Designing the health workforce for the 21st century

Jennifer A Alexander, John A Ramsay and Sue M Thomson

ALMOST 200 HEALTH LEADERS from Australia, New Zealand, the United Kingdom, Canada and Singapore attended the Health Leaders Network's conference "Designing the health workforce for the 21st century", held in Melbourne, 2–3 April 2003.

The conference allowed participants to think afresh about healthcare and its current and future demands, and to explore what type of health workforce, especially clinical, is required to meet the demands of the 21st century. Two key themes ran through the conference — recruiting and retaining the workforce, and the need for changed and new roles to meet changing work requirements.

21st century healthcare

The conference theme used the picture of 21st century healthcare painted by Liam J Donaldson (Chief Medical Officer for England):[1]

> The agenda for healthcare in developed countries in the 21st century will be dominated by a vision of quality which seeks to address the deep seated problems of the past . . . The need for health services to give priority to developing health professionals equipped to practise in a new way and thrive in new organisational environments requires a rapid response to reshape curricula and training programmes . . . Health care in the 21st century will require a new kind of health professional: someone who is equipped to transcend the traditional doctor–patient relationships to reach a new level of partnership with patients; someone who can lead, manage and work effectively in a team and organisational environment; someone who can practise safe high quality care but also constantly see and create the opportunities for improvement.

The conference explored the development of a sustainable health workforce and the range of new skills that health professionals will require into the future, including:

- the requirements for the sustainable development of the 21st century health workforce;
- how various changes are affecting the clinical workforce;
- the implications of new emerging models of service provision and modes of practice for the clinical workforce; and
- what challenges these emerging models present for the development of the current health workforce and the training and development of new healthcare workers.

Health Leaders Network, Sydney, NSW.
Jennifer A Alexander, MB BS, MHP, MComm, Chief Executive Officer;
Sue M Thomson, Program Manager.
Department of Health and Human Services, Hobart, TAS.
John A Ramsay, Secretary.
Reprints will not be available from the authors. Correspondence: Ms Sue M Thomson, Health Leaders Network, Locked Bag 33, Australia Square, Sydney, NSW 1215. thomsons@hln.com.au

International workforce benchmarking

Several overseas speakers addressed the conference, providing an opportunity to learn how workforce issues are being handled elsewhere, using comparison as a stimulus for critical reflection and analysis of their own situations. The Canadian speakers, Dr Linda O'Brien-Pallas (Professor, Faculty of Nursing, University of Toronto) and Gail Tomblin-Murphy (Associate Professor, School of Nursing, Dalhousie University, Nova Scotia) indicated that Canada has identified human resource planning for the healthcare sector as the dominant health policy issue for the next 5 years.

High-level commitment

The keynote speaker, Mr David Fillingham (Chief Executive Officer, National Health Service [NHS] Modernisation Agency), identified some healthcare challenges.[2] These are not unique to the United Kingdom, and include:

- the ageing population;
- the burden of chronic disease;
- the emergence of information and communications technology supporting new forms of care delivery;
- the shift in emphasis from services centred on the healthcare professional to patient-centred services;
- technological advances in healthcare that are prompting changes in the demand for services (eg, increased interest in health and access to health-related information through online services are driving consumers' expectations of quality and choice, and creating more discerning and demanding patients); and
- issues in relation to education, training, regulation, accreditation, and pay and reward.

Clearly demonstrating the commitment to workforce development and reform in the UK, he discussed the ambitious 10-year program that is underway to transform the NHS.[2] This includes establishing the NHS Modernisation Agency, which has been set up to promote improvement within the UK health system, and the funding of a major "Changing Workforce Programme" in 2000.

> The Programme . . . has been based initially on 13 national pilot sites, which have developed well over 100 new job roles. Each site has focussed on a theme where new ways of working could improve patient care, the aim being to test out job and role changes in a practical healthcare setting and to identify and overcome the blocks to the development of new job roles . . . Some examples of the types of new roles being developed include those of chronic disease practitioners in disciplines such as cardiac care and respiratory medicine. These posts operate on the interface between primary and secondary care, and help avoid unnecessary hospitalisation and facilitate earlier discharge.

Challenging work roles and values

This conference challenged participants to move away from traditional ways of doing things and to "open their minds and hearts" to different agendas.

Training and education were key discussion points by several speakers. Di Lawson (Chief Executive Officer, Community Services and Health Training Australia) spoke about "Changing work roles in the health services industry" and the effect this would have on the workforce of the future. She discussed the vocational education and training (VET) sector, which provides education and training for work, and ways to develop and recognise the competencies and skills of learners.

Work is under way in the VET sector to develop better training programs for a variety of health technicians and support workers. She highlighted that it is easy to forget that the work of high-performance healthcare professionals depends on the knowledge and skills of many others in the organisation. Although the health technicians workforce (numbering about 10 000) is a small proportion of the overall vocational workforce in health (about 150 000), it makes a vital contribution to service delivery.

Ms Lawson highlighted the constraints on modern healthcare (such as population factors, government policy, quality and safety of services, funding, workplace culture, productivity and staff retention), and challenged participants to consider the three noticeable trends that are emerging in the workforce (across the board, not just in health):

- People are moving very strongly towards work–life balance models.
- People are motivated by a complex structure of rewards that are heavily supported by non-financial benefits.
- People will move quickly if their expectations are not met.

These contributions were reinforced by Dr Michael Walsh (Chief Executive Officer, Bayside Health, Victoria), who also stressed that health is facing significant workforce challenges in the near future (Box).

The broadcaster Julie McCrossin, who has had a long-standing interest in consumer issues in health, highlighted that benefits will occur if healthcare professionals join with consumers in addressing the many and varied challenges in healthcare.

Workforce challenges that will affect the healthcare sector in the near future

Demographic or social
- Ageing workforce
- Decline of "careers for life"
- Recruitment (more choices of career, which compete with health)

Professional requirements
- More pre- and post-practice training
- More specialisation
- Safe practice, safe working hours

Individual preferences
- Lifestyle matters and flexibility
- Retention (mobility in an era of shortage)
- Pressure, scrutiny and burn-out

Nature of work
- Specialisation and integration
- Safe practice and audit
- More time training, retraining and auditing practice, less time practising

Place of work
- Increasingly towards community and home

Who you work with
- Multidisciplinary teams
- Working across traditional structures
- New roles, new professionals

Machines and the caring professions
- Information technology
- "Labour-saving" technology

Lessons learnt from other industry sectors

The conference also explored workforce issues in the banking industry. The paper presented by Greg Barnier (Head of People and Performance Service and Operations Centre, Westpac Banking Corporation), "Effective recruitment and retention strategies in the face of a changing demographic picture", highlighted the workforce planning implications of Australia's ageing population, "a global issue which impacts our future business sustainability".

Developing a sustainable workforce for banking

A review of Westpac's workforce demonstrated a mismatch between its workforce and customer base. Eighty per cent of the future workforce growth will be in age groups 45 and over. Barnier pointed out that the current workforce age profile in banking does not match current Australian labour force projections[3] (more than 36% of Westpac staff are aged between 26 and 35 years, whereas the current Australian labour force has only 23% in that age group and the number is declining). Nor do the projections match Westpac's customer base (39% of its customers are aged 45 years or more, whereas 20% of employees match that age profile). Furthermore, Westpac research shows that older customers prefer to deal with more experienced staff, especially when discussing certain banking issues, such as superannuation and investment strategies. The bank is now actively recruiting older workers.

All the evidence internationally and in Australia[4] suggests that many of the myths about older workers are wrong. Mature aged workers have

- a stronger work ethic;
- higher productivity or work quality;
- lower absenteeism due to sickness;
- better corporate knowledge; and
- an ability to learn new skills.

Westpac is also focusing on making itself more competitive in recruitment. All indications suggest that it is increasingly becoming a sellers market for skilled labour, whether in banking or health.

Westpac research shows that we already have a multigenerational workforce:

- Matures/veterans (aged 55–70);
- Baby Boomers (aged 38–54);

- Generation X (aged 23–37); and
- Generation Y (born after 1980).

Each generation has different drivers that will attract and retain them in the workforce.

> The different approach that the four generations in your workforce have to their jobs, careers, families and personal lives means as the labour market shifts we need to adapt our approach to managing people.

Barnier questioned whether the healthcare sector faced similar issues with their workforce planning, recruitment and retention. The consensus was that it did. In coming years, the source of new recruits will change significantly for both industry sectors (banking and healthcare), effectively putting them in direct competition in the "war" for talent.

Recruitment and retention

In addition to the banking industry, the conference turned to the airline industry as a model for lessons in safety and quality.

Both Dr Darryl Mackender (Gastroenterologist, Erromed, Brisbane — Human Factors in Health Training) and Professor Cliff Hughes (Cardiothoracic Surgeon, Royal North Shore Hospital, and Council Member, Safe Staffing Taskforce, Australian Council for Safety and Quality in Healthcare) highlighted the importance of communication skills and teamwork. They drew from the experiences of the aviation industry and its shake-up in the 1960s after some tragic accident statistics prompted the industry to look at staffing, work practices, rostering and how technology might be able to assist in reducing fatalities, and the reporting and investigation of "near misses". In 1960, there were 45 major accidents per million departures, but by 1993 this figure had been reduced to two major accidents per million departures.[5] Eighty per cent of airline accidents were shown to be due to avoidable human factors. Both presenters urged that health systems take note of these lessons and consider how successful approaches in other industries can be used in health. Of special relevance to health is the information about safe working hours and the effect of fatigue on performance.

Health–tertiary education interface

Recognising the crucial role tertiary education plays in preparing graduates for the healthcare sector, a couple of speakers analysed the benefits of good working relationships between the health system and tertiary education so that graduates are prepared for work in the health system, and the transition to work is smooth.

Professor Peter Smith (Dean, Faculty of Medical and Health Sciences, Auckland University) and Dr Judith Clare (Professor of Nursing, Flinders University) both highlighted new approaches to health workforce training. Smith focused on quality and safety issues around systems failures and the benefits of interprofessional learning ("Occasions where 2 or more professions learn from and about each other to improve collaboration and the quality of care")[6] and Clare discussed clinical education in nursing and partnerships for improving patient care, recruitment and retention of registered nurses.

Citing the level of dissatisfaction with the models of clinical placement implemented by schools of nursing (long before the transfer of nursing education to the tertiary sector), Clare discussed work at Flinders University in 1997, with the establishment of four dedicated education units (DEUs). There are now 32 DEUs in a range of healthcare agencies, managing 1100 students each year. In these units, optimal clinical learning is driven by practice-based assumptions and activities.

Conclusion

The conference identified the issues of current and projected health workforce shortages in Australia and New Zealand. The take-home message was that we are only just touching the tip of the iceberg — and that further exploring and exchanging of ideas on new ways of working and new approaches to healthcare delivery will be crucial as we try to do more with less.

Participants were challenged to:

- Think beyond numbers when considering recruitment and retention issues, and to explore how developing a better understanding of the specific needs of the different age cohorts and new roles and categories of healthcare workers can assist with maintaining a sustainable health workforce;
- Explore ways of working more effectively with consumers as partners; and
- Ensure that the health workforce is appropriately skilled for the 21st century, particularly recognising the importance of communication skills and teamwork as specific and identifiable capabilities, in addition to the traditional clinical skills.

The conference presentations from the 2003 event are available on the Health Leaders Network website (www.hln.com.au).

References

1. Safe high quality health care: investing in tomorrow's leaders. *Qual Health Care* 2001; Suppl II: ii8-ii12.
2. Fillingham D. What will the future be like? A perspective from the UK. Designing the health workforce for the 21st century. 2003 Apr 2–3, Melbourne.
3. Australian Bureau of Statistics. Labour force projections, 1999-2016. Canberra: ABS, 2003. (Catalogue No. 6260.0.)
4. Westpac results from the Best Employers to Work for in Australia Study, conducted by Hewitt Associates (in conjunction with Australian Graduate School of Management and the *Australian Financial Review*). Sydney, 2001.
5. Hughes C. Safe staffing. What are the issues? Designing the health workforce for the 21st century. 2003 Apr 2–3, Melbourne.
6. Committee Advising on Professional Education (CAPE). Education and development of the health and disability workforce: recommendations from CAPE consultation with health, disability and education sectors. Wellington: Ministry of Health, 1997.

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