

CSA PUBLIC POLICY CENTRE

Revaluing Personal Support Work in Canada

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CSA Public Policy Centre

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Introduction

Personal Support Workers (PSWs) provide care to some of society's most vulnerable members – including the elderly, people living with disabilities, those recovering from illness or injury, or anyone needing assistive care – ensuring they can live safely, independently, and enjoy their lives.

As Canada's population ages and the prevalence of disability rises, demand for personal support work is growing. While comprehensive data on PSWs is scarce, the total number of those working in the profession is already believed to surpass the number of nurses.[1] Concerningly however, many PSWs are exiting or planning to leave the profession, making already significant shortages potentially worse.

Even prior to the pandemic, a study on staffing in Ontario's long-term care (LTC) sector showed that 40% of PSWs left the field within one year of graduating from a relevant training program.[2] In a survey of 380 past and present PSWs across Canada conducted for this report in 2024, 63% of respondents indicated they had either left or had considered leaving their job in the past two years. When asked about their career progression, 55% of those currently working as PSWs stated they intended to leave in the near future.

A number of challenges, including difficult working conditions, lack of access to needed training, and low wages (particularly for those working in home and community care) are impacting the mental health of PSWs, their ability to perform their jobs confidently, and ultimately their willingness to work in the sector. These challenges also undermine the quality and availability of care for people who need it. Justifiable concerns have been raised regarding the fact that an increasingly burnt out, often poorly compensated, and unregulated workforce is responsible for most of the direct care provided to vulnerable Canadians with complex needs.[3] This model is not sustainable in a society that is aging rapidly.

The social value of personal caregiving as a profession has largely been overlooked, the result of which is apparent in the challenges facing that workforce today. On a national level, issues such as low pay, heavy workloads, and health and safety hazards have been linked to lower recruitment and retention of care workers for decades.[4] However, amid an aging population, a shortage of LTC beds, and the Covid-19-accelerated staffing shortages in healthcare, these issues are becoming more difficult to ignore. There is now an urgent need to recognize the value of the work of PSWs in tangible ways to grow the number of workers, enhance the well-being of PSWs, and ensure the quality of care.

Informed by the views of PSWs themselves, this report sets out four policy pathways to help improve the working lives of PSWs and to increase recruitment and retention. These are:

- enhancing national coordination on PSW retention and recruitment;
- improving the working conditions of PSWs through adoption of standards;
- increasing wages, benefits, and job security across the workforce; and
- improving the quality of and access to education and training.

A counter-intuitive finding from the CSA survey shows that, despite the overwhelming pressures and difficulties driving many PSWs out of the profession, 86% of respondents reported being satisfied with their jobs (34% very satisfied and 51% somewhat satisfied, compared to 13% not very satisfied and 2% not at all satisfied). Discussion with focus group participants conducted for this report brought up themes of deep fulfillment and passion for the role, despite its many challenges. The dedication to care work is already there – what is needed is to remove as many barriers as possible that keep it from being a sustainable and rewarding career path.



1.0 Scope, Terminology, and Methodology

1.1 Scope and Terminology

The title of Personal Support Worker (PSW) is not standardized in Canada. Depending on the region, workplace, specialized duties, or training requirements imposed by the employer, the occupation can go by many different titles. For example, dozens of titles – such as personal care attendants, orderlies, health care assistants, or home care aides – are used to describe PSWs, and their scope of work is similarly varied, causing confusion and difficulty in tracking and understanding different segments of a larger workforce (see Box 1).

While acknowledging this lack of standardization in the definition, for simplicity, this report will employ the term PSW to refer to individuals in this role working across different regions and workplace settings. References to specific titles will also be occasionally used to underscore key differences or circumstances.

Box 1: The Data Challenge

Despite the growing numbers of PSWs and their increasing importance in ensuring a healthy, aging society, the workforce lacks validation from consistent and regular data collection and tracking and monitoring mechanisms. Presently, there are no national data standards for the profession, and only some provinces/territories have systems in place to collect data, monitor trends and issues, and support workforce planning. Even in those cases, however, the captured data can be far from comprehensive, as the primary collection mechanisms – PSW registries (see Section 3) – may be voluntary or apply only to certain workers, therefore missing large swaths of the workforce.

Additionally, the variety of titles PSWs operate under, the varied scope of work, and differing educational requirements make cross-jurisdictional data comparisons difficult, further obscuring understanding of the workforce.

Canada is not alone in this challenge. The OECD reports that capturing comprehensive and consistent data on PSWs is a problem worldwide.[5]

Occupational Titles of Personal Support Workers in Canada

Nurses' Aides, Orderlies, and Patient Service Associates (NOC 33102)	Home support workers, caregivers, and related occupations (NOC 44101)
▪ health care aide	▪ attendant for persons with disabilities — home care
▪ hospital attendant	▪ family caregiver
▪ long-term care aide	▪ home support worker
▪ nurse aide	▪ live-in caregiver
▪ nursing attendant	▪ live-in caregiver — seniors
▪ orderly	▪ personal aide — home support
▪ patient care aide	▪ personal care attendant — home care
▪ patient service associate	▪ respite worker — home support
▪ personal care attendant — medical	
▪ psychiatric aide	
▪ resident care aide — medical	

1.2 Methodology

In addition to a literature review and key informant interviews, this report is informed by two surveys and two focus groups conducted by the research company Research+Knowledge=Insights (RKI). The goal of this research was to understand the challenges, needs, and perceptions of personal support work from those who are currently employed or have worked as a PSW. The second survey of individuals who identified themselves as interested in becoming a PSW – referred to as potential PSWs in the report – was conducted to further explore perceptions surrounding the challenges and opportunities of the occupation.

1.2.1 Online Surveys

The surveys were conducted through March and April 2024. The first surveyed 380 currently or recently employed PSWs across different workplaces across Canada.[6] RKI partnered with leading Canadian panels to recruit respondents who agreed to be contacted based on their current or past job titles. RKI used multiple panels to ensure comprehensive coverage and to mitigate any single panel bias. RKI confirmed respondents' status as PSWs using screening questions developed for the purpose of this report. Using the same approach, RKI surveyed an additional 517 potential PSWs, which included panel respondents who identified as social workers, occupational therapists, or new immigrants with a healthcare background unable to practice in Canada, among others.

Table 1 below highlights the gender, immigration status, and age of PSWs in the first survey. The data reflects similar demographic trends observed in other analyses of PSWs (see Section 2). For example, most of the CSA survey respondents are female, with roughly a third also identifying as immigrants. Although research suggests that the PSW workforce tends to be older, the respondents in the CSA survey were nearly evenly split between the 18–39 and 40–65+ plus age groups, with slightly more respondents in the younger group.

Table 1: Survey Respondents' Demographic Information

Demographic Information	Current PSW (278)	Past PSW (102)
Male	62 (16.3%)	14 (3.7%)
Female	215 (56.6%)	86 (22.6%)
Non-Binary	1 (0.002%)	2 (0.005%)
Born in Canada[7]	184 (50.4%)	72 (19.7%)
Immigrated to Canada	80 (21.9%)	29 (7.9%)
Aged 18–39	133 (36.4%)	64 (17.5%)
Aged 40–64	130 (35.6%)	31(8.5%)
Aged 65+	1 (0.3%)	6 (1.64%)

Percentage ratios in table are calculated based on total number of all respondents, i.e. 380 current and past PSWs.

1.2.2 Focus Groups

RKI recruited 16 current PSWs to participate in two virtual focus groups of eight participants, which both took place on May 29, 2024. The first group was composed of PSWs who mostly reported greater satisfaction with their role, while the other group was composed of PSWs who mostly reported feeling less satisfaction with their role.

2.0 Personal Support Workers – An Overview

2.1 What do PSWs do?

PSWs take care of anyone who requires assistance with activities of daily living (ADLs). ADLs are skills needed to "manage one's basic physical needs, including personal hygiene or grooming, dressing, toileting, transferring or ambulating, and eating."[8] Some PSWs may also assist with Instrumental Activities of Daily Living (IADLs). These are more complex tasks that support independent living, such as managing finances or medications, preparing meals, doing laundry, and maintaining the home. In some jurisdictions PSWs work under the direction of registered health practitioners to take on additional delegated tasks. In all, PSWs work with a range of clients, including – but not limited to – elderly individuals, people of any age living with physical or cognitive disabilities, or those recovering from an injury or illness.

2.2 Where do PSWs work?

PSWs work in a variety of settings including in private homes and community care, hospitals, and LTC facilities, which can be either privately or publicly owned.[9] They may also work in hospice, assisted living settings, or in convalescent care facilities. The work PSWs do varies depending on the workplace and the care requirements of the individuals. For example, PSWs who work in home care through private agencies or self-employment might primarily focus on providing care and companionship to individuals in addition to light housekeeping and some health-related duties like assisting in the administering of medications.[10]

While PSWs working in hospitals may share similar responsibilities, their tasks can also involve more healthcare-related duties such as helping medical teams provide a safe and comfortable environment for patients and alerting doctors or nurses to changes in patients' conditions.[11] For those working in LTC homes, responsibilities may also include a balance of healthcare-related tasks such as assisting with medication or helping nursing staff with duties related to daily living, such as helping patients with personal hygiene or moving around the facility.[12]

While employment data disaggregated by workplace is difficult to locate and compare, estimates suggest that large segments of the workforce operate in home care, LTC, and in healthcare settings. For example, recent data from Alberta shows that in 2023, 55% of PSWs in that province were employed in LTC facilities or nursing homes, followed by 19% in community health agencies and hospitals.[13] In Ontario, a 2018 study estimated that, of the province's 100,000 PSWs employed in all healthcare sectors, 50,000 worked in LTC homes.[14]

The CSA survey results reflect a similar spread of PSWs across workplaces (in Table 2, note that some respondents report working in multiple settings). Further, just over half of the respondents indicated they worked in public sector organizations (58%), while the rest worked in the private sector.

Table 2: Where do you work?

Work Setting	Total
Hospital, clinic, nursing home, or any other medical care facility	41%
LTC home(s)	32%
Private home/Client's home	23%
Retirement home	20%
Respite care / Day care	5%
Convalescent care facility	4%
Hospice	4%
Other	3%
None of these, not currently working	2%

2.3 Who works as a PSW?

The data that is available on PSWs shows a predominantly female workforce, with a higher proportion of racialized individuals and immigrants compared to Canada's labour force at large.

In Ontario for instance, women make up 90% of the PSWs in the workforce and 41% of PSWs identify as members of a visible minority.[15] In Alberta, 85% of PSWs reported their gender as female compared to 10.2% as male, and 49% spoke more than one language.[16] A representative survey of PSWs in LTC and nursing homes across the three prairie provinces also found that over 50% of respondents were born outside of Canada.[17] British Columbia meanwhile has a slightly more gender-balanced workforce, though still predominantly female, with a split of 78.4% female and 21.4% male PSWs.[18]

Additionally, PSWs are more likely to be older compared to the general labour force,[19] and those working in home care tend to experience poorer health and higher disability rates.[20]

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3.0 Current Regulatory Landscape

Personal support work as a profession has historically been a challenging one to regulate. This is due to a wide and expanding scope of work, various educational credentials that have been introduced and required for different roles, and the numerous workplace settings in which PSWs operate.

As a result, PSW remains an unregulated profession across Canada. One result is that there are no equivalent regulatory colleges for PSWs, like those that exist for nurses or physicians. These bodies typically develop policies, approve educational curricula, set practice standards, and enforce discipline. However, the work of PSWs is increasingly monitored and managed through a system of public registries and educational mandates, with provinces/territories adopting various approaches to both.

3.1 PSW Registries

In the last decade, there has been a push for more oversight of PSWs. Public registries for the profession – either mandatory or voluntary – have emerged in four provinces in an attempt to better protect the public, standardize the work, enhance the standard of care, and collect better data on the workforce (see Box 2).

In three of the provinces, mandatory registries have been adopted, requiring that PSWs meet certain educational and professional criteria to register and access employment. Employers are then able to hire from a pool of workers who have been vetted and approved through the registry process. Mandatory registries for PSWs in Alberta and British Columbia only apply to publicly funded workplaces, while in Nova Scotia, all personal support workers must register regardless of their employment setting. Ontario's forthcoming voluntary registry will also apply to all PSWs.

Voluntary registries do not require workers to register with the province/territory, but instead encourage PSWs to do so to open themselves up to more employment opportunities. While the benefit is that no workers are excluded from the labour pool, especially amid worker shortages, there are fewer guardrails to protect the public against individuals who may be underqualified or fail to meet other important criteria.

Box 2: Examples of Provincial PSW Registries

Health and Supportive Care Provider Oversight Authority (HSCPOA) in Ontario

An independent regulatory body introduced in 2021 that began registering PSWs as of December 2024, regardless of workplace. Registration is currently **voluntary** but may become mandatory in the future.[21] Its main goals are to guarantee consistent education and training regardless of workplace, as well as to ensure the public is receiving high-quality care.

Health Care Aide Directory in Alberta

A **mandatory** registry for Health Care Aides (HCA) working for a publicly funded employer. Introduced in 2017, it mandated all PSWs working for a publicly funded employer to be enrolled by January 31, 2020.[22] The aim is to ensure that HCAs in Alberta have met the "core competencies" needed to provide care. Furthermore, it serves as a database for HCA employment, as well as acting as a resource for both the public and HCAs.[23]

Care Aide & Community Health Worker Registry in British Columbia

A **mandatory** registry introduced in 2010 that requires Care Aides and Community Health Workers to register with the province if they wish to work for publicly funded health organizations.[24] This registry aims to provide a database of qualified workers.[25] It also has a strict mandate regarding patient abuse.[26]

Continuing Care Assistant (CCA) Registry in Nova Scotia

A **mandatory** registry that requires all CCAs in the province to register with the province and renew their registration every year if they plan to work as CCAs in Nova Scotia.[27] The goal of this registry is to collect data on categories such as place of work and employment status (e.g., full-time or part-time, public or private)[28] on CCAs in the province for workforce planning purposes. The registry went live in 2022 and replaced a voluntary one that was in place before.[29]

3.2 Educational Requirements

Canada has no national standard for PSW education and training, due to both health and education policy falling under provincial/territorial jurisdiction, as well as personal support work not being a regulated profession. As a result, provinces have taken varied approaches to developing and mandating educational curricula for PSWs, causing variations in skill sets within the local sector and across the country.[30] Currently, Alberta, British Columbia, Newfoundland, Nova Scotia, Ontario, and Quebec are the only provinces to have established curricula for PSWs, though these do not apply to all workers in the occupation.[31]

For example, Alberta mandates that Health Care Aides complete a legislated program and pass a standardized exam for licensing for jobs in publicly funded workplaces.[32] Similarly, British Columbia requires that only PSWs working in publicly funded institutions complete a Health Care Assistant program offered by a provincial college or show proof of equivalent training and experience.[33]

In contrast, in Nova Scotia, all Continuing Care Assistants (CCAs) regardless of their place of work must complete Continuing CCA training through a licensed program in addition to passing a CCA exam.[34] Alternatively, those with prior experience may get a CCA certification through the Recognized Prior Learning Program. Ontario's approach differs still, with the province setting 14 vocational outcomes for programs to meet, rather than imposing a curriculum or exam.[35] PSWs working in LTC are required to hold a program certificate, while employers in other workplaces are responsible for validating appropriate credentials.[36]

Given the overall focus on educational requirements within publicly funded institutions, PSWs working in the private sector generally have fewer requirements to qualify for employment. And while many private employers offer job-related training for workers, there is little in the way of formalized guidance or mechanisms to ensure PSWs working in private care are equipped with the necessary skills and knowledge.

Further, whether employed in the private or public sector, workers who are required or choose to complete a program at the post-secondary level face a range in the quality of education provided since there are few measures to ensure set curricula are being followed by colleges.[37]

Overall, the varied approaches to educational requirements for PSWs create several issues. First, they can leave segments of the workforce ill-prepared for the demands of their job, which has implications for both individuals receiving care and workers' safety and well-being. Inconsistencies in approaches to education and training hamper transferability of skills and the mobility of workers within the sector and across provinces/territories. This not only produces unequal career opportunities but also impacts effective workforce planning at a time of growing demand. Finally, for those being cared for, it can generate wide variations in the quality of care, with different care techniques being applied to similar care issues.[38]



4.0 Challenges of Working as a PSW

The challenges of working as a PSW today are creating major pressures on workforce retention and recruitment. In CSA's survey, nearly two-thirds (63%) of respondents reported they considered leaving or had left their position in the past two years. Looking ahead, when asked about their career progression in the next few years, 55% of those currently working as PSWs indicated they were planning to exit. These are alarming statistics for an occupation that is increasingly in demand and a workforce that is facing growing staff shortages (see Box 4).

Heavy workloads, difficult working conditions, and low-wage, precarious employment pose some of the greatest risks to building a stable PSW workforce. These compounding issues contribute to high levels of stress and burnout, driving many out of the occupation and discouraging new entrants, perpetuating a vicious cycle of deteriorating working conditions and labour shortages.



Box 4: Rising Need for PSWs Across Canada

- **British Columbia:** 6,820 home care workers are presently employed in the field, with labour market projections showing a further 3,760 job openings between 2024 and 2034.[39]
- **Saskatchewan:** The province is estimating a gap of 841 Continuing Care Assistants working in hospitals by 2028, up from a gap of 64 in 2023, and far greater than the gap in nursing staff of 519.[40]
- **Manitoba:** In 2024, the Prairie Mountain Health and Interlake–Eastern Regional Health Authority areas together reported 700 vacant health care aide and home care positions.[41]
- **Ontario:** While the province has added almost 25,000 PSWs over the past three years to its workforce, a further 50,853 will be needed by 2032.[42]
- **Nova Scotia:** 13% of home care positions are currently unfilled, and union membership of PSWs dropped by 10 percent in 2023.[43]

4.1 Heavy Workloads

Heavy workloads and insufficient staffing levels – essentially two sides of the same coin – were the most-often cited workplace challenges by PSWs surveyed for CSA's study (see Table 3).

Additionally, respondents who identified as Not Satisfied with their job were much more likely (80%) to say that heavy workloads are a key challenge, compared to those who identified as Satisfied (50%). Similarly, those who are Not Satisfied were more likely to say insufficient staffing was a major concern (65%), compared to Very Satisfied respondents (46%).

Unsurprisingly then, relatively few respondents in the CSA survey reported having workplace measures to mitigate against heavy workloads. For instance, just 28% reported having maximum hours or overtime limits in place, and even fewer, 25%, worked in organizations that instituted maximum patient/client ratios.

Table 3: What are your key challenges of your workplace? (check all that apply)

		Job Satisfaction		
(Multiple choice)	Total	Very	Some	Not
Total PSW n=	**379**	**129**	**195**	**54**
Heavy workloads (multiple clients with diverse needs)	56%	50%	53%	80%
Insufficient staffing levels	52%	46%	52%	65%
Pay is less than I could earn elsewhere	32%	19%	34%	57%

Though heavy workloads were a challenge prior to the onset of Covid-19, the pandemic aggravated staffing shortages in many settings where PSWs work, including hospitals, LTC, and nursing homes. This created pressure for workers to take on tasks beyond their traditional roles, make crucial care decisions, and manage ever greater patient loads. [44]

For example, one report showed that tasks such as catheterization and injections – the domain of registered nurses – have been carried out in some cases by PSWs with no corresponding training provided.[45] While some provincial/territorial regulations allow nurses and therapists to delegate tasks to PSWs without additional training, heightened workloads and complexity of tasks can be dangerous for both the employee and the person receiving care.[46] In CSA's survey, 21% of respondents cited "inadequate training of others" as a key challenge they faced in their workplace. Among those who reported being Not Satisfied in their role, a much higher proportion, 43%, cited it as an issue.

Growing workloads combined with an expanding scope of responsibilities – which may not necessarily be supported by additional training – are contributing to worrying impacts on PSWs' mental health and well-being.

In the CSA survey, 72% of respondents reported experiencing burnout at least a few times a month, and 68% regularly experience anxiety. Concerningly, 65% indicate feeling a general lack of support. In all three cases, respondents who identified as Not Satisfied reported experiencing these issues in significantly higher proportions than those who were Satisfied (see Table 4).

Table 4: A few times a month or more I experience...(check all that apply)

		Job Satisfaction		
	Total	Very	Some	Not
Total PSW n=	**373**	**129**	**190**	**53**
Burn out	72%	60%	75%	89%
Anxiety	68%	58%	70%	81%
Lack of support	65%	52%	67%	91%

4.2 Difficult Working Conditions

In addition to heavy workloads and a growing scope of work, PSWs encounter numerous difficulties that can pose risks to their physical and psychological well-being while conducting their daily tasks (see Table 5).

In CSA's survey, respondents most often cited physical demands (58%), the emotional toll of witnessing the decline of patients (54%), and safety risks (51%) (including exposure to infectious diseases and workplace violence) as the top overall challenges of being a PSW. In general, those reporting lower job satisfaction cited these and other concerns in greater numbers.

Some of these challenges – such as physical demands and risks of exposure to communicable diseases – are inherent in a profession that provides hands-on care or operates in healthcare settings. However, CSA's survey also finds that fewer than two-thirds (57%) of respondents report having access to workplace health and safety measures such as ergonomic assessments, lifting and transfer equipment, and protocols for preventing workplace violence and harassment.

Table 5: What are your key challenges overall of being a PSW? (check all that apply)

		Gender		Job Satisfaction		
	Total	Male	Female	Very	Some	Not
Total PSW n=	**380**	**76**	**301**	**130**	**195**	**54**
Physical demands (lifting, bathing, and assisting with mobility etc.)	58%	45%	62%	51%	61%	67%
Emotional toll of witnessing the decline or suffering of clients (could include challenging behaviours and end-of-life care etc.)	54%	47%	56%	58%	47%	72%
Safety risks (including exposure to infectious diseases, workplace violence, and hazardous conditions)	51%	49%	52%	57%	45%	61%
Work schedules with irregular hours (evenings, weekends, and holidays)	41%	36%	42%	38%	43%	41%
Low-wage sector	39%	37%	39%	29%	41%	56%
Lack of recognition and respect	36%	29%	38%	25%	37%	56%
Ethical dilemmas (such as respecting clients' autonomy and confidentiality while ensuring their safety and well-being)	27%	29%	26%	31%	22%	35%
None of these	4%	4%	4%	2%	6%	0%

Other studies support similar conclusions regarding the lack of essential safety equipment or injury prevention training and the negative impacts on PSWs.[47] In some instances, though equipment may be provided, the client may refuse to use it, requiring their PSW to perform lifting techniques that could cause strain or injury. In any case, compared to colleagues in the healthcare sector, PSWs experience disproportionally higher injury rates[48] and are most at risk of musculoskeletal disorders.[49]

The absence of adequate safety measures has been linked to increased frustration among PSWs and a deeper dissatisfaction with their roles.[50] This finding is also evidenced in CSA's survey, where PSWs reporting higher levels of job satisfaction indicate having more workplace health and safety measures in place (see Table 6).

Table 6: Do you have any of the following supports in your workplace? (check all that apply)

		Job Satisfaction		
	Total	Very	Some	Not
Total PSW n=	**376**	**129**	**192**	**54**
Any	**93%**	**97%**	**91%**	**89%**
Workplace health and safety measures (including ergonomic assessments, lifting and transfer equipment, and protocols for preventing workplace violence and harassment)	57%	67%	52%	54%
Training and professional development (topics such as infection control, dementia care, palliative care, and communication skills etc.)	50%	52%	50%	43%
Supervision and supportive leadership (for example, guidance from registered nurse)	37%	49%	33%	22%
Mental health supports or peer support groups to help cope with stress	34%	44%	29%	30%
Maximum hours and overtime limits (may include adequate rest periods between shifts)	28%	34%	23%	30%
Maximum patient/client ratios	25%	33%	19%	24%
None of these	7%	3%	9%	11%

On-the-job bullying, discrimination, racism, and violence (including from those they care for) are, unfortunately, a relatively common occurrence for PSWs.[51] One recent study showed that approximately half of residents within LTC homes in Ontario displayed aggressive behaviour towards PSWs,[52] while another study indicated that 68% of PSWs in the province encountered physical violence on the job at least once a year.[53] CSA's survey also indicated that women – who make up most of the PSW workforce – are more likely than men to say they experienced harassment or bullying by someone they are caring for (52% vs. 39%) (see Table 7).

Table 7: Thinking about your workplace, about how often would you experience the following? (check all that apply)

		Gender		Job Satisfaction		
A few times a month or more	Total	Male	Female	Very	Some	Not
Total PSW n=	**373**	**74**	**296**	**129**	**190**	**53**
Burned out	72%	68%	73%	60%	75%	89%
Anxiety	68%	61%	69%	58%	70%	81%
Lack of support	65%	73%	63%	52%	67%	91%
Violent behaviour by someone you are caring for	59%	61%	58%	49%	60%	77%
Afraid of catching a communicable disease (including Covid-19)	58%	61%	57%	60%	49%	79%
Feeling alone/isolated	54%	47%	55%	43%	56%	72%
Harassment or bullying by someone you are caring for	49%	39%	52%	44%	49%	64%
Fear	48%	51%	47%	37%	53%	57%
Hearing racist comments	45%	42%	46%	45%	44%	51%
Post-traumatic stress and psychological distress	45%	45%	45%	41%	43%	60%

Some of this violence may be linked to a rise in mental health and cognitive challenges in LTC, yet LTC homes generally lack behavioural support resources to aid in managing the rise in aggressive behaviour to help ensure the safety of both residents and staff.[54]

Finally, heightened exposure to death and deterioration of health of those they care for can lead to increased emotional distress and lower staff morale.[55] Combined with strain from increased workloads and the hazards discussed above, declining levels of mental health, higher burnout, and dissatisfaction in the role are frequently experienced by workers.[56]

4.3 Compensation and Benefits

PSW pay and benefits vary across workplaces and regions. For example, PSWs employed within the healthcare sector tend to feel they have increased job security with long-term employment, higher wages, and benefits.[57] PSWs who work in home and community care are more likely to seek out second forms of income, have irregular work schedules, and not receive paid time off.[58] Still, though PSWs in the healthcare or LTC sectors benefit from higher pay and job security, compensation for those workers may still be perceived as incommensurate with the amount of work and safety risk involved (see Table 9).

The pandemic put significant financial strain on many PSWs and deepened worker shortages. Home-care workers were inherently more vulnerable to job losses amid social distancing rules and the public's fears of exposure to the novel coronavirus. Meanwhile the lack of paid sick leave for some workers meant that PSWs who had to quarantine experienced periods without income.[59] With worsening job conditions and lack of protections, the Canada Emergency Response Benefit proved a higher source of income for a portion of workers who opted to leave their jobs all together.[60]

Table 8: How would you describe your current [2024] financial situation?

Total PSW n=	**357**
Precarious: I have unpaid bills, and I am unsure about how I will pay bills. I have debt that will take a long time to pay off.	16.2%
Basic: I am mostly making ends meet. May have some debt, I don't have any significant savings.	46.8%
Stable: I am doing fairly well. Bills are paid and I have some savings. Overall, I am in good shape.	29.4%
Comfortable: My finances allow me to lead a comfortable life.	7.6%



In response, some provinces have made efforts to better compensate PSWs and attract more to the profession through increased wages. Notably, in 2022, Nova Scotia invested $65 million in its PSW workforce, in part to increase salaries.[61,62] And in April 2024, Ontario passed legislation to make pandemic-related wage increases permanent for PSWs in hospitals, LTC, home and community care, and social services.[63]

Still, PSWs in home and community care continue to earn incomes that only cover the basic necessities of a household.[64] They are often asked to work inconsistent hours, travel long distances to client's homes (for which they are not compensated), and work beyond their available hours.[65] And while PSWs working in hospitals and LTC settings may be better off overall, one large study of PSWs in the Greater Toronto Area across workplace settings found that the majority of respondents (86.5%) reported being precariously employed and lacking paid sick days (89.5%) or extended health benefits (74.1%).

These factors have become occupational hazards, placing further strain on the physical and mental health of workers and instigating burnout, ultimately leading to retention issues.[66] Among CSA survey respondents that considered leaving or had left their role in the past two years, low salary was cited as the most frequent reason (see Table 9). Low salary was also cited as the main concern among respondents in the CSA survey of potential PSWs (see Table 10).

Table 9: Have you considered or have left an organization for any of the following reasons over the past 2 years? (check all that apply)

		Job Satisfaction		
	Total	Very	Some	Not
Total PSW n=	**363**	**125**	**185**	**52**
Any	**63%**	**60%**	**61%**	**81%**
Salary was too low	29%	26%	26%	50%
Work/life balance issues	28%	26%	28%	37%
Toxic co-worker/manager	26%	16%	27%	48%
Unmanageable workload expectations	24%	21%	21%	42%
Health and safety reasons	16%	14%	15%	25%
Childcare reasons and lack of flexibility	13%	9%	14%	23%
Too far from my home	12%	12%	11%	17%

Table 10: Which of the following are most likely to prevent you from wanting to work as a PSW?

	Total
Total Potential PSW n=	**515**
Low pay (just above minimum wage)	33%
Physical demands (lifting, bathing, and assisting with mobility etc)	31%
Long shifts	27%
Work schedules with irregular hours (evenings, weekends, and holidays)	25%
Harassment or bullying by someone you are caring for	24%
Heavy workloads	24%



5.0 Policy Pathways

Stabilizing and strengthening the PSW workforce will require action on a number of fronts. For example, narrowly focusing on getting more workers into the profession – whether through pathways to citizenship for foreign workers or education grants for potential students – without also improving workplace conditions to keep PSWs in their roles is likely to prove inadequate in the longer term.

Several key changes are needed if personal support work is to become a sustainable career option. First, PSWs should be better compensated for the work society increasingly relies on. Second, PSWs should be assigned manageable workloads that allow them to deliver better care and achieve better work–life balance for themselves. When they are at their place of work, they should be entitled to a level of dignity, security, and safety. PSWs should also have access to the ongoing training and education needed to perform their roles confidently and provide the best possible care. Lastly all these things should hold true for all PSWs, regardless of who their employer is and where they work.

To enable this vision, four policy pathways are discussed below:

- Enhancing national coordination on PSW retention and recruitment;
- improving the working conditions through adoption of national standards;
- increasing wages, benefits, and job security across the sector; and
- improving the quality of and access to education and training.

5.1 Enhancing national coordination on PSW retention and recruitment

The range of occupational titles, education and training credentials, and other requirements (e.g. registries) placed on PSWs across Canada create a jumble of inconsistent policies that negatively contribute to workforce sustainability and quality of care. As demand for PSWs grows alongside high attrition rates in the workforce, the need for a new approach is becoming evident.

While a number of unilateral and shorter-term actions can help alleviate some of the current challenges, longer-term and coordinated solutions could better address systemic issues.

The federal government could make this an important part of its mandate. It could establish a national-level taskforce alongside provinces, employers, educational institutions and PSWs themselves to better coordinate efforts, study challenges from a holistic perspective, and prioritize actions for retention and recruitment. [67]

A more coordinated approach should be underpinned by the availability of better data. Luckily, a national data approach on PSWs is already being studied by the Canada Institute for Health Information, with pilot programs completed or underway in several provinces.[68] Increased coordination and collaboration among provinces that have implemented PSW registries to collect workforce data can further contribute to developing a national picture and enable better workforce planning, resource allocation, and responsiveness to emerging trends.

With a diverse membership, the taskforce could also be well-positioned to assess opportunities and challenges related to greater regulation and standardization of PSWs – a long-standing issue.

Regulation and standardization could offer several benefits. Title protection for example could elevate the professional status of PSWs, providing workers with deserved recognition and respect. This could lead to better working conditions, including fair wages, benefits, and opportunities for career advancement. A regulated workforce would also be subject to greater oversight by governing bodies, ensuring accountability and adherence to ethical standards, enhancing patient safety. Regulation could further ensure that PSWs have access to ongoing training and professional development, helping them stay current with best-practices and new developments in the field, the same way other regulated professions do. Greater standardization would additionally make it easier to collect more accurate data and facilitate workforce planning, as discussed above.

Transitioning PSWs to a regulated profession presents several challenges, however. Many current PSWs may not meet new qualification criteria, such as educational requirements or certifications, which could be particularly difficult for newcomers and older workers who make up large parts of the workforce. The financial burden of additional training and certification can be significant, especially for lower-wage PSWs, potentially deterring individuals from pursuing necessary qualifications and exacerbating workforce shortages.

To address these barriers, investment in training and support programs would be needed to help some current PSWs meet new standards. This could, for instance, include developing accessible and affordable training options or providing financial aid for education. Programs in several provinces already offer substantial financial assistance (see section 5.4.2) to entice students into PSW career paths and could be leveraged for re-training or up-skilling purposes as well. Ensuring the transition is equitable and accessible is crucial too, with special considerations for marginalized groups to ensure they are not disproportionately affected by new regulations.

The above represents a major undertaking and change in course, with solutions and impacts that could still be years away. Though greater national coordination should remain an important goal, other pathways could be simultaneously pursued to improve recruitment and retention of PSWs in the shorter term.



> **Regulation and standardization could offer several benefits. Title protection for example could elevate the professional status of PSWs, providing workers with deserved recognition and respect.**

5.2 Improving Working Conditions through Adoption of National Standards

Significantly improving working conditions, including workplace safety, to increase the well-being of workers is sorely needed to stem the tide of PSWs already leaving or intending to leave the profession. Higher levels of injury, frequent episodes of violence and harassment, and rising burnout rates experienced by PSWs cannot go unaddressed, especially as many new entrants to the field are needed to meet Canadians' growing demand for assistive care.

LTC homes, which employ a significant proportion of the PSW workforce, have been a primary area of concern. The many gaps in safety and quality of care that were brought to light during the pandemic have spurred action by governments at all levels to improve LTC settings for both residents and workers.

Among these actions are two new, national LTC standards that were launched in 2023, which fulfilled a joint mandate of the federal Minister of Health and the Minister of Seniors.[69]

Box 5: What are National Standards?

National Standards are produced by accredited standard development organizations (SDO) that engage volunteer members to develop trusted and consistent guidelines and requirements for various products, systems, and services. SDO members form technical committees in specialized areas – including occupational health and safety – and use a consensus- and evidence-driven approach to collaboratively develop standards that are then open to public review before being finalized and published. Technical committee membership is carefully curated to balance diverse perspectives and interests. Members also work continuously to update and revise published standards to keep up with changing evidence, technology, or other shifts. Once published, all standards are voluntary but may become mandatory at any time if a government chooses to adopt them into regulation.



While these new standards – CAN/HSO 21001:2023 and CSA Z8004:22 – focus primarily on shifting to a person-centred model of care and enhancing the well-being of residents, many of their provisions, such as those relating to improved safety and infection prevention, also directly benefit workers (see Table 11). In the case of CAN/HSO 21001:2023, specific guidance for improvement in areas such as workload management, injury prevention training, and access to well-being programs also tackles some of PSWs' most pressing needs and concerns.

Furthermore, a third national standard that was released in 2024, CSA Z2004, also explicitly targets the significant gaps in mental health care of residents in LTC and Assisted Living settings. As with the other national standards, CSA Z2004 recognizes the importance of a healthy and appropriately trained workforce in fostering a higher quality of care.

Table 11: National Long-term Care Standards		
CAN/HSO 21001:2023 Long-term care services focuses on promoting good governance, upholding resident-centred care and enabling a meaningful quality of life for residents, ensuring high-quality and safe care, fostering a healthy and competent workforce, and promoting a culture of quality improvement and learning across LTC homes.	**CSA Z8004:22 Long-term care home operations and infection prevention and control** provides guidance on safe operating practices, design, and infection prevention and control (IPAC) practices in LTC homes, while incorporating a person-centred approach.	**CSA Z2004, Mental health and well-being in long-term care and assisted living settings** addresses critical aspects such as organizational commitment, quality improvement, workforce training, design considerations, therapeutic recreational activities, and support for residents with mental health conditions.
How it can help support PSWs: The standard contains a number of provisions, mainly under Section 5 "Enabling a Healthy and Competent Workforce," that set out requirements and guidance for LTC homes in planning for and implementing: ▪ staffing ratios, staffing levels, and procedures to mitigate understaffing; ▪ access to ongoing training and safety practices, ongoing learning, and career development; ▪ training on use of equipment to reduce injury; ▪ access to wellness programs; and ▪ policy and procedure to address any rights abuse claims.	**How it can help support PSWs:** The standard addresses IPAC program structure, hand hygiene, PPE, cleaning and disinfection, laundry, and new and emerging technologies – all of which are critical to addressing the safety concerns of PSWs and other LTC staff, as well as residents.	**How it can help support PSWs:** The standard sets out guidance and requirements to support mental health training and support for staff. This includes provisions related to hiring practices, staff training, and optimal workforce ratios. It reinforces HSO 21001:2023 by highlighting the importance of optimizing staff well-being and mental health.

Currently, all three of these standards are voluntary, meaning they are available for any organization to implement and follow, but none are required to do so. The federal government has signaled that the forthcoming national Safe Long Term Care Act, which will set out a Canada-wide vision for the safe operation and delivery of care in LTC, will reflect the first two of the three standards discussed above.[70]

It will ultimately be up to each province/territory to decide whether and how they will adopt any of the standards in their own jurisdictions. As all three standards are already published and available for use, provinces/territories could show leadership at any time by promoting them as best practice or by going further and adopting them into regulation and making them mandatory.

Aligning LTC operations and management with these national standards has already been shown to contribute to both improved care and greater employee satisfaction in LTC settings. In 2023, a year-long program led by Healthcare Excellence Canada enabled 230 LTC homes across the country to accelerate implementation of CAN/HSO 21001:2023 and CSA Z8004:22. In doing so, nearly all participating

LTC homes reported improved staff attendance, less turnover, improved well-being, reduced workloads, and decreased workplace incidents.[71]

Notably, the Healthcare Excellence Canada program also employed another national standard, Psychological Health and Safety in the Workplace (See Box 6). Unlike the others discussed here, this standard is broadly applicable to any type of organization in any sector. Given the variety of workplaces in which PSWs operate, it could be a powerful tool in addressing the mental-health safety of PSWs who work outside of LTC homes — should employers choose or be mandated to adopt it.



Box 6: Psychological Health and Safety in the Workplace

Psychological health and safety practices are key components of how people interact with one another, and they shape the way workplaces are structured and are managed. Enhancement of psychological health and safety practices has been shown to improve retention, reduce absences, and boost productivity of employees.[72]

In 2013, CAN/CSA-Z1003-13/BNQ 9700-803/2013 (R2022) was published. This voluntary standard "specifies requirements for a documented and systematic approach to develop and sustain a psychologically healthy & safe workplace." It addresses thirteen factors of workplace psychological safety to better prevent psychological risk and injury to staff. Psychosocial factors include:

- compensation;
- organizational culture;
- psychological supports; and
- civility and respect.

Other standards-driven efforts are underway to enhance safety in more workplaces where PSWs are employed. For instance, three separate "notices of intent" (the first step in the standards development process) have been issued by CSA Group on:

- prevention and mitigation of violence and harassment in the healthcare sector;
- occupational safety, health, and wellness in home and community care settings; and
- dementia-inclusive home and community care.

Though all three areas are of increasing concern, the latter two present an especially important step towards addressing working conditions for the large segment of PSWs whose work takes place in the client's home, but which has to date received comparatively less attention from policymakers.

5.3 Increasing Wages, Benefits, and Job Security

Increased compensation is an important measure to improve both attraction and retention of PSWs. As stated, there are discrepancies in pay and benefits for workers in healthcare and LTC settings compared to those in home and community care, with the latter earning less. For example, in Ontario, one estimate shows that earnings of PSWs working in home and community care are 19% less than the earnings of PSWs employed in hospitals and 9% less than those employed in LTC.[73] Given efforts to address the shortage of LTC spaces and growing demand for home care, continuing to rely on a low-wage workforce with few job protections to provide needed care is a considerable risk.[74]

Policymakers at both the federal and provincial/territorial levels recognize the need to improve PSW wages and job security. For instance, during the federal election in 2021, the Liberal government pledged to increase PSW pay to a minimum of $25/hour. In 2023, the government committed $1.7 billion to help provinces/territories increase PSW pay, but not to any specific level.[75]

Ontario serves as a good provincial example, having made pandemic-induced wage enhancements permanent as of 2022. The increase is applicable to all PSW workers employed in hospitals, LTC, home and community care, and social services, marking important progress toward greater wage parity. Still, base wages remain relatively low, at $19.50/hour for those in LTC or home and community care.[76] In 2022, Nova Scotia raised wages by 23% for all publicly funded PSWs, helping workers nearly reach $25/hour at the top of the pay scale, but again only for workers in publicly-funded roles.[77]

The federal government should re-commit to its $25/hour minimum pay pledge, which is indexed to keep pace with inflation, and support provinces/territories in continuing to raise wages for PSWs regardless of who their employer is.

Beyond better pay, many PSWs also need more employment benefits and security, such as paid sick days or protections from reprisals if they raise concerns about health and safety.[78] While PSWs working as full-time employees in public institutions like hospitals often benefit from membership in unions that advocate on their behalf, many who work in other settings do not share the same protections, further exacerbating inequities among PSWs. Some advances have been made on this front in BC for example, where PSWs who work in client's homes, group homes, and other settings have recently been unionized following a two-decade long effort.[79]

Other promising approaches to better employment conditions have also emerged in Ontario, through worker co-operatives.[80] In the last five years, several co-operatives of home-care workers have been launched in the province, with the help of federal funding for social purpose organizations. The co-operatives provide higher wages ($25/hour), benefits, and sick days, as well as small loans to help workers cover unexpected expenses that could otherwise compromise their ability to work. Workers are empowered to set their own schedules, and continually assess their needs in terms of skills training and arrange for members to take part in relevant courses. Furthermore, mental health support is made available through a virtual peer-to-peer network. The model has been a success, having been replicated in several communities and provided home-care workers with greater financial stability, empowerment, and professional satisfaction.[81] Provinces/territories and the federal government should take note of this success and support replication in regions across Canada.

5.4 Improving Quality and Access to Education and Training

5.4.1 Improving Quality

As noted, several provinces have taken steps towards developing educational requirements for PSWs. However, their varied approaches are resulting in inconsistent knowledge, competencies, and unequal opportunities across the workforce.[82] Establishing a national standard for PSW education could help achieve greater uniformity of knowledge and skills, facilitate worker mobility across employers and jurisdictional boundaries, and, critically, improve the quality of care.

Developing a national education standard – and, more crucially, enforcing it – would be inherently difficult in the absence of governing bodies that support regulated professions. The potential value of professionalizing the PSW workforce through greater regulation and standardization here is evident.

While the development of a national education standard should remain a longer-term goal, enhancing training and development opportunities for PSWs can be dealt with more immediately.

A lack of career advancement opportunities has been linked to high turnover rates and burnout among PSWs,[83] while employers who have invested in PSW training have enjoyed increased employee retention.[84] Numerous studies further prove that employee training and education is closely associated with increased attraction and retention of employment, including specifically for PSWs.[85] This includes ongoing opportunities to update skills as well as professional development programs to grow careers.

CSA's survey also clearly demonstrated this link, with respondents who identified as Very Satisfied in their roles being more likely to report access to supportive leadership in addition to training and professional development programs (see Table 6). Participants in CSA's focus groups emphasized the lack of understanding and support from managers as key challenges in their roles and cited career development through specialized training and paths to advancement as important aspects of retention.

Employers across all types of work settings can take relatively simple steps to create more supportive working environments. For example, early-career PSWs can be paired with mentors or more space can be created for PSWs' ideas and concerns to be considered in approaches to delivering care. Such actions do not require significant investments or changes to workplace policies but do rely on leadership to initiate and sustain. Research has shown that shifting perception of supervisor support is an especially promising means by which PSWs' work attitudes and outcomes can be positively affected.[86]

> **A lack of career advancement opportunities has been linked to high turnover rates and burnout among PSWs.**

In terms of availability of workplace training in key areas such as infection control, dementia care, palliative care, and communication skills, just 50% of the CSA survey respondents said they had access. Focus group participants echoed similar frustrations over lack of knowledge in tailoring care to different disabilities and mental health conditions, particularly dementia.

This is an important gap. Over three-quarters, 76%, of LTC residents have a diagnosis of mental health condition, including dementia.[87] Another estimate suggests that one in five seniors in Canada are experiencing mental health illness or dementia.[88] Given this reality, it is essential that PSWs – who most often provide care to elderly individuals – have the appropriate tools and knowledge to confidently deliver needed care.

Mental health and dementia care should be included as part of a foundational curriculum for PSWs, but, in the absence of consistent educational requirements across the sector in most provinces/territories, on-the-job training may be the only option for PSWs to receive this training.

Organizations like the Ontario Personal Support Workers Association (OPSWA) have Standards of Practice related to issues such as dementia care, that could serve as guidelines for curriculum planning or on-the-job training workshops.[89] In the future, as PSW registries evolve, they could be leveraged to incentivize or require specific mental health training or knowledge to maintain registry membership. It would however be necessary to first ensure educational institutions

and employers are prepared to develop and provide quality training, which would further require mandates and incentives from provincial/territorial governments. Again, greater regulation of the workforce could facilitate such changes.

5.4.2 Improving Access

Another action provinces/territories can take to attract more PSWs and build a more consistently trained workforce is facilitating access to education, particularly through financial subsidies.

Some provincial governments have already taken this step. In 2023, as part of a $300 million investment to recruit more PSWs, Ontario announced up to $25,400 funding per student or recent PSW program graduate to cover the costs of tuition and related expenses.[90] The funding is split into three allotment streams: the first, to support completion of a clinical placement within LTC or home and community care; the second, to award current and recent graduates who commit to working within LTC or home and community care for twelve months following program completion; and lastly, support for those who commit to working in rural, remote, or northern communities for up to twelve months.[91] The funding is also retroactive, allowing those who completed a program or began work in the field as of April 2023 to access it.

Through a similar pilot project, Nova Scotia is reducing financial barriers for future PSWs by providing free tuition, as well as additional financial support for transportation, childcare, technology, and moving costs related to the program. Furthermore, through Employment Nova Scotia, participants receive wage supplements to help ensure competitive wages and benefits and promote retention.[92] The government of PEI is taking a comparable approach, having launched a program to train 125 PSWs through free tuition.[93] To promote participation in the program, students are not required to seek employment within the province following graduation.[94]

These initiatives are relatively new and have yet to produce measurable impacts on PSW attraction and retention. However, they demonstrate a recognition of the urgency and level of action provinces/territories must take to address PSW shortages, and, by extension, the important role of care work in an equitable, aging society. Still, for these investments to bear fruit and ensure more new entrants remain in the field, they must be paired with enhanced safety and well-being in workplaces as well as better wages and benefits that allow PSWs to enjoy more financial security.



Conclusion

As the demand for PSWs rises, addressing the challenges faced by the workforce is crucial to ensure its sustainability and effectiveness. Issues – including heavy workloads, challenging working conditions, access to training, job precarity, and low wages – are significantly impacting the mental health and job satisfaction of PSWs, leading to high turnover rates and exacerbating workforce shortages.

This report proposes four policy pathways to tackle these challenges: enhancing national coordination on PSW retention and recruitment; improving working conditions through adoption of standards, increasing wages and job security, and expanding access to education and training.

Despite the significant pressures, many PSWs report high levels of job satisfaction and a deep sense of fulfillment from their work. By removing barriers and recognizing the value of the profession, Canadian society can create a more supportive and rewarding career path for PSWs, ultimately ensuring a higher standard of care for those who rely on their services.

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