

Nursing Health Services Research Unit

a collaborative project of
the University of Toronto
Faculty of Nursing and
McMaster University
School of Nursing

Our mission is to develop,
conduct and disseminate
research that focuses on:

- design
- management
- utilization
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- provision
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Fact Sheet: Casualization and SARS (Severe Acute Respiratory Syndrome): Implications for Human Resource Policies*

Introduction to the SARS Crisis

SARS, the first severe and readily transmissible disease to emerge in the 21st century spreads from person to person through contact and has a 10 day incubation period. In spring 2003, SARS moved along the routes of international air travel and outbreaks occurred at transportation hubs. The epidemic drew attention to the prevalence of casualization in healthcare. When movement between facilities was restricted to control the spread of the disease, workers with jobs at two or more facilities could work at only one facility. This situation caused hardship to workers and increased staff shortages in some organizations.

Definition of Casualization:

The systematic replacement of full-time and part-time staff with staff employed on an ad hoc basis. Regular work is not provided but the casual worker is expected to be available when required (p. 10).

Current Nurse Staffing Patterns

Although the trend to casualization in the 1990s has reversed, the 70:30 ratio of full-time to part-time nurses recommended by nursing organizations and the MOHLTC has not been achieved. The employment status of nurses in Ontario is:

- 44,803 (56.9%) work full-time,
- 26,186 (33.3%) work part-time
- 7,749 (9.8%) work casual
- 15.9% of RNs also work for multiple employers (p. 13)

Casualization and the Management of Labour during SARS

Disruptions in the health care system caused by SARS were related to factors such as insufficient surge capacity, direct contact with SARS patients and the extent health care facilities attempted to conduct business as usual. Workers in all sectors experienced an increase in their workload due partly to staff shortages and the need to use protective equipment. Severe shortages in infection control and critical care units resulted in temporary re-deployment of qualified staff from other parts of Ontario and the U.S. to provide additional support. Managers were intensely occupied with deploying staff, procuring supplies, and interpreting and operationalizing directives from the Provincial Operations Committee (POC).

Pressures Encountered by Individual Health Care Sectors as a Result of the SARS Crisis

Public Health:

- Priorities included providing information to the public, case management of patients identified by hospitals, contact tracing, supervising quarantine and staffing information hotlines
- Personnel shortages and/or redeployment of personnel from suspended programs and temporary transfer in of appropriately qualified nurses, physicians, public health inspectors and epidemiologists from elsewhere in Ontario and the U. S..
- Volume of work, working arrangement for public health employees were transformed from a five-day working week and an autonomous work pattern to a seven-day week with a structured two-shift work system

Acute Care Hospitals:

- Employment of highly paid agency nurses to care for SARS patients
- Hospital personnel, including nurses, became SARS patients or were quarantined
- Workplace Safety and Insurance Board of Ontario recorded 79 nurses absent from work for more than 15 days because of SARS

Long Term Care:

- Directive that nurses work at only one organization impacted considerably many part-time and casual staff also working at acute care hospitals

Home Care:

- Home care agencies lost 20-30% of their nurses to acute hospitals offering higher wages and greater job security as nurses were permitted to work at one facility during SARS

Recommendations

1. Increase the surge capacity of the Canadian health care system.
 - reduce overtime and sick time costs by increasing base staff allocation
 - maintain a high ratio of full-time to part-time staff
 - increase the complement of full-time jobs in long-term care and home care
 - address the problem of unequal wages for nurses in different healthcare sectors
 - create workforce databases that can be used for planning and projection
2. Address human resource issues relevant to infectious disease control
 - hire sufficient public health staff to carry out public health programs while addressing infectious disease control
 - ensure emergency response protocols and staff to implement them are in place
 - invest in infection control teams by creating full-time centralized cohesive resource teams from well-oriented employees
 - enhance staff education in infection control
 - eliminate casual staff in critical situations wherever possible
 - encourage collegial relations at various levels, including with infection control
 - recognize that people work across sectors and capitalize on their cross-training
 - establish a national Canadian emergency nurse registry

* Adapted from: Baumann, A., Blythe, J., Underwood, J., & Dzuiba, J. (2004). *Capacity, casualization, and continuity: The impact of SARS*. Hamilton: Ontario: Nursing Effectiveness, Utilization, Outcomes and Research Unit, McMaster University.