

Challenges for Health Workforce Management in Europe

Britta Baer, Paul Giepmans, Elisabeth Jelfs

Introduction

At the end of this week the Belgian Presidency of the EU is holding a major Ministerial conference on Europe's health workforce (La Hulpe, 9-10 September 2010).

The conference comes at an important crossroads in health policy-making in Europe. Across different countries and health systems, Europe's health workforce is facing significant challenges, from technological developments and demographic changes to budget cuts and cost pressures. There has been increasing attention at national and regional level on how to develop and maintain a health workforce with the capacity and skills to tackle these challenges. At the same time, the issue has grown in importance at the international level with several supranational actors, including the WHO and OECD, adding further to the debate.

EU policy in the health workforce arena has also been undergoing significant revision, with reviews of the Working Time Directive (2003/88/EC) and the Directive on professional equivalence (2005/36/EC) both underway. The upcoming Ministerial conference is the next step in a process that started in December 2008 with the launch of the EU's *Green Paper on the European Workforce for Health*. The aim of the Ministerial conference is 'to build on good practice available throughout the European Union and define the EU's role in supporting collaboration in these fields, as well as promoting innovative approaches and responses to the challenges raised.' Topics under discussion will include the availability of health workforce, 'skill-mix' (how do we create and maintain a competent workforce), the working environment of health professionals, and the promotion of a culture in which patient safety and quality of care are central. The conference will be fed into Council Conclusions, which are expected to be adopted by the end of the year, giving further impetus to this policy field at EU level.

In preparation for the Ministerial Conference, the European Health Management Association (EHMA) has asked several of its members working in the health workforce field across a number of different European countries to reflect on the themes of the conference from research, policy and management perspectives, and particularly on how to make Europe's health workforce fit for the future.

The paper starts with a contribution from Ronald Batenburg (Programme leader at NIVEL, The Netherlands) on the interplay between policy and management in the health workforce field, and introduces two examples of current EU funded research projects – HEALTH PROMeTHEUS and RN4CAST – both aiming to expand the current knowledge base on health workforce across Europe. The paper then moves to look at snapshots



Challenges for Health Workforce Management in Europe



from the experience of two very different EU Member States – Romania outlined by Adriana Galan (Public Health and Health Management consultant at the National Institute of Public Health, Romania) and colleagues, and the UK, outlined by Annabel Mark (Lecturer at Middlesex University Business School, UK). The paper also explores key priorities for future action through contributions from Gilles Dussault (Director of the Health Systems Unit at Instituto de Higiene e Medicina Tropical Universidade Nova de Lisboa, Portugal), Ivan Jekic (National Coordinator/Health Service Expert, EU/EIB Technical Assistance-TA Project to the Project Implementation Unit-PIU of the Serbian MoH-Clinical Centers, Serbia), Ann Sheridan (Lecturer at UCD School of Nursing, Midwifery & Health Systems, Ireland), and Wendy Knibb (Research Fellow at the Healthcare Workforce Research Centre, University of Surrey, UK). Finally, we conclude with some key themes and lessons for future action on health workforce in Europe.

Informed policies for Europe's health workforce of tomorrow

Ronald Batenburg, NIVEL, the Netherlands



Although it is widely acknowledged that health workforce planning is critical for health care systems, it is probably one of the least strategically planned resources. One could argue that there are good reasons for this: demand and supply of the health labour market are in constant flux, and policy instruments to control both quantitative and qualitative matches are limited. Others state that workforce planning restricts labour market flexibility, for instance to respond to fast spreading diseases or societal trends that impose changing demands for specific health care services.

Still, before investing in tomorrow's health workforce, it is essential to draw on reliable and systematic information about the verification of health labour market problems. In this respect, large differences between countries can be observed and also important ranges within countries between regions, professions and institutions. In some countries workforce-to-population ratios are primarily used to avoid undersupply, while some (sub) health labour markets are ruled by *numerus clausus* to avoid oversupply of doctors. In other cases only ad hoc policies are in place that merely react if strong fluctuations or shortages occur within the health workforce.

Learning by comparing health labour markets, workforce planning policies and workforce data, provides opportunities to benefit from differences between countries and sectors. As of now, exchange and cooperation across borders and across sectors is limited. There is a need for researchers, policy-makers and professionals to jointly develop instruments for health workforce monitoring and planning, and these instruments should be validated and evaluated in both the academic and policy domain.



Challenges for Health Workforce Management in Europe



Looking at the current situation in most European countries, a multi-level and mixed approach to meet the future workforce challenges is required. Quantitative shortages and qualitative mismatches in the health labour market are of major concern. Controlling costs and quality while finding a balance between central steering and local flexibility seems the appropriate but also most difficult way to proceed.

Health services are a trust good (which means that they are different to – ex-post or ex-ante – assets), while health is considered a primary human need that is highly sensitive and related to human preferences and behaviour. This is reflected by the labour market actors, i.e. health care professions as the core group, and several stakeholders as their partners. Transparent information is a key condition for successful collaboration at all levels of the labour market. At the macro level, workforce planning can monitor and safeguard quantitative matches between labour market demand and supply, but only under the condition that health professions and organizations comply with the information systems required. At the micro/meso level, HR policies could enable and trigger health professionals to optimize their work processes and patient care but if, and only if, these policies are both innovative and strategic.

The work of health professionals is naturally based on competence and trust, which implies that planning and management should primarily serve the working conditions. Reliable information at both the micro, meso and macro level remains a critical precondition for supporting a motivated workforce, to finally serve the growing future health care demand in all European countries. Both national and international health organizations have a common challenge (and task) to collect and govern the sources to achieve optimal informed health workforce policy.

Providing Evidence for EU policy making: assessing the gaps – improving practice

A call for better, more reliable and comparable information also expands into other issues of health workforce policy-making, such as professional mobility and skill development. It should therefore come as no surprise that the European Community is actively trying to support the development of policies and practices in the field of health workforce through research, as for example funded under the European Commission's Seventh Framework Programme.



HEALTH PROMeTHEUS (grant agreement n°223383) and RN4CAST (grant agreement n°223468) received funding from the European Community's Seventh Framework Programme (FP7/2007-2013).



Challenges for Health Workforce Management in Europe



HEALTH PROMeTHEUS: Health professional mobility in Europe

Coordinated by Jeni Bremner, European Health Management Association. Scientific direction is given by Matthias Wismar, European Observatory on Health Systems and Policies.



The FP7-funded project [HEALTH PROMeTHEUS](#) (2009-2011) contributes to the discussions on health professional mobility by filling a substantial part of the knowledge gap on the magnitude and impact of health professionals moving to and within the wider European Region. While health professional mobility (HPM) is by no means a new phenomenon, evidence suggests that the effects of mobility have been growing in importance. HEALTH PROMeTHEUS will add to current policy making at international, national and organizational level by providing fresh insights based on quantitative and qualitative analyses across all EU member states, and selected candidate and third countries.

Preliminary results suggest that HPM does affect all EU countries, however the scale of movements and mobility patterns vary substantially as do policy responses at different levels. For both receiving and sending countries impacts on health service delivery and the availability of resources have been observed. Measures to retain staff can be of financial and non-financial nature, including improving working conditions and work-life-balance as well as career development opportunities. With its first major publication available in early 2011, including detailed country case studies on HPM profiles of 17 European countries, the project aims to inform future thinking of professional mobility at all levels. Future work will also highlight managerial responses to HPM, a topic that has grown in relevance in recent years.

RN4CAST – Nurse forecasting in Europe

Coordinated by Walter Sermeus, Katholieke Universiteit Leuven, Belgium and Linda Aiken, University of Pennsylvania, USA



With the aim of investigating which actions should be prioritized to make the nurse workforce fit for the future, researchers from 12 European countries (Belgium, England, Finland, Germany, Greece, Ireland, Netherlands, Norway, Poland, Spain, Sweden and Switzerland) are currently collaborating in one of the largest EU nurse workforce studies ever. The three year project (2009-2011) called [RN4CAST](#) (Registered Nurse Forecasting) aims at determining the effects of hospital nurse staffing, skill mix, educational composition, and quality of the nurse work environment on hospital mortality, failure to rescue, quality of care, and patient satisfaction. About 35,000 nurses and 11,000 patients in 460 European hospitals



therefore participated in a survey on their practice environment and perception of hospital care respectively. Also, discharge data from hundreds of thousands of patients will be used for analysis.

The innovative aspect of this project will be to link health workforce planning and other workforce initiatives with quality of care and patient safety at the organizational level. By addressing not only volumes, but also quality of both nursing staff and patient care, the project could provide momentum for a European policy breakthrough in developing accurate and reliable scenario building for the future nurse workforce. It will provide tools to help policy-makers assess future workforce needs, and targets a policy commensurate on defining the required skills of nurses, creating an attractive and supportive working environment, and promoting patient safety on both the European, national and organizational level. The study is also conducted in three countries outside Europe (Botswana, China, and South Africa) to provide a broader international perspective. Results will be available in 2011.

Experiences from EU Member States

While many countries in Europe face very similar challenges, substantial differences exist in the way EU member states define, manage and control their health workforces. The following section therefore shows some of the challenges for health workforce experienced by two different EU Member States: Romania and the UK.

Health workforce future priorities in Romania

Adriana Galan, National Institute of Public Health, Romania; Victor Olsavszky, WHO Country Office, Romania; Cristian Vladescu, University of Medicine and Pharmacy „Victor Babes” Timisoara, National School of Public Health and Health Management, Romania



Nowadays, Romania is facing critical problems related to the health workforce due to the long-term lack of a coherent policy in the field. For many years, health workforce planning meant only the establishment of the number of health personnel in different specialties. A priority for the future would be to shift the current planning toward a modern tool that takes into account population health needs and the medium- and long-term forecast of the population health status.

Another priority in the field of health workforce planning and development is the reform of the education system. Currently, during the training process (especially for medical doctors) they receive very limited or even miss important information and skills about issues having a major impact, like: quality of health services, patient safety,



communication skills and so on. The existing training system is rather inhibiting the team work and interdisciplinary cooperation.

The continuous health reform in Romania had a deep negative impact on health organizations due to the often cuts of personnel and funds, not merely based on a careful analysis, thus leaving many health units with a big deficit of health workforce. State owned and run organizations have little options to cope, with the constraints being the main source of personnel loss. Non-financial incentives like long term contracts, EU funded projects or stipendiary arrangements for training are among the few remaining tools for personnel containment. Private organizations where financial incentives are present have more flexibility.

The experience of Romania shows that a coherent strategy to retain the personnel in the health system is crucial. Annual loss is rather high, especially after the accession to the EU in 2007. A good system of incentives and retention mechanisms must also be put in place as a high priority.

The quality of working life: the effects of the European Working Time Directive in the UK

Annabelle Mark, Suzan Lewis, Mick Brookes, Middlesex University Business School, UK



A key issue in the UK at the moment is the question how to improve the quality of working life for the health workforce. A UK team analysis from a now completed EU funded study, on the quality of working life (www.projectquality.org) in 8 European countries across four sectors, has highlighted the experience of hospital workers and more specifically doctors, as they negotiate the reforms to improve quality of working life specifically through the implementation of the

European Working Time Directive (EWTD). The implementation of the European Working Time Directive (EWTD) has at least the potential to significantly improve the current situation across Europe. However, the picture emerging from the data shows that the UK does not perform well in implementing the Directive, particularly in respect of hospitals and especially doctors. This in depth review of data across the eight countries and sectors with a final focus on the qualitative data from the UK hospital context revealed the following themes emerging:

- the context for implementation is critical to success, especially investigation of the negative impacts of a move from on call to shift work;
- deterioration in the quality of life for doctors has both short and long term impacts especially where the latter changes career path decisions;
- closer monitoring of the implementation of EWTD, now under review by the European Commission, will enable adjustments to be made to maintain



Challenges for Health Workforce Management in Europe



- objectives and outcomes for all the stakeholders;
 - future research on the changing expectations of doctors in both training and career paths which are influenced by these policy developments will be critical to maintaining a healthy workforce and organisational setting for the delivery of effective patient care.

This research is the first study to provide comparative information across countries and sectors that allowed the experience of hospital workers and doctors within the wider community of work to be compared.

Making Europe's health workforce fit for the future?

Gilles Dussault, Instituto de Higiene e Medicina Tropical Universidade Nova de Lisboa, Portugal



A health workforce fit for the future is one which will ensure that health needs are covered in an efficient and effective manner. To achieve this ideal, a sustained process of development of the health workforce is needed.

It begins with the assessment of gaps between the current state of the workforce and expected future needs, in quantitative and qualitative terms. The analysis of demographic, epidemiological, social, and policy trends will enable to identify the type and volume of health services that will be needed.

From this, policy-makers can better derive the number of workers, their competencies and their distribution by type and level of services, as well as by region that will be necessary. These two steps require solid information bases to ensure that planning and the debates and negotiations that are part of it, are based on valid data. Indeed, developing a health workforce fit for the future is not a mere technical exercise, but mainly a policy and political one. Numerous actors are involved and their views and interests are unlikely to coincide. Hence the importance of engaging the stakeholders in assessing future needs and defining policy interventions. The probability of success in making the health workforce fit for the future will augment with the clarity of policy objectives (what type of health services system we want), and of the vision of what skills-mix, competencies, and working conditions are appropriate, and above all a sustained commitment to improving access to quality health services.

Ivan Jekic, EU/EIB Technical Assistance-TA Project to the Project Implementation Unit-PIU of the Serbian MoH-Clinical Centers, Serbia

Many European health systems are moving towards integrated care, and social and health care needs to be packaged as seamlessly as possible, as an efficient way to deliver preventative measures while coping with needs of an ageing population. This requires the workforce to work in multi-disciplinary teams delivering integrated care to



Challenges for Health Workforce Management in Europe



patients. Multi-skilling – employees gaining knowledge from different disciplines – may be a challenge in some settings but has also the potential to improve approaches to integrated patient care.



Additionally, technical improvements require new skills from health professionals to get the most out of the latest information systems and advanced technology. Continuous training for health professionals to make the best use of new technologies, inter-operability and better distribution of new information technology throughout the EU is an essential factor.

Possible priorities for action also include the need to ensure better working conditions for health professionals and increasing staff motivation/morale. Health systems should focus on health professionals' continuous professional development to improve the quality of outcomes and patient safety. Policy responses could range from management training for health professionals to special training courses for older workers to upgrade their skills and language training to assist in potential mobility.

Finally, there are numerous opportunities for improving data to support decision making, for example in terms of harmonizing/standardizing health workforce indicators, systems to monitor flows of health workers and ensuring the availability and comparability of health workforce data, in particular to determine precise movements of particular groups. Collaboration between companies, training organizations and public authorities at different levels, both within and between countries can help to minimize information deficits and address the challenges of a health workforce fit for the future.

Ann J Sheridan, and Rita Collins, UCD School of Nursing, Midwifery & Health Systems, Health Sciences Centre, University College Dublin, Ireland



Across the European Region significant variability exists with regard to how health services are funded, planned, organised and delivered. An identified challenge within health services is the creation of a sufficient and competent workforce with the requisite knowledge, attitudes and skills to achieve the aims of a modernised and effective health service. Making progress requires developing core competencies among health professionals engaged in health and social care provision and central to this is the educational preparation required to produce a to meet health care outcomes. It is essential therefore to make progress towards establishing common core curricula for nurses across the European Region.



Challenges for Health Workforce Management in Europe



Such curricula should address the skills and competencies required to function across all health and social care settings, and to deliver interventions at specialist and advanced practitioner levels.

Key actions which also need to be addressed include:

- Collection and analysis of workforce data to enable identification of existing workforce and facilitate future determination of needs in terms of numbers, skills, competencies, grade and skill mix.
- Re-orientation of existing services to include focus on population based health determinants and outcomes with a concomitant increased emphasis on health promotion, health maintenance and community based health and social care programmes.
- Recognition that promoting and maintaining health can only be achieved by the integration of policies and services from a range of governmental departments including housing, finance, environmental and education systems.
- Increased emphasis on inter-disciplinary preparation and training to deliver comprehensive care to individuals and communities.
- The identification of key performance indicators that all health care professionals need to achieve to ensure quality patient care is delivered.

Wendy Knibb, Healthcare Workforce Research Centre, University of Surrey, UK

The challenges facing today's European health and human resources managers are demanding particularly in the context of maintaining a health workforce of sufficient capacity and with the right skills to deliver quality services to patients given financial constraints and mindful of patient safety. There are tensions between the EU's emphasis on freedom of movement and the responsibility of professional/regulatory bodies to ensure patient safety within healthcare. Agreement around education and training curricula is helpful but the current emphasis on competencies does not necessarily take account of differences in cultural backgrounds. At the very least, such issues should be incorporated into induction/training and Continuing Professional Development. There is scope for sharing best practice here. There is a clear need to address the lack of information on the European-qualified mobile workforce. Whilst it may be unrealistic to consider a European-wide workforce plan, such data is relevant for planning and policy purposes in individual member states (source and receiver). By information we do not just mean counting numbers but a more in-depth researched understanding of workforce trends and behaviours that lie behind those trends for use by member states within their own workforce planning. Even though under the subsidiarity principle 'health' is the remit of member states, much can and should be undertaken at EU level specifically in the area of shared learning so that Europe as a whole can level up not level down standards.



Challenges for Health Workforce Management in Europe



Infrastructures/mechanisms for shared learning should be built and promoted. EU support and funding for networks such as EHMA's Special Interest Group: Health Workforce Management is important as such bodies facilitate European-wide shared knowledge.

Conclusions

Although countries manage and plan their health workforce in very different ways, this paper has shown a striking level of consensus on both assessing and responding to some of the challenges facing Europe's health workforce.

The call for better data is a familiar one, and one to which the Prometheus, RN4CAST and MoHProf (www.mohprof.eu) projects are making an important contribution. However, as contributors to this paper have shown, the factors that will underpin effective use of information are equally crucial: clear policy objectives and vision, the active engagement of health professionals, and realism, as Gilles Dussault observes, that developing a health workforce is not a technical exercise but one in which different interests and opinions on workforce policy need to be negotiated.

Many of contributors have emphasized the importance of education and training for the health workforce, with arguments for a core nursing curricula across the EU from Ann Sheridan, the importance of early training in key issues such as patient safety and communication raised by the Romanian example, and emphasis from Ivan Jekic on continuous professional development needed to perform in an environment of increasing coordination between professional groups and across health and care sectors.

One of the other key conclusions of this paper is the important but arguably underexposed connection between policy making and local organizational context. Results from Annabel Mark's analysis of the UK's implementation of the EWTD shows which important information could be gained from such research, while the RN4CAST project is likely to provide essential data on health workforce and the working environment by collecting data from the organizational level.

It should be emphasized that there is much to say to increase studies of health organizations: much of the training for nurses, managers, doctors, support workers and others is offered in-house, recruitment is usually local, and with the exception of some national or regional professional development schemes, career progression and opportunities are often the responsibility of the line manager. The organisational environment is also hugely influential for safety and quality. Both the culture of care, which fundamentally shapes how workers view their role, and the processes and procedures for looking after patients are highly dependent on the local organisation, albeit working within a regulatory framework. Even at the level of data collection, as Ronald Batenburg's piece has highlighted, health professions and health organisations are key to ensuring that reliable and useful information is collected.



Challenges for Health Workforce Management in Europe



In addition, infrastructures promoting shared learning could play an important role, as for instance Wendy Knibb argues.

However, the organizational level is sometimes missed in policy discussions, particularly at EU level. As the contributions to this paper have shown, the needs and experience of the workforce will be key for shaping effective policy, and ultimately effective patient care, and the compliance and commitment of local organizations will be equally important for the implementation of policy.

If Europe is to respond to the many challenges facing its health workforce, the right chemistry between health policy and its implementation will be crucial. Future debates should not ignore how the organizational level can and is responding to health workforce challenges. Despite the diversity of health systems and the European health workforce, there is still a need to address how common lessons can be translated into sustainable solutions at the local level that reflect the reality of service delivery.

NOTES

- i. Cf. WHO Code on International Recruitment, OECD Technical Workshop on Health Workforce Migration
- ii. The Green Paper and the report on the consultation process can be found on the following website: http://ec.europa.eu/health/ph_systems/workforce_en.htm
- iii. Investing in Europe's health workforce of tomorrow: scope for innovation and collaboration. Available: http://www.health.belgium.be/filestore/19059942_EN/20100611_Conference%20scope%20EN%20-%20zonder%20hoofding.doc

ABOUT EHMA

The European Health management Association (EHMA) is a not-for-profit membership association with over 150 member institutions across 30 countries working in the health field. EHMA's aim is to improve the quality and build the capacity of health management in the European region. For more information on EHMA, please visit www.ehma.org.

EHMA has a long track record of active engagement in EU health policy and health workforce issues. In particular, EHMA's **Special Interest Group on Healthcare Workforce Management** aims to create a collaborative virtual network of policy makers, managers, researchers across Europe, with a view to share experience and practice. Regular meetings on health workforce are organised through this group. EHMA's **EU Health Policy Network Group on Workforce** is a virtual platform operating via email groups that provides opportunities to share up-to-date information and expertise with other members.

If you would like to receive more information or are interested in joining, please contact Paul Giepmans (paul.giepmans@ehma.org), who leads our work on workforce.