Time to care
Securing a future for the hospital workforce in Europe
Ireland, January 2018 | Karen Taylor | Dr Mina Hinsch | Dr Maria Quinlan
Converging trends across health systems
The provision of healthcare will become even more complex and expensive unless there is radical transformation

Demographic trends
Average life expectancy in OECD countries has increased by 5.5 years from 75 in 1990 to 80.5 years in 2019

Economic trends
Global health care spending is estimated to grow at 4.2% per year from $7.1 trillion in 2015 to $8.7 trillion by 2020.
Global pharmaceutical spending will rise by 5% a year from 2017-2021, more than twice the average annual 2.2% rise during 2011 to 2016.

Disease trends
Someone develops dementia every 3 seconds. In 2017, an estimated 50 million people worldwide live with dementia – a number expected to almost double every 20 years. By 2018, the global cost of dementia will rise above a $1 trillion.

By 2020, the over 65s will number some 604 million – 11% of the global population.

In 1990, over 11 million children died before age 5 compared to fewer than 6 million in 2016. About 60% of child deaths are from diseases that we can prevent with vaccines.

Global health care spending is estimated to grow at 4.2% per year from $7.1 trillion in 2015 to $8.7 trillion by 2020.

The number of people with diabetes globally is 415 million, which is expected to rise to 642 million by 2040. The cost of treating diabetes globally is over $673 billion a year.

"We need to stop being complacent about the challenges."
Director of Nursing

The future awakens: Life sciences and healthcare predictions 2022, Deloitte Centre for Health Solutions, 2017
Digital technologies are transforming health care
Interoperable and interconnected systems will enable the rise of the smart hospital

Providers will be required to redefine care delivery, including:

• digital patient experience
• operational efficiencies through technology applied clinically and in back office functions
• healing and well-being designs
• enhanced talent development

Technology underlies most aspects of future hospital care, but care delivery—especially for complex patients and procedures—will still require **hands-on human expertise** – with many future technologies supplementing and augmenting human interaction.

Digital maturity is a key consideration
The long-elusive goal of EHRs populated by interoperable data from different sources will become a reality in the hospital of the future.

HIMSS Analytics® has created the EMR Adoption Model (EMRAM), an eight-stage model that allows you to track your progress against other healthcare organisations around Europe and across the world.

Currently only 5 European hospitals are at stage 7, followed by around 50 hospitals at stage 6 (of around 2,500 hospitals assessed).

By 2017 in the US around 70% of hospitals were at least at stage 5, with 334 (5%) being stage 7. The five states with the most stage 7 hospitals were California (45 hospitals); Texas (20 hospitals); Colorado (17 hospitals); Ohio (16 hospitals) and Arizona (12 hospitals).

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**Figure 7. Electronic Medical Records Adoption Model (EMRAM) score distribution in our cohort - status as of Q1, 2016 (based on data from latest 36 months)**

<table>
<thead>
<tr>
<th>EMRAM score</th>
<th>Denmark</th>
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<th>Netherlands</th>
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<td>Number of hospitals inspected</td>
<td>24</td>
<td>212</td>
<td>48</td>
<td>237</td>
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</table>

Electronic Medical Records Adoption Model (EMRAM) Score Distribution, Q1 2016, HIMSS Analytics Europe, 2016

Note: HIMSS data does not include updated information on France; data collection is currently in progress.
**Actions for providers**

*Develop capabilities for long-term success*

Building a digital hospital of the future can require investments in people, technology, processes, and premises. Most of these investments will likely be upfront. In the short term, hospital leadership may not see immediate returns on these investments. In the longer term, however—as digital technologies improve care delivery, create operational efficiencies, and enhance patient and staff experience—the return result can be in higher quality care, improved operational efficiencies, and increased patient satisfaction.

- **Maintain cybersecurity:** With the proliferation of digital technologies, cyber breaches can be a major threat to hospitals of the future.

- **Focus on data:** While the requirements of data interoperability are important, they should be built upon a solid foundation of capturing, storing, securing, and analyzing data.

- **Consider technology that communicates:** Make sure disparate applications, devices, and technologies talk to each other is critical to a successful digital implementation.

- **Play the long game:** The planning team should confirm that project scope includes adding, modifying, or replacing technology at lower costs.

**Realisation of the digital hospital of the future depends on the workforce**

- **Create a culture for digital transformation:** Senior management should understand the importance of a digital future and drive support for its implementation at all levels.

- **Prepare for Talent 2.0:** Hospitals should provide employees ample opportunities to develop digital strategies.
Time to care
Securing the future of the hospital workforce
Time to care
Securing a future for the hospital workforce in Europe

Examination of scale and complexity of workforce issues arising as a result of the increase in scale and complexity of demand for hospital services across Europe

Approach

Countries included:
Belgium, Denmark, Finland, Germany, Iceland, Ireland, Italy, Luxembourg, Norway, Netherlands, Spain, Sweden, Switzerland, UK

Synthesis of academic and policy research on workforce numbers and analysis of national and international health system indicators

Interviews with > 50 health executives in hospital organisations, government and professional bodies in Europe, US and Australia

Survey of >1,350 doctors and nurses working in hospitals in Europe

Identification of actionable solutions and evidence-based good practice case examples

Key themes

Universal challenges:
Complexity of measuring hospital activity and the workforce | Securing the right numbers
International recruitment | Employee satisfaction and wellbeing | Recruitment and retention
Workforce management and securing flexibility

Securing the future of the hospital workforce
Shared responsibility of workforce planning | New models of care | Future of Work
Digitisation and adoption of technology | Skills for future professionals
The difficulty in measuring workforce challenges

“We need to balance a system of multiple moving parts.”
Director of Policy
Large variation of health care professionals across Europe
Right numbers, right skills, right mix

Hospital clinical staff account for up to 70 per cent of hospital costs

The global cost of providing health care is projected to reach $8.7 trillion by 2020 up from $7 trillion in 2015

The WHO (World Health Organisation) predicts a health professional shortfall of up to two million (or 15 per cent of the workforce) across the EU by 2020; 18 million globally

Hospitals depend on a motivated, engaged, multi-disciplinary workforce

High-quality care is not just a numbers game, but requires an in-depth understanding of links between available health professionals, care activities, ways of delivery and expectations of staff and patients

“A simple but universal truth is that there can be no health without a workforce.”
Assistant Director-General, WHO
Growing complexity of care and the difficulty to measure productivity
Variations in workload and decreasing number of hospital beds across Europe

Changes in numbers of hospital beds, per 1,000 population, from 2010 to 2015 (or nearest year)

Changes in the average length of inpatient stay in hospitals, from 2010 to 2015 (or nearest year)

The relationship between ratio of hospital doctors to beds and length of stay (2015 or nearest year)

In 13 out of 14 countries, the number of hospital beds has decreased.

Length of stay has shortened in 10 out of 13 countries.

A higher ratio of **doctors** to bed is correlated to **shorter length of stay**.

A higher ratio of high-skilled professionals in teams is associated with:
- lower odds of mortality
- lower odds of reports of poor quality
- higher patient satisfaction (RN4CAST).

**Ireland** is one of the few countries implementing a new staffing framework based on available academic research.

Securing adequate numbers of health care professionals
A steady inflow of well-trained professionals is at the cornerstone of effective health services

Activities that impact the availability of health care professionals

“The competition between providers is going to be decided in the fight for talent.”
Medical Director

Source: Deloitte research and analysis, 2017.
Domestic investment in workforce development
Decades of workforce planning have failed to lead to workforce stability

It will take time for benefits of attempts to grow in-country training are realised

Across Europe staff imbalances have often been managed with short-term solutions

Between 2010 and 2015 numbers of medical students increased in 8 out of 13 countries

Mixed picture for nursing programmes, and challenges to attract school graduates to the profession

“*We have never produced as many professionals as today but are still not matching the constantly increasing demand.*
*We urgently have to transform the health system in other ways.*”

Chief Nursing Officer
International recruiting
Committing to ethical recruitment

In the EU more doctors and nurses move from one country to another than any other regulated profession

Dependency on foreign-trained staff reflects domestic training patterns

Drivers of migration are salary differentials, differences in working conditions and pre-existing language skills

“A growing recognition that global market for talent is shrinking

Focus on supporting talent already in the country

Exchange between countries need to be guaranteed to secure exchange of knowledge

"Europe is bled dry."

Medical Director

Sources OECD, 2017.
A snapshot in time of current workforce challenges

“The hardest of jobs and the best of jobs. I am amazed that my staff still come to work and strive to do their best for patients every day.”

Director of Nursing
The hospital workforce is highly dedicated and remain resilient amidst increasing pressures. Understanding key motivators for staff is key to secure recruitment and retention.

Job satisfaction of hospital doctors and nurses

Source: Deloitte research and analysis based on a crowdsourced survey commissioned from Streetbees, 2017. Survey question: “How satisfied are you with your job at the moment?”
Understanding workforce satisfaction
Interpersonal and professional factors drive positive satisfaction. Organisational factors are key for a lack of satisfaction.

“If you train them right, and create the conditions to keep them well, you have more chance in retaining them, creating safer care and securing continuity of care.”

Medical Director

Senior leaders identify key themes to improve satisfaction, recruitment and retention:

Opportunity for professional and career development
Team fit and culture
High quality care and diverse case mix
Flexible working patterns

Source: Deloitte research and analysis based on a crowdsourced survey commissioned from Streetbees, 2017.
Survey question: "Please select the three factors which most contribute to your satisfaction/ lack of satisfaction with your job?"
Perceived changes in workload over the last 5 years
Hospital doctors and nurses are increasingly finding their workload difficult to manage

Doctors in 8 out of 11 countries and nurses in 10 out of 11 countries report a shift towards less manageable workloads.

Key reason for increasing workloads were:
- Increases in patient numbers
- Staff shortages
- Changes in employment.

Poor management and bureaucracy were identified as accentuating workload.

“We can’t change some jobs, but we can significantly change the conditions and environments we work in.”

Chief Executive Officer

Source: Deloitte research and analysis based on a crowdsourced survey commissioned from Streetbees, 2017.
Survey question: "How would you describe your workload? How was your workload 5 years ago?"
"Without a healthy workforce, you do not stand any chance of getting healthy populations."

Director of Policy
Changing expectations of the workforce
Flexible employment models for portable people

5 key reasons to consider a career were **workload, pay, work-life-balance, mental wellbeing and lack of recognition**

Inter-country comparisons show highest rates for those planning to leave the country

**Doctors:** Ireland (68), UK (40) and Spain (30)
**Nurses:** Ireland (32), Spain (23) and the Netherlands (23)

"People don’t leave jobs, they leave working conditions.”
Director of Nursing

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"If we do not get flexibility right, competitors will win our staff. We can decide to lose all their time, or a share.”
HR Director

Top destination countries considered:
Australia, USA, UK (doctors)
Australia, Germany, France (nurses)
“We get lost in siloed, short-term solutions that fill the gap; we need to think more about restructuring the workflow.”

HR Director
Digitisation and the adoption of technology

Technologies are not yet used at scale, due to poor usability and failure to adapt processes.

<table>
<thead>
<tr>
<th></th>
<th>Belgium</th>
<th>Denmark</th>
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Values represent percentages of responses per country sample.

Source: Deloitte research and analysis based on a crowdsourced survey commissioned from Streetbees, 2017.
Note: Only responses with a 10 per cent or higher average across the total survey cohort are included in this figure.
Survey question: “Which of the following technologies do you currently use in support of patient care? Select all that apply.”

“E-rostering is widely misused by simply digitising a paper process without reorganising patient flow and providing staff with more flexibility.”

Director of Policy
Expectations of what technologies can help to improve care
Perception of the workforce reflects levels of exposure

Nurses are more receptive to new technologies

Finland emerged as the highest user of new technology

Variation in expectations of EHR usefulness (82% in Finland to 53% in Belgium) may reflect vast array of available EHR software on the market

“It is a change – a revolution indeed – going on across all of society. So we better move along with it.”

Chief Innovation Officer

Source: Deloitte research and analysis based on a crowdsourced survey commissioned from Streetbees, 2017.

Note: Responses for doctors and nurses are averages taken from across each respective cohort.
Survey question: “Which of the following technologies do you think are helping to improve the efficiency of patient care? Please select all that apply?”
View on organisational preparedness
Very well and reasonably well prepared

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<td>Nurse average:</td>
<td>38.9%</td>
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Average satisfaction levels with the training and support from their organisation to integrate new technologies into their daily work

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<tr>
<td></td>
<td>2. Belgium (45%)</td>
<td>2. Spain (34%)</td>
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<tr>
<td></td>
<td>3. Netherlands (44%)</td>
<td>3. Denmark (34%)</td>
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Individual preparedness
Adequately trained or tech expert

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<tr>
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<td>51.2%</td>
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<table>
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<tbody>
<tr>
<td>Doctors</td>
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<td>58.5%</td>
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<tr>
<td>Highest ranking countries</td>
<td>1. United Kingdom (60%)</td>
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<td>2. Belgium (47%)</td>
<td>2. Denmark (39%)</td>
</tr>
<tr>
<td></td>
<td>3. Spain (47%)</td>
<td>3. Sweden (39%)</td>
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<table>
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<tbody>
<tr>
<td>Nurses</td>
<td>42.1%</td>
<td>48.7%</td>
</tr>
<tr>
<td>Highest ranking countries</td>
<td>1. Sweden (55%)</td>
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<td>2. Switzerland (55%)</td>
<td>2. Spain (36%)</td>
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<td></td>
<td>3. United Kingdom (53%)</td>
<td>3. Denmark (31%)</td>
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</tbody>
</table>

Source: Deloitte research and analysis based on a crowdsourced survey commissioned from Streetbees, 2017.
Survey questions: “How well do you think your organisation is prepared to adapt the necessary technology to make your work easier? How well do you feel trained to use new technology in your daily work? How satisfied are you with the level of training and support you get from your organisation to help you integrate new technologies into your daily work?
Values are taken from combined average results for “very and generally satisfied” and “generally and not at all satisfied”. Neutral results are omitted from this analysis.

“Technology can help us decide how we use the most expensive time of our workforce.” Medical Director
Characteristics of the Irish survey sample
Putting the Irish findings in context

- In total 82 health care professionals from across the Irish hospital sector took part in the survey, 33 female respondents (40 per cent) and 49 male respondents (60 per cent).
- A majority (n=75, 91 per cent) work in the public/non-profit hospital sector.
- The sample consisted of 28 doctors (34 per cent) and 54 nurses (66 per cent), the majority of whom (87 per cent) work full-time.

While this is a relatively small sample, which does not claim to be representative of the wider hospital workforce, the responses from these men and women nonetheless give us food for thought and can stimulate debate on how we can prepare our hospital workforce in Ireland for future challenges.
Spotlight on employee satisfaction and wellbeing
Link between these concepts and outcomes and innovation

What I’ve learned from my tally of 757 doctor suicides
There are some fixable explanations for the high rate for physicians and medical students.

washingtonpost.com

Pediatric wards
Consultant
Jim Gray calls situation in paediatric wards a ‘disgrace’
HSE after ‘serious concerns’ for ambulance
HSE had to stay with her for two hours

Hospital with 68 people on trolleys in Irish hospitals on Monday, says INMO
Harris says situation ‘unacceptable’ but he is confident money can be found to invest in more beds
Workforce wellbeing
Perceptions of doctors and nurses in Ireland regarding the effect of work on their mental and physical wellbeing

- Within the Irish sample, 56 per cent of respondents say they find it difficult to manage their workload, as compared to 73 per cent of respondents in Germany and 59 per cent of respondents in the UK.
- Doctors are also more likely to say that both their physical and mental health has been negatively impacted by their work.
- Gendered dimension – female respondents report more negative impacts on their health, with 67 per cent reporting that work has effected their mental health negatively over the past year compared with 37 per cent of male respondents.
Employee Satisfaction
Satisfaction rate of 62 per cent overall, but differences between doctors and nurses emerge

Overall satisfaction levels

62 per cent (n=50) of doctors and nurses surveyed expressed satisfaction with their job.

Having a sense of accomplishment in their role, and a positive work environment were identified as the top two factors contributing to their sense of satisfaction.

When we break the data down by profession, we find that 43 per cent of doctors in Ireland say they are satisfied with their jobs as compared with 72 per cent of nurses.

Doctors in Irish sample least satisfied in the region

Across the countries sampled, doctors in Ireland express the lowest levels of satisfaction when compared with their European counterparts.

Our findings show that 75 per cent of doctors in Norway, 70 per cent in Germany and 70 per cent in the UK are satisfied with their jobs compared with just 43 per cent here in Ireland.

Nurses’ satisfaction compares more favourably

In contrast the satisfaction rates of nurses in Ireland (72 per cent) compare more favourably with counterparts in the UK (67 per cent) and Germany (62 per cent).

HSE engagement

The findings from the HSE’s most recent staff survey are mixed in terms of employee satisfaction and engagement, in keeping with our findings. While for example healthcare workers face difficult and stressful work environments their dedication and commitment to their caring profession remains high.

The HSE’s 2016 staff survey found for example that just 29 per cent of respondents agree that their organisation is genuinely interested in the wellbeing of its staff, with 45 per cent disagreeing that this is the case. However 57 per cent express satisfaction with their jobs.

Health care professionals tend to be an engaged cohort, with a professional commitment to caring that often comes at a high personal cost.
Employee Satisfaction

Gendered nature of satisfaction and dissatisfaction

Key drivers

67 per cent of female respondents in the Irish sample express satisfaction with their jobs compared with 58 per cent of male respondents.

Almost one third of male respondents (32 per cent) would be unlikely to recommend their current organisation as an employer to a friend or family member, as compared with just 18 per cent of female respondents.

The key reasons for dissatisfaction identified by male respondents are:

- Achieving work-life balance and;
- A lack of flexibility in shifts;

For female respondents dissatisfaction was related to:

- A lack of time to engage with patients and;
- A lack of recognition or appreciation.

Data provides some interesting insight and potential for discussion regarding gendered patterns in how we discuss issues such as work-life balance.

Requiring flexibility in the workplace and greater work-life balance are something which both women and men are seeking.
Spotlight on employee satisfaction and wellbeing
Impact on patient outcomes; digital health innovation and implementation

**Joy in Work**

There is an increasing emphasis on the importance of clinician well-being and workplace satisfaction to positive patient outcomes.

The Institute for Healthcare improvement has for example added the fourth aim of staff wellbeing to their triple aim of a) improving the patient experience of care; b) improving the health of populations; and c) reducing the per capita cost of health care - recognising that if those providing care are not cared for themselves, then the health system cannot function at optimum levels.

**Adaptive Reserve & Innovation**

Many digital health innovations are by their nature disruptive to how care is currently delivered and can be challenging to implement.

New ways of working take time and effort to bed-down and adopting new ways of working requires healthcare organisations to be ‘innovation-ready’ and to have the ‘adaptive reserve’ necessary to implement changes.

Organisations that are innovation-ready have a culture that cultivates tolerance, fosters open discussion, and allows employees time to think holistically and systemically.
Movements in the Irish Healthcare System
Responses to these workforce challenges

Challenges

The Irish healthcare system has faced significant challenges with regard to attracting and retaining requisite human capital in a tight labour market coupled with difficult economic conditions over the past decade.

Pay freezes and hiring embargos within the public system were a feature of the post Celtic Tiger era, and while these constraining factors are no longer in place, the Health Service Executive (HSE) is still feeling the impact of these policies on staff satisfaction, morale, attraction and retention.

HSE People Strategy

As a response to the human capital issues facing the organisation, the HSE’s People Strategy 2015-18 sets out a framework for leading, managing and developing all staff in an environment that is conducive to learning and wellbeing.

It also sets out a high-level strategy for addressing the future needs of the service to meet the workforce demands to attract and retain high calibre staff.

Values in Action

As part of this focus on people, the HSE has in recent years conducted staff-wide engagement surveys (2014 and in 2016) and a Values in Action programme, with the aim of creating better workplaces for staff and better patient experience of care.

Clear focus within the Irish health care system to address some of these key workforce challenges.
Co-design a vision for **future professionals** in partnerships between:

- National governments
- Professional and regulatory bodies
- Academic training institutions
- Employers and providers
- Service users.

**New models of training** and education should focus on:

- Learning to adapt to constant change
- Building foundations for collaborative care and new partnerships
- Aligning education and care delivery to emerging technologies

"**We need different people. The way we used to work is ending.**"

**Policy Director**

Cognitive, emotional and analytical skills will be key for future health professionals.


Skills in bold italic font are seen as most relevant by senior leaders. A framework from a previous Deloitte report was used in our discussion Talent for Survival, Deloitte, 2017).
Collaborative quality improvements to deliver value for patients
New value-based models of care building on enriched and augmented roles

Encourage employers to
• develop new evolving workforce and talent models, including strategic re-design of flexible, IT-enabled recruitment and staffing models and performance management
• accelerate implementation of technology, experiment with emerging tools focussing on interaction of people and machines
• nurture collaboration, improve CPD and embrace a culture of learning from others

Enable health professionals to
• be prepared to address the impact of a 100 year life
• develop flexibility to adapt to half-life of skills, which requires life-long learning and reinvention
• embrace adaptability to new career paths, with shifting roles, several employers and in self-employed capacity.

Engage with policymakers to
• reimagine education and training of health workforce locally, regionally and nationally
• adapt regulation and transition support for income and welfare
• develop aligned funding models that encourage cross-sector work
• incorporate service users’ input in design of training and services that answer real needs.

The quadruple aim of health care: staff wellbeing is crucial to secure the future of health care

“Leadership means helping people overcome the fear of the new.”
Director of Nursing

Source: From Triple to Quadruple Aim: Care of the Patient Requires Care of the Provider, Annals of Family Medicine, 2014.
Please get in touch
We look forward to discussing our findings

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About the Centre
Operating now for almost six years; the Centre is the independent research arm of Deloitte LLP’s healthcare and life sciences practices. Its role is to inform stakeholders across health care and life sciences about emerging trends, challenges, opportunities and examples of good practice. Using primary and secondary research and rigorous analysis to drive unique perspectives; the Centre seeks to be a trusted source for relevant, timely and reliable insights.