northern Saskatchewan.

We found the Authority's 2022–23 public performance plan (road map) includes a goal of developing a First Nations and Métis recruitment and retention strategy by March 2023, but no other diversity actions.²⁵ The Authority's *Health Human Resource Plan 2022–2026* provides information about planned content for such a strategy (e.g., providing healthcare career exploration learning opportunities, continue building partnerships through engaging First Nations and Métis communities). According to its website, the Authority strives to be a diverse and culturally responsive organization, with a workforce that is representative of the people that it serves.

The Authority asks staff to voluntarily self-declare whether they are First Nations or Métis. The Authority's workforce plan sets out the current staff voluntary self-declaration results as of January 2022 as shown in **Figure 9**. As a benchmark comparison, we compared the Authority's results to the 2019 target set by the Saskatchewan Human Rights Commission (SHRC).²⁶ The Authority's voluntary self-declaration results show it is only meeting the Commission's target for First Nations and Métis in northeast Saskatchewan.

²⁵ The Authority annually develops a public performance plan, known as the road map, for the entire organization. The 2022–23 road map is the delivery plan to execute on the current year's budget commitments and advance key priorities for the Authority.

²⁶ The Saskatchewan Human Rights Commission strives to promote and protect the individual dignity, fundamental freedoms and equal rights of Saskatchewan citizens. As part of its mandate, the Commission promotes research and education strategies to advance principles of equality and diversity, and to encourage understanding of human rights issues. saskatchewanhumanrights.ca/the-commission/ (23 September 2022).

Figure 9—Authority’s Voluntary First Nations or Métis Self-Declaration Results Compared to Saskatchewan Human Rights Commission’s Target

First Nations & Métis Voluntary Self-Declaration Results		
Saskatchewan Human Rights Commission Target		14%
Saskatchewan Health Authority Results	North East	14.2%
	North West	9.0%
	Regina	3.0%
	Saskatoon	5.4%
	South East	3.4%
	South West	2.4%
	Overall	5.5%

Source: Saskatchewan Human Rights Commission target, www.saskatchewanhumanrights.ca/2019-employment-equity-targets/; Voluntary Self Declaration Results—Saskatchewan Health Authority’s *Health Human Resource Plan 2022–2026*, p. 19.

We also assessed the Authority’s main website, its job-posting website and its related job descriptions. We did not find any diversity or inclusion references to encourage potential applicants with regards to the Authority’s commitment to a workforce reflective of the communities it serves. In July 2022, Authority management told us it will include a statement on future job postings indicating that the Authority is building a representative, diverse, inclusive, and culturally responsive workforce.

Although a First Nations and Métis recruitment and retention plan has not yet been developed, we found evidence of the Authority’s commitment to creating a more diverse workforce in its recruitment strategy for the rebuild of Prince Albert’s Victoria Hospital. The strategy indicates the Authority plans to launch a targeted joint recruitment campaign with post-secondary institutions, Métis Nation of Saskatchewan, Prince Albert Grand Council, and other First Nations communities. The Authority expects the recruitment campaign to target high school students and young adults across northern Saskatchewan, with a particular focus in and around Prince Albert.

The Authority expects the campaign to begin with longer-term education programs such as the registered nursing program (minimum four-year duration to complete), and then move onto other shorter duration programs (generally two years or less to complete, like licensed practical nursing). The Authority also plans to partner with local high schools, including on-reserve schools, to provide in-person career exposure through rotating presentations by Authority health professionals in nursing and other hard-to-recruit positions.

We also found the Authority recently entered into a partnership with the Gabriel Dumont Institute in early 2022 to provide additional access for First Nations and Métis learners to post-secondary seats in further support of the Prince Albert Victoria Hospital project. In addition, the SHA committed to recruiting up to 450 qualified Métis students from Gabriel Dumont Institute from 2023 to 2028.

While the Authority has taken steps to create a more diverse workforce, lack of a First Nations and Métis recruitment and retention plan including a diversity target increases the risk of the Authority missing other potential opportunities to create a diverse workforce and to fill hard-to-recruit positions.



- 5. We recommend the Saskatchewan Health Authority implement a First Nations and Métis recruitment and retention plan to help fill hard-to-recruit positions.**

5.9 Better Analysis of Staff Exit Surveys Needed to Inform Retention Strategies

The Saskatchewan Health Authority does not centrally analyze key information from staff exit surveys to understand why it does not retain staff in hard-to-recruit positions.

The Authority has a variety of key information it could use to determine workplace improvements needed to increase staff retention, including those deemed as hard-to-recruit. For example, it does not have a centralized process to conduct and summarize exit surveys with staff who depart from the organization. Such information is necessary to enable the Authority to develop and implement effective retention strategies for hard-to-recruit positions.

5.9.1 Employee Exit Surveys Not Analyzed

Employee exit surveys help organizations assess the overall experience of staff during their employment and identify opportunities to improve retention and engagement. Exit surveys can provide organizations with feedback regarding their workplace culture, day-to-day processes, and staff morale.

We found the Authority does not have a centralized process to conduct exit surveys with staff prior to their departure from the organization. Currently, it uses a patchwork of different surveys in place prior to the creation of the amalgamated Authority in December 2017. As a result, the Authority does not have a source of consistent data to allow it to analyze aggregate results from its exit surveys. This information would be useful to conduct root cause analysis on why staff leave or do not stay in hard-to-recruit positions (e.g., identification of common themes), which would enable the Authority to drive change in its retention strategies.

Staff exit surveys can provide an organization with valuable information about where it can improve. Lack of analysis of staff exit surveys limits the Authority's ability to assess the effectiveness of and adjust its recruitment and retention efforts for hard-to-recruit positions.

- 6. We recommend the Saskatchewan Health Authority centralize its analysis of staff exit surveys to inform retention strategies for hard-to-recruit positions.**

5.9.2 Culture Survey Informed Strategy

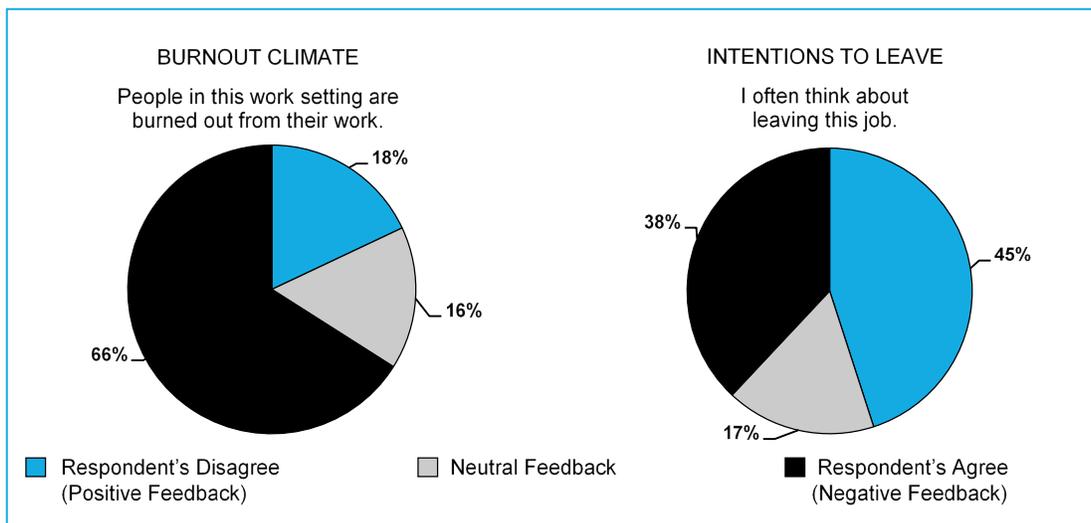
The Authority completed its first culture survey with its employees in fall 2020 with about 38% of all staff participating in the survey. These surveys provide information about staff perceptions of the organization, including identifying organizational strengths and weaknesses. Such information can prove valuable when assessing or designing retention strategies.

The Authority used the survey results to inform its organizational staff and experience strategy provided to the Authority's executive team in March 2021. The strategy highlighted key workplace changes needed to increase staff retention (e.g., wellbeing supports to address burnout culture).

At June 2022, the Authority does not have a timeframe for completion of its next survey.

Figure 10 sets out some key results from the survey. Areas of concern included staff feeling burned out from their work, as well as over a third of respondents thinking about leaving their job. For example, 38% of survey respondents indicated they were thinking about leaving their job at the Authority.

Figure 10—Culture of Safety Survey Summary Report at December 2020



Source: Saskatchewan Health Authority's Culture of Safety Survey Summary Report – December 2020.

Survey responses also indicated 66% of Authority staff who responded felt burned out from their work. Burnout is a state of emotional, physical, and mental exhaustion caused by excessive and prolonged stress. In the course of employment, burnout can make staff feel emotionally drained, unable to function in the context of work and other aspects of life, reduce productivity, and lower their motivation.²⁷ The survey results emphasize that hiring more staff is not the only solution to addressing resource gaps—the Authority also needs to ensure it fosters working conditions that encourage staff to stay, especially in the roles here it needs them most.

We found the Authority has initiatives in place to support the mental health of its staff. It offers an employee and family assistance program for all staff that can provide counselling and other assistance on a confidential basis. It also offers a mental health support line and internet-based cognitive behavioural therapy to all staff.²⁸

Many organizations now place increased emphasis on the mental health of staff, especially since the start of the COVID-19 pandemic. Taking steps to support staff mental health can lead to increased productivity and retention, as well as reduced healthcare and disability costs.

²⁷ www.camh.ca/en/camh-news-and-stories/career-burnout (7 August 2022).

²⁸ www.saskhealthauthority.ca/news-events/news/looking-supports-build-your-resilience-wellbeing (7 August 2022).



5.9.3 Overtime and Sick Time Monitored

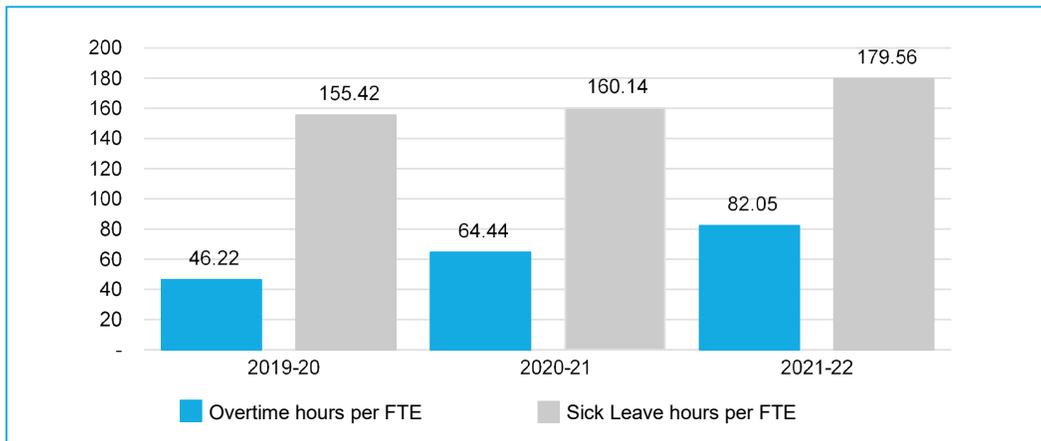
The Authority’s senior management regularly monitors staff overtime and sick time.

The Authority must be cautious that overtime, where staff intermittently work a few extra hours for increased pay, does not turn into overwork (i.e., burnout). Overworked employees can struggle to perform simple tasks, be productive, and experience physical or emotional disabilities—which can ultimately result in increased staff leaves of absence (e.g., prolonged sick time).²⁹ Such circumstances can negatively affect the Authority’s ability to retain staff.

Figure 11 shows that use of overtime and sick time per FTE increased steadily over the past three years. In 2021–22, the average amount of overtime per FTE was about 80 hours or 10 additional working days, compared to almost six working days in 2019–20.

Since 2019–20, Authority staff worked almost 78% more overtime per FTE and used almost 16% more sick time. Overall, the Authority paid its staff about 2.7 million overtime hours and 5.9 million sick time hours in 2021–22. These compare to about 1.4 million hours and 4.8 million hours in 2019–20, respectively. The statistics tend to indicate staff may be overworked.

Figure 11—Overtime and Sick Time Hours per Paid FTE 2019–22



Source: Adapted from information provided by the Saskatchewan Health Authority.

While the Authority does not regularly produce overtime or sick time reports specifically for hard-to-recruit positions, such information could help to illustrate those positions are not optimally staffed. It may also be a useful input to the Authority’s retention plans for those positions (see **Recommendation 2**).

5.10 Vacancy Rates Monitored but Further Ways Needed to Measure Whether Recruitment and Retention Activities are Working

The Saskatchewan Health Authority has set one target for assessing whether it is successfully recruiting and retaining hard-to-recruit staff, but could establish further measures to evaluate its success.

²⁹ wheniwork.com/blog/overworked-employees (4 August 2022).

The Authority develops a public performance plan, known as the road map, annually. The 2022–23 road map is the delivery plan to execute on the current year's budget commitments and to advance key priorities for the Authority.

The first goal on the road map—'Investing in our most valuable resource – our people'—is the Authority's main human resources objective. A priority under this goal is to advance progressive health human resource strategies to meet the Authority's current and future workforce needs. One performance target exists in 2022–23 specifically related to the recruitment and retention of hard-to-recruit positions (i.e., by March 31, 2023, the Authority would have no more than 5% of permanent full and part-time hard-to-recruit priority classification positions vacant for more than 90 days).

Assessing the vacancy rate shows the percentage of unfilled positions compared to the total number of positions in the organization. A high percentage means there are jobs available, but they remain unfilled. It signals a high demand or a low supply in the job market. The Authority must try to devise strategies to allow it to more closely align staff supply and demand in order to successfully deliver healthcare services and sustain an engaged workforce.

Figure 12 illustrates those hard-to-recruit positions with chronic vacancies greater than 5% at March 2022. The Authority had 11 hard-to-recruit positions over the 5% target of permanent full and part-time hard-to-recruit priority classification positions vacant for more than 90 days, with some positions vacant for more than a year.

The Authority may not be able to provide optimal care to Saskatchewan residents when key positions are vacant for long periods of time. The Authority must redirect client care to other locations which adds strain to those services, or not offer some services at all (see **Section 5.1**).

Figure 12—Hard-to-Recruit Positions with Chronic Vacancies Greater than 5% at March 31, 2022

Hard-to-Recruit Position	Chronic Vacancy Percentage
Respiratory Therapist	10.9%
Speech-Language Pathologist	10.3%
Combined Laboratory and X-ray Technician	9.6%
Public Health Inspector	8.6%
Electroneurophysiology Technician	8.3%
Psychologist	7.2%
Sonographer—Cardiac and Diagnostic	6.5%
Occupational Therapist	6.1%
Registered Nurse or Registered Psychiatric Nurse	5.7%
Health Information Management Practitioner	5.6%
Physiotherapist	5.1%

Source: Adapted from the Saskatchewan Health Authority's *Health Human Resource Plan 2022–2026*, June 2022 version.

We found the Authority began analyzing and reporting to senior management in early 2022–23 regarding its hard-to-recruit position vacancy rates. In its June 2022 report to senior management, the Authority reported an overall vacancy rate of 8.15% for hard-to-recruit positions (7.32% for all positions).



Other useful information the Authority could use to assess whether recruitment and retention strategies for hard-to-recruit position are working include:

- Retention rate—the number of employees who remain at the end of a period
- Average tenure of employees who left the Authority's employ
- Time to fill a position—good practice indicates that shorter timeframes for applicants to be offered a job increases the likelihood of them accepting a job offer

The Authority plans to implement the new Administrative Information Management System (AIMS) in 2022–23. It expects AIMS to enable better collection and analysis of human resource data.

Without sufficient, quality measures to determine which recruitment and retention activities are working, it may be difficult for the Authority to effectively address vacancies in hard-to-recruit positions. Improved data analysis should help the Authority inform needed updates to and priorities for its recruitment and retention plans for hard-to-recruit positions.

7. We recommend the Saskatchewan Health Authority establish further measures to evaluate the success of its recruitment and retention activities for hard-to-recruit positions.

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