

Effective Workforce Transformation

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The Shortage of Health Professionals Worldwide – A Modern Human Resources Management Challenge

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During the last 40 years, a significant global shortage in the number of health professionals of all specialties (physicians, general practitioners, nurses, laboratory technicians) has been recorded in absolute and relative figures. Given the growing demand for consumption of health services, this shortage has a serious impact on the very functioning of health systems worldwide.



Key Points

- In the U.K., staff shortages rose by 52% during the COVID-19 pandemic, while in other European countries a 25-35% is already recorded.
- Reasons of the shortage can be attributed to the disproportionately increasing demand for health services, generated by factors such as ageing, diseases related to modern life patterns, increase of scientific specialisation, assignment of health professionals to geriatrics, physical medicine, rehabilitation and chronic diseases.
- Younger employees prefer to work in retail stores rather than hospitals or other healthcare providers.
- Patients may suffer inadequate care, as severe staffing shortage can push some healthcare providers to break the rules, especially in care homes and other small facilities.

The reasons of the shortage should be attributed primarily to the disproportionately increasing demand for health services, which is generally generated by major factors such as population ageing, diseases related to our modern life patterns, increase of scientific specialisation, assignment of large percentage of health professionals to geriatrics, physical medicine, rehabilitation and chronic diseases.

The phenomenon has already reached alarming dimensions. Researchers predict that as in the United States and the United Kingdom that really seem to suffer, the rest of the developed countries will follow the same path, concluding to shutdown of health units. It is a severe staffing crisis, not just one of many other problems.

Lack of younger employees in the U.S. or U.K. is estimated to be at least 20%; many of them prefer to work in retail stores rather than hospitals or other healthcare providers. Human

Resources Administrators experience substantial pressure, as open positions remain at an unchanged status for many months during each year. Same findings have been recorded in other European countries, with the Germans and the Scandinavian countries looking mainly for physicians, while France and Austria for nurses. With healthcare professionals fleeing every day, still willing to work hard, but somewhere else (supermarkets, hairdressing salons, factories, hospitality), to fill this 20% gap, we may need two decades!

Last, but not the least, patients may suffer inadequate care, as severe staffing shortage can push some healthcare providers to break the rules, especially in care homes and other small facilities. Especially in the U.K., staff shortages rose by 52% during the COVID-19 pandemic, while in other European countries a 25-35% is already recorded.

What about results delivered every day? Average waiting time



at acute and emergency departments almost doubled, while surgery waiting lists also registered new negative records by extending waiting periods.

COVID-19 was the most recent occasion for the problem to re-emerge, but the main cause of it, is sought in our own life-patterns, which have turned the attention of young generations to any other professional specialisations than healthcare. Governments during the last four decades insist on promoting studies such as business administration, marketing, information technology, tourism or even arts, rather than healthcare.

Will we be stronger in the short run, as the pandemic seems to be coming to an end? No, definitely not, as patients prohibited to approach hospitals or primary care facilities now return in droves, many of them with tumours that were left unattended for more than two years.

Health occupations seem to offer more disadvantages than incentives. The most important of them are:

1. Disproportionately higher job risks compared to those of other jobs, in relation to the salaries and benefits healthcare workers receive.
2. Demanding shifts at nights, working weekends and last-minute shift changes.
3. Especially during the COVID-19 period, permanent personnel in many countries did not take annual vacation or regular day-offs for more than a year, while in some countries, a year and a half.
4. Lower sense of professional recognition compared to other much-advertised disciplines, especially among nurses.
5. Demanding family issues such as baby-sitting and other kind of support children need like attending school events or participating in family events.
6. Lower opportunities for ongoing training, in-house or external.
7. As medical and nursing personnel become more and more necessary, opportunities for further career development in other positions such as administrative positions, seems more or less impossible.
8. Occupational risks such as infection from COVID or professional burnout tend to skyrocket. New or chronic occupational stress incidents seem to be unstoppable, while family violence incidents have dramatically increased.
9. Cultural, as well as linguistic constraints among employees of different origins, generate communication problems among health professionals.
10. Due to the lack of new hired employees, hospital demographics are turning "red", as current employees are ageing without timely replacement.

European governments have to recognise the priority of the issue in order to deal with it on a long-term basis. Changes in the standards that must be noted in principle, in order for the

health professions to regain a competitive status requires the cooperation of the Ministries of Health, Labour and Education across all European countries.

What has to be done starting "yesterday" as "tomorrow" will be very late?

1. Developed countries have to recognise and therefore, re-prioritise healthcare professions. Healthcare personnel should be recognised as "humanity agents", not just professionals, not just health "technicians", as their role is one of the most critical for our life status.
2. Review all kinds of incentives (financial and other) that are currently provided to health professionals, in order to make them competitive with other sectors.
3. Acknowledge that "praise is better than raise", as many health providers tend to insist imposing orders rather than asking for the collaboration of health personnel; in other words, health management in many countries still insists on disciplinary actions instead of providing personnel with the organisation's vision and calling them for full alignment with it.
4. Provide health professionals with knowledge, by introducing courses in economics, management, health law, etc. in order for health professionals to acquire a broader scientific sense of their professional field and above all, to acquire more skills so that they do not feel isolated from serious decisions.
5. Provide health personnel with psychological support in order to train everyone to administer occupational stress and violence, concluding to life-balancing coaching.
6. Admit that telling the truth is always critical: we have to prepare students to the real working conditions. It is observed that the majority of those who leave the profession for good are among those recently entered the labour market, so we have to keep younger personnel in the system by promoting engagement with it. This is a critical human resources management challenge.
7. COVID-19 found society more or less unprepared. We have to review and renew our crisis schedules, prepare the society to act - not only react - and train general population to follow health maintenance schedules, not just asking health personnel to solve every problem and restore everything to its prior condition. People starved for freedom, but hundreds of millions of people worldwide did not realise on time that health providers cannot guarantee well-being, they only facilitate it!
8. Yes, nurses in our modern times, are scientists, not only patient helpers as they were 130 years ago. We have to promote scientific research within their community, as researchers must remain in the healthcare organisations environment and stop pursuing an academic position in order to escape from working pressure.



Healthcare organisations are by definition, “learning environments”.

9. Especially for hospitals, we have to lower the patient-to healthcare professional ratio, by enhancing primary care providers. Hospitals are the tougher employers, thus less desirable by younger candidates, where job dissatisfaction due to the work overload results in less engagement and higher resign statistics.

As the Chinese General Sun Tzu 1.500 years ago, mentioned in the book “[The Art of War](#)”: “as a leader, if you embrace your soldiers and treat them like if they were your beloved sons, they would be willing even to die for you”. Human Resource Managers understand that the triumph of management is life - not death of course - but all of us must conclude the same result: as a society, we have to treat healthcare personnel as they are our beloved sons, our beloved daughters, not just employees getting paid for what they do!

Healthcare personnel should be recognised as humanity agents, not just professionals or health technicians as their role is one of the most critical for our life status

Most of the proposals presented above need two prerequisites: money and better human resources management. Not so self-explained for many countries that pay low salaries to doctors and nurses, when at the same time pay is much better for other occupations like banking, information technology etc., while human resources management and leadership are understated.

This is the most dynamic challenge as healthcare personnel is the only glue our society’s broken health pattern needs, in order to keep going to what we all care for: **TOMORROW!**

Conflict of Interest

None. ■



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