

# Study on Effective Recruitment and Retention Strategies for Health Workers

Eight case studies on selected topics addressing recruitment and retention of health professionals











# **Recruitment & Retention study**







Case studies: in-depth analysis



Good practices, success factors & recommendations

# Eight case studies on recruitment and retention

• Gain in-depth knowledge of R&R interventions (development, actors, facilitators, barriers, ...)

 Provide more insight into interactions between policy and organisational levels

Lessons and inspiration for "good practices" in R&R



# Selection procedure for 8 topics

#### 1. Listing of all identified R&R interventions identified through:

- Literature review
- Country respondents
- Experts on recruitment and retention

#### 2. Categorisation according to type of intervention

- Education

- Professional and personal support

- Regulation

- Mix/other

Financial incentives

#### 3. Further subgrouping of interventions according to topic

- Education
  - Attracting young people
  - Increase training capacity
  - o Etc.

# 8 selected topics

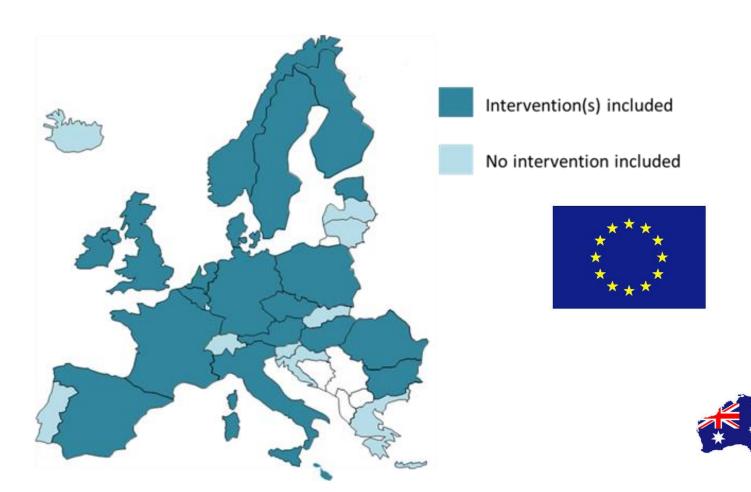
- 1. Attracting young people to healthcare
- Attracting and retaining GPs to strengthen primary care in underserved areas.
- 3. Providing training, education and research opportunities for a life-long career
- **4.** Attracting nurses through the extension of practice and development of advanced roles
- **5.** Providing good working environments through professional autonomy and worker participation
- **6.** Making the hospital workplace more attractive by improving family-friendly practices
- **7.** Return to practice for healthcare professionals
- 8. Providing supportive working environments for the ageing workforce

## Selection procedure for R&R interventions

- 1. Substantially evaluated
- 2. Run for a 'substantial' period of time, i.e. > 6 months
- 3. High transferability potential
- 4. Key actors must be available
- 5. Practically feasible (e.g. ease of access, language issues, et cetera)

### **Included R&R interventions**

#### 40 included R&R interventions from 21 countries



## **Data collection approach**



Desk research (n=40)



Telephone/email interviews (n=31)



Case site visits (n=9)

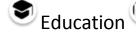
# Main findings from the case studies

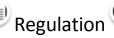


- 1. Results per topic
- 2. Overall findings

## Topic 1. Attracting young people to healthcare

Case	Description	Country	Intervention type
1.1. Pflegeoffensiv Salzburg	Recruitment campaign	AT	
1.2. Zorgambassadeur	Recruitment campaign	BE	<b>9 9</b>
1.3. Healthcare Academy	Education as road to work	UK	<b>3</b>
1.4. Ich Pflege, weil	Recruitment campaign	DE	•
1.5 Hvid Zone campaign	Recruitment campaign	DK	
1.6. Zorgtrailer	Recruitment campaign	NL	









# **Topic 2. Attracting and retaining GPs** in underserved areas

Case	Description	Country	Intervention type
2.1. Pacte Territoire Santé	Package of R&R measures	FR	•
2.2. Rural Clinical School	Uni of Queensland	AU	
2.3. Financial compensation	For GPs to work in remote areas	BG	•
2.4. Beginner's allowance young doctors	Financial incentives	EE	•
2.5 Resident scholarship programme	Grant system	HU	• •
2.6. Finnmark intern support project	Rural intern support	NO	
2.7 Framework Contract	Financial incentives	RO	•





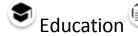


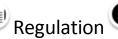




# Topic 3. Training, education and research

Case	Description	Country	Intervention type
3.1. Bridging courses	Professional training to Bachelor level	PL	•
3.2. Graduate Nurse Programme	Calvary Health ACT	AU	<b>3</b>
3.3. Research opportunities	Research as form of CPD	SE	
3.4. Flying Start NHS Scotland	Development programme newly qualified staff	UK	<b>3 3</b>
3.5. Flying Start Queensland Health	Development programme newly qualified staff	AUS	<b>3</b>





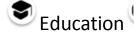


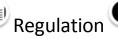
Education Regulation Financial intervention Professional and personal support Mix/other



# Topic 4. Attracting nurses through advanced nursing practice and extended roles

Case	Description	Country	Intervention type
4.1. Huhtasuo Haltuun-project	Nurse-oriented care provision	FI	
4.2. Extension of nurses' roles and functions	In various states	AU	
4.3. Subsidized education	RNs can become nurse specialists	CZ	<b>3 6</b>
4.4. Advanced Nursing Practice	Task substitution/new roles	FR	
4.5 Nurse specialist	Introduction new function	NL	







Education Regulation Financial intervention Professional and personal support Mix/other



# Topic 5. Professional autonomy and worker participation

Case	Description	Country	Intervention type
5.1. Buurtzorg	Autonomous working in home care	NL	
5.2. Self-managing teams	Autonomous working in home care	BE	
5.3. We Care Teams	Autonomous working in home care	BE	
5.4. Grannvard Sverige	Autonomous working in home care	SE	



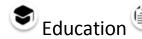
Atypical topic: replication of the "Buurtzorg way of working" by three other home care organisations

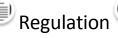
# Topic 5. Examples from practice: replication of the "Buurtzorg way of working"

- BUURTZORG (NL, est. 2006) Successful in R&R
- GRANNVÅRD (SE, est. 2011)
- wit-gele kruis (BE, est. 2013)
- wit-gele kruis (BE, est. 2014)

# **Topic 6. Attractive workplaces – family** friendly measures

Case	Description	Country	Intervention type
6.1. Kindergarten	General University Hospital Prague	CZ	
6.2. Kindergarten	Thomayer Hospital Prague	CZ	
6.3. Dr DOC programme	Support for rural doctors	AU	
6.4. Health and wellbeing programme	Nottingham University Hospitals	UK	









## Topic 7. Return to practice for health professionals

Case	Description	Country	Intervention type
7.1. Return to Practice course	Northumbria University	UK	<b>9 0</b>
7.2. Midwifery Refresher Programme	Mater Misericordiae Mothers' Hospital	AU	
7.3. Return to Nursing Practice	Various programmes	IE	<b>3 6 3</b>
7.4. Return to practice	Various measures	MT	<b>9 0</b>
7.5 Return to Practice course	Teesside University	UK	<b>9 6</b>







# **Topic 8. Supportive working environments** for the ageing workforce

Case	Description	Country	Intervention type
8.1. PAIME programme	Promotion and protection of physicians' health	ES	(3)
8.2. Wir sind älter als 50, na und?	Health- and age management policies Sozial-Holding der Stadt Mönchengladbach	DE	
8.3. Improve the working conditions of the aging workforce	Various measures	IT	
8.4. Livsfasepolitik [Life stage policy]	Implementation at Aalborg Hospital	DK	









## I. Roles and responsibilities of various actors

- Most interventions have multiple actors involved
- Coalition- and partnership building are important and should start from an early stage onwards
- Individuals / change champions can play an important role in R&R interventions



### II. Interaction policy and organisational levels

- Influence policy level on organisational R&R interventions :
  - Originating: direct or indirect incentive
  - Implementation: interventions need to work in/fit in policy frameworks
  - Results of the interventions
- Flexibility is the key to success in the interaction between policy and organisational levels
- Political stability and continuity are important



#### III. Interaction and coherence of R&R interventions

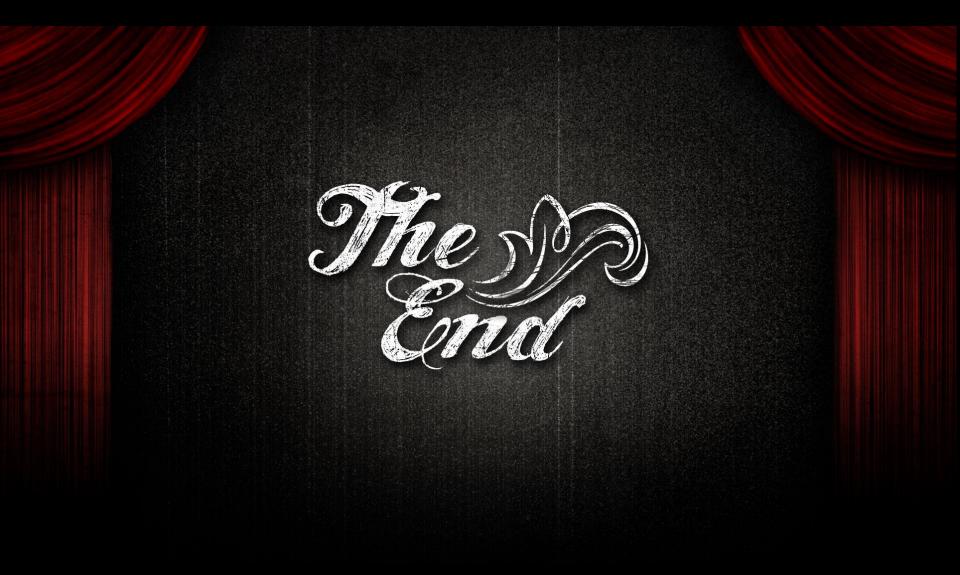
- Most R&R interventions are 'isolated' measures; few coherent R&R packages were identified. Yet packages of interventions are more effective.
- Legal barriers have been reported but are manageable - they often result in delays and/or adjustments of the R&R interventions.
- For some interventions improved R&R was not the primary aim, but they were successful in this area nonetheless.



#### IV. Effectiveness of R&R interventions

- The effectiveness of recruitment and retention interventions is not well documented
- Some monitoring takes place, but often short-term
- No "one size fits all solution" in recruitment and retention; effectiveness is highly context-dependent





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