
THE LABOUR MARKET FOR OCCUPATIONAL THERAPISTS IN SASKATCHEWAN

A REPORT PREPARED FOR

SASKATCHEWAN GOVERNMENT
MINISTRY OF ADVANCED EDUCATION

BY

QED INFORMATION SYSTEMS INC.

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EXECUTIVE SUMMARY

This report summarizes research undertaken for the Ministry of Advanced Education, in partnership with the Ministry of Health, about the current and future labour market requirements for occupational therapists in Saskatchewan.

The Saskatchewan Society of Occupational Therapists (SSOT) has been pressing government to fund a domestic program for occupational therapists for many years. This research was undertaken to respond to those concerns, to assess the current and future provincial labour market requirements for occupational therapists in Saskatchewan, and to evaluate the pros and cons of options to meet the labour market needs. The research is intended to encourage evidence-based policy development by providing a common set of understandings about the current situation within which further discussions and policy decisions can be made. The report includes some observations about what the evidence suggests but no formal recommendations are made.

Doug Elliott, the principal of QED Information Systems Inc. and a policy fellow at the Johnson-Shoyama Graduate School of Public Policy conducted this research. The opinions expressed in this document do not necessarily represent those of the SSOT or the Ministries of Health or Advanced Education.

The report takes a supply and demand approach to the labour market for occupational therapists.

Basic Counts

There were 339 occupational therapists working in Saskatchewan in 2014. Adjusted for population, the number is significantly lower than in other provinces – 30 occupational therapists per 100,000 population compared with the national average of 42 per 100,000. More than 100 additional occupational therapists would be required to bring the province to the national per-capita average. Occupational therapists in Saskatchewan are more likely to work full-time than those in other provinces and this partly explains the different per-capita counts. Using FTEs rather than positions, we estimate that there are 26.1 FTEs per 100,000 population in Saskatchewan compared with the national average of 34.7 per 100,000.

Over the long term, the number of occupational therapists has not been growing as quickly in Saskatchewan as in other provinces. The opposite was true, however, from 2010 to 2014.

Supply Side

Saskatchewan has been able to attract a large number of young occupational therapists as demonstrated by the increase among those under 30 years of age in recent years. And it has been generally successful in retaining them as demonstrated by the fact that retention rates are near 100% in the 35 to 54 age group.

Turnover rates – moving from one position to another within the province – are relatively high compared with other provinces.

Occupational therapists practising in Saskatchewan tend to be young and are almost exclusively women so replacements for maternity leave will continue to be a factor. The relative youth of occupational therapists means that retirements are not a major factor affecting the supply but that inter-provincial migration, currently a positive contribution to the supply, could become a negative one in the current economic downturn.

Compared with other provinces, a higher proportion of occupational therapists in Saskatchewan have a graduate degree in occupational therapy. Four in five graduated from the University of Alberta or the University of Manitoba. The most common path to becoming an occupational therapist in Saskatchewan was directly from high school to a degree at the University of Alberta. Four in five graduates did some clinical placements in Saskatchewan which may have influenced their decision to work in the province. Estimates for the number of graduates from the fifteen purchased seats at the University of Alberta range from seven to ten, depending on the methodology used to calculate the retention rate.

In a survey of SSOT members, respondents mentioned the help they provide clients as the best part about being an occupational therapist in the province. Many also mentioned colleagues and the sense of community among occupational therapists. On the other hand, respondents frequently mentioned workload as the factor that is the worst part about being an occupational therapist in Saskatchewan and that might make them leave the profession or the province. A feeling of being undervalued by the general public or other health professionals was also quite common.

Demand

Almost all occupational therapists in Saskatchewan work in the public sector in general and the health care system in particular. Compared with other provinces, Saskatchewan has relatively few occupational therapists employed in community-based care (e.g. schools) or in private practice.

Mental health was mentioned by almost all occupational therapists as the area currently having the greatest need and six out of ten saw it as the fastest growing area of practice in the next five years. Compared with other provinces, relatively few occupational therapists in Saskatchewan work in the field of mental health.

Among union employees, the hourly wage rates for occupational therapists in Saskatchewan are near those in Manitoba and B.C. but well below those in Alberta.

In the Regina and Saskatoon health regions, the vacancy rate was, respectively, 0% and 9% whereas it was more than 20% outside the two major centres. A third of SSOT members reported a long-term vacancy at their place of work.

An increasing number of seniors and school-aged children points to an increase in demand for occupational therapy services in the next five to ten years.

Occupational therapists are one of the health care professionals that could help the provincial government implement a number of policies and strategies such as the disability and mental health/addictions strategies and the goal of reduced surgery wait times.

Summary and Conclusions

In summary, we know at least some things about the supply of and demand for occupational therapists in Saskatchewan.

- We know that the number of occupational therapists in the province is well below the national average.
- We know that the number of graduates from the purchased seats at the University of Alberta is only enough to maintain the current number of occupational therapists in the province.
- Interprovincial in-migration of occupational therapists has been responsible for the increasing number in the province over the past few years.
- Demographic trends, stakeholder interviews, and the provincial government's mental health and addictions action plan and disability strategy may lead to an increase in the demand for the kind of services provided for occupational therapists.
- There seems to be a disconnect between the demand for the services that are provided by occupational therapists and the demand for occupational therapists. In other words, the demand for services provided by occupational therapists has not translated into more occupational therapists.
- Except for rural areas, vacancy rates for occupational therapists are not particularly high. A 2015 survey of health regions found vacancy rates of 0% and 9%, respectively, in the Regina and Saskatoon Health Regions. On the other hand, the vacancy rate was much higher (20%) outside the two major centres.
- The turnover rates for occupational therapists are relatively high. CIHI data show entrance and exit rates that are the highest among the prairie provinces and this finding was confirmed by employers that were interviewed.
- Wage rates for occupational therapists are near the national average but well below those in Alberta.

At the same time, there are several important things we do not know.

- We do not know why some employers do not hire more occupational therapists. In particular, Saskatchewan has relatively few occupational therapists in the school system and relatively few working in mental health.
- We do not know what the impact of the economic downturn in the province will have on the number of occupational therapists coming to Saskatchewan from other provinces.
- We do not know to what extent a school of occupational therapy in the province would increase the supply of and demand for occupational therapists.

The SSOT, most occupational therapists that were interviewed, and the educational institutions believe that the lack of a school of occupational therapy is the main reason why occupational therapists are not used to a greater extent in Saskatchewan. This view is supported by the fact that Saskatchewan is the only large province without a school (the others are Prince Edward Island, New Brunswick, and Newfoundland and Labrador) and has the fewest occupational therapists per capita among all provinces. On the other hand, there is no direct evidence that such a school would increase the supply of and demand for occupational therapists.

The SSOT and almost all occupational therapists who were interviewed support the development of a school of occupational therapy in the province. The clear preference is for a program in the College of Medicine at the University of Saskatchewan.

SECTION 1: INTRODUCTION AND BACKGROUND

This report summarizes research undertaken for the Ministry of Advanced Education, in partnership with the Ministry of Health, about the current and future labour market requirements for occupational therapists in Saskatchewan.

Doug Elliott, the principal from QED Information Systems Inc. and a policy fellow at the Johnson-Shoyama Graduate School of Public Policy conducted this research¹. The opinions expressed in this document do not necessarily represent those of the professional association of occupational therapists (SSOT) or the Ministries of Health or Advanced Education. The author has responsibility for the accuracy of the data and any conclusions drawn from the analysis.

The Saskatchewan Society of Occupational Therapists has been pressing government to fund a domestic program for occupational therapists for many years. This research was undertaken to respond to those concerns, to assess the current and future provincial labour market requirements for occupational therapists in Saskatchewan, and to evaluate the pros and cons of options to meet the labour market needs. The research is intended to encourage evidence-based policy development by providing a common set of understandings about the current situation within which further discussions and policy decisions can be made. The report includes some observations about what the evidence suggests but no formal recommendations are made.

Supply and Demand Approach

This report takes a supply and demand approach to the labour market for occupational therapists as the conceptual model for the analysis even if, as is often the case, the data are not available to fully implement this kind of methodological approach.

People are not commodities so traditional economic supply and demand models do not apply very well to the labour market. The labour market for occupational therapists is particularly complex because the supply of and demand for occupational therapists are highly regulated by governments – the supply by registration requirements and the demand by funding of the health care and the elementary/secondary school system. This makes any forecast of demand or supply difficult because government policies and health care funding priorities can and do change.

The main statistic about the labour market used is “employment” – the number of persons employed as occupational therapists. Employment figures do not measure demand because they do not take into account a host of issues that would be necessary for a true picture of employment demand.

- Employers may reduce services because of an inability to attract employees or fill vacancies. This results in an apparent reduction in demand because either employment or the number of vacancies (or both) declines.

¹ QED Information Systems Inc. is a Saskatchewan based consulting firm and the publisher of Sask Trends Monitor.

- There may be a demand for full-time work but only part-time or casual workers are available. In fact, employers typically measure demand as hours of work rather than persons (e.g. the use of FTEs) so one way to fill the work requirements is to increase hours rather than hire additional staff.
- As with all goods and services, demand is strongly influenced by price, in this case by wage rates.
- International and interprovincial migration adds to or subtracts from the supply, typically in response to changes in demand that cannot be met internally.
- A specific issue for occupational therapists is that the public and many health care professionals do not have a good understanding of the kind of work that they do. There will be no demand from health care managers or professionals who do not understand the role or special expertise of occupational therapists.

There are just as many issues on the supply side of the labour market.

- The measurement of the labour force (the employed plus the unemployed) in a given occupation is often used as a proxy for supply although this measure includes only those who are actively seeking work and does not include the so-called discouraged workers or those who could be enticed to re-enter the labour market or move to the province from elsewhere.
- Some persons qualified for positions may be working in different occupations and so are technically part of the supply even though the probability of them returning to the profession is low. Supplementary education would be required in most of these cases.
- Some persons who are qualified for work may be temporarily out of the labour market (e.g. maternity leave) and therefore not part of the labour force. They should be considered as part of the “supply” although the statistics will not capture them.
- Supply will be understated to the extent that some occupational therapists may be employed on a part-time basis and willing to work full-time (the so-called under-employed).
- Supply also varies with wage rates – there may be no applicants (an apparent shortage) for a position at the going rate of pay but lots of applicants if the wage rate is higher.

It should be clear from the above that the issues of supply and demand in the labour market are complex and that this is particularly true for occupational therapists. Supply and demand factors are interrelated and no static analysis can capture the dynamic relationship among factors affecting supply and demand. The use of the terms in this report is simply a way to help organize the statistics and shed some light on this complex and dynamic relationship.

This research into the labour market for occupational therapists is organized around three questions.

- How many occupational therapists are practising in Saskatchewan and how has the number changed over time? What factors are affecting this labour market supply? In particular, how many are graduates of the seats we purchase from the University of Alberta?
- What is the labour market demand for occupational therapists in the province and how is it likely to change in the future?
- What are the educational options available to address any imbalance between supply and demand? In particular, should an entry-to-practise program for occupational therapists be established in Saskatchewan?

To address these questions, the research involved two undertakings that were mainly quantitative and two that were mainly qualitative. The two quantitative approaches for the analysis of data were as follows.

- Statistical data from the Canadian Institute for Health Information (CIHI), Statistics Canada, and other reliable sources were obtained and analyzed.
- A survey of members of the Saskatchewan Society of Occupational Therapists was undertaken.

The balance of the work had quantitative overtones but the majority of the analysis was qualitative.

- We conducted a series of face-to-face and telephone interviews with employers of occupational therapists, with organizations that use their services, and with individual occupational therapists.
- A separate set of interviews about establishing a School of Occupational Therapy was conducted with officials from Saskatchewan Polytechnic, the University of Regina, and the University of Saskatchewan.

The Saskatchewan Society of Occupational Therapists was an important partner in the work, reviewing plans, providing a list of individuals for the key informant interviews, and assisting with the membership survey. The author thanks them for their valuable assistance. We are also grateful to officials in the Ministry of Advanced Education who were aware of the challenges in this work and accommodated delays in completing the final report.

Organization of the Report

In Section 2 we present the basic counts of occupational therapists in the province to set the stage for the examination of supply and demand in the balance of the report.

In Section 3, we examined the current and future supply of occupational therapists. Included are some of the demographic characteristics (e.g. age, sex, education) of occupational therapists. This section also contains available information about the occupational therapist program at the University of Alberta.

Section 4 contains information about the current and future demand. Included are some of the characteristics of the positions that occupational therapists have in Saskatchewan. Integral to this work is an understanding of the kind of work that occupational therapists do on a daily basis and this is included in this section. The bulk of what we learned from key informant interviews with occupational therapists and employers is in this section.

Section 5 compares the supply and demand drawing some conclusions about imbalances between the two.

Section 6 summarizes the conversations and options with regard to the education of occupational therapists.

Description of Data Sources

A number of different data sources were used in the research for this report. The main ones – the Statistics Canada Census/NHS, CIHI, and the Survey of SSOT members – are described below. They are also summarized in the appendices. Other data sources are described as they arise.

The two main sources for publicly available information about occupational therapists working in Saskatchewan are the Statistics Canada's Census/NHS and the Canadian Institute for Health Information (CIHI) Workforce database.

Statistics Canada Census/NHS

The data from the 1991, 1996, 2001, 2006, and 2011 Statistics Canada Census were obtained from various Statistics Canada electronic and paper publications. All of the information concerning occupational therapists are from questions on the "long form" of the census. Prior to 2011, this means that the statistics are based on a one-in-five sample of Saskatchewan households. The long-form part of the 2011 census renamed the National Household Survey (NHS) by Statistics Canada to reflect the fact that it was voluntary. Statistics Canada recommends that the results of the NHS not be compared with the results from the previous, mandatory, census surveys. We do so reluctantly, and only to a limited extent, in this report.

Occupational data from Statistics Canada uses the National Occupational Classification System (NOC) to classify occupations. The NOC is a 4-digit classification scheme. At the four-digit level, it describes occupational groups at nearly the job level with approximately 520 different NOC codes. The NOC code for occupational therapists in the 2011 NHS is 3143.

"Occupational therapists develop individual and group programs with people affected by illness, injury, developmental disorders, emotional or psychological problems and ageing to maintain, restore or increase their ability to care for themselves and to engage in work, school or leisure. They also develop and implement health promotion programs with individuals, community groups and employers. They are employed in health care facilities, in schools, and by private and social services agencies, or they may be self-employed."

Census and NHS statistics cover the "main job" for those who report working at two jobs simultaneously.

The Census/NHS provides a longer term than the CIHI data over which trends can be examined and more socioeconomic information about survey respondents than is available from CIHI. It is, however, inherently less reliable than the SSOT membership data published by CIHI because it is based on a sample of occupational therapists, not the entire workforce. The most recent Census/NHS data is from 2011 so it is also several years old.

Canadian Institute for Health Information (CIHI)

The CIHI database, managed jointly by Statistics Canada and CIHI, is derived from the annual licensing/renewal forms of all occupational therapists registering in a province or territory in Canada. A procedure used by CIHI removes duplicate records for those registered in more than one province, allocating them to their province of residence if multiple registrations are found.

For this report, data from the CIHI database was available from 2006 to 2014. The information from 2010 to 2014 was set to be published late in November 2015 after this report was prepared².

- The information prior to 2010 was taken from published data reports and describes the number of persons who were registered and employed as occupational therapists. Officials at CIHI note that there may have been revisions to the 2006 to 2009 data after they were published. They recommend that data from 2010 to 2014 not be compared with data prior to 2010 because the definition of “supply” and “workforce” has changed.
- From 2010 to 2014, CIHI reports on the “workforce” which is the number of occupational therapists who were registered and either employed as occupational therapists or on leave from an occupational therapist position. The “supply” is the workforce plus those who are registered as occupational therapists but are either not working or working in a position other than as an occupational therapist. The difference makes only a minor difference in the counts. In 2014, the supply of occupational therapists in Saskatchewan was 341 and the workforce was 339.

The advantage of CIHI data is that it can be used for interprovincial comparisons because the definitions used are consistent among the provinces and from one year to the next. The disadvantage of CIHI data is that it is available for only the past five to ten years so long term trends cannot be examined.

SSOT Membership Survey

The survey of SSOT members was conducted from early September to early October in 2015 using an online survey platform developed by Itracks – a Saskatoon based firm. The list of emails for all registered occupational therapists was obtained from SSOT. The figures from the survey were as follows.

- The total number of emails was 356.
- The number returned as invalid or non-deliverable was 10, leaving the potential number of responses at 346.
- Reminders were sent to non-participants on September 21st and 28th (extending the deadline for the completion of the survey in the latter case). The SSOT also sent two emails requesting members to complete the survey.
- The final number of responses was 150.
- The response rate was 43% (150 ÷ 346).

The topic area should have been of interest to occupational therapists so the response rate is lower than expected. There were several reports of technical problems (such as the invitation going to spam filters) that may have prevented some potential respondents from getting the invitation and therefore completing the survey. The low response rate should probably not be interpreted as a lack of interest by occupational therapists.

The results are not as statistically reliable as they would have been with a higher response rate. With no non-response bias, such a random sample of 150 respondents would yield figures with a maximum error of ±6%, 19 out of 20 times.

² The embargoed data were released to QED Information Systems for inclusion in this report on the understanding that the data would not be released to organizations other than the Ministry of Advanced Education until after they were publicly released.

The survey was conducted electronically but a paper version of the survey instrument is attached as Appendix D.

Key Informant Interviews

The author conducted a number of interviews, almost all of which were face-to-face, with occupational therapists, their employers, educational institutions, and other interested parties. The list of interviews is included as Appendix E of this report.

The interviews with occupational therapists and their employers began with a structured set of questions but in many cases, the conversation evolved into a discussion of why the demand for occupational therapists was not higher.

SECTION 2: BASIC COUNTS

The analysis of the supply of occupational therapists in Section 3 and the demand for occupational therapists in Section 4 all rely on basic information from Statistics Canada or collected from the professional associations by CIHI. This section describes and compares the basic counts for the number of occupational therapists according to the Census/NHS and CIHI data.

2.1 CENSUS/NHS

The statistics about occupational therapists from the Census/NHS are included in Appendix A of this report. See page 9 for technical information about the data.

In the 2011 Census/NHS, there were 13,940 Canadians who reported that their main job was as an occupational therapist. Figure 2.1 shows that, of these, 295 were living in Saskatchewan. This represents 2.1% of the occupational therapists in Canada. Three quarters of Saskatchewan occupational therapists lived in the two major cities:

- 125 (42%) lived in Regina or the surrounding metropolitan area;
- 95 (32%) living in Saskatoon or the surrounding metropolitan area; and
- the remaining 75 (25%) lived outside the two major cities.

Respondents to the SSOT membership survey were disproportionately located in Saskatoon. Among those employed as an occupational therapist, the majority of their work was in:

- Regina for 26 (19%) of respondents;
- Saskatoon for 69 (50%) of respondents;
- another major urban centre for 23 (17%) of respondents; and
- a smaller centre for 29 (21%) of respondents; and
- another location for 7 (5%) of respondents.

Multiple responses were allowed so the percentages add to more than 100%.

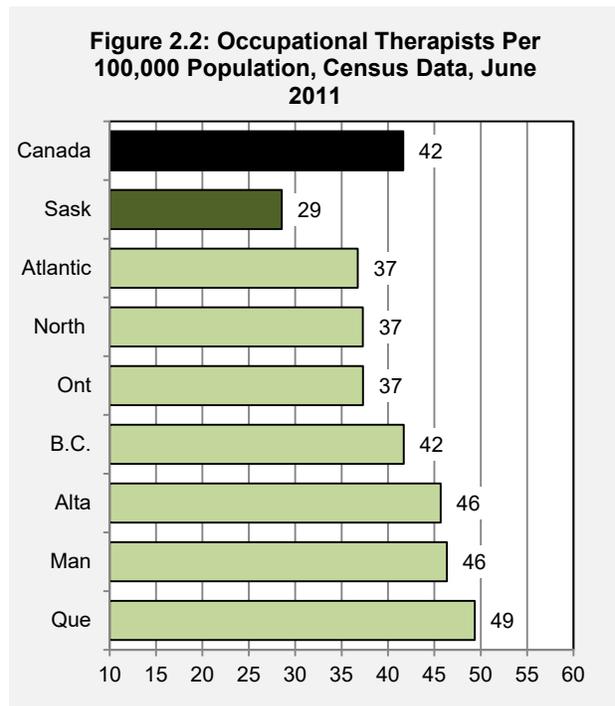
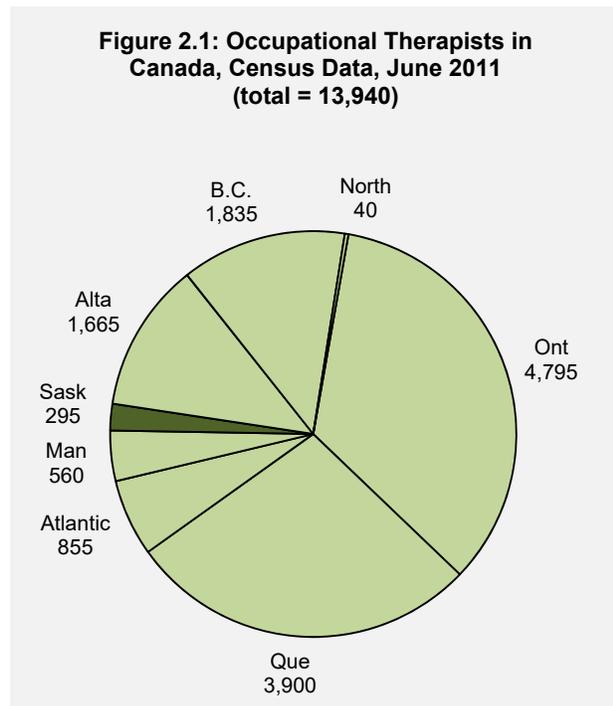


Figure 2.3: Occupational Therapists in Saskatchewan, Census Data, 1996 to 2011

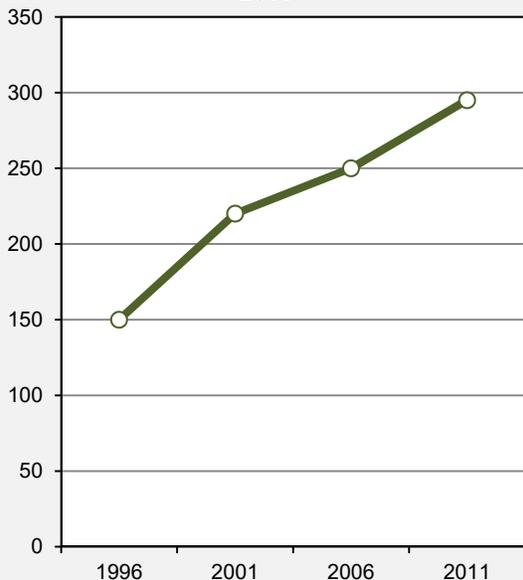
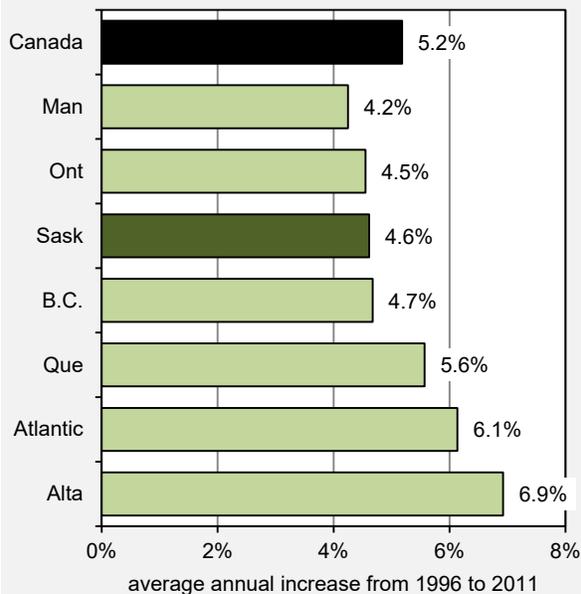


Figure 2.4: Interprovincial Comparison of Long Term Growth Rates, Census Data



Saskatchewan had, in 2011, relatively few occupational therapists compared with other provinces. On a per-capita basis, Figure 2.2 shows that the province had 29 occupational therapists per 100,000 persons³. This compares with the national average of 42 per 100,000 and 46 per 100,000 in each of the neighbouring provinces of Alberta and Manitoba.

Figure 2.3 shows that the number of occupational therapists in the province has increased substantially in the past fifteen years. From 1996 to 2011, the number in the province effectively doubled from 150 to 295. In spite of this rapid growth, the number of occupational therapists in most other provinces increased even more quickly. Figure 2.4 shows the average annual growth rate of 4.6% in Saskatchewan was below the national average of 5.2%, well below the 6.9% increase in Alberta, but above the 4.2% average annual increase in Manitoba.

More information from the Census/NHS will be used in Sections 3 and 4 of this report.

³ The per-capita measure of occupational therapists is affected by both the actual number of practising occupational therapists in each province, the geographic distribution of the population, and the mix of health care providers in the health care systems.

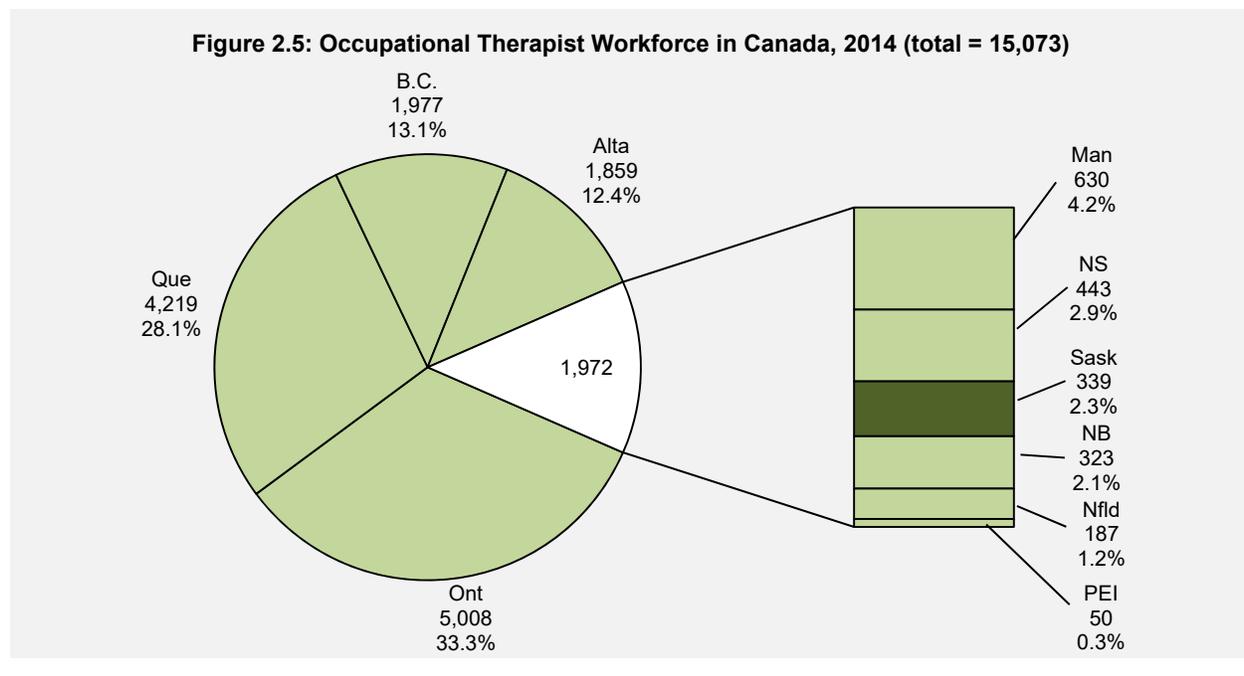
2.2 CANADIAN INSTITUTE FOR HEALTH INFORMATION (CIHI)

The statistics about occupational therapists from CIHI are included in Appendix B of this report. See page 9 for technical information about the data from CIHI including the definition of “workforce” and “supply”.

Figure 2.5 shows that all but 13% of occupational therapists in the workforce practise in one of four provinces, namely Ontario, Quebec, B.C., or Alberta. Saskatchewan’s workforce of 339 occupational therapists is 2.3% of the total in Canada.

Translated to a per-capita basis, this confirms the findings from the Census/NHS that there are relatively few occupational therapists in Saskatchewan. In 2014, Saskatchewan had 30 occupational therapists per 100,000 population – the lowest among the provinces and well below the national average of 42 per 100,000 population⁴. This is a significant difference; to reach the national average Saskatchewan’s occupational therapist workforce would need to increase by more than a third – the equivalent of 132 individuals.

The number of occupational therapists in Saskatchewan has been growing rapidly in recent years. Figure 2.7 shows that the workforce has grown from 211 in 2007 (excluding those on leave) to 339 in 2014. This is equivalent to adding nearly 20 occupational therapists per year to the provincial workforce.



⁴ According to the Systemic Review of Community Based Occupational Therapy, a study by the Ontario Society of Occupational Therapists, the USA has 35 occupational therapists per 100,000 population and the UK has 37.

Figure 2.6: Occupational Therapist Workforce per 10,000 Population, 2014

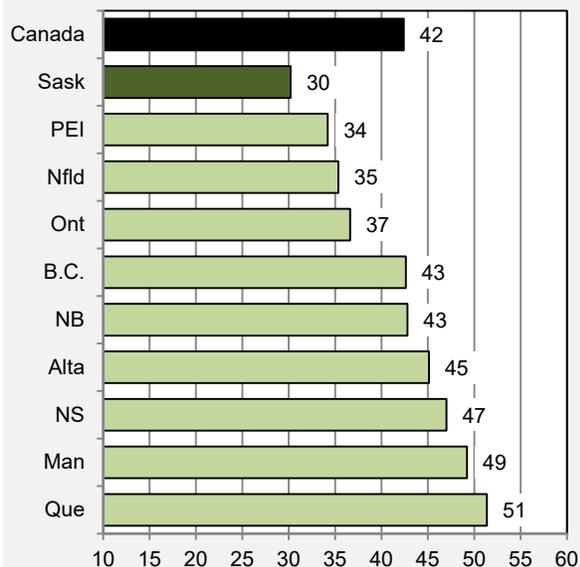


Figure 2.7: Occupational Therapist Workforce in Saskatchewan, 2006 to 2014

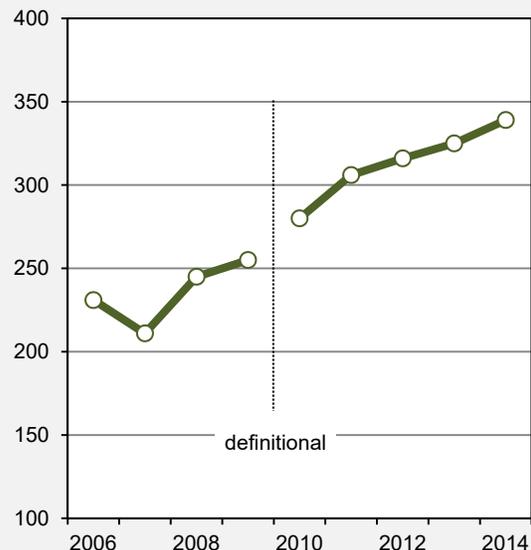
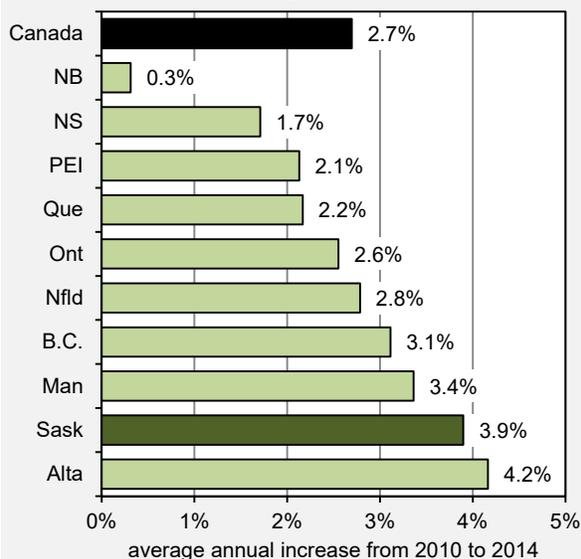


Figure 2.8 shows that, in fact, the increase in the number of occupational therapists from 2010 to 2014 has been the second highest after Alberta. This rate of growth has enabled the number of occupational therapists to increase from 27 per 100,000 population in 2010 to 30 per 100,000 population in 2014. The number of occupational therapists is growing faster than other health care professionals⁵.

The figures from Statistics Canada correspond quite closely with those reported by CIHI. The 295 in the Census/NHS in June 2011 corresponds with a workforce of 306 reported by CIHI. This means that other information from the Census/NHS can be used with some confidence.

Section 4 of this report will examine this apparent shortage of occupational therapists. In particular, it will include some information about the kinds of occupational therapists that are present in other provinces to a greater extent than in Saskatchewan.

Figure 2.8: Interprovincial Comparison of Growth Rates, Occupational Therapist Workforce, 2010 to 2014



⁵ For example, CIHI reports the average annual increase from 2010 to 2014 in the number of Saskatchewan health care professionals was 2.0% for RNs, 3.6% for LPNs, and 3.1% for physiotherapists.

2.3 SSOT

CIHI data are derived from the administrative databases of the professional association so one would expect that the figures from SSOT would be similar to those from CIHI but there are differences between the counts published by CIHI and those in the annual reports of the SSOT. This is because CIHI uses a slightly different time frame and because CIHI allocates occupational therapists who are registered in more than one province to the one where they are employed. The professional associations typically report on the number of occupational therapists who are registered whereas CIHI usually reports on only the number who are employed as an occupational therapist.

As of February 2014, the SSOT had 357 members but 29 were not practising including honorary or life members. This leaves 328 practicing or temporary members which is quite close to the 339 reported by CIHI in June 2014.

2.4 SUMMARY

In this section, the number of occupational therapists in Saskatchewan was described, compared with other provinces, and compared with previous years. Two sources – the Statistics Canada Census/NHS and CIHI – were used. Both sources agree on two basic facts about occupational therapists in Saskatchewan.

- 1) Adjusted for population, the number of occupational therapists in Saskatchewan is significantly lower than in other provinces.
- 2) Over the long term, the number of occupational therapists is not growing as quickly in Saskatchewan as in other provinces. The opposite was true, however, from 2010 to 2014.

SECTION 3: SUPPLY INDICATORS

This section addresses the supply side of the supply and demand equation for occupational therapists.

Included are some of the socioeconomic characteristics of currently employed occupational therapists including sex and age group (Section 3.1), living arrangements (Section 3.2), educational attainment (Sections 3.3 and 3.4). Section 3.5 looks at the relatively limited data we have about flows into and out of the profession including interprovincial migration. Section 3.6 contains qualitative measures from the membership survey that could affect the supply of occupational therapists.

Hours of work, sometimes considered as a supply-side issue, are addressed as a demand-side issue in Section 4 of this report.

3.1 SEX AND AGE GROUP

Age and sex are important measures affecting the labour market supply of occupational therapists because these demographic characteristics have an impact on the incidence of retirements and temporary leaves (e.g. health and maternity). As well, younger people are generally more mobile than older ones so, all else being equal, interprovincial migration will be higher among younger occupational therapists than older ones.

The CIHI database is the best source of information for these demographic characteristics.

Sex

The majority of occupational therapists in Saskatchewan are women; 88% of the occupational therapist workforce was female in 2014. Figure 3.1 shows that female occupational therapists are even more dominant in our neighbouring provinces and in Canada as a whole. From a labour market standpoint, this means that a relatively high proportion of occupational therapists will need replacement for maternity leaves.

The 2011 Census/NHS found a similarly high (95%) proportion of women in the profession.

In the survey of SSOT members, 89% of respondents were female so the survey respondents should be representative, from a gender perspective, of occupational therapists in Saskatchewan.

Age Group

Compared with many other professional groups in health care, occupational therapists are relatively young.

Figure 3.2 shows that, in 2014, 26% of occupational therapists were under thirty years of age and 18% were fifty years of age or older. The figures also show that the occupational therapist workforce in Saskatchewan is younger than in

Figure 3.1: Percent of Occupational Therapists who are Women

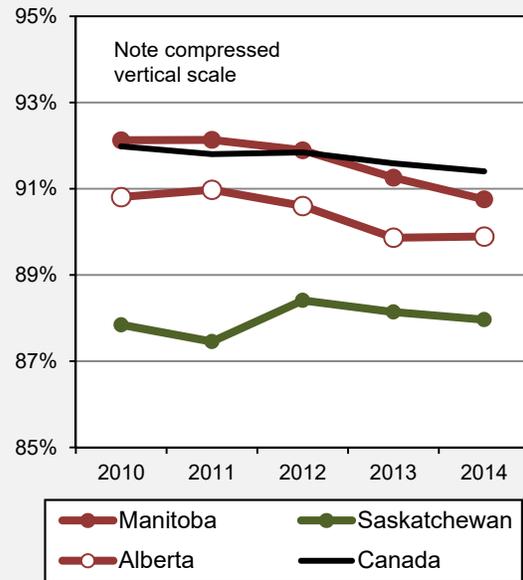
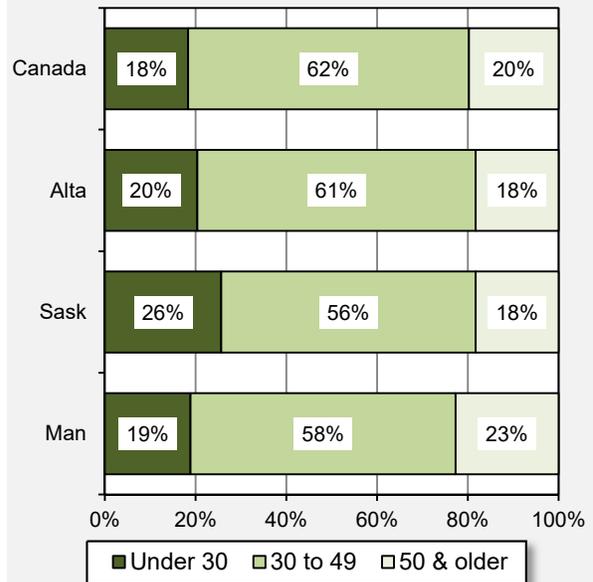


Figure 3.2: Age Distribution of Occupational Therapists, 2014

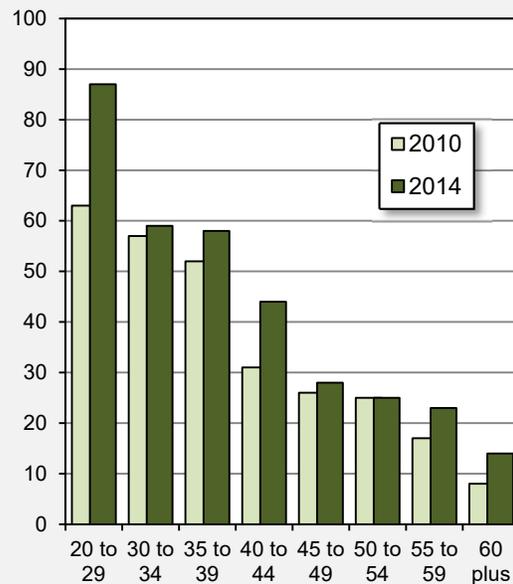


Canada as a whole where 18% are under thirty years of age. Saskatchewan's occupational therapists are also somewhat younger than those in the neighbouring provinces of Alberta and Manitoba.

The relative youth of occupational therapists in Saskatchewan means that retirements will not be as much of an issue as they are for other health care professionals such as registered nurses.

Changes in the age distribution over time can also be used to help understand how many occupational therapists enter and exit the profession. Figure 3.3 shows the number of occupational therapists in five-year age groups in 2010 and 2014. Over this five-year period, there was a dramatic increase in the number 20 to 29 years of age (almost all of whom would be in the older part of that age group).

Figure 3.3: Changes in Age Distribution, Saskatchewan Occupational Therapists

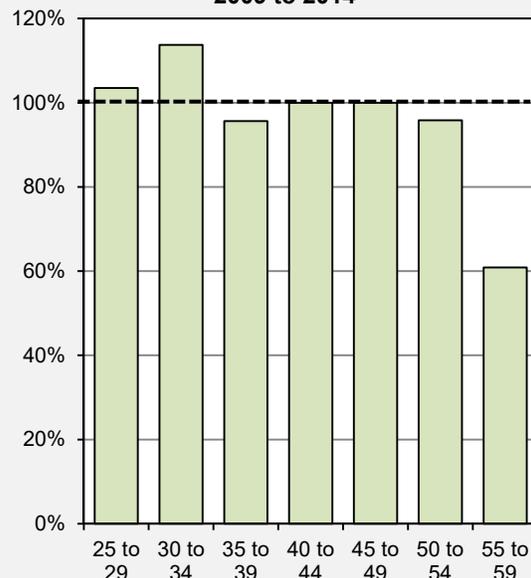


The data in Figure 3.3 can be used to calculate a retention rate for occupational therapists. The retention rate is the proportion of occupational therapists who remain in the province for five years⁶. It is the net effect of a combination of interprovincial and international migration, along with temporary and permanent exits from and entrants to the profession. Identifying which factors caused the change is not possible with this methodology.

This a relatively simple arithmetic exercise that is demonstrated by the following example.

- In 2009 there were 46 occupational therapists in the 35 to 39 age group.
- Five years later there were 44 occupational therapists five years older, that is, in the 40 to 44 age group.
- The net flow over the five years was therefore a decline of two persons.
- The five-year retention rate for occupational therapists in the 35 to 39 age group is therefore $44 \div 46$ or 96%.

Figure 3.4: Calculated Retention Rates, Saskatchewan Occupational Therapists, 2009 to 2014



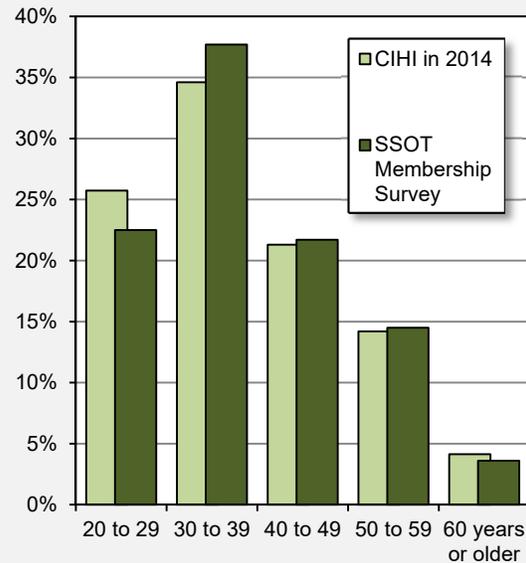
⁶ Six years of data are required to calculate this five-year retention rate but we only have five years of comparable age data. The 2009 data was used even though it represents only those who were employed.

The calculated retention rates are shown in Figure 3.4. The retention rates are below 100% in the 35 to 39 age group which is probably the result of interprovincial migration. The rates are also below 100% among those fifty years of age and older. This will be mainly the result of retirements.

The province has clearly been able to attract a large number of young occupational therapists as demonstrated by the increase among those under 30 years of age over the period. And it has been generally successful in retaining them as demonstrated by the fact that retention rates are near 100% in the 35 to 54 age group.

If the retention rate of 61% for those 55 to 59 years of age continues over the next five years, we can expect the number of retirements to be approximately thirty in the next five years or about six persons per year.

Figure 3.5: Age Groups, SSOT Membership Survey



The large number of women in the family formation age group also means that there will be a continuing need for occupational therapists to replace those on maternity leave.

Survey of SSOT Members

Figure 3.5 shows the age of respondents to the SSOT membership survey compared with the occupational therapist workforce from CIHI. The distributions are quite similar which means that the sample of respondents will, from the perspective of age, be representative of all SSOT members. This alleviates some of the concerns about the low response rate.

3.2 LIVING ARRANGEMENTS

In the survey of SSOT members, respondents were asked to describe their living arrangement. The results are shown in Figure 3.6.

The majority of occupational therapists (55%) are married or living common law with children at home. This is a reflection of their relatively young age. So is the 18% who are living alone. Another 22% are married but without children at home and the remaining 6% are in another kind of living arrangement – 4% are living with non-relatives, 2% are lone parents, and 1% in another kind of living arrangement.

The presence of children at home typically means that there is more pressure for time away from work to deal with childhood illnesses and other emergencies. Many parents with young children choose to work part-time.

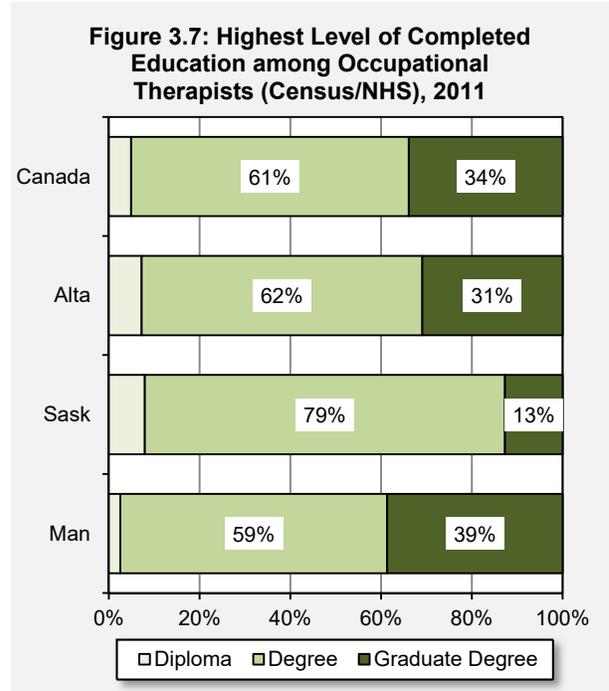


3.3 EDUCATIONAL ATTAINMENT

There are three sources of data about the level of educational attainment for occupational therapists in the province.

- The Census/NHS measures the highest level of educational attainment in all disciplines.
- CIHI has statistics from the registration form about whether occupational therapists have diplomas or degrees in occupational therapy.
- The survey of SSOT members had an extensive set of questions about the respondent’s educational attainment and where they obtained it.

In 2007-08, educational institutions in the western Canada moved from baccalaureate degree to a master’s degree as the requirement to practise as an occupational therapy whereas eastern universities typically made the transition much earlier. When the educational requirements were changed, practising members who had a diploma were “grandfathered” and can continue to practise.

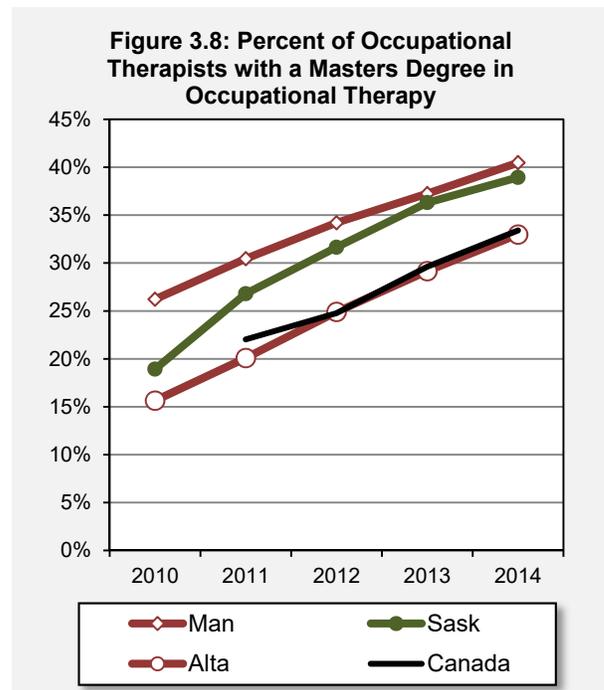


Because of these changes, the statistics about educational attainment are strongly influenced by the age of the occupational therapist and where he or she obtained their education.

A significant number of occupational therapists in Saskatchewan graduate from the University of Alberta through an interprovincial agreement that provides training seats for Saskatchewan students with practicums in Saskatchewan arranged for those from the province.

Census/NHS

Among Census/NHS respondents in 2011, the majority of occupational therapists reported that their highest level of completed education was a university degree. Only 13% reported that they had a graduate degree. Figure 3.7 shows that this is markedly different from occupational therapists in other provinces.



CIHI

CIHI reports on educational attainment that occupational therapists report on their registration forms. In 2014, 39% of occupational therapists in Saskatchewan reported that they had a graduate (Masters or Doctorate) degree and 59% reported that they a baccalaureate degree. Figure 3.8 shows that the proportion with a master's degree is above the national average. This will be, at least in part, because of the high proportion of Saskatchewan occupational therapists who are under thirty years of age.

SSOT Membership Survey

An extensive list of questions about educational attainment were included in the survey of SSOT members. In addition to the highest level of completed education in occupational therapy and in other disciplines, the survey included questions about the four most recent post-secondary diplomas or degrees including the year of graduation, the institution, and the credential obtained. Questions about the kind and locations of clinical placements were also included. Unless otherwise indicated, the figures from the survey in this section apply only to those who are currently employed as occupational therapists (138 out of the 150 respondents).

Figure 3.9 shows that 36% of respondents reported that their highest level of education in occupational therapy was a Master's degree. This is similar to the proportion reported by CIHI so the survey respondents are representative of the general population of occupational therapists in Saskatchewan.

In the questions about the educational path they took to become occupational therapists⁷, just under one-half (44%) reported a single post-secondary credential. That is, they went directly from high

Figure 3.9: Highest Level of Completed Education among Occupational Therapists (Survey of SSOT Members)

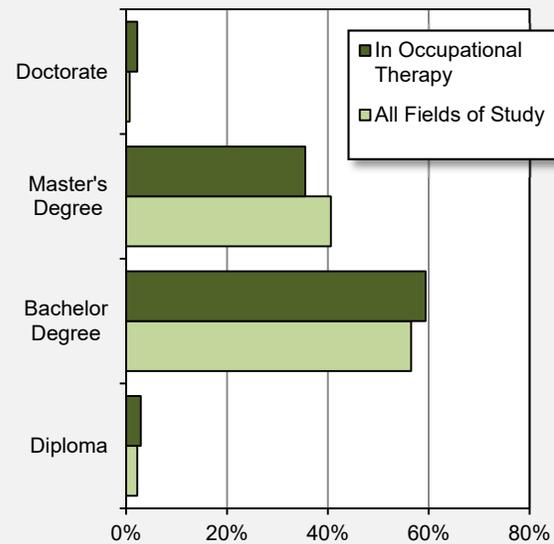
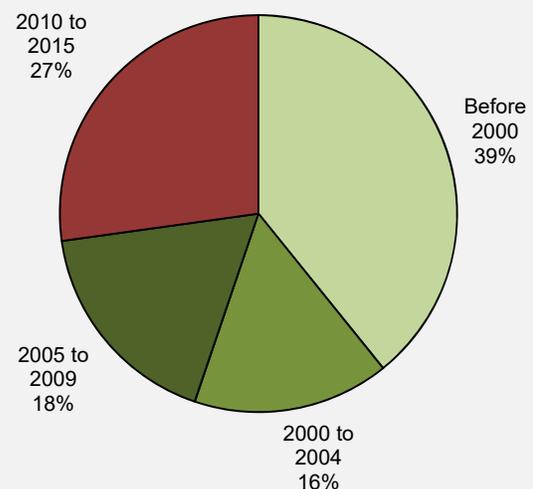


Figure 3.10: Year of Graduation in Occupational Therapy (Employed in Occupational Therapy)



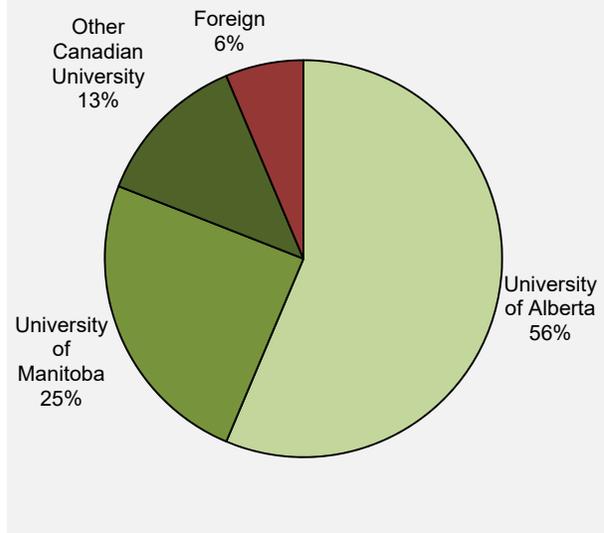
⁷ In 10% of the cases, the educational path could not be determined from the responses.

school to a BA/BSc or an MA/MSc in occupational therapy. Another 47% had two post-secondary credentials and the remaining 9% had three or more.

Figure 3.10 shows that the majority of occupational therapists working in Saskatchewan are recent graduates, reflecting their relative youth. Six out of ten graduated in the past fifteen years and one in four graduated after 2009.

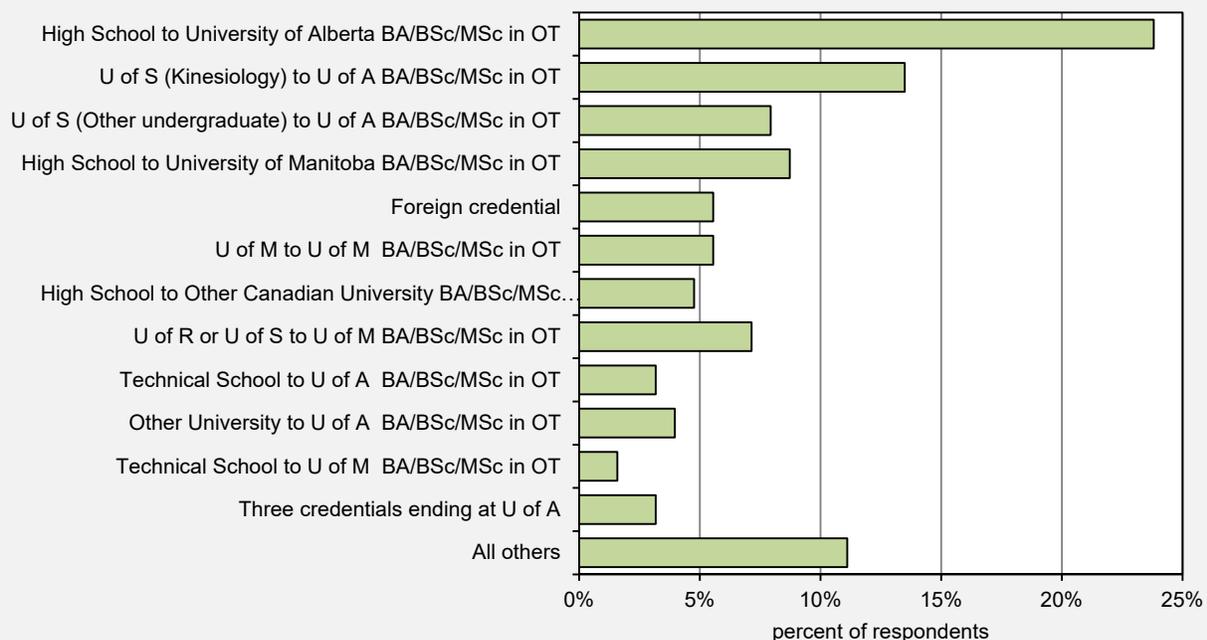
Figure 3.11 shows that occupational therapists tended to go to universities close to Saskatchewan with four out of five (81%) graduating from the University of Alberta (56%) or the University of Manitoba (25%). The majority of the remaining occupational therapists graduated from another Canadian university (UBC or U of T for example); 6% received their credentials outside Canada.

Figure 3.11: Location of Graduation (Highest Level in OT), Those Employed in Occupational Therapy



The responses to this series of questions can be used to determine some of the more common educational paths among those who are currently practising occupational therapy in Saskatchewan (see Figure 3.12).

Figure 3.12: Typical Education Paths for Saskatchewan Persons Employed in Occupational Therapy



The most common of these paths for respondents, accounting for nearly a quarter of occupational therapists in Saskatchewan was directly from high school to a BSc or MSc in Occupational Therapy at the University of Alberta. This 24% compares with 9% who do the same but at the University of Manitoba.

Another common path is with a degree from the University of Saskatchewan, frequently kinesiology, to occupational therapy at the University of Alberta in Edmonton. This accounts for 21% of respondents. The path from kinesiology to the University of Alberta is much less common for University of Regina graduates.

This information about educational paths can also be used to estimate the number of Saskatchewan-born University of Alberta graduates from the purchased seats who returned to practise in the province.

- In the four years from 2011 to 2014, the Ministry of Advanced Education reported that there were 53 graduates from the 15 purchased seats at the University of Alberta.
- According to the survey of SSOT members, there were 26 respondents who graduated in those years and 18 who graduated from the University of Alberta.
- Assuming that the 43% response rate is representative of all occupational therapists, the 18 U of A graduates would translate into 42 individuals (i.e. $18 \div 0.43$). This suggests that in a given year, approximately ten ($42 \div 4$) of the potential 15 U of A graduates come to Saskatchewan to practise and stay, at least for a few years.

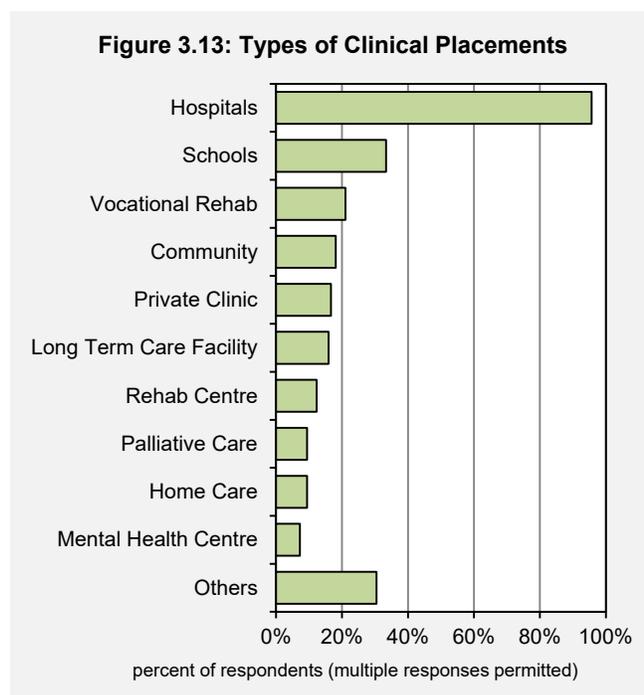
Two other questions from the survey cover clinical placements for graduates. Survey respondents were given a list of different kinds of facilities and locations where they did their clinical placements with an opportunity for write-in responses.

Students in occupational therapy spend time in a great variety of facilities and activities. Almost all spent at least some time in hospitals with a school setting being the second most common.

Figure 3.13 documents the variety of clinical placements among those currently in the Saskatchewan workforce.

Figure 3.14 shows that Saskatchewan was the location for many clinical placements in spite of the fact that the training took place outside the province. Nearly four out of five occupational therapists currently working in Saskatchewan reported at least one Saskatchewan location among their clinical placements.

Figures 3.15 and 3.16 show the type and location of clinical placements separately for those who have graduated recently (2005 or later) compared with those who graduated earlier.



Recent graduates are more likely than older graduates to have had a clinical placement in a school setting or in a private clinic. They are less likely to have had one in a rehabilitation centre or a long term care facility. The locations for recent graduates are similar to those who graduated before 2005.

The statistics on clinical placements are difficult to interpret. With no school of occupational therapy in the province, one might expect relatively few clinical placements in the province. This is obviously not the case at least in part because Saskatchewan employers will offer clinical placements as part of their recruitment strategy.

With 80% of recent graduates who are currently working in Saskatchewan doing some clinical placements in the province, we can conclude that these placements may well have been one of the reasons recent graduates are working in Saskatchewan.

Figure 3.14: Location of Clinical Placements

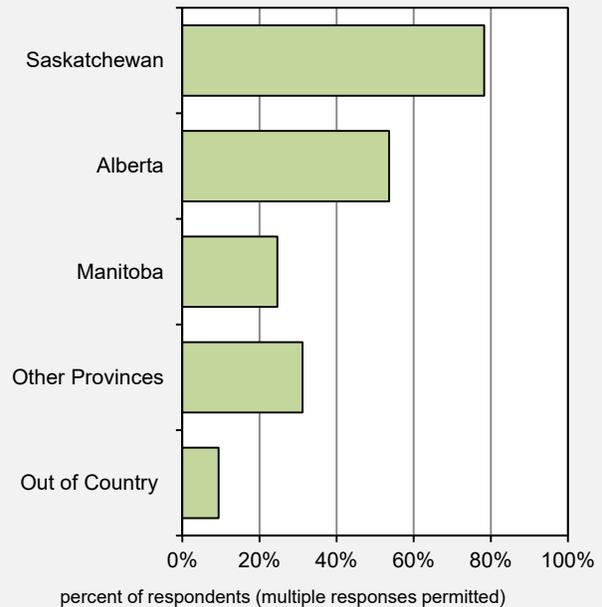


Figure 3.15: Types of Clinical Placements by Period of Graduation

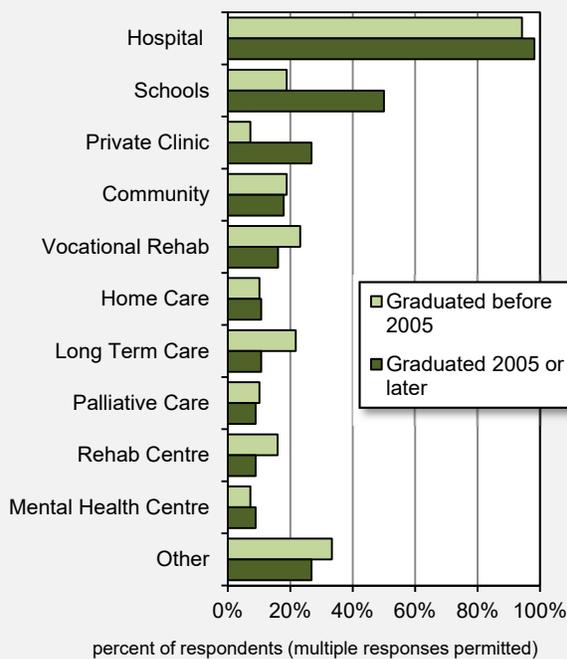
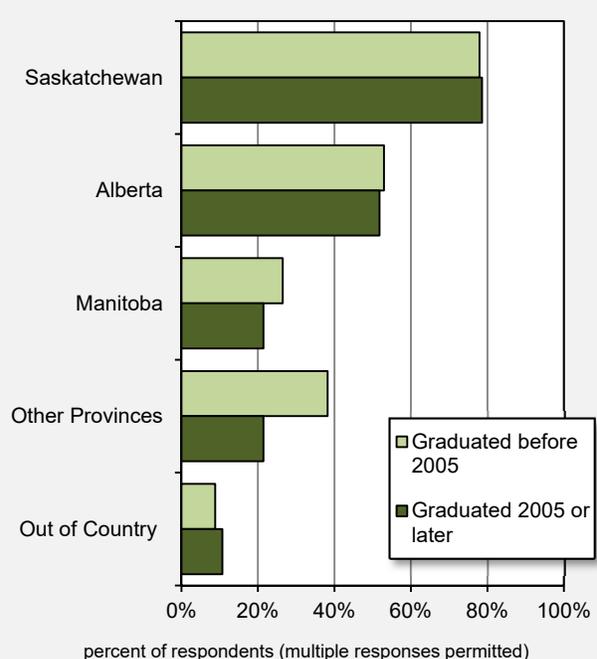


Figure 3.16: Location of Clinical Placements by Period of Graduation



3.4 DATA ON EDUCATIONAL INSTITUTIONS

CIHI reports on the number and capacity of occupational therapy programs in Canada.

In 2013, the universities in Canada had a training capacity for occupational therapists of 968 seats. Figure 3.17 shows that the majority of seats (71%) are in Ontario and Quebec.

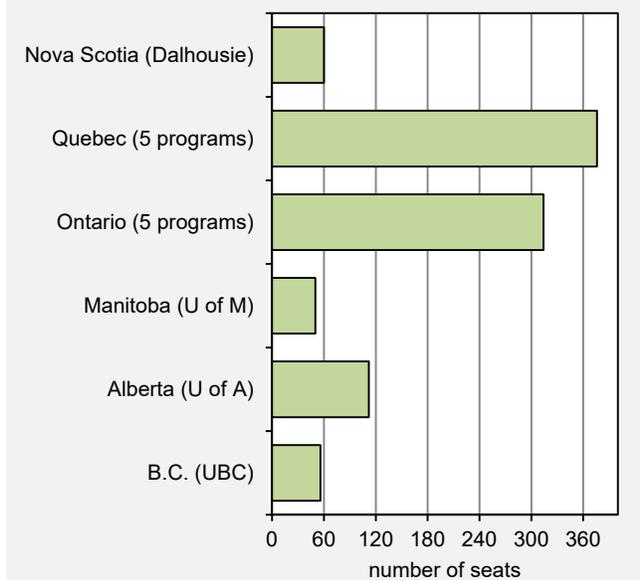
The University of Alberta, where Saskatchewan currently purchases fifteen seats for each year in the two-year program has a capacity of 112 per year.

The statistics related to the agreement between the Government of Saskatchewan and the University of Alberta are shown in the table below.

In recent years, the enrolment has been at the maximum of thirty students (15 in each of two years) and all have graduated. The Ministry of Advanced Education used a list of graduate names from the program with registration at SSOT to estimate the proportion of graduates who come to practise in Saskatchewan. The figures may understate the actual numbers because of name changes and delays in registrations.

Averaged over the past five years, the number of graduates registered with SSOT is 7.4 which is lower than the 10 estimated from analysis of the SSOT membership survey in Section 3.3.

Figure 3.17: Capacity of Occupational Therapy Programs and Training Programs, Canada, 2013



Details of Interprovincial Agreement for Occupational Therapy Seats with the University of Alberta

Fiscal Years	Students Enrolled (both years)	Graduates	Estimated Retention*
2008-09	21	...	...
2009-10	29	16	5
2010-11	23	13	8
2011-12	25	10	5
2012-13	30	15	10
2013-14	30	15	9
2014-15	30	...	...

* an estimate of the number of graduates who subsequently registered with SSOT

Source: Ministry of Advanced Education

3.5 FLOWS INTO AND OUT OF THE PROFESSION

Some statistical information is available to measure entries to and exits from the profession but there is only indirect evidence about this important factor affecting supply.

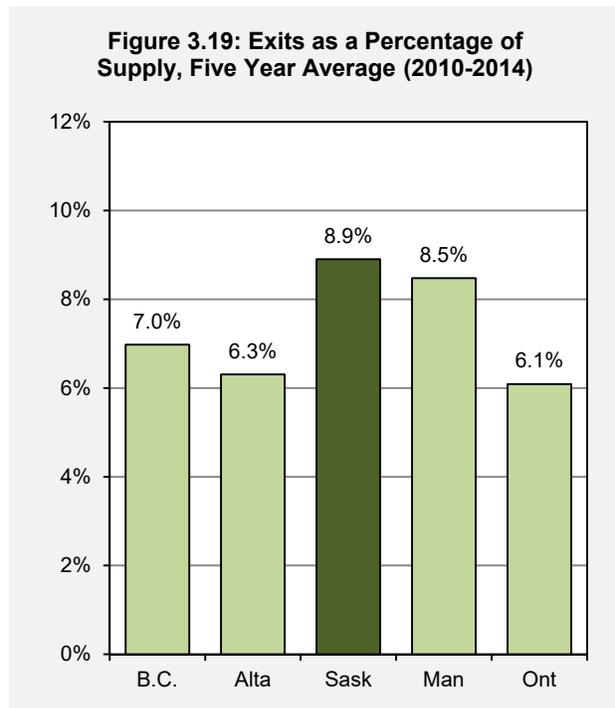
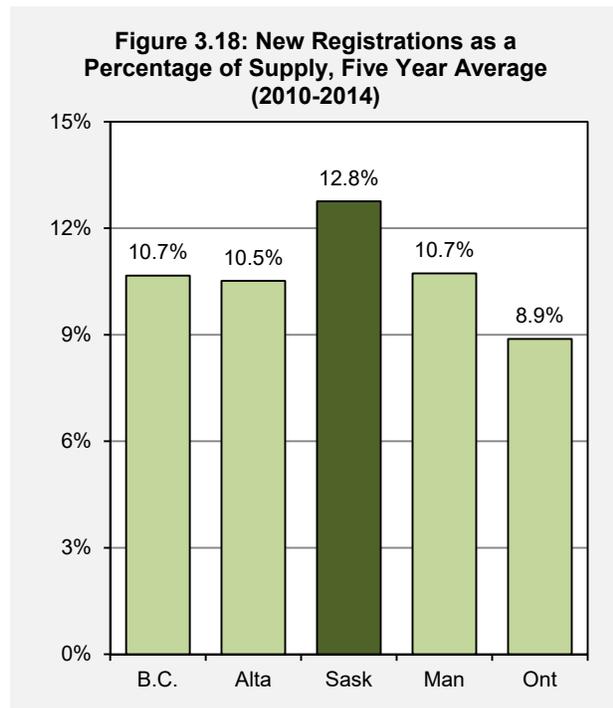
Supply Inflow and Outflow

CIHI reports on the entrants to and exits from the profession in their regular publications. In 2014, the total supply of occupational therapists in Saskatchewan was 341 persons.

- Of these 44 or 13% were new registrations and the other 87% were renewals.
- This influx of occupational therapists new to the province was offset by 33 occupational therapists who did not renew their registration. They could have retired or left the profession but most will probably have moved to another province. The exit rate is derived by dividing the number of exits by the total supply in the previous year ($33 \div 330 = 10.0\%$).

Figures 3.18 and 3.19 show that the five-year average entrance and exit rates of 12.8% and 8.9% respectively are the highest among the prairie provinces. (National entrance and exit rates are not calculated.)

This relatively high level of turnover is confirmed by the retention rates calculated in Section 3.2 and by the observations made by employers in the key informant interviews that the turnover rate was relatively high among occupational therapists in the province.



SSOT Member Survey

Survey respondents were asked if they had ever worked as an occupational therapist outside Saskatchewan and, if so, when they moved to the province.

At the time of the survey two-thirds (67%) of the occupational therapists in Saskatchewan had worked only in the province. Among those who worked elsewhere, the most common location was Alberta, mentioned by 12% of the current workforce.

With a relatively high turnover, one might have expected more occupational therapists to have worked elsewhere. One of the reasons the number of Saskatchewan-only occupational therapists is high is that 30% of those who have worked only in Saskatchewan are recent graduates, that is, they graduated from 2010 to 2015. This suggests that many occupational therapists are coming to Saskatchewan for their first job.

Among those who have worked elsewhere just over a third came to Saskatchewan before 2000 and just under a quarter came after 2010 (see Figure 3.21).

Although there is no direct evidence, these figures suggest that occupational therapists were part of the recent influx of people that have come to Saskatchewan from other provinces. From 2001 to 2010, the number of people coming to Saskatchewan from other provinces averaged 16,000. From 2011 to 2014, the average was 19,000.

Figure 3.20: Places of Work of Occupational Therapists Currently Working In Saskatchewan

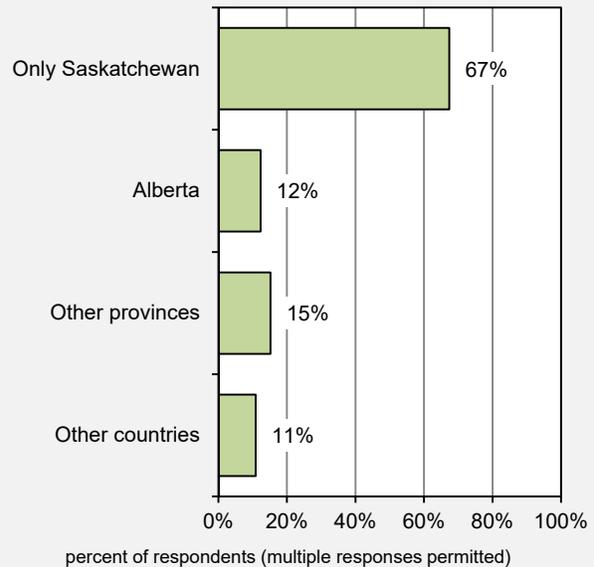
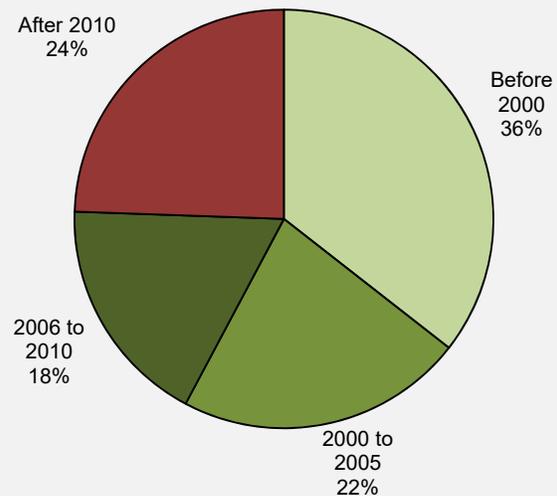


Figure 3.21: Arrival in Saskatchewan for Occupational Therapists Currently Working In Saskatchewan who Have Worked Elsewhere



3.6 OTHER FACTORS AFFECTING SUPPLY

In the survey of SSOT members, several questions were asked about future plans. These questions were intended to find out what would encourage occupational therapists to remain in the profession and the province.

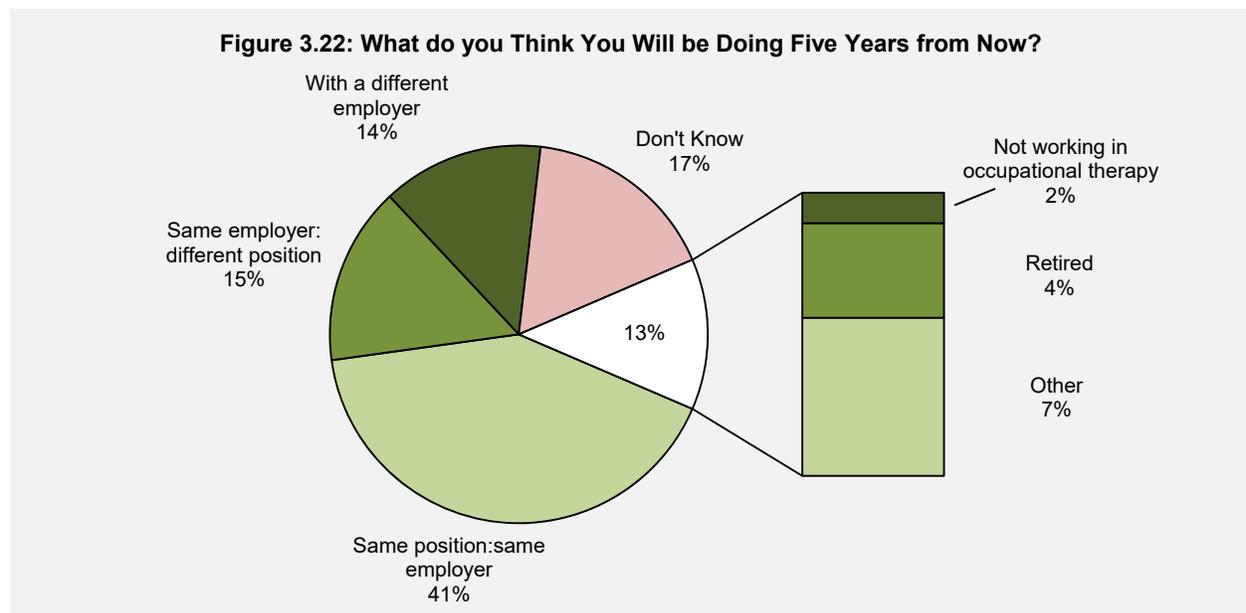
The first question asked SSOT members what they thought they would be doing “five years from now”. Among those who are currently employed as occupational therapists, the majority (56%) felt that they would be working with the same employer, although perhaps in a different position. The next most common response was that they would be working for a different employer. Only eight individuals (5% of respondents) did not expect to be working as occupational therapists.

Among the twelve who reported something other than the suggested choices:

- two expected to leave the province;
- two expected to be teaching or involved in research;
- one mentioned a non-clinical position; and
- two mentioned private practice.

Taken together, the responses suggest that perhaps 10% of occupational therapists in the province may leave the profession in the next five years. This is equivalent to 35 individuals over the course of five years or seven per year. This is in keeping with the figure calculated from the retention rate in Section 3.2 where an estimated six persons per year would be retiring in the next five years.

Respondents were also asked more directly “what factors would make you leave the profession permanently?”. Multiple responses were permitted. The results, among those who are currently employed as occupational therapists, are shown in Figure 3.23.



In this question, the issue of workload is top-of-mind for respondents. More than one-half (51%) cited the issue of workload or “burnout” as a possible reason for leaving the profession. The next most common response was about the adequacy of pay and benefits. Only 24% of respondents could think of no reason to leave the profession.

The final question in this series asked respondents what factors would make them leave Saskatchewan to practise elsewhere.

Once again we see that workload and pay is important. The two factors were mentioned by 38% and 43% of respondents respectively.

The scope of practice was mentioned by a third of occupational therapists⁸.

Other factors included a transfer in their spouse’s job or other kinds of personal or family reasons.

Some of these comments, concerns about pay and benefits, for example, are relatively common among employees. Others, such as scope of practice and workload, are not as common in the general labour market.

Best and Worst Parts of Working as an Occupational Therapy in Saskatchewan

Two open-ended questions asked respondents to describe the “best part” and the “worst part” about working as an occupational therapist in Saskatchewan.

All but three respondents described a least one positive aspect and all but two described at

Figure 3.23: What Factors Would Make you Leave the Profession Permanently?

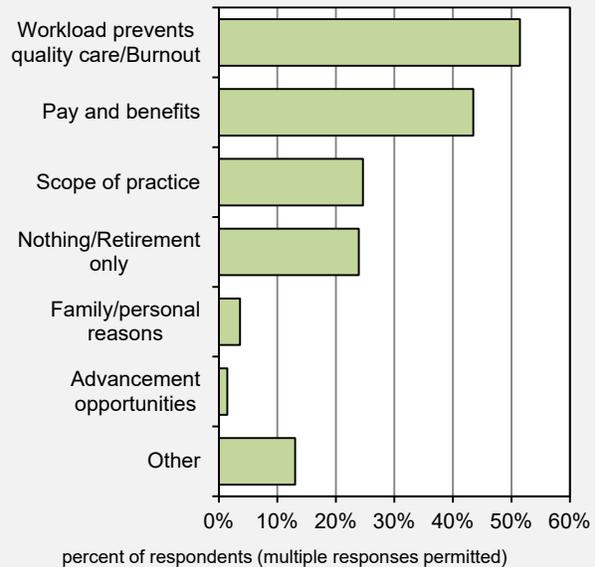
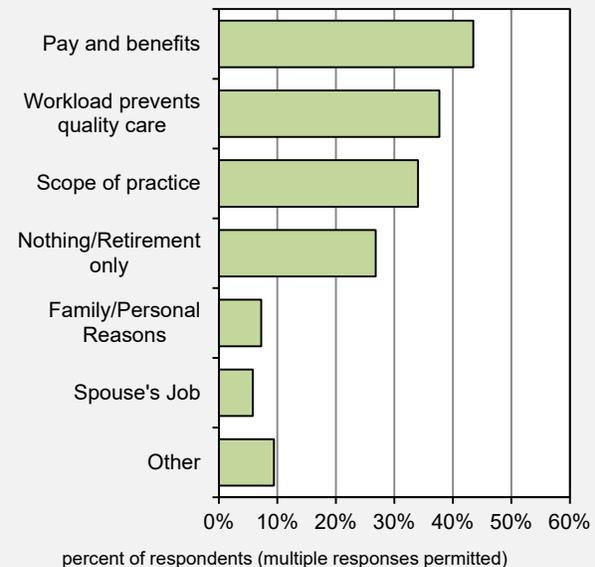
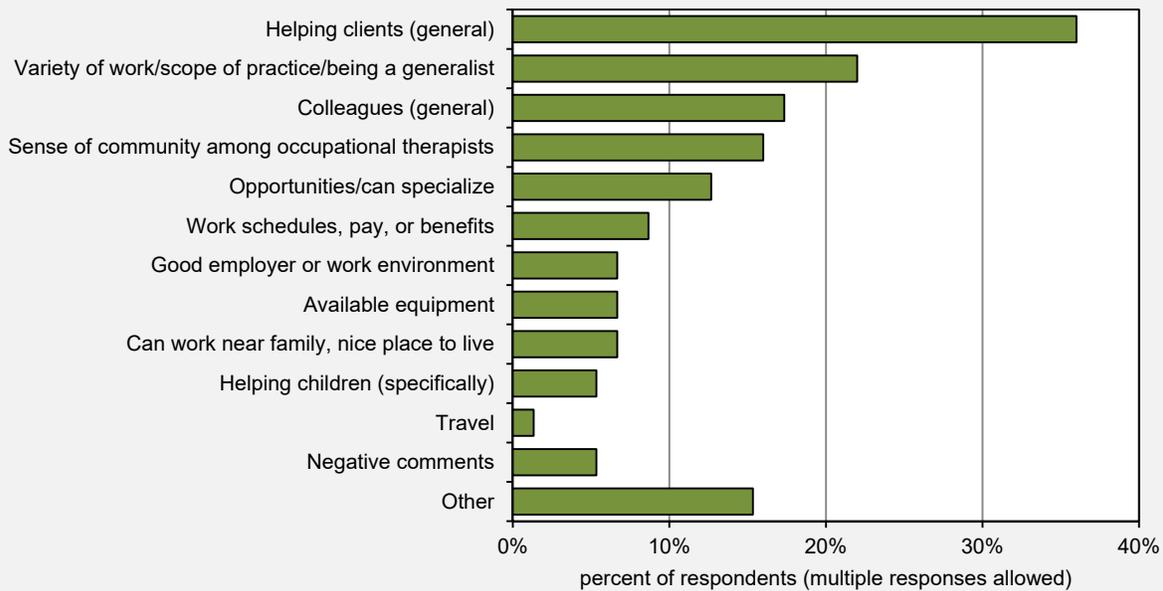


Figure 3.24: What Factors Would Make you Leave Saskatchewan?



⁸ The scope of practice is a general term referring to the different kinds of occupational therapy that are practised in the province. Limitations to the scope of practice are generally because positions are not available rather than because of regulations that prevent occupational therapists from providing certain kinds of care.

Figure 3.25: Best Thing about Working as an Occupational Therapist in Saskatchewan



least one negative aspect. Many mentioned more than one item so up to five separate response themes were captured for each respondent. The verbatim responses to these questions are listed in Appendix F.

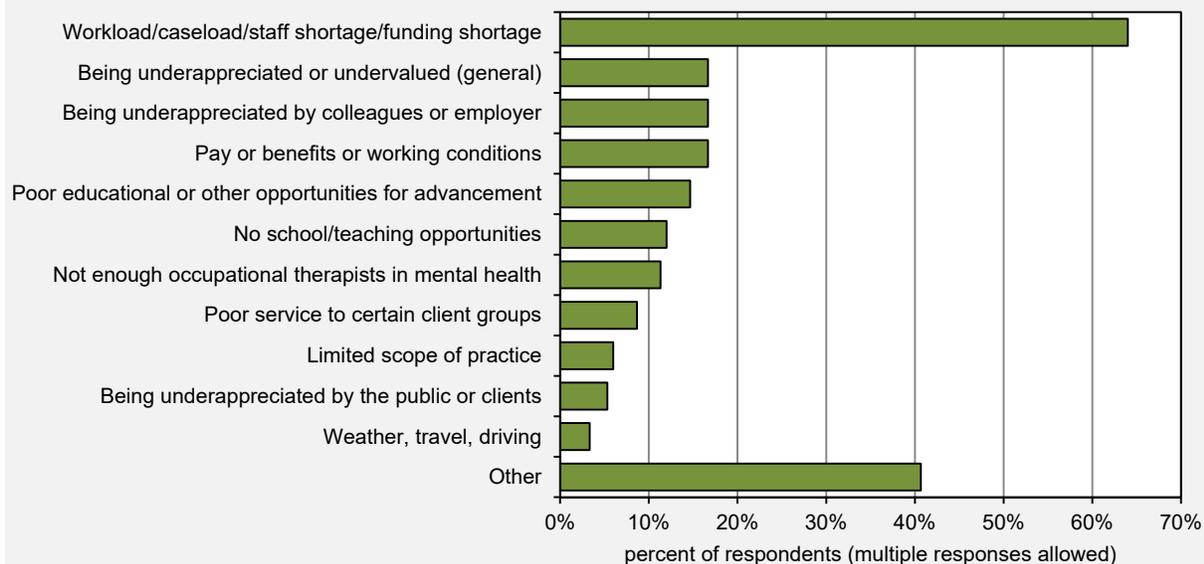
The positive aspects of being an occupational therapist in Saskatchewan are summarized in Figure 3.25. Not surprisingly, the most common kinds of comments were about the pleasure in helping their clients. This was mentioned by 36% of respondents with 5% specifically mentioning the help that they provide to children.

The second most common kind of response was about their colleagues – either other occupational therapists or the medical team in general (17%) – or about the sense of community among occupational therapists in the province (16%). Almost one in four (22%) respondents felt that the scope of practice in the province was a positive factor because it enabled them to be a generalist or, conversely, that there were opportunities to specialize. Several respondents specifically mentioned mental health or other specific client groups.

Just under 10% indicated that the pay and benefits were positive or that they had a good employer or a positive work environment.

For the worst part of being an occupational therapist in Saskatchewan, the dominant theme was workload. This was expressed either as long waiting lists, too few occupational therapists to provide quality care, lack of budgets for hiring, the inability to do any kind of follow-up care, or the fact that occupational therapists on vacation or sick leave were not replaced. The workload issue, broadly defined, was mentioned by 64% of respondents (see Figure 3.26).

Figure 3.26: Worst Thing about Working as an Occupational Therapist in Saskatchewan



The second most common kind of comment was a sense that they were feeling undervalued or underappreciated. This was mentioned by 17% of respondents. The same proportion specifically mentioned that their employer or colleagues undervalued their work.

The third most common kind of comment was about pay and benefits, typically in comparison with occupational therapists in Alberta or with RNs or physiotherapists in Saskatchewan.

The lack of a School of Occupational Therapy in the province was mentioned by 12% of respondents, typically because it meant that research, teaching opportunities, or continuing education courses were more difficult without one.

Many of these issues were identified in the final open-ended question on the survey where respondents were asked to comment “about the topics raised in this survey or other issues you feel should be addressed”. The responses were not coded for this report but Appendix F has the verbatim listing of responses to that question.

3.7 SUMMARY OF SUPPLY SIDE INDICATORS

The key findings in this section are listed below in point form.

- Replacements for occupational therapists on maternity leave will continue to be a factor because occupational therapists practising in Saskatchewan are relatively young and almost exclusively women.
- The relative youth of occupational therapists means that retirements are not a major factor affecting the supply. The number expected to retire in the short term is approximately six per year.
- Saskatchewan has been able to attract young occupational therapists. The retention rates and registration renewal data suggest that many stay in the province but turnover rates are still relatively high compared with other provinces.
- The most common path to becoming an occupational therapist in Saskatchewan was directly from high school to a degree at the University of Alberta. Compared with other provinces, a higher proportion of Saskatchewan occupational therapists (four in ten) have a graduate degree in occupational therapy.
- Four in five occupational therapists practicing in Saskatchewan did some clinical placements in the province.
- Estimates for the number of graduates from the 15 purchased seats at the University of Alberta who return to work in Saskatchewan range from 7 to 10 depending on the source and method of calculation.
- SSOT members mentioned the help they provide clients as the best part about being an occupational therapist in the province. Many also mentioned colleagues and the sense of community among occupational therapists.
- SSOT members frequently mentioned workload as the worst part about being an occupational therapist in Saskatchewan and that might make them leave the profession or the province. A feeling of being undervalued and a limited scope of practice was also quite common.

SECTION 4: DEMAND INDICATORS

This section addresses the demand side of the supply and demand equation for occupational therapists.

Included are the kind of employers, kinds of positions, and kinds of clients served by occupational therapists. Pay rates and hours of work, measures related to both supply and demand, are also included. The traditional measure of demand, the vacancy rate, is included in section 4.4.

4.1 KINDS OF EMPLOYERS

CIHI publishes some limited statistical information about the kinds of organizations that employ occupational therapists. These figures are supplemented in this section with more detailed information from the survey of SSOT members.

CIHI Data

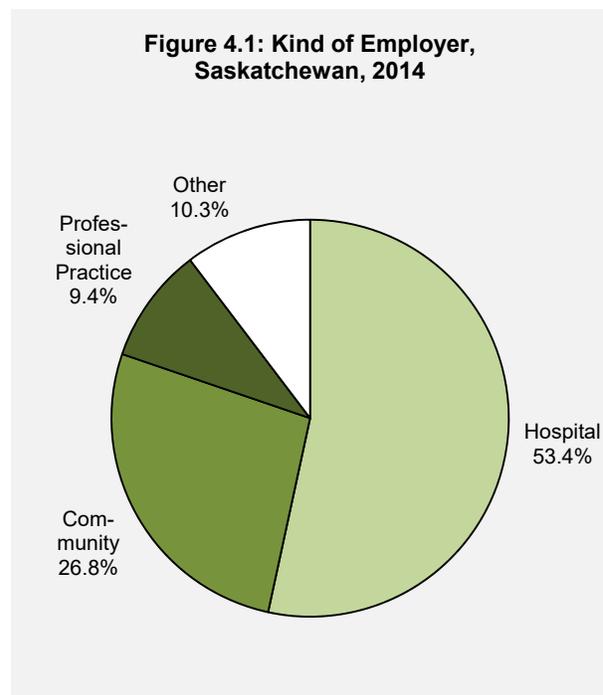
CIHI publishes data on the kind of employer in the four categories shown in Figure 4.1. In 2014, more than one-half (53.4%) of occupational therapists in Saskatchewan worked in a hospital. Another 26.8% worked in a community setting⁹, 9.4% were in a professional practice and the remaining 10.3% worked for other kinds of employers or were self-employed. The number of occupational therapists in a professional practice has declined since 2010 but otherwise the mix of employers is effectively unchanged over the past five years.

The kind of employer is broken down further according to the main source of funding for the employer. In 2014:

- 88% worked in the public sector, broadly defined to include health, education, and government proper¹⁰;
- 6% worked in the private sector; and
- the remaining 6% were either missing or worked in an organization with a mix of public and private sector funding.

Data presented in Section 2 of this report showed that there are relatively few occupational therapists in Saskatchewan. The comparison with other provinces shown in Figures 4.2 and 4.3 sheds some light on where this apparent lack of demand is most evident.

Compared with other provinces, Saskatchewan has relatively few occupational therapists employed in community-based care. The 27% in Saskatchewan compares with 39% in Alberta, 23% in Manitoba, and the national average of 32%. This concentration in institutional health care settings was also mentioned by several occupational therapists during the interviews.



⁹ This would include home care, school boards, special care homes, and long-term care facilities, essentially all kinds of health care work outside of hospitals.

¹⁰ The percentage of Saskatchewan occupational therapists working in the public sector (88%) is above the national average of 75%. In Alberta and Manitoba, for example, the proportion is 82% and 80%.

Figure 4.2: Occupational Therapists Employed by Community Based Employers, by Province, 2014

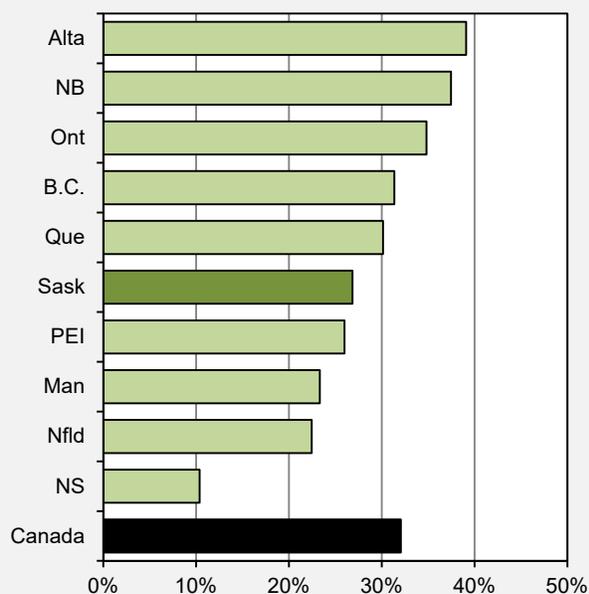
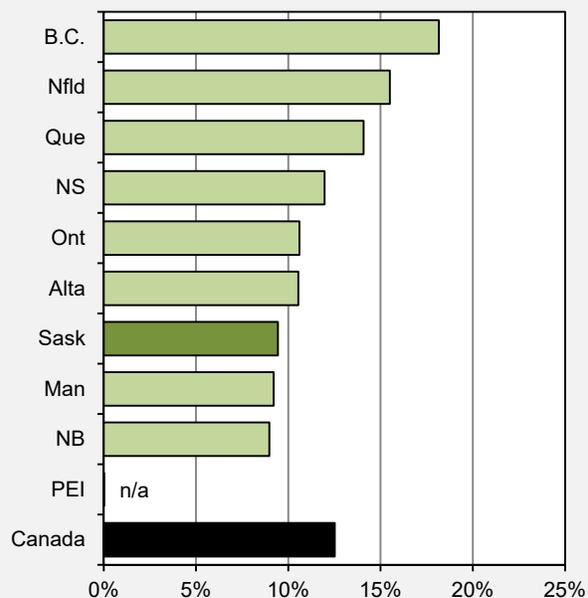


Figure 4.3: Occupational Therapists Employed in a Professional Practice, by Province, 2014



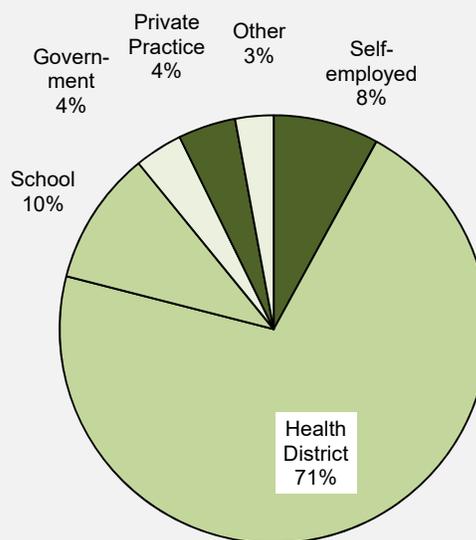
The province also has relatively few occupational therapists employed in professional practice. The 9% in Saskatchewan is similar to the levels in the neighbouring provinces of Alberta (10%) and Manitoba (9%) but lower than the national average of 12½%.

Survey of SSOT Members

Up to three kinds of positions/employers were captured by questions in the survey of SSOT members¹¹. Figure 4.4 shows the type of employers for the main job.

Seven out of ten respondents (71%) reported that they worked for a health district. One in ten worked for a school board and 9% were self-employed. It is clear from these responses and from the CIHI data that occupational therapists in Saskatchewan are mainly, but not exclusively, working in the health care system.

Figure 4.4: Employer Types, SSOT Membership Survey, Main Job



¹¹ Of the 138 respondents employed as an occupational therapist, 3 had three jobs and 16 had two jobs so the total number of jobs is 157.

4.2 KINDS OF POSITIONS

CIHI also publishes data about the positions held by occupational therapists and about the kind of work they do. The level of detail is, however, quite limited.

In 2014, almost all (90%) occupational therapists were direct service providers; 6% were in a management position and the remaining 4% were in another kind of position.

Just over one-half (56%) reported that their area of practice was physical health and 3% (12 individuals) reported mental health as their area of practice (see Figure 4.5).

Compared with other provinces, relatively few occupational therapists work in mental health. In fact, Figure 4.6 shows that, excluding Quebec and P.E.I., Saskatchewan has the lowest proportion of occupational therapists working in mental health.

This is confirmed by two questions on the survey of SSOT members which asked occupational therapists what areas of occupational therapy had the greatest need in Saskatchewan and which areas would grow the most rapidly in the next five years.

Mental health was mentioned by almost all occupational therapists as the area currently having the greatest need and six out of ten saw it as the fastest growing area of practice in the next five years (see Figure 4.7).

Other areas of practice that currently have the greatest need were community supports and school-based care. These were also mentioned by occupational therapists as growing rapidly in the next five years.

In the interviews with occupational therapists, mental health was frequently mentioned as an area of current need and as an area in which too few Saskatchewan occupational therapists were practising.

Figure 4.5: Area of Practice, Saskatchewan Occupational Therapists, 2014

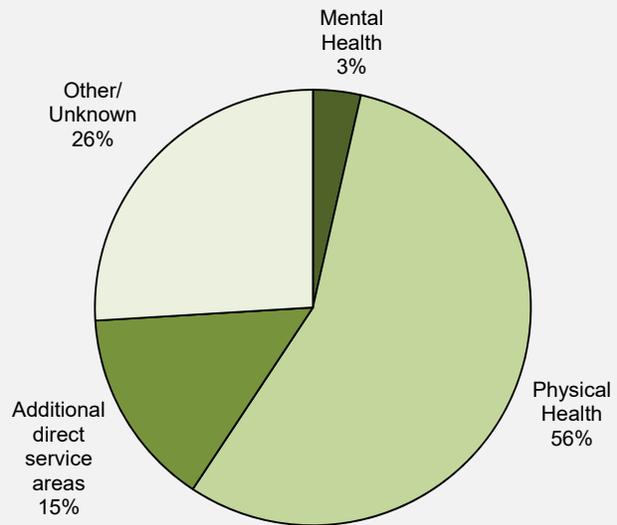


Figure 4.6: Percent of Occupational Therapists Reporting Mental Health as Their Area of Practice, 2014

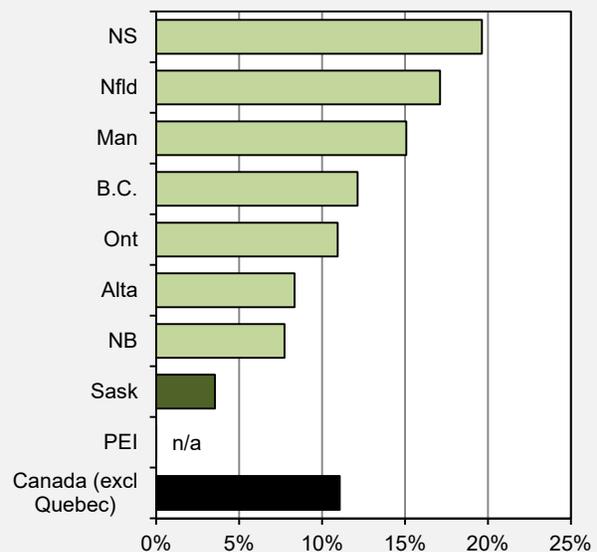
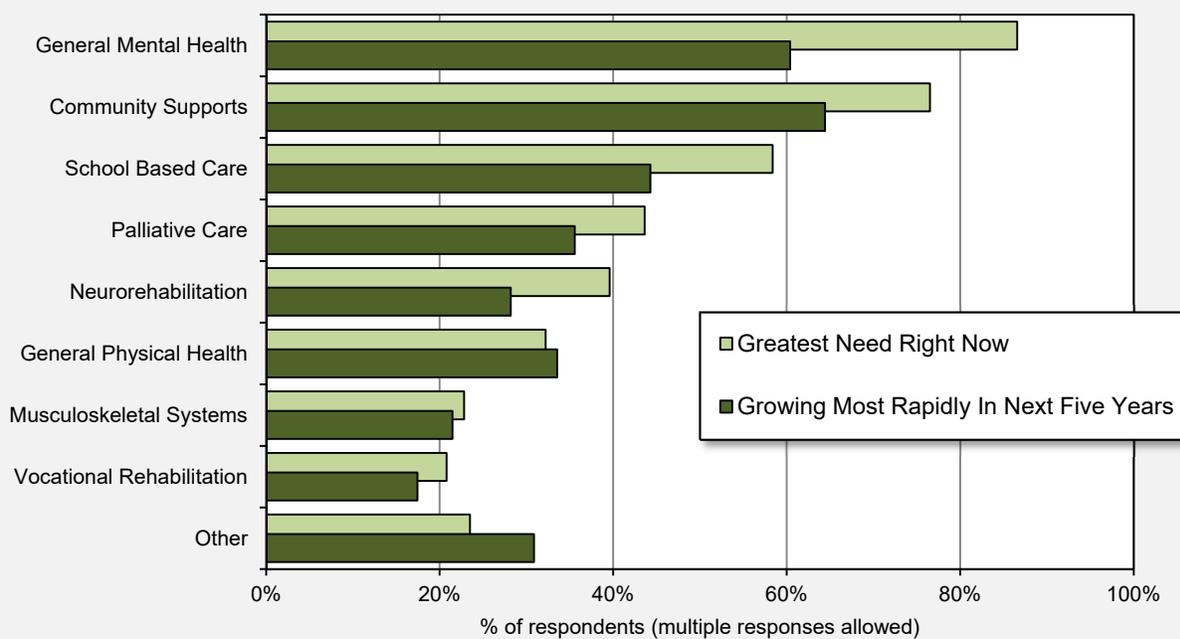


Figure 4.7: Current and Future Needs, SSOT Membership Survey



More Detailed Practice Areas

Survey respondents provided more detail about the kind of work they do in the form of a matrix with the type of service as rows and the age of the clients as columns. The responses are summarized in the table on the next page.

The most common kind of occupational therapy is general physical health for adults with 49% of respondents doing at least some work in this type of practise for this client group. One quarter do some work in the school system with children and almost as many do palliative care with older adults.

Detailed Services Provided by Saskatchewan Occupational Therapists

	Infants (under 6)	Children (6 to 15)	Adults (15 to 64)	Older adults (65 plus)	All ages or not applicable
General Mental Health	7%	16%	30%	22%	5%
General Physical Health	13%	17%	49%	41%	17%
Musculoskeletal Systems	12%	16%	43%	36%	19%
Neurorehabilitation	8%	10%	36%	33%	9%
Vocational Rehabilitation	1%	3%	20%	6%	4%
Palliative Care	1%	3%	19%	22%	8%
Community Supports	7%	14%	28%	25%	10%
School based Services	14%	25%	11%	0%	1%
Other Direct Service	2%	2%	7%	5%	4%
Administration	2%	5%	13%	12%	10%
Research	1%	3%	4%	2%	3%
Teaching	1%	4%	16%	7%	5%
Community Accessibility	2%	7%	14%	14%	5%
Health Promotion	2%	4%	17%	15%	5%
Other	1%	1%	1%	0%	1%

Note: percentages indicate the proportion of respondents who do at least some work in this area with that client group

4.3 HOURS OF WORK

Hours of work are an indication of demand to the extent that employers would prefer the flexibility of having some employees working on a part-time or casual basis. On the other hand, they are a supply issue to the extent that occupational therapists choose to work in part-time or full-time positions. In either case, hours of work affect the demand for occupational therapists.

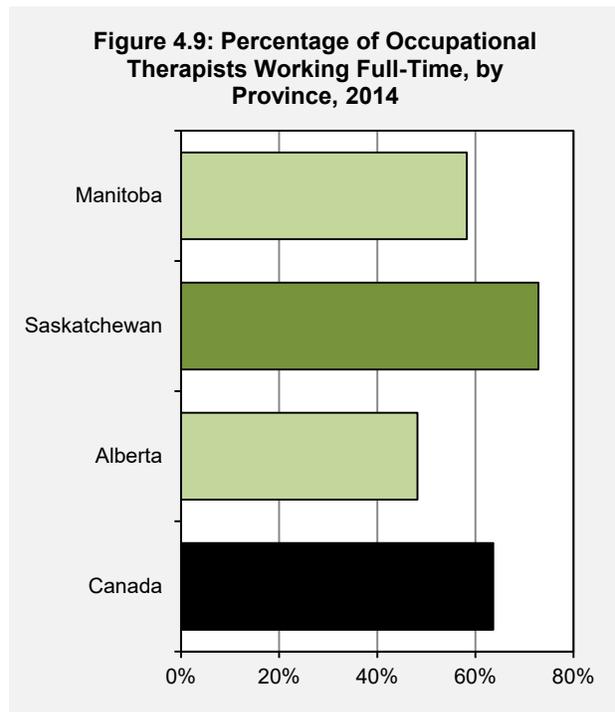
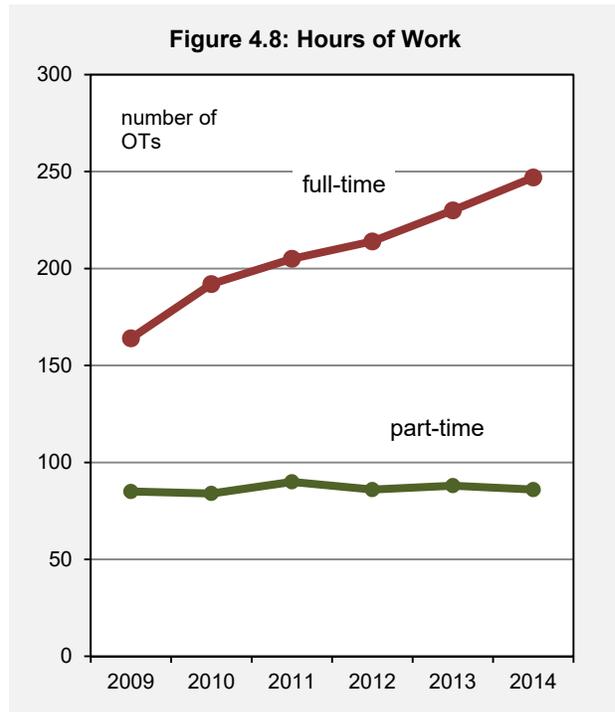
Part-time and casual work is quite common in the health care system and occupational therapists are no exception. According to CIHI data, 73% of Saskatchewan’s occupational therapists worked in a full-time position in 2014. The proportion has increased substantially in the past few years because all of the growth since 2009 has been in full-time positions (see Figure 4.8).

Occupational therapists in Saskatchewan are more likely to be in full-time positions than those in other provinces. This helps explain some of the difference in the number of occupational therapists per capita in Saskatchewan compared with other provinces.

If we assume that part-time occupational therapists work twenty hours per week and full-time ones forty hours per week, then Saskatchewan’s 339 occupational therapists are the equivalent of 293 FTEs. A calculation of the number of full-time equivalent occupational therapists per 100,000 population is, in 2014:

- 26.1 in Saskatchewan;
- 33.4 in Alberta;
- 38.9 in Manitoba; and
- 34.7 in Canada as a whole.

Another way to demonstrate the effect of hour of work is to examine the gap between Saskatchewan and the national average. In Section 2, Figure 2.6 shows that the 339 occupational therapists in Saskatchewan translates into 30 occupational therapists per 100,000 population. To reach the national average of 42



occupational therapists per 100,000 population, the province would need an additional 132 occupational therapists. The gap is somewhat smaller if hours of work are taken into account. To go from 26.1 FTEs per 100,000 population to the national average of 34.7 FTEs per 100,000 population would require the number of occupational therapy FTEs to increase from 293 to 389 or the equivalent of 96 FTEs.

In 2014, 7% of occupational therapists reported working more than forty hours per week. In other words, overtime is not particularly common among occupational therapists.

In the survey of SSOT members, 75% reported working full-time in the main position, 20% worked part-time and 5% worked in casual positions. These are similar to the figures reported by CIHI.

4.4 EARNINGS AND PAY RATES

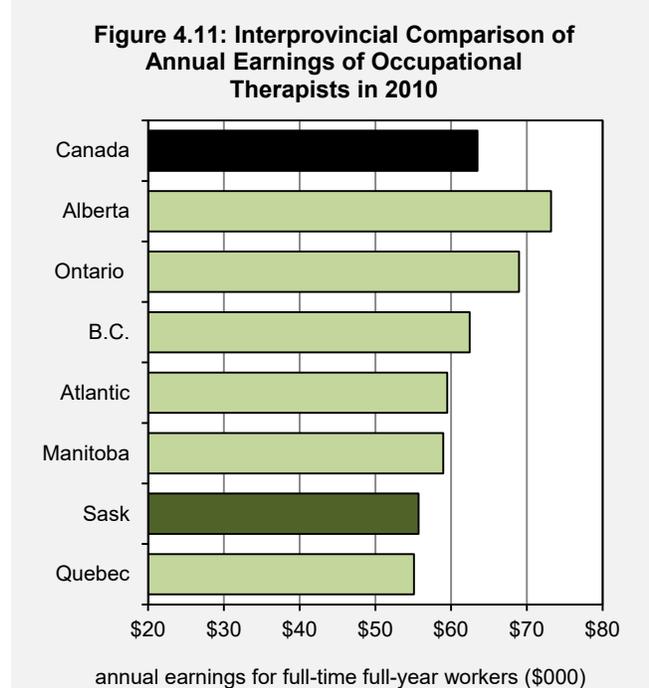
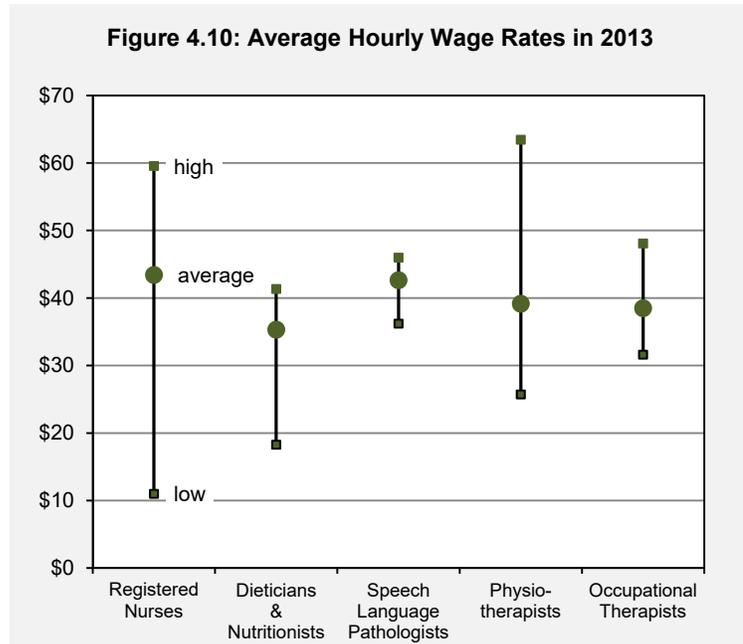
Pay rates for occupational therapists in the province are available from three data sources.

The Saskatchewan Ministry of the Economy conducts an annual survey of wage rates in the province¹². The survey obtained hourly wage rates for 221 occupational therapists all of whom were union members. (This probably means that only health regions responded to the survey.) The wage rates for occupational therapists are compared with rates for other Saskatchewan health care workers in Figure 4.10.

In 2013, the average hourly rate of pay was \$38.50 which is near the average for other health care workers including physiotherapists and speech language pathologists.

The Census/NHS publishes annual earnings in the year prior to the census (i.e. 2010) for those who worked throughout the year on a full-time basis. Note that in some rare cases, the earnings in the previous year will not be for the occupational therapist position that was reported in May 2011.

Figure 4.11 shows that occupational therapists in Saskatchewan had annual earnings of \$55,700 in 2010 which is equivalent to approximately \$27/hour, depending on hours of work. Earnings in Saskatchewan are below the national average and 24% below the \$73,200 reported in Alberta.

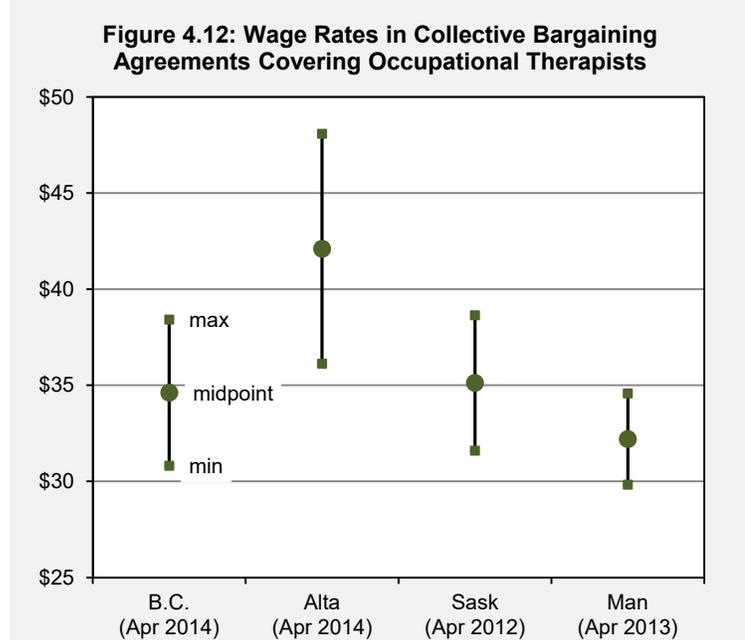


¹² Saskatchewan Wage Survey Report 2013: Provincial Wage Results

The third source of earnings information is the Market Supplement Report prepared for the Saskatchewan Association of Health Organizations and the Health Sciences Association of Saskatchewan¹³. These figures refer to rates in collective bargaining agreements in effect as of 2015.

These figures confirm the findings from the Census/NHS, namely that hourly rates for occupational therapists in Saskatchewan are well below those in Alberta (even allowing for the difference in effective dates).

Rates are above those in Manitoba and those in B.C., particularly when the figures for the new agreement are included¹⁴.



Averaged over all occupations, wage rates in Saskatchewan are typically lower than those in Alberta. In 2014, the average hourly wage rate in Saskatchewan was \$25.32 which is 90% of the Alberta average of \$28.12. For occupational therapists who are members of HSAS, the Saskatchewan average of \$36.17 in 2014 would be 86% of the \$42.10 average in Alberta. In other words, the Alberta-Saskatchewan gap is wider for occupational therapists than for other occupations.

¹³ Report of the Market Supplement Review Committee; Occupational Therapist, March 2015

¹⁴ According to the SAHO website, HSAS members will receive a 3% increase between April 2012 and April 2014. This would increase the midpoint from \$35.12 to \$36.17.

4.5 VACANCY RATES

Saskatchewan Health does not track vacancy rates for occupational therapists but the Market Supplement Review Committee report described in Section 4.4 conducted a survey in 2015.

In this survey of health regions, there is a dramatic difference between the situation in urban and rural Saskatchewan. In the Regina and Saskatoon health regions, the vacancy rate was, respectively, 0% and 9% whereas it was more than 20% outside the two major centres.

The Committee reported that "the majority of health regions reported either no service delivery issues or moderate issues related to recruitment and retention challenges". Nevertheless, by leaving the market supplement in place, they implicitly acknowledged that occupational therapists are difficult to recruit.

SSOT members were asked about vacancy rates in the survey. In particular, they were asked if, in their place of employment, any occupational therapy positions had remained vacant for more than six months, and, if so, what were the consequences. Note that this question does not apply to those who were self-employed or with employers who had only one occupational therapy position.

Among the respondents, 35% reported a long-term vacancy, 48% said that there were no such vacancies, and the situation was not relevant or was not known for the remaining 17%. Figure 4.14 shows that, in many cases, the position was now filled, often because the occupational therapist returned from maternity leave. But in 19% of the cases, the position was either still vacant (12%), was filled by someone who was not an occupational therapist (3%), or deleted (4%).

Figure 4.13: Vacancy Rates, Occupational Therapists, Full and Part Time Positions, 2015

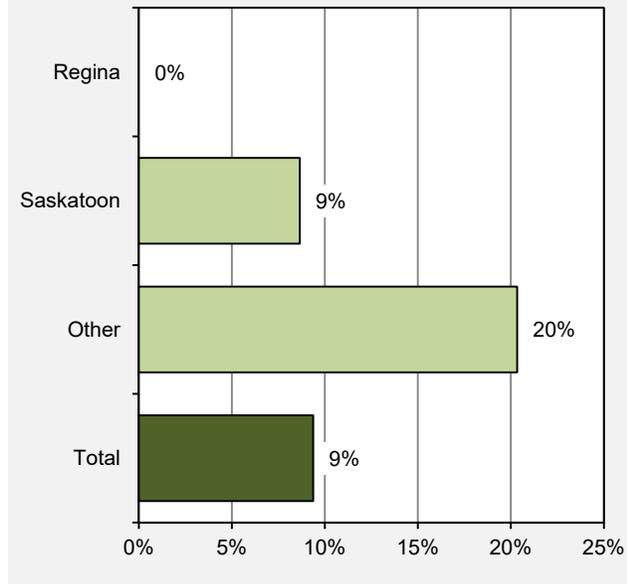
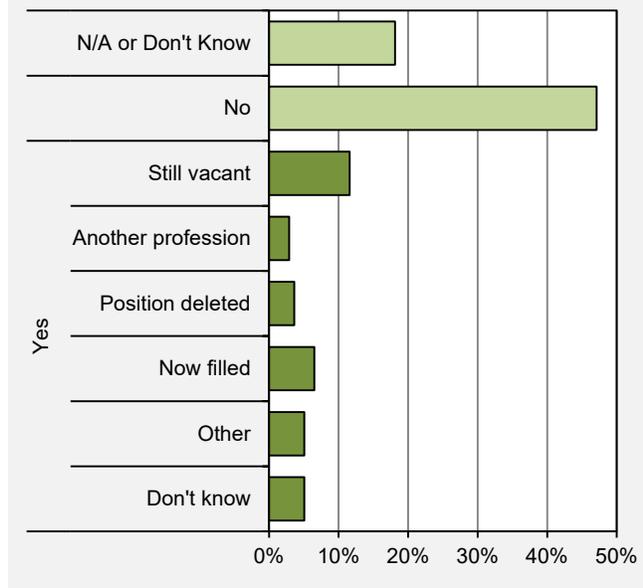


Figure 4.14: Recent Long Term Vacancies, Survey of SSOT Members



4.6 OTHER FACTORS AFFECTING DEMAND

Some examples of how the demand for occupational therapists could change in the short term are listed below. A full literature review is beyond the scope of this project but some qualitative observations, many based on anecdotal evidence, are included¹⁵.

1. The population of the province is growing more slowly than it has in recent years but even with the slower growth rate of 1.0% per year, the number of occupational therapists would have to increase by three to four persons per year to maintain our per capita number of occupational therapists.
2. The provincial government's recently released Disability Strategy, if implemented, will undoubtedly lead to an increased demand for occupational therapists. The same is true for the Mental Health and Addictions Plan. Many SSOT members mentioned mental health as an area that is currently underserved by occupational therapists.
3. The provincial population is aging. With more seniors, there will be an increase in the demand for many kinds of health care services including occupational therapy. Some examples include fall prevention, recovery from hip replacements, and increased home care services.
4. The number of school-aged children will increase in the coming years because the "echo" generation and the Aboriginal population are in the family formation age group and the number of births is increasing. Even maintaining the current per-student level of therapy services in the education system will require more occupational therapists.
5. The provincial government is committed to reduced waiting times for surgery and emergency services. The services of occupational therapists are known to help patients return home after a stay in the hospital.

¹⁵ *The SSOT will have access to academic and clinical studies showing the positive financial impacts of care by occupational therapists.*

4.7 SUMMARY OF FACTORS AFFECTING DEMAND

The key findings in this section are listed below in point form.

- Almost all occupational therapists in Saskatchewan work in the public sector in general and the health care system in particular. Compared with other provinces, Saskatchewan has relatively few occupational therapists employed in community-based care or in private practice.
- Mental health was mentioned by almost all occupational therapists as the area currently having the greatest need and six out of ten saw it as the fastest growing area of practice in the next five years. Compared with other provinces, relatively few occupational therapists in Saskatchewan work in the field of mental health.
- Occupational therapists in Saskatchewan are more likely to be in full-time positions than those in other provinces. This helps explain the relatively low number of occupational therapists in the province. The per-capita gap between Saskatchewan and Canada is somewhat reduced if hours of work are taken into account.
- Among union employees, the hourly wage rates for occupational therapists in Saskatchewan are well below those in Alberta but near those in Manitoba and B.C.
- In the Regina and Saskatoon health regions, the vacancy rate was, respectively, 0% and 9% whereas it was more than 20% outside the two major centres. A third of SSOT members reported a long-term vacancy at their place of work.
- An increasing number of seniors and school-aged children point to an increase in demand for occupational therapy services in the next five to ten years.
- Occupational therapists are one of the health care professionals that could help the provincial government implement a number of policies and strategies such as the disability strategy, the mental health and addictions action plan, and reduced surgery wait times.

SECTION 5: COMPARISON OF SUPPLY AND DEMAND

This section compares the demand and supply sides of the labour market for occupational therapists.

Measuring the demand for occupational therapists is complex. There seems to be a disconnect between the demand for the services that are provided by occupational therapists and the demand for occupational therapists. That is, the need for the kinds of services provided by occupational therapists is apparent and increasing but there is no evidence that this has translated into a significant demand for occupational therapists. Either the services are being provided by others, are not being provided on a timely basis, or are not being provided at all. The last two scenarios would be the view of many occupational therapists who were interviewed.

Most of the analysis of supply and demand in this report is qualitative rather than quantitative. This is clearly not a “normal” labour market situation with the demand for workers generating an increase in the supply and vice versa. We do have some quantitative measures, however, and these are summarized in the table below.

The number of occupational therapists in the province is increasing more quickly than the number of graduates from the purchased seats at the University of Alberta. The growth in the supply is coming from occupational therapists moving to Saskatchewan from other provinces, typically soon after they graduate. Any increase in the demand for occupational therapists would require that flow from other provinces to increase.

Supply and Demand Indicators	Annual Quantities
supply of occupational therapists	currently 7 to 10 new graduates from the 15 purchased U of A seats come to practise in Saskatchewan every year
net annual growth	the number of occupational therapists is increasing at a rate of 15 to 20 per year
expected number of retirements in the next five years	approximately 4 per year
inflows and outflows	in an average year there are 10 new registrations at SSOT and 7 exits
increase in demand from a 1% annual growth in population	4 to 5 per year
needed to fill existing vacancies	a one-time increase of 21 in the health care system according to the 2015 Report of the Market Supplement Review Committee.

In summary, we know at least some things about the supply of and demand for occupational therapists in Saskatchewan.

1. We know that the number of occupational therapists in the province is well below the national average.
2. We know that the number of graduates from the purchased seats at the University of Alberta is only enough to maintain the current number of occupational therapists in the province. Migration of occupational therapists from other provinces, including out-of-province recruitment, has been responsible for the increasing number in the Saskatchewan.
3. We know that the wage rates for occupational therapists are near the national average but well below those in Alberta.
4. We know that the turnover rates for occupational therapists are relatively high compared with other provinces – they frequently move from one position to another in the province.

At the same time, there are several important things we do not know.

1. We do not know why the demand for the kind of services provided for occupational therapists is high in some sectors and probably increasing but that the need for these services has not translated into a demand for occupational therapists or particularly high vacancy rates.
2. We do not know why some employers do not hire more occupational therapists. In particular, Saskatchewan has relatively few occupational therapists in the school system and relatively few working in mental health.
3. We do not know what the impact of the economic downturn in the province will have on the number of occupational therapists coming to Saskatchewan from other provinces.
4. We do not know why the demand for occupational therapy services has not translated into more occupational therapists setting up a private practise.
5. We do not know to what extent a school of occupational therapy in the province would increase the supply of and demand for occupational therapists.

SECTION 6: EDUCATION OPTIONS

The terms of reference for this study included consultation with stakeholders to gather qualitative information about the feasibility/desirability of Saskatchewan-based training for occupational therapists.

There is a general belief among occupational therapists and educational institutions that the lack of a school of occupational therapy in Saskatchewan is the cause for the lack of demand for occupational therapists. Their view is that health professionals, at least those who graduate from Saskatchewan, have no exposure to occupational therapists and the practice of occupational therapy while at university. They bring that lack of experience to the workplace when they graduate.

The Ministry of Health's Health Human Resource Plan has a vision for collaboration.

“By 2021, all health care providers are enabled and encouraged to work within an optimal and appropriate scope of practise – to bring to their work the full range of competencies and skills that are part of their profession.”

That kind of collaboration will be more successful if health care providers were familiar with occupational therapy when they graduate.

The lack of a school in Saskatchewan may be having a dampening effect on the supply of occupational therapists in the province. All else being equal, the majority of Saskatchewan students intending to go to university, including occupational therapists, would like to attend a university in Saskatchewan, preferably where they live, in order to keep living costs lower and avoid disruptions with family and friends. Without a school of occupational therapy in the province, they may choose a different career path¹⁶.

Two meetings with officials at the University of Saskatchewan, one with those at the University of Regina, and one with Saskatchewan Polytechnic were held. All participants felt strongly that the province should offer a training program for occupational therapists.

Sask Polytechnic

Saskatchewan Polytechnic recognizes that they would not be able to deliver a program for occupational therapists. They did stress that the relationship between Sask Polytechnic and employers is stronger than the one between employers and either the U of R or the U of S. This would enable them to play a role in some aspects of training for occupational therapists.

In particular, the occupational health and safety aspects of the practice would benefit from their involvement.

¹⁶ Two individuals at the University of Regina Centre for Fitness and Sport, interviewed for this report, one who is a physiotherapist, and one who is a certified exercise therapist, specifically made the decision to pursue a different career path to avoid the expense of attending university out of Saskatchewan.

University of Saskatchewan

The School of Medicine at the U of S has been proposing a school of occupational therapy in the College of Medicine for many years. It would operate in parallel to the existing School of Physiotherapy, thereby benefiting from shared administrative costs.

The SSOT and almost all occupational therapists who were interviewed support a program at the U of S. Occupational therapy is always associated with a College of Medicine in Canada so basing the program at the College of Medicine at the U of S would be consistent with practice elsewhere in Canada.

University of Regina

The University of Regina is proposing to host a satellite program of the University of Alberta in Regina. It would be associated with the Faculty of Kinesiology. This would be more cost-effective, at least in the short term, than the proposed school at the College of Medicine in Saskatoon.

Attaching a School of Occupational Therapy to the Kinesiology Faculty of the U of R would encourage occupational therapists to look beyond the health care system in the practice of occupational therapy. There was, however, almost no support for this approach among the stakeholders so a program at the U of R would have less support from stakeholders.

Appendix A
Census/NHS Data on Occupational Therapists in Canada

Table A1: Number of Employed Occupational Therapists, Changes Over Time

	<u>Total Employment</u>				<u>Annual Increase 1996 to 2011</u>
	<u>1996</u>	<u>2001</u>	<u>2006</u>	<u>2011</u>	
Canada	6,535	9,585	10,960	13,940	5.2%
Atlantic	350	645	725	855	6.1%
Quebec	1,730	2,575	3,150	3,900	5.6%
Ontario	2,460	3,175	3,800	4,795	4.5%
Manitoba	300	445	380	560	4.2%
Sask	150	220	250	295	4.6%
Alberta	610	1,130	1,350	1,665	6.9%
B.C.	925	1,370	1,290	1,835	4.7%
North	20	30	20	40	4.7%

Source: 1996 and 2001 97-559-XCB2006012; 2006 97-559-XCB2006011; 2011 NHS 99-012-X2011033

Table A2: Number of Employed Occupational Therapists by Sex, 2011

	<u>Men</u>	<u>Women</u>	<u>Both sexes</u>	<u>Percent Women</u>
Canada	1,080	12,865	13,940	92%
Atlantic	55	795	855	93%
Quebec	230	3,670	3,900	94%
Ontario	425	4,370	4,795	91%
Manitoba	45	515	560	92%
Sask	15	280	295	95%
Alberta	105	1,560	1,665	94%
B.C.	180	1,650	1,835	90%
North	...	...	40	...

Source: 2011 NHS 99-012-X2011033

Table A3: Number of Employed Occupational Therapists by Age Group, 2011

	<u>15 to 24</u>	<u>25 to 34</u>	<u>35 to 44</u>	<u>45 to 54</u>	<u>55 plus</u>	<u>All Ages</u>
Canada	315	5,410	4,495	2,730	990	13,940
Atlantic	0	310	310	135	45	855
Quebec	215	1,560	1,235	730	165	3,900
Ontario	20	1,785	1,630	970	390	4,795
Manitoba	0	225	170	105	55	560
Sask	0	105	125	30	25	295
Alberta	30	760	490	270	100	1,665
B.C.	35	640	515	450	185	1,835
North	...	...	...	...	...	40

Source: 2011 NHS 99-012-X2011033

Table A4: Number of Employed Occupational Therapists by Type of Work, 2011

	Paid <u>Workers</u>	Self <u>Employed</u>	<u>Both</u>	Percent Self-employed
Canada	12,505	1,435	13,940	10%
Atlantic	785	70	855	8%
Quebec	3,705	195	3,900	5%
Ontario	4,030	765	4,795	16%
Manitoba	515	45	560	8%
Sask	285	10	295	3%
Alberta	1,595	70	1,665	4%
B.C.	1,545	290	1,835	16%
North	...	...	40	...

Source: 2011 NHS 99-012-X2011033

Table A5: Number of Employed Occupational Therapists by Residence, 2011

	<u>Employed</u>	<u>Percent</u>
Regina	125	42%
Saskatoon	95	32%
<u>Elsewhere</u>	<u>75</u>	<u>25%</u>
Total	295	100%

Source: 2011 NHS 99-012-X2011033

Table A6: Number of Occupational Therapists in the Experienced Labour Force by Highest Level of Completed Education, 2011

	Certificate <u>Diploma</u>	<u>Degree</u>	Graduate <u>Degree</u>	<u>Total</u>
Canada	725	9050	5010	14,790
Atlantic	55	625	200	880
Quebec	60	3,240	785	4,085
Ontario	360	2,415	2,445	5,220
Manitoba	15	350	230	595
Sask	25	250	40	315
Alberta	125	1,070	535	1,730
B.C.	115	1,070	745	1,930
North	0	30	15	45

Source: 2011 NHS 99-012-X2011056

Table A7: Employment Earnings in 2010 for Occupational Therapists by Province

	Average Earnings	
	All	FT FY
	<u>Workers</u>	<u>Workers*</u>
Canada	\$52,750	\$63,487
Atlantic	\$53,839	\$59,480
Quebec	\$47,642	\$55,096
Ontario	\$56,357	\$68,976
Manitoba	\$49,462	\$58,961
Sask	\$48,460	\$55,696
Alberta	\$57,601	\$73,184
B.C.	\$50,470	\$62,460

** worked throughout 2010 in a full-time job*

Source: 2011 NHS 99-014-X2011042

Appendix B
CIHI Data for Occupational Therapists

Table B.1 - Basic Counts

	Previously Published				Revised Data				
	<u>2006</u>	<u>2007</u>	<u>2008</u>	<u>2009</u>	<u>2010</u>	<u>2011</u>	<u>2012</u>	<u>2013</u>	<u>2014</u>
Supply of Occupational Therapists	...	...	...	...	287	309	321	330	341
Occupational Therapist Workforce	231	211	245	255	280	306	316	325	339
Employment of Occupational Therapists*									
Manitoba	454	463	489	508	534	555	573	596	630
Saskatchewan	231	211	245	255	280	306	316	325	339
Alberta	1,402	1,447	1,461	1,523	1,516	1,558	1,719	1,773	1859
Canada	11,781	12,297	12,649	13,122	13,040	13,644	13,980	14,351	15,073
Population as of July (000)									
Manitoba	1,184	1,189	1,198	1,209	1,221	1,234	1,250	1,265	1,280
Saskatchewan	992	1,002	1,017	1,035	1,051	1,066	1,087	1,106	1,122
Alberta	3,421	3,514	3,596	3,679	3,733	3,790	3,889	4,007	4,121
Canada	32,571	32,888	33,246	33,629	34,005	34,343	34,752	35,154	35,544
Employed OTs per 100,000 population*									
Manitoba	38.4	38.9	40.8	42.0	43.7	45.0	45.8	47.1	49.2
Saskatchewan	23.3	21.1	24.1	24.6	26.6	28.7	29.1	29.4	30.2
Alberta	41.0	41.2	40.6	41.4	40.6	41.1	44.2	44.2	45.1
Canada	36.2	37.4	38.0	39.0	38.3	39.7	40.2	40.8	42.4

* includes those on leave after 2009

Table B.2 - Detailed Interprovincial Comparison of Occupational Therapist Workforce

	OT Workforce		Pop in <u>July (000)</u>	Workforce per <u>100,000 Pop</u>	Average annual growth from <u>2010 to 2014</u>
	<u>2010</u>	<u>2014</u>			
Nfld	163	187	529	35	2.8%
PEI	45	50	146	34	2.1%
NS	407	443	942	47	1.7%
NB	318	323	755	43	0.3%
Que*	3,790	4,219	8,215	51	2.2%
Ont	4,415	5,008	13,678	37	2.6%
Man	534	630	1,280	49	3.4%
Sask	280	339	1,122	30	3.9%
Alta	1,516	1,859	4,121	45	4.2%
B.C.	1,696	1,977	4,638	43	3.1%
<u>Territories</u>	<u>31</u>	<u>38</u>	<u>117</u>	<u>32</u>	<u>4.2%</u>
Canada	13,195	15,073	35,544	42	2.7%

* estimate

Table B.3 - Age and Sex for Occupational Therapist Workforce*

	Previously Published				Revised Data				
	2006	2007	2008	2009	2010	2011	2012	2013	2014
By Sex									
Women	224	246	271	279	286	298
<u>Men</u>	<u>31</u>	<u>34</u>	<u>35</u>	<u>37</u>	<u>39</u>	<u>40</u>
Both sexes	255	280	306	316	325	338
Percent Women									
Manitoba	92%	92%	92%	92%	91%	91%
Saskatchewan	88%	88%	87%	88%	88%	88%
Alberta	91%	91%	91%	91%	90%	90%
Canada	92%	92%	92%	92%	92%	91%
By Age Group									
20 to 29 years	57	63	82	86	92	87
30 to 34 years	51	57	54	51	50	59
35 to 39 years	46	52	51	52	50	58
40 to 44 years	28	31	38	37	43	44
45 to 49 years	25	26	31	31	27	28
50 to 54 years	24	25	18	22	26	25
55 to 59 years	17	17	25	21	23	23
<u>60 plus years</u>	<u>6</u>	<u>8</u>	<u>6</u>	<u>14</u>	<u>12</u>	<u>14</u>
Total	254	271	299	300	311	324
Percent Under 30									
Manitoba	20%	20%	21%	21%	20%	19%
Saskatchewan	22%	23%	27%	27%	28%	26%
Alberta	26%	25%	24%	24%	22%	20%
Canada	22%	17%	20%	19%	18%	18%
Percent 50 & Older									
Manitoba	20%	18%	21%	20%	22%	23%
Saskatchewan	18%	18%	16%	18%	19%	18%
Alberta	16%	18%	18%	17%	18%	18%
Canada	16%	19%	18%	19%	19%	20%

* employed prior to 2010

Table B.4 - Completed Education for Occupational Therapist Workforce*

	Previously Published				Revised Data				
	2006	2007	2008	2009	2010	2011	2012	2013	2014
Completed Education in Occupational Therapy									
Diploma	13	14	*	*	*	*
Degree	205	213	212	203	197	198
Graduate Degree	37	53	82	100	118	132
<u>Unknown/missing</u>	<u>0</u>	<u>0</u>	<u>*</u>	<u>*</u>	<u>*</u>	<u>*</u>
Total	255	280	306	316	325	338
Percent with Graduate Degree									
Manitoba	21%	26%	30%	34%	37%	40%
Saskatchewan	15%	19%	27%	32%	36%	39%
Alberta	11%	16%	20%	25%	29%	33%
Canada	22%	25%	22%	25%	30%	33%
Location of Graduation in Occupational Therapy									
International	17	17	19	19	20	21
<u>Canada</u>	<u>238</u>	<u>263</u>	<u>287</u>	<u>297</u>	<u>305</u>	<u>318</u>
Total	255	280	306	316	325	339
Percent International									
Manitoba	6.1%	5.8%	5.0%	5.2%	5.0%	4.8%
Saskatchewan	6.7%	6.1%	6.2%	6.0%	6.2%	6.2%
Alberta	4.9%	6.4%	7.1%	6.5%	6.9%	7.2%
Canada	9.0%	8.9%	7.1%	7.1%	7.1%	6.9%

* employed prior to 2010

Table B.5 - Inflows and Outflows for Occupational Therapist Workforce*

	Previously Published				Revised Data				
	<u>2006</u>	<u>2007</u>	<u>2008</u>	<u>2009</u>	<u>2010</u>	<u>2011</u>	<u>2012</u>	<u>2013</u>	<u>2014</u>
Inflows and Outflows (OT Supply)									
Renewals	269	281	288	297
New Registrations	40	40	42	44
<u>Exits</u>	<u>18</u>	<u>28</u>	<u>33</u>	<u>33</u>
Total Supply	309	321	330	341
New Registrations as % of Supply									
Ontario	9%	9%	9%	9%
Manitoba	12%	12%	12%	12%	6%
Saskatchewan	13%	12%	13%	13%
Alberta	8%	11%	12%	10%	12%
B.C.	10%	12%	11%	10%	10%
Exits as a Percentage of Supply									
Ontario	6%	7%	5%	6%
Manitoba	8%	9%	10%	8%	...
Saskatchewan	6%	9%	10%	10.0%
Alberta	7%	6%	6%	6%	6%
B.C.	7%	8%	7%	7%	7%

Table B.6 - Occupational Therapy Programs and Training Capacity, by Jurisdiction, Canada

Province	Previously Published				Revised Data				
	<u>2006</u>	<u>2007</u>	<u>2008</u>	<u>2009</u>	<u>2010</u>	<u>2011</u>	<u>2012</u>	<u>2013</u>	<u>2014</u>
Nova Scotia (Dalhousie)	60	60	60	60	...
Quebec (5 programs)	320	368	364	376	...
Ontario (5 programs)	297	301	310	314	...
Manitoba U of M)	50	50	50	50	...
Alberta (U of A)	102	102	102	112	...
<u>British Columbia (UBC)</u>	<u>48</u>	<u>48</u>	<u>56</u>	<u>56</u>	...
Total	877	929	942	968	...

* employed prior to 2010

Table B.7 - Employment Categories, Occupational Therapist Workforce

	Previously Published				Revised Data				
	2006	2007	2008	2009	2010	2011	2012	2013	2014
Class of Worker									
Permanent	204	226	232	230	250	260
Temporary	21	27	40	42	42	46
Casual	5	5	8	8	8	11
Self-employed	20	18	17	21	18	18
<u>Unknown/missing</u>	<u>5</u>	<u>4</u>	<u>9</u>	<u>15</u>	<u>7</u>	<u>7</u>
Total	255	280	306	316	325	342
Percent Permanent Positions									
Manitoba	81%	82%	80%	81%	81%	79%
Saskatchewan	80%	81%	76%	73%	77%	77%
Alberta	81%	80%	80%	80%	81%	79%
Canada	75%	74%	73%	74%	74%	75%
Hours of Work									
Full-time	164	192	205	214	230	247
Part-time	85	84	90	86	88	86
<u>Unknown/missing</u>	<u>6</u>	<u>4</u>	<u>11</u>	<u>16</u>	<u>7</u>	<u>6</u>
Total	255	280	306	316	325	339
Percent Full-Time									
Manitoba	58%	58%	57%	60%	58%	58%
Saskatchewan	64%	69%	67%	68%	71%	73%
Alberta	58%	55%	54%	51%	47%	48%
Canada	65%	64%	61%	61%	63%	64%
Usual Weekly Hours									
Less than 25	47	49	37	39	40
26 to 30	13	15	18	16	17
31 to 35	23	26	28	29	25
36 to 40	169	180	195	218	227
41+	21	23	19	15	24
Unknown	<u>7</u>	<u>13</u>	<u>19</u>	<u>8</u>	<u>6</u>
	280	306	316	325	339

Table B.8 - Employer Type, Occupational Therapist Workforce*

	Previously Published				Revised Data				
	<u>2006</u>	<u>2007</u>	<u>2008</u>	<u>2009</u>	<u>2010</u>	<u>2011</u>	<u>2012</u>	<u>2013</u>	<u>2014</u>
Place of Employment									
Hospital	135	149	163	168	178	181
Community	55	67	72	75	83	91
Professional Practice	30	31	32	35	28	32
Other	25	25	30	30	31	31
<u>Unknown/missing</u>	<u>10</u>	<u>8</u>	<u>9</u>	<u>8</u>	<u>5</u>	<u>4</u>
Total	255	280	306	316	325	339
Position									
Direct service provider	223	247	268	269	288	304
Manager/Leader/Coordinator	14	15	20	20	18	20
Other/Unknown	<u>18</u>	<u>18</u>	<u>18</u>	<u>27</u>	<u>19</u>	<u>15</u>
Total	255	280	306	316	325	339
Funding Source									
Public sector	207	231	257	258	283	299
Private sector	19	18	18	18	20	21
Mix/Other/Unknown	<u>29</u>	<u>31</u>	<u>31</u>	<u>40</u>	<u>22</u>	<u>19</u>
Total	255	280	306	316	325	339
Area of Practice									
Mental Health	5	6	9	10	10	12
Physical Health	135	153	171	171	178	189
Additional direct service areas	29	31	31	35	42	50
Other/Unknown	<u>86</u>	<u>90</u>	<u>95</u>	<u>100</u>	<u>95</u>	<u>88</u>
Total	255	280	306	316	325	339
Percent in Physical Health									
Manitoba	51%	49%	47%	47%	48%	48%
Saskatchewan	53%	55%	56%	54%	55%	56%
Alberta	52%	51%	50%	50%	50%	50%
Canada	51%	50%	51%	52%	52%	51%

* employed prior to 2010

Appendix C
Survey of SSOT Members

Table C.1 - Demographic Characteristics

	Employed as an OT		Total Membership	
	<u>Number</u>	<u>Percent</u>	<u>Number</u>	<u>Percent</u>
Total	138	100.0%	150	100.0%
By Sex				
Men	15	11.0%	17	11.5%
<u>Women</u>	<u>121</u>	<u>89.0%</u>	<u>131</u>	<u>88.5%</u>
Total	136	100.0%	148	100.0%
By Age Group				
20 to 29	31	22.5%	32	21.3%
30 to 39	52	37.7%	52	34.7%
40 to 49	30	21.7%	37	24.7%
50 to 59	20	14.5%	23	15.3%
60 years of age or older	<u>5</u>	<u>3.6%</u>	<u>6</u>	<u>4.0%</u>
	138	100.0%	150	100.0%
By Residence				
Regina	28	20.9%	33	22.6%
Saskatoon	67	50.0%	73	50.0%
Other Major Urban	18	13.4%	18	12.3%
Rural/Small Urban	<u>21</u>	<u>15.7%</u>	<u>22</u>	<u>15.1%</u>
	134	100.0%	146	100.0%
By Living Arrangements				
Living alone	24	17.8%	25	17.0%
Married with children at home	74	54.8%	81	55.1%
Married without children at home	29	21.5%	32	21.8%
Other	<u>8</u>	<u>5.9%</u>	<u>9</u>	<u>6.1%</u>
	135	100.0%	147	100.0%

Table C.2 - Educational Characteristics

	Employed as an OT		Total Membership	
	Number	Percent	Number	Percent
Highest Level of Completed Education				
Diploma/Certificate	3	2.2%	3	2.0%
Bachelor's Degree	78	56.5%	84	56.0%
Masters Degree	56	40.6%	62	41.3%
<u>Doctorate</u>	<u>1</u>	<u>0.7%</u>	<u>1</u>	<u>0.7%</u>
Total	138	100.0%	150	100.0%
Highest Level of Completed Education in Occupational Therapy				
Diploma/Certificate	4	2.9%	5	3.3%
Bachelor's Degree	82	59.4%	91	60.7%
Masters Degree	49	35.5%	50	33.3%
<u>Doctorate</u>	<u>3</u>	<u>2.2%</u>	<u>4</u>	<u>2.7%</u>
Total	138	100.0%	150	100.0%
Number of Post-Secondary Credentials Reported				
One	61	44.2%	65	43.3%
Two	65	47.1%	70	46.7%
<u>Three or more</u>	<u>12</u>	<u>8.7%</u>	<u>15</u>	<u>10.0%</u>
Total	138	100.0%	150	100.0%
Most Recent (OT) Degree				
Before 2000	49	39.2%	57	42.2%
2000 to 2004	20	16.0%	21	15.6%
2005 to 2009	22	17.6%	22	16.3%
<u>2010 to 2015</u>	<u>34</u>	<u>27.2%</u>	<u>35</u>	<u>25.9%</u>
Total	125	100.0%	135	100.0%
Most Recent (OT) Degree				
BA/BSc OT	73	57.9%	80	58.8%
MA/MSc OT	51	40.5%	53	39.0%
<u>Diploma in OT</u>	<u>2</u>	<u>1.6%</u>	<u>3</u>	<u>2.2%</u>
Total	126	100.0%	136	100.0%
Location of Most Recent (OT) Degree				
University of Alberta	71	56.3%	76	55.9%
University of Manitoba	31	24.6%	32	23.5%
Ontario University	2	1.6%	2	1.5%
Other Canadian University	14	11.1%	16	11.8%
<u>Foreign</u>	<u>8</u>	<u>6.3%</u>	<u>10</u>	<u>7.4%</u>
Total	126	100.0%	136	100.0%

Table C.3: Typical Educational Paths

	<u>Number</u>
University of Alberta direct to BA/BSc/MSc in OT	30
U of S (Kinesiology) to U of A BA/BSc/MSc in OT	17
U of S (Other undergraduate) to U of A BA/BSc/MSc in OT	10
University of Manitoba direct to BA/BSc/MSc in OT	11
Foreign credential	7
U of M to U of M BA/BSc/MSc in OT	7
Other Canadian University direct to BA/BSc/MSc in OT	6
U of R or U of S to U of M BA/BSc/MSc in OT	5
U of R undergraduate to U of M BA/BSc/MSc in OT	4
Technical School to U of A BA/BSc/MSc in OT	4
Other University to U of A BA/BSc/MSc in OT	5
Technical School to U of M BA/BSc/MSc in OT	2
Three credentials ending at U of A	4
All others	<u>14</u>
	126

Table C.4: Clinical Placements

	Employed as an OT		Total Membership	
	<u>Number</u>	<u>Percent</u>	<u>Number</u>	<u>Percent</u>
Type (multiple responses allowed)				
Hospital	132	95.7%	144	96.0%
School or School Board	46	33.3%	48	32.0%
Palliative Care	13	9.4%	13	8.7%
Vocational Rehabilitation	29	21.0%	32	21.3%
Private Clinic	23	16.7%	24	16.0%
Community	25	18.1%	29	19.3%
Home Care	13	9.4%	13	8.7%
Long Term Care Facility	22	15.9%	25	16.7%
Rehab Centre	17	12.3%	18	12.0%
Mental Health Centre	10	7.2%	11	7.3%
<u>Other</u>	<u>42</u>	<u>30.4%</u>	<u>48</u>	<u>32.0%</u>
Total	138	100.0%	150	100.0%
Location (multiple responses allowed)				
Saskatchewan	108	78.3%	115	76.7%
Alberta	74	53.6%	79	52.7%
Manitoba	34	24.6%	35	23.3%
Other province	43	31.2%	50	33.3%
<u>Outside Canada</u>	<u>13</u>	<u>9.4%</u>	<u>15</u>	<u>10.0%</u>
Total	138	100.0%	150	100.0%

Table C.5: Clinical Placements by Period of Graduation

	Graduated before 2005		Graduated 2005 or later	
	<u>Number</u>	<u>Percent</u>	<u>Number</u>	<u>Percent</u>
Type (multiple responses allowed)				
Hospital	65	94%	55	98%
School or School Board	13	19%	28	50%
Palliative Care	7	10%	5	9%
Vocational Rehabilitation	16	23%	9	16%
Private Clinic	5	7%	15	27%
Community	13	19%	10	18%
Home Care	7	10%	6	11%
Long Term Care Facility	15	22%	6	11%
Rehab Centre	11	16%	5	9%
Mental Health Centre	5	7%	5	9%
<u>Other</u>	<u>23</u>	<u>33%</u>	<u>15</u>	<u>27%</u>
Total	69	100%	56	100%
Location (multiple responses allowed)				
Saskatchewan	53	78%	44	79%
Alberta	36	53%	29	52%
Manitoba	18	26%	12	21%
Other province	26	38%	12	21%
<u>Outside Canada</u>	<u>6</u>	<u>9%</u>	<u>6</u>	<u>11%</u>
Total	68	100%	56	100%

Table C.6: Workplace Locations

	Employed as an OT		Total Membership	
	Number	Percent	Number	Percent
Place of Work (multiple responses allowed)				
Never worked Outside Saskatchewan	93	67.4%	96	64.4%
Other countries	15	10.9%	19	12.8%
In Alberta	17	12.3%	21	14.1%
In Manitoba	6	4.3%	9	6.0%
<u>In Other Provinces</u>	<u>15</u>	<u>10.9%</u>	<u>20</u>	<u>13.4%</u>
Total	138	100.0%	149	100.0%

Arrival in Saskatchewan

Before 2000	16	35.6%	20	30.2%
2000 to 2005	10	22.2%	13	18.9%
2006 to 2010	8	17.8%	8	15.1%
<u>After 2010</u>	<u>11</u>	<u>24.4%</u>	<u>12</u>	<u>20.8%</u>
Total	45	100.0%	53	84.9%

Table C.7: Future Plans

	Employed as an OT		Total Membership	
	Number	Percent	Number	Percent
Expected Position in Five Years				
Same position:same employer	57	41.3%	59	39.6%
Same employer: different position	21	15.2%	23	15.4%
With a different employer	19	13.8%	21	14.1%
Not working in occupational therapy	2	1.4%	3	2.0%
Retired	6	4.3%	7	4.7%
Don't Know	23	16.7%	23	15.4%
<u>Other</u>	<u>10</u>	<u>7.2%</u>	<u>13</u>	<u>8.7%</u>
Total	138	100.0%	149	100.0%

Factors to Leave the Profession

Workload prevents quality care/Burnout	71	51.4%	75	50.3%
Pay and benefits	60	43.5%	65	43.6%
Scope of practise	34	24.6%	37	24.8%
Nothing/Retirement only	33	23.9%	36	24.2%
Family/personal reasons	5	3.6%	5	3.4%
Advancement opportunities	2	1.4%	3	2.0%
<u>Other</u>	<u>18</u>	<u>13.0%</u>	<u>20</u>	<u>13.4%</u>
Total	138	100.0%	149	100.0%

Factors to Leave Saskatchewan

Workload prevents quality care	52	37.7%	55	36.9%
Pay and benefits	60	43.5%	64	43.0%
Scope of practise	45	32.6%	48	32.2%
Nothing/Retirement only	37	26.8%	39	26.2%
Spouse's Job	8	5.8%	8	5.4%
Scope of practise	2	1.4%	4	2.7%
Family/Personal Reasons	10	7.2%	12	8.1%
<u>Other</u>	<u>13</u>	<u>9.4%</u>	<u>14</u>	<u>9.4%</u>
Total	138	100.0%	149	100.0%

Table C.8 - Best and Worst Things About Working as an Occupational Therapist in Saskatchewan

	Percent of	
	Respondents	Responses
Best Thing (multiple responses allowed)		
Helping clients (general)	36%	23%
Helping children (specifically)	5%	3%
Variety of work/scope of practice/being a generalist	22%	14%
Colleagues (general)	17%	11%
Sense of community among occupational therapists	16%	10%
Opportunities/can specialize	13%	8%
Work schedules, pay, or benefits	9%	5%
Good employer or work environment	7%	4%
Available equipment	7%	4%
Can work near family, nice place to live	7%	4%
Travel	1%	1%
Negative comments	5%	3%
Other	15%	10%
Worst Thing (multiple responses allowed)		
Being underappreciated or undervalued (general)	17%	8%
Being underappreciated by the public or clients	5%	2%
Being underappreciated by colleagues or employer	17%	8%
Workload/caseload/staff shortage/funding shortage	64%	30%
Pay or benefits or working conditions	17%	8%
Limited scope of practise	6%	3%
Poor educational or other opportunities for advancement	15%	7%
Poor service to certain client groups	9%	4%
No school/teaching opportunities	12%	6%
Not enough occupational therapists in mental health	11%	5%
Weather, travel, driving	3%	2%
Other	41%	19%

Table C.9 - Employers and Positions

Job Title	Main Job		All Jobs	
	Number	Percent	Number	Percent
Job Title				
Occupational therapist	100	72.5%	113	70.6%
Specific Kind of Occupational Therapy	25	18.1%	28	17.5%
Manager or Director	7	5.1%	7	4.4%
Private Practise	3	2.2%	7	4.4%
Education	2	1.4%	2	1.3%
<u>Other</u>	<u>1</u>	<u>0.7%</u>	<u>3</u>	<u>1.9%</u>
Total	138	100.0%	160	100.0%
Full-time or Part-time				
Full-time	104	75.4%	105	65.6%
Part-time	28	20.3%	39	24.4%
<u>Casual</u>	<u>6</u>	<u>4.3%</u>	<u>16</u>	<u>10.0%</u>
Total	138	100.0%	160	100.0%
Job Class				
Self-employed	10	7.2%	15	9.4%
Permanent	107	77.5%	119	74.4%
<u>Term or contract</u>	<u>21</u>	<u>15.2%</u>	<u>26</u>	<u>16.3%</u>
Total	138	100.0%	160	100.0%
Employer				
Self-employed	11	8.0%	18	11.3%
Health District	98	71.0%	107	66.9%
School	14	10.1%	15	9.4%
Government	5	3.6%	6	3.8%
Private Practise	6	4.3%	8	5.0%
<u>Other</u>	<u>4</u>	<u>2.9%</u>	<u>6</u>	<u>3.8%</u>
Total	138	100.0%	160	100.0%
Tenure - Same Employer				
Less than a year	10	7.2%	13	8.1%
1 to 5 years	49	35.5%	61	38.1%
6 to 19 years	63	45.7%	69	43.1%
<u>20 or more years</u>	<u>16</u>	<u>11.6%</u>	<u>17</u>	<u>10.6%</u>
Total	138	100.0%	160	100.0%
Tenure - Same Position				
Less than a year	24	17.4%	27	16.9%
1 to 5 years	63	45.7%	76	47.5%
6 to 19 years	44	31.9%	50	31.3%
<u>20 or more years</u>	<u>7</u>	<u>5.1%</u>	<u>7</u>	<u>4.4%</u>
Total	138	100.0%	160	100.0%

Table C.10 - Areas with Greatest Need

	Currently		In the Next Five Years	
	Number	Percent	Number	Percent
Practise Areas (multiple responses allowed)				
General Mental Health	129	86.6%	90	60.4%
General Physical Health	48	32.2%	50	33.6%
Musculoskeletal Systems	34	22.8%	32	21.5%
Neurorehabilitation	59	39.6%	42	28.2%
School Based Care	87	58.4%	66	44.3%
Vocational Rehabilitation	31	20.8%	26	17.4%
Palliative Care	65	43.6%	53	35.6%
Community Supports	114	76.5%	96	64.4%
<u>Other</u>	<u>35</u>	<u>23.5%</u>	<u>46</u>	<u>30.9%</u>
Total	149	100.0%	149	100.0%

Table C.11 - Location of Work

	Main Job		All Jobs	
	Number	Percent	Number	Percent
Regina	26	19%	31	21%
Saskatoon	69	50%	73	49%
Other Major Urban Centre*	23	17%	23	15%
Smaller communities	29	21%	30	20%
<u>Other</u>	<u>7</u>	<u>5%</u>	<u>9</u>	<u>6%</u>
Total	138	100%	149	100%

* Prince Albert, Moose Jaw, North Battleford, Yorkton, Estevan, or Swift Current

Table C.12 - Vacancies at the Workplace

	Employed as an OT	
	Number	Percent
N/A or Don't Know	25	18%
No	65	47%
Yes		
Still vacant	16	12%
Another profession hired in lieu	4	3%
Position deleted	5	4%
Now filled	9	7%
Other	7	5%
<u>Don't know</u>	<u>7</u>	<u>5%</u>
<u>Subtotal</u>	<u>48</u>	<u>35%</u>
Total	138	100%

Table C.13 - Improvements in Patient Care with More Occupational Therapists

	Employed as an OT		Total Membership	
	<u>Number</u>	<u>Percent</u>	<u>Number</u>	<u>Percent</u>
Yes, a lot	108	78.3%	117	78.5%
Yes, somewhat	18	13.0%	18	12.1%
No	0	0.0%	1	0.7%
Not applicable	9	6.5%	10	6.7%
Don't know	<u>3</u>	<u>2.2%</u>	<u>3</u>	<u>2.0%</u>
	138	100.0%	149	100.0%

APPENDIX D
SSOT MEMBERSHIP SURVEY QUESTIONNAIRE

SSOT MEMBERSHIP SURVEY

The first few questions are about your education and training.

1. What is the highest level of post-secondary education you have in all fields of study including occupational therapy?
 - Diploma
 - Bachelor Degree
 - Master's Degree
 - Doctorate

2. What is the highest level of post-secondary education you have in occupational therapy?
 - Certificate
 - Bachelor Degree (three or four year)
 - Master's Degree – Entry to Practise
 - Master's Degree – Post-Professional
 - Doctorate

3. These questions are about the educational path you took to become an occupational therapist. Please describe the degrees and institutions in chronological order, ending with the most recent credential. Include diplomas, certificates, or degrees that are not related to occupational therapy. If you have more than four, please describe the most recent four.

	Year graduated	Institution	Credential
3.1 First post-secondary diploma, certificate, or degree			
3.2 Second post-secondary diploma, certificate, or degree			
3.3 Third post-secondary diploma, certificate, or degree			
3.4 Fourth post-secondary diploma, certificate, or degree			

4. In what kind of facilities did you do your clinical placements? (Check as many as applicable.)
 - Hospital
 - School or School Board
 - Palliative Care
 - Vocational Rehabilitation
 - Private clinic
 - Other (please specify _____)

5. Where were these clinical placements? (Check as many as applicable.)
 - Saskatchewan
 - Alberta
 - Manitoba
 - in provinces other than these
 - Other (please specify _____)

The next few questions are about your employment as an occupational therapist.

6. Are you currently employed, either full-time or part-time, in a paid position or self-employed?

- yes, as an occupational therapist
- yes, but not as an occupational therapist
- no, but I am looking for work as an occupational therapist
- no, and I am not looking for work right now
- I have never worked as an occupational therapist (skip to question 18)

} answer the remaining survey questions in terms of your most recent position as an OT.

7. Which of the following best describes the type of occupational therapy positions you currently hold. Choose up to three positions by indicating the primary or most important, the secondary, and the third most important. The most important position will probably (but not necessarily) be the one where you spend the most hours.

	Main or Only Position	Second Position	Third Position
7.1 Job Title (write in)			
7.2 Is this a full-time or part-time position? (A full-time position is one where you normally work 30 hours/week or more.)	<input type="checkbox"/> full-time <input type="checkbox"/> part-time <input type="checkbox"/> casual	<input type="checkbox"/> full-time <input type="checkbox"/> part-time <input type="checkbox"/> casual	<input type="checkbox"/> full-time <input type="checkbox"/> part-time <input type="checkbox"/> casual
7.3 Is this a permanent or temporary position?	<input type="checkbox"/> self-employed <input type="checkbox"/> permanent <input type="checkbox"/> term or contract	<input type="checkbox"/> self-employed <input type="checkbox"/> permanent <input type="checkbox"/> term or contract	<input type="checkbox"/> self-employed <input type="checkbox"/> permanent <input type="checkbox"/> term or contract
7.4 Type of employer	<input type="checkbox"/> self-employed <input type="checkbox"/> a health district <input type="checkbox"/> a school board <input type="checkbox"/> the provincial or federal government <input type="checkbox"/> a private agency <input type="checkbox"/> other (please specify) _____	<input type="checkbox"/> self-employed <input type="checkbox"/> a health district <input type="checkbox"/> a school board <input type="checkbox"/> the provincial or federal government <input type="checkbox"/> a private agency <input type="checkbox"/> other (please specify) _____	<input type="checkbox"/> self-employed <input type="checkbox"/> a health district <input type="checkbox"/> a school board <input type="checkbox"/> the provincial or federal government <input type="checkbox"/> a private agency <input type="checkbox"/> other (please specify) _____
7.5 How long have you been with this employer as an occupational therapist?	<input type="checkbox"/> less than a year <input type="checkbox"/> one to 5 years <input type="checkbox"/> 6 to 19 years <input type="checkbox"/> 20 or more years	<input type="checkbox"/> less than a year <input type="checkbox"/> one to 5 years <input type="checkbox"/> 6 to 19 years <input type="checkbox"/> 20 or more years	<input type="checkbox"/> less than a year <input type="checkbox"/> one to 5 years <input type="checkbox"/> 6 to 19 years <input type="checkbox"/> 20 or more years
7.6 How long have you been in this particular position?	<input type="checkbox"/> less than a year <input type="checkbox"/> one to 5 years <input type="checkbox"/> 6 to 19 years <input type="checkbox"/> 20 or more years	<input type="checkbox"/> less than a year <input type="checkbox"/> one to 5 years <input type="checkbox"/> 6 to 19 years <input type="checkbox"/> 20 or more years	<input type="checkbox"/> less than a year <input type="checkbox"/> one to 5 years <input type="checkbox"/> 6 to 19 years <input type="checkbox"/> 20 or more years

8. This question is about the kind of work you do and the age group of your usual patient or client. If you have more than one position, think about all of your work combined. Put a check mark in cells of the matrix if you do the kind of assessments/therapy listed on the left for the kind of patient/client listed across the top.

	Infants (under 6)	Children (6 to 15)	Adults (15 to 64)	Older Adults (65 plus)	All ages or not applicable
Direct Service					
General Mental Health					
General Physical Health					
Musculoskeletal Systems					
Neurorehabilitation					
Vocational Rehabilitation					
Palliative care					
Community supports					
School (K-12) Based Service					
Other direct service (please specify _____)					
Other than Direct Service					
Administration					
Research					
Teaching					
Community accessibility					
Health promotion					
Other (please specify (_____))					

9. These questions are about where you have worked as an occupational therapist and where you are currently working. If you have more than one position, answer about your main job.

9.1 Have you ever worked as an occupational therapist outside of Saskatchewan?

- No (skip to question 10)
- Yes, other countries
- Yes, in Alberta
- Yes, in Manitoba
- Yes, in provinces other than Alberta or Manitoba

9.2 When did you come to Saskatchewan?

- Before 2000
- 2000 to 2005
- 2006 to 2010
- After 2010

10. Where is the majority of your current work (not necessarily where you live)? (Check as many as applicable.)

- Regina
- Saskatoon
- Other major urban centre (Prince Albert, Moose Jaw, North Battleford, Yorkton, Estevan, Swift Current)
- Smaller communities
- Other (please specify _____)

11. These questions are about your future plans.

11.1 What do you think you will be doing five years from now?

- In same position with the same employer
- With the same employer but in a more senior position
- With a different employer
- Not working as an occupational therapist
- Retired
- I really don't know
- Other (please specify _____)

11.2 What factors would make you leave the profession permanently?

- Workload prevents quality care
- Pay and benefits not adequate
- Scope of practise in Saskatchewan
- Nothing
- Other (please specify _____)

11.3 What factors would make you leave Saskatchewan to practise elsewhere?

- Workload prevents quality care
- Pay and benefits not adequate
- Scope of practise
- Nothing
- Other (please specify _____)

12. What would you say is the best part of your work as an occupational therapist in Saskatchewan?

13. What is the worst part?

14. What areas of occupational therapy do you see growing most rapidly in the next five years (choose as many as applicable)?

- General Mental Health
- General Physical Health
- Musculoskeletal Systems
- Neurorehabilitation
- School Based Care
- Vocational rehabilitation
- Palliative care
- Community supports
- Other (please specify _____)

15. What areas of occupational therapy do you see currently having the greatest need in Saskatchewan (choose as many as applicable)?

- General Mental Health
- General Physical Health
- Musculoskeletal Systems
- Neurorehabilitation
- School Based Care
- Vocational rehabilitation
- Palliative care
- Community supports
- Other (please specify _____)

16. In your place of primary employment, have any occupational therapy positions remained vacant for the past six months?

- Yes
 - No
 - Not Applicable
 - Don't know
- } skip to question 17

16.1 If yes, what happened to these positions?

- Still vacant
- Another profession was hired in lieu of occupational therapy
- The position was closed
- Don't know
- Other (please specify _____)

17. In your primary place of employment, would additional occupational therapists improve patient care?

- Yes, a lot
- Yes, somewhat
- No
- Not applicable
- Don't know

18. These questions are for classification purposes only. Remember that all responses are anonymous and the results are kept strictly confidential.

18.1 Please indicate your sex (gender)?

- Male Female Rather not say

18.2 Where is your home?

- Regina
 Saskatoon
 Other major urban centre (Prince Albert, Moose Jaw, North Battleford, Yorkton, Estevan, Swift Current)
 Other (please specify _____)
 Rather not say

18.3 Please indicate your age as of September 2015

- 20 to 29
 30 to 39
 40 to 49
 50 to 59
 60 years of age or older

18.4 Which of the following best describes your family status.

- Living alone
 Married with children at home
 Married without children at home
 Unmarried, living with parents
 Unmarried, living with non-relatives
 Lone parent
 Other (please specify _____)
 Rather not say

19. Please provide any comments about the topics raised in this survey or other issues you feel should be addressed.

APPENDIX E
LIST OF STAKEHOLDER INTERVIEWS

Date	Interview	Notes
June 15	<u>Sask Society of Occupational Therapists</u> Coralie Lennea – Exec Director Louise Burrige – Director of Professional Practise	This was an introductory meeting to talk about the project.
July 15	<u>Prairie Spirit School Division</u> Susan Protz – Coordinator, Schools and Learning	PSSD employs 4 OTs
July 15	<u>University of Saskatchewan</u> Dr. Preston Smith – Vice-Provost and Dean of Faculty of Health Sciences	This was an introductory meeting to talk about the project. Dr. Smith is a strong advocate for inter-disciplinary teaching and practise. A follow-up interview is planned to discuss details.
July 16	<u>RQHR</u> Blaine Katzberg Eldon Swab	There is relatively high turnover in the ~60 OTs at RQHR but recruitment isn't usually a problem. More could be used in mental health.
July 16	<u>Sask Health</u> Andy Churko – Director, Workforce Policy and Planning, Saskatchewan Health Adam Mills – Senior Program Analyst, Saskatchewan Advanced Education Jennifer Green – Therapies Consultant, Continuing Care and Rehabilitation, Saskatchewan Health	Sask Health has no evidence of unmet demand for OTs in health care.
July 20	<u>Public Service Commission</u> Elaine Caswell, Advisor to the Chair	There are very few OTs employed by the provincial government
July 22	<u>Sask Polytechnic</u> Reg Urbanowski - Vice-President, Strategy and Advancement	Reg is an OT and has set up OT programs at other universities. Sask Polytechnic could have a role to play because of their connection to employers and to occupational health and safety.
Aug 4	<u>Workers' Compensation Board</u> Chris Drobot – Manager, Health Care Services	WCB uses health care OTs when necessary; they have none on staff.
Aug 5	<u>University of Regina</u> Tom Chase - Provost Harold Reimer – Dean, Faculty of Kinesiology & Health	Discussions are underway with U of A regarding a satellite program at the U of R. A follow-up interview is planned to discuss details.
Aug 13	<u>Saskatchewan Abilities Council</u> Corey Hadden – Regional Director	They make do without OTs because of cost.
Aug 13	<u>Ministry of Advanced Education</u> Nick Dube – Senior Program Analyst, Saskatchewan Advanced Education	The meeting was to discuss the details of the agreement with the U of A.
Aug 17	<u>Ministry of Social Services</u> Bev Lamb - Supervisor, Behaviour Supports, Valleyview Centre Penny Maelde - Manager, Outreach Services, Valleyview Centre	Valleyview in Moose Jaw has only 3 OT positions but has trouble recruiting – one is vacant.

Date	Interview	Notes
Aug 25	<u>Saskatoon Health Region</u> Alicia Carey Suzanne Sheppard	Suzanne Sheppard is the Director of Inter-Professional Practice Education and Research and Alicia is the practice leader of occupational therapists.
Aug 25	<u>University of Saskatchewan</u> Liz Harrison - Associate Dean Physical Therapy and Rehabilitation Sciences	Dr. Harrison is the person heading up the study for an OT program at the U of S.
Sept 1	<u>Allison Tetlow</u>	Allison is a self-employed occupational therapist.
Sept 28	<u>Ministry of Justice – Corrections</u> Syd Bolt - Director, Health Services, Offender Services	There is a need for occupational therapists in the corrections system but budget constraints prevent hiring them.
Sept 25	<u>Adult Therapy Program at Wascana</u> Laura Shoemaker-Chorney Anita Lorenz Beverley Hegedus Terry Johnson-Fong	These interviews were with four occupational therapists working in a variety of fields in the Adult Therapy Program.
Oct 13	<u>Follow-up meeting with SSOT</u> Louise Burrige Kara Gorman	The preliminary findings from the study were discussed.
Oct 19	<u>Margaret Tompson</u>	Dr. Tompson is retired but she has been involved with SSOT since the 1980s.

APPENDIX F
VERBATIM COMMENTS FROM SSOT MEMBERSHIP SURVEY

QUESTION 12: WHAT WOULD YOU SAY IS THE BEST PART OF YOUR WORK AS AN OCCUPATIONAL THERAPIST IN SASKATCHEWAN?

Question 12: What would you say is the best part of your work as an occupational therapy in Saskatchewan?
I love being able to solve specific problems for children where the solution actually makes their lives better qualitatively. I love being a part of a child being able to enjoy an activity they would never have been able to do without my help. I love helping other caregivers understand their child and so be able to independently come up with their own solutions to problems instead of feeling stuck. I think my perspective is very positive and helps with a lot of issues that otherwise would be treated punitively or not at all.
The time with direct client care
The variety of clients I work with as the only OT in a rural area. It challenges me to keep learning about new areas of OT.
I have the freedom to change the scope of my work to suit my interests and abilities.
I'm from Saskatchewan and would like to finish my career here. I like the community where I live. My workplace has usually consisted of a great group to work with.
Variety of clients Getting to know and assisting clients through their disability journey. The client centered nature of the occupation The ability to bring a functional perspective to the team table When the job is done well - it is very satisfying and fulfilling - occasionally tis does happen
Type of clients. Great surgeons
Teaching patients new physical and cognitive skills to be successful in everyday life, and watching them incorporate these skills in real world environments and settings.
I very much enjoy the client population I work with on Rehab. I feel lucky to have the opportunity to work part time.
Supportive employer; Autonomy; Team environment.
I don't have anything positive to say.

The association in Saskatchewan is close knit and willing to share and help peers.
broad scope of practice
The best part of working as an OT in Saskatchewan involves great mentorship and supportive environment to grow as an OT.
There is good job security in my position (full-time permanent). I moved from Ontario to Saskatchewan to pursue a career/ position with more job security than I was able to find in Ontario.
Seeing clients live independently and fulfilling lives. Knowing that as an OT I enhanced their quality of life.
The working environment. The diverse caseload.
There is nothing particular to working here as an OT, compared to other Provinces
The clients
Making a difference to the quality of life for my clients and their families. I help them to understand the impact cognitive and physical changes are having on functional independence and safety, and assist with putting place the appropriate resources to enable clients to continue to age gracefully and confidently while being safe, to have a purpose as they age.

Question 12: What would you say is the best part of your work as an occupational therapy in Saskatchewan?



There are many opportunities for growth as an occupational therapist here in Saskatchewan. The challenge is simply convincing others of what you can offer. If you look at the employment rates of individuals with disabilities, the numbers of individuals with mental health issues, the aging population, limited inclusive practices in schools, and reduced environmental accessibility - the province is screaming for the support of a profession that has the knowledge, skills and practicality to create significant change in the quality of life of its citizens. Sadly, it has simply become status quo for citizens not to have access to the profession.

Making changes in patients lives

I like the people, the systems and my family is here

Direct patient care - the actual one on one.

Interacting with clients; helping to improve their quality of life; providing education; increasing their independence; helping them accept their new health situation; providing support and education to the family of clients.

I enjoy the work with clients to make their lives easier and more fulfilling. I also enjoy the tremendous variety in my current position and also the many options that exist for me as an Occupational Therapist in the health region. Many opportunities!

I work collaboratively with a great team. There was a time when I was not as satisfied with my work, but my present environment is fantastic and I enjoy my job.

autonomy. Equipment loan programs SAIL programs for funding working rural my manager networking of OT's

I think there is finally starting to be some recognition of what OT can provide as a profession in SK. For years we have struggled and been told that we'll just get a physio to do it and finally there are people starting to realize that while physio is a great profession, a team approach is what is often needed. Unfortunately SK is GREATLY understaffed in mental health OT's. I think when I do a great job and am able to say it's because I am an OT that is success in this province. Our department has been able to participate in projects where we can demonstrate that we decrease hospital stays/ER visits by being part of a TEAM!!!! We still have to sometimes fight to get remembered to be put on the team/added to these projects but once we're there we are able to demonstrate what skills we bring to help clients and their families/care providers.

In my previous position, I really enjoyed being able to specialize and become an expert in the area. Since leaving that position, I have appreciated the close knit community of therapists in this province that have gone out of their way to keep me engaged in the profession

Being able to make differences in a child's development, skills, abilities.

Nice to be in home province near family.

Feeling like I have a diverse set of skills I can use to help people with brain injuries or strokes to re-learn skills or find new ways to engage in meaningful occupation and thus in their lives.

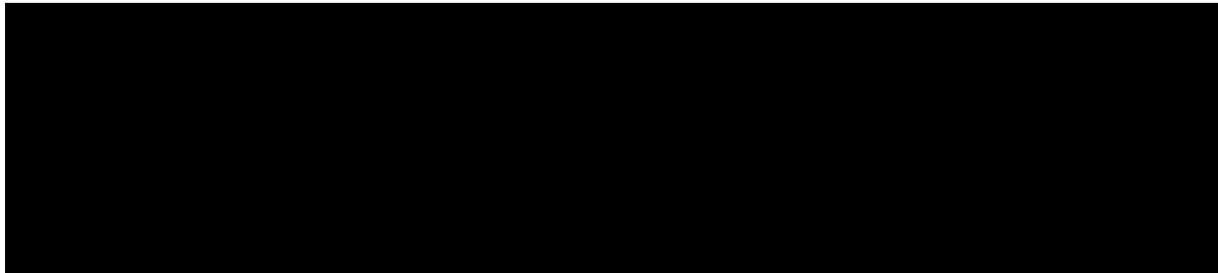
I love working with kids and helping families. My co workers are superb

enjoy the OT's I work with

Mostly I appreciate the clients that I work with. I appreciate working in the birth place of Medicare as that influences the perspective of the people I work with and the organization I work for. I also appreciate being part of the community clinic with its social justice perspective and its work with marginalized groups of people. It has broadened my understanding of health, health care and the factors that influence health

I have a full time job

The colleagues that we work with

Question 12: What would you say is the best part of your work as an occupational therapy in Saskatchewan?
Helping people increase their independence. 37.5 hour work week Salary and benefits.
The ability to move positions without switching employers.
Being able to support clients and assist with them to make positive change
i live where my family is
The relationships that you develop with your patients
I am not currently working as an OT, but from my past, I have found OT to be highly rewarding. OT is also very diverse, so there were always opportunities for working in different areas. The scope of OT is so large so it was a wonderful challenge to work with families and patients in a variety of ways. I have also appreciated the flexibility of the profession to work varied hours if needed.
Direct care for clients and their families. Making a positive impact on outcome on clients' outcomes. Working as part of a caring, client centred, multidisciplinary therapies team. Program development (when time permits).

Cohesive community of therapists
To be able to give people the opportunity to maintain their independence in their own homes. To work with people in their own homes and to work on goals that are achievable.
The variety of clinical experiences. We serve such a large catchment area and meet diverse needs.
Well I worked as a community therapist for many years and other than the travel in the winter I loved the position and the rural areas brought so much travel thru the seasons that I did really see the beauty of the world as I drove. It allowed me to escape the hospital sameness and allowed me to grow in ways that were unique !! At one point we had a great mentorship program and were able to meet with other therapists in the rural areas and connect yearly and it was so wonderful and inspiring!!! We used to have support and now we do not and I think it is so sad!!! saskatchewan was on the cutting edge of thinking about education of the public and it was such a wonderful supportive environment to learn and grow from.... it was a wonderful insightful program and I am so proud to have been a part of this movement!
Good group of OTs. Respect for OT in the schools.
The best part of being an OT isn't necessarily tied to being in Saskatchewan - its more about the core principles of the profession (finding a way for people to be successful on their own terms and accomplish what they want to do). If I have to specify something that is related to being in Saskatchewan, it would be that we have a relatively tight knit community of OTs, at least in the area of school focussed practice. There aren't a lot of us working in this area, so people tend to make bigger efforts to connect and collaborate.
Am able to practice in a variety of areas; the people I work with and for are great to work with

Opportunities for variety in practice once seniority is established enough to allow it.

Question 12: What would you say is the best part of your work as an occupational therapy in Saskatchewan?
My work allows me to network with a large number of OT s in the province and to have a big picture of the profession in the province. I also have the opportunity to teach and interact with OT and PT students and to enjoy their energy and enthusiasm. I further have the opportunity to have links with two professional programs and their faculty at two different provincial universities
i don't know that it has to do with work in Saskatchewan. more my employer who has been supportive in allowing me to develop expertise and continuing education in area of specialty i work in Sask because that is where i am from and returned after school having received a bursary. if circumstances had worked out differently, i probably would have left.
Being able to provide therapy service despite client's economic resources.
The people i work with. Clients and staff
Supportive community of OTs
Unique perspective Ability to make a difference in people's lives
The pay and the sense of support and understanding I feel with my fellow OTs.
Great people, for the most part, both to work alongside, and to work with as patients.
Lots of varied work.
I believe strongly in the role I play as an OT improving the independence and abilities of my clients. This is not specific to practising in Saskatchewan. I enjoy that I am able to work with a diverse caseload, and enjoy that I am able to work with clients long enough to establish a very good therapeutic relationship and help achieve their goals.
Being Inspired and supported by fellow Occupational Therapists and related colleagues. Opportunity to define best practice in Occupational Therapy school based practice, and to see the results in school classrooms and in student success. Working with families, teachers, and students to support children's success in school and life. I love to watch how my practice supports children to become happy, successful, and confident citizens.
I love being an OT. I work and live close to my family so that helps my work-life balance. My husband farms so we are living where we will be forever - I love that I have a great job close to our farm!
Being able to reach out to people and make a difference in their lives. Giving them opportunities that they never imagined possible.
Employment opportunities in a great profession where you make a real concrete difference in people's lives
Being able to be a general therapist, advocacy for clients and working on a variety of projects related to health promotion, senior independence and accessibility.
Making a difference in the lives of children and their families.
Working in rural setting with many different scopes
Working with people who have spinal cord injuries/brain injuries. Working with SGI.
relatively small group of OTs in the province who work hard to support the profession and each other - Most people who have experienced OT services very appreciative of what we have to offer - helping people to become/stay as independent and functional as they can be
In Ontario everything is very set with not a lot of room for change. In Saskatchewan, as a newer Occupational Therapist, I feel that I have the support and freedom to make changes to the ways of doing things that will allow me to provide better care to my clients.
Being able to practice as a generalist.
I get to work with a variety of individuals and make an impact on their lives in a positive way. There is so much potential for the scope of practice to grow in Saskatchewan. There is a great group of OTs in this province that will make a huge impact on healthcare in the years to come.

Question 12: What would you say is the best part of your work as an occupational therapy in Saskatchewan?
interaction with clients / client groups
Ability to treat clients with good quality service
I have had the opportunity to work in a variety of positions covering many aspects of the Occupational Therapy scope of practice during my career. the variety keeps me engaged in the profession.
My self-employment.
Opportunities.
Assisting clients to achieve their goals. Being able to access equipment through the Saskatchewan Abilities Council. Having the Kinsmen Foundation as a resource for funding. Support from other OTs.
The number of opportunities for practice, bank days, the community of OTs
Small community of OTs, support each other. Leadership in health region very supportive of therapies.
We have freedom to define our role
Saskatchewan has greater accessibility to quality equipment (in comparison to other provinces) such as manual wheelchairs, manual tilt wheelchairs, power chairs, walkers, commodes, tub benches, hospital beds, floor-to-ceiling poles, etc which are free for loan to residents. This enables Occupational Therapists to do their jobs in helping keep clients safe at home and increase their involvement in every day life, which in turn demonstrates the value of what Occupational Therapy can offer. In other provinces where equipment is inaccessible, OTs are unable to do their job well and are unable to demonstrate their value in improving quality of life for the elderly and the disabled. Also, a lot of quality problem solving occurs in this province to provide equipment and services to very rural clients who are unable to travel to the urban areas.
Pay is fairly good compared to many other provinces
Opportunity for scope of practice.
Creating my own private practice that functions to meet a service gap in the public system.
knowing I can make a difference in people's quality of life by helping them to achieve what's important to them, and knowing that without my intervention that person would have likely needed many more resources to be able to function.
Scope of Practice - being with the health region and able to take temporary positions elsewhere to broad my clinical skills in different areas (ie: acute care, rehab, home care)
SSOT is very supportive of growing OT in Saskatchewan and ensuring networking options are available.
The best part is working with clients who really need the services of an Occupational Therapist and having them appreciate the progress they are able to make because of this therapy. I also feel it is very rewarding to have training that allows me to work with people in a different capacity than any other health care professional in Saskatchewan. OTs really do provide a unique service that is beneficial to ALL people that most other health care providers just cannot offer. It's unfortunate that we are so under-represented in Saskatchewan and cannot provide services to more people.
I love that I help patients during the worst time in their life. I am able to identify occupational performance issues and help to enable them to achieve independence to perform meaningful occupation. I work with a variety of patients who have been in a variety of situations, my day is packed full and I always leave feeling like I could have done more to help progress patients further to their goals
there really is no advantage over any other place in canada
The ability to provide client centered care and network with a team within Home Care to do so. Also the resources within the community (ie, local vendors, and the Kinsmen Tele-miracle Foundation) that allow for clients to get the equipment they need.

Question 12: What would you say is the best part of your work as an occupational therapy in Saskatchewan?
Diversity of clients and conditions. My work involves multiple conditions and it keeps me motivated as opposed to doing the same tasks. Specifically in Saskatchewan, it seems like recommendations that we make to insurance companies (SGI, WCB Sask) regarding clients have merit and credibility.
Variability of the job. Being a rural therapist exposes you to many different roles of OT and many different practice areas.
Rewarding
The diversity of potential employment
The best part of working as an OT in SK is the opportunity for growth and development. Because OT is so poorly understood here, there are opportunities to highlight our skills and impress with what we can do.
Variety of areas that a person can practice.
The variety of work I can perform.
Working within the supportive community of occupational therapists.
Lots of variety in OT positions, roles are very different depending on the population, setting and individual clients. Freedom to self-manage own caseload. Working as part of interprofessional team in hospital setting.
Being able to help others and teach other staff about the importance, role, and necessity of occupational therapy
That there is such a supportive group of OTs in Saskatchewan
The variety of interesting client areas I get to work in my rural position.
Enabling patients to return to independent living in the community
I get to work in the community in which I was born and raised and call home. I work in a large practice area providing many learning opportunities and experiences.
Support from SSOT Great coworkers
Working with a dedicated team of other OTs towards the goal of best patient care. The good working hours and the fact we get Bank Days.
I love enabling the clients that I work with to be more independent in their meaningful activities. It is very rewarding to assist people in returning home or recovering abilities that they had lost.
Rural practice! Nothing like it.
I enjoy working with patients and assisting someones ability to continue doing the things they love or promoting independence in everyday tasks.
We have a really great team at St. Paul's Hospital, both within the Occupational Therapy office and the other members of the multidisciplinary team. The fact that we have good collaboration helps to keep moral up even when the work load demands are high.
Unfortunately, the number of OTs in Saskatchewan is the lowest per capita in the country. As a side effect, however, this has created a number and variety of vacant OT positions within my employer. From a professional development perspective, this has allowed me to take a number of different positions to expand and develop my skills and experience as an OT (for example, opportunities to work in acute, pediatric, and geriatric care). The community of OTs in Saskatchewan is strong, and I have been well supported and mentored in all of these areas.
community connections, fabulous colleagues and a supportive program to work in
I love the community of Occupational Therapists with whom I work. It is fulfilling collaborating with other therapists and professions to better serve our clients.
I am from Saskatchewan and my family is here. I was lucky enough to have the opportunity to move back home after graduating until I was able to find a job post-grad. There are many different opportunities in Saskatchewan to expand knowledge base and experience.

Question 12: What would you say is the best part of your work as an occupational therapy in Saskatchewan?
I enjoy my job but feel limited by the lack of other therapists in my area of practice. In other provinces I have seen more intensive programs that we are unable to offer. I feel as an occupational therapist I see the potential for what I can offer clients but feel under current institutional restraints I can only offer a fraction. I enjoy the diversity in my job and the people I work with.
Helping others.
The best parts of my work all pertain to aspects of the profession itself - there is nothing specific or unique to working in Saskatchewan that increase my love of occupational therapy.
Helping children function in the school setting. Large focus on self-regulation.
The people I work with. Working with the hard working people in the smallest villages in our province & providing them with the skills & resources they need to continue living the life they live is amazing. The FREE!! SAC equipment program is very integral to making this happen as well. I work with both SK & AB residents, so I am very familiar with both provinces equipment programs -it is unfortunate that SAC doesn't provide much variety or certain types of equipment (whereas AB has anything & everything), however SK residents can get equipment even with no economic resources available to them whereas AB residents can not.
Nothing specific
Work with generally good people. Able to help for the most part my patient's needs.
Being able to contribute to the safety and quality of life of persons
At this time I am unable to comment as I am looking for suitable work and finding it difficult to find something comparable to the role I had previously (in another province). I am newer to Saskatchewan and having coming from a province (Ontario) where there was an abundance of OT opportunity in various practice areas and support for it, I am concerned for the future of OT in Saskatchewan unless we are able to develop an OT school and secure support and resources for OTs here. I believe having an OT school as part of a larger Rehabilitation Science/Rehabilitation Medicine entity at the University of Saskatchewan (where the College of Medicine resides) that will be one of the main anchors for the profession in this province and help to drive the profession further here. There is so much potential for development of the OT role and a patent need for OTs in this province with the existing population and as the population rises.
I get to travel to many communities in Northern Saskatchewan and to First Nations Reserves to work in the schools and provide services are that are not readily accessible.
Opportunities to work in neuro rehabilitation EDOs
A great sense of community among therapists.
When I first graduated I was offered full time temp. employment. I have been able to gain lots of experience, as the hospital I was at allowed us to rotate. Very supportive OT network.
The opportunity to work with a broad range of populations to enable occupation. the availability of equipment from SAC
EDOs
My colleagues
I enjoy the work with families and collaboration with other professionals
My family is in Saskatchewan so that is why I chose to work here
The clients.
the variety of client conditions and OT skills that I think about every day, never boring.
Freedom to help people in their home environment
Helping patients/clients

Question 12: What would you say is the best part of your work as an occupational therapy in Saskatchewan?

Having access to the Saskatchewan Abilities Council equipment pool for patients

dedicated coworkers

Work in a rehab facility with young population clientele; The province has a very good coverage for rehab equipment need for the families.

QUESTION 13: WHAT IS THE WORST PART [OF YOUR WORK AS AN OCCUPATIONAL THERAPIST IN SASKATCHEWAN]?

Question 13: What is the Worst Part [of your work as an occupational therapist in Saskatchewan]?
The worst part is never being supervised by someone who understands my profession. I have always been supervised by people who need to be almost completely educated as to what I do. It is terribly limiting in that it takes years to be allowed to use my entire scope of practice in any setting, because of other people's assumptions. There are tons of blind spots in nursing, PT, teachers, and accountants' perspectives that make it really hard to do everything I could.
High caseload demands decreasing quality of care for clients
Lack of resources and expertise.
Lack of resources for therapy and assessment or the funding to improve same; high caseload; funding cuts to continuing education; lower pay compared to most other provinces; little support from other Occupational Therapists as a new grad.

-The variety - inability to specialize in specific areas. -Not having enough hours and days to do a attend clients in a more time specific manner -There is a lot of paper work - and sometimes this gets put aside and delays occur in getting equipment. i
Caseloads Pay
Educating patient's and families as to what I do OVER and OVER and OVER. OT is not promoted well to the public in SK No market supplement to be paid equal to a PT or SLP: feel not as valued of a health profession Lack of affordable education opportunities and funding for professional development: courses costing hundreds of dollars out of pocket Systemic issues (i.e. patient flow, no online resources for documentation and communication; limited equipment options; SAC program poorly managed)
Increasing workload leading to decreased satisfaction with the care I am able to provide.
Poor salary structure: No growth opportunities for allied health professionals. In other places like UK, Singapore there are opportunities for therapist to grow and develop carrier paths both cliinically and administratively as desired. In SK: growth islimited as there is only staff and senior positions. Poor pay scale as compared to other health professionals.
The scope of occupational therapy is very very limited. There are no supports for professional development at all. Unlike other parts of the world there are no specialized positions for O.Ts.
Where to start! For an experienced OT in Saskatchewan, the worst part of practicing OT in Saskatchewan is: - Lack of peers - Lack of opportunities to use your advanced educational skills e.g. in my case in the area of research and education - Lack of recognition of the value of OT - Constant need to explain the profession - Observing other health care disciplines attempt to fill the gap created by lack of OTs but no having the training of skills required to do the task (e.g. Return to Work, perceptual testing, functional assessments, cognitive assessments, splinting, wheelchair assessments, home modifications etc. etc. etc.) - Watching Sask. residents who would benefit from OT services not being able to access it -
1. Not nearly enough resources - OT's - for the needs of the population; 2. As compared to other provinces, very little recognition from the government in terms of the imperativeness of the profession to the general and more specific population; 3. The OT's are just making do with the human resources spread out over the province, not nearly enough to c cover the bread slice ; 4. NOT enough mental health OT's working in the province - not enough positions open to develop a clear and concise approach to mental health issues

Question 13: What is the Worst Part [of your work as an occupational therapist in Saskatchewan]?
small numebtrs of OTs working in the province overall -very few OT's working in mental health, challenging when needing to refer clients on to the community for support -inability as a practicing therapist to practice full scope due low staffing levels
The scope of practice is limited, such as in the area of pediatrictis, swallowing and teaching opportunities.
There are not enough FTE positions at my workplace to provide the quantity and quality of care that I think should be provided to patients, and to meet the demands of the health region.
Working with people with poor life situations, and with people who have no desire to change despite my best efforts. Also, the lack of knowledge by other professionals of our profession and our role in varied settings. At times I feel like we are a non existent profession working hard in the background. I work in private practice and is largely dominated by the physio and chiro professionals, MD's only refer to them and not to OT's for things like i.e. wheelchair, home accessibility...or they don't refer at all and I often see people in significant distress because no one has helped them.
As an OT, I have spent 6+ years completing my education to obtain a Master's degree. In Saskatchewan, the pay is lower for OT's compared to other professions (SLP,PT),. The rural sites have a difficult time retaining OT's because we move because of lack of pay and an increased workload. Sakatchewan has no OT group to advocate on our behalf which makes it frustrating and causes therapists leave to find alternate work.
Lower rates of pay, compared to other Provinces, e.g. Alberta Frequently I have to leave Saskatchewan for high quality conferences/courses
Predetermined and defined OT roles leaving limited opportunities for growth and ideas.
Knowing the seniors of Saskatchewan are grossly under serviced by occupational therapy.,we are trained to help our clients stay in their own homes, to provide the necessary intervention to keep them at home, out of hospitals etc, but there are not sufficient FUNDED positions to meet the demands so seniors are ending up in long term care sooner than they should be. the geriatric program in Saskatoon has awaiting list of well over 100 clients to be seen. We have the physicians but can't see clients any faster due to the lack of OT availability. We need more positions in order to accomplish this ot does the connive and functional assessments that help the physician determine their avenue of intervention, particularly with cognitive impairments. We service the entire province currently. I am constantly being asked to do more without the necessary time for follow up and charting of information so my quality of service has changed which leads to a significant decrease in my job satisfaction.
Poor or a lack of promotion of our profession in the province. Most people have never heard of OT. There is a Physical Therapy program at the U of S, but no OT program. Therefore PT students often are taught to perform duties or roles that typically OTs would do. This is extremely frustrating for OTs in the workplace. Little to no follow-up therapy in rural areas especially up North therefore it is very difficult for me ensure that the best care is provided to my patients. Large caseloads can often be unmanageable. This becomes very unsatisfying over time often also making OTs feel very guilty for not being able to do what we should be doing for our patients.

Question 13: What is the Worst Part [of your work as an occupational therapist in Saskatchewan]?

From my experience in health, education, and social services here in Saskatchewan, I find that there there is an over utilization of paraprofessionals and an under-utilization of professionals. This leads to ineffective, inefficient and costly band-aid solutions in response to the needs of Saskatchewan citizens. Independence is minimized and costly dependence is perpetuated. For example, in education, children with intensive needs are readily provided with an educational assistant to support their behaviour, learning and basic care needs. If they have access, they wait on waiting lists (sometimes years) to access an occupational therapist. The occupational therapist can provide adaptations to the environment or provide strategies to foster independence in daily tasks. This independence is lifelong and dramatically reduces long term costs of care. The issue in education is funding. Education feels the service should be paid by health, health feels that it is a role and expense of education. OT is about supporting development and independence and has a significant role in reducing long term systemic costs. Currently in health, we have become acutely aware of some of the crises in long-term care facilities. The solution - increase care aides. Less than three health care aides would cover the cost of an OT. Research has shown that OTs working in community settings increase aging in place, and reduce hospitalizations. In addition, even in long term care, OTs maintain the mobility and independence, reduce the amount of care required, and reduce the rate of costly staff and client injuries. In social services, occupational therapists have been shown to increase employability of individuals living with a disability - be it as a result of physical, cognitive or mental health issues. For injured workers, occupational therapists have been shown to get individuals back to work faster following a period of injury or mental illness. Despite this, we continue to hire paraprofessionals and maintain high unemployment rates for individuals with disabilities or simply allow individuals to remain on long-term disability. The result, long term costs that are unsustainable. Also in social services, we have new Crisis Management Teams that work with families of children with disabilities. These high cost intensive teams enter situations when the family is no longer able to cope and the child is at risk for expensive long-term placement. One of the key components of these intensive teams is access to an OT, an OT assessment, provision of equipment and self-regulation strategies. Ironically, many of these children jump OT waitlists or get additional funding to access OT services only when they have been referred to the crisis management team. It would be interested to determine whether timely, responsive access to OT services would mitigate the costs of such services. So, in summary, the worst part about being an OT is Saskatchewan is knowing that you can have a significant impact on the quality of life of citizens, and the economy of the province, but based on numbers, caseload and limited understanding of the role of the OT, you are unable to.

Not feeling supported by management, over worked, not enough staff to meet the demands

The weather! I'm actually very serious, Also that we are so small here and that there is no university program based here to have frequent students working regularly with and multidisciplinary student teams, etc. I would also like to teach sessional lectures and there's no opportunity for rehab. I have done some for education students though

Employer imposed working conditions - physical stress of carrying equipment - no accomodation for work location, parking etc. Lack of upper management support for concerns, low pay for level of responsibility and not keeping anywhere near cost of living increases.

Working with a private client in a nursing home and seeing the awful situation of other residents who are not served by an OT. Knowing that there are so many people who would benefit from OT services and who will never see an OT. The lack of awareness of what an OT can do.

Large Caseloads make the job frustrating many days as I cannot do the work the way that I would like to do it and must rush clients or depriorize clients.

Nothing comes to mind.

the weather driving distances to work and within work feeling isolated working alone

Question 13: What is the Worst Part [of your work as an occupational therapist in Saskatchewan]?

We have a 14 week wait list. My job is to prioritize clients which means those that have to wait often become angry or...worse still, end up going back to hospital/falling while sitting on our wait list. This makes the job satisfaction pretty limited. I see nurses (who are paid a lot more than an OT) going out into the community to do a transfer assessment, only to give ill advice or refer back to an OT- if we were staffed appropriately it should be the OT who goes out to do the assessment at the time it is needed (would save the health system money and be easier for the client- we see clt's who have been told by a nurse to buy certain transfer equipment only to have the OT go out to deem it unsafe and have to make new recommendations). Our department sees clients with physical needs but so many of our clients need a mental health OT (I think there are 5 mental health OT's in SK- very discouraging).....and yet it seems psych nurses don't understand the role of an OT (probably because they haven't had to work/train alongside an OT) and so teams don't push for more OT's. These mental health clt's then slip thru the cracks. Every year I make clt's or their families cry- particularly those with children. While the Kinsmen children centre provides some services there isn't much treatment for those that are over age 5. Schools (particularly the public school system in Saskatoon) seem in denial as to how much OT (and SLP) is needed to support children. The level that kids get is terrible (and I say this as a parent and an OT). Why we can't understand as a province that prevention of issues/helping maximize function for those most vulnerable will benefit not only the clients but also society as a whole is beyond me. Saskatchewan seems to think that just because there aren't job openings for OT's there must not be a shortage or an unmet need- trust me, this is a lie. Try being in a rural setting and waiting for OT services that are never coming because there isn't an OT- or if there is an OT they have to cover such a large area/wide type of caseload that the chances of you getting appropriate services are going to be pretty limited. In community we have CPAS workers who screen clt's to be eligible for OT services- even though we know that despite education given, those CPAS workers don't seem to consistently know what an OT does. Again, I get the calls when clt's or their families are already so frustrated with the system and they are right.

Being unappreciated and underrepresented.

Long waiting lists- more and more kids with special needs and same number of health care professionals to provide services.

Finding OT work in SK is difficult. Occupational Therapy continues to not be recognized as it should be for example in the government. Positions often require a degree in nursing or social work where an OT would be a perfect fit. Unfortunately, many people still don't know about our training and what we do after many many years.

Spending so much of my time filling gaps in service, dealing with system issues which prevent clients getting the most out of therapy, having high caseloads compared to the expected work outcomes and constantly battling the medical model.

Lower pay Employer unable to get rid of incompetent staff Lack of continuing education opportunities and funding Complacency within the medical system

Poor educational opportunity Poor pay (less than RN's who have less education) Poor respect from some co - professions as no OT school here to know we have the same anatomy , physiology, neuroanatomy etc. as PT, Dr etc. Other professions like RN (TLR RN) try to do our job and do it very badly but get paid more than we do!!!! AND we have to fix their mistakes!!!! Can't recruit as pay and working conditions are poor LONG wait lists that never get any better Poor scope of practice....can use all our skills Poor staffing in areas like mental health where there should be about a 1/3 of the OT's of Phys med....our province has maybe 5 total working in the area Working over time for free for years and years Feel abused by the health region as they charge us as community workers full time parking rates while we are required to use our cars for work and drive around all day for them but there is no parking areas close by and without a pass we have to park and walk in the hood (dark before and after work in the winter)

The shortage of OT's in this province is a long term problem and very discouraging to work in the midst of for many years.

dealing with third party payers

Shortage of opportunities in non-hospital based positions such as mental health

Salary and benefits not congruent with those received by similar disciplines or with OT's in other provinces. No room for advancement to a more senior position. Bring asked to do more higher level skills with no increase in compensation.

There are not enough of us. It limits what we can do.

Question 13: What is the Worst Part [of your work as an occupational therapist in Saskatchewan]?
Workload, poor support from upper management, restrictions on equipment
threat of more position cuts, lack of value for what OTs provide, focus on primarily acute care and not looking ahead enough into long term outcomes of persons abilities and independence and quality of life.
Lack of a school here to assist us with constant staffing issues Constant churn in staff, hard to have a stable staffing compliment Understaffed when considering staff to patient ratios in most facilities Not being replaced when on holidays or when sick (unlike the nursing staff) Expected to do more with less No extra money for education or professional development
Probably my biggest frustration as an OT was the mere fact that many other professionals did not fully understand the scope of an OT or at times put many demands on me because of the broad scope of what I could do. It was also frustrating working in a system where OT's were understaffed and maybe not recognized as being an integral part of the persons health care team
I am currently carrying a 1.4 FTE caseload and will be doing so for the foreseeable future. This has a negative impact on the services I provide to all service areas and, as Senior OT, on my ability to support the staff OT's and facilitate/guide program development.
Working so hard to get enough OT positions, but not being able to fill the positions because of the lack of an adequate and stable supply of therapists, primarily because we have been unsuccessful in getting a School of OT in the province.
Unable to work to full scope of practise as a clinician due to workload. Difficulty recruiting and retaining OTs due to workload and low compensation
Poor staffing numbers, lack of respect from other disciplines in health care as their is no school in Saskatchewan. This is embarrassing when you talk to other occupational therapists from around Canada. Our physios, nursing staff and even our doctors have a very limited understanding of what we as OTs actually do through out our day! Every government to date has made empty promises, the tax payers of Saskatchewan are the biggest losers.
Too few occupational therapists in my area of practice. Means that acuity, complexity and workload is high. Not enough OT's in mental health.
Driving in the winter with not great cars!!! No Cell phone for many years and no systems in place for safety!
Need more high end professional development opportunities in Saskatchewan. We need to have more of a voice to tell others how amazing and cost effective our profession is!
The worst part is feeling like I always have to explain and rationalize my profession. Rarely is there enough funding or time to invest in a client or a community in order to make significant gains towards goal achievement. I worry that people don't see the benefit of having an OT because they rarely get to see what an OT could truly offer. Working in private practice has introduced me to new frustrations when my clients try and access funding through their insurance plans to cover the cost of our sessions. People are often denied coverage through their plans which, again, de-legitimizes what I do.
Not having recognition that OT is a valuable therapy service - by funders and by clients
We have high caseload demands and no additional coverage when we are ill or away on holidays. We are beginning to have our education days and funding become very restricted and have been encouraged to use our own money or holidays to further our education. Culture of stress in the Therapies Dept. that translates to all staff. I have been enjoying Home Care as I can isolate myself from the department. It is very challenging to cover caseloads when staff leaves or goes on maternity leaves. We are almost always unable to fill positions - or it takes a lengthy time to fill them. Our dept. staffing complement has remained the same for the 7.5 years that I have been employed but caseload volumes continue to rise .
Pay is far below therapists I know in other provinces. Each time our union negotiates we wait years for a contract. Not having a school of OT in SK means none of the other professions we work with understand our scope of practice or know how to work with us. The population we serve has also never heard of OT.
Watching my profession be excluded from research opportunities, policy decisions and specialized clinical practice in many areas because of a lack of senior OT s in academia, administration and leadership positions in Saskatchewan. At the same time I see the opportunities for OT s in Alberta and for my PT colleagues here in Saskatchewan.

Question 13: What is the Worst Part [of your work as an occupational therapist in Saskatchewan]?
lack of opportunity for upward mobility. poor understanding of OT role and contribution on teams for eg being told i don't need to see a client because he's not ever going to work (acute post stroke) poor OT identity as a group. lack of good practical educational opportunities locally and having to pay big bucks to travel for useful and practical education poor OT services for my own family such as autism services we are not offering the scope of services that we should. we are poorly recognized, poorly funded and there is a lack of growth of new positions and new areas of practice. we should be offering so much more than is offered in this province
Not being able to provide the therapy I know my client's need- eg. caseloads are too high for me to address the whole person, OT tends to be crisis management, which means addressing equipment needs without being able to address cognitive or mental health issues, or caregiver stress. There is little time for follow up to see if our interventions have been effective, or to evaluate the program or therapy provided., not enough time to provide adequate education and follow up with clients or caregivers. Limited access to interdisciplinary resources (again due to high caseloads and limitations of the professionals) - eg. speech therapy, clinical psychology, pain specialists (non physician), pharmacists, to help with a more comprehensive treatment plan. Minimal ability to address preventative issues. Knowing my clients who are discharged to long term care facilities generally have minimal access to OT. Few opportunities to specialize in clinical areas, which also means few clinical OT experts for those in generalist positions to consult. Lack of educational institution within the province, again lacking clinical expertise, as well as access to research support. Interprofessional managers, which means spending time and resources educating our managers on our role, as well as limitations of therapy assistants, needing to justify our clinical reasoning, how we prioritize clients.
Caseloads and lack of time to do best care possible
High caseload numbers
Lack of community based positions. Low numbers of jobs to work with children in Regina. Huge need but no funding. Lack of understanding of what the profession offers by employers
THE WORKLOAD!! It is unmanageable, plus the needs of students are increasing each year.
Inflexible hours with the health district; poor/outdated computer systems
Not able to specialize as need to be a generalist.
There are not enough of us!! Our wait lists are very long and it is extremely frustrating to not be able to see newly referred clients in a timely fashion. I also feel we are extremely under-valued in this province.
Underfunding of Occupational Therapy positions, lack of sufficient Occupational Therapy positions to fulfill the need and demand in Saskatchewan, lack of mental health Occupational Therapy positions. Wait lists define my Occupational Therapy practice due to too few Occupational Therapists to meet the need. There is a significant lack of recognition of the strengths Occupational Therapy can bring to the mental health perspective in Saskatchewan whether it is to schools, psychiatric and mental health facilities, community based mental health programs and outreach, homecare. This lack of recognition/awareness has consequently led to an underfunding of Occupational Therapy positions in Mental Health. Which means that the Saskatchewan population receives almost no mental health services from OT's, even though best practice would indicate that OT's can make a significant contribution to the health and wellbeing of those struggling with mental health issues - and these services are provided in almost every province except Saskatchewan, at significantly higher levels, with documentation of success. OT students educated in Manitoba or Alberta cannot complete their full work placement training/internships in Saskatchewan but must complete their Mental Health placement in another province. This fact impacts any talks and implementation of a OT program in Saskatchewan, as mental health is a primary part of any OT education and requires each student to complete a minimum of one mental health placement prior to graduation. Funding for professional education has been significantly reduced, resulting in challenges to ensuring that all OT's are familiar with the latest knowledge out there, and makes it difficult to stay on top of best practice.
There is not any mental health OT in my area of the province. This is a shame for many of the population that we serve. We are often short staffed due to unfilled maternity leaves - the positions get posted but there is little interest in rural temporary positions.
Being overworked and not being able to provide the best quality of care. For example, having time to provide frequent follow-up and interventions/direct treatment rather than identifying a person's issues and sending them on their way to deal with them on their own).

Question 13: What is the Worst Part [of your work as an occupational therapist in Saskatchewan]?
All of the barriers that are in place that do not let us be effective in our roles. Shortness of staff causes us to get used to and accept doing the bare minimum and no one realizes the extent to the lack of numbers. If we had more OTs in the community helping people manage in their own environments the healthcare system would save millions, instead we do bathroom assessments and as long as we get those done bosses are happy we are doing our job.. Just one example, but it is the same across all areas of practice. If we help students achieve and be successful we have more people gainfully employed and less on disability insurance, the list goes on, but seems to be unrecognized by managers who are unwilling to increase their staffing
Lack of mental health occupational therapy services. Lack of administrative support and OT assistant support.
Large caseloads and lack of resources make it difficult to provide the best care.
Working in a rural setting and not having the support, resources and access to education opportunities
Pay could be better in private practice - not on par with similar professions such as PT despite large impact OT service has on daily life, insurer benefits.
- the continued lack of the public's understanding of what an OT is and the services we can provide - high caseload numbers leading to decreased of quality of care - lack of ability to do or be involved in research
The scope of practice does not seem to be very broad. Occupational Therapists are only in certain positions and not very many people know what we can offer.
The worst part is not having enough OT positions to work to meet the increasing demands for our service and then not having OTs available to work part time or causal to help meet the work demand when a staff person goes on holidays or leave.
No close connection to a university or other OTs completing research. Some OTs that were educated year ago are set in their ways have not adapted to new research evidence (not informed about the research). Little or no opportunity for further education for OTs and no opportunity to teach at an OT school in the province. Most people in Saskatchewan do not know what Occupational Therapy is or what we do. Other professionals don't even always know what we do. Very little OTs in mental health!! I went in to Occupational Therapy to work in mental health however I have not had a job that focuses on adult mental health as there are no jobs available in the province.
OTs are too quiet and not likely to speak up as a group to have a collective voice if the province were really ready to support its population to age in place, to be engaged in their many roles within the province, there would be support for OTs everywhere
Not having enough staff to see everyone on our lengthy wait list
lack of recognition of the value of occupational therapy in both health care and the general public. Most people, unless they have had direct interaction with occupational therapy in the professional or personal lives do not know what the profession is a
How poorly understood my profession is. In certain circumstances I am paid less than a Physical Therapist to complete the same task.
Lack of OT community and support
Heavy caseloads. Putting blinders on when providing contract work to long term care facilities - only seeing the clients that have been referred and deemed a priority, even though it is obvious that others need the service. Time does not permit seeing everyone that would benefit. If the others received the service in a more timely fashion, pressure wounds and falls could be prevented. Not being respected or understood by other health care professionals on the team. Not being educated with the interdisciplinary team in Saskatchewan, leads to a lack of understanding about OT, how OTs are educated and what we can contribute to the team. As such, practice areas remain under served, as the skills of OTs are underutilized.
The lack of available therapist, the lack of recognition, the lack of awareness of the profession and the lack of a school for OTs
Limited scope of practise; limited access to ongoing education.
Large caseloads

Question 13: What is the Worst Part [of your work as an occupational therapist in Saskatchewan]?
Other provinces and other countries internationally have demonstrated the value of occupational therapy in mental health services. Due to the lack of a school for occupational therapy in Saskatchewan, OTs are unable to demonstrate this value through role-emerging placements with students. Mental health services continue to be quite dismal in this province, and its residents who suffer from mental illness or disability miss out on the opportunity for OTs to enhance their capacity to be contributing members of society and to enhance their quality of life.
Not enough occupational therapists (caseloads too big) and scope of practice is limited.
Being spread thin.
The bulk of occupational therapists in SK seem to have an anti-private practice preference.
To know that I could do so much more where I work, and that my profession could do so much more in general if there were more of us. To see other professions adopting OT methods and get credit for it. To work alongside PTs who are making more money than I because they have been deemed to be more in demand . To see programs hire OTs at the same ratios as PTs when the scope and workload of an OT is larger by nature of the wholistic training and approach of an OT (encompassing mental health components and environments in addition to the physical aspects that the PT looks at, for example).
Always being short staff - management not providing more OTs, though are client demand is getting higher , and not being at par with market demand for occupational therapist across the country.
Having to prove the value of OT to the general population
Working against the systems . Occupational Therapist are the small fish in the big pond, currently. We are under-represented and under-staffed which means that few agencies know about OT and even fewer refer their clients to a therapist for additional services. And on the flip-side, as an individual therapist I can only support so many clients before my service quality begins to suffer. I want to be able to provide in-depth, quality services to my clients rather than the current consultation model that so many therapists are bound to because of caseload size.
Not having enough time and resources to help patients achieve their goals
the lack of educational opportunities
Having clients on wait lists for weeks (sometimes months), which is mostly due to staffing shortages.
For me, time pressure for reporting is a challenge for me. Networking with other OT's regarding a specific issue or treatment is also a challenge sometimes.
Pay does not reflect the added cost/time of Masters Degree program. Limited access to education courses provided in Saskatchewan. Recruitment to rural areas is often challenging making the caseload very large and impacting client care and quality of care.
Long wait lists impacting amount and quality of care
Understaffing in hospitals. Not able to provide adequate amount of direct treatment due to high caseload numbers
The worst part is that it is a constant struggle to educate employers/public/patients about what we do. Also it is frustrating that we do not have an educational program so that other medical professionals trained in SK have no exposure to OT in a team context. This also contributes to the lack of research and further formal education for OTs in sk.
Work load, lack of coverage when people go on holidays or on sick leave - no budget allocation for coverage for this plus the additional problem of no available therapists to cover if it was allotted for in budgets. When people are away, therapists are just expected to cover for their colleagues and often are unable to due to workload so clients go without service.
The availability of work.
The deficits in effeciency due to not maintaining current healthcare technology (ie. electronic documentation).

Question 13: What is the Worst Part [of your work as an occupational therapist in Saskatchewan]?
I don't feel we are paid adequately considering our education (Masters degree AND Bachelor's degree, 6 years of university minimum). When compared to other health professionals in public health with the same level of education (Physiotherapists, Speech and Language Pathologists) our pay is not equivalent. Though we are recognized as an integral part of healthcare service in Saskatchewan we are not recognized in the general population. We often explain our profession and role on a daily basis. It was very frustrating after working through 6 years of school to complete a bachelors and then masters degree and struggling to find a job right away.
Working with staff and clients who do not understand what OT is, and being overwhelmed with referrals as there are not enough OTs.
That no one knows what we do. Not enough OTs. The lack of OTs has lead to other professions taking over our role. Having to create a spot for our profession constantly.
Lack of knowledge of other medical professionals regarding what OT's do, thereby limiting appropriate referrals to OTs, resulting in poorer service/care for clients/patients.
Make/fit scrotal supports
Large caseload. Large geographical area of coverage. Limited resources in rural areas.
Large caseload No school program to support research or advance clinical skills Pay
The fact that we are very limited in our scope of practice in the hospitals. I feel all we can really have time for is to do equipment and basic ADLs, In other provinces OTs are able to specialize more and provide more in depth treatment. The specialized training and skills we developed at school including activity analysis get weaker as we rush through our assessments and focus only on basic ADLs to get people out of the acute care bed.
1. Workload i.e.) being unable to provide optimal care to clients due to time constraints. 2. Lack of support for continuing education. 3. Lack of recognition of the role that OT can/does play by employer, SAHO/Government. 4. Lack of resources to assist clients i.e.) optimal equipment, supports to increase client's independence.
lots of driving with rural practice (which was my choice) -minimal understanding of OT and the scope of practice - starting wage versus SOME other provinces (AB)
When caseloads are heavy and I am unable to see all the patients I need to see in a day. Or unable to follow up daily to practice functional tasks due to high caseload demands.
The lack of replacement staff for holidays, days off and sick time. When all of our members are here our department functions quite well, however this is seldom the case. The lack of coverage impacts client care, because we are not able to work within our full scope or see all of the patients we need to. As a senior this is especially stressful! When our staffing is low there is no time to complete my Senior administrative duties, as all my time is spend trying to manage the vacant case loads. This means minimal quality improvement initiatives or time to hold education inservices to improve knowledge within the group.
The worst part about being an OT in Saskatchewan is that the numbers of OTs are low. This has two negative effects: 1)Chronic short staffing. While vacant positions have allowed me to try different areas of practice, in all of the areas of practice I have been in, there has been a short staffing of OTs at one point or another. The number of OTs in the province is not enough to fill all of the OT positions, let alone create new OT positions where there is a need (eg. Mental Health). I fear that these positions that cannot be filled by OTs will disappear. 2)Lack of public awareness in Saskatchewan regarding the services occupational therapists can provide, and how these services may benefit them or their loved ones.
unrecognized as an important role in rehabilitation, jobs unfilled and unposted in rural regions, putting pressures on the urban centers to constantly cover, which creates huge waitlists for those in our own region.
The high workload makes it challenging to provide quality service to clients.

Question 13: What is the Worst Part [of your work as an occupational therapist in Saskatchewan]?

There are not enough jobs to fill the need for Occupational Therapists in all setting i.e acute care, community, school based, private sector, long-term care. The work loads in the two areas I have worked in (acute and community home care) have been very heavy, and unmanageable at times. Waitlists in community are upwards of 8 weeks, and in the hospitals I often have not had the chance to assess or treat some of my referrals before discharge because of the heavy caseload already in place. The amount of work forces therapists to prioritize and focus on 'what needs to be done' at that moment. Quality of care is compromised in an effort to 'cover the basic bases'. I believe that the OT services currently offered in Saskatchewan are more of a consult service. In my experience, there is rarely enough time, money, or resources to complete the the appropriate or ideal assessments, and be able to follow up with meaningful treatments. The lack of awareness of Occupational Therapy in Saskatchewan is an ongoing frustration. Government officials, health care professionals, clients, and the general population often do not know the scope of practice of OT's, nor do they have an idea of the added value an OT has to the inter professional team, health outcomes, and quality of life. It is quite detrimental to the OT profession to be advocating for your own profession without the support of any other interprofessional team member, government, and in some cases employer. There is no local OT school here in Saskatchewan that I believe is a huge barrier to educating the public, and other health professionals. Coming from training in Alberta, where OT's are widely acknowledged as an important member of the health care team, and have a bigger role in over all health outcomes and treatment strategies, compared to returning to Saskatchewan to work, it seems that we are years behind.

I enjoy my job but feel limited by the lack of other therapists in my area of practice. In other provinces I have seen more intensive programs that we are unable to offer. I feel as an occupational therapist I see the potential for what I can offer clients but feel under current institutional restraints I can only offer a fraction. It is difficult to decide whether it's better to leave the province I call home to go to a more specialized position. Or stay in Saskatchewan and work with colleagues to advocate for expansion of mental health services.

Short staffed.

Lack of positions available in other provinces (and subsequently larger caseloads, longer wait lists, and more stress for employees), lower wages than in other provinces, lack of understanding regarding the role of occupational therapy as part of various interdisciplinary teams, and the non-existence of roles/positions in other provinces.

Lack of ongoing therapy in the schools



Lack of interest

Limited staffing to provide the best health care to clients. This can lead to a lot of stressfull situations and is bnot only frustrating to clients but also staff. Also, current government is not fiendly to labor. I dont't think therapists are not as valued as nuurses or doctors so they do not negotiate work contracts aas they do with these other professions.

Lacking resources and inherent limitations brought about by the system and some policies

Lack of opportunity for advancement in OT arena as well as other arenas with OT background as majority of people do not understand what OT is and the skills as OT has that can be used in non traditional OT roles or outside of an OT role.

Limited access to services for many clients and difficulty receiving funding for some clients to continue.

No educational support from employer for continuing education Large caseloads with no time for professional development or to pursue evidence-based practice Expectation that OTs work as generalists; No recognition for OTs as specialists (i.e., no funded positions for an OT working in wheelchair seating or assistive technology). It is very difficult to hone your skills and develop expertise when the population you are serving is so diverse. Our OT who works in specialized seating has to complete assessments and complete comprehensive paperwork related to wheelchair prescription AND is expected to cover an additional outpatient caseload as well. Also no OT working in adult assistive technology funded.

A very limited scope and no focus on mental health or prevention.

Question 13: What is the Worst Part [of your work as an occupational therapist in Saskatchewan]?
Limited scope of practice in OT. Areas of limited to no service include community mental health and community stroke care. Very limited areas of specialized practice, which would help client's further, ex/ seating clinic. Very high caseload numbers. This makes it difficult to address all the issues that a client currently faces, and have to choose most important. Many clients, especially in acute care, are missed by OT due to high caseload numbers. These client's preventable issues are not addressed, which, for example may decrease falls or assist with aging in place. Very difficult to pursue reasearch and further professional practice, as we do not have an OT school in the province.
The lack of knowledge and awareness of what OTs do in government and health care administration
The inability of management to see our ability to have a broader scope of practice and hour lack of involvement in mental health
Case loads, chronic under staffing. Limited resources for education ie no college to be affiliated with limited funds to attend and to bring conferences to Saskatchewan.
Families have limited funding for OT services if any Lack of access to timely therapy through the health district School divisions are so understaffed for OTs that no treatment is available - only assessment after lengthy times on waitlists and no support to implement treatment plans within the school CAseloads are too big
Amount of OTs per capita in relation to other provinces. Also the pay compared to other provinces
Lack of knowledge about OT and the lack of positions for OTs in non traditional markets (mental health)
The lack of recognition for our contribution to client wellness
Never enough money/resources to help people get the equipment that they need
work dynamics, low pay as compared to nurses or physio
a lot of other professional we work with do not understand our scope of practice which often leads to inappropriate/un-needed referrals. This can add unnecessary work to our already hectic workloads. -There are not enough mental health occupational therapist positions in Saskatchewan to ensure our patients with mental health needs are well supported in community.
caseload numbers and travel (driving)
Lack of funding for continuing education to update my speciality area such as wheelchair mobility and seating. Poor coordination of services in supporting the families with autism child.

QUESTION 19: PLEASE PROVIDE ANY COMMENTS ABOUT THE TOPICS RAISED IN THIS SURVEY OR OTHER ISSUES YOU FEEL SHOULD BE ADDRESSED.

Question 19 : Additional Comments
We really really need a university program for OT in Saskatchewan. It would raise awareness, chances for professional development and collaboration, research, and jobs.
There is significant under-representation of Occupational Therapists across all fields of Occupational Therapy limiting quality of client care
I feel there is a great need or more OT in rural areas. Care for our clients in rural hospitals and long term care is very minimal. However, there are no new positions being created due to a tight budgets.
An additional therapist or two (ie to help with lymphedema treatment and assessment) would be very beneficial. Also casual OT position would be great to help cover the hospital wards and continuing care, splinting etc when other OTS are off/away would be nice. We are often pulled out of our own busy areas to cover those as we have no other options at present. There are casual PT positions and PTA positions but no casual OT position.
I hope this is a step forward towards improving lives of saskatchewan clients. We have a lot of good things in this province and OTs have lot to offer. Need time and manpower.
Lack of an OT program continues to make recruitment and retention difficult Lack of an OT program continues to hamper increasing public awareness about OT Hard filling current vacancies therefore difficult to move into new practise areas
Occupational therapy needs to be recognized as a quality health profession that makes a crucial difference in the life of patient's and their families.
Over all I would like a better representations of O.Ts in the health region, community and School. We also need to get involved with prevention and health promotion.
LACK OF SASK BASED TRAINING PROGRAM 2015 marks the 50th anniversary of the establishment of the School of Physical Therapy. In the 50 years, there have been approx. 1000 graduates. 80% of the working physical therapists in Saskatchewan were trained at the U of S. Numerous reports have indicated that Saskatchewan needs its own provincial educational program. Such a program would: - provide a stable and adequate supply of occupational therapists - encourage and make more accessible to first nations an expanding health care profession - bring in research funds (currently McMaster Rehab. faculty bring in approx. \$83 million annually) - provide a core of experienced clinical experts to provide leadership to the profession and be a resource to government in exploring provincial issues LACK OF CRITICAL MASS TO MAKE AN IMPACT Historically it has been found that there need to be at least 3 OTs in one location before the service becomes embedded and starts taking off. Under this number then OTs will come and go. With so few OTs scattered around the province and no consistent Saskatchewan based resource centre for therapists, it makes the market fluid. New grads come for a while and then move on. Experienced OTs come because of a spouse's work.. Therapists come if their home province (e.g. Manitoba and Alberta) have limited vacancies but then return as soon as the employment situation in the province where they trained improves LACK OF UNDERSTANDING OF SCOPE OF PRACTICE AND AWARENESS OF VERSITILITY FOR APPLICATION OF OT SKILLS IN WIDE VARIETY OF SETTINGS The health care system in Saskatchewan has only experienced the tip of the iceberg as far as the scope of practice in OT. Those OTs working Saskatchewan only have time to do the urgent, immediate intervention. There are not enough OTs to demonstrate the full scope of practice. Observation of the utilisation of OTs in Manitoba would be useful e.g. All main Emergency Rooms have OT services available 7 days a week!!! OT in Saskatchewan is limited even within health field never mind outside in areas like: justice system, industry, business, social services, agriculture, etc. An interesting question to ponder - Why are Sask. residents not screaming blue murder because the current access per population is the lowest in Canada. Perhaps for the following reasons: - Saskatchewan residents who know about OT have become resigned to having limited access to it. -- Saskatchewan residents who needed OT services but have not received it, are unaware of what they are missing. -Saskatchewan health professionals do not train alongside OT students so are not aware of the true scope of practice of OTs and therefore don't think of them when faced with a situation where OT services could be of value.

Question 19 : Additional Comments

We have to move forward QUICKLY to open up a School of OT at the U of S - AND ONLY HERE. Other options can never meet quality educational perspectives nor provide the right opportunities for students to develop practice principles! We must recognize the aging population's needs as well as this province's status re: most intellectual dysfunctions and other rising conditions, as compared to other provinces, etc.,etc. We need to develop strategies to treat the growing needs through training more OT's, who can do the job. and respond to these needs in a creative and effective fashion. We need to recognize and then showcase how OT can help in daily life tasks and in keeping people independent. Prevention of dysfunction is another huge issue which Saskatchewan has ignored. This is an important part of any OT program and in conjunction with other professionals, prevention becomes that much easier, helping to decrease health care costs in the longer run.

-due to small number of OT's working in the province there is a limited understanding of OT services as such often difficult to advocate for positions

There are more and more recent graduates from Eastern Canada coming to work in Saskatchewan for the job opportunities here. Moving/ relocating would be a more attractive for them if there were a market supplement option included on their wages.

OT's in Saskatchewan NEED someone to advocate for them to ensure we receive equal treatment. Alberta OT's make way more than Sask OT's - with the same level of qualifications People leave positions after a year because the packages are not on par with other places in Canada

Desperate lack of Palliative care beds and Hospice facility in Saskatoon region. Inadequate Therapy staffing in Community Services to enable timely service to those on our wait list. Some clients wait 3 months for an initial assessment, then may have to wait 2 - 3 months to receive their equipment, esp hospital beds or wheelchairs. Need for evening and weekend coverage to enable client's to be discharged home.... Need for Support agencies, i.e. Abilities Council , Medical Vendors to be open on the weekend to enable discharge home. Need for increased Home Care support on evenings and weekends, to enable client's to remain safely at home, be discharged home. Inadequate services for some neurological conditions, i.e. ALS. Therapists in the community are often the client's major support to navigate the inadequate system available to them. We need a dedicated multi disciplinary ALS team/Clinic...I cannot imagine what life is like for clients with ALS who live outside the Urban area.

Health promotion and advocate for role of OT in non traditional settings .

Saskatchewan is far behind the other provinces in Canada with regards to the ratio of occupational therapists and the population we serve. This is frustrating for a province that is 'booming' but not reflecting this in the care of its residents. We need more funded positions in all area but especially mental health and geriatric care.

There is a HUGE need for OTs in Mental Health. There are too few OTs throughout the province that are experienced in this area. The average is I am sure below the national average.

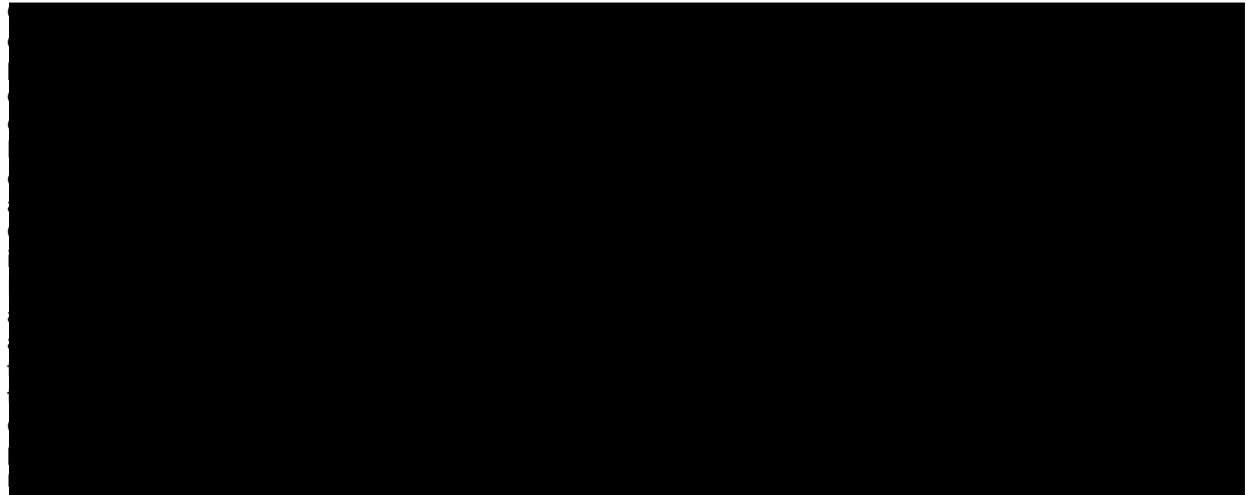
Currently in Saskatchewan there are few OTs working in limited roles, the understanding of what OTs can offer is minimal, and subsequently the demand for the profession is low. This continues to perpetuate the thinking that we have sufficient numbers of occupational therapists in Saskatchewan. However, when one looks at our demographic trends, the challenges facing Saskatchewan now and into the future, the bold targets to address those issues in the Saskatchewan Plan for Growth, and the unique perspective and training of occupational therapists, and would encourage the government to take a second look at the economic benefits of increasing access to occupational therapists in a range of ministries (e.g., social services, justice and corrections, education, health, and the PSC). Even if this was a strategic plan to invest in OTs to fund strategic positions in each of these ministries. The result will be well worth the investment.

When other departments are short staffed (Physio) it increases the work load on the remaining disciplines. Physios have an increase in pay compared to OT (market supplement) but yet we both hold Masters degrees and provide the same level of care OTs are more important in the discharge planning from acute care centers yet there are more physios to walk people

We need a school in SK! Simple as that, Need for general public to know what OT is and can do!

Always concerned about the lack of recognition/respect there is for OT's. Even in our own union (when employed by health regions - HSAS)

Question 19 : Additional Comments



Occupational therapy services are severely limited in Saskatchewan!! Mandy residents here do not even know what they are missing as they have never been aware of the possibilities that exist from receiving occupational therapy services. Having a local Occupational Therapy program at the University of Saskatchewan would increase the amount of occupational therapists in our province as students would not need to travel out of the province for the training. It would also increase the understanding of other health professions of what occupational therapy has to add to the health care team and when to refer to an occupational therapist. Occupational Therapists are a valuable member of the health care team and school division team. Our province needs to look at the teams providing services and decide whether we have the correct skills on the teams and whether it would be appropriate to add an OT to the team!

workload

To work as an OT in SK can be a challenge if working rural/remote setting as getting proper mentorship is a challenge plus the area (geographical) and scope of practice is crazy. OT's in the health region do not get paid over time (even when it is worked) and there is no coverage for holidays or sick time. We are still expected to keep up with our caseloads and yet all everyone hears about is nurses/Dr's and acute care- and the need to cut down on sick time (which ours is quite low) and over time (which we don't get paid for). Maybe putting OT's into the correct role and letting other professions do their roles would meet client needs best. Instead it seems due to shortages, referrals tend to come when the client issue is already at a crisis- perhaps if we got referrals at the correct time, could work as a team, and see the clients in a reasonable time frame we could prevent some of these crisis. Once a client is in crisis it makes our job way more challenging and our interventions more difficult (ex. if we only get an OT referral when a client has a stage 4 wound- meaning the wound is down to the bone- it is way harder to try and help solve the issue than if we had seen the same client when the wound was a stage 1....plus how much money is being spent on wound dressings/nursing time in the interim....) No one seems to know what an OT does unless you've actually had an OT or needed an OT and couldn't get one.

I haven't been working very much in the past two years, so I don't feel up to date enough to respond to this question

I think as OT's we need to do more research to help market ourselves. It's difficult to find the funding/time to do the research.

Need for safe workplaces-accommodation for all conditions with focus on safety and prevention. Need for more OT positions with government and health regions. Need for more understanding of what OTs have to offer. Need for health promotion-enabling individuals to take control over and improve their health. This is a good fit with OT. Thank you!

One of the biggest problems in our workplace is the fact that therapists are not replaced when they are sick or on vacation or other leaves. The other major issue is insufficient support staff (clerical, wheelchair technician, and OTA) to allow therapists to concentrate on providing therapy.

It sucks to be an OT in Saskatchewan. Wages, working conditions, pressures, lack of university / academic support etc.all make it very sad to work here Poor services, poor scope of practice, other professions trying to do our jobs, poor representation in management make it feel hopeless....what will ever change? There are not enough of us! I hope you can make a difference for us

Question 19 : Additional Comments

I don't think that this survey will be able to identify the great lack of occupational therapy services in this province. Looking at the current situation does not reveal the great potential for OT in Sask. When one looks at the scope of OT contribution in other provinces , the gaps in service in Sask can be seen as huge. There is a real lack of support and understanding of the potential for OT service. And those who are impacted most by this are the residents of this province who are under served by OT's. And if people have never had the benefit of the service, they don't know the difference it could make in their lives or the lives of loved ones. Sask is a discouraging place to work as an OT from the perspective of the lack of understanding and support from those who have the power to change this....namely government....and that cross is across political parties. There is limited room for upward mobility for OT's in this province which I imagine can be discouraging for younger OT's. The pay and benefits have fallen way behind given the strange formulas for looking at vacancy rates....the market adjustment process that keeps us further behind. Workload pressures can be huge as OT's attempt to provide comprehensive, inclusive service with such a limited supply of OT's Many positions have been lost over the years due to lack of availability of OT's. And potential areas of contribution to the health and well being of Sask residents go undeveloped due to limited availability and a lack of depth of support that such things as a provincial OT educational program could have provided.y I could go on & on about the frustrations and challenges of working as an OT in Sask. And I also want to acknowledge that I have had opportunity to grow here as an OT, largely due to the mentoring of some amazing OT's in this province and due to the kind of organization where I have had the good fortune to work . And even there the general lack of respect for and understanding of OT in Sask has had limiting influences.

I am glad that this survey is being conducted

There are temporary positions and term positions. But not nearly enough permanent positions. It makes it difficult to really develop a firm skill set and have the experience to be a great OT

increased community OT's for rural and home care

The lack of OT's and the understaffing in this province is a direct result of the lack of a school. It seem ridiculous that we can have a medical school and a physiotherapy school and not an OT school, or all the other complements of the multidisciplinary team! How do you teach working as a team! The population is aging and the acuity in our hospitals and long term care facilities is increasing exponentially!! The staffing levels remain largely unchanged and if you do have a position, there is no OT's to fill it with! Our contract takes years to settle! We are not replaced for holiday or sick time and yet the pressures related to patient flow and patient safety (the current health care initiatives) are not reflected in this. We are all meant to work harder and do each others work as well as our own, when others are on holidays or away sick! The Health Region is in a financial disaster with their budget mainly due to nursing overtime and sick time, however the HSAS employees are also getting penalized . Our sick time is not out of control on average and since we do not get paid overtime, we are not making a significant contribution to the current deficit. We do however get lumped into one big pot in terms of budget which is now affecting our education and professional development funds, as well as how many of us can be off at one time during peak holiday seasons.

When determinations of staff shortages are made it is usually based on if positions are unfilled; this does not take into account that the number of positions posted by employers does not accurately reflect the staffing necessary for adequate client care. This affects issues such as eligibility for market supplement on wages. Staff turnover has been a significant factor in recent years in my health region. Positions have frequently been filled by new graduates from Ontario or international therapists seeking their first Canadian experience. Due to location and to workload, retention of these therapists is difficult. Most typically they return to thier home province or leave for larger centres after having gained experience. Staff turnover affects client care and requires an investment of energy to recruit, train, and support an ongoing series of new therapists. Education amounts and out of province travel for continuing education have recently been curtailed in my health region; continuing education is essential to developing & maintaining best practices in client care and can be an incentive for recruitment and retention. As there is no OT school in the province, out of province travel is frequently necessary for continuing education. The lack of an OT school in the province is of significant concern. If Saskatchewan was able to train OT's at home, we would have increased retention of these therapists in our province following graduation.

As a retired OT, and involved in volunteer organizations, I see the ongoing and increasing need for OT's working in the community and keeping people able to stay in the community, even when their health may be deteriorating. OT 's have a unique skill set to facilitate people being able to enjoy quality of life even with health issues. I also believe that there is work for OT 's working with folks living with mental illness, but often there are not enough OT's to fill positions in a timely manner, so positions are change to other disciplines. It is challenging for our profession to grow when all the growth has to come from people moving here to work from their training programs in other provinces.

Question 19 : Additional Comments
The lack of university program in Sask. Has a direct negative impact on recruitment, retention and availability of continuing education opportunities. Further other health professions lack in their knowledge of OT so their ability to use this resources optimally is limited
This government and in particular SAHO have continually played games with the numbers of OTs working in urban health regions. Health regions have always under reported vacancies, managers scared to loose their jobs, human resources following orders, and not sharing information with unions. Believe me if the numbers are bad in urban it is worse in rural Saskatchewan. If these positions are left vacant, what happens in Saskatchewan is other disciplines mainly nursing have the attitude that he or she can do everything. That is why our mental health programs are in such poor condition compared to our neighbouring province Manitoba. Enough said health care is more than doctors and nurses!
Very concerned there are so few OT's in Saskatchewan. Very concerned so few OT's in mental health and school settings. This is very different from any other jurisdiction I have ever practiced in before.
i feel the lack of educational resources for therapists in the province and not being able to use a cva to travel to courses in alberta is crazy!! I feel that the lack of support from management and a true vision is so sad I feel that the lack of creative problem solving in management is sad I feel that the new grads need alot more education to provide adequate care to the general public and with fiscal cuts it is worrysome!
Collaboration on school divisions for presenters. I have tried in the past but to no avail. Maybe support for bringing in PD.
Need more advocacy to teach the general public, funders, and government about the benefit of OT services (including financial savings e.g. allowing independence at home with appropriate supports, rather than using expensive hospital or nursing home services)
There are areas that have very long waitlists in our health region for OT services or go without. We have no funding to provide OT to inpatient or outpatient Mental Health and our LTC clients wait a very long time for services (6 months +).
I would like to be sure this survey addresses vacancies properly. It always appears that in the Saskatoon health region every OT department is running short, however vacancy rates do not always clearly indicate how short. Our therapists move around a lot, meaning the position they are leaving often stays empty for months at a time. Management will better understand this, but I know for sure every department I have worked in is always short 1-3 therapists at any given time.
A survey of the current labour market is understandably a responsible thing for government to do. However, this data is likely very misleading in terms of the real issue. Numbers of OT s in Saskatchewan have been less than satisfactory for so long that people have accommodated in various ways and make do . That doesn't mean there isn't a need. Often people don't even realize they have a need when they don't know what's possible. That is the clinical side. Ask a young adult today if they could live without a cell phone. Their answer would be considerably different than a young adult 20 years ago because now they know understand what they would be missing. Even more disconcerting is Saskatchewan's lack of OT input in interprofessional research and policy. OT is often the glue that bridges and connects professions. Unfortunately it is often invisible, but oh so vital!
i don't believe a school will help if there aren't more areas of practice and positions established. create the need before having a surplus of bodies and no jobs. i don' support the efforts for a school in our current situation and given LEAN and fiscal restraint there will not be more positions or opportunities. places are looking to cut costs, not increase services sadly. we need areas of growth. there are lots of older therapists like me that could be offering consultation or specialized assessments but the demand is not there. we should be in admin positions, government positions, advisory boards etc... but there is a lack of opportunity established.
Issues in rural therapy needs, as well as community based therapy are holes in our ability to provide adequate service to our residents.
What are the issues facing occupational therapists in saskatchewan currently?
Lack of mental health supports for adults and children to access OT Lack of specialized geriatric programs and community supports Lack of OT service for Autism
Increasing the number of OTs in our province. Develop a school of OT in Saskatchewan.

Question 19 : Additional Comments

The inability to work flexible hours is extremely frustrating. I work hard, I am a professional, and I don't feel like I am being treated like a professional when flexing my day up or down 15 or 30 mins is a huge deal. Grrrr. The lack of updated computer programs is frustrating. I still have to grab a bunch of daybooks in order to get a patient booked into the therapy interventions they need. A real-time booking system is deperately needed.

It is extremely frustrating to watch what is happening in health care, specifically rehabilitation, currently. In our region we are seeing more specialists being recruited (ex. orthopaedic surgeons, plastic surgeons), but there appears to be little acknowledgment that a team of health professionals is necessary to support these specialists. Instead, we see lean initiatives and are told to see clients for shorter visits and fewer appointments. Follow-up therapy is crucial for the success of many procedures and diagnoses. The success of our outcomes decreases with the length of wait for service. Discharges from acute care are occurring so quickly; often times adequate education, skills practise, and provision of equipment has not been done. This creates a tremendous stress on clients and families, and can impact outcome. Severely impaired clients are being discharged to rural hospitals without any contact with urban rehabilitation services. The services available in the rural areas are not adequate to address the needs of these clients. We have seen incidences where proper equipment and proper care plans are lacking. Medical and technological advances, combined with an aging population means that more and more clients are living in the community with significant challenges in activities of daily living. These folks have tremendous need for OT in order to have quality of life, and to function safely.

An Occupational Therapy school would provide Occupational Therapists to fill vacant positions, increase Occupational Therapy's profile in Health Care and Community Care, and encourage the Mental Health positions we need to support our province in meeting the gap in mental health services that currently is at a crisis level.



There needs to be an occupational therapist that works directly with children of all ages and the families of children with autism. Occupational therapy services are lacking in the area of teen and adult mental health.

It is so frustrating working in areas that are short staffed, but on paper fully staffed. People don't even realize the supports they should have access to or the type of life they could be living. That is sad

Awareness of OT and how OT can benefit Saskatchewan residents is still limited.

The large caseloads, lack of mentor ship is going to make it difficult to recruit and keep OT's in SK.

Everything seemed fine.

There has been a trend where an OT position has been posted and then not filled. Then the position is either deleted or given to another professional to work in a different capacity. When an OT comes along to want to work in that area, there is no position available for that person when the area would definitely benefit from working with an OT.

this survey did not capture my practice. there was not an opportunity to describe who i am as an OT and where i would like to see OT services offered that is part of the problem - OTs are seen to fit traditional roles and we are so much more....

Question 19 : Additional Comments

There are huge gaps in OT service in Saskatchewan. due to our chronic lack of OTs in the province, for the most part OT service is restricted to the surface of the needs of the population rather than service provision to the full scope of OT practice. As many employers have not heard about OT or do not currently hire OTs, most would not know how OT could benefit their business. E.g. mines; OTs provide excellent service in pre-employment screening of physical demands (developing the screens and completing the physical testing) to determine whether prospective employees have the physical strength to complete the job to reduce injury risk, return to work planning and monitoring to support return to work or accommodating an employee with a disability, ergonomic analysis of work stations to make suggestions to reduce injury risk, to name a few. School divisions in Saskatoon have limited service for students through employees and contracted OTs. Service is primarily limited to consultation with long waiting lists which results in not all students who would benefit from OT services being referred due to the wait lists. In Saskatoon, there is a huge lack of OT services for young children. If your child would benefit from occupational therapy services, they have to have multiple severe disabilities to receive OT services at Alvin Buckwold Child Development Program. If they are attending school, they have even less service available as they are no longer eligible for OT treatment programming at Alvin Buckwold Child Development Program. If they have milder difficulties and would see improvements through OT therapy sessions, the only option is private therapy services which is not affordable for most families as most health care plans do not cover OT services. My own health care plan covers minimal OT services - the \$400/year is for OT and Physio services combined. If I used the whole benefit for OT services I would be able to access an assessment and 1-2 treatment sessions (and likely no written report) before my benefits were used up. There are many non-traditional sites/programs that would benefit from OT services in Saskatchewan (and have OT staffing in similar programs in other provinces). Even when these sites recognize the need for OT, they do not have the financial means to hire an OT. If they did have the money for a position, the availability of a person to fill that role, particularly in rural areas is remote. Availability and access to OT services is highly variable within this province depending on where you live, the health region and the school division.

There is not enough being done to promote OT in the province

Occupational Therapists need to be educated alongside the health care professionals they work with on a daily basis.

There is a considerable lack of OT services in this province and there are constantly vacancies that are not able to be filled. With the increasing age of our population and the increased needs by this population more OTs are needed in all areas. There is an enormous lack of OTs in mental health and this area is suffering secondary to this lack. Many industries would benefit from OT that would be role emerging in the future

More educational opportunities- perhaps online? Third party billing- coverage for OT services through insurance- would foster private practise

Prior to the last 6 months we had a vacancy for 8 months and prior to that funding for a position that was never filled

Another issue that needs to be addressed is OTs are still not paid at the Master's Level Wage. OTs often feel they are not as valued as SLPs with the same Master Level Education who are paid significantly more.

The dilemma continues. If imported therapists do not have or acquire roots when here, one can anticipate that their contribution to the work scene in Saskatchewan is from one to three years maximum..and then they leave/return to their roots. This affects stability of the work force and program development. Saskatchewan remains dependent on therapists who have trained out of province or out of country.

Thanks. I am passionate about the profession and its potential, but I do feel Like it is stifled in Saskatchewan by a couple of major factors/forces.

As an Occupational Therapist, specifically in Saskatchewan, we do have a growing population, but not a growing number of OTs working in the province, We have the least amount of OTs to client population. Occupational Therapy needs to be more known in this province and the work that we do for others

The government of Saskatchewan needs to recognize the value of OT's across many facilities.

I would like to see an increase in the recognition of OTs within health care and in the community. With that, I would also like to see increased job opportunities to encourage more Saskatchewan people to become OTs and to bring more therapists to Saskatchewan. There are a number of areas in health care that do not include OTs and it would be wonderful to see the creation of jobs in those areas.

Our facility has recently had an increase which has allowed us to start managing our caseloads, the role of OT can be expanded so much further than what is currently being done

Question 19 : Additional Comments

I do hope that additional funding will be made possible in order to increase the number of OT positions within Saskatchewan in the future. OT's can provide services in many areas of health care and can significantly reduce overall health care costs. For example, they can assess and assist individuals to live independently in their own homes, and to increase their quality of life and prevent further health difficulties & challenges.

OT is a wonderful profession that is underrepresented in SK. The public as well as employers do not understand the role or breadth of scope of OT. There are not enough OTs in leadership positions in organizations. Private OT services are not covered by many health insurance plans. OT positions/roles in SK are very mainstream and basic due to chronic shortages and lack of understanding. This does not help to keep experienced OTs challenged and limits opportunities for professional growth. No training program in the province limits students' exposure to the profession for consideration, as well as limiting research and professional support for OTs in this province. All health professionals trained in SK have no exposure to OT until the workforce, which contributes to the lack of understanding of the role on a team. Given the SK aging demographic, as well as the high disability rates, mental health, autism and aboriginal populations in the province, OT needs to be identified as a high priority for education, expansion and growth.

Lack of occupational therapy services in mental health and pediatrics is shameful in this province. Vacant positions and budget allocations for occupational therapists are not the only measures that should be used to determine need! A look at other jurisdictions will show how we do not measure up in these areas. Access to occupational therapy for long term care residents in this province is also very inequitable. Some facilities provide OT services and others do not. Some new long term care facilities have been opened in my health region without even a budget allocation for occupational therapy. This is an absolute atrocity for the most vulnerable residents of our province.

Our profession is so broad and diverse and able to offer so much to our population in Saskatchewan. To accommodate an OT school (our own program or distance education from another program) we would require more positions in the province to accommodate placements. I was LUCKY to have completed 5/5 placements from my U of A program in Saskatchewan but other friends were not so lucky. It would be VERY positive for this to happen in the future to accommodate the need for our services, and develop recognition of the role and importance of OT in enhancing quality of life.

There are many shortages of OT'S in Saskatchewan and an increasing demand for positions, especially in mental health. I have had various areas approach me to say they would love to have an OT on the team, but there are no resources. Caseloads in many areas can be very overwhelming and lead to early work related stress.

for OTs, including myself, who completed a Bachelors degree and then entry level masters OT degree we have been grandfathered in to receive the same pay as OTs who completed an entry level Bachelors degree. The Bachelor level OT who then goes on to complete a masters degree has the same number of years of education, but in health regions will make more than the entry masters level OT. There is then limited opportunity for the masters OT get to that same pay level because we have already completed a masters but are not recognized for it in our pay. This was set up to prevent the BACHelor OTs from getting upset with the program change from bachelors to masters, but is quite limiting for those of us who have gone to university longer to obtain the masters which we are not recognized for. This should be addressed.

I moved to saskatoon looking for ot work however , nothing was available at that time. I'm now in a position semi-related but would prefer being in an occupational therapist position. Tough to get into the health region

The need for a post secondary occupational therapy program in Saskatchewan. The need for more OT positions in Saskatchewan. Insurance coverage for occupational therapy.

I believe that increasing access to Occupational Therapy services would benefit the province in many ways. OT has been proven to be a cost effective investment in several settings:
<https://www.caot.ca/Nick/CAOT%20Cost%20Effectiveness%20of%20Occupational%20Therapy.pdf>
<http://www.caot.ca/Nick/Healthcare.pdf> In short, OT enables people to live more independently and could help create a healthier society. Thank you for inquiring about OT!

Occupational therapists have been understaffed in the health region/ saskatchewan for many years. Also, there has not been a market supplement increase in several years, where as physiotherapy wages have increased yearly. At my current work place physiotherapists double us on every floor. We have double the caseloads and always understaffed. We also do not have replacement or coverage when staff members are away or sick. We are expected to see clients regularly but unable to do so due to large caseloads. As the population continues to age, acute care settings are going to continue to be over capacity. We do not have the coverage or OT numbers to accommodate this increase in demand. In all, we need to have wages comparable to other provinces (Alberta) if we want to attract OTs to saskatchewan. Also, if we dont staff OT adequately, you will see therapist burn out.

Question 19 : Additional Comments

There is a need for an expansion off Occupational Therapy services across the board. Although we have not had a position vacant for the past 6 months does not mean we are adequately staffed. If there was the appropriate OT's on our service then we would struggle more with keeping individuals in the positions, due to no school within Saskatchewan. I myself took my Education in Alberta. One of the reasons I came back to Saskatchewan was at the time there were bursaries to move here. These bursaries no longer exist, so really the incentive to move back here may be minimal for some. We make less money than Alberta, work in less specialized care and have higher work load demands due to staffing.

In terms of future directions for the OT profession in Saskatchewan, I believe that increasing the number of OTs working within the province is a necessity. Saskatchewan has the lowest number of OTs per capita out of all provinces. As Saskatchewan does not have its own educational program for OTs, interested people are required to live out-of-province for the two year program, which may limit some interested people from pursuing OT studies, and/or may decrease the likelihood of OTs returning to Saskatchewan after their schooling. This low number of OTs in the province means that OT jobs are not filled, and the number of people experiencing and becoming aware of OT services is more limited than it should be. The lack of OTs working in mental health in this province is particularly dismal. An important step in remediating these problems would be the development of an OT education program in Saskatchewan to encourage Saskatchewan residents to become OTs and stay in Saskatchewan, as well as improve public awareness of OT.

market supplement never includes the positions that are supposed to be there (ie. occupational therapists in rural areas for children over the age of 6), which has now made us unequal in pay to physical therapists (which isn't right) and which makes us feel as a profession, unrecognized and under appreciated.

Occupational Therapy is a very rewarding career, but there is certainly a need for more OT positions to better meet the needs of our clients.

I appreciated the opportunity to be more specific about OT and lack there of here in Saskatchewan. I think the need for more OT, and the health and financial benefits of OT could have been explored more deeply. OT could have as well been compared to other Master's degree professions. For example Physio, Speech and Language Pathologists, and the inequality of pay scales associated. OT compared to nursing- a bachelor's degree who's income is significantly greater, with the opportunity for overtime pay is also an issue that I feel needs addressing.

Vacancies are not the only determinate of needs in our community. Per capita we have less OTs than many other provinces and it does effect the quality of patient care and I believe in many cases lack of OT leads to higher readmissions to hospital and longer stays resulting in reduced quality of life for clients. Community programs be expanded can also reduce admissions. Comparing is to what we have is not necessarily indicative of what our community needs.

More positions are required to provide optimal service.

There are very few reasons and very little motivation for (highly educated and valuable) occupational therapists to seek employment in Saskatchewan. Though born and raised in Saskatchewan, and the majority of my family residing in Saskatchewan, I would not have returned to work here had it not been for my husband's work. I took my OT schooling in Alberta. Had I remained there, I would be earning a significantly higher hourly wage. Further, I would have notably higher job opportunities, and would be more likely to be employed in my area of interest. OT positions in the areas of practice in which I am most interested do not exist in Saskatchewan (but are plentiful in Alberta and Manitoba). Saskatchewan has one of the lowest numbers of OT's of any Canadian province. And, the number of OT's represented in several key areas is shockingly low. I.e, the number of OTs employed in Mental Health positions (in all areas - community, acute inpatient, etc.) had recently doubled to a Province-wide total of 10. Whereas Alberta has approximately 150 Mental Health OTs. The representation of OTs in school-based practice in Saskatchewan compared to Alberta, Manitoba, and Ontario is similarly (shockingly) low. OTs in such areas of practice are subsequently carrying incredibly large caseloads, and unable to provide quality service secondary to these caseloads. To further increase our recruitment and retention issues, Saskatchewan OTs have recently been denied a Market Supplement. Our counterparts and coworkers on interdisciplinary teams, physical therapists, earn a higher hourly wage while possessing an equal level of education, and working towards the same rehab goal as us (due to market supplement). Similarly, Speech and Language Pathologists (with whom we also work alongside on many interdisciplinary teams), have long earned a higher wage. Therefore, despite playing an essential role in these interdisciplinary teams, it can be seen that there are very few external incentives for anyone to pursue a career in occupational therapy. As an example of a recruitment issue: The hospital in which I was previously employed has had 2-4 of its 5 OT positions consistently vacant during the last year. Despite attempts at recruiting OT from across Canada, these vacancies have remained. An OT was luckily recruited from the UK (following several months), until a few new graduates completed their schooling.

Question 19 : Additional Comments

The main area I can comment on, not currently working in Saskatchewan as an OT, is that there certainly is a need for a larger voice for OTs and leadership. OTs need to be able to have opportunity to lead in various healthcare teams or human resource/workplace wellness teams as our skill set are so well diversified and placed in these types of roles. I strongly feel an OT school in Saskatoon would be a key element to bringing the profession forward and growing it in this province.

There are not enough OTs positions funded. We have no vacancies because we do not have enough OTs in the first place. Saskatchewan's province has grown, it is aging, and there are new technological advances available for persons with disabilities. People are also living longer with chronic disease which creates disability. We need to keep these people productive and in the home and OTs are the professionals who can help achieve this. We need to evaluate the number of funded OT positions that exist and grow this OT staffing to serve current population needs.

SK health regions have no idea what OTs are capable of doing and until we have some strong OTs in position of influence our roles will remain the same despite money being put into educating the public.

The role of OT in community mental health is underdeveloped in Saskatchewan currently. In Manitoba, when I was looking for jobs, a majority of OT positions were for occupational therapists in community mental health positions, with 6 new positions created at one point. The health region should look at specialized OT roles, such as an OT in the MS clinic, or and OT at the stroke prevention clinic. The OT would be able to work with the team, providing a more holistic and direct service. Specialized programs run by OT should be looked at, such as constrain induced movement therapy offered as an outpatient for post CVA clients.

There is a lack of OT positions as there is little knowledge about what OTs do, and as positions keep going unfilled the administration stops making them.

Mental health.....

We have to rely on other provinces schools to fill vacancy Ots are. Chronically understaffed in urban setting and more often than not there is no coverage in rural areas. The case kids are often so large that you never get to complete care to the best of your ability or the full scope of practice.

So many people do not understand how beneficial OT can be as most often the exposure to OT has been very limited or brief. Assessment followed by recommendations with little hands on treatment at least in the school division where I worked previously. Without treatment or support to implement the recommendations the situation often remains the same and the people involved assume it is because OT doesn't help. With adequate support and treatment time, more remediation of issues can be attempted versus just compensatory or adaptive strategies.

There is a lack of opportunity for individuals trained as OTs to hold positions that require a medical background but are not posted as OT positions (including SWADD positions in Regina, Community Rehab workers in Mental Health). OTs have the education and skills for these positions but are not considered for the position.

This seems to be focused on urban therapists. I have multisite concerns (one week, four sites/roles/skillsets required), senior expectations without senior pay, expectations to cover services that my employer will not train me for. These kinds of problems are major for me. I completed your survey but i dont feel that you will have much understanding of my professional situation. Any decisions you make that are based on this survey will not be very responsive to my needs.

High caseload, lack of adequate community OTs

As a Manitoba trained O.T. I feel Saskatchewan has an extreme lack of various community and mental health O.T. positions in comparison to other provinces (especially compared to Manitoba). I feel this is an area of O.T. practice in SK that needs to receive