



Study of Effective Recruitment and Retention Strategies for Health Workers

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Outline

- Objectives of the study
- Literature review
- Case studies
- Two national cases
- Recommendations for good practices



Consortium

- **European Health Management Association**
- **Catholic University Leuven (Belgium)**
- **Institute of Hygiene and Tropical Medicine (Portugal)**
- **King's College London (England)**
- **Royal Tropical Institute (the Netherlands)**



Study Objectives

- **To document and analyse effective strategies for recruiting and retaining of professionals in the health sector**
- **To facilitate discussion and dissemination of R&R interventions**
- **To contribute to the successful implementation of the EU Health Action Plan at country level**



Literature review: Outline

1. Objective and methods
2. Findings
3. What have we learned?

Objective and methods

- To identify “effective” R&R interventions to inform policy decisions in EU/EFTA countries, + Aus., Brazil, SA.
- Three strategies:
 - scoping review of peer-reviewed literature
 - review of grey literature
 - consultation of informants



Results of literature search

Documents included in the study (R&R interventions)

	EU Countries / EEA-EFTA Countries	Non-EU Countries	TOTAL
Primary Studies	23	37	60
Reviews	4	7	11
Grey Literature	37	13	50
Context Documents (mostly advocacy documents)	103	145	248
TOTAL	167	202	369

Drivers of interventions

- **Observed or forecasted shortages of a category of personnel;**
- **High attrition rates: career reorientation, early retirement, emigration;**
- **Difficulties in recruiting and retaining personnel in certain professions, specialties, fields of practice;**
- **Geographical distribution imbalances**

Most targeted groups

- Registered nurses in general and:
 - specialized fields: home/ elderly /emergency care, mental health
 - sub-groups: students, older nurses, returners, men, ethnic minorities, migrants, diaspora, educators
- Physicians: general practice/family medicine and other understaffed specialties (mental health, geriatrics) or sub-group (educators).



188 interventions identified

- Education
- Professional and personal support
- Incentives (financial, non-financial)
- Regulation

→ at Policy, organization, education institutions level



Policy responses

- ❑ Better recognition of nursing (expansion of scope of practice), of family medicine
- ❑ Facilitated access to higher education
- ❑ Quotas, control of permits to practice in certain locations
- ❑ Authorization to work beyond retirement age
- ❑ Telemedicine to support rural practitioners
- ❑ Mandatory rural service for physicians and dentists
- ❑ New remuneration mechanisms, financial incentives
- ❑ Support to returners

Organizational responses

- ❑ **Management interventions: improved communication, teamwork**
- ❑ **Family-friendly policies (day-care facilities, flexible hours)**
- ❑ **Support to older workers, exemption from night and weekend shifts**
- ❑ **Locum relief for rural practitioners, crisis support**
- ❑ **Access to CPD**
- ❑ **Private practice opportunities**



Education institutions' responses

- ❑ Expansion of capacity
- ❑ Curriculum reform (competence-based curricula, reduction of duration, placements, rotations, tutorship, mentoring),
- ❑ Targeted recruitment, scholarships
- ❑ Exposure of students to rural areas, to specialties, to work environments
- ❑ Decentralization, rural preceptors
- ❑ Distance education, virtual professional networks
- ❑ Measures to attract and retain educators



What have we learned?

- Different factors influence recruitment and retention and policies and interventions need to be designed differently to take this into account
- Policy statements which propose objectives and strategies to address health workers recruitment and retention challenges play a critical role in guiding action and in mobilizing stakeholders.
- Creating a formal support structure (department, working group, Observatory) facilitates the design and implementation of R&R interventions
- Mobilizing stakeholders is a necessary condition of success, but it is not sufficient
- Building the case for investing in recruitment and retention is needed.

What have we learned?

- Health professionals respond to incentives; but financial incentives alone are not enough to improve R&R. Policy responses need to be multifaceted
- Inter-sectoral collaboration at government level is imperative
- Different social contexts require different policies and interventions.
- Different cadres, subgroups and areas of work require different interventions.
- Learning from others is useful.

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