

Industry 3 – Health Care and Social Assistance

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1.0 Current Employees

1.1 Provincial Overview

1.1 Provincial Overview (N=553)

Most commonly, businesses operating in the health care and social assistance industry employ early childhood educators and assistants (17%, n=96).

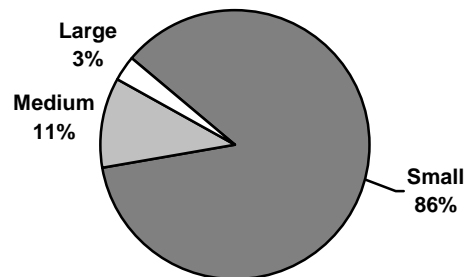
Table E1: Top Six Occupations of Surveyed Businesses* - Health Care and Social Assistance - Provincial Overview

NOC Code	Occupation Name	n	% (N=553)
4214	Early childhood educators and assistants	96	17.3
6242	Cooks	76	13.7
1411	General office clerks	72	13.1
1414	Receptionists and switchboard operators	72	13.0
3413	Nurse aides, orderlies and patient service associates	70	12.7
3152	Registered nurses	70	12.6

*Multiple responses allowed.

On average, health care and social assistance businesses employ 14 paid employees. Furthermore, these surveyed businesses employ a total of 12,661 employees. The large majority of businesses are small, employing one to 19 employees (86%, n=473).

Figure E1: Business Size – Health Care and Social Assistance - Provincial Overview (N=553)



Just over three-quarters of employees among surveyed businesses (79%) are permanent. Of permanent employees, almost three-quarters (71%) are employed on a full-time basis.

Table E2: Profile of Employees – Health Care and Social Assistance - Provincial Overview

Employee Classification	n	%
Permanent	9,713	78.5
Casual/Contract	2,609	21.1
Seasonal	56	0.5
Employee Total	12,377	100.0
Business Total	550¹	-

Status of Permanent Positions	n	%
Full-time	6,834	70.5
Part-time	2,860	29.5
Employee Total	9,694	100.0
Business Total	533²	-

¹ Businesses with missing data were excluded from this analysis.

² Businesses with missing data were excluded from this analysis.

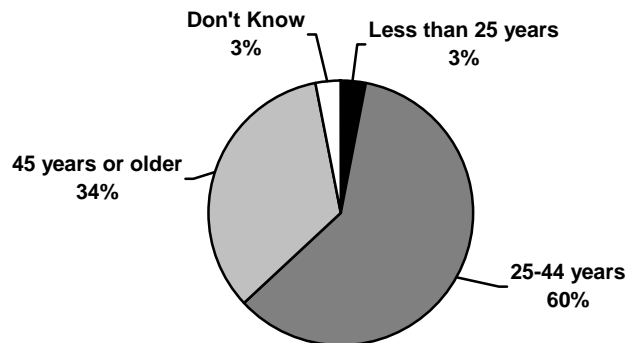
Approximately one-third of employees from surveyed businesses (34%) have a high school diploma as their highest level of education, while 31% have a university degree.

Table E3: Highest Education Level of Employees – Health Care and Social Assistance - Provincial Overview

	<i>n</i>	%
University degree	3,892	30.7
Journey person certification	1,066	8.4
College certificate or diploma	2,746	21.7
High school	4,289	33.9
Less than high school	668	5.3
Employee Total	12,661	100.0
Business Total	553	-

The majority of businesses in the health care and social assistance industry (60%, n=333) report their employees to be, on average, between the ages of 25 and 44 years. Approximately one-third (34%, n=190) report an average age of 45 years or older.

Figure E2: Average Age of Workforce – Health Care and Social Assistance - Provincial Overview (N=553)



1.2 Urban/Rural Subdivision

1.2.1 Urban Subdivision

1.2.2 Rural Subdivision

1.2.1 Urban Subdivision (N=307)

Most commonly, urban businesses operating in the health care and social assistance industry employ early childhood educators and assistants (20%, n=60).

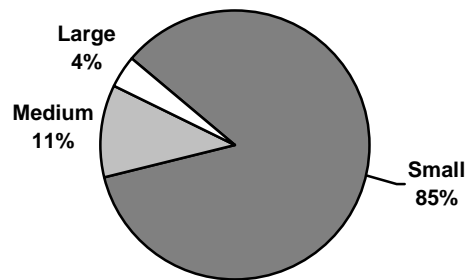
Table E4: Top Five Occupations of Surveyed Businesses* - Health Care and Social Assistance – Urban Subdivision

NOC Code	Occupation Name	n	% (N=307)
4214	Early childhood educators and assistants	60	19.5
1414	Receptionists and switchboard operators	42	13.7
6242	Cooks	41	13.4
1411	General office clerks	41	13.4
1221	Administrative officers	37	12.1

*Multiple responses allowed.

On average, health care and social assistance businesses in urban areas employ 14 paid employees. Furthermore, these surveyed businesses employ a total of 8,526 employees. The large majority of businesses are small, employing one to 19 employees (85%, n=261).

Figure E3: Business Size – Health Care and Social Assistance – Urban Subdivision (N=307)



Among surveyed businesses, just over three-quarters of employees (77%) are permanent. Of permanent employees, almost three-quarters (72%) are employed on a full-time basis.

Table E5: Profile of Employees – Health Care and Social Assistance – Urban Subdivision

Employee Classification	n	%
Permanent	6,355	76.5
Casual/Contract	1,922	23.1
Seasonal	35	0.4
Employee Total	8,312	100.0
Business Total	305³	-

Status of Permanent Positions	n	%
Full-time	4,530	71.5
Part-time	1,808	28.5
Employee Total	6,338	100.0
Business Total	295⁴	-

³ Businesses with missing data were excluded from this analysis.

⁴ Businesses with missing data were excluded from this analysis.

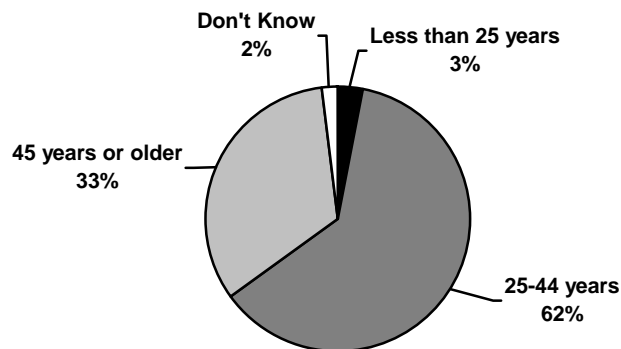
Just over one-third of employees from surveyed businesses (35%) have a university degree as their highest level of education, while 32% have a high school diploma.

Table E6: Highest Education Level of Employees – Health Care and Social Assistance – Urban Subdivision

	<i>n</i>	%
University degree	3,020	35.4
Journey person certification	882	10.3
College certificate or diploma	1,564	18.3
High school	2,703	31.7
Less than high school	357	4.2
Employee Total	8,526	100.0
Business Total	307	-

Almost two-thirds of urban businesses in the health care and social assistance industry (62%, n=189) report their employees to be, on average, between the ages of 25 and 44 years. One-third (33%, n=102) report an average age of 45 years or older.

Figure E4: Average Age of Workforce – Health Care and Social Assistance – Urban Subdivision (N=307)



1.2.2 Rural Subdivision (N=244)

Most commonly, rural businesses operating in the health care and social assistance industry employ nurse aides, orderlies and patient service associates (20%, n=48).

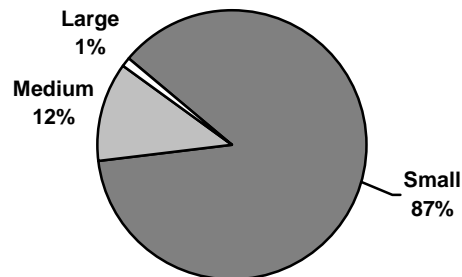
Table E7: Top Five Occupations of Surveyed Businesses* - Health Care and Social Assistance – Rural Subdivision

NOC Code	Occupation Name	n	% (N=244)
3413	Nurse aides, orderlies and patient service associates	48	19.7
3152	Registered nurses	41	16.8
6242	Cooks	35	14.3
4214	Early childhood educators and assistants	33	13.5
0311	Managers in health care	32	13.1

*Multiple responses allowed.

On average, health care and social assistance businesses in rural areas employ 15 paid employees. Furthermore, these surveyed businesses employ a total of 3,610 employees. The large majority of businesses are small, employing one to 19 employees (87%, n=211).

Figure E5: Business Size – Health Care and Social Assistance – Rural Subdivision (N=244)



Among surveyed businesses, the large majority of employees (85%) are permanent. Of permanent employees, 68% are employed on a full-time basis.

Table E8: Profile of Employees – Health Care and Social Assistance – Rural Subdivision

Employee Classification	n	%
Permanent	3,015	84.7
Casual/Contract	526	14.8
Seasonal	19	0.5
Employee Total	3,560	100.0
Business Total	243⁵	-

Status of Permanent Positions	n	%
Full-time	2,044	67.8
Part-time	971	32.2
Employee Total	3,015	100.0
Business Total	237	-

⁵ Businesses with missing data were excluded from this analysis.

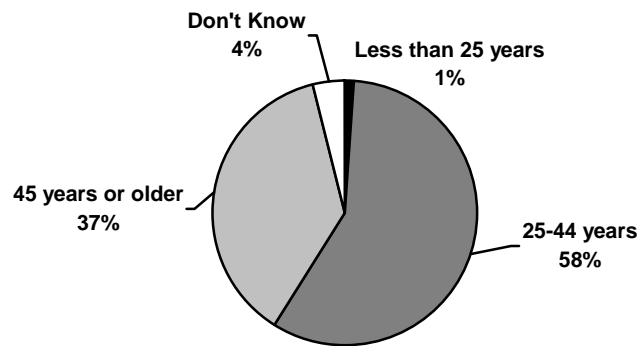
Forty-one percent of employees from surveyed businesses have a high school diploma as their highest level of education, while 32% have a college certificate or diploma.

Table E9: Highest Education Level of Employees – Health Care and Social Assistance – Rural Subdivision

	<i>n</i>	%
University degree	582	16.1
Journey person certification	87	2.4
College certificate or diploma	1,160	32.1
High school	1,468	40.7
Less than high school	313	8.7
Employee Total	3,610	100.0
Business Total	244	-

Over one-half of rural businesses in the health care and social assistance industry (58%, n=142) report their employees to be, on average, between the ages of 25 and 44 years. Over one-third (37%, n=89) report an average age of 45 years or older.

Figure E6: Average Age of Workforce – Health Care and Social Assistance – Rural Subdivision (N=244)



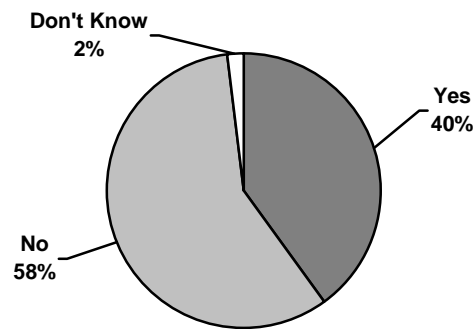
2.0 Hiring and Recruitment Practices

2.1 Provincial Overview

2.1 Provincial Overview (N=553)

Forty percent of businesses in the health care and social assistance industry (n=219) have a formal human resources plan, that is, a written plan including key elements such as recruitment, retention, compensation and benefits, training, and safety.

Figure E7: Businesses with a Formal Human Resources Plan – Health Care and Social Assistance - Provincial Overview (N=553)



Almost two-thirds of businesses in this industry (65%, n=357) hired at least one new employee over the past 12 months. Of those who hired (n=357), an average of five new employees were hired. Furthermore, these surveyed businesses hired a total of 2,408 employees.

Early childhood educators and assistants (17%, n=60) was the top occupation hired over the past 12 months.

Table E10: Top Five Occupations Hired in the Past 12 Months* - Health Care and Social Assistance - Provincial Overview

<i>NOC Code</i>	<i>Occupation Name</i>	<i>n</i>	<i>% (N=357)</i>
4214	Early childhood educators and assistants	60	16.8
3413	Nurse aides, orderlies and patient service associates	51	14.2
6471	Visiting homemakers, housekeepers and related occupations	40	11.1
3152	Registered nurses	33	9.2
1411	General office clerks	23	6.4

*Multiple responses allowed.

Of those who hired new employees over the past 12 months (n=357), 73% (n=259) were fully satisfied with their new hires.

Those not satisfied with at least one employee (n=98) reported, on average, that they were not satisfied with 27% of the new employees hired. A minority (2%, n=2) were not satisfied with all new employees hired over the past 12 months.

The primary reason identified for dissatisfaction was new employees being unreliable (26%, n=25).

Table E11: Primary Reason for Dissatisfaction with New Employees – Health Care and Social Assistance – Provincial Overview

	<i>n</i>	% (<i>N=98</i>)
Unreliable	25	25.5
Unhappy with performance	18	18.0
Lacking work ethic/motivation	17	17.2
Lacking adequate training/skills	11	10.9
Inexperienced	5	5.2
Difficulty adapting to position	3	2.9
Not suited/qualified for position	3	2.9
Poor attitude	2	2.0
Untrustworthy/dishonest	1	1.1
Too young	1	1.1
Not a good fit within the company	1	0.9
Other	9	9.5
Don't know	3	2.9

Of the 2,408 new employees hired by surveyed businesses over the past 12 months, 44% have a high school diploma as their highest level of education.

Table E12: Highest Education Level of New Employees – Health Care and Social Assistance - Provincial Overview

	<i>n</i>	%
University	465	19.3
Public Community College	483	20.1
Private Training Institution	290	12.0
High School	1,055	43.8
Less than High School	115	4.8
New Employee Total	2,408	100.0
Business Total	357	-

Businesses that hired at least one employee from the various educational categories were asked to rate the overall job readiness of the employees from each category.

As shown below, the majority of businesses rated the job readiness of new employees as excellent or good, regardless of employees' education level:

- University graduates (n=142) – 41% of employers (n=58) rated job readiness as excellent, 47% (n=66) rated it as good, 5% (n=8) rated it as fair, 4% (n=6) rated it as poor, and 3% (n=4) were unsure.
- Public Community College graduates (n=166) – 30% of employers (n=49) rated job readiness as excellent, 53% (n=87) rated it as good, 13% (n=22) rated it as fair, 2% (n=3) rated it as poor, and 3% (n=5) were unsure.
- Private Training Institution graduates (n=57) – 24% of employers (n=14) rated job readiness as excellent, 52% (n=30) rated it as good, 9% (n=5) rated it as fair, 11% (n=6) rated it as poor, and 4% (n=2) were unsure.
- High School graduates (n=186) – 26% of employers (n=48) rated job readiness as excellent, 48% (n=90) rated it as good, 16% (n=30) rated it as fair, 6% (n=12) rated it as poor, and 4% (n=6) were unsure.

Among surveyed businesses in the health care and social assistance industry that hired new employees over the past 12 months, a total of 11% were hired from each of the groups shown below.

Table E13: Classifications of New Employees – Health Care and Social Assistance – Provincial Overview

	<i>n</i>	%
Immigrants	80	4.2
Co-op students hired for work placement	69	3.6
Persons with disabilities	28	1.5
Aboriginals	31	1.6
New Employee Total	1,925	10.9
Business Total	354⁶	-

Businesses were asked to identify, in general, the methods they use to fill staffing vacancies that occur. Overall, the most popular method is placing an ad in the newspaper (49%, n=273).

Table E14: Methods Used to Fill Staffing Vacancies* - Health Care and Social Assistance - Provincial Overview

	<i>n</i>	% (N=553)
Place ad in newspaper	273	49.3
Place ad/use Service Canada Student Employment Centre	211	38.2
Use word of mouth/employee referrals	193	35.0
Place ad on or check internet/websites	62	11.2
Use unsolicited resumes	60	10.8
Post internally in your company/organization	53	9.5
Place ad in student employment centres at colleges/universities	49	8.8
Place ad in trade/professional/association journals	21	3.8
Place ad on bulletin boards in local community	19	3.4
Radio	13	2.4
Use an employment agency/headhunter	12	2.1
Don't hire/never have vacancies/self-employed	9	1.6
Other	29	5.5
Don't know	22	3.9

*Multiple responses allowed.

Over the past 12 months, over one-half of businesses in the health care and social assistance industry (58%, n=321) have had at least one vacant position available. Those with at least one vacancy (n=321) reported an average of four vacancies. Furthermore, among these surveyed businesses, there were a total of 2,351 vacant positions.

Of the 2,351 vacant positions available among these surveyed businesses, 500 positions or 21% were vacant more than once throughout the past 12 months.

⁶ Businesses with missing data were excluded from this analysis.

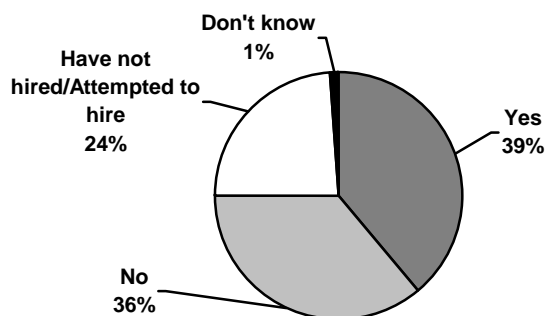
Furthermore, among these surveyed businesses, just over two-thirds of the positions available (69%) were permanent.

Table E15: Classification of Vacancies – Health Care and Social Assistance – Provincial Overview

	<i>n</i>	%
Permanent	1,630	69.3
Casual/Contract	576	24.5
Seasonal	144	6.1
Vacancy Total	2,351	100.0
Business Total	321	-

Businesses were asked if they have experienced any difficulty in filling vacancies. Over one-third (39%, n=218) have experienced difficulty, 36% (n=198) have not, and 24% (n=133) have not hired or attempted to hire.

Figure E8: Businesses Experiencing Difficulty Filling Vacancies – Health Care and Social Assistance - Provincial Overview (N=553)



The most common reason for experiencing difficulty in filling vacancies was potential hires lacking educational/training qualifications (37%, n=80).

Table E16: Main Reason for Experiencing Difficulty in Filling Vacancies* - Health Care and Social Assistance - Provincial Overview

	<i>n</i>	% (N=218)
Lacking educational/training qualifications	80	36.7
Salary expectations too high	65	29.8
Workforce shortage	37	17.1
Lacking experience	37	16.8
Position did not provide enough hours	25	11.5
Difficult working conditions	16	7.2
Lacking soft skills (such as communication/teamwork)	16	7.1
Lacking specific technical skills	14	6.5
Lacking proper license/permit	5	2.3
People not interested in employment	5	2.3
Location	3	1.3
Lack bilingual skills	2	0.9
Other	12	5.6

*Multiple responses allowed.

Among businesses experiencing difficulty in filling vacancies (n=218), early childhood educators and assistants (19%, n=40) was the most difficult occupation to fill over the past 12 months.

Table E17: Top Five Occupations That Were Difficult to Fill Over the Past 12 Months* - Health Care and Social Assistance - Provincial Overview

NOC Code	Occupation Name	n	% (N=218)
4214	Early childhood educators and assistants	40	18.5
3413	Nurse aides, orderlies and patient service associates	33	15.1
6471	Visiting homemakers, housekeepers and related occupations	26	12.0
3152	Registered nurses	26	11.8
3233	Licensed practical nurses	18	8.0

*Multiple responses allowed.

The large majority of businesses in the health care and social assistance industry (88%, n=485) did not have any employees retire over the past 12 months. Of the surveyed businesses that did experience retirement (n=68), a total of 214 employees retired, averaging two employees per business.

Of businesses that experienced employee retirement over the past 12 months (n=68), registered nurses (25%, n=17) and nurse aides, orderlies and patient service associates (23%, n=16) were the top occupations from which employees retired.

Table E18: Top Five Occupations From Which Employees Retired Over the Past 12 Months* - Health Care and Social Assistance - Provincial Overview

NOC Code	Occupation Name	n	% (N=68)
3152	Registered nurses	17	24.6
3413	Nurse aides, orderlies and patient service associates	16	22.9
1411	General office clerks	6	8.7
6471	Visiting homemakers, housekeepers and related occupations	6	8.3
6661	Light duty cleaners	5	7.5

*Multiple responses allowed.

Just over one-half of businesses in this industry (53%, n=290) do not expect any employees to retire in the next five years. Of the surveyed businesses that expect employee retirement over this period (n=263), an average of three employees are expected to retire, with retirement totaling 1,716 employees.

Most commonly, employees are expected to retire from the nurse aides, orderlies and patient service associates (14%, n=36) and registered nurses (12%, n=30) occupations.

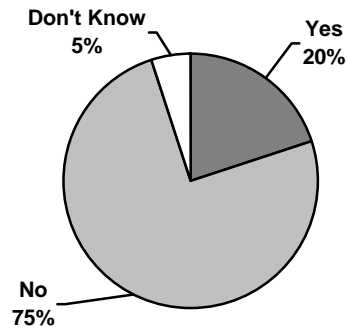
Table E19: Top Four Occupations From Which Employees Are Expected to Retire Over the Next Five Years* - Health Care and Social Assistance - Provincial Overview

NOC Code	Occupation Name	n	% (N=263)
3413	Nurse aides, orderlies and patient service associates	36	13.8
3152	Registered nurses	30	11.6
4214	Early childhood educators and assistants	25	9.7
6471	Visiting homemakers, housekeepers and related occupations	23	8.8

*Multiple responses allowed.

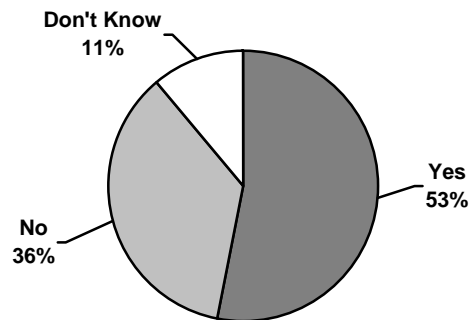
Twenty percent of businesses in the health care and social assistance industry (n=109) expect their owner/manager/CEO to retire within the next five years.

Figure E9: Businesses Expecting Owner/Manager/CEO to Retire in Next Five Years – Health Care and Social Assistance - Provincial Overview (N=553)



Of businesses that expect their owner/manager/CEO to retire within the next five years (n=109), 53% (n=58) have a formal or informal succession plan in place.

Figure E10: Businesses with a Succession Plan – Health Care and Social Assistance - Provincial Overview (N=109)



2.2 Urban/Rural Subdivision

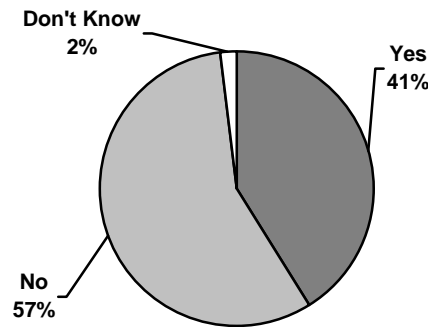
2.2.1 Urban Subdivision

2.2.2 Rural Subdivision

2.2.1 Urban Subdivision (N=307)

Forty-one percent of urban businesses in the health care and social assistance industry (n=127) have a formal human resources plan, that is, a written plan including key elements such as recruitment, retention, compensation and benefits, training, and safety.

Figure E11: Businesses with a Formal Human Resources Plan – Health Care and Social Assistance – Urban Subdivision (N=307)



Two-thirds of urban businesses in this industry (67%, n=205) hired at least one new employee over the past 12 months. Of those who hired (n=205), an average of five new employees were hired. Furthermore, these surveyed businesses hired a total of 1,624 employees.

Early childhood educators and assistants (21%, n=42) was the top occupation hired over the past 12 months.

Table E20: Top Six Occupations Hired in the Past 12 Months* - Health Care and Social Assistance - Urban Subdivision

NOC Code	Occupation Name	n	% (N=205)
4214	Early childhood educators and assistants	42	20.5
6471	Visiting homemakers, housekeepers and related occupations	21	10.2
3413	Nurse aides, orderlies and patient service associates	18	8.8
3152	Registered nurses	15	7.3
1411	General office clerks	15	7.3
4153	Family, marriage and other related counsellors	15	7.3

*Multiple responses allowed.

Of those who hired new employees over the past 12 months (n=205), 70% (n=144) were fully satisfied with their new hires.

Those not satisfied with at least one employee (n=61) reported, on average, that they were not satisfied with 24% of the new employees hired. One business was not satisfied with all new employees hired over the past 12 months.

The primary reason identified for dissatisfaction was new employees being unreliable (28%, n=17).

Table E21: Primary Reason for Dissatisfaction with New Employees – Health Care and Social Assistance – Urban Subdivision

	<i>n</i>	% (<i>N=61</i>)
Unreliable	17	27.9
Lacking work ethic/motivation	12	19.7
Unhappy with performance	12	19.7
Lacking adequate training/skills	8	13.1
Inexperienced	3	4.9
Not suited/qualified for position	1	1.6
Poor attitude	1	1.6
Untrustworthy/dishonest	1	1.6
Too young	1	1.6
Difficulty adapting to position	1	1.6
Other	3	4.9
Don't know	1	1.6

Of the 1,624 new employees hired by surveyed businesses over the past 12 months, almost one-half (42%) have a high school diploma as their highest level of education, while 22% have a university degree.

Table E22: Highest Education Level of New Employees – Health Care and Social Assistance – Urban Subdivision

	<i>n</i>	%
University	352	21.7
Public Community College	283	17.4
Private Training Institution	234	14.4
High School	675	41.6
Less than High School	80	4.9
New Employee Total	1,624	100.0
Business Total	205	-

Businesses that hired at least one employee from the various educational categories were asked to rate the overall job readiness of the employees from each category.

The majority of businesses rated the job readiness of new employees as excellent or good, regardless of employees' education level:

- University graduates (n=92) – 39% of employers (n=36) rated job readiness as excellent, 47% (n=43) rated it as good, 7% (n=6) rated it as fair, 5% (n=5) rated it as poor, and 2% (n=2) were unsure.
- Public Community College graduates (n=91) – 30% of employers (n=27) rated job readiness as excellent, 53% (n=48) rated it as good, 13% (n=12) rated it as fair, 2% (n=2) rated it as poor, and 2% (n=2) were unsure.
- Private Training Institution graduates (n=38) – 24% of employers (n=9) rated job readiness as excellent, 47% (n=18) rated it as good, 11% (n=4) rated it as fair, 13% (n=5) rated it as poor, and 5% (n=2) were unsure.
- High School graduates (n=105) – 26% of employers (n=27) rated job readiness as excellent, 47% (n=49) rated it as good, 17% (n=18) rated it as fair, 6% (n=6) rated it as poor, and 5% (n=5) were unsure.

Among surveyed businesses that hired new employees over the past 12 months, a total of 13% were hired from each of the groups shown below.

Table E23: Classifications of New Employees – Health Care and Social Assistance – Urban Subdivision

	<i>n</i>	%
Immigrants	68	5.7
Co-op students hired for work placement	49	4.1
Persons with disabilities	21	1.8
Aboriginals	17	1.4
New Employee Total	1,195	13.0
Business Total	202⁷	-

Businesses were asked to identify, in general, the methods they use to fill staffing vacancies that occur. In urban areas, the most popular methods include placing an ad in the newspaper (50%, n=154) and placing an ad/using the Service Canada Student Employment Centre (45%, n=138).

Table E24: Methods Used to Fill Staffing Vacancies* - Health Care and Social Assistance - Urban Subdivision

	<i>n</i>	% (<i>N=307</i>)
Place ad in newspaper	154	50.2
Place ad/use Service Canada Student Employment Centre	138	45.0
Use word of mouth/employee referrals	110	35.8
Place ad on or check internet/websites	43	14.0
Use unsolicited resumes	32	10.4
Place ad in student employment centres at colleges/universities	28	9.1
Post internally in your company/organization	28	9.1
Place ad in trade/professional/association journals	15	4.9
Place ad on bulletin boards in local community	12	3.9
Use an employment agency/headhunter	6	2.0
Radio	5	1.6
Don't hire/never have vacancies/self-employed	4	1.3
Colleges/schools/universities (co-op program)	4	1.3
Other	13	4.3
Don't know	11	3.6

*Multiple responses allowed.

Over the past 12 months, 60% of urban businesses in the health care and social assistance industry (n=185) have had at least one vacant position available. Those with at least one vacancy (n=185) reported an average of five vacancies. Furthermore, among these surveyed businesses, there were a total of 1,734 vacant positions.

Of the 1,734 vacant positions available among these surveyed businesses, 344 positions or 20% were vacant more than once throughout the past 12 months.

⁷ Businesses with missing data were excluded from this analysis.

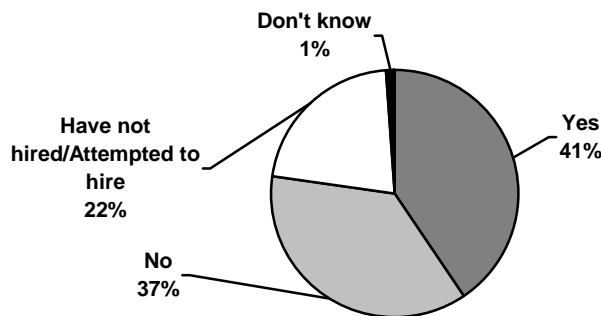
Furthermore, among these surveyed businesses, two-thirds of the positions available (66%) were permanent.

Table E25: Classification of Vacancies – Health Care and Social Assistance – Urban Subdivision

	<i>n</i>	%
Permanent	1,141	65.8
Casual/Contract	476	27.5
Seasonal	117	6.7
Vacancy Total	1,734	100.0
Business Total	185	-

Businesses were asked if they have experienced any difficulty in filling vacancies. Forty-one percent (n=125) have experienced difficulty, while 37% (n=113) have not and 22% (n=68) have not hired or attempted to hire.

Figure E12: Businesses Experiencing Difficulty Filling Vacancies – Health Care and Social Assistance – Urban Subdivision (N=307)



The most common reasons for experiencing difficulty in filling vacancies were potential hires lacking educational/training qualifications (38%, n=47) and salary expectation being too high (36%, n=45).

Table E26: Main Reason for Experiencing Difficulty in Filling Vacancies* - Health Care and Social Assistance - Urban Subdivision

	<i>n</i>	% (N=125)
Lacking educational/training qualifications	47	37.6
Salary expectations too high	45	36.0
Workforce shortage	21	16.8
Lacking experience	19	15.2
Position did not provide enough hours	14	11.2
Lacking soft skills (such as communication/teamwork)	10	8.0
Lacking specific technical skills	8	6.4
Difficult working conditions	8	6.4
People not interested in employment	3	2.4
Lacking proper license/permit	3	2.4
Lacking bilingual skills	1	0.8
Location	1	0.8
Other	4	3.2

*Multiple responses allowed.

Among businesses experiencing difficulty in filling vacancies (n=125), early childhood educators and assistants (23%, n=29) was the most difficult occupation to fill over the past 12 months.

Table E27: Top Four Occupations That Were Difficult to Fill Over the Past 12 Months* - Health Care and Social Assistance – Urban Subdivision

NOC Code	Occupation Name	n	% (N=125)
4214	Early childhood educators and assistants	29	23.2
3413	Nurse aides, orderlies and patient service associates	18	14.4
6471	Visiting homemakers, housekeepers and related occupations	15	12.0
3152	Registered nurses	13	10.4

*Multiple responses allowed.

The large majority of businesses in the health care and social assistance industry (89%, n=274) did not have any employees retire over the past 12 months. Of the surveyed businesses that did experience retirement (n=33), a total of 143 employees retired, averaging three employees per business.

Of businesses that experienced employee retirement over the past 12 months (n=33), nurse aides, orderlies and patient service associates (30%, n=10) was the top occupation from which employees retired.

Table E28: Top Three Occupations From Which Employees Retired Over the Past 12 Months* - Health Care and Social Assistance – Urban Subdivision

NOC Code	Occupation Name	n	% (N=33)
3413	Nurse aides, orderlies and patient service associates	10	30.3
3152	Registered nurses	8	24.2
0311	Managers in health care	4	12.1

*Multiple responses allowed.

One-half of businesses in this industry (50%, n=153) do not expect any employees to retire in the next five years. Of the surveyed businesses that expect employee retirement over this period (n=154), an average of three employees are expected to retire, with retirement totaling 1,023 employees.

Most commonly, employees are expected to retire from the early childhood educators and assistants occupation (12%, n=18).

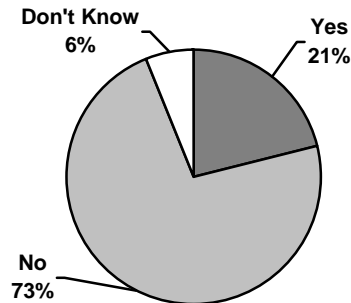
Table E29: Top Five Occupations From Which Employees Are Expected to Retire Over the Next Five Years* - Health Care and Social Assistance - Urban Subdivision

NOC Code	Occupation Name	n	% (N=154)
4214	Early childhood educators and assistants	18	11.7
3152	Registered nurses	15	9.7
3413	Nurse aides, orderlies and patient service associates	14	9.1
6471	Visiting homemakers, housekeepers and related occupations	13	8.4
4153	Family, marriage and other related counsellors	12	7.8

*Multiple responses allowed.

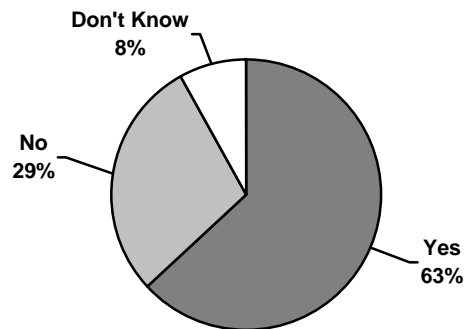
Almost one-quarter of urban businesses in the health care and social assistance industry (21%, n=65) expect their owner/manager/CEO to retire within the next five years.

Figure E13: Businesses Expecting Owner/Manager/CEO to Retire in Next Five Years – Health Care and Social Assistance – Urban Subdivision (N=307)



Of businesses that expect their owner/manager/CEO to retire within the next five years (n=65), 63% (n=41) have a formal or informal succession plan in place.

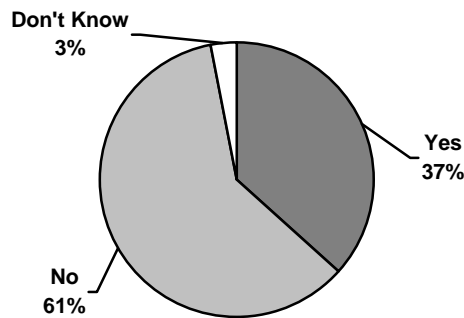
Figure E14: Businesses with a Succession Plan – Health Care and Social Assistance – Urban Subdivision (N=65)



2.2.2 Rural Subdivision (N=244)

Over one-third of rural businesses in the health care and social assistance industry (37%, n=89) have a formal human resources plan, that is, a written plan including key elements such as recruitment, retention, compensation and benefits, training, and safety.

Figure E15: Businesses with a Formal Human Resources Plan – Health Care and Social Assistance – Rural Subdivision (N=244)



Almost two-thirds of rural businesses in this industry (61%, n=149) hired at least one new employee over the past 12 months. Of those who hired (n=149), an average of four new employees were hired. Furthermore, these surveyed businesses hired a total of 683 employees.

Nurse aides, orderlies and patient service associates (24%, n=36) was the top occupation hired over the past 12 months.

Table E30: Top Five Occupations Hired in the Past 12 Months* - Health Care and Social Assistance - Rural Subdivision

NOC Code	Occupation Name	n	% (N=149)
3413	Nurse aides, orderlies and patient service associates	36	24.2
6471	Visiting homemakers, housekeepers and related occupations	19	12.8
3152	Registered nurses	19	12.8
4214	Early childhood educators and assistants	15	10.1
3233	Licensed practical nurses	10	6.7

*Multiple responses allowed.

Of those who hired new employees over the past 12 months (n=149), 77% (n=114) were fully satisfied with their new hires.

Those not satisfied with at least one employee (n=35) reported, on average, that they were not satisfied with 33% of the new employees hired. One business was not satisfied with all new employees hired over the past 12 months.

The primary reason identified for dissatisfaction was new employees being unreliable (20%, n=7).

Table E31: Primary Reason for Dissatisfaction with New Employees – Health Care and Social Assistance – Rural Subdivision

	<i>n</i>	% (<i>N=35</i>)
Unreliable	7	20.0
Unhappy with performance	5	14.3
Lacking work ethic/motivation	4	11.1
Lacking adequate training/skills	2	5.7
Difficulty adapting to position	2	5.7
Not suited/qualified for position	2	5.7
Inexperienced	2	5.7
Not a good fit within the company	1	2.9
Poor attitude	1	2.9
Other	7	20.0
Don't know	2	5.7

Of the 683 new employees hired by surveyed businesses over the past 12 months, 51% have a high school diploma as their highest level of education, while 28% have public community college.

Table E32: Highest Education Level of New Employees – Health Care and Social Assistance – Rural Subdivision

	<i>n</i>	%
University	81	11.9
Public Community College	193	28.3
Private Training Institution	32	4.7
High School	348	51.0
Less than High School	29	4.2
New Employee Total	683	100.0
Business Total	149	-

Businesses that hired at least one employee from the various educational categories were asked to rate the overall job readiness of the employees from each category.

The majority of businesses rated the job readiness of new employees as excellent or good, regardless of employees' education level:

- University graduates (n=45) – 47% of employers (n=21) rated job readiness as excellent, 47% (n=21) rated it as good, one rated it as fair, and 4% (n=2) were unsure.
- Public Community College graduates (n=75) – 29% of employers (n=22) rated job readiness as excellent, 52% (n=39) rated it as good, 13% (n=10) rated it as fair, one rated it as poor, and 4% (n=3) were unsure.
- Private Training Institution graduates (n=17) – Four employers rated job readiness as excellent, 11 rated it as good, one rated it as fair, and one rated it as poor.
- High School graduates (n=80) – 26% of employers (n=21) rated job readiness as excellent, 51% (n=41) rated it as good, 14% (n=11) rated it as fair, 8% (n=6) rated it as poor, and one was unsure.

Among surveyed businesses that hired new employees over the past 12 months, a total of 6% were hired from each of the groups shown below.

Table E33: Classifications of New Employees – Health Care and Social Assistance – Rural Subdivision

	<i>n</i>	%
Immigrants	4	0.6
Co-op students hired for work placement	16	2.3
Persons with disabilities	5	0.7
Aboriginals	14	2.0
New Employee Total	683	5.6
Business Total	149	-

Businesses were asked to identify, in general, the methods they use to fill staffing vacancies that occur. In rural areas, the most popular method is placing an ad in the newspaper (48%, n=117).

Table E34: Methods Used to Fill Staffing Vacancies* - Health Care and Social Assistance - Rural Subdivision

	<i>n</i>	% (<i>N=244</i>)
Place ad in newspaper	117	48.0
Use word of mouth/employee referrals	82	33.6
Place ad/use Service Canada Student Employment Centre	66	27.0
Use unsolicited resumes	28	11.5
Post internally in your company/organization	25	10.2
Place ad in student employment centres at colleges/universities	20	8.2
Place ad on or check internet/websites	16	6.6
Radio	9	3.7
Place ad on bulletin boards in local community	6	2.5
Use an employment agency/headhunter	6	2.5
Don't hire/never have vacancies/self-employed	5	2.0
Place ad in trade/professional/association journals	5	2.0
Union	3	1.2
Other	9	3.6
Don't know	11	4.5

*Multiple responses allowed.

Over the past 12 months, 55% of rural businesses in the health care and social assistance industry (n=133) have had at least one vacant position available. Those with at least one vacancy (n=133) reported an average of four vacancies. Furthermore, among these surveyed businesses, there were a total of 471 vacant positions.

Of the 471 vacant positions available among these surveyed businesses, 133 positions or 28% were vacant more than once throughout the past 12 months.

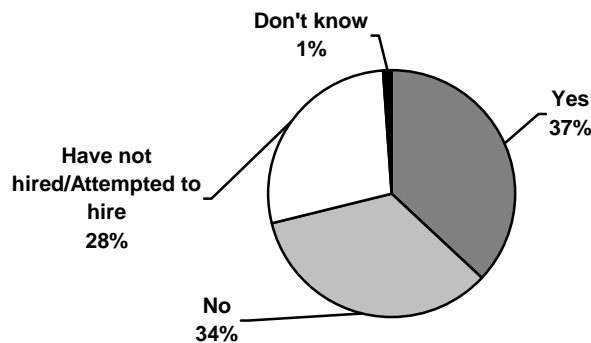
Furthermore, among these surveyed businesses, the large majority of the positions available (87%) were permanent.

Table E35: Classification of Vacancies – Health Care and Social Assistance – Rural Subdivision

	<i>n</i>	%
Permanent	408	86.6
Casual/Contract	48	10.2
Seasonal	15	3.2
Vacancy Total	471	100.0
Business Total	133	-

Businesses were asked if they have experienced any difficulty in filling vacancies. Over one-third (37%, n=91) have experienced difficulty, 34% (n=83) have not, and 28% (n=67) have not hired or attempted to hire.

Figure E16: Businesses Experiencing Difficulty Filling Vacancies – Health Care and Social Assistance – Rural Subdivision (N=244)



The most common reason for experiencing difficulty in filling vacancies was potential hires lacking educational/training qualifications (35%, n=32).

Table E36: Main Reason for Experiencing Difficulty in Filling Vacancies* - Health Care and Social Assistance - Rural Subdivision

	<i>n</i>	% (N=91)
Lacking educational/training qualifications	32	35.2
Lacking experience	18	19.8
Salary expectations too high	17	18.7
Workforce shortage	16	17.6
Position did not provide enough hours	11	12.1
Difficult working conditions	8	8.8
Lacking specific technical skills	6	6.6
Lacking soft skills (such as communication/teamwork)	5	5.5
Lacking proper license/permit	2	2.2
Location	2	2.2
People not interested in employment	2	2.2
Lacking bilingual skills	1	1.1
Other	9	9.9

*Multiple responses allowed.

Among businesses experiencing difficulty in filling vacancies (n=91), nurse aides, orderlies and patient service associates (17%, n=15) was the most difficult occupation to fill over the past 12 months.

Table E37: Top Five Occupations That Were Difficult to Fill Over the Past 12 Months* - Health Care and Social Assistance – Rural Subdivision

<i>NOC Code</i>	<i>Occupation Name</i>	<i>n</i>	<i>% (N=91)</i>
3413	Nurse aides, orderlies and patient service associates	15	16.5
3152	Registered nurses	13	14.3
6471	Visiting homemakers, housekeepers and related occupations	11	12.1
3233	Licensed practical nurses	10	11.0
4214	Early childhood educators and assistants	9	9.9

*Multiple responses allowed.

The large majority of businesses in the health care and social assistance industry (85%, n=208) did not have any employees retire over the past 12 months. Of those surveyed businesses that did experience retirement (n=36), a total of 62 employees retired, averaging two employees per business.

Of businesses that experienced employee retirement over the past 12 months (n=36), registered nurses (25%, n=9) was the top occupation from which employees retired.

Table E38: Top Three Occupations From Which Employees Retired Over the Past 12 Months* - Health Care and Social Assistance – Rural Subdivision

<i>NOC Code</i>	<i>Occupation Name</i>	<i>n</i>	<i>% (N=36)</i>
3152	Registered nurses	9	25.0
3413	Nurse aides, orderlies and patient service associates	5	13.9
6471	Visiting homemakers, housekeepers and related occupations	4	11.1

*Multiple responses allowed.

Over one-half of businesses in this industry (57%, n=139) do not expect any employees to retire in the next five years. Of those surveyed businesses that do expect employee retirement over this period (n=105), an average of three employees are expected to retire, with retirement totaling 664 employees.

Most commonly, employees are expected to retire from the nurse aides, orderlies and patient service associates occupation (23%, n=24).

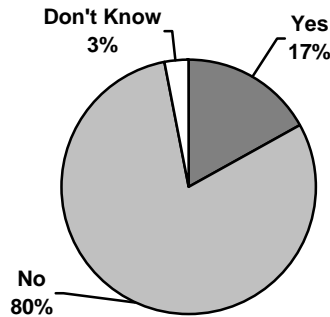
Table E39: Top Four Occupations From Which Employees Are Expected to Retire Over the Next Five Years* - Health Care and Social Assistance - Rural Subdivision

<i>NOC Code</i>	<i>Occupation Name</i>	<i>n</i>	<i>% (N=105)</i>
3413	Nurse aides, orderlies and patient service associates	24	22.9
3152	Registered nurses	16	15.2
6242	Cooks	15	14.3
3233	Licensed practical nurses	11	10.5

*Multiple responses allowed.

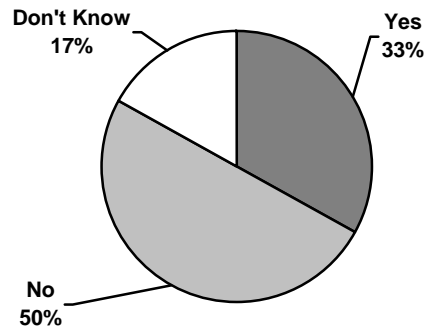
Seventeen percent of rural businesses in the health care and social assistance industry (n=42) expect their owner/manager/CEO to retire within the next five years.

Figure E17: Businesses Expecting Owner/Manager/CEO to Retire in Next Five Years – Health Care and Social Assistance – Rural Subdivision (N=244)



Of businesses that expect their owner/manager/CEO to retire within the next five years (n=42), 33% (n=14) have a formal or informal succession plan in place.

Figure E18: Businesses with a Succession Plan – Health Care and Social Assistance – Rural Subdivision (N=42)



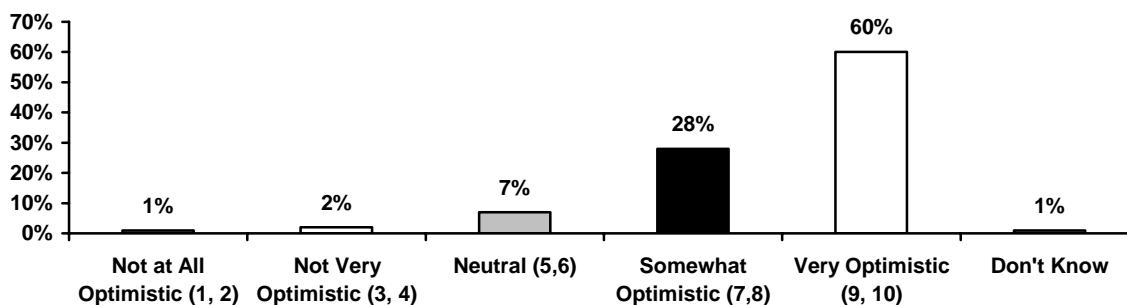
3.0 Business Outlook and Confidence

3.1 Provincial Overview

3.1 Provincial Overview (N=553)

Businesses operating in this industry were generally optimistic about the future, providing a mean rating of 8.6 on a scale of 1 to 10, where 1 was “not at all optimistic” and 10 was “very optimistic”. The large majority of businesses provided a somewhat optimistic (28%, n=157) or very optimistic (60%, n=334) outlook toward the future.

Figure E19: Level of Optimism About the Future – Health Care and Social Assistance – Provincial Overview (N=553)



Businesses that provided an optimistic rating (7 or higher out of 10, n=491) explained their positive outlook by their business doing well (36%, n=176).

Businesses with a neutral rating (5 or 6 out of 10, n=39) mainly indicated that the business relies on limited outside funding (35%, n=14), while businesses that provided a pessimistic rating (4 or lower out of 10, n=17) stated that there is a workforce shortage (n=4).

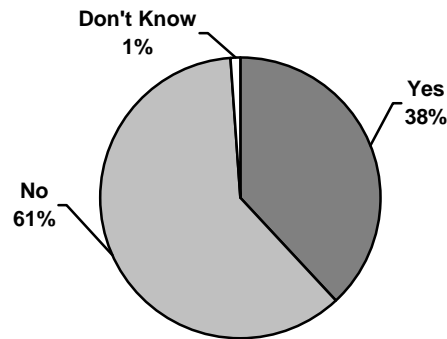
Table E40: Reasons for Rating Provided* - Health Care and Social Assistance – Provincial Overview

Optimistic	n	% (N=491)
Business is doing well	176	36.0
Offering an essential service	142	28.9
Growing industry/company	61	12.4
Well established company	58	11.8
Business relies on limited outside funding	19	4.0
Workforce shortage	17	3.4
Future is uncertain	6	1.2
Other	68	13.7
Don't know/no answer	18	3.6
Neutral	n	% (N=39)
Business relies on limited outside funding	14	35.0
Future is uncertain	8	21.2
Workforce shortage	6	15.3
Business is doing well	4	10.2
Business is not doing well	1	2.9
Increase in competition	1	2.9
Economy is unstable	1	2.2
Other	7	17.5
Don't know/no answer	1	2.9

Pessimistic	n	% (N=17)
Workforce shortage	4	24.6
Business relies on limited outside funding	3	19.6
Future is uncertain	2	13.1
Economy is unstable	2	11.5
Increase in competition	2	11.5
Offering an essential service	1	4.9
Business is not doing well	1	4.9
Other	6	36.0

Over one-third of businesses operating in the health care and social assistance industry (38%, n=208) have experienced significant changes to their external operating environment over the past two years.

Figure E20: Experienced Significant Change to External Operating Environment Over the Past Two Years – Health Care and Social Assistance – Provincial Overview (N=553)



Businesses that experienced changes (n=208) identified the biggest change as an increase in fuel prices (50%, n=103).

Table E41: Changes Experienced* - Health Care and Social Assistance – Provincial Overview

	n	% (N=208)
Increase in fuel prices	103	49.6
Increase in cost of supplies/overhead	48	22.9
Government legislation	36	17.2
Minimum wage increases	11	5.3
Change in exchange rates	10	5.0
Downturn in economy	4	1.9
Workforce shortage	3	1.6
Decline in particular industries	3	1.4
Insurance in insurance rates	3	1.2
Increase in competition	2	1.1
Growth in economy	1	0.5
Other	67	32.2
Don't know/no answer	3	1.5

*Multiple responses allowed.

3.2 Urban/Rural Subdivision

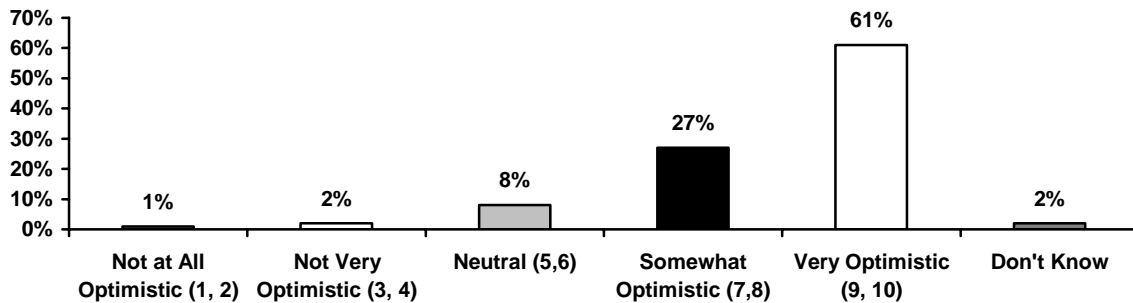
3.2.1 Urban Subdivision

3.2.2 Rural Subdivision

3.2.1 Urban Subdivision (N=307)

Urban businesses operating in this industry were generally optimistic about the future, providing a mean rating of 8.6 on a scale of 1 to 10, where 1 was “not at all optimistic” and 10 was “very optimistic”. The large majority of businesses provided a somewhat optimistic (27%, n=83) or very optimistic (61%, n=186) outlook toward the future.

Figure E21: Level of Optimism About the Future – Health Care and Social Assistance – Urban Subdivision (N=307)



Businesses that provided an optimistic rating (7 or higher out of 10, n=269) explained their positive outlook by their business doing well (40%, n=107).

Businesses with a neutral rating (5 or 6 out of 10, n=23) mainly indicated that the business relies on limited outside funding (n=9), while businesses that provided a pessimistic rating (4 or lower out of 10, n=10) indicated a workforce shortage or that the business relies on limited outside funding (n=3 each).

Table E42: Reasons for Rating Provided* - Health Care and Social Assistance – Urban Subdivision

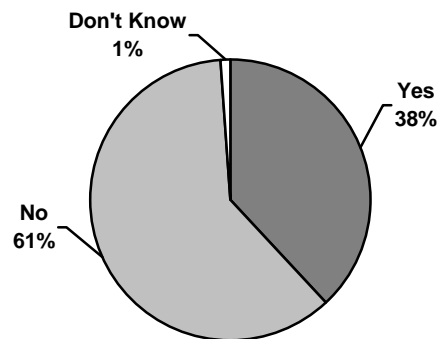
Optimistic	n	% (N=269)
Business is doing well	107	39.8
Offering an essential service	67	24.9
Growing industry/company	36	13.4
Well established company	35	13.0
Business relies on limited outside funding	12	4.5
Workforce shortage	11	4.1
Increase in competition	3	1.1
Future is uncertain	2	0.7
Other	37	13.8
Don't know/no answer	9	3.3
Neutral	n	% (N=23)
Business relies on limited outside funding	9	39.1
Future is uncertain	5	21.7
Workforce shortage	3	13.0
Business is doing well	2	8.7
Increase in competition	1	4.3
Business is not doing well	1	4.3
Other	3	13.0
Don't know/no answer	1	4.3

Pessimistic	n	% (N=10)
Workforce shortage	3	30.0
Business relies on limited outside funding	3	30.0
Future is uncertain	2	20.0
Economy is unstable	1	10.0
Increase in competition	1	10.0
Other	4	40.0

*Multiple responses allowed.

Over one-third of urban businesses operating in the health care and social assistance industry (38%, n=115) have experienced significant changes to their external operating environment over the past two years.

Figure E22: Experienced Significant Change to External Operating Environment Over the Past Two Years – Health Care and Social Assistance – Urban Subdivision (N=307)



Businesses that experienced changes (n=115) identified the biggest change as an increase in fuel prices (53%, n=61).

Table E43: Changes Experienced* - Health Care and Social Assistance – Urban Subdivision

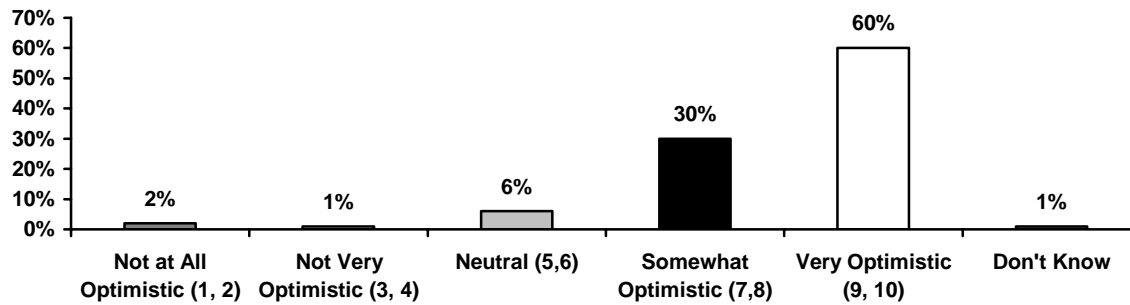
	n	% (N=115)
Increase in fuel prices	61	53.0
Government legislation	22	19.1
Increase in cost of supplies/overhead	22	19.1
Change in exchange rates	7	6.1
Minimum wage increases	6	5.2
Workforce shortage	3	2.6
Increase in competition	2	1.7
Downturn in economy	2	1.7
Decline in particular industries	1	0.9
Growth in economy	1	0.9
Other	37	32.2
Don't know/no answer	2	1.7

*Multiple responses allowed.

3.2.2 Rural Subdivision (N=244)

Rural businesses operating in this industry were generally optimistic about the future, providing a mean rating of 8.6 on a scale of 1 to 10, where 1 was “not at all optimistic” and 10 was “very optimistic”. The large majority of businesses provided a somewhat optimistic (30%, n=74) or very optimistic (60%, n=147) outlook toward the future.

Figure E23: Level of Optimism About the Future – Health Care and Social Assistance – Rural Subdivision (N=244)



Businesses that provided an optimistic rating (7 or higher out of 10, n=221) explained their positive outlook by offering an essential service (35%, n=78).

Businesses with a neutral rating (5 or 6 out of 10, n=15) mainly indicated that the future is uncertain or a workforce shortage (n=3 each), while businesses that provided a pessimistic rating (4 or lower out of 10, n=7) provided a variety of reasons.

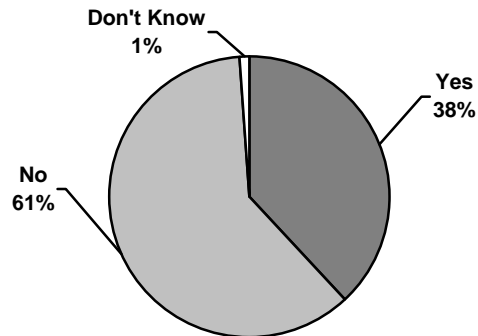
Table E44: Reasons for Rating Provided* - Health Care and Social Assistance – Rural Subdivision

Optimistic	n	% (N=221)
Offering an essential service	78	35.3
Business is doing well	66	29.9
Growing industry/company	24	10.9
Well established company	22	10.0
Business relies on limited outside funding	7	3.2
Workforce shortage	5	2.3
Future is uncertain	4	1.8
Other	26	11.8
Don't know/no answer	9	4.1
Neutral	n	% (N=15)
Future is uncertain	3	20.0
Workforce shortage	3	20.0
Business is doing well	2	13.3
Economy is unstable	1	6.7
Business relies on limited outside funding	4	26.7
Other	4	26.7
Pessimistic	n	% (N=7)
Economy is unstable	1	14.3
Increase in competition	1	14.3
Offering an essential service	1	14.3
Workforce shortage	1	14.3
Business is not doing well	1	14.3
Other	2	28.6

*Multiple responses allowed.

Over one-third of rural businesses operating in the health care and social assistance industry (38%, n=93) have experienced significant changes to their external operating environment over the past two years.

Figure E24: Experienced Significant Change to External Operating Environment Over the Past Two Years – Health Care and Social Assistance – Rural Subdivision (N=244)



Businesses that experienced changes (n=93) identified the biggest change as an increase in fuel prices (44%, n=41).

Table E45: Changes Experienced* - Health Care and Social Assistance – Rural Subdivision

	<i>n</i>	<i>% (N=93)</i>
Increase in fuel prices	41	44.1
Increase in cost of supplies/overhead	27	29.0
Government legislation	13	14.0
Minimum wage increases	5	5.4
Change in exchange rates	3	3.2
Increase in insurance rates	3	3.2
Downturn in economy	2	2.2
Decline in particular industries	2	2.2
Other	30	32.3
Don't know/no answer	1	1.1

*Multiple responses allowed.

4.0 Training and Employment Development

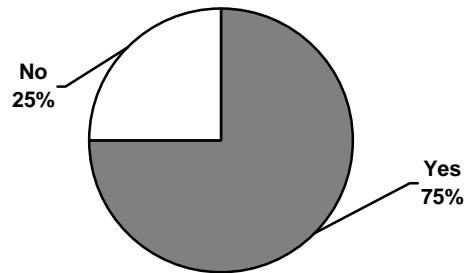
4.1 Provincial Overview

4.1 Provincial Overview (N=553)

Among businesses in the health care and social assistance industry, three-quarters (75%, n=413) have offered some form of informal or formal training to their employees over the past two years.

Of those businesses that made training available to their employees (n=413), 18% (n=74) did not offer formal training, while the remaining 82% (n=339) made formal training available.

Figure E25: Percentage of Businesses that Offered Informal or Formal Training Over the Past Two Years – Health Care and Social Assistance - Provincial Overview (N=553)



Of businesses that offered formal training to their employees (n=339), the most common sources of formal, structured training were a non-profit organization/professional association (52%, n=175) and internal staff (51%, n=174).

Overall, formal training sessions account for approximately 6% of these businesses' overall operating budgets.

Table E46: Sources of Formal, Structured Training* - Health Care and Social Assistance - Provincial Overview

	<i>n</i>	<i>% (N=339)</i>
A non-profit organization/professional association	175	51.6
Internal staff	174	51.3
A private training institution	72	21.3
NBCC or CCNB	69	20.5
Another public educational institution	66	19.5
Private consultant	26	7.7
Courses offered by government	22	6.5
Conferences, seminars, trade shows	20	5.9
Manufacturers training/new equipment training	5	1.4
Other	63	18.6
Don't know/no answer	2	0.6

*Multiple responses allowed.

4.2 Urban/Rural Subdivision

4.2.1 Urban Subdivision

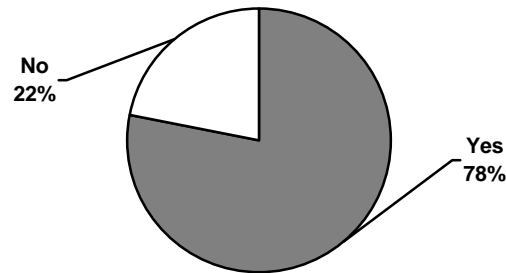
4.2.2 Rural Subdivision

4.2.1 Urban Subdivision (N=307)

Among urban businesses in the health care and social assistance industry, just over three-quarters (78%, n=240) have offered some form of informal or formal training to their employees over the past two years.

Of those businesses that made training available to their employees (n=240), 20% (n=48) did not offer formal training, while the remaining 80% (n=192) made formal training available.

Figure E26: Percentage of Businesses that Offered Informal or Formal Training Over the Past Two Years – Health Care and Social Assistance – Urban Subdivision (N=307)



Of businesses that offered formal training to their employees (n=192), the most common sources of formal, structured training were internal staff (56%, n=107) and a non-profit organization/professional association (55%, n=105).

Overall, formal training sessions account for approximately 6% of these businesses' overall operating budgets.

Table E47: Sources of Formal, Structured Training* - Health Care and Social Assistance - Urban Subdivision

	<i>n</i>	<i>% (N=192)</i>
Internal staff	107	55.7
A non-profit organization/professional association	105	54.7
A private training institution	47	24.5
Another public educational institution	40	20.8
NBCC or CCNB	36	18.8
Private consultant	15	7.8
Courses offered by government	12	6.3
Conferences, seminars, trade shows	11	5.7
Manufacturers training/new equipment training	2	1.0
Other	31	16.1
Don't know/no answer	1	0.5

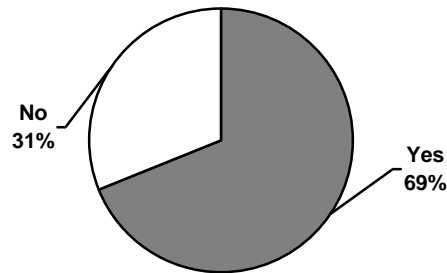
*Multiple responses allowed.

4.2.2 Rural Subdivision (N=244)

Among rural businesses in the health care and social assistance industry, just over two-thirds (69%, n=168) have offered some form of informal or formal training to their employees over the past two years.

Of those businesses that made training available to their employees (n=168), 14% (n=23) did not offer formal training, while the remaining 86% (n=145) made formal training available.

Figure E27: Percentage of Businesses that Offered Informal or Formal Training Over the Past Two Years – Health Care and Social Assistance – Rural Subdivision (N=244)



Of businesses that offered formal training to their employees (n=145), the most common sources of formal, structured training were a non-profit organization/professional association (46%, n=67) and internal staff (43%, n=63).

Overall, formal training sessions account for approximately 6% of these businesses' overall operating budgets.

Table E48: Sources of Formal, Structured Training* - Health Care and Social Assistance - Rural Subdivision

	<i>n</i>	<i>% (N=145)</i>
A non-profit organization/professional association	67	46.2
Internal staff	63	43.4
NBCC or CCNB	34	23.4
Another public educational institution	25	17.2
A private training institution	23	15.9
Private consultant	11	7.6
Courses offered by government	10	6.9
Conferences, seminars, trade shows	9	6.2
Manufacturers training/new equipment training	3	2.1
Other	33	22.8
Don't know/no answer	1	0.7

*Multiple responses allowed.

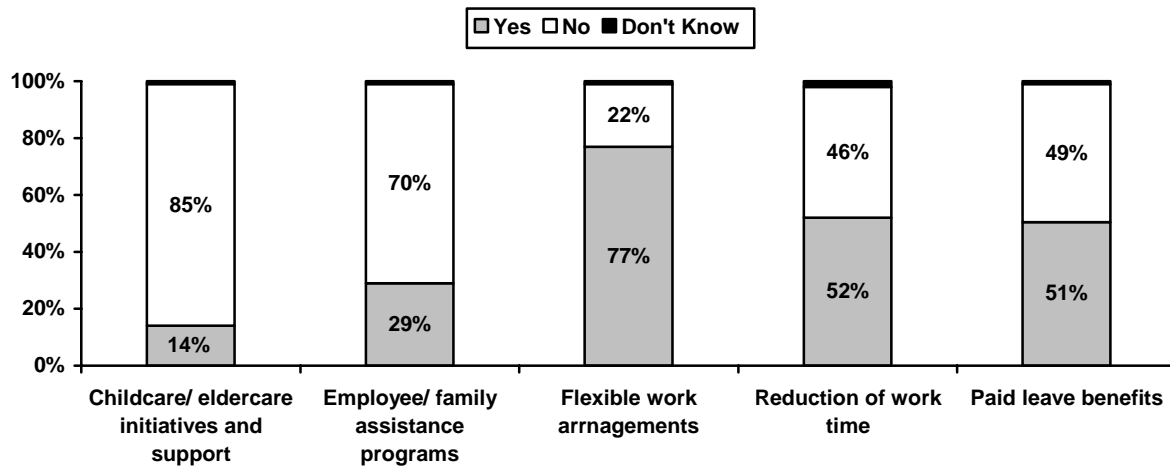
5.0 Family Friendly Policies and Procedures

5.1 Provincial Overview

5.1 Provincial Overview (N=553)

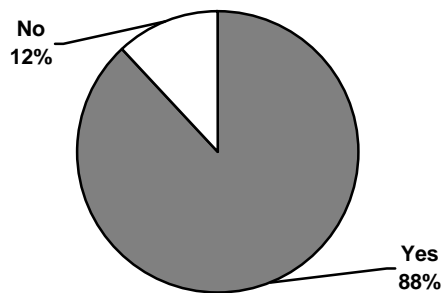
Among businesses in the health care and social assistance industry, the most common form of family-oriented benefits offered is flexible work arrangements (77%, n=425).

Figure E28: Types of Family-Friendly Benefits Offered by Businesses – Health Care and Social Assistance – Provincial Overview (N=553)



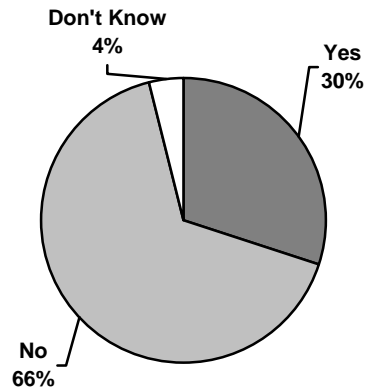
The large majority of businesses in this industry (88%, n=485) employ women in key decision-making positions such as positions at the management and senior management level. Within these businesses (n=485), women account for an average of 78% of all key decision-making positions.

Figure E29: Percentage of Businesses that Employ Women in Key Decision-Making Positions – Health Care and Social Assistance - Provincial Overview (N=553)



To ensure that jobs of equal value earn equal pay, almost one-third of businesses in this industry (30%, n=165) have developed and implemented a written, formal gender-neutral process for job evaluation based on skill level, effort, responsibility and working conditions.

Figure E30: Percentage of Businesses/Organization that have a Written, Formal Gender-Neutral Process of Job Evaluation – Health Care and Social Assistance – Provincial Overview (N=553)



5.2 Urban/Rural Subdivision

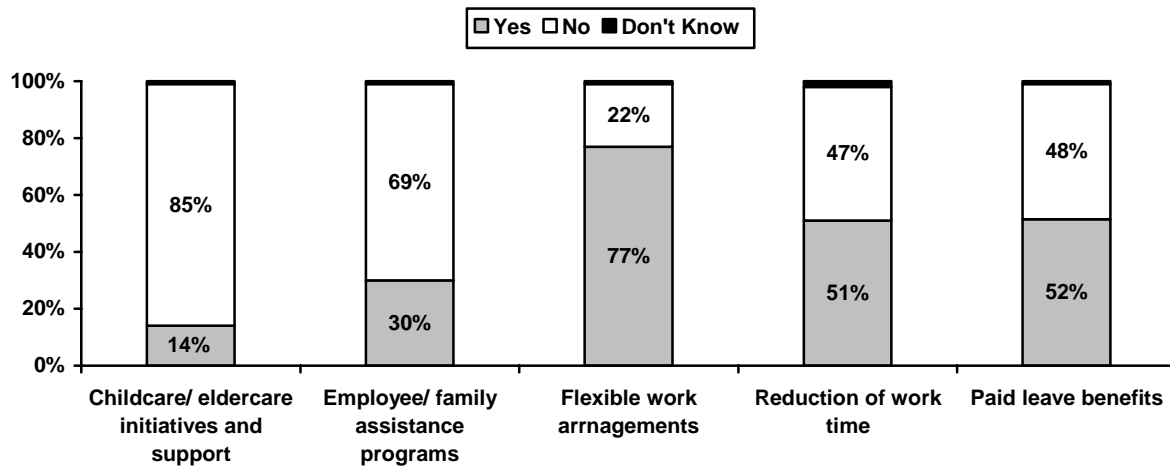
5.2.1 Urban Subdivision

5.2.2 Rural Subdivision

5.2.1 Urban Subdivision (N=307)

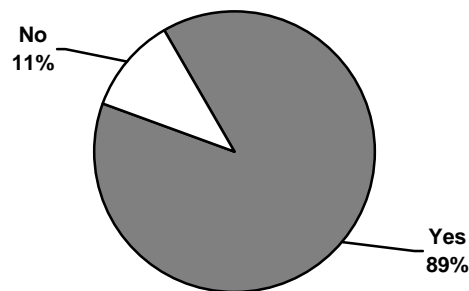
Among urban businesses in the health care and social assistance industry, the most common form of family-oriented benefits offered is flexible work arrangements (77%, n=237).

Figure E31: Types of Family-Friendly Benefits Offered by Businesses – Health Care and Social Assistance – Urban Subdivision (N=307)



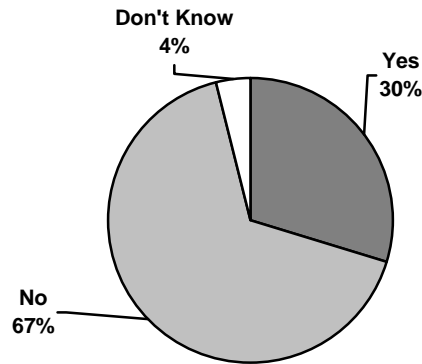
The large majority of urban businesses in this industry (89%, n=272) employ women in key decision-making positions such as positions at the management and senior management level. Within these businesses (n=272), women account for an average of 76% of all key decision-making positions.

Figure E32: Percentage of Businesses that Employ Women in Key Decision-Making Positions – Health Care and Social Assistance – Urban Subdivision (N=307)



To ensure that jobs of equal value earn equal pay, almost one-third of urban businesses in this industry (30%, n=91) have developed and implemented a written, formal gender-neutral process for job evaluation based on skill level, effort, responsibility and working conditions.

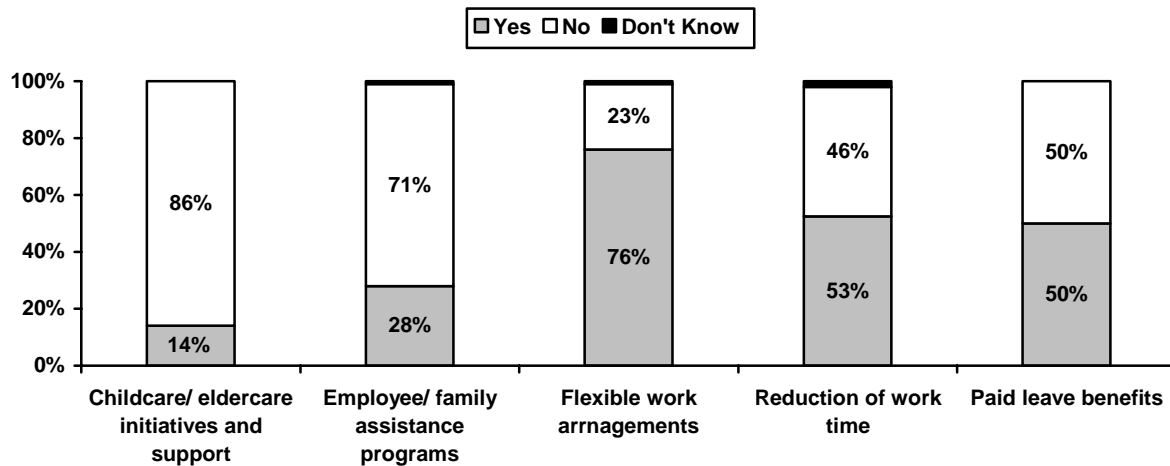
Figure E33: Percentage of Businesses/Organization that have a Written, Formal Gender-Neutral Process of Job Evaluation – Health Care and Social Assistance – Urban Subdivision (N=307)



5.2.2 Rural Subdivision (N=244)

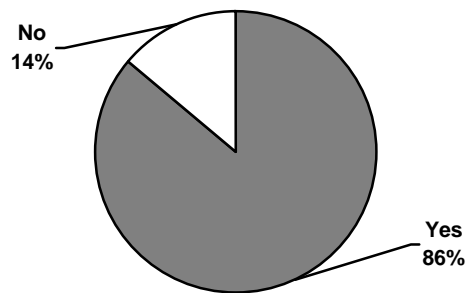
Among rural businesses in the health care and social assistance industry, the most common form of family-oriented benefits offered is flexible work arrangements (76%, n=186).

Figure E34: Types of Family-Friendly Benefits Offered by Businesses – Health Care and Social Assistance – Rural Subdivision (N=244)



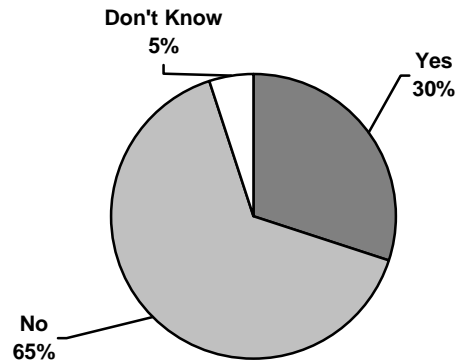
The large majority of rural businesses in this industry (86%, n=210) employ women in key decision-making positions such as positions at the management and senior management level. Within these businesses (n=210), women account for an average of 82% of all key decision-making positions.

Figure E35: Percentage of Businesses that Employ Women in Key Decision-Making Positions – Health Care and Social Assistance – Rural Subdivision (N=244)



To ensure that jobs of equal value earn equal pay, almost one-third of rural businesses in this industry (30%, n=74) have developed and implemented a written, formal gender-neutral process for job evaluation based on skill level, effort, responsibility and working conditions.

Figure E36: Percentage of Businesses/Organization that have a Written, Formal Gender-Neutral Process of Job Evaluation – Health Care and Social Assistance – Rural Subdivision (N=244)



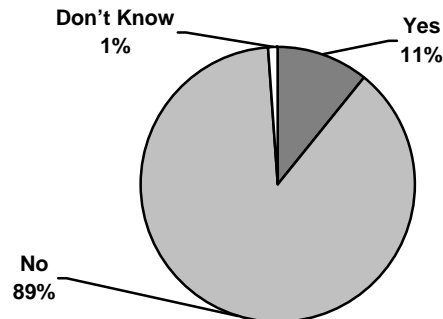
6.0 Literacy

6.1 Provincial Overview

6.1 Provincial Overview (N=553)

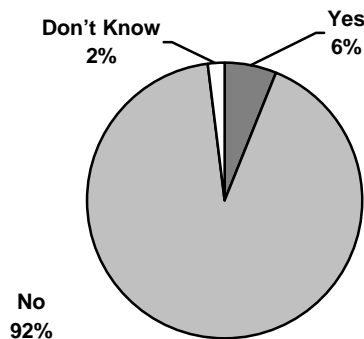
Overall, a minority of businesses in the health care and social assistance industry (11%, n=58) report having at least one employee who has difficulty reading and subsequently applying what was read to his/her job. Among these businesses (n=58), it is estimated that an average of 11% of employees experience this problem.

Figure E37: Percentage of Businesses With Employees Who Have Difficulty Reading, Understanding or Applying What They Have Read to Their Jobs – Health Care and Social Assistance - Provincial Overview (N=553)



Furthermore, a minority of businesses (6%, n=36) report having at least one employee who has difficulty working with numbers in his/her job, including difficulty in measuring, calculating, or observing or recording results. Among these businesses (n=36), it is estimated that an average of 13% of employees experience this problem.

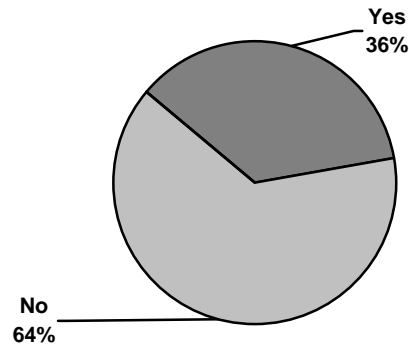
Figure E38: Percentage of Businesses With Employees Who Have Difficulty Working With Numbers in Their Jobs – Health Care and Social Assistance – Provincial Overview (N=553)



Businesses in this industry with at least one employee who experiences a reading or numeracy difficulty (n=63) were asked if they have any initiatives or programs in place to support these employees.

Almost two-thirds of these businesses (64%, n=40) do not have any initiatives or programs in place.

Figure E39: Percentage of Businesses With Initiatives/Programs to Support Employees With Reading/Numeracy Difficulties – Health Care and Social Assistance - Provincial Overview (N=63)



The businesses that have such initiatives or programs in place (n=23) mainly offer internal training opportunities (n=12) or paying for educational upgrades/courses (n=6)⁸.

⁸ Multiple responses allowed.

6.2 Urban/Rural Subdivision

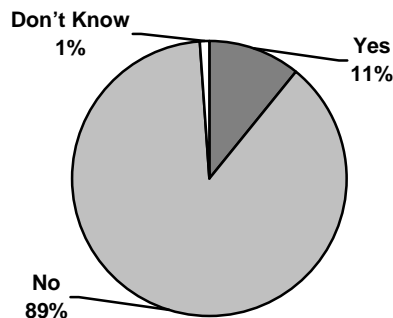
6.2.1 Urban Subdivision

6.2.2 Rural Subdivision

6.2.1 Urban Subdivision (N=307)

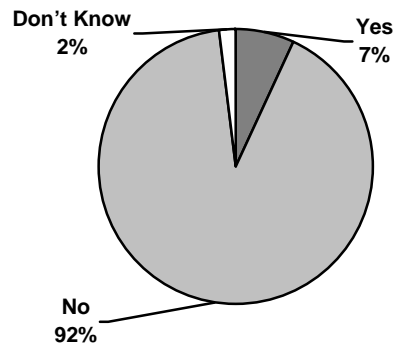
Overall, a minority of urban businesses in the health care and social assistance industry (11%, n=34) report having at least one employee who has difficulty reading and subsequently applying what was read to his/her job. Among these businesses (n=34), it is estimated that an average of 12% of employees experience this problem.

Figure E40: Percentage of Businesses With Employees Who Have Difficulty Reading, Understanding or Applying What They Have Read to Their Jobs – Health Care and Social Assistance – Urban Subdivision (N=307)



Furthermore, a minority of urban businesses (7%, n=21) report having at least one employee who has difficulty working with numbers in his/her job, including difficulty in measuring, calculating, or observing or recording results. Among these businesses (n=21), it is estimated that an average of 15% of employees experience this problem.

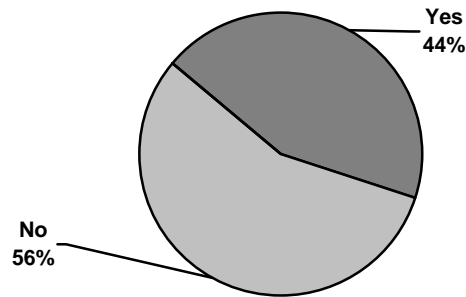
Figure E41: Percentage of Businesses With Employees Who Have Difficulty Working With Numbers in Their Jobs – Health Care and Social Assistance – Urban Subdivision (N=307)



Businesses in this industry with at least one employee who experiences a reading or numeracy difficulty (n=36) were asked if they have any initiatives or programs in place to support these employees.

Just over one-half of these businesses (56%, n=20) do not have any initiatives or programs in place.

Figure E42: Percentage of Businesses With Initiatives/Programs to Support Employees With Reading/Numeracy Difficulties – Health Care and Social Assistance – Urban Subdivision (N=36)



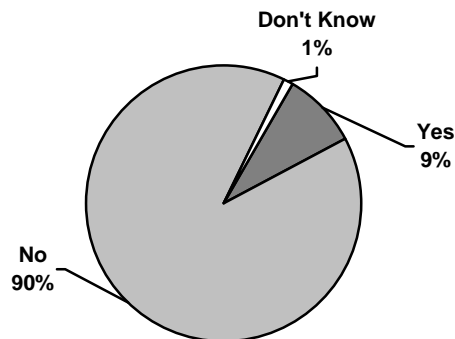
The businesses that have such initiatives or programs in place (n=16) most commonly offer internal training opportunities (n=8)⁹.

⁹ Multiple responses allowed.

6.2.2 Rural Subdivision (N=244)

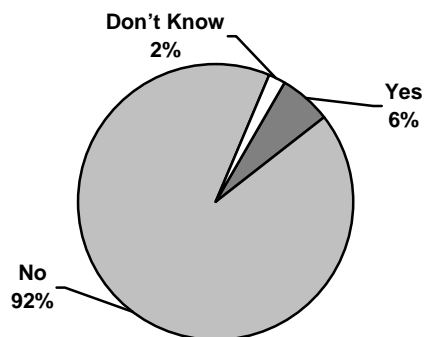
Overall, a minority of rural businesses in the health care and social assistance industry (9%, n=23) report having at least one employee who has difficulty reading and subsequently applying what was read to his/her job. Among these businesses (n=23), it is estimated that an average of 10% of employees experience this problem.

Figure E43: Percentage of Businesses With Employees Who Have Difficulty Reading, Understanding or Applying What They Have Read to Their Jobs – Health Care and Social Assistance – Rural Subdivision (N=244)



Furthermore, a minority of rural businesses (6%, n=14) report having at least one employee who has difficulty working with numbers in his/her job, including difficulty in measuring, calculating, or observing or recording results. Among these businesses (n=14), it is estimated that an average of 10% of employees experience this problem.

Figure E44: Percentage of Businesses With Employees Who Have Difficulty Working With Numbers in Their Jobs – Health Care and Social Assistance – Rural Subdivision (N=244)



The 27 rural businesses in this industry with at least one employee who experiences a reading or numeracy difficulty were asked if they have any initiatives or programs in place to support these employees. Twenty-one of these 27 businesses do not have any initiatives or programs in place.

The businesses that have such initiatives or programs in place (n=6) most commonly offer internal training opportunities (n=3) or paying for educational upgrades/courses (n=3)¹⁰.

¹⁰ Multiple responses allowed.