

HEALTH WORKFORCE PLANNING SURVEY

Commissioned by the Canadian Medical Association

October 16, 2023

© 2023 Ipsos. All rights reserved. Contains Ipsos' Confidential and Proprietary information and may not be disclosed or reproduced without the prior written consent of Ipsos.



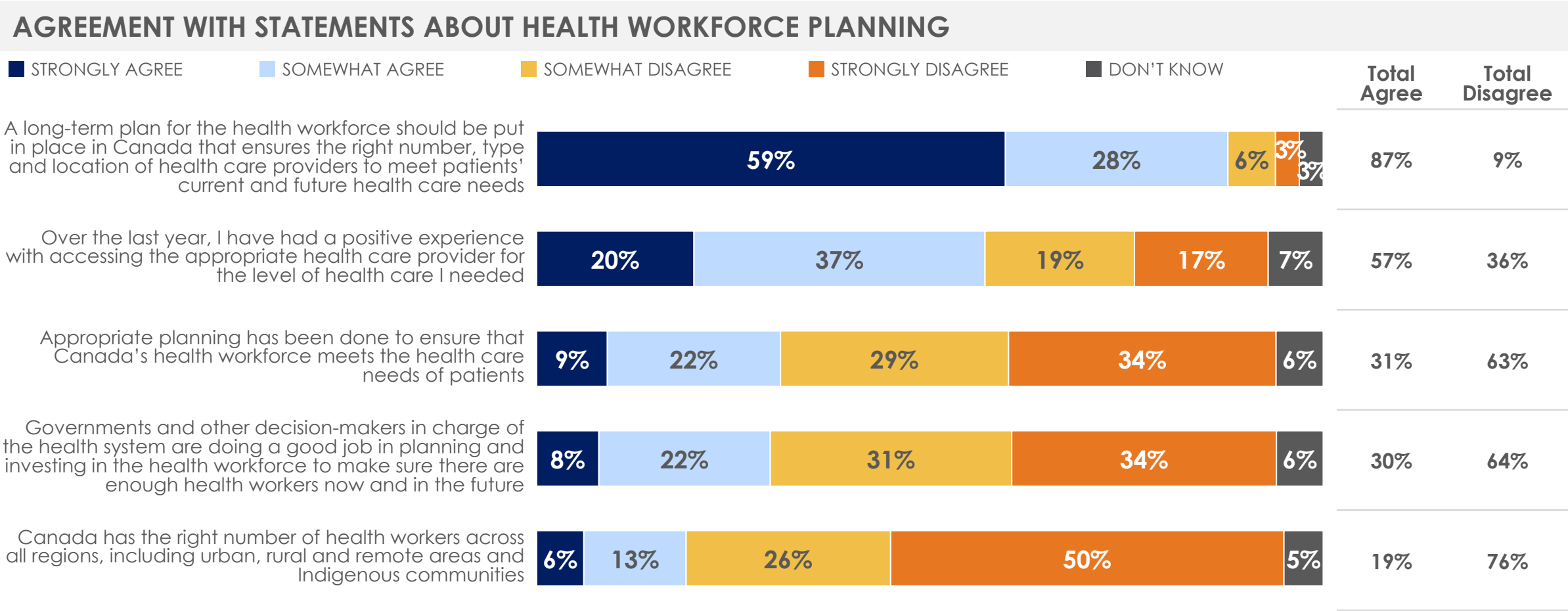
Executive Summary

INTEGRATED HEALTH HUMAN RESOURCES PLANNING (IHHRP)



- There is strong support for improved health workforce planning, with many people in Canada believing efforts in this area currently fall short of what is needed.
- People in Canada rely on a variety of health professionals for their well-being. Family physicians/general practitioners are the most frequently mentioned, followed by pharmacists and then specialists.
- People in Canada recognize that health workforce planning is not an easy task, identifying a number of significant barriers to developing and implementing a long-term plan. The two biggest are a lack of government cooperation and a lack of accountability.
- The greatest perceived benefits of more long-term health workforce planning are improved quality of care and access to care.
- A strong majority agree that the public should have a voice in health workforce planning.

There is strong support for improved health workforce planning, with many people in Canada believing efforts in this area currently fall short of what is needed.



Base: All respondents (n=3152)
 Q1. To what extent do you agree or disagree with each of the following statements?



People in Canada rely on a variety of health professionals for their well-being. Family physicians/general practitioners are the most frequently mentioned, followed by pharmacists and then specialists.

MEMBERS OF HEALTH TEAM WHO PLAY KEY ROLE IN WELL-BEING

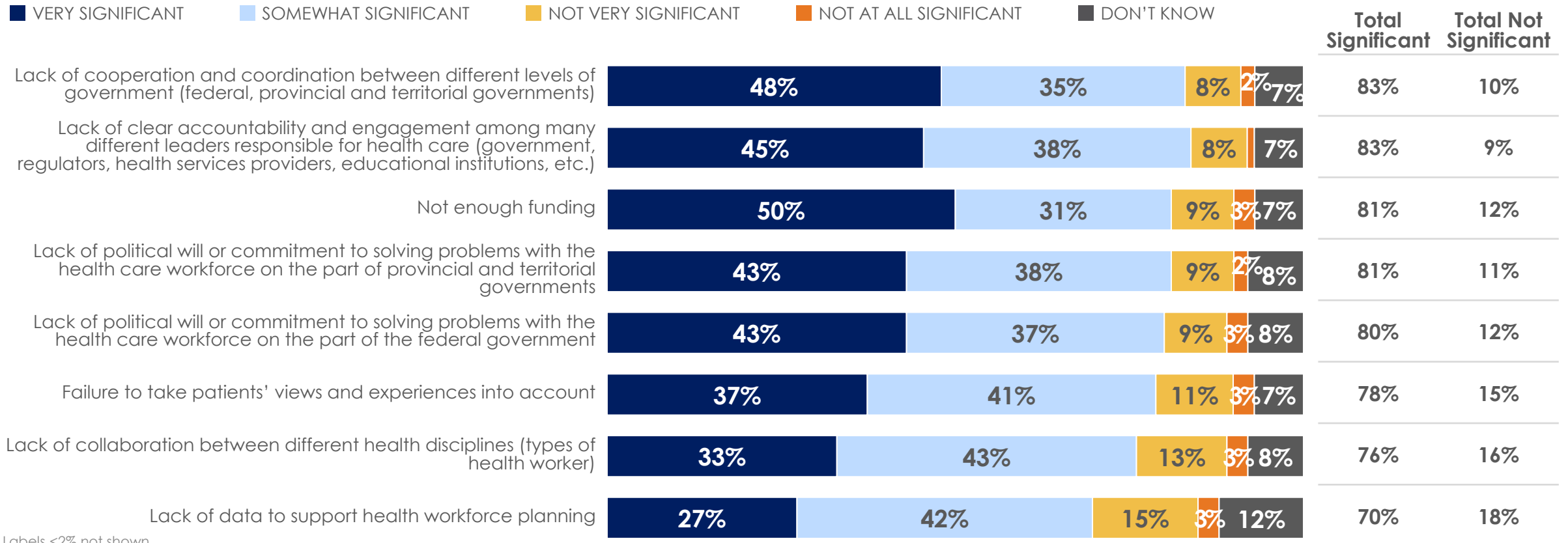


- Mentions of **physician (family physician or general practitioner)** are highest in Saskatchewan/Manitoba (71%) and Ontario (70%) and lowest in Quebec (49%).
- Those who are 55+ years more likely to mention **physician (family physician or general practitioner)** (81%), **pharmacist** (64%) and **physician (specialist)** (46%). Conversely, those who are 18-34 years are more likely to mention **psychologist** (21%) and **social worker** (18%).
- 22% of those who identify as Indigenous mention **Indigenous cultural service provider**.

Base: All respondents (n=3152)
 Q2. Which of the following are the members of your health team who play a key role in your well-being? Please select all that apply.

People in Canada recognize that health workforce planning is not an easy task, identifying a number of significant barriers to developing and implementing a long-term plan. The two biggest are a lack of government cooperation and a lack of accountability.

SIGNIFICANCE OF BARRIERS TO DEVELOPING AND IMPLEMENTING LONG-TERM PLAN FOR HEALTH WORKFORCE



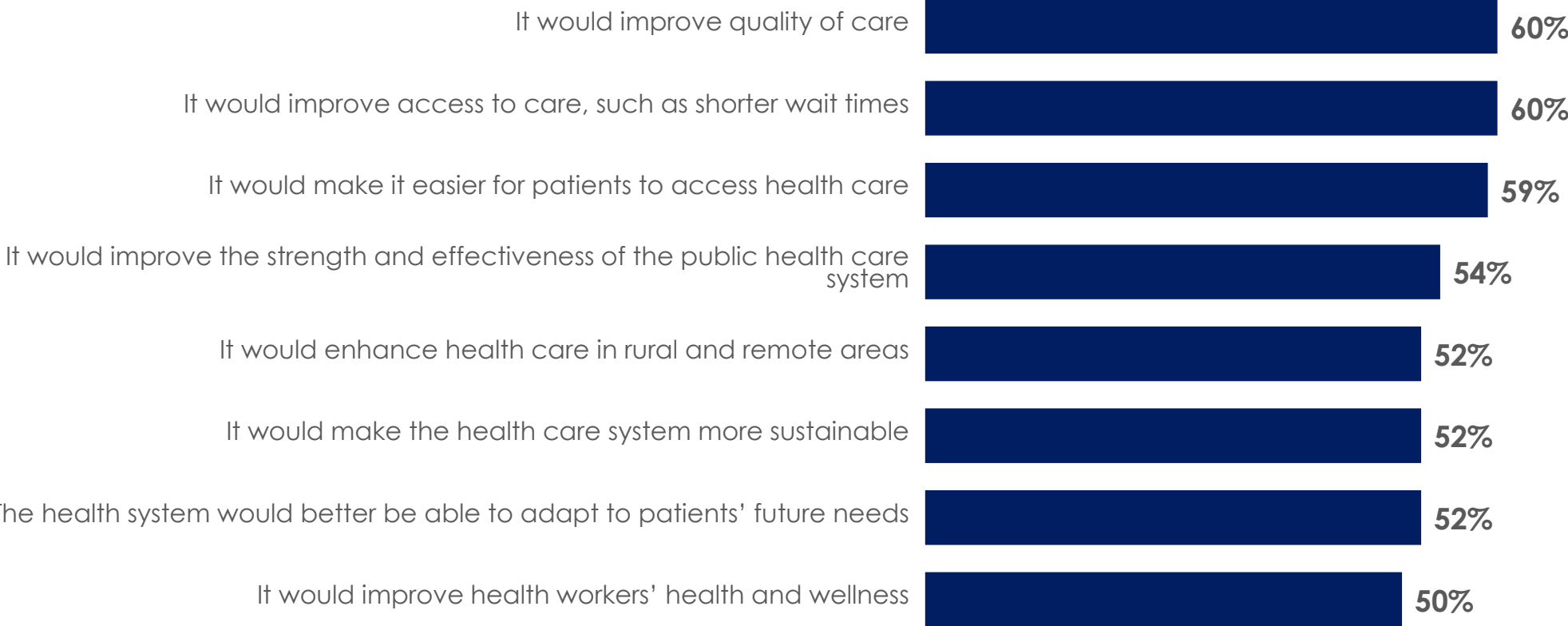
Labels <2% not shown.

Base: All respondents (n=3152)

Q4. Some people say that Canada needs a long-term plan for the health workforce to ensure the right number, type and location of health care providers to meet patients' current and future health care needs. Below are some potential barriers to developing and implementing a long-term plan for the health workforce in Canada. In your view, how significant is each barrier?

The greatest perceived benefits of more long-term health workforce planning are improved quality of care and access to care.

BENEFITS OF LONG-TERM PLANNING FOR HEALTH WORKFORCE



Base: All respondents (n=3152)
Q5. If more long-term planning was implemented for the health workforce to ensure the right number, type and location of health workers to meet the public's future health care needs, what would be the benefits? Please select all that apply.

Other benefits are less well-acknowledged. For example, relatively few believe more long-term health workforce planning would result in lower costs or enhanced diversity.

BENEFITS OF LONG-TERM PLANNING FOR HEALTH WORKFORCE

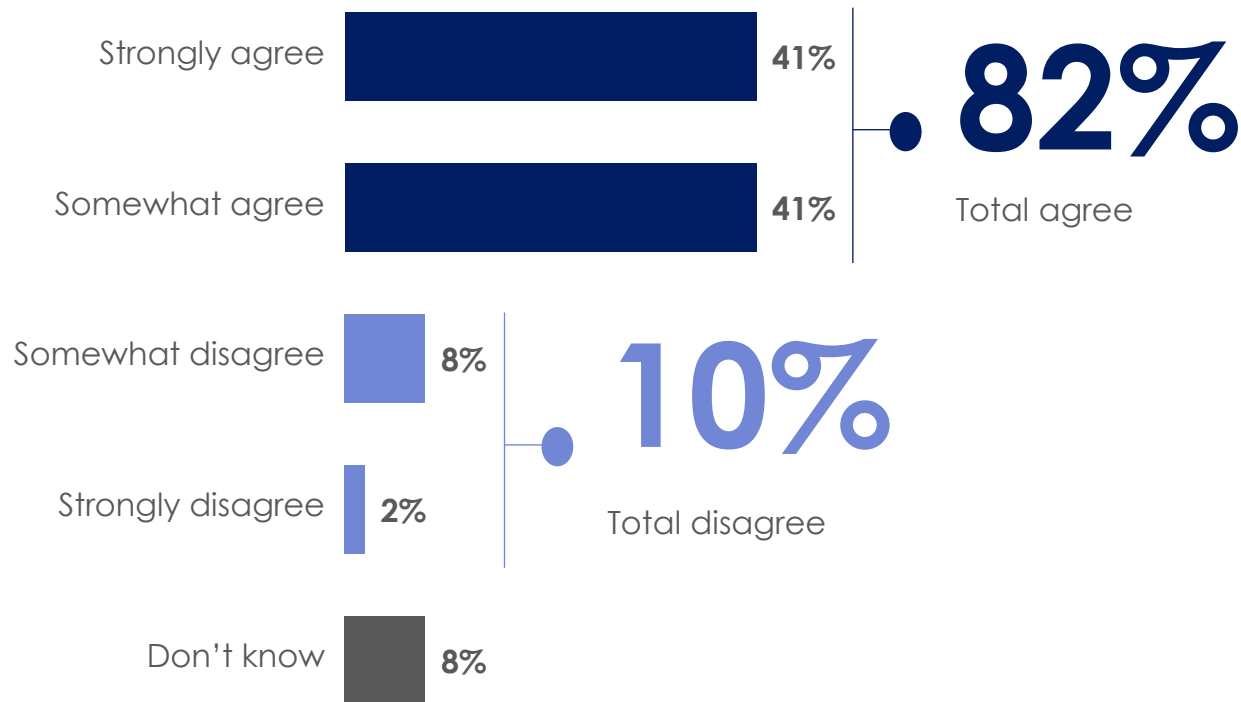


Base: All respondents (n=3152)

Q5. If more long-term planning was implemented for the health workforce to ensure the right number, type and location of health workers to meet the public's future health care needs, what would be the benefits? Please select all that apply.

A strong majority agree that the public should have a voice in health workforce planning.

AGREEMENT PUBLIC SHOULD HAVE VOICE IN HEALTH WORKFORCE PLANNING



Total agree by province:

- 82% BC
- 85% AB
- 80% SK/MB
- 86% ON
- 74% QC
- 84% ATL

Total agree is higher among:

- 55+ years (85%)
- Univ Grad (86%)
- Have Chronic Health Condition (87%)
- Access Health Care Services Virtually (85%) or In-Person (85%)
- Have Primary Care Provider (85%)
- Caregivers (87%)

Base: All respondents (n=3152)
Q9. To what extent do you agree or disagree that the public should have a voice in health workforce planning?

APPENDIX

Objectives and Methodology



This report presents the findings of an online survey conducted on behalf of the Canadian Medical Association.

The primary objective of the research is to obtain insights into public support for integrated health human resources planning (IHHRP).



Ipsos conducted an online panel survey with a representative, nationwide sample of n=3152 people in Canada aged 18 years and older.

The survey was conducted between September 15 and 19, 2023.

Quotas and weighting were employed to ensure that the sample's composition reflects that of the Canadian population according to census parameters by age, gender, education and region (excluding the territories).

The precision of Ipsos online polls is measured using a credibility interval. In this case, the poll is accurate to within ± 2.0 percentage points, 19 times out of 20, of what the results would have been had all adult people in Canada been polled. The credibility interval will be wider among subsets of the population.



Reporting Conventions

Some totals in the report may not add to 100% due to rounding, or because the question is a multi-select question. Similarly, some summary statistics (e.g., total agree) may not match their component parts due to rounding.

Ipsos ran statistical significance testing using a t-test applied across sub-groups. The test was done at a confidence level of 95%. Analysis of some of the statistically significant demographic results is included where applicable. While a number of significant differences may appear in the cross-tabulation output, not all differences warrant discussion.

Acronyms for regions: BC (British Columbia); AB (Alberta); MB/SK (Manitoba/Saskatchewan); ON (Ontario); QC (Quebec); ATL (New Brunswick, Nova Scotia, Prince Edward Island, Newfound and Labrador).

Limitations

For the purposes of this study, a non-probability online panel methodology was used in which panelists are recruited and incentivized to participate. The sample can be prone to selection bias as the sample universe includes internet users only and those who have been recruited/opted into online panels.