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Why we need multi-level health workforce governance: Case studies from nursing and medicine in Germany

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ABSTRACT

Health workforce needs have moved up on the reform agendas, but policymaking often remains 'piece-meal work' and does not respond to the complexity of health workforce challenges. This article argues for innovation in healthcare governance as a key to greater sustainability of health human resources. The aim is to develop a multi-level approach that helps to identify gaps in governance and improve policy interventions. Pilot research into nursing and medicine in Germany, carried out between 2013 and 2015 using a qualitative methodology, serves to illustrate systems-based governance weaknesses. Three explorative cases address major responses to health workforce shortages, comprising migration/mobility of nurses, reform of nursing education, and gender-sensitive work management of hospital doctors. The findings illustrate a lack of connections between transnational/EU and organizational governance, between national and local levels, occupational and sector governance, and organizations/hospital management and professional development. Consequently, innovations in the health workforce need a multi-level governance approach to get transformative potential and help closing the existing gaps in governance.

1. Introduction

Health workforce needs have moved up on the policy agenda in Europe and globally. Action is taken to respond to future shortages and growing inequality [1–7]. Yet health workforce policymaking is all too often focused on numbers and remains 'piece-meal work', stuck in either the silos of healthcare systems or volatized in 'outer space' between the different regulatory bodies. The health workforce crisis, therefore, is getting even more challenging [8–11].

This article draws on the European situation and sets the focus on *governance innovation* as a strategic response to health workforce challenges. In a situation where both financial and human resources are in decline in most European Union (EU) countries, policy innovation and capacity building need substantive change. To this end, policy interventions may benefit from a governance approach [12–14], as Dieleman et al. [15] conclude from a systematic review of the literature. In a previous study we introduced an integrated approach comprising systems-based, sector-based, occupational, gender-sensitive and socio-cultural/migration dimensions of health workforce governance [16]. We draw on this approach and move the analysis further in two ways, by connecting hierarchical levels and content-based dimensions of governance and by using empirical research to explore existing gaps. The aim is to contribute to the theoretical development of health

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workforce governance and to highlight the benefits of a multi-level approach.

Developments in nursing and medicine in Germany serve our analysis as case studies. Germany is an interesting example for two reasons: on national-regional levels, a rapidly growing gap between demand and supply creates strong pressures for policy innovation [1], while transformations from a self-sufficient health system towards international recruitment will 'empty' the EU and global pool [18–21]. The latter dynamics are fuelled by austerity politics and the economic crisis in Southern Europe [22,23].

The empirical cases selected for an in-depth analysis address some of the main responses to health workforce shortages, such as migration/mobility and organizational integration of EU-nurses, educational reform of nursing, and gender-sensitive workforce management of hospital doctors. With a view on governance gaps, three major questions will be addressed: the role of organizations in relation to regulatory frameworks and individual professionals; the relationships between educational innovation and sector specific professional interests; and the relevance of innovation in organizational management and professionalism. Methodologically we draw on pilot research comprising three explorative cases studies carried out between 2013 and 2015 using qualitative methodology. The article begins with discussing governance issues and the need for innovation. Following background information on the health system and the medical and nursing workforce in Germany, we present the three pilot cases and discuss the existing governance gaps.

2. Why better governance can make a difference

Health workforce policy essentially lacks of systematic connections with health policy and systems-based reform that would allow responding more efficiently to future health needs of the population [9,24]. This diagnosis is not new [25], but despite some important achievements [26] the needs of, and the demand for health workers are still marginal in national health policy and recent global health initiatives [27–29]. Even targeted action and funding for health human resources may not be efficient, because of missing coordination between global funds and national government [30].

2.1. Health workforce challenges as governance challenges

The need for better connecting health human resources policy to health systems and governance has been illustrated primarily in relation to global health and resource-poor countries [31]. Now the wheels are turning and Europe is taking its workforce challenges more seriously [4,8,23,32–36].

Health workforce governance in the EU suffers from fragmentation of reforms and missing coordination between and within countries, and between planning, management and policy [16,37], and also from conceptual weakness. Previous strategies were mainly concerned with quantitative achievements, which are neither efficient nor available any longer [5,11]. Increasing the staffing levels and education programmes is limited by demographic change [17,38–40], and 'fishing from the pool of a global, but finite, health workforce' [138, p.22] is reinforcing global health problems [41–45]. The Ebola crisis has illustrated the 'health interdependence' [42], if the problems of understaffed healthcare systems elsewhere in Africa are bouncing back to Europe.

Europe's health workforce challenges are at least to some degree 'self-made' due to poorly developed governance and missing coordination and solidarity across countries, sectors and occupations. Putting governance in the driver seat could make a difference to health workforce management and improve equity and efficiency of health systems.

2.2. Governance changes and the demand for multi-level approaches

When talking about governance, some clarification is necessary [12]. There are many different concepts and definitions but, as general rule, governance shifts the regulatory power from the 'government' to more plural tiers of governance and strengthens operational governance on the levels of organizations and professional groups. Another important development is the growing relevance of transnationalism and global governance that embodies qualitatively new dimensions of Rhode's metaphor of 'governing without government' [46]. As Frenk and Moon remind us, 'there is no government at the global level. . ..Traditional instruments for mobilizing collective action at the national level . . .are mostly absent at the global level' [42, p. 937].

New governance has changed the way healthcare systems are regulated and managed [27,47–49]. One key issue is greater complexity of institutions, actors and ideas, which form the architecture of governance as a framework for negotiating policy interventions [50]. Policy reforms, to achieve transformative potential, therefore call for multi-level governance approaches. Governance furthermore needs to achieve transnational impact without a formal government, and Europe is an interesting testbed. When referring to Europe we focus mainly on the EU and the EEA and candidate countries. Here, a number of regulatory agencies have been established without an institutional architecture entitled to make EU decisions, as healthcare systems remain strongly [51].

Given the importance of new forms of governance in healthcare since two or three decades, there is still surprizingly little research, which applies governance theory to health workforce issues [13–15,37,52]. And to make things even more complicated, no model is available that would help us to specify and translate 'multi-levels' into empirically observable dimensions. Fig. 1 shows a matrix which serves to combine a more traditional macro-micro distinction of hierarchical levels of governance (including also transnationalism) with content-related dimensions; the latter are modified from integrated workforce governance, and now comprise systems-based, sector-based, occupational, organizational, and socio-cultural dimensions of governance [16,37]. This matrix is a first effort towards a theory-based conceptual framework for researching