

2024 G22 MEMBERSHIP SURVEY REPORT

SUMMARY:

This report outlines the responses received as part of the virtual membership survey conducted by the Saskatchewan Association for Safe Workplaces in Health (SASWH) from June 28 – July 31, 2024. The electronic survey was hosted on Survey Monkey.

PURPOSE:

Conducting membership surveys provides SASWH with valuable feedback from health care employers and workers in Saskatchewan and allows the Association to identify our members' health and safety priorities and greatest workplace challenges so we can better address those needs. It also meets the funding agreement terms required by the Saskatchewan Workers' Compensation Board:

"4. Under this Agreement the SAFETY ASSOCIATION shall...

n) By any means at the discretion of the SAFETY ASSOCIATION, obtain regular feedback from its MEMBERS to evaluate MEMBER satisfaction on the delivery of INJURY

PREVENTION and workplace safety programs, such feedback to be obtained at least once every five years."

PARTICIPATION:

SASWH elected to conduct separate membership surveys for supervisors/managers/executive leaders/employers ("supervisors") and frontline workers in the health care sector in Saskatchewan. This was done to increase participation and to get a better understanding of the differing needs of G22 employers/supervisors and workers in the province.

A total of 187 responses were received, consisting of 53 responses from supervisors and 134 responses from frontline workers. Totals through this report may not add up to these numbers as some questions allowed respondents to select more than one answer or were optional questions and could be skipped if not applicable.

The survey link was shared through an email campaign to members, online posts on social media and SASWH's website, and targeted ads on SASWH's social media accounts.

LIMITATIONS:

To increase the number of responses received and to ensure respondents provided their honest feedback, SASWH did not require identifying information from survey participants, such as name and workplace. The Association received more responses than anticipated (when compared to previous engagement surveys with membership, e.g. post-AGM surveys). by increasing the size of SASWH's digital mailing list and having Workplace Safety Specialists, union representatives, employers, etc. spread the word about the survey.

DEMOGRAPHICS

What sector do you work in?	Frontline	Supervisors
Long-term care	47%	29%
Hospital setting	32%	24%
Home and community care	10%	25%
Emergency medical services	3%	8%
Assisted/independent living	2%	10%
Other	6%	4%
'Other' responses: office FN health staff safety clinic infection control education – healthcare HR		

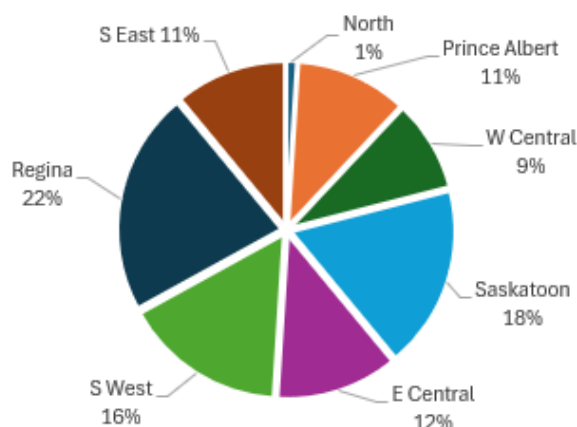
What best describes your role?	Frontline
Health care assistant	32%
Licensed practical nurse [LPN]	17%
Registered nurse [RN, RPN]	16%
Allied health [OT, PT, recreation, kinesiologist, social worker]	10%
Environmental and support services [housekeeping, laundry, maintenance]	5%
Dietary and culinary services [food services, dietician, nutritionist]	4%
Administration [HR, finance]	3%
Nurse practitioner [NP]	2%
Community health worker	2%
Paramedic	2%
Other	7%
'Other' responses: Scheduler Pharmacy Tech Radiation Tech Laboratory Tech Youth Worker Safety Caregiver Diagnostics Direct Support Professional	

What best describes your role?	Supervisor
Manager/supervisor in health authority	32%
Manager/supervisor in other setting	32%
Home owner/operator	12%
Administration [HR, finance]	10%
Executive in other setting	7%
Executive in health authority	2%
Other	5%
'Other' responses: Nurse Safety	

How long have you worked in health care?	
Less than 2 years	5%
2-5 years	11%
6-10 years	14%
10-15 years	18%
16-20 years	16%
More than 20 years	36%

When did you complete your formal education?	
Less than 5 years ago	8%
6-10 years ago	15%
More than 10 years ago	63%
Ongoing	6%
Unsure/not applicable	8%

What region of the province do you work in?	
Northern [including Meadow Lake & La Ronge]	1%
Prince Albert area	11%
West central [including North Battleford]	9%
Saskatoon area	18%
East central [including Yorkton]	12%
Southwest [including Swift Current & Moose Jaw]	16%
Regina area	22%
Southeast [including Weyburn & Estevan]	11%



Are you part of your workplace's OHC?	
Yes	31%
No	66%
Unsure/not applicable	3%

Are you part of a union?	
Yes	62%
No	34%
Unsure/not applicable	4%

SAFETY ASSOCIATION AWARENESS & PARTICIPATION

How familiar are you with SASWH?	Frontline	Supervisors
Not aware of the organization	22%	6%
Aware but not familiar	35%	6%
Somewhat familiar	28%	41%
Very familiar	15%	47%

Have you (or workers under your supervision) received services from SASWH in the past 5 years?	Frontline	Supervisors
Yes	48%	88%
No	27%	6%
Unsure	25%	6%

Which SASWH services have you (or your workers) utilized?

1. Transferring Lifting Repositioning (TLR)	118
2. Other safety training (Donning & Doffing PPE, WHMIS, Transportation of Dangerous Goods)	95
3. Respirator fit testing	92
4. Professional Assault Response Training (PART)	78
5. Occupational Health Committee level I and/or level II	52
6. Accessed resources on SASWH website	52
7. Safety for Supervisors	48
8. Consultation with a Workplace Safety Specialist	40
9. Workplace Assessment Violence Education (WAVE)	34
10. Consultation with Infection Prevention and Control (IPAC) Specialist	26
11. I have not taken part in any SASWH programs/cannot recall	24
12. Mental Health First Aid	21
13. Safe Moving and Repositioning Techniques (SMART)	15
14. Safety Management System (SMS) consultation and/or consultation	12
15. TLR for EMS	5

If you have not recently used SASWH's services, what held you back?	Frontline	Supervisors
Not aware of the programs and services available to me	34%	16%
Programs were not relevant to me and my work	4%	3%
Timing of the programs hasn't worked with my schedule	8%	3%
Tried to take training but could not get in due to long wait times	1%	6%
Lack of resources or support (time, staff, funding)	8%	32%
Cost was too high	1%	0%
Poor experiences in the past	1%	3%
I'm just not interested	0%	3%
Other	7%	6%
Unsure/not applicable	36%	28%
<p>'Other' responses:</p> <ul style="list-style-type: none"> Want more open registration courses outside of Regina and Saskatoon Was told I would need to take training on unpaid time No access to online programs as I am not very computer literate – older staff need more support Programs can be difficult to plan around education 		

PROGRAM ASSESSMENT: PROFESSIONAL ASSAULT RESPONSE TRAINING (PART®)

If you have recently taken PART, how would you rate the overall quality of the program?	Frontline	Sup
Excellent	22%	30%
Very good	22%	48%
Good	35%	18%
Okay	18%	4%
Poor	3%	0%



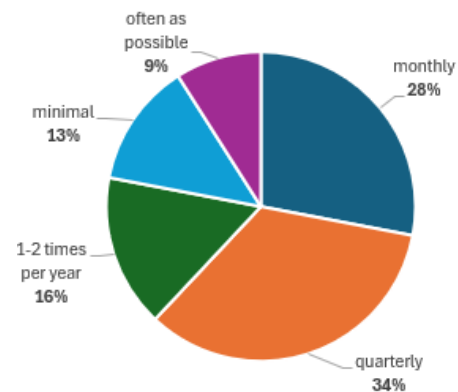
If you have recently taken PART and have additional feedback, please provide it below!

- Too long/too many workbooks to get through.
- So much to learn and understand in too little time.
- Great program!
- Would like to have refreshers once a year as it is not used often where I work.
- Liked the hand-on interactive learning of the techniques.
- I am a trainer for PART and would suggest getting rid of the online portion. Too many students have trouble with it or do not complete it.
- The de-escalation techniques are helpful but they could be expanded because it's not always enough when dealing with violent patients in ER settings.
- It's an excellent program!
- PART should be mandatory for long-term care, as we are dealing with aggressive clients on a regular basis.
- I registered for PART Advanced Train-the-Trainer but the two classes did not have enough people to get certified for Advanced.
- Should be mandatory now that mental health issues are more common.

MEMBERSHIP ENGAGEMENT

How have you connected with SASWH in the past?	Frontline	Supervisors
Subscribed to emails	6%	14%
Follow on social media	8%	5%
Attended AGM	3%	5%
Attended other SASWH event ([.e. IPAC Town Hall, program trainer/instructor group, booth at conference])	4%	18%
Communicated directly with an SASWH team member	9%	24%
Attended in-person workshop or training	50%	27%
Through formal education program	20%	7%

How often would you like to hear from SASWH?	
At least once a month	28%
At least once a quarter	34%
Once or twice a year	16%
Minimal communication	13%
As often as possible	9%



Which of the following would you most like to see in SASWH newsletters? *(Select up to three.)*

1. Updates on health and safety legislation including compliance requirements	111
2. Best practices	88
3. Upcoming health and safety events	80
4. Statistics on safety (common injuries, OHS infractions, costs associated with injuries, etc.)	79
5. SASWH training program highlights	55
6. Spotlight on safety stories	33
7. I am not interested in receiving newsletters	20
8. Partnership updates	8
9. Other	5

‘Other’ responses:

- Create database for training and supports
- Anything being done to advocate for the safety of frontline workers.
- Examples of ways workplace hazards have been addressed and dealt with.

Do you have any suggestions on ways SASWH could better share information about our programs and services?

More communication and advertising in hospitals | improve website experience/accessibility | record training programs so they can be completed exclusively online | shorten courses and make recertification less frequent | through frontline worker emails, not managers | more emails | more training opportunities outside of Regina and Saskatoon | increase opportunity for Safety for Supervisors training | care home related information

MEMBER SAFETY NEEDS

What is your top workplace safety concern at your organization? (FRONTLINE – 115 responses)

Short staffing/working alone: this was mentioned by **33 respondents**. Examples:

- Workers completely alone on nights shifts, with lack of competent and proper security controls.
- Workers not following safe working practices because of staff shortages and/or lack of knowledge.
- Short staffing and no debrief after serious incidents.

Harassment/violence in the workplace: this was mentioned by **27 respondents**. Examples:

- Safety of paramedics on scene. Police are often too far away if a patient gets violent and may have access to weapons.
- Violence against workers that management deals with as “what could you have done different”. If workers get assaulted, excuses are made for it happening. No security to help.
- More violence due to substance abuse. Serious safety concerns about people in the parking lots at hospitals, puts staff and people who have to come to the ER late at night for emergencies at risk.

Transferring/lifting/repositioning: this was mentioned by **14 respondents**. Examples:

- Moving patients too quickly because of too little workers and equipment.
- New hires not getting TLR training quickly enough.
- Home care allowing one person transfers/one person transfers being done on night shift.
- TLR for bariatric patients becoming more common but do not have the workers/equipment to do it safely.

Occupational health and safety concerns: this was mentioned by **15 respondents**. Examples:

- Temperature control/HVAC issues leading to unmanageable working environment.
- Asbestos and mold in buildings and staff being required on-site during abatement.
- Air quality, scents and scented product exposure. Also inadequate training around chemicals used.
- Lack of leadership accountability for health and safety – regular meetings not being held, or meetings being cancelled with no notice. Concerns are never resolved.

Mental health/bullying/burnout: this was mentioned by **11 respondents**. Examples:

- Burnout/caregiver exhaustion. Increased mental health support for all staff.
- Fatigue and burnout due to short staffing and traumatic exposure.
- Bullying in the workplace.

Other concerns (not all inclusive):

- Performing tasks outside of your scope of practice.
- Poor/no orientation and new employees working without training.
- People not properly trained or working with expired training.
- Inappropriate use of PPE – covid has led to ‘PPE fatigue’ for some staff.
- Not getting proper equipment due to budget cuts.
- Cluttered work areas.
- Ergonomics.
- Increased number of patients with mental health diagnoses but workers are not receiving training to work with these people safely. Inadequate numbers of mental health workers/RPNs to address this gap.
- Patient safety and wandering concerns.

Staff shortages and workplace violence and harassment continue to be top concerns for healthcare workers in Saskatchewan.

What is your top workplace safety concern at your organization? (SUPERVISORS - 43 responses)

Harassment/violence in the workplace: this was mentioned by **9 respondents**. Examples:

- Violence prevention and mitigation.
- I think frontline staff would say aggression/violence is their top concern. As a manager, I trust their perception of the risk.
- Staff dealing with dangerous or harmful behaviours.

Transferring/lifting/repositioning: this was mentioned by **8 respondents**. Examples:

- Compliance from employees to follow training techniques.
- Employee burnout; TLR violations because staff feel rushed due to workload.
- Injuries due to improper use of PART and TLR by staff.

Short staffing/working alone/burnout: this was mentioned by **7 respondents**. Examples:

- Too much workload and not enough manpower which leads to high stress levels and turnover.
- Mental health and the poor speed of WCB getting workers into treatment.
- Provider fatigue/burnout due to short staffing and traumatic exposure.
- Working night shifts alone due to lack of funding.

Other concerns (not all inclusive):

- Encouraging staff to have safety on their mind when doing their jobs, taking it seriously.
- Not having the resources to implement safety programming to all staff.
- Expired training and a lack of peer trainers.
- Not always knowing the updated regulations or compliance for workers as we are not part of the health authority.
- Fire hazards/emergency response plan.

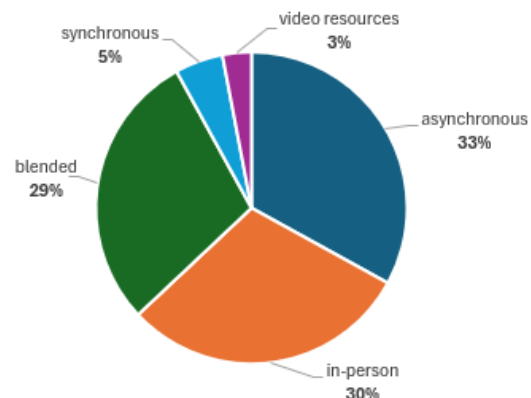
Supervisors share workers' top workplace safety concerns.

What training areas are most important to you?

1. Mental health and stress in the workplace	102
2. Violence prevention	80
3. Safe resident/client handling	68
4. Dementia care	67
5. Orientation of new workers	63
6. Creating a culture of safety	62
7. Workplace bullying and harassment prevention	61
8. Musculoskeletal injury prevention	50
9. Infection prevention and control	41
10. Risk assessments	35
11. Hazard recognition and control	27
12. Safety leadership	21
13. Road safety	7
14. Other	3

What is your preferred delivery method for safety training?

Online self-paced (<i>asynchronous</i>)	33%
In-person	30%
Blended (<i>online & in-person</i>)	29%
Real time online courses (<i>synchronous</i>)	5%
Video resources	3%



How much time per month are you typically able to dedicate to learning about workplace health and safety?

	Frontline	Supervisors
Up to 1 hour	35%	26%
1-2 hours	27%	23%
2-3 hours	7%	28%
4+ hours	9%	14%
No time	22%	9%

Which of the following should SASWH prioritize over the next three years?

- | | |
|--|----|
| 1. Increasing number of training opportunities | 84 |
| 2. Offering more in-person training in a classroom setting (open registration) | 82 |
| 3. Developing new online resources | 66 |
| 4. Increasing communication with membership | 50 |
| 5. Providing tailored organizational support | 36 |
| 6. Hosting sector events | 17 |

SASWH has helped me become more aware of workplace health and safety and has enhanced my safe work practices.

	Frontline	Supervisors
Strongly agree	13%	28%
Agree	38%	47%
Somewhat agree	21%	5%
Neither agree nor disagree	17%	6%
Somewhat disagree	4%	9%
Disagree	3%	3%
Strongly disagree	4%	2%

SASWH has made a positive change in the safety culture at my workplace.

	Frontline	Supervisors
Strongly agree	12%	32%
Agree	19%	35%
Somewhat agree	30%	21%
Neither agree nor disagree	28%	5%
Somewhat disagree	4%	2%
Disagree	3%	3%
Strongly disagree	4%	2%

FRONTLINE: Please explain any changes you have noticed in yourself and/or your organization's work practices.

- I take more time with clients. Share ideas with others as to easiest and safest transfers and care for clients.
- More awareness of legal requirements and training opportunities.
- There has been a decrease in education and enforcement of what is acceptable in a work environment, for everything from safe physical environment with less clutter to exposure to toxic medications and chemicals, especially asbestos exposure and scent.
- After taking proper training, employees are implementing practices immediately.
- I think safety in the workplace has more to do with leaders (both formal and informal) who, on a daily basis advocate, mentor and support safe work practices.
- Everyone is years behind on training. Management should be held accountable for training.

SUPERVISORS: Please explain any changes you have noticed in yourself and/or your organization's work practices.

- I like safety for supervisors, it targets the leaders' awareness which is crucial in setting better safety culture in their respective organizations.
- Being more aware of what is legally required of me, and what the legal ramifications there are as a supervisor.
- We highlight some safe work practices at every staff meeting.
- Seeing overall improvement in safety awareness.
- Critical and logical/practical thinking.
- Being able to apply safe practices at work in a more consistent manner.