Promoting a sustainable workforce for health in Europe

Elizabeth Kidd

Summary: The European Union’s health care workforce is both ageing and increasingly mobile, so Member States need to plan human resources for health with this in mind. On 10 December 2008, the European Commission published a Green Paper on this topic and launched a public consultation. This has sought stakeholders’ views on a wide range of issues connected with the health care workforce and preparing for the care of an ageing population. The results of the consultation will advise what the EU can do to support Member States.

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On 10 December 2008, the European Commission published a Green Paper on the EU Workforce for Health. This publication launched a consultation period, running until the end of March 2009, which aims to identify common responses to the many challenges facing health and social care systems in Europe, as well as the workforce solutions required to tackle them.

Why a Green Paper?
The health systems of the European Union are the building blocks of Europe’s high levels of social protection. Health systems are an intrinsic component of social welfare and they contribute to social cohesion and social justice, as well as to sustainable development. The European Commission’s health strategy adopted in October 2007 and published in the White Paper Together for Health put forward a new approach to ensure the EU could do as much as possible to tackle challenges such as health threats, pandemics, the burden of lifestyle-related diseases, inequalities, EU enlargement and climate change. It aimed to foster good health in an ageing Europe by promoting good health throughout the lifespan, by protecting citizens from health threats, by improving patient safety and by supporting dynamic health systems and new technologies.

However, making progress on these objectives cannot be made without a workforce of sufficiently well-trained and highly motivated health professionals and care workers, equipped with the right skills and located in the right places. While each EU Member State is in charge of its medical infrastructure there have been growing concerns throughout the EU about health workforce numbers and the sustainability of dynamic health systems.

Responding to the challenges
EU health systems have to perform a difficult balancing act, firstly between the increasing demands on their health services and constraints on supply and secondly between the need to respond to population health needs locally alongside the need to be ready for major public health crises.

There are a number of challenges facing...
health systems in Europe. Policy makers and health authorities first of all have to adapt their health care systems to cater for an ageing population. Between 2008 and 2060 the population of the EU-27 aged sixty-five and over is projected to increase by sixty-seven million, while those over eighty will be the fastest growing segment of the population. The introduction of new technology is also making it possible to increase the range and quality of health care in terms of diagnosis, prevention and treatment, but this has to be paid for and staff need to be trained to use it. Furthermore, there are also new and re-emerging threats to health, for example from communicable diseases. Finally, citizens have ever-rising expectations on access to the best possible health care. All of these factors inevitably lead to continually rising spending on health and indeed pose major long-term challenges to the sustainability of health systems in some countries.

Health services are extremely labour intensive and health workers in the widest sense constitute one of the most significant sectors of the EU economy, providing employment for one in ten of the EU workforce. However, there are serious issues facing the health workforce in the EU. Many of these problems are common to all Member States. The ageing population means that the health workforce is itself an ageing one and there are insufficient recruits coming through to replace those people leaving. This and the growing pressures on health systems mean that there are already shortages in many health professions. Migration of health professionals in and out of the EU, as well as mobility within and outside the EU, also has the effect of increasing shortages in some regions.

So, how can high standards be ensured when health professionals move between countries with very different health systems? How can the growing demands for health care be met in the light of shortages resulting from the ageing and increased mobility of the health workforce? How do countries with less economic resource in the EU retain the health professionals they train when their health systems cannot compete with higher salaries in other parts of the EU? What ethical issues arise when the EU seeks to solve these problems by attracting health workers from low and middle-income countries? How do we ensure sufficient capacity in all specialties and cope with training for new treatments and technologies?

By describing as precisely as possible the common challenges faced by the EU health workforce: demographic change, diversity in the health workforce, the limited appeal of many diverse health care and public health related jobs to new generations, the migration of health professionals in and out of the EU, unequal mobility within the EU, as well as the health brain drain from other countries, the Green Paper aims to increase the political visibility of these issues.

It signified the launch of a debate and, by engaging stakeholders, the consultation process has aimed to identify where the Commission believes further action can be undertaken to stimulate coordinated approaches. In light of the fact that Member States are facing a number of common problems with their health workforces, there is much to be gained by promoting cooperation and common approaches between Member States.

**Next steps – building the workforce**

The Green Paper intends to highlight the need for forward thinking, collaboration and imaginative use of robust human resource strategies to build capacity in the health workforce.

Good human resource planning and management have a vital role to play in the recruitment and retention of staff. Staff are not motivated to stay in employment solely by their rates of pay, although clearly it is an important factor. Staff need to feel valued and will feel valued if they work in a culture which promotes participation in decision making, team working and opportunities for career development. Employees are increasingly aware of potential benefits, educational opportunities and employment options.

All staff need to be supported in the work/life balance; attention to these factors plays an important part in both recruiting and retaining staff. It can even help in attracting them back to work if they have left the profession. Strategies can include job-sharing, holiday play schemes for children of working parents, maternity, paternity and special leave arrangements, as well as potential alternatives to early-leave shift patterns.

Here is an example, by no means isolated, of how the quality of working life plays an important role in influencing decisions to leave jobs in nursing. In Ireland a study in 2003 indicated that an estimated 15,000 qualified nurses and midwives were living in Ireland but opting not to work in the profession. When asked why they left the nursing profession, almost 40% said that their decision to leave was affected by conditions in their working environment, such as understaffing, working hours, management problems and poor resources. When asked if they would consider returning to nursing if more attention was paid to working flexibly, 53% said they would.

The key to maintaining a sufficient workforce, in the face of the impending retirement of the ‘baby boom’ generation, is not only to retain and recruit both young and mature workers but also to embrace flexible working arrangements. Recruitment campaigns can take advantage of the growth in the proportion of those over fifty-five. ‘Return to work’ campaigns can be aimed at those who may have withdrawn from the health care sector for some time due, perhaps, to family commitments. Special training courses will be needed to help these applicants back into the workplace.

Attracting students to health-related studies, coupled with attracting workers to participate in this sector will be a major challenge, especially as there is competition in the labour market from jobs often offering better wages and working conditions. Strategies need to be geared towards the diversity of the modern European population, both in terms of the flexibility of conditions of service, but also culturally sensitive to the needs of ethnicity and religious customs.

**The challenge of increased mobility**

Many of the countries which have joined the EU since 2004, have witnessed an exodus in their health professionals. They have voiced concerns about the implications of the internal market and EU Directive 2005/36, which provides for the free movement of professionals and the mutual recognition of professional qualifications.

However, freedom of movement of people between Member States is a key part of the construction of the EU. Mobility of health professionals is useful. It means that health workers can go where they are most needed and can move to obtain more professional experience. There is also, of course, migration outside the EU.

As is widely acknowledged, a serious
impediment in analysing the workforce situation across the EU is the lack of up-to-date data and information. We do not have comparable qualitative or quantitative EU-wide data on the number of health workers in training or employment, their specialisations, geographical spread, age, gender and country of provenance. Instead, we work with proxy data collected from applications to register with competent authorities in the Member States. These requests are indicators only of intention and cannot provide details on whether the health professional actually left for the new country or if, having left, they returned. It is also virtually impossible to track out-flow and in-flow when the health worker does not take up a similar position as a regulated professional in the destination country. While there are some exciting and promising research projects now underway, funded in part by the EU, it will be some time before we have access to robust data and information.

The response to tackling the effects of increased mobility must surely be to address these issues through appropriate policies, such as measures to increase general labour market participation, in particular in respect of women, older workers and young people; improved workforce retention; further improvements to education and vocational training; adequate conditions of employment for public sector workers; incentives for return mobility; and measures to facilitate internal labour mobility. This response also will include managed immigration from outside the EU.

Member States will gain from collaborating with other Member States rather than being in competition with each other. Cross-border agreements on training and staff exchanges may help to manage the outward flow of health workers. Incentives to promote the ‘circular’ movement of staff could be introduced, by which the benefits of working in another health system would be recognised, while encouraging eventual return to the home country. Incentives could take the form of an agreed career pathway, so that the individual returning may come back to a post and receive a salary which recognises the experience gained.

The increased mobility of the workforce may require workforce managers at local and/or national level to review the adequacy of their recruitment and professional development measures, as well as their pay and working conditions. The creation of an EU-wide forum or platform where managers could exchange experiences might merit value in this context.

**Training**

Graduates and school leavers need to be aware of the rich diversity of career opportunities available in the health and caring professions. More mature workers, those returning to work after home responsibilities or those who want to change career, can be encouraged to join if specially adapted training courses are available. In some parts of Europe training programmes may need to be designed to attract people from ethnic minority backgrounds into the workforce for health so that it more accurately reflects the makeup of the population served. This will help to ensure that services can be designed to be culturally sensitive and help to increase equity of access to health service for migrant and ethnic communities.

As well as initial training, the issue of health professionals’ continuing professional development (CPD) is also important. It is through the record of CPD that a prospective employer can tell how up-to-date a professional’s skills and knowledge are. CPD helps to demonstrate the value of a health worker to the organisation being served. It is also useful to the employing organisation as part of its performance management system because the updating of professional skills has a part to play in both improving the quality of health outcomes and ensuring patient safety. One dividend is improved morale and staff retention.

Finally, it may be useful to reflect on the implications of the current economic crisis, which, while bringing pain, may also present opportunities. With many jobs being lost in all sectors of the wider economy and unemployment levels rising across the EU, health and care sector employers will have a rare opportunity to offer retraining to some being made redundant from commerce and manufacturing and so draw on a new pool of potential talent. The question is, will this opportunity be seized?

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- Impact of the financial crisis on health
- Health inequalities in Europe
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International Forum Gastein
Tauernplatz 1,
5630 Bad Hofgastein
Austria
Tel: +43 (6432) 3393 270
Email: info@ehfg.org
Web: www.ehfg.org

**References**


Further related information on EU health workforce issues can be found at http://ec.europa.eu/health/ph_systems/workforce_en.htm