

# Health care workforce research: identifying the agenda

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Research can contribute to resolving some of the workforce challenges that all health care systems face. In an attempt to identify the research agenda, key stakeholders in the UK were brought together and background papers were presented by academics with expertise in seven related but distinct areas: global issues; professional boundaries; education; regulation; workplaces; professional-patient interaction; and organisation and management. The research questions identified in each area are described along with some methodological challenges. It is hoped that this will encourage research in this crucial area of health services by facilitating a coherent approach to the diverse needs identified.

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## Introduction

Workforce issues are widely regarded as central to the successful organisation and management of health and social care. In all countries, policy-makers and managers are grappling with both immediate challenges and longer term, enduring issues that jeopardise the maintenance of high quality health services. As with other key health care policy areas, research can contribute to resolving existing dilemmas and can provide innovative ideas for the future. In short, research evidence can and should be influencing workforce policy.

Research funders have a long history of supporting workforce research, as is evident from the research literature that has already accumulated. As with many areas of health services research, however, there has been no attempt to develop a comprehensive programme of research in the UK based on explicitly derived priorities. To achieve that, it is first necessary to map the workforce research terrain so as to identify the key themes and topics that need addressing. This paper describes an attempt to do that, presents the main findings, and suggests how a national, coordinated approach might take forward this key area for health services research.

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## Identifying the research agenda

To identify the research agenda, a two-day workshop was held (12–13 March 2003) and relevant stakeholders were invited. The principal objective was to gather the views of those responsible for setting and implementing policy at all levels in the health care system, plus the views of representatives of professional organisations, regulatory bodies and patient groups. The two other essential stakeholders were researchers and research funding bodies. The list of participants appears in the Appendix. It included:

- central policy-makers (No. 10 Policy Unit, NHS University, Department of Health)
- local policy-makers/managers (Workforce Development Confederation, NHS Acute Trust Human Resources Director, NHS Confederation, Clinical Director)
- patient representatives
- research funders (Department of Health Policy Research Programme, NHS Service Delivery and Organisation research and development programme, The Health Foundation, Nuffield Trust)
- researchers (from economics, sociology, history, industrial relations, epidemiology)
- professional associations (Royal College of Physicians, UNISON, Royal College of Nursing, Nursing and Midwifery Council, National Institute of Social Work).

The workshop was structured around seven themes, for each of which an academic with knowledge and experience of the theme was invited to prepare an overview paper. These papers, together with a broad account of the world of work in general, appear in this supplement. Each author presented a short summary of

their paper at the workshop, where the emphasis was on maximising the time for comment and discussion. The principal issues that emerged within each of the themes are summarised below.

## 1. Global perspective and implications

Career profile, plans and motivation of internationally mobile health workers in the UK:

- descriptive studies of the actual numbers of such workers, their career histories and career intentions (staying or passing through), the posts/roles they are filling in both public and private sectors
- impact of new accession states to the European Union
- potential competition from other countries.

Short and long term implications of reliance on internationally mobile health workers:

- using data from the above studies, and from source countries, modelling of the likely sustainability and impact of greater international mobility on the UK, and on source countries, in terms of the provision of services and implications for recruitment, training and retention of home-trained and educated staff.

Impact on care delivery of cultural backgrounds, differences in training and professional perspectives and experiences of recruits:

- a multi-cultural, multi-national workforce means diverse beliefs and attitudes regarding such concepts as the nature of health and disease, the role of the patient and professional behaviour and ethics. Qualitative studies to identify the impact of a multi-cultural workforce on how care is delivered (e.g. achieving teamwork) and how diversity affects patients' experiences.

Impact of international criteria and standards for professions:

- studies of the impact of, recognition of, and adherence to internationally agreed definitions of professions and roles.

## 2. Professional boundaries

Roles and responsibilities of each profession:

- studies to describe the content of jobs, division of labour among professions and comparison with what is permitted or expected
- identification of the appropriate roles and responsibilities of each profession and, thus, expectations of their contribution
- identification of appropriate knowledge and skills needed by each profession.

Improved use of workforce:

- evaluative research on substitution of one profession for another and its impact on the delivery and outcome of health care

- evaluation of new developments, including technologies, roles and ways of providing services on inter-professional relationships.

Extent of independence and inter-dependence of each profession:

- understanding of relationships between professions and, therefore, the potential scope for substitution of one profession for another
- analysis at health system level to understand impact of changes in skill-mix and use of different professions on distal as well as proximal parts (i.e. recognising health care systems as complex adaptive systems).

## 3. Educating the workforce

Assessment and evaluation of inter-professional training:

- evaluative studies of the impact of new, inter-professional training programmes including consideration of immediate (student experience), intermediate (teamwork skills, patients' experiences) and final outcomes (health outcomes of patients); and how impact changes over time (decay or enhancement of effect)
- comparison of timing of introducing inter-professional training (pre- versus post-registration).

New uni-professional training:

- evaluation of innovative schemes for established professions (e.g. four-year medical course) and for new professions (e.g. physician assistants)
- evaluation of extent to which innovations reflect changing case-mix (i.e. more chronic disease management).

Understanding public perceptions of professions:

- how and when these perceptions are formed and extent to which existing perceptions impede attempts to change use of workforce
- how patients decide which type of professional to consult.

Continuing professional development (CPD) including appraisal:

- qualitative studies of staff attitudes to process and impact of CPD.

## 4. Regulating the workforce

Changing relations between the state and the professions:

- policy analysis of shifting relationships and implications for workforce policy in health care sector.

Development of regulations consistent with emerging concepts of professionalism:

- new professionalism, which encompasses greater recognition of lay knowledge, use of professional guidelines and protocols, managed care, etc. requires

development and evaluation of new approaches to regulation of individual practitioners.

Integration with other quality improvement approaches:

- studies of how professional regulation fits with the myriad of other approaches to assure and improve quality of services
- clarification of the division of responsibilities between regulators and managers/employers over activities such as appraisal and accountability for any lapses in quality.

Deregistration of professionals:

- studies of why and how individuals are deregistered.

Evaluation of professional regulation:

- assessment of the cost–benefit of regulation and the cost-effectiveness of different approaches.

Impact of international bodies on national regulation:

- studies of the impact of international regulatory bodies (e.g. European Union) on national activity.

## 5. Creative and competitive workplaces

Knowledge about the demography of potential recruits, patterns of retirement and existence of inactive trained staff:

- modelling studies to determine likely impact of existing situation and possible future scenarios
- economic studies of local labour markets.

Impact of policy initiatives:

- recent and current examples include the use of performance-related pay, team pay and the introduction of local pay.

Reasons for joining, for staying and for leaving public sector:

- studies of staff attitudes, including impact of public–private partnerships.

Motivation of staff:

- qualitative studies exploring what motivates health care staff (e.g. appraisals, personal development plans, workplace safety, pay levels, levels of responsibility)
- quantitative studies of the impact of these policies.

## 6. Professional–patient interactions

Need to learn more about ‘the patient’ in contemporary health care:

- qualitative studies to understand notions of ‘the expert patient’ as a partner in health care decision making.

Shift to ‘patient-centred’ care:

- studies of the motivations and consequences for professionals and for patients
- role and impact of patient organisations as manifestations of a social movement.

Patient and professional views of changes in skill-mix:

- micro-level studies of impact of changing professional roles and responsibilities on health care interactions.

## 7. Organisation and management of human resources

Impact of staffing levels and organisation of human resources on quality of care:

- studies of factors such as staffing levels, teamwork, leadership and morale on outcomes of care.

Impact of human resource management policies:

- consideration of such measures as appraisal, staff development programmes and revalidation on health services performance.

To support much of this research, there is a need for a programme of **methodological research**:

- more and better routine data on the workforce that is based on widely accepted data definitions and rules for data collection, and which provides an agreed minimum dataset
- need to identify appropriate outcomes (e.g. improved teamwork) for evaluations, rather than rely on existing health measures
- need to develop valid and reliable measures of some human resource attributes (e.g. morale)
- establishment of more cohort studies to enable longitudinal enquiries
- evaluation of workforce planning to improve planning models.