Recruitment and Retention of the Health Workforce in Europe

Report of the expert meeting of the study on effective health workforce recruitment & retention strategies

Annex 2

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

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1. Introduction

This report reflects the discussions and conclusions from the expert workshop that was organised on 27 May 2014, within the context of the "study on effective recruitment and retention strategies for health workers". As preparation for the meeting a discussion paper was disseminated in advance, which outlined a number of key questions on which the consortium sought input from the experts. The meeting itself was designed to optimise time for discussion and the collection of experts' feedback.

2. Literature review

The aim of the morning session was to validate early observations from the literature review, and to spot possible gaps. To this end the review process was presented, and a number of early observations were shared.

The literature review was conducted systematically, though not strictly as a systematic review and included published literature and documents from relevant websites. A broad ranging and inclusive approach made the process more intensive, using a high number of relevant search terms, in order to ensure that there was comprehensive coverage of sources of relevant material. Country informants provided additional grey literature and increased the chance that policy documents from Member States across the EU could be included. On this point language remains a challenge: the consortium carries out the analysis of the materials brought forward, but if it is in a local language some translations (summaries) will need to be provided.

The experts asked which definitions had been used and which perspectives had been emphasised. The definitions included in the review (e.g. 'recruitment' and 'retention', but also 'nursing') are those used by the authors – not pre-defined concepts by the consortium. Some of the terminology might therefore have different meanings in different contexts and countries. In terms of perspectives (e.g. health professionals, management or policy perspectives), again no specific perspective was applied and all results had been included, as long as there has been a specific link to recruitment and retention, and/ or to topics related to this subject (e.g. including those linked to attrition of health professionals). The review takes stock of what was available, and does not seek to generate new data. Country informants are bringing forward important material that has not been published.

It was noted that the implementation of some interventions might be successful, but that its impact might have unintended consequences, in particular on a longer term. For instance, in the UK focus on acute care resulted in that part of the sector being the focus for investment, but the overall impact is a lack of concomitant resource to build community and primary care.

In addition, questions were raised about what 'effective strategies' refer to. Different studies may use different definitions of success, and apply different "success" criteria. The literature review shows that often impact assessments and evaluations are not in place, and that it is difficult to find strategies that are proven to be effective. The experts confirmed that this explanation matches their experience, and noted that bundled interventions – which in theory should be the most effective – are also the most difficult to evaluate in terms of cause-and-effect.

Experts emphasised the need to include 'source' countries - countries that see an outflow of professionals. As literature is often only available in the local language, country informants are even more important in pin pointing documents from these countries.

Main conclusions from the experts' input on the literature review:

1. The experts made several inquiries about the literature review process. Some indicated they appreciated the high volume of materials, and recognised how that made the review process more resource intensive. The inclusion of materials from a number of countries was highlighted as challenging, therewith also confirming the added value of the country informants. The difficulty in finding 'effective' interventions was confirmed by the experts.
2. The early observations and results appeared to match the expectations of the experts. Some findings matched the interests of the experts, including subjects such as the ageing workforce, health and safety at work (and the absence of violence towards staff), and staff engagement.
3. In terms of private health services (e.g. nursing homes) the literature review showed a knowledge gap. There is some information available, but mainly from North-America focussing on nurse satisfaction.
4. The literature review also showed only few primary care interventions. Though it is considered an important topic, the literature review showed little evidence around the status of GPs and primary care nurses.

3. Case studies

The case studies complement the literature review, and are based on identified topics resulting from the review. The case studies provide the opportunity for further inquiry into cases that offer opportunities to learn. A pilot case from Belgium ("Recruiting into the healthcare sector: bridging the gap between the healthcare sector and education. The Care Ambassador") was presented to showcase the approach to the case studies, while at the same time illustrating some of the challenges that are related to the subject and the methodology. The experts became aware of the limitations of having eight case studies and the time pressure, and it was advised to focus on the topics and themes that are most likely to provide much information on recruitment and retention.
Throughout the discussions on the case studies (which allowed for more depth than the broad based session on the literature review) it became increasingly clear that attrition, and the commensurate need for recruitment and retention, are outcome parameters of healthcare systems' performance. In turn, health workers are key in assuring access to care (Universal Health Coverage) and quality of care.

Concerning criteria for selection as case studies, a few tensions are at play, which require a well-balanced decision. First, ideally interventions should have undergone some evaluation, but it is probably very difficult to find 'hard' outcome data in this field, especially where cost-effectiveness is concerned. Case studies should fill knowledge gaps on how interventions are shaped, implemented and run on a day-to-day basis, and make a contribution to adding to the evidence base. Second, case studies should include innovative interventions, and describe conditions to understand in which circumstances interventions would be transferable. Innovative, in this sense, not necessarily means new, but refers to interventions that are not being used on a wide scale yet and/or R&R interventions that are being used in other sectors and are of potential relevance for the healthcare sector. For both transferability and innovation the context is of extreme importance as well.

The discussion around possible topics and themes to study was interesting and touched on a range of key topics. Experts suggested that it would be beneficial to choose one overarching theme for the case studies instead of having eight separate cases drawn from different themes. From the professionals' point of view, occupational health, violence and aggression, and career structures/support were highlighted as important topics that are of great concern to many individuals in the work place. The ageing workforce and generational changes also provide challenges that require attention. In shaping the case studies, experts suggested to take the individual's perspective and follow the life span of the health professional: starting with education and training, the first job, specialization, seniority or longevity and then retirement.

Some factors of attraction, retention and attrition are difficult to address by improving employment or organisational variables. . For instance, accident and emergency departments are popular with junior and young specialists. Often these services are centred in larger and specialised hospitals, and not offered in hospitals in the

periphery. This makes it more difficult to recruit young professionals. It was noted that issues with recruiting professionals into remote areas has been relatively well documented already.
Better documenting individuals' motivation on why they came into the post is important: for example young professionals that joined Edinburgh medical school - one of the best medical schools in the UK - were strongly motivated by the quality of life offered by of the city (e.g. less expensive than London, and nice to live).

One specific case was suggested: Social Responsible Recruitment, by Tayside Health Board, in Dundee, Scotland; this aims to break the link between poverty and health by creating employment opportunities for its local deprived labour market. Focussing on 'hard to reach' parts of the community offers the opportunity to tap into the local labour market that was not considered before. Structured support is provided through training, resulting in a one year retention rate of 71% in a population of over 1,000 participants in the programme. By collaborating with universities and part-time studies there is an opportunity for professional development, even offering the possibility – and an alternative route – to becoming a Registered Nurse. Similar innovative cases are elsewhere in the UK, Sweden and France.

Experts highlighted that it is important not to focus just on the hospital and acute care sector. Community care, care provided in nursing homes and primary care should be considered too. In the case of primary care, improving the status is key in attracting more doctors.

Main conclusions from the experts' input on the case studies:

1. Experts suggested to focus on those strategies that address individual professionals' needs the most, i.e. those covering professional development, staff engagement, safety at work, improving status of primary care, et cetera.
2. The contexts of these strategies matter, including the level of the intervention (organisational or national/regional policy level), the sector (not only hospital care, but also primary and community care) and the country profile ('source' or 'destination' country).
3. Experts also suggested that case studies which can pull several policy levers could be included e.g. employment, health and mobility.

4. Input on recommendations

The last activity of the meeting helped the consortium to start shaping policy and management recommendations. Recommendations needed to be practical, and therefore need to have traction with different professional groups.

For **health professionals**, experts considered it important to recognise all key issues at play – not doing this could undermine the credibility and use of the report. In addition, recommendations should stimulate own initiative of health professionals, and deliver options that individuals can take up without depending on others (e.g. managers). A 'can-do' perspective should be taken.

For **policy makers**, experts highlighted that the importance of addressing other policy makers than those at the departments and ministries of health. Health labour market investments provide benefits for other sectors as well, which should be communicated. The need to provide information on the return-on-investment, costs and the time it takes to have results are considered of key importance. Interdependencies on other stakeholders are important, and the available instruments that policy makers have to steer these stakeholders.

For **managers**, experts noted that it is important to recognise that this target group is under constant pressure. This implies that the presentation of recommendations must be easy to understand, and that they need to be 'implementable' by nature: (1) a realistic timeframe, (2) achieved within realistic financial possibilities, and (3) politically acceptable. As recruitment and/or retention strategies need to be co-developed or supported by health professionals, it is important that options are supported by evidence.

In addition, it was suggested we include a section on the possible use of European Structural Investment Funds (bearing in mind negotiations on operational programmes will be concluded by end 2014) and other funding sources, for improving health workforce recruitment and retention strategies.

List of Participants

27 May 2014, Brussels, Belgium

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