



3 and 4 May 2018
Aula Magna IHMT | UNL

Conference
Workforce innovations for better performing
health systems in Europe

Recruitment and retention strategies to improve access to health workers

Prof. Walter Sermeus

Leuven Institute for Healthcare Policy, KU Leuven
Belgium

Projecting shortages and surpluses of doctors and nurses in the OECD: what looms ahead

RICHARD M. SCHEFFLER*

School of Public Health, University of California, Berkeley, CA, USA

DANIEL R. ARNOLD

School of Public Health, University of California, Berkeley, CA, USA

**NURSING
SHORTAGE**

- 22,7% nurses
(- 2,5 million)



- 8,5% doctors
(- 400,000)

ARIMA model 1960 - 2013 for Doctors / 1978-2013 for Nurses

Model for Demand:

overall economic growth

% out-of-pocket health expenditures

% population over 65 years old

Model for Supply:

number of graduates

Im-/export of health workers

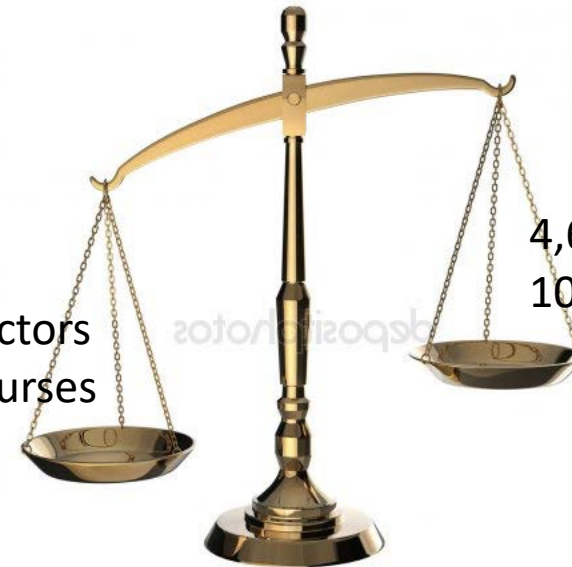
deaths and retirements

Demand



Supply

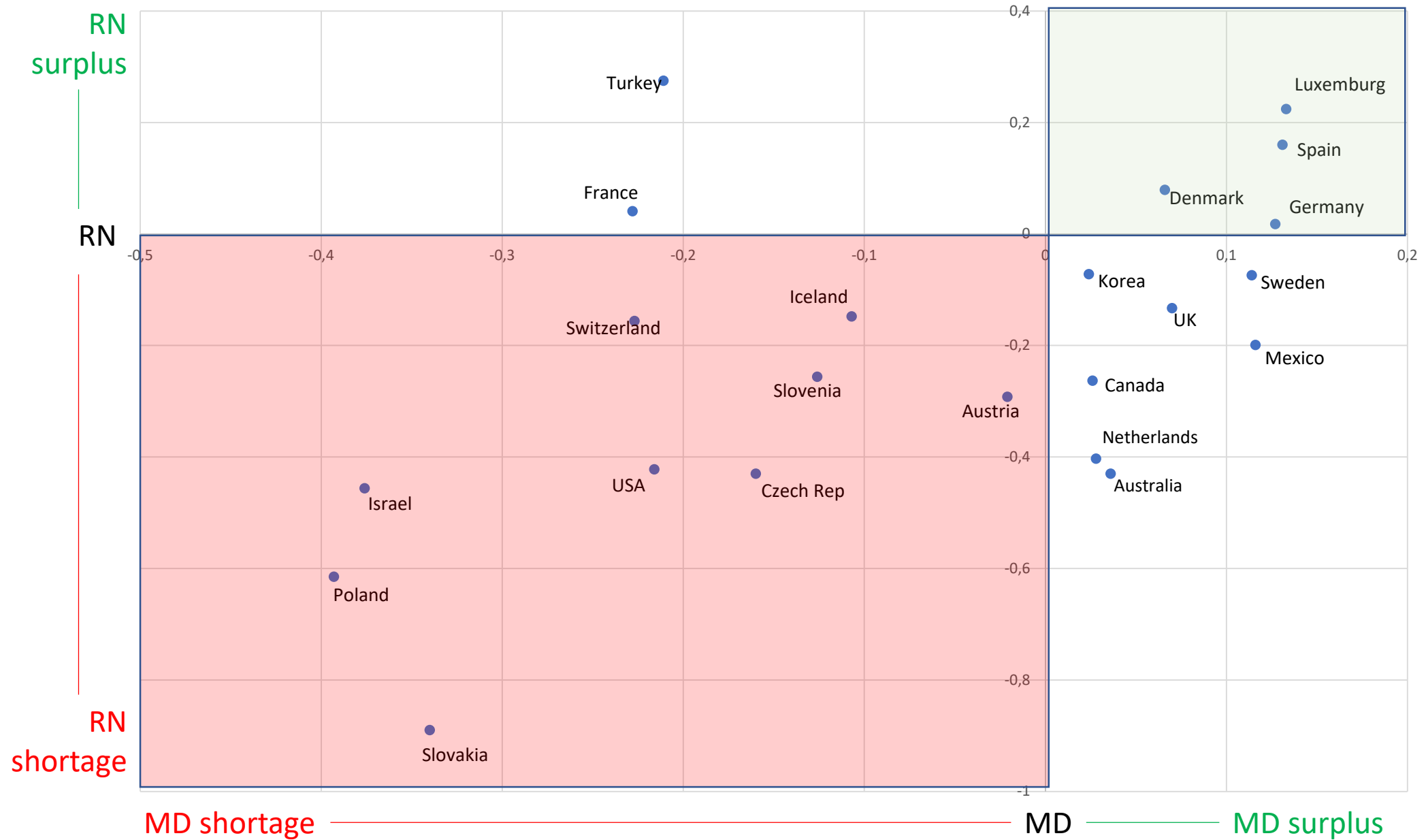
5,000,000 doctors
13,400,000 nurses



4,600,000 doctors
10,900,000 nurses

Given current trends

Surplus / Shortage of MDs and RNs in 2030 in selected OECD countries





ELSEVIER

Contents lists available at ScienceDirect

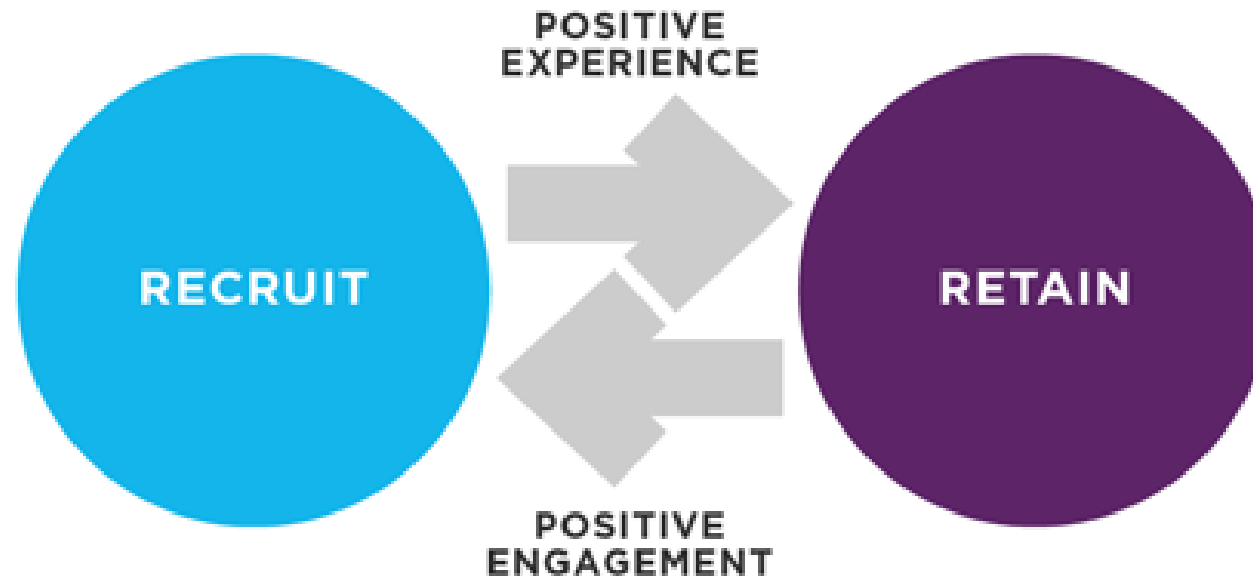
Health Policy

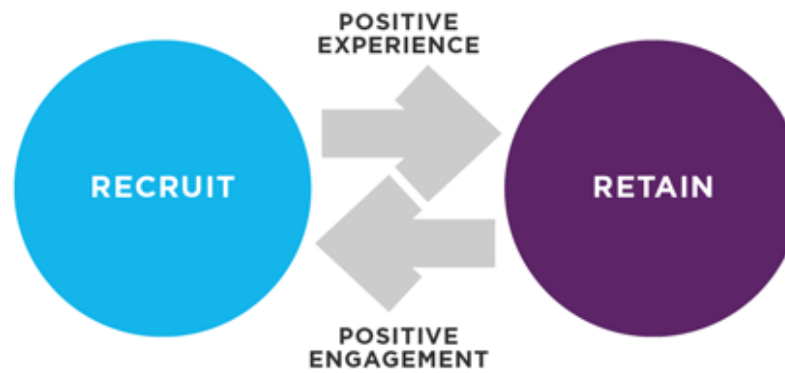
journal homepage: www.elsevier.com/locate/healthpol

Recruitment and retention of health professionals across Europe: A literature review and multiple case study research



Marieke Kroezen^{a,*}, Gilles Dussault^{b,1}, Isabel Craveiro^{b,1},
Marjolein Dieleman^{c,2}, Christel Jansen^{c,3}, James Buchan^{d,e,4},
Louise Barriball^{f,5}, Anne Marie Rafferty^{f,6}, Jeni Bremner^{g,7}, Walter Sermeus^{a,8}





Topic 1. Attracting young people to healthcare		Topic 3. Providing training, education and research opportunities for a life-long career	
1.1. <i>Pflegeoffensiv Salzburg</i> —recruitment campaign	AT	3.1. <i>Bridging courses</i> , training to Bachelor level	PL
1.2. <i>Zorgambassadeur</i> —recruitment campaign	BE	3.2. Research as CPD to recruit and retain	SE
1.3. <i>Healthcare Academy</i> —education as road to work	UK	3.3. <i>Flying Start NHS</i> , development programme newly qualified staff	UK
1.4. <i>Ich Pflege, weil.</i> —recruitment campaign	DE		
1.5. <i>Hvid Zone</i> —recruitment campaign	DK		
1.6. <i>Zorgtrailer</i> —recruitment campaign	NL		
Topic 2. Attracting and retaining GPs to strengthen primary care in underserved areas		Topic 5. Providing good working environments through professional autonomy and worker participation	
2.1. <i>Pacte Territoire-Santé</i> —package R&R measures underserved areas	FR	5.1. <i>Buurtzorg</i> —autonomous working home care	NL
2.2. Financial compensation for GPs to work in remote areas	BG	5.2. Self-managing teams—autonomous working home care	BE
2.3. Beginner's allowance for young doctors	EE	5.3. <i>We Care Teams</i> —autonomous working home care	BE
2.4. Resident scholarship program	HU	5.4. <i>Grannvard Sverige</i> —autonomous working home care	SE
2.5. Finnmark rural intern support project	NO		
2.6. Framework contract—financial incentives	RO		
Topic 4. Attracting nurses through the extension of practice and development of advanced roles		Topic 6. Making the hospital workplace more attractive by improving family-friendly practices	
4.1. <i>Huhtasuo Haltuun-project</i> , nurse-oriented care in health centre	FI	6.1. <i>Kindergarten</i> General University Hospital Prague	CZ
4.2. Subsidised education for nurse specialists	CZ	6.2. <i>Kindergarten</i> Thomayer Hospital Prague	CZ
4.3. ANP in relation to recruitment and retention	FR	6.3. <i>Health and wellbeing programme</i> —Nottingham University Hospitals	UK
4.4. Nurse specialist function	NL		
Topic 7. Return to practice for healthcare professionals		Topic 8. Providing supportive working environments for the ageing workforce	
7.1. <i>Return to Practice course</i> —Northumbria University	UK	8.1. <i>Programa de Atención Integral al Médico Enfermo (PAIME)</i>	ES
7.2. <i>Return to Nursing Practice programme</i>	IE	8.2. Health- and age management policy— <i>Sozial-Holding der Stadt Mönchengladbach GmbH</i>	DE
7.3. Return to nursing practice measures	MT	8.3. Measures to improve the working conditions of the aging workforce	IT
7.4. <i>Return to Practice course</i> —Teesside University	UK	8.4. <i>Life Stage and Senior Policy</i> , Aalborg University Hospital	DK

Example 3: Pacte Territoire de Santé - France

Started in 2012

Aim: recruiting and retaining doctors in underserved areas – medical deserts

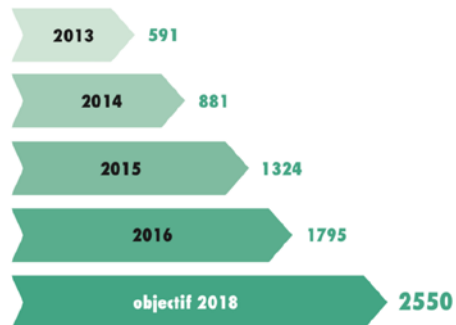
Pacte contains 3 packages & 10 measures

Emphasis is on *measures* and *incentives*

Developed at national level, implemented at regional level

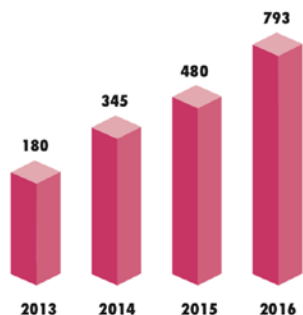
Mix: educational 🎓, financial 💰, professional 🤝, regulation 📋

Evolution du nombre de contrats signés



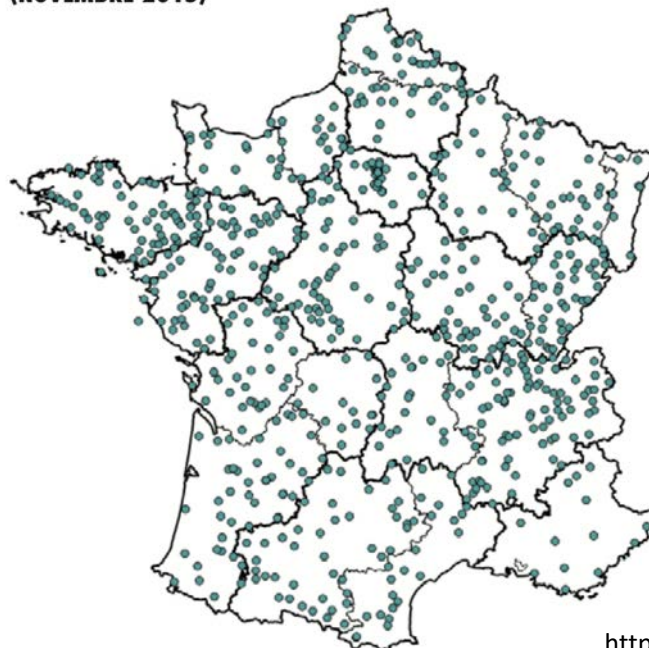
Près de **1 800** jeunes ont signé un contrat d'engagement de service public. La cible de 1700 contrats d'ici 2017 est déjà dépassée.

Près de **800** médecins ont signé un contrat de praticien territorial de médecine générale.



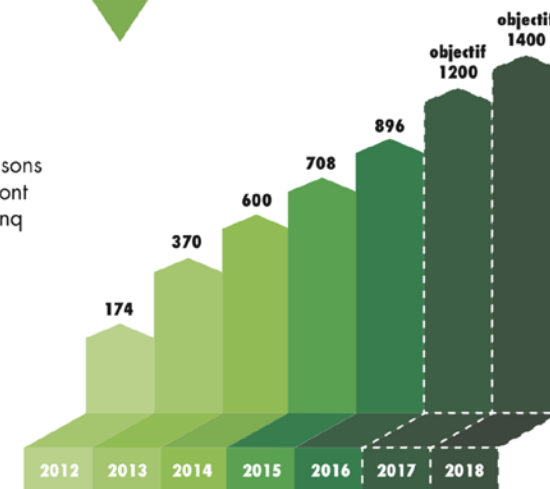
Evolution du nombre de contrats

IMPLANTATION DES 730 MAISONS DE SANTÉ OUVERTES (NOVEMBRE 2015)

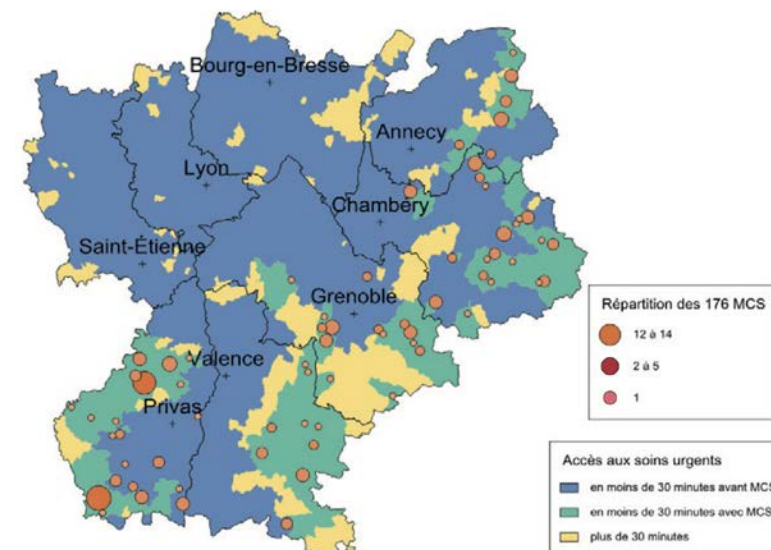


Aujourd'hui, près de **900** maisons de santé pluriprofessionnelles sont réparties sur le territoire, soit cinq fois plus qu'en 2012.

Fin 2017, nous en comptons **1200**, puis **1400** en 2018.



LA RÉPARTITION DES MÉDECINS CORRESPONDANTS DE SAMU EN RHÔNE-ALPES



Example 2: Buurtzorg - NL



NL-2006



SE-2011



NL-2014

Characteristics:

Self-directed teams: up to 12 nurses for 50-60 patients

Scope of Practice: holistic care

Relationship-based practice: neighborhood

Low overhead

Buurtzorg-web: IT support: easy documentation, scheduling, billing

Employee engagement and satisfaction

Outcome measurement

Financial viability: 40% of traditional care

ORIGINAL ARTICLE

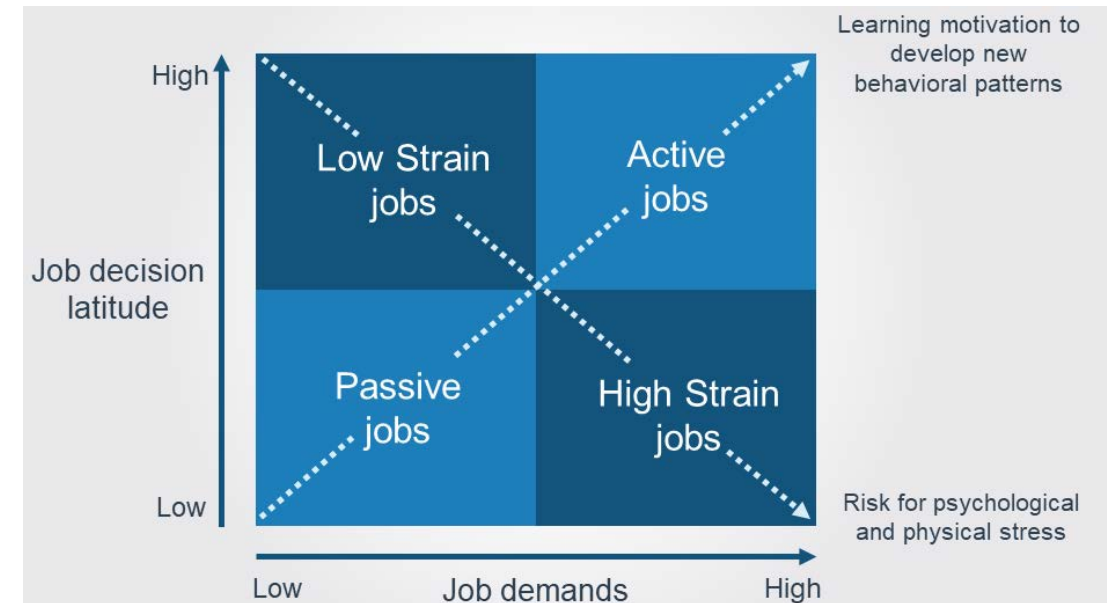
Buurtzorg Nederland: A Global Model of Social Innovation, Change, and Whole-Systems Healing

荷兰 Buurtzorg: 社会创新、变化和整个系统疗愈的全球模型

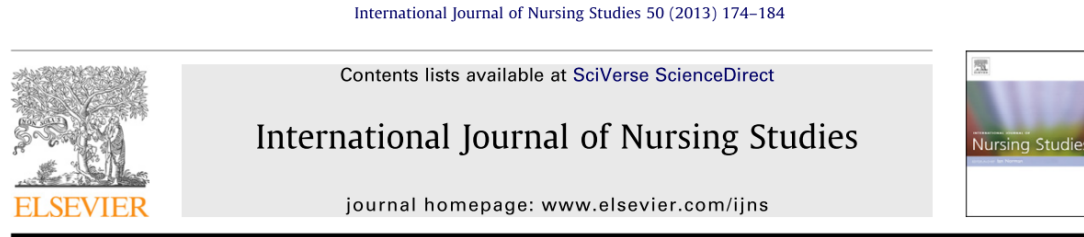
Buurtzorg Nederland: Modelo global de curación mediante innovación social, cambio y sistemas integrales

Mary Jo Kreitzer, PhD, RN, FAAN, *United States*; Karen A. Monsen, *United States*; Sharda Nandram, *Netherlands*; Jos de Blok, *Netherlands*

Job Demand Control model - Karasek



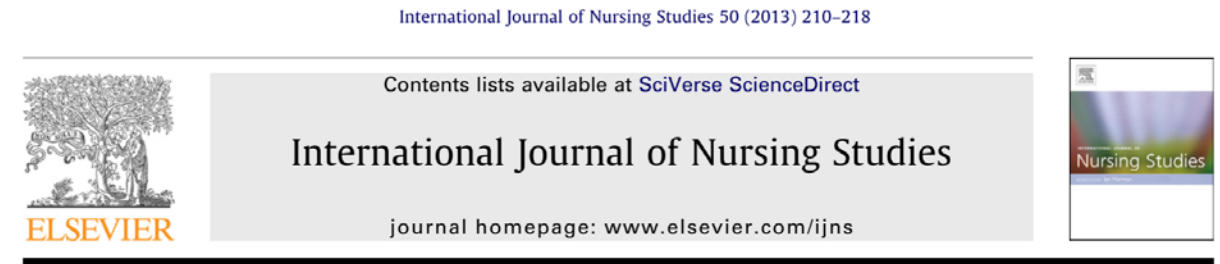
Example 3: Impact on job outcomes for nurses in RN4CAST



Nurses' intention to leave their profession: A cross sectional observational study in 10 European countries

Maud M. Heinen^{a,1,*}, Theo van Achterberg^{a,1}, René Schwendimann^{b,1}, Britta Zander^{c,1}, Anne Matthews^{d,1}, Maria Kózka^{e,1}, Anneli Ensio^{f,1}, Ingeborg Strømseng Sjetne^{g,1}, Teresa Moreno Casbas^{h,1}, Jane Ball^{i,1}, Lisette Schoonhoven^{a,j,1}

Results: Overall, 9% of the nurses intended to leave their profession. This varied from 5 to 17% between countries. Seven factors were associated with intention to leave the profession at European level: nurse–physician relationship (OR 0.86; 95%CI 0.79–0.93), leadership (OR 0.78; 95% CI 0.70–0.86), participation in hospital affairs (0.68; 95%CI 0.61–0.76), older age (OR 1.13; 95%CI 1.07–1.20), female gender (OR 0.67; 95%CI 0.55–0.80), working fulltime (OR 0.76; 95%CI 0.66–0.86) and burnout (OR 2.02; 95%CI 1.91–2.14). The relevance of these factors differed for the individual countries.



Nurse migration in Europe—Can expectations really be met? Combining qualitative and quantitative data from Germany and eight of its destination and source countries

Britta Zander^{1,*}, Miriam Blümel¹, Reinhard Busse¹

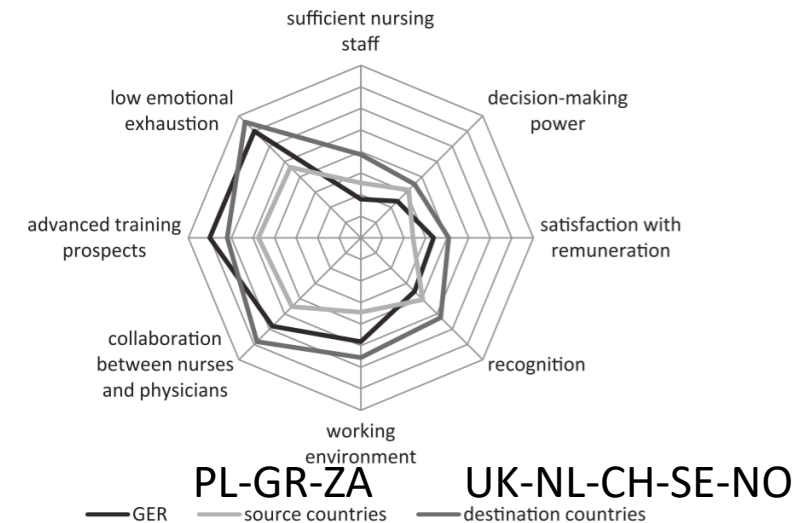






Fig. 2. German push factors in relation to destination and source countries. *NB:* The worst possible results constitute the origin, while the most positive results constitute the outer line.

Conclusion

- Shortage of health professionals if current trends continue
- Important to influence R&R trend by redesigning the job of health professionals
 - Inflow: more interesting jobs – more engagement
 - Outflow: working environments – better experiences
- Combined measures (   ): more impact than single measures