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Quality of employment and labour market dynamics of health care workers during the COVID-19 pandemic

by Anthony J. Blackwell

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Quality of employment and labour market dynamics of health care workers during the COVID-19 pandemic

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Overview of the study

Using new data from the Labour Force Survey, this article explores how the COVID-19 pandemic and increasing levels of unmet labour demand in the health care industry have affected the health care labour force. Specifically, this article looks at various aspects of employment quality among health care workers, including absences, overtime and wages, and changes in work quality over the course of the pandemic. The article proceeds to explore how these changing job characteristics affected health care workers and their likelihood to leave their current positions. This article builds on previously published research by taking a deeper look at the demographic and occupational profile of health care workers and introducing a labour market dynamics lens. The study focuses on workers in three main occupational groups: nurses, personal support workers and care aides (PSWs), and other health care workers (excluding physicians).

- In the fourth quarter of 2022, job vacancies for health care occupations reached an all-time high (95,800), more than doubling the number of openings from the same quarter in 2019 (40,100).
- 2020 marked an all-time high in the number of days missed because of personal illness or disability among health care workers. The increase in absences was led by nurses, who missed an average of 19.5 days (+4.6 days compared with 2019) of work in 2020.
- Health care employees are working longer hours than ever before. In 2022, the proportion of health care employees working overtime and the number of hours they worked were elevated, after trending upwards throughout the pandemic.
- In August 2022, health care workers (11.2%) were just as likely as workers not in health care (12.0%) to report that they intended to leave their current job within the next year.
- Among those intending to leave (but not retire), nurses (41.6%) were most likely to cite being overworked as the main reason, followed by PSWs (23.5%), other health care workers (17.7%) and workers in non-health occupations (9.7%).
- Overall, the proportion of health care workers who left their job from month to month was little changed from pre-pandemic levels from 2020 to 2022. A slight decline in the job-leaving rate was observed amongst workers in non-health occupations.

Introduction

The last decade has seen significant employment growth in the health care sector, owing to Canada's aging population and related increases in the number of people seeking care for acute and chronic conditions.¹ At the same time, the health care sector has grappled with increasing levels of unmet labour demand, predating the pandemic. For example, from the fourth quarter of 2015 to 2019, the number of job vacancies in the health care industry increased by 88.0% to 52,700 (not seasonally adjusted). Moreover, the job vacancy rate—which measures vacant positions as a proportion of all positions—increased from 1.8% to 3.0% (not seasonally adjusted).

The pandemic not only magnified the demand for health care services, but also exacerbated the challenges of maintaining a sufficient workforce. In the fourth quarter of 2022, job vacancies for health care occupations reached an all-time high (95,800), more than doubling the number of openings from the same quarter in 2019 (40,100). Vacancies in nursing and personal support work made up two-thirds (68.8%) of all vacancies in health occupations (not seasonally adjusted).^{2,3}

At the height of the pandemic and after, health care administrators mitigated the impact of staff shortages by introducing various measures. Some of these included temporarily reducing the number of services available, requiring staff to work additional hours and shifting to other modes of service delivery, such as virtual health care services.⁴ Combined with innovation in health care delivery, the recruitment and retention of health care professionals

remain vitally important to Canada's health care system.

To this end, having a better understanding of the various working dimensions of health care workers can help inform future staffing strategies and provide a sense of the outlook of this sector. Based on data from the Labour Force Survey (LFS) from 1997 to 2022, the first section of the study examines various aspects of work and how they changed for health care workers following the onset of the pandemic. The second section uses the Survey on Health Care Workers' Experiences During the Pandemic (SHCWEP) and LFS supplement data to provide insight on how changes in work quality affected the experience and job satisfaction of health care workers (see box "[Data sources, methods and definitions](#)"). Finally, the LFS is used to explore whether health care workers responded to the pandemic by changing their decisions to stay or leave their jobs.

Where possible, the study uses the Quality of Employment Framework, which provides a standardized structure to measure various dimensions and subdimensions of employment quality. This statistical framework, created by the Group of Experts on Measuring Quality of Employment, was published by the United Nations Economic Commission for Europe in 2015. For the purpose of this paper, the modules relating to safety at work, working hours and income are considered, with a focus on full-time employees.

The study focuses on workers⁵ in three broad occupational groups: nurses, personal support workers and care aides, and other health care workers (excluding physicians).⁶

Work absences related to illness or disability increased among health care workers during the pandemic

Throughout the pandemic, many people who were unable to work from home faced increased health risks in the workplace. This is particularly true among health care workers who were required to treat patients with possible or known cases of COVID-19. The increased exposure to health risks during the pandemic broadly translated into more time away from work because of illness or disability.

Work absences can be tracked using data from the LFS, which asks respondents how much time they miss from their regular work schedule during the week. Since comparable data became available, personal illness or disability has been the most common reason for missing work, aside from vacation. Previous research has concluded that being employed in the public sector, having union representation and being an older worker are associated with more time missed because of illness or disability.⁷

Absences among employees in health occupations increased during the first year of the pandemic, reaching the highest annual level since comparable data became available in 1997. In particular, full-time health care employees missed an average of 17.6 days of work because of illness or disability in 2020, an increase of 3.4 days compared with the 2019 average (Table 1). The increase in absences was led by nurses, who missed an additional 4.6 days of work in 2020, compared with 2019. By comparison, increases in absences among workers not in health care were smaller, rising by 0.7 days to 8.8 days per year.

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Table 1

Average work absences per year because of illness or disability, full-time employees, 2019 to 2022

Characteristics	2019 (ref.)	2020	2021	2022
	percentage			
All health care workers (excl. physicians)	14.3	17.6*	14.4	18.0*
Nurses	14.9	19.5*	15.6	18.5*
Personal support workers and care aides	18.2	21.6	19.1	20.8
Other health care workers	10.8	13.3	10.1	15.7*
Sex				
Men	10.1	13.2	10.9	17.6*
Women	15.2	18.7*	15.2	18.1*
Union coverage				
Union Member or covered by collective agreement	17.6	20.2*	17.5	21.7*
Not covered by a collective agreement	7.6	12.2*	8.4	10.8*
Age group				
15 to 34 years	10.6	13.0*	9.2	13.8*
35 to 44 years	12.9	18.1*	14.1	17.7*
45 to 54 years	15.8	22.0*	15.6	20.7*
55 years and over	21.2	20.0	24.5	23.8
Workers not in health care	8.1	8.8*	8.5*	9.5*

* significantly different from reference category (ref.) ($p < 0.05$)

Note: Includes full-time employees who only held one job during the reference week.

Source: Statistics Canada, Labour Force Survey, 2019 to 2022.

The number of days missed because of personal illness or disability generally increases with age. In 2020, workers aged 45 to 54 missed the most days, representing an additional 6.2 days (+39.2%), compared with 2019. Absences among workers aged 35 to 44 also increased notably, by 5.2 days (+40.3%).

Non-unionized staff, who typically have less access to paid sick leave than their unionized counterparts, missed an average of 12.2 days in 2020, almost a full work week (+4.6 days) more than the 2019 average (7.6 days). Unionized workers also missed more days in 2020 than in 2019, but to a smaller extent (+2.6 days).

Although the pandemic was still ongoing, 2021 marked a return to pre-pandemic levels of absences among health care employees. By this point, workplaces had adopted policies to better protect employees, COVID-19 vaccine programs had

begun across Canada and public health measures were in effect in most jurisdictions. However, the emergence of the Omicron variant in early 2022 overtook previous waves of COVID-19 in terms of the number of infections, and the number of days missed because of illness was once again elevated (18.0 days, on average).

The COVID-19 pandemic has often been characterized by dramatic fluctuations of infections, as subsequent waves have surged and then subsided. Not surprisingly, absences among health care employees also fluctuated from month to month. For example, in January 2022, which coincided with the first Omicron wave, full-time health care employees missed an average of 2.3 days, the highest monthly total since comparable data became available in 1997. By comparison, health care workers missed an average of 1.3 days in January 2019.

While there have also been periods with fewer infections among the general population, elevated absences for health care workers have remained consistent throughout the pandemic. Average monthly absences among healthcare workers were at or above 2019 levels in every month between March 2020 and December 2022.

Health care employees working longer hours than ever before

Compounding the difficulties of increased absences rates, many health care facilities have faced elevated levels of unmet labour demand for a variety of reasons, including a shift in demand for various health care services, which has persisted throughout the pandemic.

Despite employment in the broader health care industry growing by 118,000 (+6.9%) since the fourth quarter of 2019, job vacancies in the industry remained near a record

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high in the fourth quarter of 2022. While some facilities have been forced to reduce the number of services offered, many workplaces have relied on existing staff to work longer hours.

Although being required to work overtime is common in many health occupations, the number of additional hours required increased steadily after the onset of the pandemic. Among full-time employees who worked overtime,⁸ the average number of extra hours worked increased from 7.0 hours per week in 2019 to 8.0 hours per week in 2020. By 2022, average overtime hours reached 8.6 per week.

The proportion of employees who reported working overtime in a given week also increased from 22.1% in 2019 to 24.8% in 2022. While overall results show an upward trend in both the incidence rate and extra hours worked, further disaggregation by occupation is critical to better understand these patterns.

Among nurses, the proportion of employees working overtime reached 31.7% in 2022, an increase of 5.0 percentage points from 2019. At the same time, the number of extra hours worked by nurses who worked overtime was also elevated in every year since the onset of the pandemic.

Nurses who reported working overtime in 2022 averaged an extra 8.6 hours per week (an increase of 1.9 hours, compared with the 2019 average) above their normal schedule (Chart 1). The increase has been in paid work only, while unpaid overtime has changed little since 2019.

Similarly, personal support workers and care aides (PSWs) experienced an increase in overtime and extra hours worked during the pandemic. In 2022, both the incidence rate (18.2%) and extra hours worked by PSWs working overtime (10.0 hours per week) were among the highest ever.

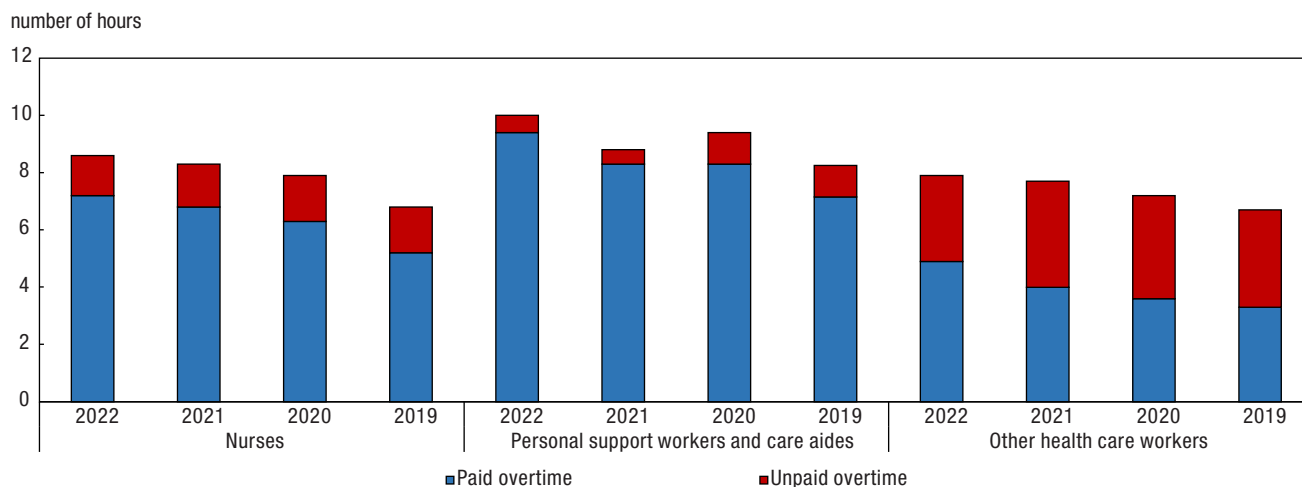
The leading role that health care professionals have played in responding to COVID-19 has highlighted various hazards related to their employment, including risk of professional burnout. Examining the proportion of people working long hours—defined as working 49 or more hours per week in the Quality of Employment Framework—can help shed light on who may be more susceptible to being overworked.

In 2022, 7.9% of full-time health care employees reported working 49 hours or more per week, well above the average level observed in 2019 (5.9%). The proportion for nurses in 2022 was 9.5%, compared with 6.2% in 2019; it was 7.5% among PSWs, compared with 5.7% during the pre-pandemic period (Table 2).

Exposure to long working hours also varied by province. Provincial differences in demand for health services, job vacancies, policy decisions and ability to attract labour

Chart 1

Average number of paid and unpaid overtime hours worked per week, by health care occupational group, 2019 to 2022



Notes: Includes full-time employees who only held one job during the reference week. The sum of paid and unpaid overtime hours may not match the total of hours worked due to rounding.
Source: Statistics Canada, Labour Force Survey, 2019 to 2022.

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can influence the degree to which existing health care workers are utilized. In 2022, nurses in British Columbia (11.1%), Alberta (10.9%) and Atlantic Canada (10.6%) reported the highest rates of long working hours.

Men who were nurses or working in other health care occupations were more likely to work long hours compared with their female counterparts, while workers in the public sector experienced a greater likelihood of long working hours than those in the private sector.

Price growth outpaced wages gains for nurses in the public sector

An evaluation of quality of employment would not be complete without examining wages. Economic theory suggests that wages should increase at a faster pace in response to increased demand. While recognizing that wages may react slower to increased labour demand due to the collective bargaining process or other factors (e.g., government policy), it is expected that wages in health care occupations

would rise given the growing levels of unmet labour demand that have persisted since before the pandemic.

Moreover, health care workers—like all Canadians—have experienced a period of rising consumer prices. After an initial decline during the first two months of the pandemic, prices began to increase. In June 2022, year-over-year inflation reached 8.1%, the highest level in more than 40 years. On an annual basis, consumer inflation was 6.8% in 2022, more than tripling the Bank of Canada's target of 2%.⁹

Table 2
Proportion of health care employees who worked long hours, by occupational group, 2022

Characteristics	All health occupations	Nurses	Personal support workers and care aides	Other health care workers
	percentage			
All health care workers (excl. physicians)	7.9	9.5	7.5	6.9
Sex				
Men	12.9	14.0	10.4	13.6
Women	6.6	8.8	6.9	4.2
Age group				
15 to 34 years	6.9	8.1	6.4	6.2
35 to 44 years	8.2	9.0	8.4	7.4
45 to 54 years	8.6	10.3	8.5	6.8
55 years and over	8.7	13.3	6.6	7.6
Union coverage				
Covered by a collective agreement	8.9	9.6	7.4	9.4
Not covered by a collective agreement	6.1	8.9	7.9	4.6
Sector				
Public	9.2	9.9	8.3	8.7
Private	6.1	7.7	7.0	5.0
Province or region				
Atlantic	8.8	10.6	x	9.2
Quebec	7.4	7.5	6.7	7.9
Ontario	7.4	9.8	8.1	5
Manitoba	9.4	x	x	x
Saskatchewan	8.7	x	x	x
Alberta	8.2	10.9	x	7.3
British Columbia	8.7	11.1	7.2	7.9

x suppressed to meet the confidentiality requirements of the *Statistics Act*

Notes: Working long hours is defined as working 49 or more hours per week. The denominator is restricted to employees who were at work for the entire reference period.

Source: Statistics Canada, Labour Force Survey, 2022.

Overall, employees working in health occupations are more likely than other workers to be public sector employees and covered by a collective agreement. For example, three-quarters (75.7%) of Canadian nurses worked in the public sector and were covered by a collective agreement or union contract in 2022.

Although recent inflation has eroded wage gains for most workers across Canada, average wages in the economy have outpaced inflation.¹⁰ However, the same cannot be said for nurses, particularly those in the public sector.¹¹ In 2022, the average wage for full-time nurses in the public sector was \$40.19 per hour, representing a 17.7% increase since 2012. By comparison, consumer prices rose 24.2% in the same period. Nurses in the private sector earned less (\$35.09 in 2022) than their public sector counterparts but experienced higher wage growth (+25.1%). In both sectors, there was little difference in average wages between unionized and non-unionized employees.

Similarly, the pay gap for personal support workers and care aides (PSWs), between the public and private sectors, has narrowed since 2012 as public sector wages have generally not kept pace with inflation. Average wages for PSWs employed in the public sector increased from \$19.79 to \$24.15 (+22.0%) in the last decade. By comparison, average wages for PSWs in the private sector increased from \$16.07 to \$21.45 per hour, rising 33.5% in the same period.

Being overworked often quoted reason among health care workers intending to leave their jobs

The deterioration in employment quality among health care workers during the COVID-19 pandemic coincided with increased levels of stress and worsening mental health. From September to November 2021, the majority (87%) of health care workers reported feeling more stressed at work, compared with the pre-pandemic period. At 92%, nurses were most likely to feel more stressed at work, compared with 83% of PSWs and other health care workers.¹²

In general, the pandemic affected people's mental health negatively—just over one-third (36%) of the general population reported a decline in their mental well-being in the spring of 2021.¹³ Similarly, in the fall of 2021, 45% of health care workers reported slightly or significantly worse mental health, compared with the pre-pandemic period. Once again, nurses (52%) were more likely than other health care workers (44%) and personal support workers and care aides (PSWs) (34%) to report worsening mental health during the pandemic.¹⁴

Meanwhile, some health care workers also expressed a desire to leave their current job.¹⁵ Among those who did not intend to retire, 9% indicated that they wished to leave their current positions within the next year. The proportion ranged from a high of 12% among nurses to a low of 7% among PSWs and other health care workers.

More recent findings from the LFS confirm these patterns. In August 2022, 11.2% of permanent health care workers reported that they intended to leave their positions within the next year, with little difference between health occupational groups. By comparison, 12.0% of permanent workers in non-health occupations sought to leave their current jobs. This mirrors results from January 2022, when health care workers and workers not in health care were equally likely to indicate an intention to leave their current positions.

Although there was little variation between health care workers and workers not in health care, their reasons for wanting to leave varied. Retirement (24.6%) and having too large a workload (20.7%) were the most common reasons reported by health care workers for intending to leave. By contrast, changing careers (26.2%), going back to school (17.5%) and low pay (15.7%) were the most common reasons cited by permanent workers in non-health occupations. Workers not in health care mentioned retirement (12.0%) and having too large a workload (8.5%) much less often as reasons for intending to leave.

A combination of increased demand for some health services and persistent short staffing in many jurisdictions has led to reports of increased burnout in the health care industry. Among those not intending to retire, nurses were most likely to cite being overworked as the main reason for intending to leave (41.6%), more than PSWs (23.5%), other health care workers (17.7%) and workers in non-health occupations (9.7%).

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Nurses place greater value on most aspects of their employment, such as job autonomy and undertaking enriching work

In August 2022, the LFS supplement asked questions on the value workers place on various aspects of employment and the extent to which their current job met those requirements.

Overall, most health care workers (59.1%) and workers not in health care (59.7%) felt that their current position strongly aligned with their workplace values. Among health care workers, the proportion of those reporting that their position strongly aligned with their values was highest among personal support workers and care aides (PSWs) (61.6%) and lowest among nurses (55.6%) (Table 3).

Understanding differences in workplace values may have important implications for the recruitment and retention of health care workers, especially in the face of persistently high levels of unmet labour demand. Examples of these values include the importance of job autonomy, salary and benefits,

recognition, career advancement, and the relationship with coworkers.

Results suggest that health care workers value various aspects of their job differently, compared with those in non-health occupations. For instance, job autonomy and performing enriching work were more valued by nurses, PSWs and other health care workers, compared with their non-health counterparts.

Workplace health and safety was among the most important values for workers across health care occupational groups, with a greater proportion of PSWs (90.3%) and nurses (89.4%) indicating that it was either essential or very important in a workplace. Meanwhile, having opportunities for career advancement and being recognized for doing a good job were equally important for health care and non-health care workers.

Table 3

Workplace values and current job's alignment with those values, by occupational group, 2022

	Nurses (ref.)	Personal support workers and care aides	Other health care workers	Workers not in health care
	percentage			
Proportion who felt their current position strongly aligned with their values	55.6	61.6*	60.5	59.7*
Proportion who felt each value was "essential" or "very important" in the workplace				
Job autonomy	80.3	76.1	81.5	71.8*
Salary and benefits	88.2	87.3	84.3	83.3*
Job security	86.6	89.3	84.3	79.4*
Flexible schedule	70.5	71.8	70.3	65.8*
Flexible work location	34.8	43.8*	37.2	44.2*
Recognition	66.7	66.3	61.1*	62.6*
Enriching work	83.8	78.8*	81.2	68.9*
Relationship with co-workers	84.4	81.6	80.1*	76.9*
Career advancement	59.6	62.0	55.9	58.7
Workplace health and safety	89.4	90.3	85.4*	80.7*

* significantly different from reference category (ref.) ($p < 0.05$)

Source: Statistics Canada, Labour Force Survey, 2022.

Possible explanations for differences may relate to differences in job duties, the overall work environment and preferences, though further investigation is required. Indeed, nurses placed the same or greater importance on all workplace values, compared with workers not in health care.

Although steps have been taken to improve the quality of employment and lived experience of health care workers over the course of the pandemic, some solutions—like increasing

staffing levels—can take time. While longer-term solutions are being implemented, employers may need to consider differences in employment values and adjust their policies and practices accordingly to attract and retain health care professionals.

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Little change in the number of health care workers leaving their job during the pandemic

For many people, choosing to leave a job is a major decision. While many health care workers stated their intention to leave their current positions during the pandemic, the ability to make this change may depend on a variety of factors.

While increased demand for health care workers may have provided the opportunity for some to improve their working conditions, variations in local labour markets may have discouraged some from making that decision.

Across the economy, the number of people who left their job voluntarily to work at a different job, or for

other reasons, declined in 2020 and 2021 and remained below pre-pandemic levels in 2022.

In the health care sector, the proportion of workers who left their job in a given month averaged 1.4% in 2020, unchanged from one year earlier (Table 4). In subsequent years, the rate was also little changed from the pre-pandemic level. For each of the occupational groups, the job-leaving rate was similar to historical levels.

Similarly, job leaving was virtually unchanged or little changed throughout the pandemic for many groups, including men and women, public and private sector workers, and workers who had been at their current position for more than three years.

Number of health care workers entering retirement little changed during the first two years of the pandemic

Aside from the pandemic, the Canadian economy is also subject to the effects of an aging population. In 2020, the youngest members of the baby boomer generation turned 55,¹⁶ and retirements are expected to accelerate as they approach retirement age.

During the first two years of the pandemic, recent retirements among health care workers remained near the historical range in most months. In April 2021, just over 15,000 former health care workers had retired within the previous year, the lowest number for April since 2015 (3-month moving averages, not adjusted for seasonality) (Chart 2).

Table 4
Monthly job leavers, as a proportion of employment, annual average, 2019 to 2022

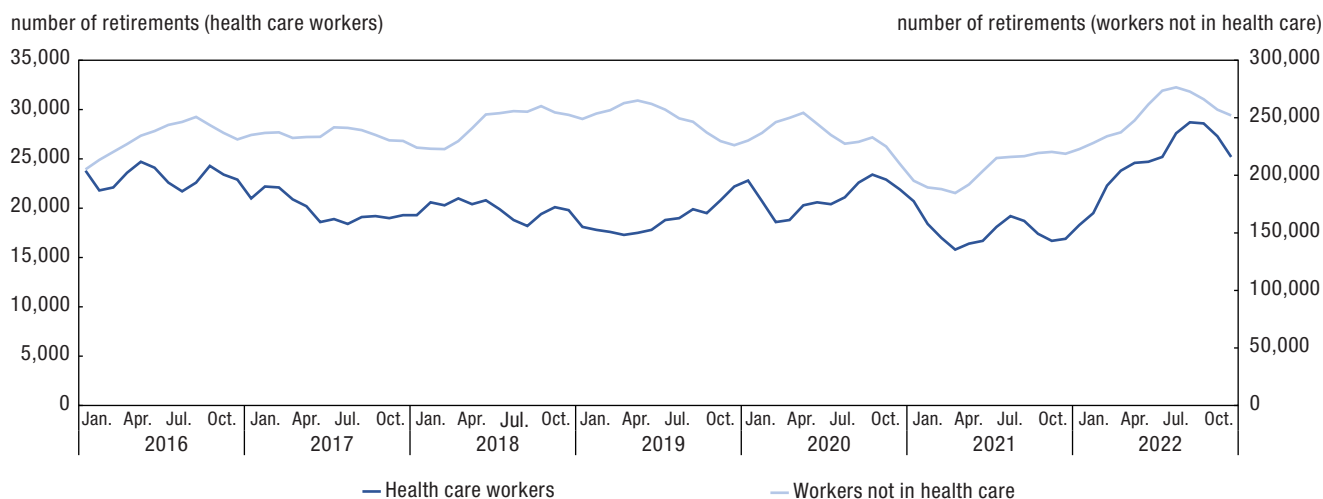
Characteristics	2019	2020	2021	2022
	percentage			
All health care workers (excl. physicians)	1.4	1.4	1.5	1.4
Nurses	1.1	1.2	1.0	1.1
Personal support workers and care aides	2.3	2.1	2.2	2.2
Other health care workers	1.1	1.2	1.3	1.2
Sex				
Men	1.1	1.1	1.1	1.1
Women	1.5	1.5	1.5	1.5
Sector				
Public	1.1	1.1	1.1	1.1
Private (including self employed)	1.9	1.9	2.0	1.9
Union coverage				
Union member or covered by collective agreement	1.2	1.1	1.1	1.3
Not covered by a collective agreement (including self-employed)	1.9	1.9	2.0	1.7
Age group				
15 to 34 years	1.9	1.8	2.1	2.0
35 to 44 years	1.2	1.3	1.1	1.2
45 to 54 years	0.9	0.6	0.9	0.7
55 years and over	1.7	2.0	1.5	1.4
Job tenure				
1 to 12 months	3.1	3.0	3.3	2.3
1 to 3 years	2.0	1.7	1.9	1.9
More than 3 years	1.0	1.0	0.9	1.0
Workers not in health care	2.0	1.7	1.7	1.9

Source: Statistics Canada, Labour Force Survey, 2019 to 2022.

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Chart 2

New retirements among health care workers and workers not in health care, 3-month moving averages, 2016 to 2022



Note: Includes retirements that occurred within the previous 12 months.

Source: Statistics Canada, Labour Force Survey, January 2016 to October 2022.

Beginning in 2022, recent retirements among former health care workers began to pick up, eventually reaching a peak of 28,700 in September 2022, a year-over-year increase of 8,400 (+43.8%). The uptick in retirements among health care workers was mirrored in the Canadian labour market as a whole, with the number of people retiring within the previous 12 months reaching a record high of 307,000, one month earlier in August 2022 (3-month moving averages, not adjusted for seasonality). On an annual basis, recent retirements reached an all-time high in 2022 for both health care workers (25,000) and workers not in health care (255,000).

One potential reason that retirements did not accelerate among health care workers (or in Canada as whole) at the start of the pandemic was the financial necessity for many people approaching retirement age to continue working. According to

analysis from 2018, 6 in 10 people aged 60 to 64 who were working did so out of necessity.¹⁷ This included people who worked to pay for essential expenses, were not eligible for a pension or were supporting family members.

Conclusion

The pandemic brought profound change in the day-to-day lives of Canadians. For Canadian health care systems and the people who work in them, the pandemic presented dynamic challenges, altering how care is provided in Canada.

In addressing these unprecedented challenges, the demand for labour in the health care sector reached record levels. In the fourth quarter of 2022, job vacancies for health care occupations reached a new all-time high. In this study, data from the LFS and SHCWEP were used to report on the employment experiences of health care workers during the pandemic.

Results show that missing work because of personal illness or disability became more common during the pandemic, especially for health care workers. In 2020, full-time health care employees missed an average of 17.6 workdays because of illness or disability. Non-unionized health care employees, who typically have less access to paid sick leave, were most affected, missing an average of 4.8 days more than in 2019. While 2021 marked a return to baseline levels of absences, days missed because of illness or disability rebounded to a new all-time high in 2022 (18.0 days) among health care employees.

Health care employees worked more overtime than ever during the pandemic. The proportion of nurses working overtime trended upward since 2019. By 2022, nearly one in three nurses (31.7%) and one in five PSWs (18.2%) worked some overtime during the average week.

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Among those who reported working overtime, the number of hours they worked also increased.

Since the middle of 2021, the Canadian economy has been experiencing a period of rising prices. However, pay for many health care workers has not kept pace with inflation. Since 2012, average wages rose 22.2% among nurses and 23.4% among PSWs, compared with a 24.2% increase in consumer prices during this period.

Changes in the on-the-job experience had a negative effect on health care workers during the pandemic. While the impact was widespread, it led some workers to consider leaving their current positions. In August 2022, nearly one in two (41.6%) nurses who planned on leaving their jobs within

the next year (excluding those who said they planned to retire) cited burnout as the main reason. This was however less common among PSWs (23.5%), other health care workers (17.7%) and workers in non-health occupations (9.7%). Despite many reporting their intention to leave, the proportion of health care workers who left their current jobs voluntarily was little changed from the pre-pandemic rate.

The results of this study contribute to the current understanding of the impact of the pandemic on the health care sector in Canada. The findings highlight the challenges faced by health care workers, including increased absences, overtime and stagnant real wages. As the needs of Canadian health systems continue to change,

employers and policy makers should consider the impacts of their policies on the well-being of health care workers. Solutions aimed at reducing burnout and improving other labour market outcomes can help both recruitment and retention, ensuring that an adequate health care workforce can maintain or improve the quality of care provided to Canadians. As new labour market data become available, additional research will further explore how working conditions in the health care industry affect the well-being of health care workers.

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Data sources, methods and definitions

Data from the Labour Force Survey (LFS) and the Survey on Health Care Workers' Experiences During the Pandemic (SHCWEP) were used in this study, with supporting information from the Survey of Employment, Payrolls and Hours and the Job Vacancy and Wage Survey.

The LFS is a monthly survey intended to provide timely insight on the Canadian labour market. Data are collected at the household level and provide information about individuals. The main questionnaire reports on a variety of variables, such as labour force status, job characteristics and activities during the LFS reference week. This study uses data from 2012 to 2022, with a particular focus on 2019 onward.

Additionally, the LFS typically administers a supplemental questionnaire (LFS supplement) to gather information on special topics. LFS supplements are given to two-thirds of the total LFS sample. This study uses data from the January 2022 and August 2022 LFS supplements, when survey respondents were asked about their intentions to stay in their current job.

The Quality of Employment Framework was used. This statistical framework, created by the Group of Experts on Measuring Quality of Employment, was published by the United Nations Economic Commission for Europe in 2015. It provides a standardized structure to measure various dimensions and subdimensions of employment quality. More information about the framework and how Statistics Canada is using it to better understand aspects of employment that relate to the well-being of individuals is available in [Quality of Employment in Canada](#).

Days lost because of illness or disability were calculated by computing hours lost during the LFS reference week as a proportion of usual weekly hours for full-time paid workers, then multiplying by the estimated number of working days in a year (250).

For this paper, health care professionals were split into three separate groups. Groupings were determined by the 24 in-scope groups from the SHCWEP and based on the National Occupational Classification (NOC) 2016 Version 1.3. These 24 groups were combined as follows: nurses (3011, 3012, 3233), personal support workers and care aides (3413, 4412), and other health care workers (0311, 3113, 3124, 3131, 3142, 3143, 3211, 3212, 3214, 3222, 3223, 3234, 3411, 4151, 4152, 4153, 4312). For analysis using LFS data, NOC 2021 was used, with most occupations mapping one to one between the two classification versions. Although physicians play an integral role in Canadian health care systems, they have been excluded from this study because they are more likely to be self-employed than other health care workers; other job characteristics, such as compensation amount, are very different than for other health care workers.

In the analysis, the variable of 'sex' is used, which refers to sex assigned at birth. This ensures consistently across years and groups of years, as the variable of gender, which refers to an individual's personal and social identity as a man, woman or non-binary person, was introduced in the Labour Force Survey in January 2022.

Quality of employment and labour market dynamics of health care workers during the COVID-19 pandemic

Notes

1. Public Health Agency of Canada (2020).
2. Statistics Canada (2023).
3. A recent study by the C.D. Howe Institute noted that employment in the industry grew at an annualized rate of 2.5% per year from 2015 to 2019, outpacing both population growth (+1.4%) and employment growth across the Canadian economy (+1.8%) over the same period. See Drummond et. al. (2022).
4. Statistics Canada (2022d).
5. The sample is restricted to full-time employees who only held one job during the LFS reference week for sections related to absences, overtime, and wages. The exclusion of self-employed people and multiple job holders is necessary in these cases to comply with accepted methods, or due to limitations of LFS data.
6. See "[Data sources, methods and definitions](#)".
7. Uppal and LaRochelle-Côté (2013).
8. Includes only those who reported being at work.
9. Bank of Canada (2022).
10. Statistics Canada (2022a).
11. Some governments and health agencies provided health care workers with wage supplements during the pandemic. During the early stages of the pandemic, Ontario and British Columbia announced temporary wage top-ups for eligible health care employees in recognition of the increased burden and risks of working during the pandemic. There have also been reports of some provinces or employers offering signing or retention bonuses (such as the Temporary Retention Incentive for Nurses Program in Ontario) to attract and retain staff. While these measures offer a temporary solution for some employees, they may have become necessary because of stagnant real wages over the longer term.
12. Statistics Canada (2022b).
13. Statistics Canada (2022e).
14. Statistics Canada (2022b).
15. Intending to leave one's job is only an indication that a person plans to leave their current position, not the profession altogether.
16. Statistics Canada (2022c).
17. Hazel (2018).

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