2024

Caring for the Future

Frontline Workers on the Challenges in Saskatchewan's Long-Term Care Sector

Canadian Centre for Policy Alternatives – Saskatchewan Office

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Frontline Workers on the Challenges in Saskatchewan's Long-Term Care Sector

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September 2024

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The research in this report was conducted by Simon Enoch (PhD Toronto Metropolitan). Invaluable research assistance, interview transcription and analysis was provided by Aidan Ulrich. Our sincere thanks for the suggestions and feedback from those that peer-reviewed the manuscript.

Acknowledgements

Special thanks and acknowledgement to the members of Service Employees International Union West (SEIU-West) for their participation in bringing this report to life. We are grateful for the opportunity to have spoken with these dedicated healthcare providers who do so much for their communities and the people of Saskatchewan. Any errors are the sole responsibility of the Canadian Centre for Policy Alternatives – Saskatchewan Office.

Introduction

COVID-19 starkly laid bare the crisis in long-term care in Canada. Across the country, COVID outbreaks in long-term care homes ravaged vulnerable residents and workers and sent governments scrambling to try and repair a system that had been in crisis long before the deadly advent of the COVID-19 virus. In Saskatchewan, the government was forced to take ownership of five previously privately-operated long-term care (LTC) homes after a deadly outbreak that killed 39 residents at Regina's Extendicare Parkside Facility (Vescera, 2022).[1] But while the crisis of COVID may have abated, the crisis of long-term care continues. With an aging population, an already under-resourced segment of our health care sector is primed for disaster. Indeed, the Conference Board of Canada estimates that 4,648 new beds will need to be created in Saskatchewan to adequately address our aging population (Cited in Braedley, McWhinney, Barclay & Jensen 2022, 9). And yet, despite this need, the total number of LTC beds in the province have been declining.[2]

With a provincial election forthcoming, it is incumbent on the next government to adequately address this crisis before it becomes catastrophic. To understand the extent of the crisis in long-term care, we spoke to those who live it every day—long-term care workers. In what follows we catalogue the concerns of workers and the challenges they face in an often chronically under-staffed, under-resourced and under-paid profession. These workers, to the best of their ability, try to stave off the worst consequences of a system that has atrophied due to years of under-investment and neglect. But to continue to rely on the deep compassion and dedication of these workers to prop up a chronically underfunded system is simply not sustainable. As the following interviews reveal, there is overwhelming consensus on what is wrong with long-term care in Saskatchewan and how to fix it. The next Saskatchewan government needs to heed the warnings of long-term care workers and make historic investments in this critical component of our public healthcare system to adequately prepare it for the future.

1 In Saskatchewan, Special Care Homes is the legal entity within which long-term care services are provided. These facilities are owned and operated by the Saskatchewan Health Authority and some homes have a contract with the SHA to deliver care. These homes offer 24/7 nursing care for Saskatchewan's most vulnerable adults who live with extreme frailty, dementias and/or complex care needs.

2 Saskatchewan had 9,240 LTC beds in 2001, compared with 8,620 in 2023 (See Amato, 2023).

What We Heard from LTC workers

The following report is based on interviews with sixteen employees in Saskatchewan's long-term care sector, the vast majority working in Special Care Homes. Our sample includes both current and former staff at long-term care facilities across Saskatchewan. These include Continuing Care Assistants (CCA), Licensed Practical Nurses (LPN), Recreation Directors, Administrative Personnel and Kitchen Staff. Informants were drawn from both rural and urban Saskatchewan in facilities of varying size. All identifying information has been redacted to ensure confidentiality and anonymity. Our key informant interviews identified several common concerns among workers regarding their experience working within the long-term care sector. We have divided the report to reflect each of these key concerns.

Under-staffed and Overworked

Concerns with staffing levels at long-term care facilities were overwhelmingly the most frequent complaint made by our key informants. However, this is certainly not a new phenomenon, with staffing levels a preeminent concern in the province's long-term care sector long before the COVID-19 pandemic (See Davis, 2015). Nevertheless, these concerns have not abated, as our informants identified under-staffing as a key driver of what they consider to be deteriorating workplace conditions. Canada's Health Standards Organization (HSO) recommends that long-term care residents should receive a minimum of 4.1 hours of direct (face-to-face) care daily from staff (Kurz, 2023). Not one informant that we interviewed believed that residents in the facilities they worked in were receiving this amount of care on a day-to-day basis.[3] As one worker explained:

> I worked Tuesday and Wednesday, and both days we were short [staffed]. So, on that day, some residents didn't even get their showers because we just didn't have time … We have six minutes to get them [residents] up. But then we never stop. We don't ever stop. We do not have time. And I wish we did, but we just do not have time. I wish we could give them four hours.

3 In 2004 under the previous NDP government, the Housing and Special-Care Regulations required that residents receive at least two hours of personal or nursing care per day, with a required ratio of one registered nurse or registered psychiatric nurse to seven ancillary nursing staff. In 2011 the Saskatchewan party government eliminated these legislated requirements for care and staffing in special care homes. They were not replaced by any guaranteed or recommended care time or staffing ratio (See Braedley et al, 13-14).

Another of our informants offers a similar assessment:

> I would say we are short-staffed at least 4 times per week. Residents get only the basic care when short-staffed. [The] amount of time spent with each resident is far from 4 hours of direct care in a day. I timed today at work: it takes 20 minutes to get a resident up without a tub bath, and that's if the person is cooperative. If that person is a total lift, add another 10-25 minutes since I have to wait for someone to help me transfer from bed to chair. Toileting, 10 minutes, lift person [takes] longer but you are not spending good quality time during these times. We have 30 residents. On days, 6 staff. Evening, 4 staff, and night, 4 staff. I would say in 8 hours I would spend 90-100 minutes with a resident. In a 12 hour shift maybe 150 minutes.

As the above informants note, chronic under-staffing severely impacts the kinds of care and attention that staff can provide. Many lamented that they just did not have the amount of time required to spend with residents to effectively do their jobs. As one informant observes:

> The residents suffer because we can't take the time to do the care properly, like we do, but we do it quickly. We don't take the 15, 20 minutes that we could if we had the staff to be able to say, 'Is there anything wrong or is there anything I can help you with?'

Another worker expressed similar sentiments:

> I feel like you want to do all these extra things for these people because you really care about them, but then you don't have time. And it almost makes you feel guilty that, I didn't get to do whatever with this person today, and I really wanted to, and I just didn't have the time to.

Moreover, there is no doubt that under-staffing significantly impacts residents' quality-of-life. Beyond the time and attention that residents lose when facilities are under-staffed, they can also be forced to forgo daily recreation activities if staffing levels are not sufficient. As one informant explained:

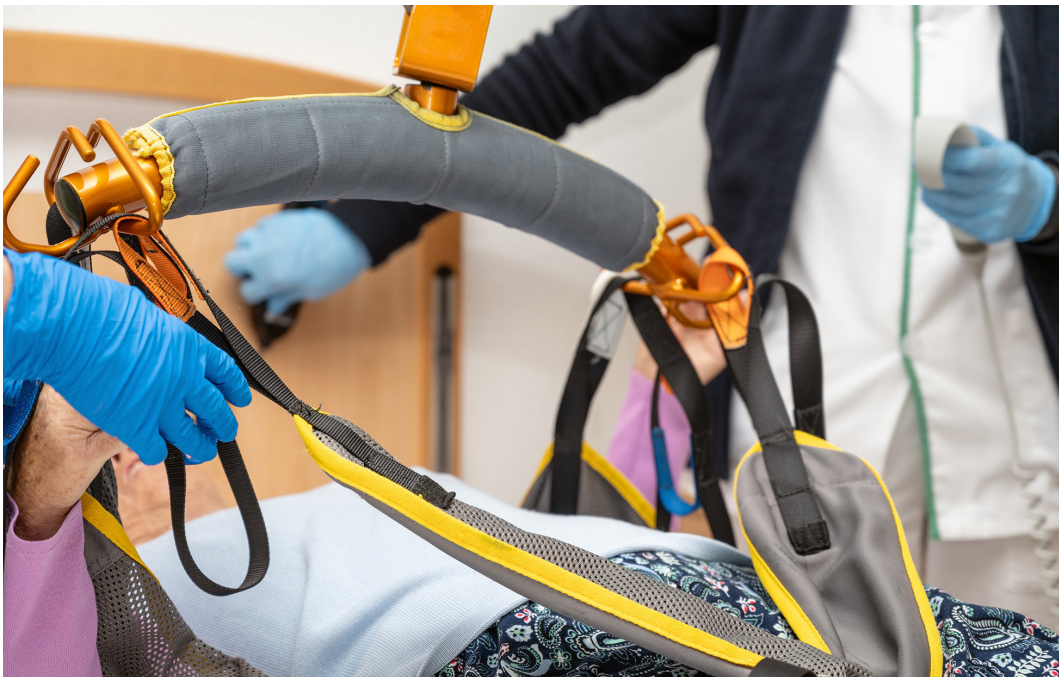
> Just the other day, we were supposed to go for a drive out to the [redacted] and we had to postpone it to a different day because we were short-staffed and didn't have enough people to come with us…. There's a couple of [residents], if their routine is disrupted, then they do get upset, right? Fair enough if you've been looking forward to it or whatever.

As the above comment indicates, under-staffing can also disturb and upset residents who rely on and expect a consistent daily routine. As we will explore, the inability to provide a consistent daily routine can result in disputes between staff and residents that only further exacerbate working conditions in these facilities.

Equipment and Facilities

Another important factor that workers identified as contributing to the problems of under-staffing was the state of the facilities in which they work and the equipment that they rely on to successfully fulfill their daily responsibilities. Multiple Continuing Care Assistants in different facilities cited the common experience of ceiling track lifts breaking or failing:

> We have ceiling tracks that break all the time. They'll just get stuck. They'll break down. They're beeping. We need maintenance.



These devices, which assist in getting residents out of and into their beds, are a critical piece of equipment ensuring the safety of both residents and workers. When they fail, they require workers to physically lift residents in and out of their beds, a process made all the more dangerous when there is not enough staff onsite to assist with such a task. As one Continuing Care Assistant explained:

> [We need] more coworkers, more ceiling tracks that don't beep at us. And we can actually not be scared to put Jane into the bed with the ceiling track and not have us scared that it's going to stop working because it has stopped working, and I've had to push the lady into bed.

Other informants spoke of other equipment failures that inconvenienced residents and staff:

> One night we had an air mattress go flat and a resident was in it and he was basically laying on metal. We called our maintenance man on call. He told us, Well, just go downstairs and get another bed. Okay, but who's going to stay up here and keep an eye on these residents? Just go downstairs and get another bed. So we did. Went downstairs, got another bed. That bed didn't work either.

More generally, our interviews revealed a general state of disrepair within certain long-term care facilities, particularly in older ones. Informants spoke to us about cracks in walls, ill-fitting doors, burst pipes and leaky roofs. As one informant told us:

> Our roof leaks. So we've had buckets in the dining room where the staff eat. The ceiling is leaking and there's buckets around the tables where we eat our food.

Obviously, working and living in facilities in this state of disrepair can only exacerbate the risk of physical injury for both workers and residents. Moreover, they can force residents to be moved around the facility, upsetting those that may be disoriented by the experience. As our next section outlines, the risk of physical injury—already high in the healthcare field—is only aggravated by deteriorating equipment and facilities.

Injuries and Aggression

While all healthcare workers face an increased risk of physical injury compared to other sectors, long-term care homes are "one of the most dangerous workplaces and have one of the highest rates of occupational injury" (Chamberlain, et al, 2023). Indeed, the very nature of the daily work that many LTC staff perform can be intensely physical. One informant described their daily routine:

> I assist my residents in washing them daily, repeatedly, if needed, dressing them, brushing their teeth or dentures, helping them use the bathroom, getting them into the shower or the bath, helping them eat if they need it, walking using a sit stand or a ceiling track to help them, either help them into the wheelchair or laying in their bed.

Such daily physical effort can take a toll on workers' bodies. One former Continuing Care Assistant explained how injuries forced them to ultimately leave the profession:

> The primary reason I left, I blew out my shoulder, and that is the most common injury—is rotator cuff injuries…When we switched to 12-hour shifts, I realized it would just go again. I had to protect my body. That's why I switched to office work.

Equally common in the long-term care sector is the risk of injury due to physical aggression from certain residents. Indeed, research estimates that 90 percent of Canadian caregivers have experienced some form of physical violence in long-term care homes (Cited in Brophy, Keith & Hurley, 2019). Multiple informants described acts of aggression from residents:

> We get hit, we get spit on, we get bodily fluids on us. It's emotionally and physically—people get hurt. I know staff members who had their wrists broken or their shoulders dislocated from being physically assaulted at work by a resident…There's a lot of physical injuries.

Another informant told us that:

> We have had some [residents] ones that lash out and hit…Quite a while ago a resident had pulled on a care staff's arm and tore the muscles up in her shoulder.

Staff can be even more vulnerable during evening shifts, when staffing levels are further reduced. However, for residents suffering dementia or Alzheimer's, evenings can be a period of intense distress:

> During the day, dementia and Alzheimer's are different [from] what they are when it's sundowning.[4] And there's a lot more aggression. If they don't want to go to bed, we're not going to push it because there's no point. They're just going to fight it. The three of us will then leave them till the end and then help them if they will allow it. And if they don't, then we just leave it till night, and then they do it.

Another respondent also explained the difficulties when dealing with residents in advanced stages of dementia:

> Those with dementia may not understand what you are doing or why you are trying to help them and become aggressive, hitting, swearing, spitting, and kicking at you.

4 The term "sundowning" refers to a state of confusion that occurs in the late afternoon and lasts into the night. Sundowning can cause various behaviors, such as confusion, anxiety, aggression or ignoring directions. Sundowning also can lead to pacing or wandering. See https://www.mayoclinic.org/diseases-conditions/alzheimers-disease/expert-answers/sundowning/faq-20058511

A 2019 survey of Saskatchewan's Special Care Homes indicates that upwards of 68% of residents have a neurological disease, such as dementia (Braedley et al, 2022, 6). With such a high proportion of residents potentially experiencing increased distress during evening hours, many informants questioned the wisdom of reduced staffing ratios for evening shifts and hoped that management and government might reconsider these staffing ratios in the future.

Emotional Labour

Despite the ever-present risk of physical injury for long-term care workers, perhaps an under-appreciated aspect of this kind of work is the amount of emotional labour the profession requires. By emotional labour, we mean the expectation that long-term care staff are expected to "manage and align their emotions according to professional expectations." There is no doubt from our interviews that staff make close connections with the residents they care for. As one informant explained:

> Definitely a testament to working in a small facility is you absolutely get attached to people or their people with locals here, people that you grew up with and stuff. So, it's really tough when someone passes. I know a lot of my coworkers go to every single funeral they can go to when somebody passes here.

The reality is that staff within the long-term care sector must increasingly manage emotions around death and dying. Within Canada, an estimated 40% of all deaths are now found to occur in residential LTC facilities, up 15% in the last 10 years (Giesbrecht et al, 2021). While not originally created to offer palliative care, LTC homes are fast becoming the facility where many residents will spend their final days. This means that staff are increasingly called upon to provide end-of-life care and manage the emotions that come with it. Informants regularly expressed to us that adequate time for staff to mourn and grieve for residents that have passed was insufficient due to the demands of the job:

> When somebody does pass away, it takes a toll on us because we build a connection with these people from the minute they walk in the door and then when they go, it's hard on us, but we're just expected to just pick up and continue on. There's no time for us to breathe.

Similarly, in another interview, a Continuing Care Assistant noted that the pressure to turn over beds and admit new residents can also be a source of emotional pain:

> We have four days to let the person pass away, clean the room, let the family in to get the belongings, and within four days, we have somebody new. So, it hurts us as caring CCAs because we care for the people. We look after the people. Of course, we're human. We're going to cry when they pass away, and it's going to hurt us.

The experience of our informants aligns with Giesbrecht et al's study of the impact of end-of-life care among western Canadian LTC workers. Giesbrecht observes that despite the need for time, space, and/or ritual to process grief:

> This was often not provided or permitted for LTC staff. The stressful, fast-paced work environment and rapid influx of new residents once a bed became 'available' was found to hinder their capacity to cope, negatively affecting their emotional wellbeing and potentially contributing to compassion fatigue/burnout (2021, 6).

Moreover, organizational expectations for staff to carry on normally after the death of a resident can cause high levels of stress that can impact their health and well-being (Ibid, 3). Indeed, one administrative worker we spoke with observed that:

> What I'm seeing coming across my desk [redacted] is stress-related leave. Huge amounts of stress-related leave….so you have all of those stresses, and then you're working so physically hard and so emotionally drained.

Despite these changing realities, staff we spoke with did not believe that they were given the time or resources necessary to manage the emotional labour of end-of-life care. As one informant explained,

> We get a chapter in our course taught to us. About what happens to the body and that. Dealing with a Death. We don't have training. We don't get much time to deal with losing the resident either. SHA (Saskatchewan health Authority] gives us 4 days. Losing the resident, having family go through the room, having CCAs clear the rest out. Have cleaners clean the room. Then we have another resident there … But we love and care for these residents everyday so it's like losing a family member. It's definitely hard emotionally.[5]

5 The Continuing Care Certificate offered by Saskatchewan Polytechnic mandates a 2-credit course called "End-of-Life Care" that covers "death and dying in the Canadian context. You will study the basic needs and interventions of the dying client. You will also cover grief, the grieving process and the impact of life threatening illnesses on the family members." https://saskpolytech.ca/programs-and-courses/programs/Continuing-Care-Assistant.aspx

Recruitment and Retention

As the above attests, long-term care work is physically and emotionally demanding. All of which is compounded by chronic under-staffing. One of the primary reasons for the sector's inability to maintain sufficient staffing levels is the inability to successfully recruit and retain qualified personnel. In this section, we identify what LTC staff view as the main obstacles to keeping people in the sector. Certainly, the conditions of the work described above can and does alienate staff. As one informant describes,

> A lot of people don't want to do the job. They don't want the stress. They just think that it's going to be easy, not mentally, physically, emotionally draining when you leave there.

The nature of the job and workplace conditions inevitably result in high turnover rates for staff:

> People are leaving. We've had, I think, seven people just give up their positions because they're exhausted. They just can't do it anymore. So it's just, yeah, nobody wants to work the overtime because people are always working overtime. You're getting mandated, which means you're made to stay against your wishes.

Similarly, another informant explained what appeared to them to be an even higher level of turnover than in the past:

> The lifespan, we used to see CCAs working in long-term care, the primary age was like 45 to maybe 55. That was a lot of them. Now it's younger people, but they're on their way out. They're going to get an [LPN] and they're going to be a nurse. So they're there for a little bit, or they're trying it out and it's just not working for them. So the turnover is getting greater and greater and greater.

Beyond the conditions of work, many of our informants believed that the low rate of pay further discouraged people from entering into or continuing to work in the sector:

> I feel like probably what everyone else says is a lot of people here are underpaid, right? That's a really big thing is they really don't make that much for what they do.

Certainly, other jurisdictions have noted that lower wages and benefits contribute to the difficulties of recruitment and retention in the long-term care sector (See Ontario Ministry of Long-Term Care, 2020; Smith, 2021). Moreover, workers unable to secure full-time hours may also choose to leave the sector. As one informant explained:

> Like, if there was full-time available, I wouldn't have to work other jobs. So then you look elsewhere. You find something that's more full-time or more fulfilling, and then it's like, why stick around here? So it's hard to retain good staff.

Lastly, while wages and working conditions were predominant concerns among our interviewees, there was also a shared sense that care work was not given the respect it deserves. A common sentiment that Continuing Care Assistants shared with us is that the public not just view them as "bum-wipers."

> The public needs to know we are human beings, too. Yes, we clean residents' bodily fluids. We aren't just professional bum wipes. We are care aides who are human beings that are damn good at our jobs, and we love our residents. We grow to care for them. It affects us when they pass away. And we all take a little bit of them in certain ways, memories… The residents affect us, even in just the little ways.

Similarly, another informant asked that the public recognize the essential importance of their work:

> I just wish that they [the public] could just know that we're more than just butt wipes. Let's put it that way. We're so much more than that. We take care of these family members so that they don't have to. We are the first people that they see when they wake up in the morning, and we're the last people that they see when they go to bed at night… I wish that we could get the same type of respect as the nurses and the doctors.

Certainly, it is hard not to sympathize with these sentiments given the demands of the profession and the seeming neglect that governments and even the public often afford the sector. But long-term care is only going to become more essential and more important as our population ages and the need for professional elder care grows. Making long-term care work a more attractive and respected health profession will be vital to ensure that the skilled workforce we need for the future will be there. To conclude, we asked our informants what they believed governments could do to successfully address many of the difficulties that currently plague the sector.

What LTC Workers Need

As this study has made clear, by far the most important need we heard from LTC workers was the need to resolve the chronic under-staffing that is the source of so many challenges in the workplace. One informant succinctly summed up what was a pervasive sentiment among our interviewees:

> I would ask and plead with Scott Moe to give us extra staff, give us positions, that is, we have an extra person on weekends and an extra person on evenings, because we would stop the residents from falling. We would stop the residents from having accidents that we can't see, because we're constantly in rooms.

Other informants believed that better compensation would also positively affect the current recruitment and retention crisis:

> Pay us what we're worth, make it an attractive position again, and people will bang down the doors because the people that work in health care love health care, and it breaks our hearts to leave it.

Multiple interviewees also believed that there needs to be more incentives to attract people into the profession and show that they are valuable, such as retention bonuses or tuition rebates for training.

However, it is important to note that while these workers face tremendous challenges in delivering day-to-day care, the vast majority stated that they loved their work and the residents they care for. What they want is to be able to do their jobs to the best of their ability. The sense of guilt that workers felt because they could not adequately address or anticipate residents' needs because of the time pressures put on them was palpable in all our interviews. But the government is not giving these workers the tools and resources they need to do their jobs to the high standards that these workers want. As one informant lamented:

> We don't do this job because we have to, we do this job because we want to, right? But people are exhausted. And I mean, the government, it's almost like they just don't care.

The government has pledged to address the challenges of recruitment and retention in health care via their *Health Human Resources Action Plan* released in 2022.[6] While there are no hiring or recruitment targets laid out by the government specifically for long-term care in the plan, the government has instituted retention bonuses for new employees as well as expanding the number of seats in Saskatchewan Polytechnic's Continuing Care Assistant (CCA) program and the number of seats for CCA and LPNs at the Gabriel Dumont Institute. While these are important initiatives, they still do not fundamentally address the immediate needs of the sector in regards to deteriorating workplace conditions and retaining existing staff. Retention bonuses or other incentives are not available for existing LTC staff, employees that the system desperately needs to retain—along with their expertise and experience. Unfortunately, when asked what incentives the government was introducing to keep existing LTC staff within the sector, then-Minister of Health Everett Hindley responded that the government's retention strategy amounted to an employee's existing salary. "What they're paid to do" in the Minister's own words (Standing Committee on Human Services, 2023, 377). As the voices of LTC workers in this report starkly illustrate, the status-quo is not a sustainable strategy for anything other than the continuing deterioration of this vitally important part of our public health system. As the province readies for a fall election, we need to ensure that all parties understand the urgency to not only repair, but to invest and build a long-term care sector that can meet our needs well into the future. To that end, we conclude this report with a list of recommendations that the next government should consider if it seriously wants to address the crisis on long-term care.

6 The Government of Saskatchewan's Health Human Resources Action Plan is available at: https://publications.saskatchewan.ca/api/v1/products/118817/formats/136616/download

Recommendations

1 **Institute Safe-Staffing Levels**
The government needs to ensure that Long-term care facilities have the requisite staff for them to operate safely and effectively. In consultation with workers and their unions, the government needs to mandate minimum safe-staffing levels for LTC facilities depending on size.

2 **Reconsider Reduced Staffing Levels for Evenings**
With the expansion of home care, more and more LTC residents are arriving with much higher care needs than in the past. For those with neurological diseases like dementia, evenings can be a time of profound distress. The notion that staffing levels can be reduced during these periods no longer applies and puts workers and residents in a potentially dangerous situation.

3 **Restore Minimum Standards of Care**
Government needs to improve the number of hours of care LTC residents receive, with the goal of meeting the Health Standards Organization's recommendation of a minimum of 4.1 hours of direct care per day.

4 **Mandate Increased End-of-life Care Training and Resources**
LTC homes are increasingly becoming the place where residents will spend their final days. As our report demonstrates, many workers do not believe they have received the requisite training or resources to be able to manage and process the grief of continually providing end-of-life care.

5 **Provide Incentives and Salaries that will Allow for the Retention of the Existing LTC Workforce**
Government should introduce an incentive structure that rewards the experience and expertise of existing LTC staff, with a promotion structure that incentivizes professional development and increased training opportunities.

6 **Prioritize Investment in Facility and Equipment Repair and Maintenance**
LTC facilities are not only workplaces, they are also homes. Working and living conditions could be greatly improved by a priority investment in ensuring these facilities and their essential equipment are kept in peak condition.

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