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Personal Support Worker (PSW) Workforce Characteristics, Trends and Projections: Focus on the Home Care and Hospital Sectors

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Highlights

- In 2022, there were 3.1 million Canadians 75 years of age or older. This number is projected to grow to over 6.8 million by 2052.

- <u>Home Care</u>: Canada's home care sector is expected to need approximately 39,000 new personal support worker (PSW) positions by 2043, for a total PSW home care workforce of about 115,000, assuming the ratio of PSWs to population aged 65 and over remains stable.

    o The increase in demand for PSWs in home care is "front-loaded", with the majority of new positions needing to be filled by 2030.

- <u>Hospitals</u>: This sector is set to experience an even more pronounced shift, reflecting the growth in the 75-plus population, necessitating its workforce more than doubling and surpassing 200,000 PSWs by 2043 from just under 100,000 in 2022.

    o The timing of the change in demand in the hospital sector is close to evenly spread across the next two decades.

    o The hospital projections are sensitive to changes in the staffing mix in hospitals. Potential shifts in interdisciplinary care teams in hospitals might increase the demand for PSWs as hospitals seek to constrain cost increases. These projections should, therefore, be interpreted as potentially being conservative/low.

- These projections are for "new positions". Normal attrition, for example from retirements, mean that more PSWs will need to be recruited and trained than the number of new positions to be filled.

- PSWs are primarily employed in three sectors: Home care, residential care (e.g., long-term care/nursing homes), and hospitals.

    o Average PSW wages are lowest in home care, intermediate in residential care, and highest in hospitals. Although inter-sectorial pay gaps have diminished over the past two decades, average PSW wages varied by about 14% across the highest and lowest paid sectors in 2022. Working conditions also vary across these sectors.

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Introduction

Personal support workers (PSWs; also called, among other occupational titles, healthcare aids, nurses' aids, and/or, according to the new national standard, personal care providers) are frontline unregulated health care and social service providers. They bridge the gap between regulated medical professionals and patients by providing assistance with the activities of daily living. PSWs work primary in three sectors: residential long-term care, home and community care, and hospital care. Although this occupation has long been crucial to the operation of these sectors, the PSW workforce has received increased attention since the onset the COVID-19 pandemic in 2020. For example, in 2022, Colleges and Institutes Canada released a *National Occupational Standard for Personal Care Providers*. An occupational standard is derived from a comprehensive job task analysis pertaining to a particular occupation. It encompasses a detailed inventory of the competencies, skills, abilities, and personal attributes necessary for individuals to perform effectively in their specific roles. This National Occupational Standard (NOS) is designed to function as a benchmark for employees, employers, and educators, providing clarity on the expectations and requirements associated with a given role.

Canada's population is aging, and this implies increasing demand for many health sector workers — including PSWs. Especially, increased demand for PSWs follows from the leading edge of the baby boom cohort having turned 75 years of age in 2021. In 2022, there were 3.1 million Canadians 75 years of age or older (75-plus) but this number is projected to grow to over 6.8 million by 2052. The current report examines PSW workforce characteristics and projected workforce need in the home care and hospital sectors. It should be read jointly with Kralj and Sweetman (2022), which examined the PSW workforce, including projected future demand, in the residential care sector that encompasses long-term care homes.[1] These three broad sectors employ essentially the entire PSW workforce.

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[1] Statistics Canada's Labour Force Survey collects data for NAICS (North American Industry Codes) at the 3-digit level which does not permit distinction between nursing care facilities and residential and community care facilities for the elderly.

Data and Modelling

Information on the characteristics of the PSW workforce and trends in future demand for each sector is needed to inform workforce policy and planning functions. Our primary source of data is Statistics Canada's Labour Force Survey (LFS; see Statistics Canada, a and b, various years). In the LFS, PSWs are identified using National Occupational Classification (NOC) codes and using North American Industry Classification System (NAICS) codes, see Table 1.

Table 1: LFS NOC and NAICS Codes	
NOC:	PSWs = NOC 44101 or 33102
NAICS:	Home Care Sector = NAICS 6216 or 6241
	Hospital Sector= NAICS 6220

The LFS permits a national and provincial perspective on the PSW workforce in the home care and hospital sectors. (Formally a regional perspective since provinces with smaller populations are combined into regions due to small sample sizes and the territories are not normally surveyed.) In addition to labour market characteristics, the LFS allows us to examine the demographic and socio-economic characteristics of the PSW workforce. We examine the key labour market characteristics over the 1997-2022 period. These include measures of staffing levels, weekly hours, earnings, part-time, overtime work, multiple job holding, and job tenure (i.e., seniority).

One limitation of the LFS is that we do not know the industry or occupation of jobs beyond the "main job" for multiple job holders, where the main job is defined as the one with the most hours in the survey week. This implies that those who do not work as PSWs in the hospital or home care sector in a main job, but are employed as PSWs in one of those sectors in a secondary job, are not observed to be PSWs for the purposes of this report. (However, if the main job is as a PSW in the residential care sector, then that worker would be counted in Kralj and Sweetman's (2022) analysis of that sector.) Similarly, for PSWs who are

multiple job holders and who work in home care or a hospital in a main job, we do not observe the industry or occupation of their secondary jobs, which may or may not be as PSWs. As will be seen, between 9 and 13 percent of those whose main job is as a home care PSW, and between 6 and 11 percent of those in the hospital sector, report holding multiple jobs.

In addition to the LFS, we also employ data on PSWs extracted from Statistics Canada's 2021 Census of Canada, and population projections from Statistics Canada (M4 medium-growth scenario). The projected numbers of PSWs required in coming years, presented later in this report, are dependent on the population scenario employed. If, for example, the population growth rate followed a high-growth scenario then our PSW workforce projections would be underestimated. However, we expect that the medium-growth scenario is most useful for planning purposes. Regardless of the population scenario employed, these PSW demand projections will need to be revisited in several years to evaluate if these and other assumptions built into them remain reasonable. Especially, major federal or provincial government policy changes would reduce the accuracy of the projections.[2]

The Size of Sector and its Variation Across Regions

The LFS count of the national PSW workforce in all sectors in 2022 was approximately 350,000. About 77,000 PSWs were employed in home care, and about 98,000 were in the hospital sector. An almost equal number, about 167,000, were employed in the residential care sector (primarily in long-term care homes). A small number, about 5,000 workers, were

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[2] A major policy area that impacts the number of PSWs required in the long run is the level and the age distribution of Canada's new immigrant admissions. Subsequent to Kralj and Sweetman (2022) being released, Statistics Canada (very unusually and out of its normal sequence) produced updated population projections/scenarios given the significant increases to immigration levels introduced by the federal government. We evaluated the need to update Kralj and Sweetman's (2022) projections of PSW demand in the long-term care home sector in light of Statistics Canada's revisions and determined that no update is required in the near term. Given the current age distribution of new immigrants, the over age 75 population count is not much affected by the increased immigration levels until near the end of our projection period.

employed in 'other' health sectors. Given the small number of workers involved, and the limits of our data, we do not study PSWs in 'other' sectors.

Table 1 provides a regional breakdown of the home care and hospital sectors' PSW workforce. Nationally, there are 2.4 PSWs per 100 persons 75-plus population in the home care sector. Comparing the distribution of the headcount of PSWs to the distribution of the population age 75 and over by region, we see that Ontario has about 38 percent of the home care workforce and a corresponding share of the population 75-plus years of age. The PSW to population aged 75-plus ratio in home care is broadly similar in regions from Ontario to the west coast, but the ratio is notably lower in Quebec and higher in the Atlantic region reflecting the range of outcomes that are possible given alternative policy choices by provincial governments.

The hospital sector shows even greater variation in the ratio of PSWs to population aged 75-plus, with a national average of 3.1. We take this as reflective of the wider range of approaches to staffing being implemented across provinces in the hospital sector compared to the home care sector. Olaizola and Sweetman (2019) point to the shift away from higher cost registered nurses towards registered/licensed practical nurses that has been (slowly) occurring across Canada. If the variation in PSW ratios across regions is indicative of a similar shift towards PSWs in hospitals being underway in some provinces and having not yet progressed as far in others, then it would influence the interpretation of the projections presented below. Readers in each province need to evaluate their hospital policy and human resource trends and make appropriate adjustments.

PSW Workforce Characteristics

Between 1997 and 2022, the national PSW workforce in the home care sector expanded by 78%, reflecting an annualized growth rate of 2.3% (Figure 1). Concurrently, the PSW workforce in the hospital sector surged by 272%, or an annualized rate of 5.4. However, given the larger initial size of the home care sector, despite smaller employment growth the number of PSWs in the home care sector remained larger than that in the hospital sector until 2019.

However, there were marked PSW employment changes with the onset of the COVID-19 pandemic and, as seen in Figure 1, the pattern after 2019 differs from that prior to it. Home care employment shrank markedly during 2020 and 2021, and only partly recovered in 2022. In contrast, while there was a dip in PSW employment in hospitals in 2020, at the outset of the COVID-19 pandemic, there was substantial (above trend) growth in 2021 and 2022. This latter may reflect a response to the well-known nursing staff shortages in these last two years. If we look at the rates of growth in the two sectors between 1997 and 2019, the difference across the sectors is attenuated (more similar) compared to the rates calculated including the COVID-19 years. The pre-COVID growth rates were 3.2% (instead of 2.3%) in home care, and 5.1% (instead of 5.4%) in hospitals. In part, some off-setting of growth in employment in one sector with decline in another is expected given that (absent a sizeable policy/training intervention) the total number of trained PSWs evolves slowly over time. It is difficult to know what lies ahead, but we use the growth rates over the entire period as the basis for our projections. This may imply that our hospital projections are too high and the home care ones too low, but the sum of the two should be more robust.

As seen in Figure 2, the proportion of PSWs employed in the home care sector has diminished from 33% in 2000 to 21% in 2022. In contrast, the hospital sector's share has risen from 21% to 28%, while that in residential care increased until 2020 and then declined slightly.

In terms of demographics, the PSW workforce in both the home care and hospital sectors is overwhelmingly female, although the pattern is less pronounced in hospitals. Referring to Table 2, which is based on 2021 Census of Canada data, 90 percent of PSWs in home care are female, and the corresponding figure in the hospital sector is 78 percent. About 40 percent are visible minorities, and 35 percent are immigrants. Also, about 35% have young children under the age of five. Not surprisingly, only 16 percent of hospital PSWs are in rural areas, compared to 22 percent for home care sector PSWs.

With respect to job characteristics, the overwhelming majority (80 percent) are employed on a permanent basis. A similar percentage in each sector have fixed term or casual employment positions. PSWs in the home care sector are five percentage points more likely

to work part time, and to report fewer weekly hours and fewer annual weeks of employment than those in the hospital sector, although the gaps are modest. Finally, the educational distribution in the two sectors has some commonalities, but also some notable differences. The key difference is the PSWs in hospitals are much more likely to have an apprenticeship/trades certificate/diploma, and are less likely to hold most other credentials. It would be interesting to know more about the source of the apprenticeship certificates/diplomas held.

PSW Workforce Trends

Labour Market Activity

Table 3a provides a view of key historical trends in home care PSW labour market characteristics, and Table 3b provides similar trends for hospitals. For home care, the mean weekly actual hours worked (at the main job) have remained essentially unchanged at about 28 hours over the 25-year study period. Nevertheless, home care staff reporting working part-time (less than 30 hours per week) has declined noticeably over the past decade from 44 percent in 2010 to 30 percent in 2022. That the mean is near the part-time threshold explains some of this apparent difference. Multiple job holding has varied from 8 to 13 percent, but there is no clear long-term trend. It was not particularly high at the outset of the COVID-19 pandemic, and it seems to have declined to hear the bottom of the range in the second and third year of the pandemic. The rate of overtime work (either paid or unpaid) in a typical week reported by PSWs in home care has remained steady in the 8 to 10 percent range. Although it was perhaps slightly lower, on average, in the initial years of the time span under study, it did not increase noticeably, especially during the first three years of the COVID-19 pandemic. Mean tenure has averaged 3.5 years.

Similar trends are presented in Table 3b for the hospital sector. Many of the patterns are similar and we focus on those that differ. Perhaps surprisingly, even though mean weekly hours worked are essentially identical in the two sectors, the percentage part time in the home care is notably higher. In part, this reflects the mean being near the threshold, but it

also speaks to more homogeneous weekly hours of work in the hospital sector. The percentage with multiple jobs is lower in the hospital sector, averaging 7 percent for hospitals, but 11 percent for home care. Over-time work, although similar in the two sectors are the start of the period, increased more in hospitals and by the end of the period was commonly five or six percentage points higher there. Conversely, tenure is almost always higher in the hospital sector, except in the last year or two. This suggests that job stability is higher in the hospital sector.

Wages and Wage Gaps

Table 4 presents mean hourly wages, and weekly hours, across regions and the three large sectors in which PSWs worked in 2022. Mean hourly PSW wages in home care varies from a low of $18 in the Atlantic and Prairie regions to a high of $23 in British Columbia. In all regions except Quebec, where the long-term care system is quite different, PSWs in residential care earn about a dollar (sometimes as much as $1.80) an hour more than those in home care. In turn, across all regions, PSWs working in the hospital sector earn more than those in the residential care sector, with the latter gap being larger than that between home care and residential care.

The home care sector is the lowest-paying sector for PSWs across the country, so we examine this sector in more detail documenting the trend in, and distribution of, wages within the sector over time in Figure 3. It shows that since 1997 the nominal (not inflation adjusted) median hourly wage in the home care sector stood at $20 in 2022 representing an increase of 90 percent from 1997. Figure 3 also shows that the lower end of the home care wage distribution (i.e., the 25th percentile) increased by 125 percent, from $8 in 1997 to $18 in 2022, which is a faster rate of increase than at the higher parts of the distribution. This may have been driven by rising minimum wages in many provinces, and Ontario's "minimum wage" for personal support workers was phased in from 2014 to 2016 in recognition of that the publicly funded wages at the low end of wage distribution for this sector were problematic (Olaizola, Loertscher and Sweetman 2020). Overall, the result was some wage compression in the sector. The gap between higher earners (i.e., 75th

percentile) and lower end earners within the home care sector declined from about 60 percent in the late 1990s to about 30 percent in recent years.

Figure 4 contrasts the trends in mean wages in the home care and hospital sectors over time. The mean hourly PSW wage in home care increased by 94 percent, outpacing growth of 63 percent in the hospital sector. However, a meaningful wage gap between these two sectors remains. Also, the interpretation of the closing gap is unclear. Most of the acceleration in home care wages occurred in the pandemic years when employment declined. It is not obvious to what degree the reduction in the gap represents a compositional change among home care PSWs since, as seen in Figure 1, that workforce shrank during the pandemic. The reduced gap may not continue.

Some argue that the PSW staffing crisis in the home care sector is driven by a lack of competitive wages to attract and retain workers (Zagrodney et al. 2023; Kokorelias and Sinha 2023). They argue that the historic wage gap between sectors puts the home care sector at a disadvantage and has resulted in the movement of PSWs away from home care to the hospital and residential care sectors. However, as Figure 4 shows, the gap has been stable for many years with both sectors (and also residential care) continuing to operate.

Table 5 builds on Figure 4 and looks at the inter-sector gap in more detail. It shows that the hourly nominal wage gap for PSWs between the hospital and home care sectors stood at $3.90 (or 36 percent) in 2000. This gap narrowed to $3.00 (or 14 percent) by 2022, with most of the decline coming in the last two years. Conceptually, the move towards a smaller pay gap should improve the relative attractiveness of working in home care. Efforts to address the pay gap are not new. As mentioned, a 2014 policy in Ontario introduced a PSW-specific "minimum wage" (above the normal minimum wage) for publicly funded home care PSWs in an effort to attract and retain workers (see Olaizola, Loertscher and Sweetman 2020). Of course, non-wage factors are also relevant; working conditions, shift work, non-wage benefits and the like play a role in the recruitment and retention of PSWs. For example, home care work is more likely to be weekdays and days-only, whereas hospital and residential care tends to operate 24/7.

PSW Workforce Projections

Turning from a description of the past and present to projections for the future, we project PSW workforce requirements in Canada's home care and hospital sectors to the year 2043. Understanding future workforce needs is of utmost importance, especially in light of the country's aging population, and has implications for health care services in all areas.

To provide a robust foundation for our projections, we employed ordinary least squares regression, analyzing staffing trends from 1997 to 2022. We took into account age-specific population segments both at the national level and for six distinct regions in Canada. Our findings reveal that the staffing model best aligned with the home care sector was based on the population aged 65 and above. In contrast, the hospital sector's optimal staffing model corresponds to the segment of the population aged 75 and above. Consequently, our forward-looking projections are anchored on these specific demographic groups, utilizing population projections data from Statistics Canada. That is, we take a very simple approach and assume that PSW to age-specific population ratios should remain stable in the future. We then calculate the numbers of PSWs required to maintain those ratios given age-specific population growth.

That the growth in the PSWs workforce is modelled as being in response to the expanding elderly demographic is necessarily simplistic. Also, it makes greater intuitive sense for the home care than hospital sector. PSWs serve those of all ages with hospital stays, although each age group has a different probability of hospitalization. Our analysis of the historical data relating the hospital PSW workforce to the size of various population age categories suggests that those over age 75 is the most suitable. Although it could be argued that the all-age population would be a viable alternative (other age groupings are empirically less suitable), we believe that for projections using the age 75+ population will provide the most reliable guide to future PSW demand.

Of course, this style of making projection should form a basis for discussion and not a target to be achieved regardless of changes in policy and practice. The evolution of health care policy and practice (including changes in technology), both explicit and implicit, might

render these projections too high or too low relative to future needs. For example, changes in approaches to staffing and/or scopes of practice for PSWs or related occupations, such as registered practical nurses or unregistered non-PSWs who feed residents in home care, may change the need for PSWs. Changes in one sector, say residential care, will impact all sectors since PSWs can move across sectors. Moreover, our approach assumes that work arrangements remain stable. If, for example, the ratio of full- to part-time workers increased (decreased), then our projections would be over (under) estimates.

Additionally, the number of PSWs we project as needing to be employed does not reflect training and credential recognition requirements. Those who start a training program may not complete it, and those who complete the training may only practice for a very short period of time. Training spots undoubtedly need to be greater in number than employment opportunities. Understanding exactly how much greater is beyond the scope of this study.

Nationally, and for each region, we present projections in two forms for each of home care and the hospital sectors. First, we forecast the total number of workers needed, and then we present the incremental number of new additions to the workforce required each year.

Turning to our national results, Figures 5 and 6 illustrate the anticipated trajectory of the size of the PSW workforce for each of the home care and hospital sectors, respectively. By 2043, Canada's home care sector is expected to need to be an augmented by approximately 39,000 PSWs, for a total PSW home care workforce of about 115,000, assuming the ratio of PSWs to population aged 65 and over remains stable. The hospital sector is set to experience an even more pronounced shift, reflecting the growth in the 75-plus population, necessitating its workforce more than doubling and surpassing 200,000 PSWs by 2043 from just under 100,000 in 2022.

Given the link to different underlying populations for home care and hospitals, and as seen in Figures 7 and 8, the two sectors have different time patterns of changing demand. Home care has, relatively to later years in that sector, more rapid demand growth over the first ten years of the forecast period.

Perhaps one of the more surprising elements of our analysis is the substantial historical and projected growth in hospitals. The increase in the employment of PSWs, however, is consistent with the increased employment of registered/licensed practical nurses and the relative stability of the registered nurse workforce despite a growing population (see Olaizola and Sweetman 2019). Plausibly, there are shifting practice norms with a shift towards lower paid occupations practicing nearer to the high end of their scopes of practice. If the staffing mix in hospitals changes in favour of lower cost occupations, then this would cause our projections for the hospital sector to be low/conservative. This would affect all three of the major sectors employing PSWs (home care; residential care, also called long-term care/nursing homes; and hospitals) since PSWs move across sectors.

For a more granular understanding, we've cataloged our projections across the various regions of Canada. Total projected employment for the home care and hospital sectors are presented in Appendix 1 and Appendix 2, respectively. Appendix 3 and Appendix 4 depict the annual workforce additions needed to keep pace with the ageing population for the home care and hospital sectors respectively.

Concluding Remarks

Canada's current combined home care and hospital sector PSW workforce of approximately 175,000 workers will need to almost double to about 320,000 workers by 2043 to keep pace with the growing and ageing population. This is on top of the increase on the PSW workforce required in the residential care sector, including long-term care homes, documented in Kralj and Sweetman (2022).

These projections rely on the status quo remaining unchanged in terms of part-time vs full-time, number of overtime hours, government policy regarding the level and quality of service delivery and the like. It may be possible to alleviate some of the additional staffing needs by increasing the amount of overtime work, delaying retirement and moving part-time workers to full-time positions. However, governments and/or private households may also want to improve the quality and quantity of care provided, and in hospitals and other institutions task shifting may occur with some duties moving from high to lower paid occupations. If these latter shifts dominate, and we suspect they may, then the estimates presented here will be found to be underestimates.

Finally, these estimates speak only to the number of workers needed and do not address training and credential recognition requirements. Undoubtedly, training spots and credentialing processes need to produce a greater number of potential workers than the actual number of employment opportunities since occupational exit is not zero. Understanding the process of training and recruiting PSWs is a subject for future research.

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Tables & Figures

Table 1:

Home Care and Hospital Sector PSW Workforce,

Canada and Regions, 2022

Region	Home Care			
	Workforce	% of Total	% Pop75+	PSWs/100k 75+ Pop
Atlantic	11,271	14.7	7.4	4.9
Quebec	12,229	15.9	25.0	1.6
Ontario	28,854	37.5	38.7	2.4
Prairie	4,896	6.4	5.9	2.6
Alberta	7,958	10.4	8.5	3.0
BC	11,667	15.2	14.4	2.6
Canada	76,875	100.0	100.0	2.4
	Hospital			
Atlantic	4,542	4.6	7.4	2.0
Quebec	40,083	40.7	25.0	5.1
Ontario	19,271	19.5	38.7	1.6
Prairie	9,917	10.1	5.9	5.4
Alberta	9,021	9.1	8.5	3.4
BC	15,771	16.0	14.4	3.5
Canada	98,604	100.0	100.0	3.1

Source: LFS and Statistics Canada, calculations by authors

Table 2:

Home care & Hospital PSW Workforce Characteristics		
Demographics	**Homecare**	**Hospital**
Female	90%	78%
Married	41%	37%
Mean Age (years)	45.5	42.3
Child age 0 to 5 years	36%	35%
Visible Minority	44%	41%
Immigrant	35%	35%
Rural	22%	16%
Household size (persons)	3.2	3.2
Employment		
Permanent Position	80%	79%
Fixed Term Position	5%	6%
Casual Position	15%	15%
Part-Time	30%	25%
Mean Weekly Hours (in 2021 census week)	26.4	28.9
Mean Weeks Worked (in 2020)	36.5	39.6
Education		
High School or Less	31%	25%
Apprenticeship/trade certificate of diploma	10%	24%
Community College	38%	32%
University certificate of diploma below bachelor level	4%	4%
Bachelor's degree or higher	17%	15%
Source: Census of Canada, 2021. Calculations by authors		

Note: Employment in permanent, fixed-term and casual positions are mutually exclusive and exhaustive; they sum to 100%. Any of these three employment position types may be part time.

Table 3a:

Home Care Sector PSW Labour Market Activity Trends, 1997-2022

Year	Mean Weekly Hours	% Part-time	% Multiple Jobs	% Over Time Work	Median Tenure (yrs)
1997	29	43%	9%	6%	2.9
1998	29	39%	8%	7%	3.3
1999	28	42%	10%	6%	3.4
2000	27	46%	10%	7%	2.6
2001	27	41%	10%	7%	3.1
2002	27	46%	12%	8%	3.3
2003	28	43%	11%	9%	3.6
2004	26	46%	13%	9%	3.4
2005	28	40%	8%	10%	3.4
2006	28	38%	9%	8%	3.5
2007	30	36%	10%	10%	4.2
2008	27	38%	11%	8%	3.5
2009	28	35%	11%	9%	3.9
2010	27	44%	13%	8%	2.9
2011	28	42%	12%	8%	3.3
2012	28	36%	12%	10%	3.8
2013	29	36%	10%	9%	3.4
2014	29	35%	12%	8%	3.5
2015	27	36%	13%	8%	4.8
2016	27	36%	12%	8%	3.7
2017	27	35%	9%	6%	4.1
2018	28	35%	11%	8%	3.8
2019	27	34%	11%	9%	3.1
2020	27	34%	11%	9%	3.8
2021	27	36%	9%	9%	3.1
2022	28	30%	9%	10%	4.1

Source: Calculations by authors based on LFS

Table 3b:

Hospital Sector PSW Labour Market Activity Trends, 1997-2022

Year	Mean Weekly Hours	% Part-time	% Multiple Jobs	% Over Time Work	Median Tenure (yrs)
1997	28	27%	6%	6%	10.6
1998	28	31%	9%	7%	9.3
1999	29	27%	11%	7%	9.4
2000	28	27%	6%	7%	9.4
2001	28	26%	10%	8%	8.3
2002	26	34%	7%	9%	7.1
2003	26	28%	7%	10%	7.0
2004	27	29%	7%	11%	6.8
2005	27	32%	8%	10%	6.9
2006	27	27%	8%	11%	7.3
2007	27	25%	7%	13%	6.5
2008	28	23%	7%	13%	7.1
2009	28	26%	6%	13%	7.3
2010	27	26%	7%	9%	7.1
2011	27	29%	7%	10%	6.4
2012	28	28%	8%	13%	6.5
2013	28	22%	7%	12%	6.9
2014	27	26%	8%	12%	6.8
2015	27	27%	9%	9%	7.4
2016	28	25%	8%	10%	7.0
2017	27	27%	8%	12%	7.5
2018	28	24%	7%	12%	7.1
2019	27	27%	8%	14%	5.8
2020	28	22%	6%	15%	5.7
2021	29	20%	7%	14%	4.0
2022	28	26%	7%	18%	4.0

Source: Calculations by authors based on LFS

.

Table 5:

PSW Mean Hourly Wages, by Sector, Canada

Sector	2000	2010	2020	2022
Home care (HC)	$10.80	$14.70	$18.60	$21.00
Residential Care	$13.20	$17.10	$21.00	$22.00
Hospital	$14.70	$19.10	$23.00	$24.00
Wage Gap:				
Hospital *minus* HC $	$3.90	$4.40	$4.40	$3.00
Hospital *minus* HC %	36.1%	29.9%	23.7%	14.3%

Source: Calculations by authors based on LFS

Figure 1:
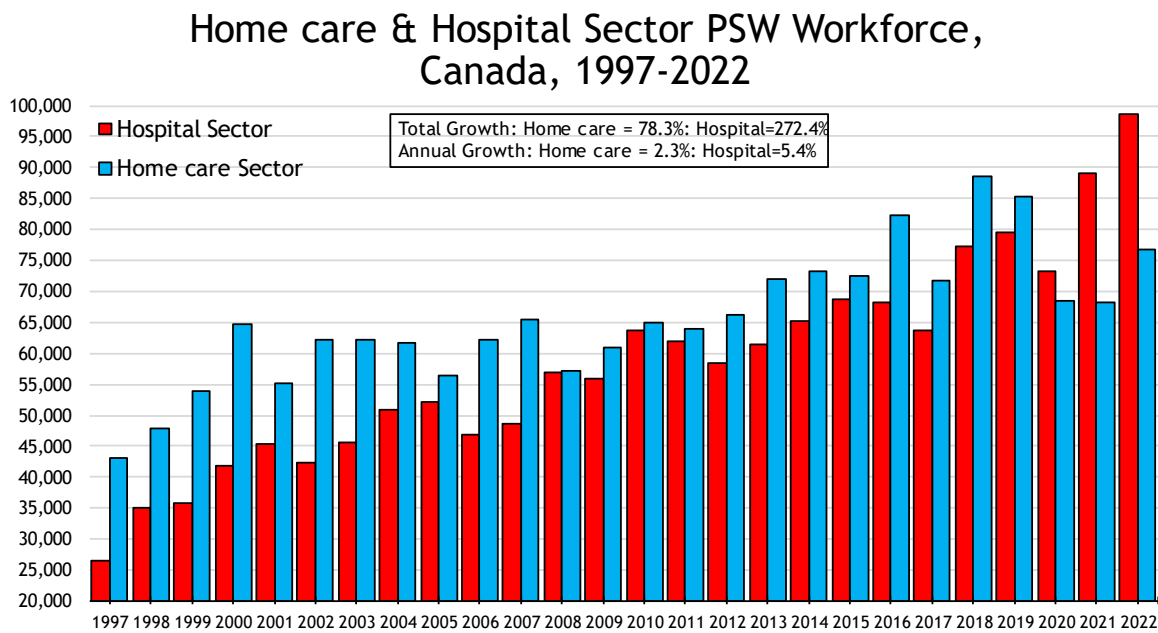
Home care & Hospital Sector PSW Workforce, Canada, 1997-2022

Total Growth: Home care = 78.3%: Hospital=272.4%
Annual Growth: Home care = 2.3%: Hospital=5.4%

Source: Calculations by author based on Canadian Labour Force Survey.

Figure 2:

Canadian PSW Workforce, Sector Share of Total Workforce (%)

Source: Calculations by author based on Canadian Labour Force Survey.

Figure 3:

PSW Hourly Wages ($), Home care Sector, Canada

Source: Calculations by author based on Canadian Labour Force Survey.

Figure 4:

Home care & Hospital Sector PSW Mean Hourly Wage ($), Canada, 1997-2022

Total Growth: Home care = 94.4%: Hospital=63.3%

Source: Calculations by author based on Canadian Labour Force Survey.

Figure 5:

Canada – Home care Sector PSW Workforce

Source: Calculations by authors

Figure 6:

Canada – Hospital Sector PSW Workforce

Source: Calculations by authors

Figure 7:

Canada – Home care Sector PSW Workforce Additions

Source: Calculations by authors

Figure 8:

Canada – Hospital Sector PSW Workforce Additions
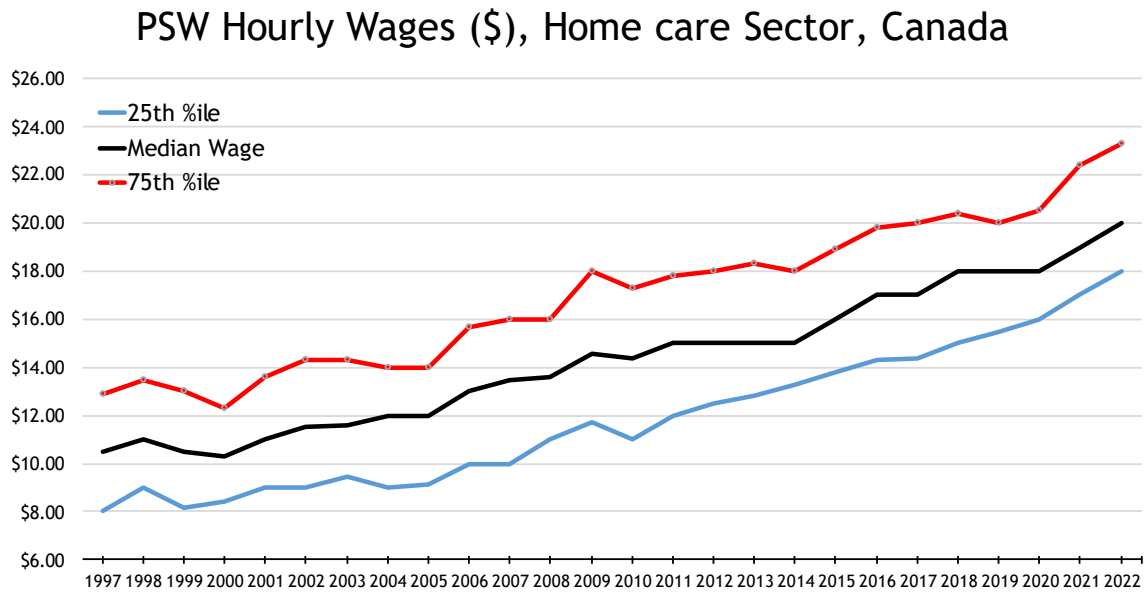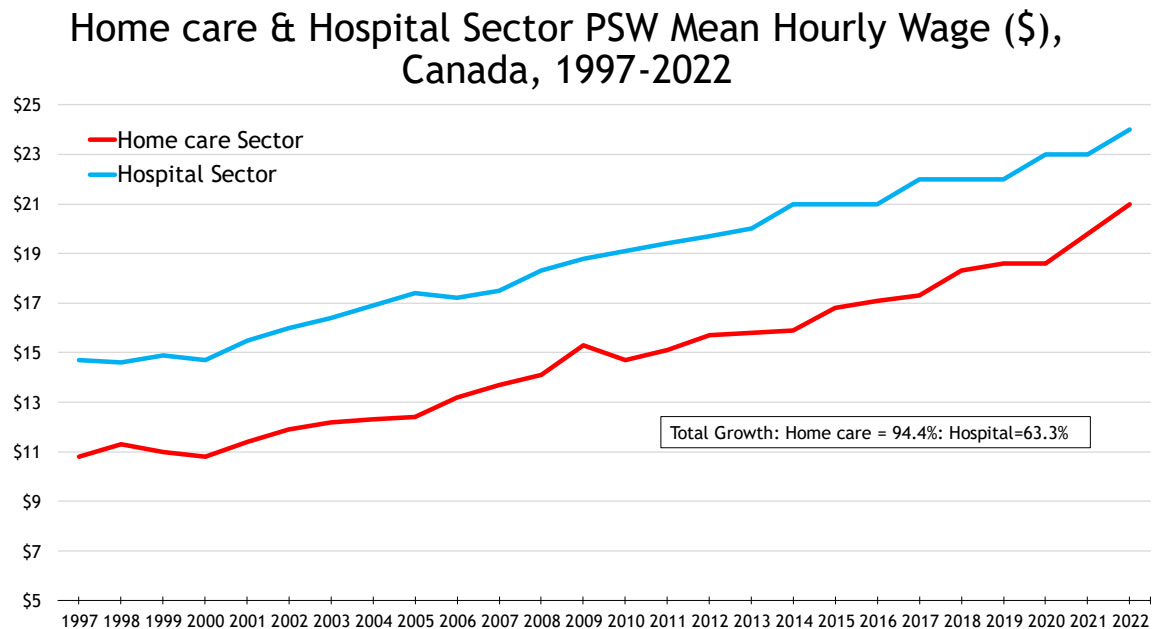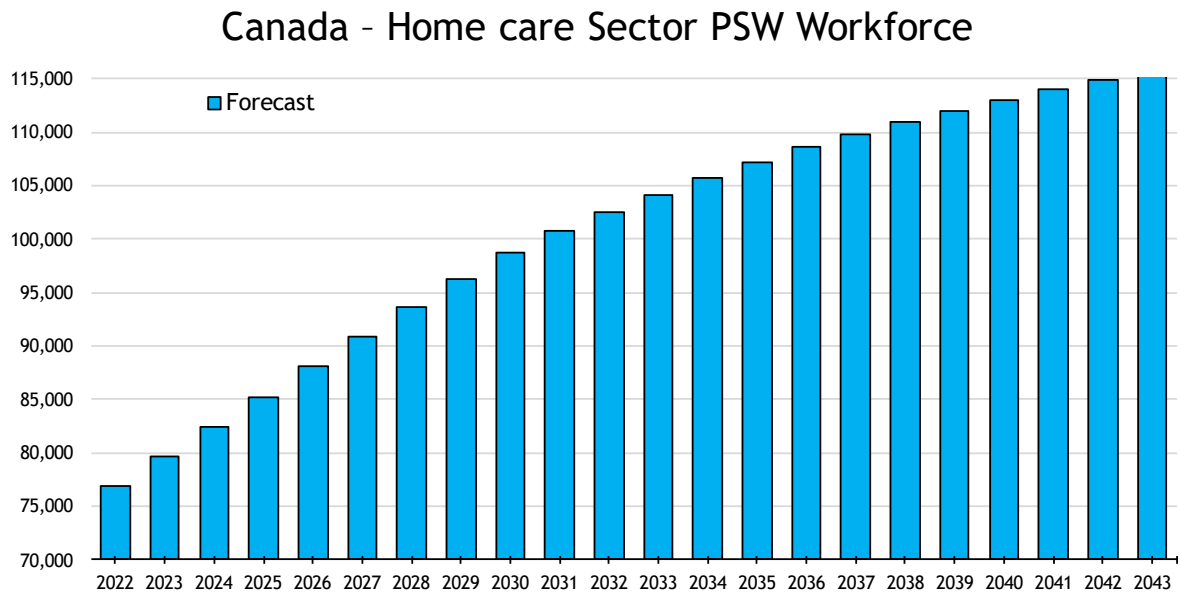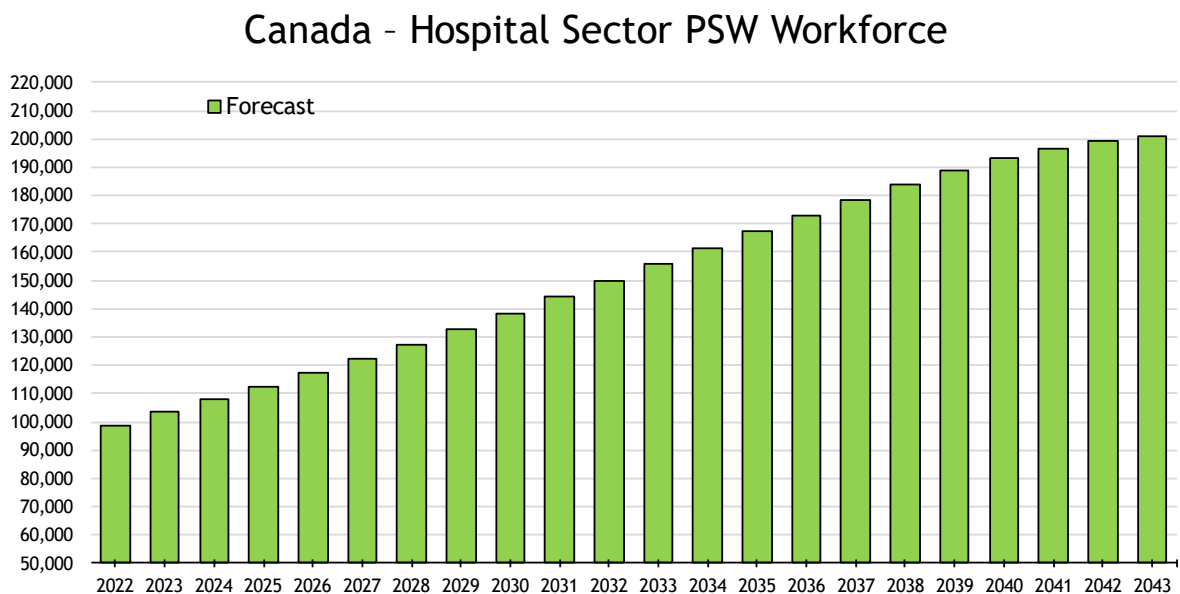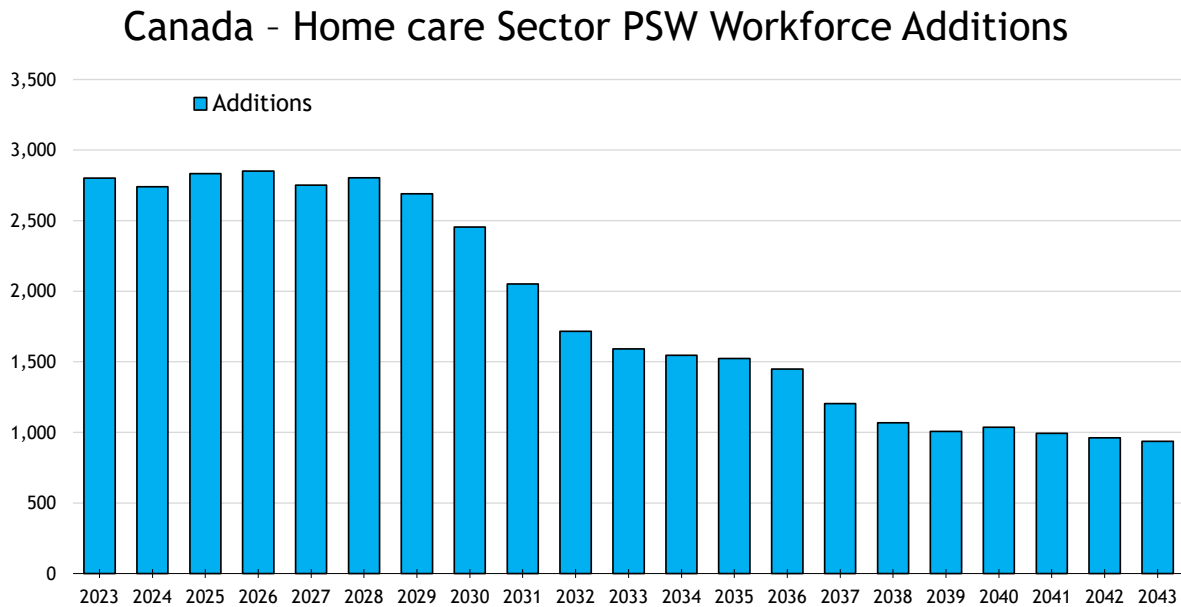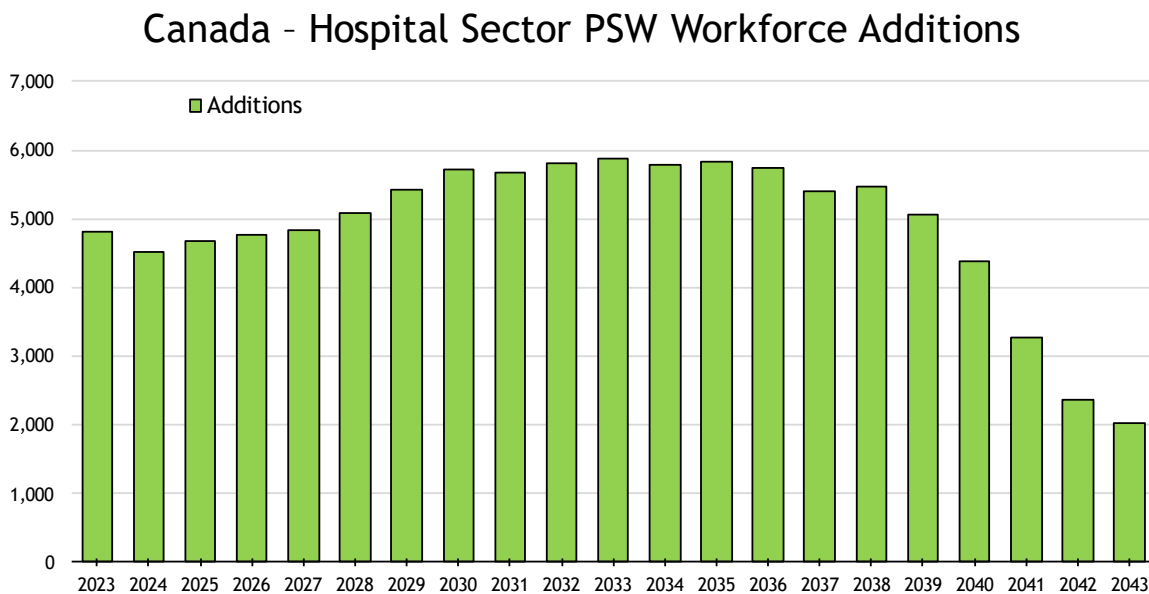
Source: Calculations by authors

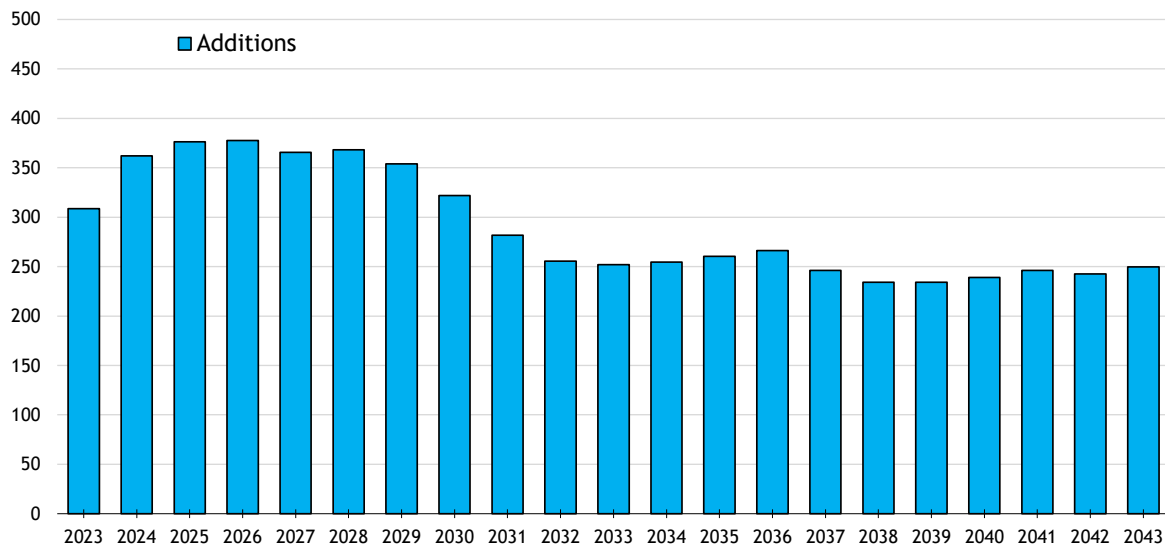**Appendix 1 – Regional Home care Sector PSW Workforce Projections**

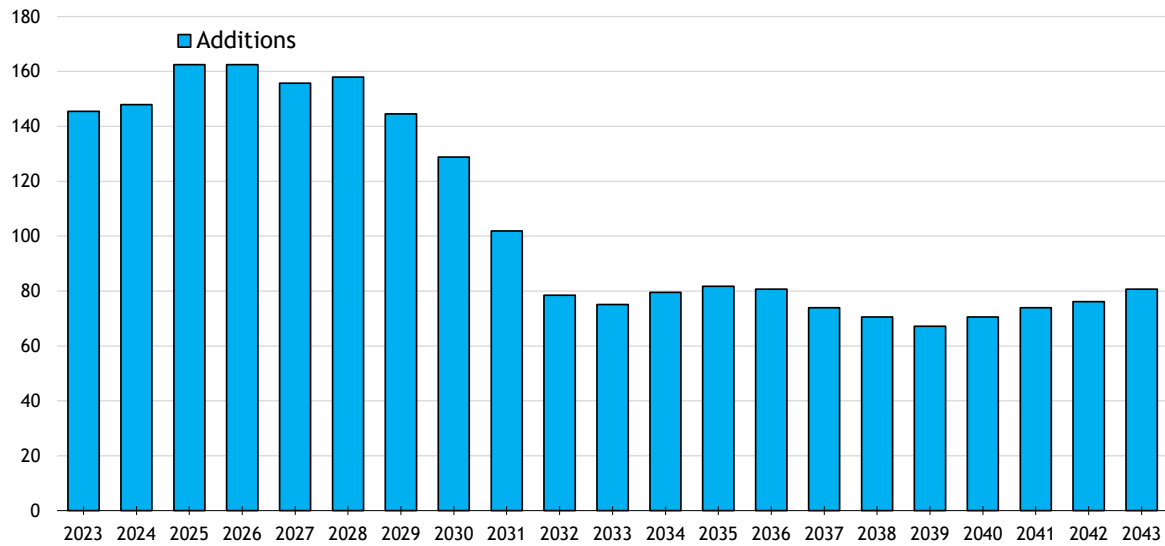## British Columbia– Home care Sector PSW Workforce

Source: Calculations by authors

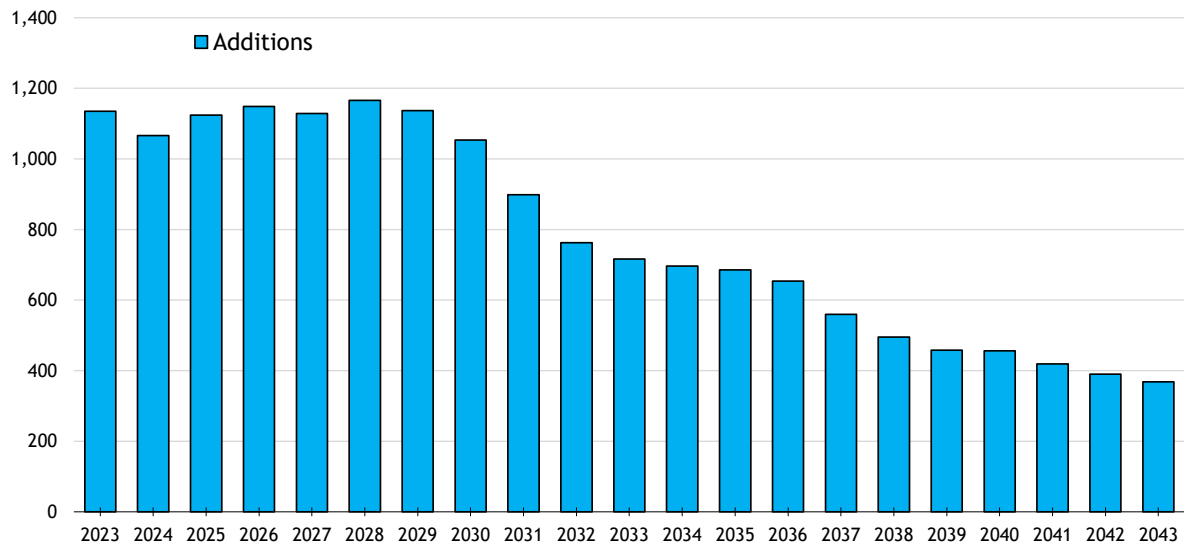## Alberta– Home care Sector PSW Workforce
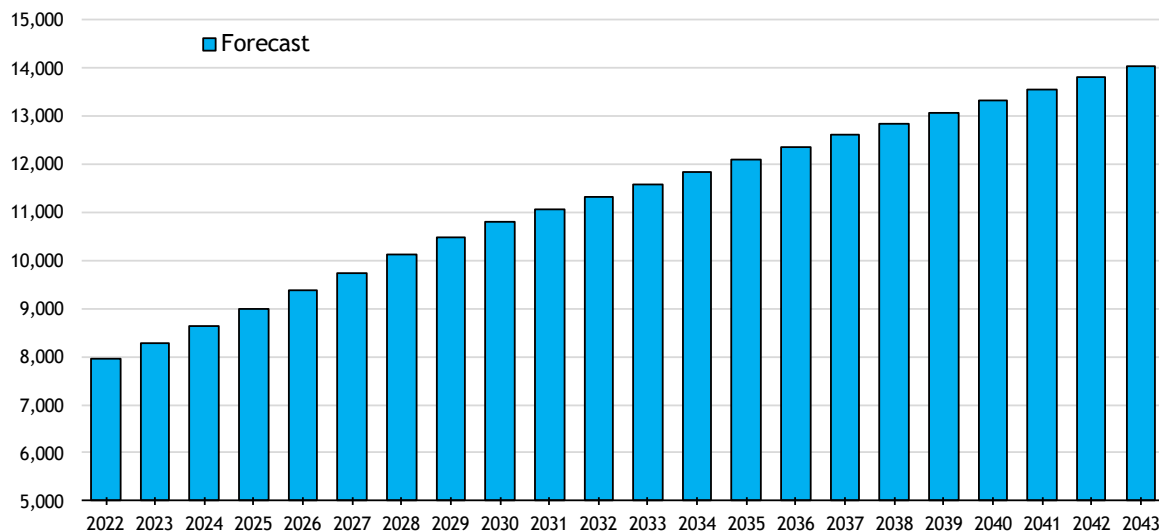
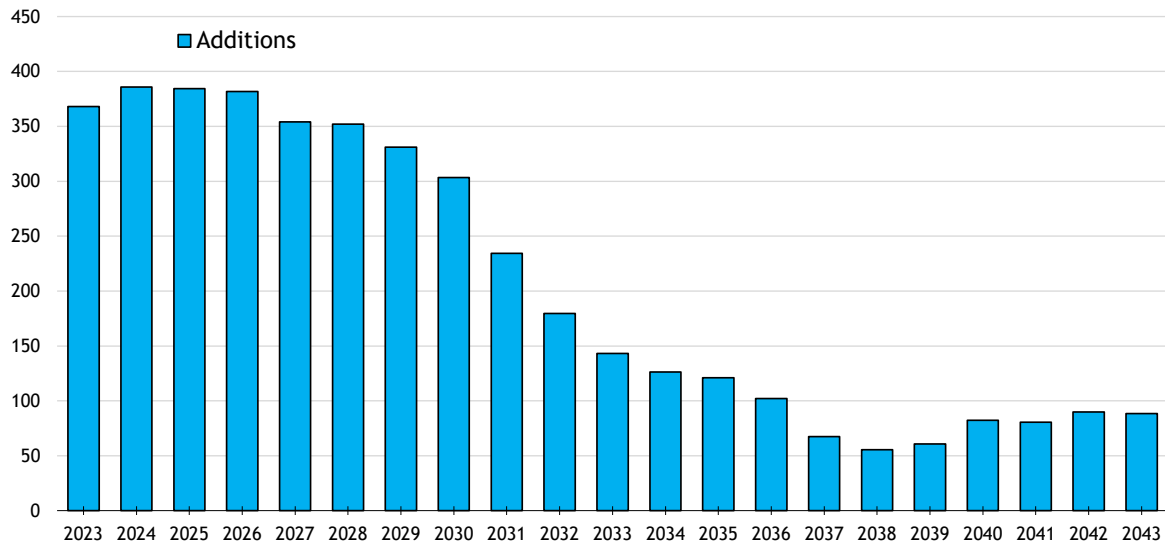Source: Calculations by authors

Prairie– Home care Sector PSW Workforce
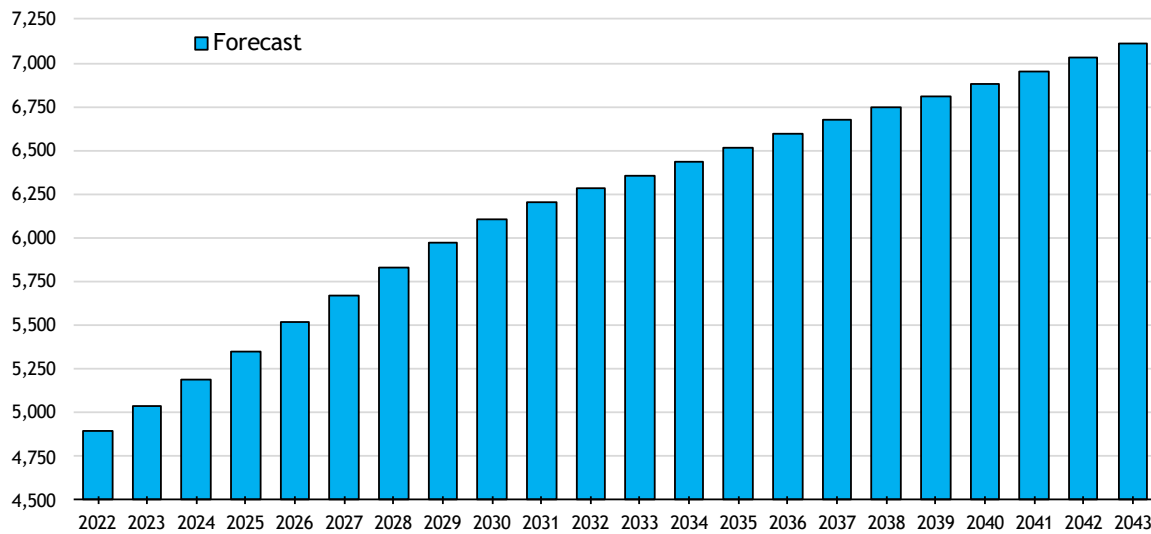
Source: Calculations by authors

Ontario– Home care Sector PSW Workforce
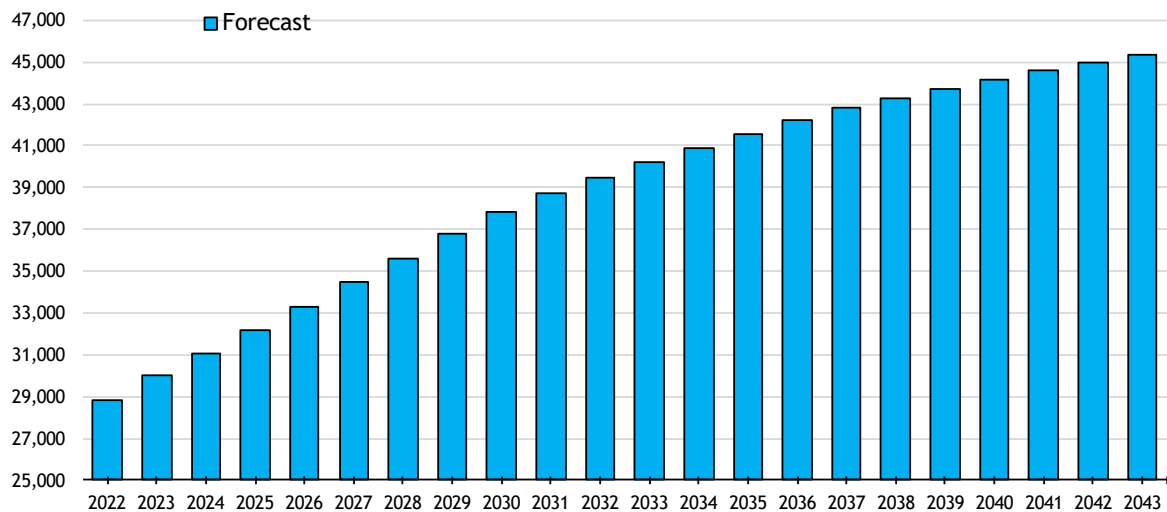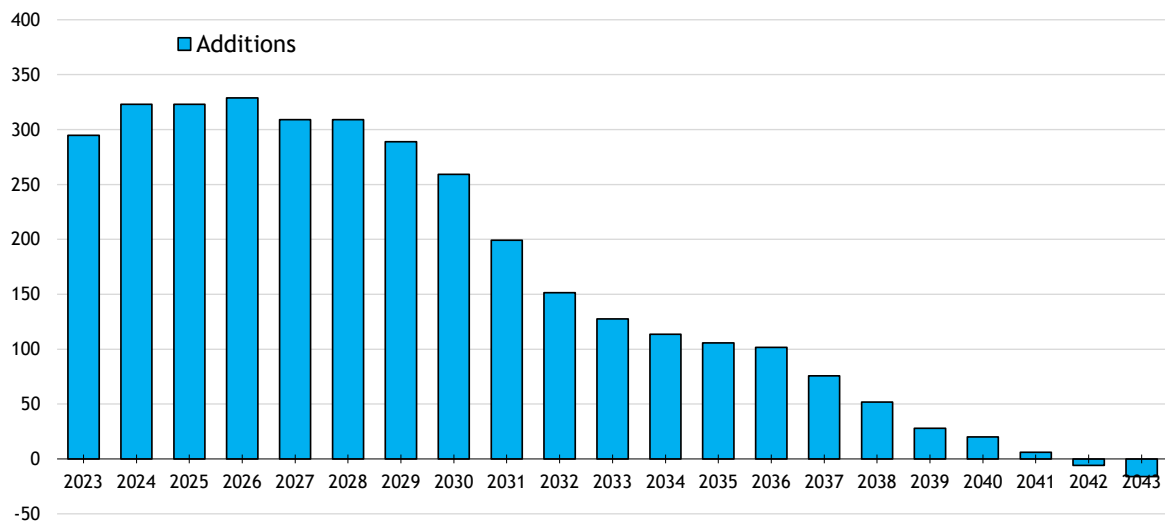

Source: Calculations by authors

Quebec– Home care Sector PSW Workforce

Source: Calculations by authors

Atlantic– Home care Sector PSW Workforce
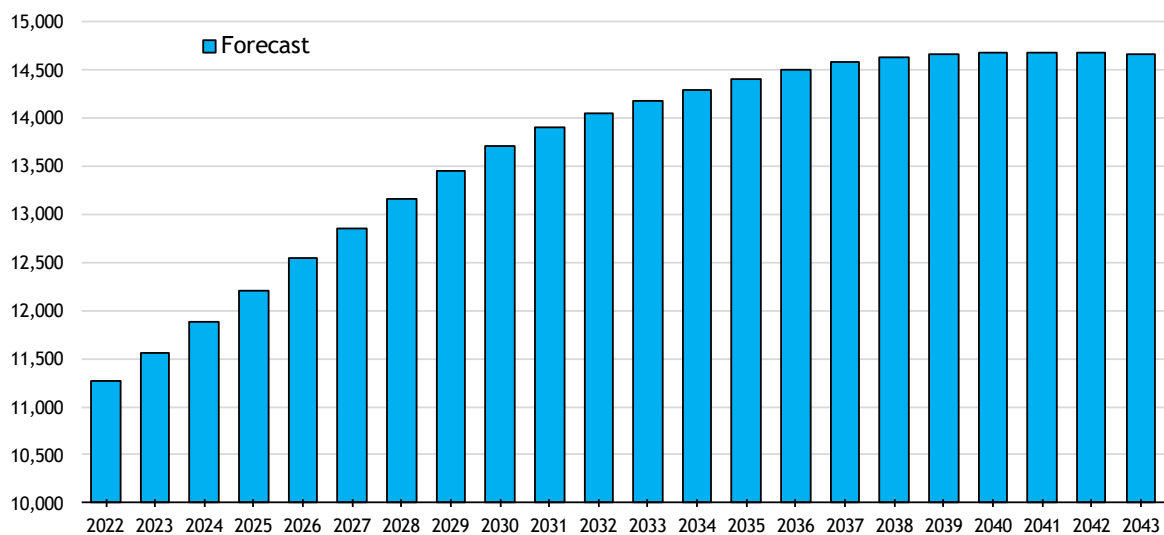
Source: Calculations by authors

Appendix 2 – Regional Hospital Sector PSW Workforce Projections

British Columbia– Hospital Sector PSW Workforce

Source: Calculations by authors

Alberta– Hospital Sector PSW Workforce
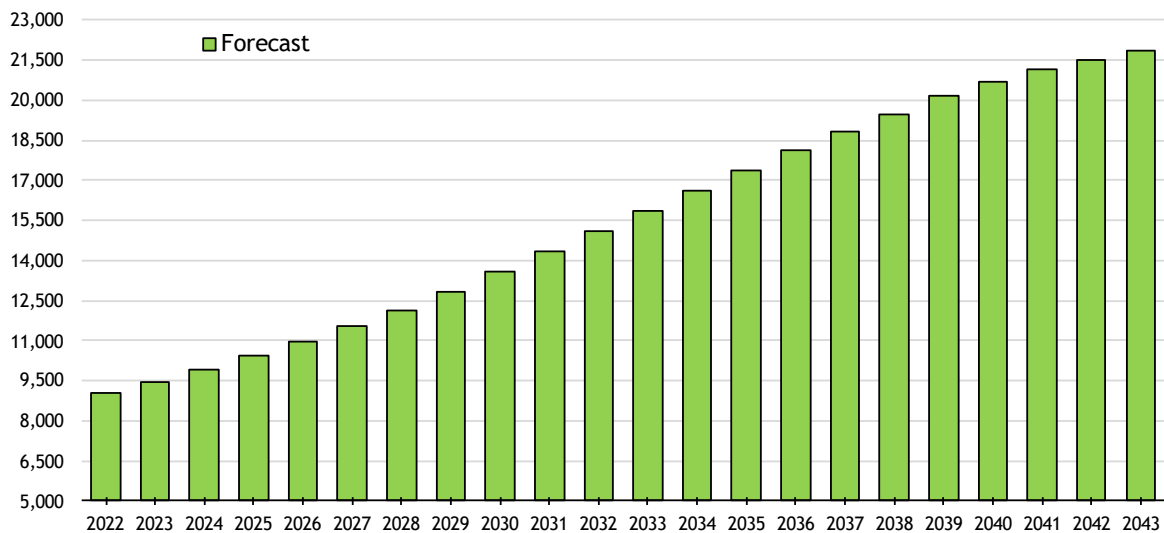
Source: Calculations by authors

Prairie– Hospital Sector PSW Workforce
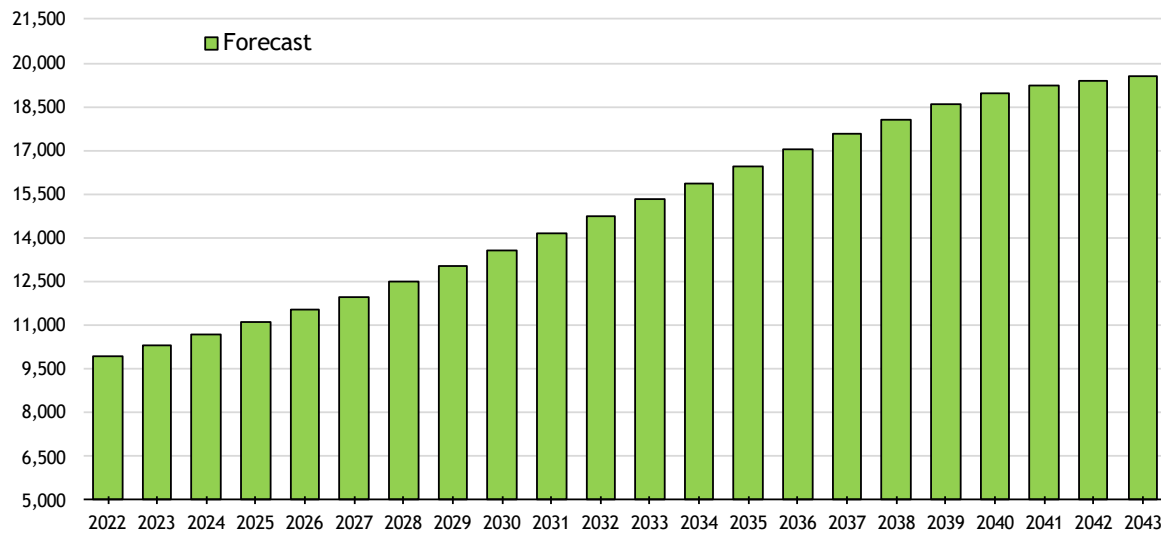
Source: Calculations by authors

Ontario– Hospital Sector PSW Workforce
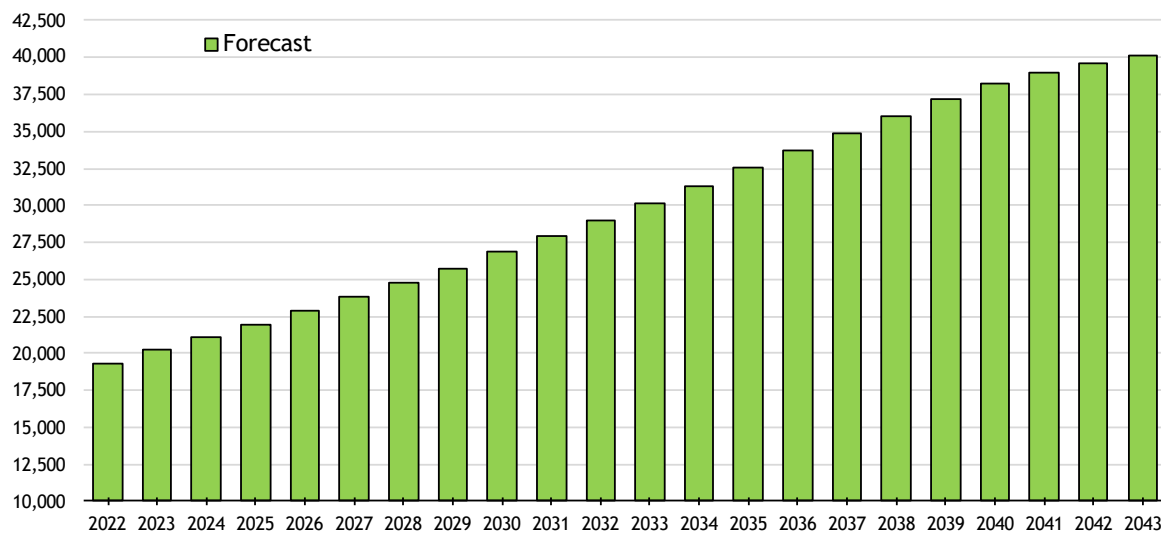
Source: Calculations by authors

Quebec– Hospital Sector PSW Workforce

Source: Calculations by authors

Atlantic– Hospital Sector PSW Workforce
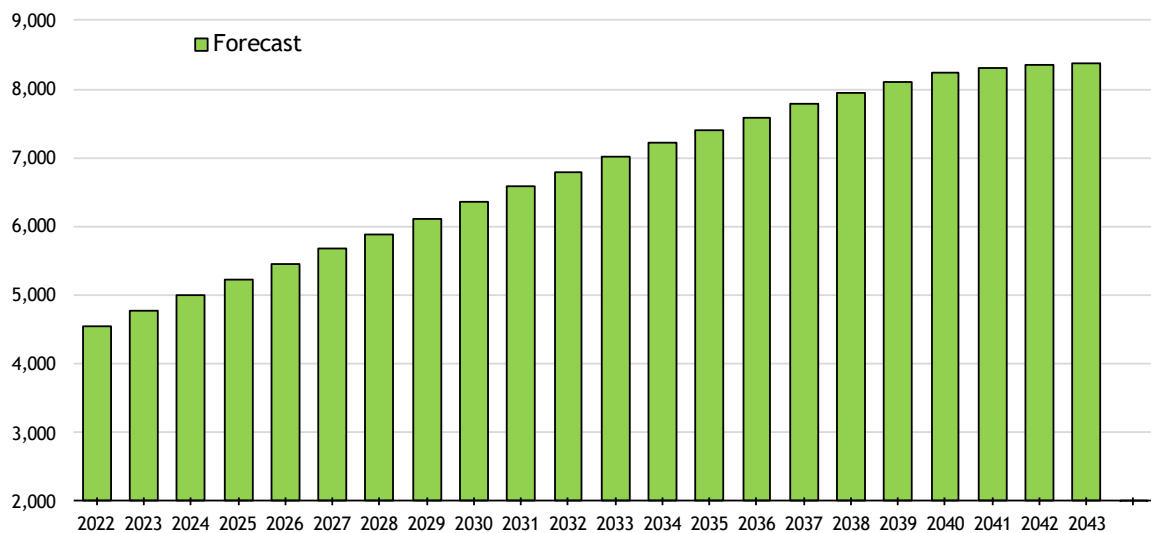
Source: Calculations by authors

Appendix 3 – Home Care Sector PSW Workforce Projected Additions

British Columbia– Home care Sector PSW Workforce Additions

Source: Calculations by authors

Alberta– Home care Sector PSW Workforce Additions
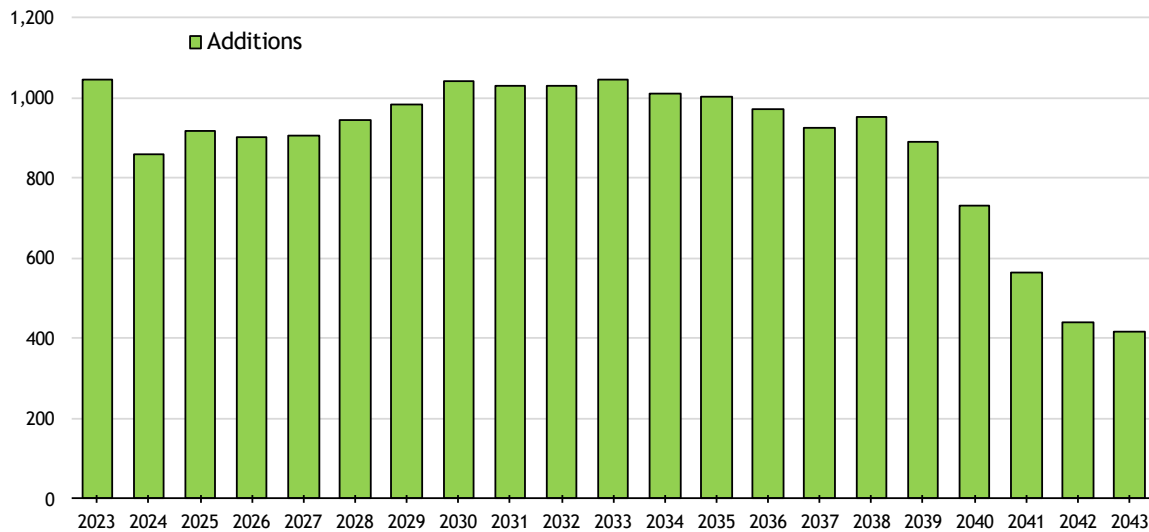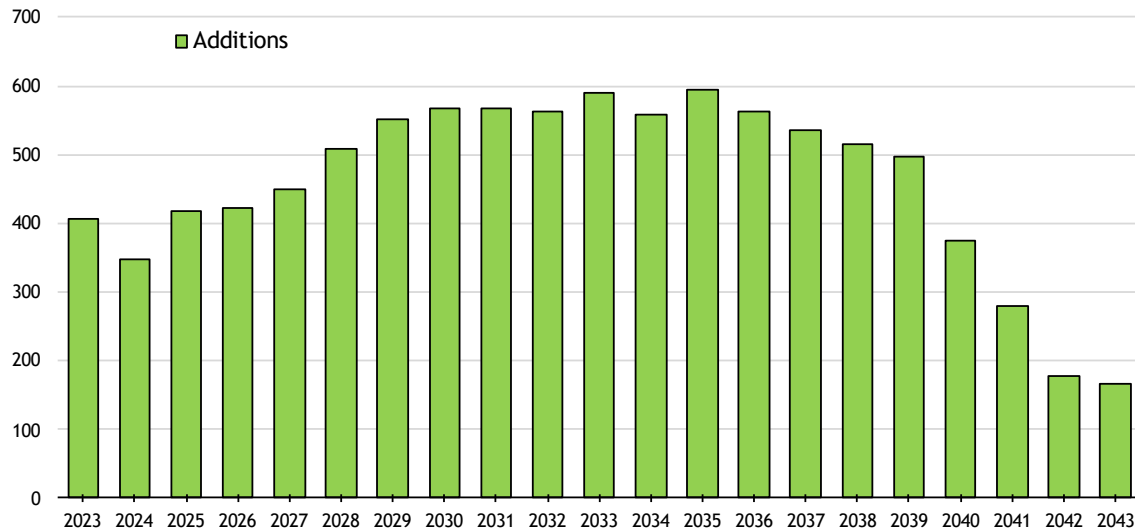

Source: Calculations by authors

Prairie– Home care Sector PSW Workforce Additions

Source: Calculations by authors

Ontario– Home care Sector PSW Workforce Additions

Source: Calculations by authors

Quebec– Home care Sector PSW Workforce Additions

Source: Calculations by authors

Atlantic– Home care Sector PSW Workforce Additions

Source: Calculations by authors

Appendix 4 – Hospital Sector PSW Workforce Projected Additions

British Columbia– Hospital Sector PSW Workforce Additions

Source: Calculations by authors

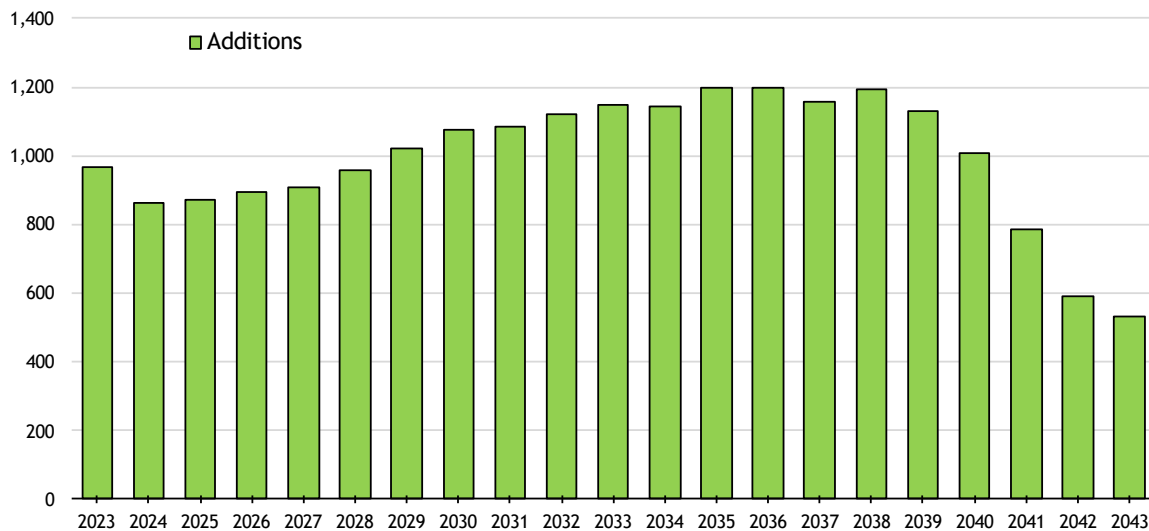## Alberta– Hospital Sector PSW Workforce Additions

Source: Calculations by authors

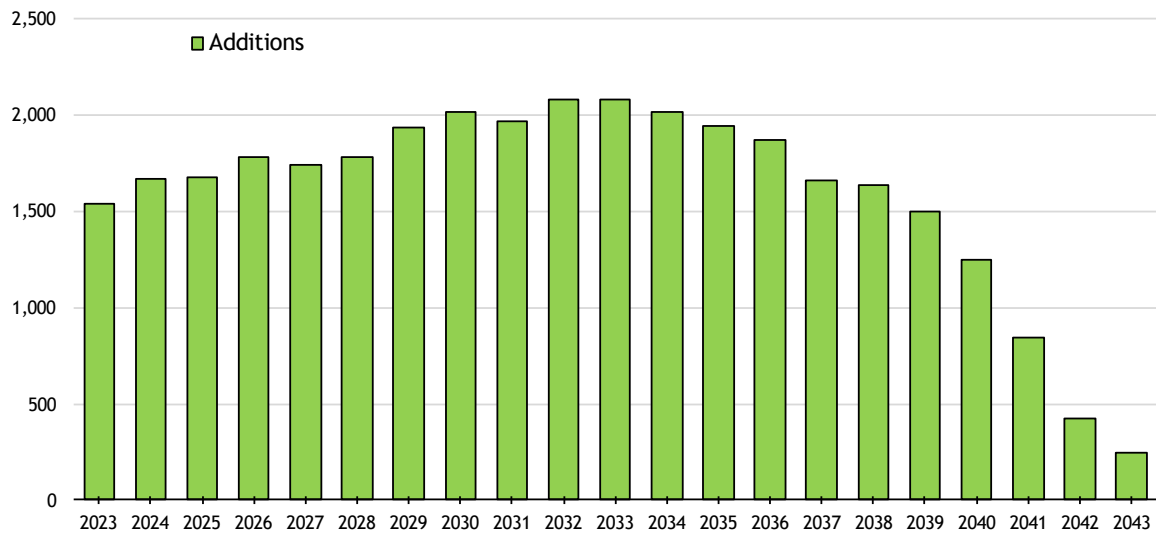## Prairie– Hospital Sector PSW Workforce Additions

Source: Calculations by authors

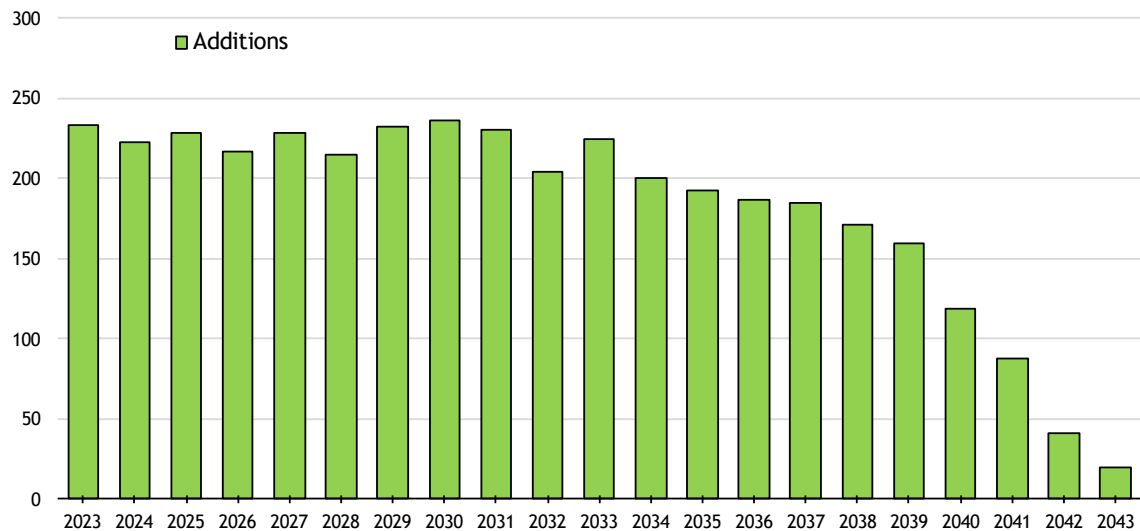## Ontario– Hospital Sector PSW Workforce Additions

Source: Calculations by authors

Quebec– Hospital Sector PSW Workforce Additions

Source: Calculations by authors

Atlantic– Hospital Sector PSW Workforce Additions

Source: Calculations by authors