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Health workforce planning in Europe: Creating learning country clusters

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ABSTRACT

In this article, the different dimensions and determinants of health workforce planning (HWF) are investigated to improve context-sensitivity and mutual learning among groups of countries with similar HWF characteristics. A novel approach to scoring countries according to their HFW characteristics and type of planning is introduced using data collected in 2012 by a large European Union project involving 35 European countries (the 'Matrix Study' [8]). HWF planning is measured in terms of three major dimensions: (1) data infrastructure to monitor the capacities and dynamics of health workforces, (2) the institutions involved in defining and implementing labour market regulations, and (3) the availability of models to estimate supply–demand gaps and to forecast imbalances. The result shows that the three dimensions of HWF planning are weakly interrelated, indicating that countries invest in HWF in different ways. Determinant analysis shows that countries with larger health labour markets, National Healthcare Service (NHS), mobility, and strong primary health care score higher on HWF planning dimensions than others. Consequently, the results suggest that clustering countries with similar conditions in terms of HWF planning is a way forward towards mutual and contextual learning.

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1. Introduction

In Europe and in many other countries, achieving and sustaining a sufficient and skilled health workforce to cope with increasing complex health care needs is on high on the policy agenda [1–4]. A prominent example is the Action Plan for the European Union (EU) Health Workforce, initiated as part of the EU's Communication 'To

wards a job-rich recovery' [3]. Within the Action Plan, an important policy statement is the Framework of Actions on the recruitment and retention of health professionals, later followed by the launch of the Joint Action on Health Workforce Planning and Forecasting which aims to bring

countries to share and learn from each other's practices in health workforce (HWF) planning [5]. The goal of the Joint Action is summarized on its website as: '(...) the consolidation of a permanent network for HWF planning and forecasting (...)', and: 'This will support the EU and the member states to have a better prepared European HWF in a better prepared educational and health system, better prepared for the future challenges'. [5]

From 2014 onwards, the Joint Action is carried by 30 associated partners representing national ministries, research bodies and stakeholders from 14 different European countries, and is supported by more than 30 collaborating partners. As of 2015, it can already be seen that the Joint Action has created significant awareness that HWF planning is important and requires specific investment. At the same time, large differences appear between countries in terms of their need to develop HWF planning.

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This drives the quite fundamental question of if and how the results of the Joint Action will (or should) be turned into a European common approach or at least provide guidelines. Sharing and exchanging between countries is a key to the success of European programmes but, at the same time, proposing a gold standard for HWF planning can conflict with meeting the specific needs at the national level [6,7].

The aim of this article is to contribute to the understanding of this dilemma and challenge, i.e. to offer a balance between the cross-national exchanges and learning objectives of the Joint Action, and the acknowledgment of variations in HWF planning needs among European countries. While a number of studies and the Joint Action itself have provided many insights and the data needed to compare countries, the attempts to understand the variation in HWF planning needs in Europe are limited. A first omission in the current research is knowledge about the actual drivers and barriers to HWF planning. While there are many suggestions of explanation, none of these have been tested or validated by an analysis of cross-national data and country comparison. Doing so, can provide insights in the extent to which drivers or barriers relate to which type of HWF planning. A second gap that this paper aims to fill is to explore how cross-national variations in HWF planning within specific clustering of countries can be derived to improve learning and exchange between countries. This can overcome limitations in a common strategy to identify best practices (or 'gold standards') to subsequently benchmark countries against best practices or EU-averages. At present, how to cluster countries by their common conditions to achieve common goals, i.e. how to improve HWF planning in a context-sensitive manner is little investigated. For both goals it is important to approach HWF planning as a concept or typology, consisting of different ways to do HWF planning, hence as a multidimensional concept.

This article is structured as follows. Based on country data collected in 2012 on HWF planning and forecasting in European countries [8], we first develop a set of metrics to score countries on the different dimensions of HWF planning. Then we analyse how cross-national variations in HWF planning dimensions are related to a number of country characteristics that are assumed to be drivers and barriers in terms of HWF planning. Based on these results, we finally create country learning clusters, i.e. groups of countries that are expected to learn from each other because they share the same conditions and starting position for HWF planning. In the concluding section we will reflect on the challenge of how to improve HWF planning in Europe in terms of the exchange and learning objectives of the Joint Action, while simultaneously acknowledging the variations in HWF planning needs among European countries.

2. Methods

The main source article of country data is the Matrix Insight study conducted in 2011/2012 [8]. Commissioned by the European Commission, Matrix Insight collected data from 34 European countries on the level and type of HWF planning by surveying country informants. In

addition, country information about health labour market developments and policies were retrieved from different international statistical sources and studies. Descriptive and association analyses are executed at the level of individual countries. Since the number of observations for the analyses is limited (34 countries or less), variables (i.e. country score distributions) are checked for normality before correlations and group comparison measures are applied.

3. A multidimensional Measurement of HWF Planning in European Countries

The country data collected and presented by the Matrix Study in 2012 were used and combined to develop three related metrics that we conceptualize as three dimensions of HWF planning.

The first dimension or metric concerns the data infrastructure that is available in a country with regard to HWF planning. We use three types of indicators which can be used to construct an ordinal scale consisting of:

- the number of institutions that collect and provide the data necessary for monitoring and planning the health labour market (Ministry of Health, Ministry of Education, other public institutions, universities, professional associations, health/social security insurers and service providers). We assume that the more institutions are involved, the more extended and richer the data available on which to base HWF planning.
- the number of health occupations covered by the HWF data available (physicians, nurses, midwives, dentists, pharmacists, physiotherapists). We assume that the more occupations are covered, the more extensive is HWF planning.
- the number of variables available to determine and specify the human resources in stock (headcount, age, gender, geographical distribution, active workforce, working fulltime/part-time, education/qualifications, specialization, inflow, outflow). As with the previous indicators, it is assumed that the more variables are available, the more extensive is HWF planning.

The country scores on the three indicators were normalized, i.e. adjusted for the different score and counting ranges (0–7, 0–6, and 0–11) and then summed (resulting range: 0.00–24.00). This sum score was subsequently transformed into a 5-point scale (range: 0.00–4.00) to align this operationalization with the two other dimensions of HWF planning that are described below.

The second dimension concerns the institutions that a country has in place and that are engaged in HWF planning. From the country tables presented in the Matrix report, we selected three aspects:

- if a workforce planning mechanism is in place, and if so:
- if it is structured nationally, regionally or both,
- if the main workforce planning institution has an advisory or a prescriptive mandate.

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