

Chapter 17

Recruitment and Retention of Healthcare Professionals for the Changing Demographics, Culture, and Access in Canada

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ABSTRACT

The Canadian healthcare system strives to serve a population altered by ever-changing demographics, cultural shifts, and diverse societal populations, and to serve those in rural communities with remote access to health care. The following chapter examines Canada's current healthcare system and the effects on demand for services and the supply of healthcare providers created by the need to service rural populations, by limited access to medical schools, and by the introduction of foreign medical/health professionals. More specifically, the chapter reviews the symptoms of a strained medical system plagued by "brain waste" due to the non-use of qualified immigrant healthcare professionals, long wait times as a result of inadequate staffing and resources, and a school system that hinders the development of aspiring medical care professionals from rural and international areas. If Canada is to face these challenges with efficacy and vigour, effective human resources management techniques and competent human resources professionals are a necessary prologue. Medical knowledge and skill must be valued; healthcare professionals should be utilized more efficiently to improve healthcare access and minimize brain waste.

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INTRODUCTION

In response to the changing demographics of the Canadian population, various broad macro-policies have been implemented, changed, and subsequently remodelled in an effort to recruit and retain medical professionals to improve healthcare access (Kirby, 2002; Mazankowski, 2003; Romanow, 2002). On a micro level, the needs of the Canadian population are far from static. Ideally, macro-level healthcare policies should answer the healthcare issues affecting Canadians today, that is, the provision of adequate, quality healthcare for those who need it. However, it is important that the changing needs of Canadians are identified in order to provide an effective healthcare system adapted to the realities of Canadian society. Identifying the health needs of Canadians and the inefficiencies and inadequacies of a healthcare system that fails to meet them will provide a specific area of focus in which to remedy Canadian healthcare.

Effective human resources (HR) management—in order to provide adequate healthcare services—must anticipate the potential pressures that will be faced by staff and medical and health facilities. Currently, a major factor for future medical strain is the aging population. The percentage of Canadians over 65 has increased to 13.7, meaning that nearly one in seven Canadians are senior citizens (Martel & Malefane, 2007). The elderly are living longer, in many cases with one or more chronic medical conditions, and consequently, are requiring increasingly more medical attention. Epidemiological research has demonstrated that as the average life expectancy rises, so does the average number of years that a person lives in a disability-dependent state. As pointed out by Beaujot and Kerr (2004) “at age 45, men can expect to live 10.7 years, or 32.5 per cent of their remaining lives, with some disability, and the same would apply to women for 15.1 years, or 40.1 per cent of their remaining lives after age 45” (p. 49). The baby boomer cohort of the 1950s—a large proportion of the Canadian population—is aging

and without a corresponding increase in fertility or migration levels, is resulting in an increasingly older population. The median age of Canadians in 2001 was 37.6 years, and is projected to be 45 years by 2036; the proportion of those over 65 is predicted to increase from 13% in 2001 to 25% by 2036 (Beaujot & Kerr, 2004).

Healthcare professionals have seen an increase in degenerative diseases within the older cohort; consequently, the strain on the medical system is exacerbated by the increased need for medical attention required for longer periods of time and often in individuals with more complex conditions and co-morbidities. Improvements in medicine and technology may have prolonged the lives of the elderly, but in doing so, have increased the demand for physicians, nurses, and other healthcare professionals, and increased pressure and workload on existing healthcare providers. Such pressures can act as a disincentive to practice medicine in Canada.

The sustainability of the current Canadian healthcare system is also an issue of concern. The costs of health care in Canada are increasing substantially each year. From 2006 to 2007, private and public sector spending on healthcare had risen 3.2%, even taking into consideration inflation and population growth (CIHI, 2008a; 2008b). Additionally health expenditure had risen from 9.1% of Canada's gross domestic product (GDP) in 2000 to 10.7% of 2007's GDP; this accounts for approximately 39.2% of provincial and territorial government expenditures. Health expenditure is increasing at a higher rate than health revenues. From 1993 to 2007, health revenues increased by 49%, while health expenditures increased by 60%. Unless drastic changes are made, it seems impossible that the Canadian and provincial/territorial governments can maintain a similar level of care, while controlling costs.

Changing Canadian demographics and cultural diversity also present potential challenges to healthcare workers; an increasingly broad cultural diversity requires the healthcare system

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