Outsourced

The Negative Consequences of Contracting Out Hospital Support Jobs for Workers, Families and Patients

by

Dan Zuberi
Associate Professor of Social Policy and RBC Chair
Factor-Inwentash Faculty of Social Work and School of Public Policy and Governance
University of Toronto

October 5, 2016
Agenda

• Background: Previous and Current Research Projects
• Outsourced: A Case Study of Outsourcing Hospital Cleaning and Dietary Aid job positions in Vancouver
• Methodology
• Findings: Impacts for Workers, Families and the Health Care System
• Policy Recommendations
• Conclusions
Previous and Current Research

Some Current Projects:
- Experiences of Immigrant and Refugee Women Working in Toronto Hospitals
- Reducing Hospital-Acquired Infections in Vancouver and Toronto
- The Impact of Living Wage Legislation and Employer Certification
- Evaluating Pathways to Education in Regent Park (with Phil Oreopoulos)
- Urban Renewal in North America (with Ariel Taylor)
Cleaning Up: How Hospital Outsourcing is Hurting Workers and Endangering Patients

- In Fall 2003, contracting out hospital support jobs in southwestern BC
- 8000 workers laid off, largest privatization in Canadian history
- Wages reduced by 50% from $18-20 per hour to near the minimum wage ($9 to $12 per hour)
- Benefits – Reduced or eliminated
Methodology

Outsourced Hospital Workers Study
– Completed in-depth 1 to 2 hour digitally recorded interviews with 70 hospital cleaners and support workers and 25 physicians, nurses, infection control experts from 2007 to 2011
– The interviews were transcribed, coded, and analyzed for patterns with QSR NVivo8 software

Sample characteristics:
– 62% have some post-secondary education.
– Predominantly visible minority immigrants (over 90%)
Hospital Workers Sample Characteristics

- 91% were born and raised outside of Canada (50% from the Philippines)
- 71% arrived after 1981
- 86% are over the age of 40
- 74% earn less than $30,000 per year
- 17% make under $20,000
- Nearly one-third report working a second or even a third job just to make ends meet
Challenges Making Ends Meet

“On the first of the month, I’ve got headache and all my accounts all negative... Every month my account is negative...because I stopped my one job, so it doesn’t meet anymore... I really need three jobs, but my body... cannot function anymore... I do not want to... really get sick.”

- Carmela Hilota*, Filipina Hospital Cleaner and Dietary Aide

* All names are pseudonyms to protect identities of people interviewed.
Challenges Making Ends Meet

“I worked 7 days a week... from 6 o’clock [in the morning] until 12 [midnight]... That is non-stop. I had a break for one hour. That is no day off at all, no life.”

“I stopped because I feel very, very weak and I got sick. So I stopped the other one, so I am just working two jobs now... because I cannot do it [any] longer.”

- Carmela Hilota, Filipina Hospital Cleaner and Dietary Aide
Challenges Making Ends Meet

“We just try to make ends meet... We find the cheapest things. Sometimes the store is ready to clear things. Foods and vegetables to keep a little [past expiration]; it’s not that bad, it’s still edible.”

- Maria Ganpule, Hospital Housekeeper
# Challenges Making Ends Meet

## Table: Accommodation Problems

<table>
<thead>
<tr>
<th>Problem</th>
<th>Percentage (Count/Total)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Leaky roof or ceiling</td>
<td>41% (17/42)</td>
</tr>
<tr>
<td>Toilet, hot-water heater, or other plumbing problems</td>
<td>55% (23/42)</td>
</tr>
<tr>
<td>Rats, mice, roaches or other insects</td>
<td>24% (10/42)</td>
</tr>
<tr>
<td>Poorly functioning heating system</td>
<td>31% (13/42)</td>
</tr>
<tr>
<td>Broken stove or refrigerator</td>
<td>29% (12/42)</td>
</tr>
<tr>
<td>Electricity service suspended</td>
<td>7% (3/42)</td>
</tr>
<tr>
<td>Heat shut off</td>
<td>10% (4/42)</td>
</tr>
<tr>
<td>Phone service cut off</td>
<td>7% (3/42)</td>
</tr>
<tr>
<td>Unable to pay rent on time</td>
<td>14% (6/42)</td>
</tr>
<tr>
<td>Been evicted</td>
<td>7% (3/42)</td>
</tr>
</tbody>
</table>
Challenges Making Ends Meet

“It is a basement suite. One bedroom. My little girl is in the bedroom and my son just sleeps in the living room,”

- Juan Laguatan, Hospital Housekeeper
The Costs of “Low-Road” Employment

• Understaffing
• Rushed at Work
• High Turnover
• Lack of Training and Experience
• Worker Injuries
• Poor Quality Work
• Consequences for Patients
The Costs of “Low-Road” Employment: Understaffing and Quality

• 67% reported that they are often or always working short staffed.
• 81% reported that there are not enough staff to provide a good quality service.
• 51% reported that they are often or always too rushed to work safely; 25% report that they are sometimes too rushed to work safely.
• 63% reported getting sick or injured in their current job.
Understaffing

“Last month, seven ladies short. They didn’t call anybody... workers were waiting and on the phone, but they didn't call... the supervisors didn't replace. [Instead] they pool all the ladies. One person will do a three-people job.”

- Renata Patel, Hospital Housekeeper
Challenging and Dangerous Work

- Physically challenging: 56% chose 7 on a 1 to 7 scale (90% chose 5 or above)
- Emotional Strain
- Injuries: Repetitive Stress Injuries, Strains, Burns, Fractures, Needle Sticks
- Infections
- Stress and Anxiety
Understaffing

“Basically, you do the big stuff and then you start cutting corners... You just cannot get it all done. And when I say ‘cutting corners’ that means bathrooms, offices, hallways. Stuff gets missed.”

– Tracy Melucci, Hospital Housekeeper
Poor Quality of Work

“We don’t have the tools to work with because they’re forever short of supplies... I work in there before [the contracting out] and I know that didn’t happen and now it happen[s]. Sometimes I have one mop to work with. How do you do isolations with one mop? They say, “Wash it and use it”... Why do you think we have so many break outs right now?”

- Paola Rozero, Hospital Housekeeper
Some additional sources


Consequences of Outsourcing

• The New Hourglass Economy: Growth in Knowledge Economy and Precarious Employment, but Declining Secure Middle Income Jobs
• Expansion of Working Poverty and Precarious Work Conditions
• Increasing Inequality and Segregation
• The Erosion of Traditional Pathways to the Middle Class and Declining Social Mobility
Policy Recommendations

• Raise and Index the **minimum wage** ($15/hr)
• Increase **refundable tax credits** for the working poor
• Reform **Employment Insurance programs** to insure that more workers receive benefits and higher replacement rates.
• Require that bids for contracts pay prevailing in-house wages and benefits (as is now policy in the UK)
• Living Wage policies for all government contractors to pay adequate wages to all employees
• Expand the availability of High Quality **Early Childhood Education**
• Improve **Labour Standards**, including mandatory benefits for all workers.
• Dedicated funding to programs to engage and support youth
• Invest in Lower-Income Communities, Improve Quality of Life
• Reduce Isolation, Improve High Quality Transit Access for Lower-Income Urban and Suburban Communities
• Inclusionary Zoning and Support for Mixed Income Development
• Enhance the Progressivity of the Income Tax System, Reduce Inequality
• Implement Provincial Equity Legislation
• Perhaps go as far as Scotland? Ban Hospital Outsourcing
Conclusion

• Domestic Outsourcing by Government and Large Institutions and Organizations:
  – Contributing to Growing Inequality and Polarization in many Developed Countries (Demos Study)
  – Reflect and Reinforce a Shift in Balance of Power and Weakening of Labour
  – Increasing Poverty, Insecurity in Service Economies
  – Eliminates Secure Living Wage Jobs, and Replaces then with Insecure Low-Wage Jobs
  – Short-Term Savings, Long-Term Costs for Organizations and Society

• In Health Care sector, outsourcing destroys informal and formal mechanisms for quality control and patient safety

• We Need to Rethink Social Policy: Employment, Minimum and Living Wages, Training, Education, Supports, Childcare, Tax Credits and Labour Standards
Conclusion

Most of us will end up in a hospital …

• For births, surgery, visiting a loved one.
• Hospital-acquired infections are a leading cause of illness and death in the Canada, U.S. and internationally.
• Growing threat posed by antibiotic resistance only increases the importance and challenge.
• Improving patient safety requires improving working conditions for support workers.