Recruitment and Retention of the Health Workforce in Europe

Policy Recommendations

Annex 1

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Annex 1

Policy Recommendations

Written by the Consortium for the Study of Effective Health Workforce Recruitment and Retention Strategies

1	European Health Management Association (coordinator)	EHMA	Ireland
2	Catholic University Leuven	KUL	Belgium
3	Institute of Hygiene and Tropical Medicine	IHMT	Portugal
4	King's College London	KCL	United Kingdom
5	Royal Tropical Institute	KIT	the Netherlands

Table of Contents

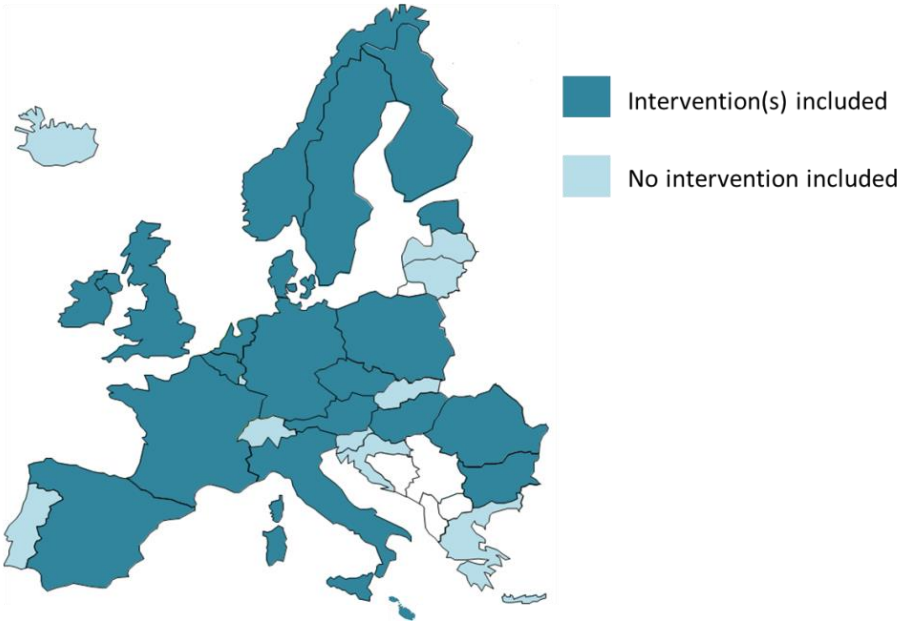
1. Introduction

The objective of this study was to identify and analyse effective strategies for the recruitment and retention (R&R) of health professionals, mainly focused on physicians and nurses, and provide lessons for the development of policy, organisational strategies and human resource policies in the European Union and European Free Trade Association (EU/EFTA) countries. The study consisted of a review of the evidence of effective measures to recruit and retain health professionals (D1&2) and eight case studies on recruitment and retention interventions (D6). The results of the study contribute to sharing good practices and help and inspire policy makers and HRH managers to identify possible solutions for R&R in the health sector.

The review involved an extensive scoping of the peer-reviewed- and grey literature on R&R of health professionals, and consultation with informants from each of the EU and EFTA countries as well as three non-European countries – Australia, Brazil, and South Africa, selected on the basis that they are known to have developed R&R initiatives from which lessons can possibly be learned. The extensive literature review resulted in 121 studies of which 50% of the studies were primary studies in peer-reviewed journals, 10% reviews and 40% studies reported in the grey literature. About half of all studies were from EU/EFTA, half from non-EU countries.

Based on the review, input from country respondents and experts on R&R, eight topics were selected for the case study research. For each topic, multiple cases from multiple countries were included, resulting in a total of 40 interventions from 21 countries. Figure 1 shows the European countries from which R&R interventions were included in the case studies. Data were collected via desk research, telephone and/or email interviews and site visits for nine cases. The case study research offered insight in a series of recruitment and retention dimensions such as how R&R interventions are developed and implemented, under which conditions, what the role of various actors is, and what facilitators and barriers throughout the process are, at both policy and organisational levels.

Figure 1. European countries from which R&R interventions were included in the case studies



Drivers of R&R interventions

From the mapping and review of measures to recruit and retain health professionals, it became clear that most interventions, irrespective of the great differences between the countries, are triggered by similar motivations and objectives, including:

- Observed or forecasted shortages of a category of personnel. This is mainly reported in higher-income countries such as Australia, Austria, Germany, Norway, Switzerland, the UK and Brazil;
- High attrition rates due to career reorientation, (early) retirement or emigration. This is mainly reported in Central and Eastern European countries (e.g. Bulgaria, Hungary, Poland, Romania) and South Africa and more recently in countries severely hit by the economic crisis such as Greece, Ireland, Portugal and Spain;
- Difficulties in recruiting and retaining personnel in certain professions, specialties or fields of practice, which is reported in all countries;
- Imbalances in the geographical distribution of health professionals. This is also reported in all countries.

Professional groups targeted

Just as they tend to be driven by a set of similar factors in most countries, R&R interventions also tend to target the same occupational groups and sub-groups. Doctors and nurses are the primary target groups. This is not surprising, since they represent more than 80% of the whole health workforce and are the most common first contact point for service users.

Types of R&R interventions

The categorisation and analysis of interventions in this study were based on a framework adapted from the WHO's (2010) Global policy recommendations on increasing access to health workers in remote and rural areas through improved retention. Recruitment and retention interventions were classified into five categories: Education, regulation, financial incentives, professional and personal support and mix/other types of interventions.

The most frequently reported types of R&R interventions are educational interventions (including changes in the structure, length and contents of curricula), followed by professional and personal support interventions, which result in improving working and living conditions for professionals and their families. Interventions focusing on financial incentives have been put in place by numerous countries, for example in attracting students/professionals to underserved areas, but these appear to be more effective if combined with other measures. Regulatory changes (e.g. legislative changes) are less often applied and R&R strategies combining a mix of interventions are rare.

2. Recommendations to optimise impact

The Recommendations are based on a comprehensive review of the literature, eight case studies on recruitment and retention – covering 40 interventions from 21 countries – and two workshops involving experts and stakeholders in the area of recruitment and retention of health workers in line with the Tender specifications for this study (EAHC/2013/Health/08). The findings show that recruitment and retention interventions are characterised by their high context specificity and often lack a sound evidence base.

Our study identified a number of success factors and good practices that recurred across many of the interventions in Europe. These help identify facilitators and barriers for maximising the impact of R&R interventions. Most of the recommendations are relevant for recruitment as well as retention interventions whether from 'source' or 'destination' countries.

It is important to emphasise that there is much more helpful detail in the body of the report and its annexes. Policy makers and managers can optimise recruitment and retention results by using these recommendations to design interventions that meet their distinctive, context-specific needs.

2.1 Choosing the right interventions

The success of recruitment and retention interventions is to a large extent dependent on partnership working and finding a fit with the economic, political, legal, cultural and organisational environments of the interventions. The key challenge is to mobilise all of these stakeholders in a collective strategy that will generate action in the area of recruitment and retention. Hence, stakeholder dialogues and consultations can be a useful lever to engage people and begin conversations from an early stage. Dealing with the complexity of healthcare environments can mean that multiple measures need to be taken at the same time. Thus multi-faceted interventions have shown to be more effective than single interventions[1]. It is important that a workable trade-off is made between any original intervention and adapting it to the specific requirements of its new legal and financial context.

- Scan the environment and clearly define the problem to be solved before developing an intervention – does the proposed solution fit the context?
- Organise working groups to bring together relevant representatives of governments, social partners and other stakeholders to develop a collective recruitment and retention strategy.
- Develop interventions as coherent packages of measures that cross different sectors such as education, health and employment.
- Design and implement interventions in accordance with the characteristics of the target group (for example medical interns require a different approach than older nurses).
- Look to other sectors to stimulate innovation in recruitment and retention in the healthcare sector.

[1] Grol, R., Eccles, M., & Wensing, M. (2005). *Improving patient care: the implementation of change in clinical practice*. Butterworth-Heinemann. Where does this fit?

- Stimulate "out-of-the-box" thinking by supporting interdisciplinary approaches in the design of interventions.
- Blend recruitment and retention measures, and review and adapt this mix over time, depending on the particular setting, time period and early results.

2.2 Implementing recruitment and retention interventions

To guide policy makers, health managers and health professionals in decision making in recruitment and retention, the report earlier listed the Good Practices for successful recruitment and retention interventions according to the Knoster model. When change processes are complex, highly dependent on context and not much evidence is available, as is the case for most recruitment and retention interventions at this moment, small-scale pilot studies can provide valuable lessons. They can serve as living labs and provide knowledge and insights about an intervention, its impact on different actors and requirements for organisational and policy measures. Experimenting with innovation in recruitment and retention of health workers can also be achieved by looking at what happens in other employment sectors and transferring 'good practices' to the healthcare sector.

- Offer interventions with enough freedom to allow different actors to select the bits that suit their needs and skills set, but with sufficient structure to ensure that all actors work towards a common goal.
- Design interventions with enough flexibility to be customised to different local contexts within country.
- Use the 'framework of good practices' in the report as an aide memoire to monitor the implementation of interventions.
- Before implementing interventions with little established evidence, conduct a pilot study or small-scale experiment to check, change or enhance the working of the intervention.
- Align regulatory frameworks and policies with organisational priorities and timescales to support organisational adoption.

2.3 Monitoring and evaluating recruitment and retention interventions

Recruitment and retention interventions should be monitored and evaluated during their implementation. Only in this way can something be learned about what works and what doesn't work, and whether desired goals have been achieved. With the words *"some is not a number and soon is not a time"*[2], Dr Donald Berwick in his time as CEO of the Institute for Healthcare Improvement, pointed out the fact that monitoring and evaluation require rigid assessment goals and methods. Yet the vast majority of recruitment and retention interventions do not use an explicit definition of effectiveness and do not propose measurable objectives. This has resulted in a lack of available evidence on the basis of which interventions can be monitored and checked. While monitoring and evaluation on the basis of the 'framework of good practices' is important, a more robust evidence base to underpin the recruitment and retention of health workers is still required. Formal evaluation designs, suitable to evaluate complex interventions, are needed. Moreover, long-term monitoring is required to establish the long-term effects of recruitment and retention interventions.

[2] Berwick DM, Calkins DR, McCannon CJ, Hackbarth AD. *The 100,000 lives campaign: setting a goal and a deadline for improving health care quality. JAMA 2006; 295: 324-7*

- Formulate concrete objectives and time frames for interventions to facilitate monitoring and evaluation.
- Invest in longstanding monitoring systems to establish the long-term effects of a recruitment and retention intervention. Indicators may include: employment status; staff stability index; staff turnover rates; vacancy rates and/or time taken to replace staff, student enrolment numbers and job satisfaction levels.
- Employ multi-method evaluation designs to evaluate interventions and to build a robust evidence base.
- Develop a web-based reporting platform enabling interested parties to filter resources by level (policy, organisational), professional group (nurses, GPs).

2.4 Actions at European level on recruitment and retention

The study identified a wealth of learning and inspiration available in Europe on the recruitment and retention of health professionals. Yet European cooperation or knowledge exchange in this area remains underdeveloped. To foster learning and cooperation, good practices in recruitment and retention should be disseminated and shared through various channels and at various levels. To foster innovation, the EU should invest in further research & development in the domain of recruitment and retention.

- Sharing Good Practice in the EU by developing a European repository of good practices to facilitate, and increase the success of, recruitment and retention in the health sector.
- Activate existing networks, collaborations, joint actions at the European level to involve and mobilise governments, social partners, including the Sectoral Social Dialogue Committee for Hospital Sector, and other relevant stakeholders to 'jump start' recruitment and retention strategies and facilitate cross-border cooperation.
- Promote and disseminate monitoring and evaluation toolkits and sets of standard indicators that countries can use as a reference for the development of their own strategies.
- Include support to Research & Development in the funding of recruitment and retention interventions, mainly in the domain of evaluating the effectiveness of recruitment and retention interventions and the development of innovative working practices.