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# **Standing Committee on Human Resources, Skills and Social Development and the Status of Persons with Disabilities**

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**EVIDENCE**

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**Chair**

**Mr. Ed Komarnicki**



## Standing Committee on Human Resources, Skills and Social Development and the Status of Persons with Disabilities

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• (1105)

[English]

**The Chair (Mr. Ed Komarnicki (Souris—Moose Mountain, CPC)):** I call the meeting to order.

First, I would like to thank the witnesses from Statistics Canada for appearing before us today.

We welcome Sylvie Michaud, director general of the education, labour, and income statistics branch; Tracey Leesti, director of labour statistics; and Diane Galarneau, section chief of current labour analysis and perspectives on labour and income.

We're engaging in a study relating to opportunities for older workers in the workforce. After you present, questions will be posed by members of the committee. We will go for about an hour.

With that, Sylvie, go ahead.

**Ms. Sylvie Michaud (Director General, Education, Labour and Income Statistics Branch, Statistics Canada):** Thank you.

I will make my introductory remarks in English, but my colleague, Diane Galarneau, who will do most of the presentation, will present in French. As usual, I will be happy to answer questions in the language of your choice.

I would like to thank the committee for inviting us to present some background information for your work on engaging experience: opportunities for older persons in the workforce.

I will give you a few caveats. Statistics Canada does not collect information on a regular basis that would look at employment opportunities or barriers for older workers.

Every month we conduct our Canadian labour force survey, which measures labour market participation and employment for the population 15 years of age and over. We do have participation rates and labour market information for older workers. However, information on barriers or intentions for retirement, for example, are collected on an irregular basis. The last time we collected some information was through our general social survey that was done in 2007, so the information is a bit dated. We also had a survey that was done in 2008 on a cost-recovery basis that focused on older workers.

We'll present a bit of information on labour market participation and some trends we've seen over the last 25 to 50 years. Then we'll present a bit of information on what we have in terms of intentions to

retire, some of the reasons why people choose to retire and some factors that could affect their intention to retire.

On this note, Diane, please take over.

[Translation]

**Ms. Diane Galarneau (Section Chief, Current Labour Analysis and Perspectives on Labour and Income, Statistics Canada):** Good morning.

On page 2 of the presentation, you can see that the participation rate of persons aged 55 and older is increasing. There have been many changes since 1976 in terms of the group of persons aged 55 and older. The proportion of this demographic within the general population has increased. While the demographic represented 17% of the total population in 1976, in 2011 that proportion had increased to 27%. Based on Statistics Canada's Demosim projection model, this demographic will make up more than one-third of the total population by 2031.

Education levels have also increased. The graph on the left side of the slide shows that, between 1996 and 2012, the proportion of persons aged 55 and older with less than a high school diploma—1996 is in grey and 2012 is in blue—went from 52% to 27%, while the proportion of this demographic with a university degree went from 8% to 18%.

The graph on the right shows participation rates, which also increased between 1996 and 2012, particularly among women. The participation rate represents the number of persons employed and unemployed compared to the overall population. For men, there was an increase of 11 percentage points between 1996 and 2012. That is the black line. The rate went from 32% to 43% between 1996 and 2012. However, the rate in 2012 remained lower than that in 1976, which was 47.2%.

For women, the participation rate increased by nearly 15 percentage points, from 17% to 32%, following a period of stability between 1976 and 1996.

Let's move on to slide 3.

While there has been widespread increase in the participation rate across all age groups since 1996, this increase was greatest in relative terms for persons aged 65 to 69. They are represented by the black line. For men, the rate practically doubled, from 16.5% to 30%, while for women the rate increased from 7% to 19%.

The red line, representing the group of persons aged 60 to 64, also shows a significant increase in percentage points, namely 15 percentage points for men and 22 points for women. There is also a significant increase for women aged 55 to 59—the blue line—of 21 percentage points.

As you can see on page 4, the participation rate goes up as the level of educational attainment does. The graph on the left shows the numbers for men, and the one on the right, for women. Since 1996, participation rates have increased for all levels of educational attainment and have been more pronounced among women. The gap between men and women by educational attainment has shrunk since 1996. In 2012, men's participation rate went from 24% to 50%, based on the level of educational attainment, and from 12% to 45% for women.

As you can see on page 5, the proportion of full-time workers decreases as you move up the age groups. In 2012, the proportion of men and women aged 55 and over and working full-time was lower than for workers aged 25 to 44. The numbers are relatively stable over time for men, and have been since 1996, but are increasing among women, particularly those aged 60 to 69. The proportion increased by 8 and 9 percentage points, respectively, going from 61% to 69% for women aged 60 to 64, and from 42% to 51% for women aged 65 to 69.

On slide 6, you can see that workers aged 50 and over have been more likely to remain longer in the labour market since 1996. In 2009, a worker aged 50 could expect to spend 16.3 more years in the labour market before retiring. This is an increase of 2.5 years compared to the low observed in 1996, when the expected number of years to remain in the labour market was 12.7 years.

If we convert that into age, workers in the labour market aged 50 have seen their retirement age go from 62.7 years in 1996 to 66.3 years in 2012.

● (1110)

In 1977, the retirement age was lower than in 2012 and was 64.3 years. Those durations are comparable by gender and educational attainment. A good part of the increase in life expectancy observed since 1996 is therefore reflected in the labour market. Retirement duration is therefore stable in terms of years.

On page 7, you can see that health is, however, likely to limit growth potential for years of work. On average, people are more likely to have serious disabilities after age 75. That varies by income. Serious disabilities begin at about age 72 for low-income men and at about age 77 for people who have a higher income.

Let's move on to page 8.

The following slides deal with retirement. Retirement is a complex process. Data on the subject usually deals with a subjective definition of retirement. In other words, respondents say whether they are retired or not. However, people who say they are retired today may later return to the labour market. So we don't know if people are fully retired. In one cycle of our General Social Survey, conducted in 2007, we asked questions about retirement intentions.

Let's go to page 9.

When we asked Canadians aged 45 to 59 if they were certain about their planned age of retirement, 61% said they were very certain or quite certain about their age of retirement, and 39% said they were not at all certain about when they would retire or did not intend to retire.

On page 10, for the 61% of Canadians aged 45 to 59 who had reported the age at which they intended to retire—so who were certain or quite certain of their retirement age—we examined the characteristics of those who planned to retire at 65 or later. For all workers aged 45 to 59, 37% planned to retire at 65 or later. The proportion was higher among recent immigrants. It was 60%. It was 48% for single people living alone. It was higher for self-employed workers, at about 47%. It was higher for people in homes where the family income was \$40,000 or less. That proportion was 62%.

Workers in Newfoundland and Labrador, Quebec and Manitoba were also less likely to retire after age 65. The proportion was 30%, whereas the Canadian average is 37.5%. We also noted significantly different proportions based on industrial sector, by profession, by health, and housing tenure, in other words whether people owned their homes or rented.

On page 11, we also asked people aged 50 and over, who had initially retired between 1997 and 2007, why they retired. Multiple responses were allowed. The reason mentioned the most often was that people wanted to stop working. After that, they said that they had sufficient income and access to early retirement measures in their jobs. Health problems and stress were mentioned by 26% of respondents, whereas slightly less than 10% of them reported having to look after a loved one. Lay-offs were mentioned by 12% of them, and mandatory retirement measures by 10%. The fact that their skills were outdated was mentioned by 8% of respondents. Reasons like discrimination and having a reduced pension while earning a salary were mentioned by 5% and 7% of respondents.

To conclude, let's look at page 12.

A Survey of Older Workers also asked workers aged 50 to 64 if certain employment conditions would encourage them to retire later. Part-time work and flextime were the two most important factors. Other factors were telework and receiving a pension income while working. Those numbers do not enable us to measure whether the people did indeed remain employed longer because of such measures. Those were simply peoples' intentions.

● (1115)

That concludes my presentation.

Thank you.

[*English*]

**The Chair:** Thank you very much. Those are some very interesting, informative, and telling statistics for sure. We certainly appreciate having you share those with us.

We'll start with Madame Boutin-Sweet.

[Translation]

**Ms. Marjolaine Boutin-Sweet (Hochelaga, NDP):** Thank you, Mr. Chairman.

Thank you very much, ladies. I want to mention that you are doing painstaking work. That work is very important.

I would like to ask you some questions about your methodology.

First of all, could you tell us about sampling errors and non-response bias, please?

**Ms. Sylvie Michaud:** What sources are you referring to exactly?

**Ms. Marjolaine Boutin-Sweet:** I'm speaking in general.

**Ms. Sylvie Michaud:** Sampling errors are linked to the fact that we seek out part of the population. If we repeated the sampling and we chose a different sample, we would probably have different results. Generally, we calculate the confidence level for a statistical measure to give us an idea of how precise it is. Sampling error depends on the size of the sample and the statistics we measure.

We talk about population bias when we have underrepresentation or we have difficulty covering part of the population. That means the results may not be representative if a segment of the population is not covered and if that segment had characteristics that were different from what we were seeking to measure. That type of situation could lead to bias.

**Ms. Marjolaine Boutin-Sweet:** Thank you.

We know that there have been cuts at Statistics Canada. Because of that, among other things, several surveys no longer exist. Namely, the detailed questionnaire, or what you call in English the long-form census.

On your website, you mention sampling errors. As you just said, the more respondents there are, the more accurate the estimates are. Consequently, the fewer respondents there are, the less accurate your estimates are. The national survey we now have is based on voluntary participation and not mandatory participation, as was previously the case.

There is also non-response bias. With the voluntary questionnaire, several categories of people don't respond. That means that the non-response bias will be influenced by the fact that several types of people, as you said, no longer respond to the questionnaire.

It says on your website that the results are not representative of the real population. Despite all of the work that you do, unfortunately, because of the cuts, it is less representative. You are also saying that the survey will not have the level of quality that would have otherwise been obtained using the mandatory long-form census.

What kind of information will we be lacking in the future to make important decisions on issues, for example, like seniors and the labour market?

**Ms. Sylvie Michaud:** Today's presentation is based on the current population survey. The results presented here will still be presented regularly, if we are talking about participation. We also talked about the General Social Survey, which is, once again, one of Statistics Canada's basic surveys. It has a certain cycle for content, but again it is a basic survey.

I cannot comment on the household survey.

**Ms. Marjolaine Boutin-Sweet:** Nevertheless, today you no longer have certain information that you had in the past. Can you give us some details on what specific information you are no longer in a position to obtain now?

**Ms. Sylvie Michaud:** Tomorrow we will be releasing the results of the household survey. As of tomorrow, we will start releasing information on the survey. Today, however, I can only comment on the results of the Labour Force Survey or on the General Social Survey, which are the two source surveys we used to present results today.

**Ms. Marjolaine Boutin-Sweet:** You have no clarification at all on certain details or questions that are not asked that would be important for us?

**Ms. Sylvie Michaud:** In the General Social Survey, in the cycle—  
[English]

**The Chair:** Just one second.

Go ahead, Ms. Leitch.

**Ms. Kellie Leitch (Simcoe—Grey, CPC):** The intent behind this is that we are focused on encouraging older workers to stay in the workforce or determine what the barriers are. This is not to be a discussion with respect to other items the opposition may have issue with.

I greatly appreciate that the witnesses, to the credit of Stats Can... I know you run a wide range of surveys, some of which are on a cycle, and I have been part of those for child health reasons.

I'd just like to ask, Mr. Chair, that we stay focused with respect to the actual question of this study.

• (1120)

**The Chair:** Do you want to make a point on the point of order?

Go ahead.

[Translation]

**Ms. Marjolaine Boutin-Sweet:** Yes indeed, because what you have here are statistics covering several years. As the years pass, we will be less and less able to make this type of comparison because we will not have as many details as in the past. I think that is important. These studies show trends, but we will no longer be able to compare these trends because we will not have the same type of information. That is why I am asking the question.

[English]

**The Chair:** Before you answer that, I suppose I should make a ruling on the point of order.

When you came here to testify, you were dealing with survey results not related to the long form census being voluntary or not. The questions should be directed to the information you have.

But the general point this witness is making, I guess, is that if it's voluntary, somehow future surveys may not be of the same quality as the ones in the past.

You probably haven't come prepared to answer that, but if you want to make a general response, you can. However, I'm certainly not going to allow you to be grilled about something you haven't yet studied, or looked at, or can formulate an opinion on. If you want to make a general comment, I think that will be all right. But if we get into specifics, I think that would not be all right.

**Ms. Sylvie Michaud:** On this specific....

[Translation]

I'll answer in French because you asked me the question in French.

With respect to the series mentioned, the Labour Force Survey still exists. We would therefore be in a position to continue to conduct time series as we've been doing. Some results come from the General Social Survey and cycles change. In 2007, we sought to obtain additional information on retirement intentions. In 2012, there was a question on retirement intentions. That will be published in September 2013, but we will not have the same detail as in 2007, as the content has changed.

With respect to the survey of older workers, unless we do it again, we will not be able to provide information in that regard.

**Ms. Marjolaine Boutin-Sweet:** Excuse me, I am sorry I did not hear your entire answer.

[English]

I heard only part of the answer.

[Translation]

**Ms. Sylvie Michaud:** I was referring to the survey of older workers. It is in the last slide.

**Ms. Marjolaine Boutin-Sweet:** What did you say? I did not hear you, because somebody...

**Ms. Sylvie Michaud:** This survey was only funded once. Unless it is funded in the future, we will not be producing these results again.

**Ms. Marjolaine Boutin-Sweet:** Thank you.

[English]

**The Chair:** Thank you. Your time is up.

We will now move to Mr. Butt.

**Mr. Brad Butt (Mississauga—Streetsville, CPC):** Thank you, Mr. Chairman.

I think with your indulgence we'll get back on topic and we'll deal with facts related to the survey the professionals from Statistics Canada have brought to us today, rather than speculating on stuff.

**The Chair:** Hold on a second, Mr. Butt. There's a point of order and I hadn't been paying attention exactly to what you were saying.

Go ahead, Mr. Cleary.

**Mr. Ryan Cleary (St. John's South—Mount Pearl, NDP):** I was paying attention to what he was saying, Mr. Chair, and I think the remark he made about getting back on topic was out of line. There's no need for that when we have guests here—

**Mr. Brad Butt:** That's not a point of order.

**Mr. Ryan Cleary:** —and we're trying to have a reasonable discussion and ask reasonable questions.

**The Chair:** I'm told it's not a point of order, but in any event, Mr. Butt, if you can get to—

**Mr. Ryan Cleary:** It is a point, though.

**Mr. Brad Butt:** Not a good one.

**The Chair:** —either a comment or a question....

**Mr. Brad Butt:** Thank you, ladies, for being here. It's very much appreciated.

Is it a general trend that more people 65 and older are continuing to engage in the workforce, whether it's full time, part time, or on contract?

We're starting to see a higher percentage of the population 65 and older who are working. Have you any more specifics around that? Do you have any idea of why those trends are moving in that direction? You have some of it in here, but is it more because people are simply deciding that they want to continue to work longer? Is that the main reason why we're seeing a higher participation of people 65-plus in the workforce?

**Ms. Sylvie Michaud:** We don't ask the reason why that is. However, we could provide extra information. Given that the sample size was reliable enough, we could try to provide some detail on the industry or occupation, to try to see what kinds of jobs...or who the workers are who are working longer. We could try to see if we have an adequate sample size.

• (1125)

**Ms. Tracey Leesti (Director, Labour Statistics, Statistics Canada):** Over the last four or five years, we have seen, with the labour force survey, an increase in the 55-plus population. We know that is in part because of employment growth, but we know it's also in part a demographic factor; people are just flipping into that age category. So it is, in part, both of those.

As Sylvie said, we could try to get you more information, given that the sample size for 55-plus, and maybe 65-plus, might be sufficient to get you some more occupation and industry information.

**Mr. Brad Butt:** Do you survey at all people who are out of the workforce for whatever reason? Let's say at 50 they lose a job they've been doing. They're out of the workforce for a couple years, but then they re-enter. Are you doing any surveying of those people who are 50-plus and re-entering the workforce, and what impact that is having? Are you doing any surveying on that, and what are some of the results you're seeing there?

**Ms. Tracey Leesti:** With the labour force survey, we don't specifically ask them about re-entering. They can come back in if they choose. For example, they may not be a part of the workforce in one month, but if they do re-enter, they would show up as becoming employed. We don't necessarily get the fact that they've left and re-entered. Specifically, we don't ask questions.

Diane is referring to the GSS. I will let her speak about that.

**Ms. Diane Galarneau:** We have the general social survey of 2002, which asked the question, "Why did you come back?", and 22% of those who retired the first time did come back. It was in 2002 and the question was not asked again.

The reason people said they came back was because they didn't like retirement. They liked working and they wanted to give something back to society. For some of them, it was for financial reasons.

We can provide the tables if you want.

**Mr. Brad Butt:** I think that would be interesting, even though it's from 2002.

**Ms. Diane Galarneau:** I think it was part of an article.

**Mr. Brad Butt:** Constituents I talk to and who come in and see me say there is this issue about them re-entering or there's a downsizing in a business they work for, but they're not ready to retire yet. It would be nice to see us drill down a little bit more on those opportunities for individuals, what they are doing and how they're returning. Are they returning on contract work, or are they becoming self-employed?

I had a gentleman in my office last week and that's the route he's taking. He is going to offer his expertise as a consultant, because he had worked for a large insurance company for many years. They had downsized. He's doing that. It would be kind of neat to know what the dynamics of re-entering the workforce are for people in that age group.

They're not ready to retire for whatever reason. You've mentioned many reasons, and many just want to keep working. They have lots to give. They're young. People are living longer, and retiring at 60 or 65 is just not on for a lot of people. They would rather keep engaged in the workforce.

My last question, Mr. Chairman—I know we're running out of time—is in regard to surveying employers. How much is that done, and have you done any surveying of employers to get some of their trends and attitudes around this demographic shift in the age of workers, and of their attitude towards employing people who may have never worked for them but now they're ready to hire somebody who is 55?

Have you been able to do any surveying around that or get any labour market information from the employer perspective about their views of older workers?

**The Chair:** We will conclude with that remark.

**Ms. Tracey Leesti:** We do have an employer survey, but we don't collect that type of information. We did have a project, which came to its natural end—I think it was in 2008—called the workplace employee survey that touched on that a little bit more, but we haven't done that since.

**Mr. Brad Butt:** Are there some results from 2008?

**Ms. Tracey Leesti:** I'll have to go back and see what we have, if we can pull anything out.

**Mr. Brad Butt:** If there is, I think that would be helpful.

**The Chair:** We'll move to Monsieur Boulerice.

[*Translation*]

**Mr. Alexandre Boulerice (Rosemont—La Petite-Patrie, NDP):** Thank you, Mr. Chairman.

Thank you very much, ladies, for being here with us today. You do remarkable work despite sometimes difficult conditions, or perhaps increasingly difficult conditions.

I wanted to start with a short introduction.

Because of neo-liberal ideology on deregulation, and due to some negligence or laissez-faire attitudes, the financial economy has taken precedence over the real economy over the last few years. This intellectual fraud reached its zenith in 2008-2009 during the financial crisis that struck the globe, where stock market players and speculators the world over practically ruined Europe and a large part of the United States. There were effects here as well thanks to our right-leaning friends. The few people who were lucky enough to have a pension plan, whether public or supplemental, saw their hopes of having a decent retirement shattered by speculators because the capitalization rate for pension plans crumbled. For this we can thank those who got rich on the backs of people all over the world.

Today you state that you are providing explanations and reasons why people decide to retire based on 2007 data. These figures predate the 2008-2009 financial crisis. How can you claim that these figures are of any value whatsoever today?

• (1130)

**Ms. Sylvie Michaud:** We did a field survey on financial security. That was last fall, in 2012. The results should be available this winter, in other words December 2013 or in early 2014. It will allow us to take stock of the assets and debts of Canadians. The sample size we used was sufficient. We should be able to provide you with information on the matter and present it according to various segments of the population. Unfortunately, the information is not yet available, but we would be pleased to forward it to you as soon as it is.

**Mr. Alexandre Boulerice:** What would justify a six- or seven-year wait before this survey can be conducted again, given that this data is essential to our understanding of what is going on in society?

**Ms. Sylvie Michaud:** As is the case for all countries, the survey of financial security is not necessarily conducted on a regular basis. There are no international standards as to its frequency. However, in the case of characteristics like assets, all countries conduct one at a frequency varying from every three years to every seven years.

**Mr. Alexandre Boulerice:** I would like to know how many Canadians have supplementary retirement plans, either group RRSPs through their employers or defined contribution or benefit plans.

**Ms. Sylvie Michaud:** I should be able to tell you that immediately, but I do not have the figures right here. We do have that information. It is simply that I do not have it here.

**Mr. Alexandre Boulerice:** I would like to obtain it because the Conservative government announced that it was increasing or raising the age of retirement, in other words the age at which people can receive Old Age Security benefits, from 65 to 67. This will force people who have difficult jobs to continue to work at 65 and 66. This is approximately \$30,000 the Conservatives will be taking from the pockets of Canadians through this measure, which was announced in Davos in front of the Prime Minister's billionaire friends.

Without any increase to public retirement plans, what do you believe will be the impact of this measure on low-income workers who do not have enough money to contribute to their RRSPs or set money aside for retirement? These two extra years of work are going to have a major impact. The fact that they have been forewarned will not mean that people earning \$10 to \$12 an hour will have enough to invest in their RRSPs. They are already having a hard time paying off their bills and their debt load is already over 150%.

Have you assessed the impact of raising the age of retirement from 65 to 67, in other words the age at which people will be able to receive OAS payments?

**Ms. Sylvie Michaud:** I would have to check to see whether a study has been done on this matter. My group has not done one, but it may have been done elsewhere. I will look into the matter to see if there is any information available.

**Mr. Alexandre Boulerice:** I would humbly suggest you do so. This is data which I believe would be of great interest to all Canadians.

Do I have much time left, Mr. Chairman?

[English]

**The Chair:** You have about half a minute.

I might say that some of your commentary is hardly useful or helpful to the study. It may be difficult for the witnesses to answer some of those general comments you've made. I think you've pushed the limits on that, for sure.

But you have half a minute. If it's for a commentary, I wouldn't find that particularly useful.

[Translation]

**Mr. Alexandre Boulerice:** I think it is always relevant to understand the context we are living in and the impact of ideology on the day-to-day lives of people.

[English]

**The Chair:** If you keep on in that regard, I will rule you out of order, so....

Go ahead.

[Translation]

**Mr. Alexandre Boulerice:** In what sectors of activity or professions do people tend to stay longest? In the service sector, in the manufacturing sector? If you want to answer "in the position of senator", that is not a problem.

● (1135)

**Ms. Diane Galarneau:** Managers and professionals tend not to last as long. There are more professions where people decide not to stay as long or decide to some degree to retire at 65. This would be office staff, technologists and professional technicians and managers.

As to industrial sectors where more people expect to retire at 65 or older, it would be 50% of people in professional services and business services. In public administration, consumer services, health care and education, fewer people expect to retire at 65 or older.

**Mr. Alexandre Boulerice:** Thank you.

[English]

**The Chair:** Thank you for that comment.

Mr. Mayes, go ahead.

**Mr. Colin Mayes (Okanagan—Shuswap, CPC):** Thank you, Mr. Chair.

I'll try to get back on track.

Thank you very much for being here today.

We had a professor from the University of Ottawa at the last meeting who said that we need to change the way we look at the demographics of population and age. I suggested that we had the gospel of Freedom 55. That was the ultimate. If you could retire at 55, that was just great. But actually, retirement is not just great at 65, because you can have productive years after.

What I'm getting at is this: when you do your stats, it says "age 55 and older", as if 56 is older. I wonder if we should start changing those terms to reflect the health of the people. Often, younger people don't start careers or really get their act together until they're in their thirties. So that is something I think we need to do as a society. It affects StatsCan, too, because you do your surveys based on those sorts of bases. I think that our terminology should change. Maybe we should talk about our "mature" workers instead of "older" workers. Of course, you might think I'm reflecting on this because I'm an older person, but I feel that I still have many productive years left.

This is something we have a problem with. We hear all the time that eligibility for different benefits is being lowered. But we're offering those benefits at a different time in life, even though they're still as healthy as they were 20 years ago, when they were eligible for those benefits.

First, have you ever looked at starting at 62 to 72? You could call those older workers and see what's happening with that group, rather than dipping into the 55 to 62. I wonder if there would be a significant difference in your outcomes if you compared that. That's one question.

Second, this is not just a Canadian challenge; it's also in Europe and the United States. Have you looked at any of the statistics coming out of other countries and compared them to see how they're managing to allow mature workers to stay in the workforce?

Finally, as to the mature workers, do you find that they are just wanting to stay and work in their career paths and that they've upgraded their training or skills so they can continue, or do you find that the older workers are leaving their career paths and going into a new career where they have to be retrained?

There are a lot of questions there.

**Ms. Tracey Leesti:** I'll start with the first one on the terms "older" and "mature" workers. I agree. I don't like the term, "older workers". We've had discussions among ourselves, but it was the term that stuck. The reason we put it as "55-plus" when we're presenting it, is that we sometimes want to dig down a little deeper into the data. As you go past 65, 70, the population itself gets a little smaller. It gets a little harder to disaggregate the data, so we tend to group it up to 55-plus. It is possible to look at it beyond 55. You can disaggregate it. It's just that when you try to break it down you might have to look at industry and occupation, and see whether you have enough data to provide statistics. It is possible to break it down further. We can do it in special studies. We just tend to aggregate it up for dissemination purposes.

There was a comment—and this referred to an earlier question—about focusing a little more on older workers and shifts. With the labour force survey, we tend to ask all respondents. But at age 70, if they indicate that they're not working, for the purposes of response burden—we go back to them six times—we don't re-ask the questions. We're coming up to a redesign point in 2015-16 where we look at the survey in general, and one part we look at is the content. So it is something we're looking at. We recognize with the demographic shift and the growth in older workers, particularly females, that it might be something we want to focus on a little bit more in considering whether to raise the age limit. It's just that we have to look at the proportions that we're dealing with. If we're still dealing with about 2% of the population, when you disaggregate it, we might not have enough.

All that to say, it is definitely on our radar and it is something we're looking at in our redesign. It is something you can work with now. We just aggregate it that way for dissemination purposes.

• (1140)

**Ms. Sylvie Michaud:** In terms of trajectories and transition to retirement, to measure those kinds of studies you really need a longitudinal survey. A number of countries have created longitudinal surveys on aging, and retirement specifically.

A new longitudinal survey was launched two years ago, called LISA, the longitudinal and international study of adults. It had a collection last year, and the results should be released in the fall of 2013. In that one, because we had asked respondents for their permission to use some administrative records...already in the first wave of information we'll be able to go back in time and try to see who had employment income, maybe who stopped and started again, and we'll try to see where they are now. It may not give us a full picture, but it will start to highlight some of the questions you're asking about the information.

We had a predecessor in the survey of labour and income dynamics, and I can try to see if we can provide you with a bit of information on trends—not reasons, but trends. Maybe I can look at something, and with LISA we should also be able to provide you with information.

**Mr. Colin Mayes:** From the time of retirement until a person leaves this planet, if a person retires early, what is their life expectancy compared to a person who works later in life? That would be an interesting statistic to me.

**The Chair:** Does anyone wish to respond to that?

Go ahead.

**Ms. Diane Galarneau:** We have looked at the number of years of retirement, because life expectancy has increased. We've found that most of the increase in life expectancy is spent in the labour market. Since 1996, the number of years of retirement has actually remained stable over time.

But if you compare the proportion of the total life expectancy at age 50, it's actually decreasing. Proportionately, you spend less time in retirement than in 1996, for example. The proportion is almost equal to that of 1976. This is all in the reference. People are postponing their retirement, and they spend a lot more time in the labour market now than in 1996.

Actually, in 1996 it was probably uncommon. It was a mistake, because over time, when you look at the trend, people did stay longer in the labour market, so now we are just back to where we were in the past.

**The Chair:** Thank you for that comment.

We'll now move to Mr. Cuzner. Go ahead.

**Mr. Rodger Cuzner (Cape Breton—Canso, Lib.):** Thanks very much.

I'm looking forward to a big finish here.

The information requested by Mr. Boulerville would be helpful. I'd appreciate looking at that information as well.

Do you glean specific numbers on persons with disabilities, as far as their attachment to the workforce? Did you measure that, and are we able to see that?

**Ms. Diane Galarneau:** We did measure the impact of layoffs, for example, because we looked at those who retired voluntarily or quasi-voluntarily. We know now that at age 50, people voluntarily spend another 16.3 years in the workforce.

But if they are laid off—I don't remember exactly the number of years they lose, but if you add what you would lose if you have poor health, or if you lose your job, or because you have to take care of a family member, you lose 1.8 to 2 years. A study we released last fall was on the impact of involuntary retirement on health problems.

• (1145)

**Mr. Rodger Cuzner:** Each of the slides we were provided with today has background information, and I think the committee would benefit if you could provide us with the information that led to those graphs.

Do you have any way of determining what percentage of older workers we could get back into the workforce should certain measures be taken? Is there any way to assess that?

**Ms. Sylvie Michaud:** It's really hard to be able to answer that accurately.

**The Chair:** Particularly if Statistics Canada is gathering statistics and making conclusions based on that, would that be correct?

**Ms. Sylvie Michaud:** Yes.

**Ms. Tracey Leesti:** More so than trying to project the number we'd get into.

One of the challenges in measuring retirement is that it's a very subjective topic, even when you go to respondents. For example, I could speak to my father. He would tell me, "I'm retired", because he did retire as soon as he hit 55, but he's been consulting for 15 years. He's actually employed consulting part-time, but he would tell you he's retired.

It's a very subjective measure. People come in; people go out; they come back temporarily. So it's a difficult thing to necessarily measure. I don't know that we could accurately project that based on a response to a survey.

**Mr. Rodger Cuzner:** Go ahead.

**Ms. Sylvie Michaud:** On the survey of older workers—that's the last slide—we've provided some of the factors that people told us would make them change their retirement date.

**Mr. Rodger Cuzner:** Yes.

**Ms. Sylvie Michaud:** Maybe we can dig down a bit more on that information, but as Diane pointed out, it's really hard to know if they actually would do it. These are the factors they think would influence their retirement date. What the behaviour would actually be would possibly be a different thing.

**Mr. Rodger Cuzner:** Yes.

I'm fine.

**The Chair:** Okay.

Go ahead, Mr. McColeman.

**Mr. Phil McColeman (Brant, CPC):** Thank you, Chair.

Thank you for being here today.

When you went through the graphs of these statistics—of course, stats was never my favourite course in my post-graduate studies. I want to draw trends out of them, which is, I think, the meaning of why you want to take statistics in the first place. Am I correct in saying that? It's a fair assumption. Do you agree with that, as statisticians?

**Ms. Tracey Leesti:** Yes. There are two things: you can draw trends or you can get a really big snapshot, a big picture, at a point in time.

**Mr. Phil McColeman:** A big picture of what's happening at one point in time. It's safe to say, too, that of course times change, economics change, and this fast-paced society we live in changes daily.

One of the trends that we've known for a long time is that the demographics are changing in our country, particularly the age

demographics. How do they come to play in formulating the charts? Does the fact that we're reaching this baby-boom retirement bubble come into play at all in terms of numbers, statistics? How does it come into play?

**Ms. Tracey Leesti:** For example, on the data for the labour force survey—as I mentioned, we report monthly—we often see growth in the 55-plus population, and often about half of that is played from demographics. The baby boomers are coming to that age where they are now entering that age category, so part of the growth is just natural as a result of aging, and part of it is as a result of people going out and getting new employment.

**Mr. Phil McColeman:** Right.

Now if I take you to the chart that talked about life expectancy and deteriorating health—I don't see the page number here—I think all the other charts set a general trend of the fact that people are working longer. Is that correct, from what you've presented today? Then I looked at this chart as you've mixed it into the presentation today, and I see that people are living longer, and progressively have been living longer, as we know. This is common knowledge and a common-sense understanding of our society. None of these statistics that you're providing today should surprise us—or should they?

• (1150)

**Ms. Sylvie Michaud:** I think the slide we've added in there was probably more to indicate that we've seen an increase in life expectancy, but in terms of the labour market, we should probably look at healthy life expectancy. There may be a behaviour from the labour market that may be different if you're healthy versus if you have incapacity, and what we've seen is that there's an age at which you see a decrease in the healthy life expectancy.

**Mr. Phil McColeman:** Right. The other thing that's interesting—the one statistic that comes into play—is when you go to page 11, you see outdated skills being such a minor reason, around 8%, that's given for early retirement. That was a surprising statistic. We hear all the time from the aggressive socialist separatist people that these things aren't happening. Their frame of reference, frankly, is that this isn't happening. So when you come to see this, and you start to look at the trends and the demographics and what the real facts are, that people are out there wanting to work longer, and are wanting to postpone.... My age group, the end of the baby boomers, is wanting to postpone retirement for various reasons, and you say it is basically a conscious decision of just wanting to work longer because you feel young—you're 60 years old and you feel like you're 18. You can keep going, and lots of things start happening.

I think these trends are what we need to understand, especially in light of what we're looking at here. What are the opportunities for these people? Are we presenting them with enough opportunities in society?

When you come to the argument that changing the OAS age to 67 is just a natural thing that many countries have done, our chief actuary plots the demographics, plots the life expectancy, plots all that, and then tells us that the reality is that people are living longer. They are healthier and they want to work longer, so it's what most advanced countries have moved toward, that kind of system.

I want to come back to that last trend you're seeing. I know you are statisticians and you don't have the statistics, and I'm talking very subjectively here, but as far as these trends go, is it fair to say again, just to reinforce the facts, that all of these trends are just showing larger numbers of healthier people living longer and working longer? That's what I would call a natural part of the evolution of our society.

**The Chair:** We'll conclude with that, and if you have a response to that, go ahead.

**Ms. Sylvie Michaud:** As has been pointed out, we've seen an increase in the labour market participation of older workers. We've seen an increase in life expectancy. The reason for retirement is not a trend. It's what we had in 2007. As we said, we have statistics sometimes that give a picture of what's happening. This is what people reported in 2007.

As we mentioned, it was a multiple-choice question, so people could have chosen a number of reasons. I wouldn't want to infer that if we're asking just one question, the rate would be similar, that if I were asking one question on discrimination the rate would be exactly the same. This is the portrait of what we got in 2007 from among the multiple reasons people could report on why they decided to take their retirement.

**The Chair:** Thank you for that response.

I may mention, as I mentioned to Mr. Boulgerice, that these extra commentaries that are somewhat partisan are hardly helpful to the study we have before us, and of course if one member engages, the others do, and it just keeps going that way. So I would ask members to take that into account. It's hardly useful for the study.

Having said that, we've completed a full round, which is something we haven't done in a long time, to the point where it almost seems extraordinary. But we have done that.

I'd like to thank the witnesses appearing before us for providing the information to us. I know you had some undertakings that you would provide some additional information. When you do that, just pass it on to the clerk and we'll be sure it is distributed. Thank you very much for that.

With that, we'll suspend for a few moments.

• (1155) \_\_\_\_\_ (Pause) \_\_\_\_\_

• (1200)

• (1205)

**The Chair:** Thank you for being here, Ms. Silas. You are appearing on behalf of the Canadian Federation of Nurses Unions. You've been hearing some of the testimony provided by Statistics Canada, so we're looking forward to hearing from you. Of course, there will be some questions and answers following.

Whenever you are ready, you can proceed.

**Ms. Linda Silas (President, Canadian Federation of Nurses Unions):** Perfect. I think I came with all my friends, but being a good New Brunswick emergency room nurse, you get a call on Friday to appear and you prepare and do the job. So I'm glad I'm here.

If there are mistakes in my presentation, please accept my apology. You will receive a full brief from us by the end of this

month, and hopefully we won't have as many graphs and numbers as Statistics Canada just gave you, but it is a good focus.

I will focus my presentation on the impact of the aging population and workforce and how the federal government can help.

We represent over 200,000 nurses and student nurses across the country. We are the largest profession within health care. We represent about 70% of the workforce. I'll use my time today to address the following needs in our health care system. First of all, it's the boom and bust approach to health and human resources. I was chatting with an MP about his daughter who is into nursing, and there are no jobs right now, but there will be jobs in three or four years. It's because we do not know how to plan in health care. It is the boom and bust approach. I've been around these committees and provincial committees in New Brunswick for a number of years.

We need immediate investment in retention and recruitment strategies, both for the older workers and the new graduates. We need the federal government to take a strong leadership role in workforce planning. Every province and territory could get some help there.

If I look at the nursing shortage and its impact specifically, we know that all governments, including the federal government, and employers have done a lot of work over the last 10 years in increasing and retaining nurses, but the shortage is far from over. The Canadian Nurses Association predicted a shortfall of over 60,000 nurses by 2022. That was in 2009. The study and the numbers haven't changed since then.

We know that the new nurses entering the profession have increased. If you look at the CIHI number, you would think our world should be a lot better, but you have to realize that in 1990 we were graduating 12,000 nurses a year, and we went from 12,000 to 4,000 by the end of 1999. We're up to about 9,000 today, but we still have the bulk of nurses about to retire. The average age of a nurse is 45, but 40% of nurses are 50 years and older.

I'll provide you with a brief snapshot of our workforce. I'm not here to discuss mostly our workforce, but the demographic has to be understood in the context of not only our workforce, but also how our health care system is changing and has to be transformed to adjust and respond to the aging population, new technologies, and new ways of delivering care.

There is greater pressure to meet the needs of a much older patient population with highly acute needs. Today's average life expectancy is over 81. But if I look at just our working-age population—I'm sure Stats Canada gave you those numbers—who are between the ages of 15 and 64, 42% of them are over 45. I just mentioned that for nurses 40% are over the age of 50. So we are older than the average workforce. At the same time, 75% of our nurses work in the hospital sector. If you've been in the hospital sector in recent years, you know we have to change our system and go towards long-term care and home care. We have to change the delivery of services, because a lot of the patients in hospitals do not belong in hospitals.

A recent study done by the Canadian Nurses Association stated that \$5 million to \$6 million a day is being spent on patients in hospital who should be receiving care in the home. That means they're well enough to be in the home, and if you look at senior people, they want to be in their homes and be taken care of there.

If I look at retention and research, we have done many research projects on retaining our workforce. It is all about working conditions and opportunities for professional development and skills upgrading. If you do that, you will expand the number of nurses extending their career.

● (1210)

We had tremendous success in 2006 and 2011. Our first project was with HRSDC. We had two pilot projects, one in Cape Breton and one in Regina Qu'Appelle. The Cape Breton project was a mentoring project and was unbelievable. We were able to keep the emergency and operating room open by getting experienced nurse training in critical care. In Regina Qu'Appelle it was again a mentoring program.

We followed through with a project with Health Canada in nine provinces and one territory to bring and promote a more positive health care workplace. We've reduced absenteeism by 10% and overtime by 10% with the Health Canada project, which was called Research to Action.

I'm just skimming through it quickly.

There were a number of lessons learned here. It has to be done by partnership. If we want effective and lasting changes, they cannot be imposed from the top down. The program policy needs to be flexible to accommodate the needs of the workplace and the individuals.

What we realized over the last six years of working with health care employers is that when you're implementing a pilot project, or what we're now calling a prototype, this cannot be done at the side of a manager's desk. It must be based on the evidence and research, and it must be evaluated. That's where the federal government can come in and help. We're suggesting this can be done through EI, because they do need financial support. They also need training and professional development in these areas.

Nurses deliver more care than any other group in the health care system. At the same time, we're nearly twice as likely to be absent due to illness and injury than the average of workers in other occupations. That is because of the working conditions. There's a turnaround, which means a nurse is leaving one unit to go to another, mostly because of job dissatisfaction. That happens with 20% of the

nurses in the hospital sector. The cost for each nurse is between \$25,000 and \$60,000 for that employer.

I would stress to you that we cannot replace a nurse with 35 years' experience with a new graduate. The education system has changed dramatically, and so has our health care system. We need to ensure that new graduates benefit from the experience of their older and more seasoned colleagues. This is not a question of retention; it is a question of patient safety.

We know mentorship programs do work. We are recommending that we have programs nationally modelled on the Ontario new graduate guarantees, which support nursing graduates with an opportunity to work with experienced nurses to help enhance their knowledge and skill.

I mentioned earlier how the federal government could help. We believe it is through the EI apprenticeship programs for nurses. We need to have a movement for licensed practical nurses to move up to become registered nurses, or for registered nurses to become specialty nurses or nurse practitioners. And we need to find a way to help employers create mentoring programs to retain older nurses and provide a safe learning work environment for new graduates.

If I had more time I would discuss with you the need to readjust the work hours and work environment for older workers. We will bring you numbers. We know, from workers compensation to long-term care disability programs, that the risk of injury is higher with older workers, especially when modification at the workplace is not done.

To conclude, we believe we need to provide support that will help equip older workers with the skills and competency for the workplace. We need to reintroduce programs such as workplace skill initiatives. We need to support formal mentorship that will encourage the knowledge transfer between workers of generation and skill mix. It is time we moved away from the land of pilot projects to prototypes that will create a culture of safety in health care for all workers, both the young and the more seasoned.

● (1215)

Thank you. I will now answer your questions.

**The Chair:** Thank you very much for that presentation.

We'll start the rounds of questioning.

Mr. Cleary, go ahead.

**Mr. Ryan Cleary:** Thank you, Mr. Chair.

Thank you, Linda, for your presentation. I found it fascinating.

I have a few quick questions and only five minutes, so the more succinct your responses, the better.

First, you mentioned some statistics in terms of nursing graduates, that in 1990 there were 12,000, in 1999 there were 4,000, and today, in 2013, we have 9,000.

I know that in Newfoundland and Labrador alone at one point we had I think three or four nursing schools. Now we have just one, offered through Memorial University.

One of the obvious solutions would be to increase the number of nursing graduates, to increase the number of nursing schools. Why don't we do that?

**Ms. Linda Silas:** We did that. From about 2002 to 2005-06, you saw a big increase in nursing graduates. We went from about 4,500 to 9,000. There was a big influx.

The problem is that we're not finding jobs for them, so they go into another program. All nursing graduates, except a few courses in Quebec, go through university programs now, and they will go somewhere else.

It is also a different generation, right? They will not accept what the graduates of 20, 25, 30 years ago accepted in their working conditions.

**Mr. Ryan Cleary:** You mentioned that nursing programs now are all offered through the universities. You also mentioned, though, that the federal government could help—realizing that health care is mostly a provincial jurisdiction—with EI apprenticeships, whereby licensed practical nurses would do apprenticeships with registered nurses.

Has there been much reaction to that idea?

**Ms. Linda Silas:** Yes. Honestly, that's how our workplace skills and development program or initiative was created about seven years ago. We got funding from there.

You know, in this country, if you're a plumber, you can go for different apprenticeship programs with the help of the federal government under EI and the help of your employer. But if you are a professional, and I'm talking about nurses, you don't have those opportunities.

It's time we opened the door. It's about changing our culture and making sure it's always a step ahead and we help them through it.

**Mr. Ryan Cleary:** How many licensed practical nurses are there out there right now who could theoretically take part in a program like this? What kind of pool could you tap into to tackle that nursing shortage?

**Ms. Linda Silas:** You need LPNs, licensed practical nurses, in the system. There are about 15,000 in the country. How many of them could go and take the RN program? That's a great question. We hear a lot of hearsay that they would be a strong component of it, but it wouldn't be an overflux. One, you need the education criteria to join it.

**Mr. Ryan Cleary:** On the percentage of nurses who work past the age of 55, considering you mentioned how nurses are twice as likely to be off sick, or off due to injury.... I know a lot of nurses, and I know how hard physically the profession is.

How many work past 55? Is it possible to extend the working life of a nurse?

• (1220)

**Ms. Linda Silas:** Yes, it is. We used to have an average age of retirement of 58, and we did many predictions that we were going to have a humongous shortage because of that retirement age. But they are staying much longer.

I met a chief nurse just last week—this is nurses week, by the way, in case you know any nurses—and she is 70 years old, still working, and she'll be there for a while. I meet practising nurses who are way in their 60s, but their work environment needs to be changed.

That's where the mentoring program has to change. We saw programs here in Ottawa where after 60 they brought them back, working days, but just training the new ones coming in. That's of great value in terms of experience, and they feel very good doing it. Sometimes it's as simple as wearing civilian clothes instead of your nursing scrubs.

**Mr. Ryan Cleary:** As a last question, you mentioned that the federal government could take a leadership role—realizing, again, that health care is mostly a provincial jurisdiction—in workforce planning. Can you elaborate on that?

**Ms. Linda Silas:** Right now the federal government provides all the statistics—from CIHI, from Statistics Canada; all the statistics are there.

What the federal government did before, and we did it through WSIB and through Health Canada, is bring that flexibility to employers, bring the researchers to the table, national researchers, evaluation companies, to make sure that what they're doing is effective and will bring a return on investment.

That's where we see the federal government. Right now the provinces and territories are strapped for money in health care. That's why there are no jobs. But there's a role to do it without administrating care.

**Mr. Ryan Cleary:** You mentioned too that \$5 million to \$6 million a day is spent on patients who should not be in hospital but at home. How does the nursing profession address that?

**Ms. Linda Silas:** Sadly, you've heard—

**The Chair:** Mr. Cleary, your time will conclude with this response, as your time is up.

Go ahead.

**Ms. Linda Silas:** You've heard a lot about “bed blockers”, which is a sad term to define clients who should be in their home or in long-term care facilities. That is where that \$5 million to \$6 million is spent. Our acute care sector, our hospitals, are the most expensive facilities there are. We need to move those clients into the community, but right now there are no services in the community. We need to have programs where the workers are all concentrated, which is your hospital, to move into the community safely. That care has to be as safe as in their home.

We talk to seniors and their families all the time; they don't want to be in a hospital. They want to be in their home. It is more effective, and they are happier there.

**The Chair:** Thank you for that.

We'll move to Mr. Shory.

**Mr. Devinder Shory (Calgary Northeast, CPC):** Thank you, Mr. Chair, and thank you, Ms. Silas, for being here today. I congratulate you on nurses' week.

My questioning will be around retention and recruitment, which you mentioned as item 2 on the first page of your presentation. I understand there is a shortage of qualified nurses in some regions. I suppose one of the solutions might be to encourage older workers, specifically Canadian nurses, to stay on. I represent the hardest working riding of Calgary Northeast, which is also the most ethnically diverse riding in Canada, I would say.

I'd like to comment on the issue of foreign credentials and their lack of recognition here. Would you say there might be an opportunity for new Canadians who have qualified elsewhere as nurses to help fill these shortages, in combination with older Canadians remaining in the profession? Would there be an opportunity to keep the older Canadians and encourage them with flexible hours or part-time work, so they can give hands-on training to new Canadians who are nurses?

**Ms. Linda Silas:** That's a great question; it's a great point. Again, the land of pilot projects is Canada. We had a pilot project in Saskatchewan, partly funded by the Government of Saskatchewan and the federal government, on exactly what you're saying. They looked at nurses coming from the Philippines. They took one country specifically and analyzed their credentials before they moved to Canada. One thing is you don't want to reduce your credentials because you are coming from another country. You are entering Canada.

They looked at their credentials. They passed to come to Canada. Then they matched them up, both in the community and the health care sector, for over a month each. They adapted to the community as a Filipino nurse working in Regina or Saskatoon, but also in the health care sector. Their results were unbelievable on the retention of those immigrant nurses, who are still there. But that was a pilot project, and it's gone. We need more of those.

• (1225)

**Mr. Devinder Shory:** Thank you for your comment. I'll use the word “standards”. Under no circumstances would I agree to lower our health care standards, so whatever is required from new Canadians is required.

I also wanted to ask you about any best practices you are aware of. Is a particular region or hospital health group having success implementing a program to retain older Canadian nurses?

**Ms. Linda Silas:** I would say Ontario is. The province had an older worker initiative for health care workers. Now it has paused, but they allowed nurses to stay in the workforce after the retirement age. The best scenario was at the Ottawa Hospital, where after retirement age they would offer two nurses the opportunity to become specialist mentors. They would be brought back into the workplace to do one-on-one education and work on policy standards for the facilities. Those are about the only two programs that I know of offhand.

**Mr. Devinder Shory:** Do you have information on the key issues and challenges for older nurses that have been identified in terms of employment opportunities?

**Ms. Linda Silas:** We are in the business 24/7. It's the shift work; it's the workload. Nurses have the highest level of back injuries, and sadly, even if you've learned all the proper techniques on how to lift and bend, if a patient is falling, you are going to pick up the patient and forget about the proper technique. When we're older, even if we don't want to admit it, we're not as flexible as we were when we were 25.

**Mr. Devinder Shory:** In this profession, I understand there is a lot of physical work required. How can we get the best benefits from experienced older nurses?

**Ms. Linda Silas:** It's keeping them in the workplace as mentors. We don't do a great job in health care for any profession. I tell my members that they are not angels of mercy any more; they are health care professionals, and they have to be treated as health care professionals. That doesn't mean they graduated with a university degree and can save the world. There has to be a transition period, and we're working on that.

It's all about patient safety. We're very lucky in Canada. We are not the U.S., and it's not about the privatization debate; it's about the liability debate. We don't go through that legal route in Canada—we are blessed—but we have to provide safe and quality care to everyone.

**The Chair:** Your time is up, Mr. Shory.

We'll now move to Monsieur Lapointe.

[Translation]

**Mr. François Lapointe (Montmagny—L'Islet—Kamouraska—Rivière-du-Loup, NDP):** Thank you, Mr. Chairman.

Thank you, Ms. Silas, for being here today.

I wanted to let you know that your French version is much appreciated. In fact it is quite well done. This is not Google Translate.

**Ms. Linda Silas:** I will mention this to Carole, in Moncton. She worked on this quite hard this morning.

**Mr. François Lapointe:** Tell her it is much appreciated.

Before we continue, I would like to say a few words about provincial areas of jurisdiction. As an elected representative of Quebec, I find it rather strange to have the federal government want to take leadership with respect to certain decisions within this area of jurisdiction. After education, health care is probably what is most specifically exclusively under Quebec's jurisdiction.

So, let's talk about employment insurance. At least we will be dealing squarely with an area that is clearly under federal jurisdiction. We will then move on to something else because I would like to call upon your expertise on a matter. However, that will be supplemental. Indeed, I cannot see myself telling the provinces what to do to cross all the *t's* and dot all their *i's*. It would not go over well.

It is quite interesting to see that on three occasions, there has been talk of better support for employment insurance. If I understand correctly, it would be to provide continuing education. Intelligent choices were made by some governments over the last 30 years, those that did not dilapidate their EI funds. When they had a surplus, they sat down with representatives from the various occupations to determine what intelligent decisions could be taken with respect to continuing education. In this case, unfortunately, we do not have these tools at our disposal. The fund was dilapidated and now we are being told that it is in a deficit.

Could you tell us what type of initiatives would be most constructive for your profession, in the event that this fund could be recapitalized intelligently over the coming years?

• (1230)

**Ms. Linda Silas:** I really believe we have to build bridges between the more senior nurses and our recent graduates. I say this everywhere I go, here or at the health committee, this is not strictly under provincial or territorial jurisdiction. In the case of this project, we have been working with the Fédération interprofessionnelle de la santé du Québec. As for the other five projects we did with the federal government, we had people asking: "Why not us?". It was not that they were considering what the province would ask for, it was an add-on linking recent graduates and experienced nurses. That is what is missing in the system. This link does not exist. Yet it is important.

**Mr. François Lapointe:** Are you saying that employment insurance would cover part of a young nurse's salary while she is in training?

**Ms. Linda Silas:** Or an experienced nurse's salary working part-time. In his presentation, Dr. David Foot who is a demographer at the University of Toronto, was explaining to us that if people over the age of 55 worked part-time, the payroll savings would allow us to hire all of the recent graduates who are under 25. In other words, this entire population of unemployed youth could be working if people over 55 worked part-time.

**Mr. François Lapointe:** This is in your area?

**Ms. Linda Silas:** In the entire sector.

**Mr. François Lapointe:** The entire sector? That is a vast societal plan. It is interesting, but it is broad.

Our chairman will tell me that I am off topic if I continue in this vein.

**Ms. Linda Silas:** For nurses alone, it would reduce some risks. As we know, workplace injuries increase with age.

**Mr. François Lapointe:** Do we know the rate of job retention for people 60 to 65 years of age in this field?

**Ms. Linda Silas:** It varies from province to province. In Quebec, the percentage of people in this age bracket working full-time, in other words 35 to 40 hours per week, is 55%. In Alberta, it is 35%, whereas in the Maritimes and Newfoundland, it is 70%.

**Mr. François Lapointe:** Is there really such a marked difference from one province to the next?

**Ms. Linda Silas:** Yes.

**Mr. François Lapointe:** In your opinion, what explains this great disparity between the regions?

**Ms. Linda Silas:** Again, provinces believe human resources are better managed when there are fewer full-time positions. Alberta is the province that pays the most overtime. Rather than create full-time jobs, they create part-time jobs, but extra hours are paid double time.

**Mr. François Lapointe:** Do you believe this is an appropriate approach?

**Ms. Linda Silas:** No.

**Mr. François Lapointe:** Very well. I simply wanted to be clear.

[English]

That's it.

**The Chair:** Thank you, Mr. Lapointe. Your time is up.

[Translation]

**Ms. Linda Silas:** We speak far longer in French.

[English]

**The Chair:** In a manner of speaking, yes.

Ms. Leitch, go ahead.

**Ms. Kellie Leitch:** Thank you very much for taking the time to be here today. In particular, congratulations on nursing week. My great grandmother was a nurse who graduated in 1917 and worked into her 80s. So your point is exceptionally well taken with respect to nurses choosing to stay with their profession for a very long period of time.

We're here today to talk about whether or not individuals choose to stay in the workforce and what would encourage them to do so, or what might be the barriers to them participating. I recognize you have a dual problem of having young individuals in your profession who are looking for roles and older individuals staying, and that presents a bit of a challenge.

I want to ask if you could comment for me on the things that your profession is doing to encourage your older workers, the nurses that have the 20 or 30 years of experience, to mentor and therefore allow that natural transition to take place. I recognize that's one of the great challenges. We see that in my profession as well, as an orthopedic surgeon. What are those promising programs that you have that are helping that transition?

I have a second question for you. You talked about the need to adjust work hours, adjust the environment that individuals are working in who are a little bit older. What are the specifics that you think are the items we need to concentrate on, whether it's changing the physical environment or changing the work hours that would facilitate older nurses feeling they could continue to participate, even in a part-time role, in the institutions they're working in?

• (1235)

**Ms. Linda Silas:** A role for the federal government is bringing that flexibility to employers in all regions. Rural regions are probably the worst off in our long-term care sector. If you want to see an older workforce, go into those areas. One reason is because they are so committed to their community they simply can't leave, and that's where you see the 70-year-olds. I don't know about 80-year-olds. But it is about the mentoring. It's about valuing your experience. It's the same for any of us. If tomorrow your employer says you're done, "Too bad what you gave to the system for 30 years, you're done", that's a shame. But if there's a way to merge between retirement and giving back to your profession or your employer, that's where it will be of benefit.

I know we are not here to discuss societal problems, but it is a reality that today's 60-year-olds are yesterday's 40-year-olds. It's not as if they all feel like they are 18 years old now. Your body makes you realize that you have to slow down in your hours of work. You still have to exercise and sleep more, so you are not that 18-year-old or 25-year-old; you are simply a lucky and healthy 60-year-old who will work longer if you take care of yourself. Taking care of yourself is making sure you have a healthy work environment. That's for everyone, and for nurses even more so, because it is heavy, it's 24/7, and you're dealing with patients.

When I work as a nurse, I don't deal with reports. I cannot say, okay, if nobody shows up for the committee, we'll close early. It's a patient lying in a bed, as you would know as a surgeon, so it's very important to look at.

So yes, it's mentoring, it's part-time jobs, and of course you have to look at people's pensions and how that's related, but that's almost an employee to employer issue, and they're very well protected in nursing.

**Ms. Kellie Leitch:** I have another couple of questions. I don't think my time has run out as of yet.

**The Chair:** No, it hasn't yet.

**Ms. Kellie Leitch:** I come from a pediatric hospital, so we do have a tendency to have a little bit younger nurses, but your point is well taken on the overall aging demographic.

Do you have any best practices that you could highlight for us that says this is the type of environment that someone over the age of 55—or, as Mr. Mayes likes to say, over 62—would be the most conducive to working in versus someone who is younger? How would you segregate out the direction of nurses?

I know academic leadership opportunities, those mentorship opportunities, take them away from having to do heavy lifting and other things like that that we wouldn't want anyone to be doing. If we were looking at health human resources, are there some specific roles that we should be encouraging older nurses to take, just like

we're trying to encourage younger people to enter into certain trades right now?

**The Chair:** A short response, please.

**Ms. Linda Silas:** It's any occupational health and safety programs, because we have to realize that health care is one of the less safe areas of our system. We need to build a culture of safety, and if we take that experience and say, no, this is not how you should be doing it, you should protect your back, knees, environment, that would be a great area. We see it happening. There's a proposal in New Brunswick. In Nova Scotia we had as simple a thing as bed lifts everywhere. They also had lifting teams.

I don't know if you remember, but I remember when intensive care orderlies were the size of your colleagues. They were wide, six feet tall men, not little women like you and I, and they were able to lift patients. It's very important. We have these lift teams. You call the lift team; you don't lift a patient. They're quite healthy men.

• (1240)

**Ms. Kellie Leitch:** Great. Thank you very much.

**The Chair:** Thank you very much.

We'll then go to Mr. Cuzner to conclude for us.

**Mr. Rodger Cuzner:** I just have a quick story and then the question. When I worked in Fort McMurray with the recreational department, the summer crew, the cut crew, came to us and asked if they could work four 10-hour shifts—they worked 8-hour shifts, five days a week—and we split the crews up. We had two crews going so that we had coverage five days a week, but every second week was a long weekend for them. They'd be able to shut down Thursday, they'd be gone Friday, and then they wouldn't start up again until Tuesday. It was a really neat thing that worked out well for them. We did that all summer.

I moved back to Nova Scotia and I was back in the recreation business. I floated this with the outdoor maintenance crew in the summer, to loosen up some weekend time for them, and they thought it was a great idea. They went back to their union, and their union said, well, sure, you can go with that, but we want time and a half for those last two hours of the day in that 10-hour day. They wouldn't budge on that, so we didn't get what we wanted. With getting gear out and getting gear back, you get a lot more work done with a 10-hour shift. It was something we would have benefited from, the crew would have benefited from, but they said the collective agreement wouldn't allow for that.

We look at StatsCan saying that if we want to get older workers back into the workforce, we need more flexibility in their workday—flexible hours, part-time work, receiving a pension. Have you seen an instance of where management and the union have been able to sit down and agree on some situations through the collective agreement that accommodated older workers coming back?

**Ms. Linda Silas:** In health care, everything is about flexibility and rotation. There's nothing more sacred than your rotation, because of the 24/7 business. We have a rotation of 10 hours, 12 hours, 8 hours, 4 hours, which I don't personally like, but they do exist. A lot of older workers will take the 4-hour shift. They will come in in the afternoon, when there are a lot of surgeries, for example. It's all about negotiations, and that's important, but you need flexibility and you need the power at the employer level to make those changes. But they do exist everywhere.

I worked on the four on, five off, which was two days of 12 hours and two days of nights, and I thought I was working part-time. Because you had five days off, you were able to recuperate, which is very important. But they do exist.

**Mr. Rodger Cuzner:** That's good. So you're seeing those.

What's the main reason why nurses make that decision to retire? Are you able to measure that? Are you able to make a comment on why most nurses retire?

**Ms. Linda Silas:** It's the dissatisfaction with what's happening in the system. If there's no progress or if you feel you can't provide good care, you leave. After so many years, it shows, and then they do retire.

Our problem is yes, there is a bulge of nurses ready to retire, but the studies show that of nurses with two years of experience, 60% are saying they're not staying in the system. That's even more worrisome than the more seasoned group at the other end.

**Mr. Rodger Cuzner:** You're saying they're making that decision because they're frustrated with the system?

**Ms. Linda Silas:** Yes. You have to be in the system. To have patients in hallways, families concerned, not being able to answer their questions, not enough staff, it can be a very sad situation. Saying that, there's great experience out there. But when that's a constant... Most of our facilities should be working on an 85% capacity; they're working at 125%, 150%. So there's no time out there to breathe or to learn, or to sympathize with your families.

**Mr. Rodger Cuzner:** Do you have any kind of indication as to how many come back into the profession, come back in on a part-time basis? You wouldn't know that?

● (1245)

**Ms. Linda Silas:** No. Sorry, I don't have those statistics here.

**Mr. Rodger Cuzner:** Okay, that's fine.

Thank you.

**The Chair:** Thank you, Mr. Cuzner. Your time is almost up.

We thank you very much for coming before us and sharing your thoughts on this very important subject.

**Ms. Linda Silas:** Thank you.

**The Chair:** We're going to suspend for a few moments to let you gather your material and leave, and then we have some committee business to deal with.

I will suspend for a couple of minutes and ask the members to sit around the table, if they could.

*[Proceedings continue in camera]*





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