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How to promote health workforce innovation through research?

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The background

- Across countries the need for a sustainable future health workforce is increasingly recognised.
- The health workforce has moved up on the policy agenda.
- Data and monitoring systems have improved.
- Frameworks have been agreed to strengthen capacity building for a future health workforce.

What, then, is the problem?

- What is needed to respond more effectively to the health workforce challenges?
- How can research contribute to the creating of a future health workforce that serves the needs of the population?

The challenges

Creating a people-centred, integrated and sustainable health workforce (HW) needs system changes.

Innovation is needed on **all** levels and in all areas of governance.

The challenges

Innovation of the HW needs 'disruptions to the underlying institutions of health systems' (*Gauld, J Prim Health Care, 2018, 10(1): 6-10*); this calls for fundamental reorganisation of education, regulation, practice.

The challenges

- Health systems are not at the first instance driven by population needs but by stakeholder interests.
- Policymakers seek to avoid conflicts with powerful stakeholders.
- Health policy aims for quick – and cheap – results without system interventions.

What can research do?

Research can:

- place HW challenges in a broader context of health policy and systems,
- broaden our understanding of the problems and the scope of action and innovation,
- furnish innovation with scientific evidence and thereby facilitate implementation.

What can research do?

... 'enables us to transform HRH from being faceless numbers of units of health producers to the heart and soul of health systems and vital change agents in our communities and societies' .

(George, Campbell et al., Human Resources for Health, 2018, 16:35)

Introducing a framework and an agenda of research

Acknowledgements:

This talk draws on collaborative work carried out in the context of the EUPHA 'Health Workforce Research' section, <https://eupha.org/health-workforce-research>.

A call for action to establish a research agenda for building a future health workforce in Europe, Health Research Policy and Systems, 2018, 16:52; <https://rdcu.be/1hZv>

Why Europe needs stronger health workforce research. Consultation for the next EU Research and Innovation Programme, Statement; https://eupha.org/repository/advocacy/EU_Consultation_2018-HWR_statement_for_circulation.pdf

Introducing a framework for researching HW

Innovation

- the framework systematically connects hierarchical (levels of governance) and content-based dimensions of HW governance,
- focus is on integration and intersecting dynamics of HW developments.

Introducing a framework for researching HW

Integrating levels of governance

Organisational innovation is placed at the meso level of healthcare organisations and **professional development** (with a view on individual actors) at the micro level, while both dimensions are seen in the wider context of **health systems** and governance.

Integrating the content-dimensions of governance

Four major dimensions: **system**, **sector**, **occupation**, and **socio-cultural integration**, including gender equality.

Table. Hierarchical and content-based levels of health workforce governance

Source: adapted from Kuhlmann, Groenewegen, Batenburg, 2018

Hierarchical levels of workforce governance	Content-based dimensions of workforce governance			
	System integration	Sector integration	Occupational integration	Socio-cultural integration and equality
Transnational (global, EU level)			Harmonisation of professional requirements; EU Qualification Directive	International migration; international ethical Code to avoid brain drain; EU gender equity law
Macro-level (state/regional)	Educational system; healthcare labour market; general labour market	Primary care; secondary care; mental healthcare; public health; social sector; informal sector/ carers and self-help networks	Relationships between different professions; professional jurisdictions, including medical dominance; gender equality	Regional imbalances; deprived, rural and remote areas; gender mainstreaming and diversity laws and policies
Meso-level (organizations/ professions)	Alignment of education, workforce and population needs	Person-centred organisation of care; performance management to reduce hierarchies	Task delegation and substitution; gender equality; diversity; teamwork settings	Integration of diverse professionals in organisations (gender, age, ethnicity)
Micro-level (actors)	Competences for people-centred care	Cooperation; skill mix in teams	Interprofessional education+practice; ethics; more integrated professionalism + identity	Motivation; intercultural relations

What's new and what is the benefit?

- The research frameworks helps us to understand HW needs and developments in the context of systems.
- It reveals connections between and across levels and areas/content of governance.
- It helps to overcome silos of HW research and policy.
- It moves us beyond mere numbers and brings a broad range of stakeholders and policy options into view.

Introducing a research agenda

Six major research topics

A call for action to establish a research agenda for building a future health workforce in Europe, Health Research Policy and Systems, 2018, 16:52; <https://rdcu.be/1hZv>

Major research topics

- Develop frameworks that align health systems/ healthcare governance and health workforce policy and planning.

Examples

‘Workforce policy and planning, regulation and management are aligned with service planning and delivery, and support integrated teams rather than isolated individual health professionals, effectively addressing NCDs at all levels of service’.

WHO, 2018; High-level regional meeting on NCDs;

http://www.euro.who.int/_data/assets/pdf_file/0007/366766/HSS_NCD_briefing_note_eng.pdf?ua=1

Examples

‘Systems thinking includes the capacity to promote dynamic networks of diverse stakeholders, to inspire continued learning, and to foster more system-wide planning, evaluation and research... Research on the connections between health systems and governance models and the health workforce is ... an important factor to enhance **policy learning and translation between countries**’.

Kuhlmann et al., EUPHA section, 2018, Call for action; <https://rdcu.be/1hZv>

Major research topics

- Explore the effects of changing skill mixes and competences across sectors and occupational groups.

Example: research evidence

‘... while a higher proportion of nurses in the health workforce is associated with better health outcomes, there is a deficit of studies on the **relationship of skill-mix, scope of practice and the resulting economic outcomes**’.

(UN High-level Commission, 2016: 27).

Examples

‘...existing skills assessment instruments do not readily enable differentiation between the skills mismatch caused, on the one hand by the inadequacies of the education and training system or, on the other hand by the inadequacies of competing pressures in the health system’.

Maeda and Socha-Dietrich, OECD, 2018;

<http://www.oecd.org/els/health-systems/Feasibility-Study-On-Health-Workforce-Skills-Assessment-Feb2018.pdf>

Major research topics

- Map how education and health workforce governance can be better integrated.

Examples

Interprofessional education is still not fully and meaningfully integrated into current educational and continuous professional development/ learning programmes; instead, uni-professional competency frameworks often remain influential.

Kuhlmann et al., EUPHA section, Call for action; <https://rdcu.be/1hZv>

Examples

Europe's gender mainstreaming policy is poorly connected to health workforce education and research. Academic health centres in different EU countries show a persisting gender gap in leadership and management positions, which is bigger in academia than in hospital.

Kuhlmann et al., 2017; Human Resources for Health;

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5219766/pdf/12960_2016_Article_175.pdf

See also The Lancet, Thematic Issue, 9 February 2019

Major research topics

- Analyse the impact of health workforce mobility on health systems.

Examples

‘A major challenge is to reduce inequality between EU Member States and counterbalance the risks of push-pull factors that benefit the resource-rich countries and threaten the healthcare systems in some Eastern and Southern European countries’... growing inequity concerns in the EU call for solidarity-based HW governance across countries while respecting free mobility

Kuhlmann et al., EUPHA section, 2018, Call for action; <https://rdcu.be/1hZv>

Examples

Migration and mobility is driven by many reasons and has different effects in the sending and the host countries.

Humphries N, et al. "Emigration is a matter of self-preservation. The working conditions ... Are killing us slowly": qualitative insights into health professional emigration from Ireland. Hum Resour Health 2015, 13:35.

Humphries N, et al. A cycle of brain gain, waste and drain – a qualitative study of non-EU migrant doctors in Ireland. Hum Resour Health 2013;11:63

Major research topics

- Optimise the use of international/ EU, national and regional health workforce data and monitoring.

Examples

There is still wide variation in indicator definitions, registration methodologies and data availability.

Qualitative health workforce indicators are overall in a developmental stage and usually not measured, as for instance, competencies and team-based skills.

Kuhlmann et al., EUPHA section, 2018, Call for action; <https://rdcu.be/1hZv>

Examples

Regional health labour market monitoring is often more comprehensive, flexible and effective due to established networks of stakeholders.

However, it is not adequately integrated in national/ international data sources, and often not comparable.

Kuhlmann et al., 2016, Human Resources for Health, 14:71; <http://rdcu.be/m4UI>

Major research topics

- Build capacity for policy implementation.

Has been explained in more detail in the previous section, by Gabrielle Jacob, WHO.

Examples

Innovation in HW governance calls for understanding of professional stakeholder involvement, and the role of professions as change agents and policy experts.

Greater attention must be paid to the development of knowledge brokering and leadership to support effective implementation of research.

Kuhlmann et al., EUPHA section, Call for action; <https://rdcu.be/1hZv>

See also, WHO, 2016, WHO Global Strategy on Human Resources for Health: Workforce 2030; <http://who.int/hrh/resources/globstrathrh-2030/en>

The challenges

- **To understand how to meet the new demands and needs for HW integration and participation in healthcare systems, that are fundamentally build on 'silo approaches' and hierarchy.**

The challenges

- **To move beyond the professional silos and integrate all professional groups and people/ user/ patient perspectives.**

The challenges

- **To strengthen public involvement, public health approaches, and stakeholder diversity, including gender, ethnicity, etc.**

The challenges

- **To align available expertise and stakeholders across beyond and beneath the traditional division lines of the healthcare system.**

The challenges

- To create 'disruptions' of existing policy and practice routines in all areas.
- **To understand that HW challenges cannot be solved solely on the level of human resources.**

The way forward

System innovation to create new forms of governance, healthcare organisation and delivery and HW competences development.

The way forward

**A new social and policy
consensus on the value of the
health workforce ('quadruple
aim') shared by all stakeholders.**

The way forward

**People-centred sustainable HW
as policy priority across all
systems and sectors of
policymaking.**

Thank you!