

HRH Evidence for Policy-making: Managing mobility and staff turnover in the EU

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Background

The size and composition of a country's workforce is changing constantly. Health professionals leave the workforce, for retirement or temporarily for family reasons, migrate to other countries, or work in other sectors. In parallel, there is influx to the workforce as new health professionals enter the workforce. **Cross-border mobility** of health professionals and **staff turnover** are factors that attract high levels of political attention, however important questions remain unanswered about the impact of these phenomena on health workforce management and quality of patient care.

Research questions

- What is the magnitude of cross-border mobility and staff turnover?
- How do they impact on health systems and the quality of care?
- Is it possible to manage these factors in order to improve health systems performance, quality of patient care and retention among health professionals?



Methods

- Analytical framework and research guidelines for country reports
- Collection of qualitative and quantitative data and information at country level, triangulation of findings (key stakeholder approach)
- In-depth qualitative research at micro level focussing on emerging and underinvestigated issues identified during macro studies

Methods

- Conceptual framework development
- Collecting data on mobility in the 27 EU Member States, plus major OECD countries
- Understanding health systems' and contextual drivers, motivational factors
- Assessing effective responses (internat., national, regional, local levels)
- Exploring future scenarios

Methods

- Surveying 15.000 nurses on their work conditions and quality of care
- Surveying 7.000 patients on their experiences with hospital care
- Surveying organisational context of more than 400 acute hospitals
- Patient outcomes data collected through administrative data systems

Country coverage

12 EU MS + Russia, Ukraine, 6 African countries + Phillipines, India, Canada and USA, Australia

Country coverage

Quantitative Data 27 EU MS, plus selected OECD countries
17 in-depth case studies 15 EU Member States plus Turkey and Serbia

Country coverage

Data collection (wholly or partially) in 11 EU Member States
Pilot studies in Botswana, China and South-Africa

Preliminary Results

- Very heterogeneous mobility patterns from, to and within Europe, new patterns emerging (e.g. carousel or short term migration)
- Need for integrated analysis of push/pull/stick/stay factors
- Informal market needs further attention in some EU MS
- Data and monitoring systems hardly comparable, in particular outflows
- Recruitment practices need assessment according to ethical standards

Preliminary Results

- Mobility patterns are changing
- Major differences in countries on data availability and quality
- Domestic workforce issues more severe than impacts of mobility on health systems
- Better monitoring required
- Europe-wide coordination of workforce development issues needed?

Preliminary Results

- Response rates for the nurse and patient survey ranging from 40% to 90%.
- Large variation in work environments within and between countries

Further information and contact

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