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Health workforce policy and Turkey's health care reform



Tuba I. Agartan*

Health Policy and Management, Providence College, 1 Cunningham Square, Howley Hall 205, Providence, RI 02918, USA

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ABSTRACT

The health care industry is labor intensive and depends on well-trained and appropriately deployed health professionals to deliver services. This article examines the health workforce challenges in the context of Turkey's recent health reform initiative, Health Transformation Program (HTP). Reformers identified shortages, imbalances in the skillsmix, and inequities in the geographical distribution of health professionals as among the major problems. A comprehensive set of policies was implemented within the HTP framework to address these problems. The article argues that these policies addressed some of the health workforce challenges, while on the other hand exacerbating others and hence may have resulted in increasing the burden on the workforce. So far HTP's governance reforms and health human resource policy have not encouraged meaningful participation of other key stakeholders in the governance of the health care system. Without effective participation of health professionals, the next stages of HTP implementation that focus on managerial reforms such as restructuring public hospitals, improving the primary care system and implementing new initiatives on quality improvement could be very difficult.

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1. Introduction

Health workforce challenges have long been debated in international policy circles but they were initially viewed as an exclusive problem of resource-poor countries. More recently, health human resource (HHR) management has moved into the policy agenda of many developed countries as well as supranational agencies [1,2]. This article examines the health workforce challenges in the context of Turkey. Often categorized as a middle-income country, Turkey is an important case study not only because of its long term problems in health human resource management but also it has recently carried out a reform – the Health Transformation Program (HTP) – that identified health workforce challenges as among the major problems.

HTP is an extensive and ambitious reform initiative that encompasses reforms in all areas of the health care system: financing, provision and regulation. Although the details of these reforms are quite interesting, this article focuses on health workforce governance and explores the impact of HTP on the health workforce. Health human resources policy was an integral part of the reform agenda from the very beginning; early assessments of the reform argued that strengthening health human resource capacity was necessary to ensure its long-term success [3]. A comprehensive set of policies was implemented within the HTP framework to increase the size and adequacy of the workforce. This article argues that these policies addressed some of the health workforce challenges, while on the other hand exacerbating others and hence may have resulted in increasing the burden on the workforce.

Results of these reforms have shown some improvements in the distribution of health workforce, in compensation, and staff shortages. Some studies report improvements in the recruitment of nurses and midwives

E-mail address: tagartan@providence.edu

^{*} Tel.: +1 401 8651262.

to deprived areas, but only limited success in recruitment of general practitioners and specialists [4]. On the other hand, achievement of some of the reform targets such as expanding insurance coverage, family medicine reform. and granting autonomy to public hospitals created additional challenges. For example, primary care physicians found themselves to be operational managers of their own practices without much training or preparation, physicians in public hospitals reported increased workload and pressure, and easy access to health care services increased the demand for nurses at all levels. Second, despite increased compensation, both physicians and nurses reported lower levels of morale and job satisfaction [4,5]. Professional associations and unions representing health professionals claimed that the HTP reforms led to erosion in the rights of health workforce and job security. Similarly, in a recent report, OECD highlighted these challenges in health human resources policy and stressed the need for "a balanced system of self-regulation and accountability of the clinical professions in order to assure quality of care as in most other OECD countries" [6, p. 19].

So far HTP's governance reforms and health human resources policy [7] have not encouraged meaningful participation of other key stakeholders in the governance of the health care system. Health professionals have remained at the margins of health care policy and, more importantly, HTP reinforced their exclusion with its centralist, top-down approach to policy-making and implementation. Reform debates were characterized by relentless policy battles among the reformers and some organizations representing health professionals [4,5]. The article analyzes this policy context, reviews the impact of the HTP reforms on the health workforce, and concludes with a discussion on devising more inclusive modes of governance. Mechanisms of inclusion are important not only because reformers need physicians, nurses and other health care professionals to implement the reforms effectively, but also because these are highly educated professionals who could contribute meaningfully, to the way changes are implemented.

2. Materials and methods

This analysis is based on the review of secondary sources such as official reform documents and statistical information from national and international databases (the Turkish Statistical Institute, the Ministry of Health, Turkey's State Planning Organization, Turkish Medical Association, Organization for Economic Co-operation and Development (OECD), World Health Organization (WHO), and the World Bank); and additional searches of academic databases and Turkish newspapers. The data set was analyzed manually by tracking the following rhetorical elements: health workforce, health human resource management, health care professionals, challenges, reform, Health Transformation Program, physicians, and satisfaction. I used thematic analysis to identify the themes in a theoretical or deductive way. Three key themes were: human resources as a challenge, concerns about service provision (availability, quality and performance), and professional status of physicians. These themes captured an important element of the way in which (1) the HTP defined health workforce

challenges (2) the reformers viewed professional organizations and (3) the professional organizations defined health workforce challenges and HTP reforms.

3. Health Transformation Program and health human resources policy

3.1. Policy context and introduction of the Health Transformation Program

Turkey's political system is best described as a parliamentary democracy where the Grand National Assembly is the legislative body, the President shares the executive power with the Prime Minister and the Council of Ministers (Cabinet), and independent courts exercise the judicial power. Some of the policies that have fundamentally shaped the country's political and economic system were initiated in the wake of the 1980 military coup: the economic policy shifted from a planned economy to a market economy under the guidance of the IMF. Moreover, the coup transformed the political context by weakening civil society and bolstering the authority of the central state. Many civil society organizations, including the Turkish Medical Association, were banned from politics. Although civil society flourished during the 1990s, there were few formal mechanisms that encouraged their participation in policymaking and implementation [8].

The elections of 2002, where the Justice and Development Party (JDP) was elected into office, took place against this backdrop. In addition to controlling the executive, the JDP got enough seats in the Parliament to pass legislation without the support of opposition parties. There was a clear ideological divide between the JDP and the main opposition party – the Republican People's Party – that took the form of conservative-religious versus Kemalist-secularist. The Republican People's Party and the rest of the Kemalist-secularist establishment – comprising of the high ranks of the army, some parts of the civil bureaucracy and some civil society organizations – underscored the JDP's "Islamist" roots and voiced their fears about threats against the principle of secularism [8,9].

The health reform initiative, with its expansionist features, was part of JDP's reformist political agenda that was instrumental in boosting the party's legitimacy in the eyes of the Turkish people and garnering their support in this hostile political environment. JDP leaders often referred to the Health Transformation Program (HTP) as one of the major achievements of their government [3,24] and party's victories in the 2007 and 2011 elections were partly attributed to HTP's success [8]. Reforms carried out as part of the HTP were indeed quite comprehensive: HTP created a single-payer system by uniting the four public insurance funds, introduced a standard benefits package and expanded public insurance coverage. On the other hand, it introduced a purchaser-provider split, expanded private provision, adopted new payment mechanisms that emphasize performance, granted public hospitals some degree of autonomy, and redefined the Ministry of Health as a planning and supervising authority [7,10]. Similar to health reform initiatives in many advanced industrialized countries market elements were combined with

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