Time to Care
Securing a future for the hospital workforce in Europe - Spotlight on Ireland

Deloitte Center for Health Solutions
In November 2017 the Deloitte Centre for Health Solutions published a comprehensive study on the challenges facing the European hospital clinical workforce. The report collates the findings from a survey of over 1,350 nurses and doctors in 11 European countries, including Ireland. The research also included interviews with over 50 health care leaders across the region, including policy-makers, representatives from professional bodies and hospital directors, and rigorous analysis of international health system indicators. The report identified universal concern about workforce shortages and the lack of time for hands-on care. It also found that all countries across Europe are facing increasing challenges with regard to the growing demands placed on the workforce which raises important questions about the sustainability of current workforce models.

Spotlight on Ireland
In keeping with our European counterparts, the Irish hospital healthcare workforce faces many of the same key challenges including workforce shortages and a lack of time for hands-on care. This article takes a deep dive into the survey data captured from hospital respondents in Ireland. We have focused particularly on the questions regarding workforce satisfaction and wellbeing, as they are two key contributors to overall healthcare system performance – particularly when it comes to ensuring that the right staff-mix is attracted and retained in a tight labour market. Employee morale is also a key factor in the successful implementation of innovation and change, and can have significantly impact the implementation of digital health technologies.

Characteristics of the Irish survey sample
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.

Figure 1: Irish sample by gender

![Irish sample by gender](image)

**Figure 2: Irish sample by role**

![Irish sample by role](image)

**Figure 3: Irish sample by work-hours**

![Irish sample by work-hours](image)

**Figure 4: Irish sample by role and gender**

![Irish sample by role and gender](image)
**Employee satisfaction**

When we examine satisfaction amongst the sample we find that 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.

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. 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).

When we break this question down by gender some interesting findings emerge. We see that 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, followed by a lack of recognition or appreciation. While the sample is small and we must be careful not to generalise to the wider hospital workforce, it 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.

**Workforce wellbeing**

The survey included several questions aimed at understanding the drivers of wellbeing within the hospital workforce. 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. Forty-four per cent of respondents in Ireland say that their work has negatively affected their physical health in the past year, and almost half (49 per cent) saying that work has negatively affected their mental health.

When we split the data by profession, we find that 61 per cent of doctors within the sample say that their workload is difficult to manage compared with 54 per cent of nurses. Doctors are also more likely to say that both their physical and mental health has been negatively impacted by their work, as outlined in Figure 5.

![Figure 5: Perceptions of doctors and nurses in Ireland regarding the effect of work on their physical and mental wellbeing](image)
When we break this down by gender we see that female respondents report more negative impacts on their health – with for example 67 per cent saying that work has negatively affected their mental health over the past year, compared with 37 per cent of male respondents. These results echo the findings of other research which has found that healthcare workers are at greater risk of burn-out and mental health difficulties than the general population. The findings also echo the HSE’s most recent staff survey which highlighted the mental-health impact of work on respondents, with 62 per cent stating that they believe they suffer work-related stress.4

Increasing staff levels and increasing efficiencies were identified by Irish respondents in our survey as the key factors which their employers could act on to increase their overall work satisfaction levels.

The link between healthcare professional satisfaction, wellbeing and patient outcomes
There is an increasing emphasis on the importance of clinician wellbeing and workplace satisfaction to positive patient outcomes.5 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. 6

Digitisation and the adoption of technology
Across the European countries sampled in the report, all of our interviewees reported an increasing engagement with digital strategies, however to date the implementation of technology has progressed most in back-office and administrative functions, with much lower levels of use by frontline staff in their daily work. Ireland reported the lowest use of technology within the sample, followed by Denmark and Germany. Electronic Health Records (eHRs) are the most widely-used digital health technology by clinicians across the region. While more than half of all respondents in Ireland (57 per cent) currently use some form of electronic health records, Ireland is particularly behind the leaders identified in the survey when it comes to the use of electronic prescribing (2 per cent) and remote consultations (8.5 per cent). eHR, Electronic prescribing and remote consultations were identified by doctors across the region as amongst the most useful for improving efficiency in patient care.

Across the survey cohort, both nurses and doctors in Ireland are amongst those least satisfied with the training and support received from their organisation to integrate new technologies into their daily work. Ireland is far from alone in having issues with regard to implementation on eHealth technologies, in 2017 many organisations in Europe are still struggling with basic connectivity, and interviewees throughout the region expressed the urgent need to change ways of working to integrate technologies into new operating models.

Impact of employee morale on implementation of digital health
There is broad agreement within the improvement science and implementation science literature that the organisational context is key to the sustainable adoption and scaling of connected healthcare processes and technologies. Many digital health innovations are by their nature disruptive to how care is currently delivered. While a new technology may in theory provide greater efficiencies and improvements in care quality, in practice if it requires healthcare professionals and patients to fundamentally change their roles, it can be challenging to implement. New ways of working take time and effort to bed-down and many studies find that in order for healthcare organisations to adopt new ways of working requires those organisations to be ‘innovation-ready’ and to have what has been termed 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. 8

Movements in the Irish healthcare system
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. 9

The HSE is the largest employer in the country, employing over 105,000 people, approximately 45,000 of whom are doctors and nurses.10 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.11 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. 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.12

Ireland is also one of the few countries implementing a new staffing framework based on academic evidence (and the associated endnote: Department of Health (2016): Interim Report and Recommendations by the Taskforce on Staffing and Skill Mix for Nursing on a Framework for Safe Nurse Staffing and Skill Mix in General and Specialist Medical and Surgical Care Settings in Adult Hospitals in Ireland February 2016).

So there is a clear movement within the Irish health care system to address some of these key workforce challenges. The findings from the HSE’s most recent staff survey are mixed in terms of employee satisfaction and engagement, in keeping with findings from other countries. 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, similar to the findings in our survey. Health care professionals tend to be an engaged cohort, with a professional commitment to caring that often comes at a high personal cost.

While across the European region, countries differ in how they fund health care, how much they are prepared to pay for services and which services they prioritise, one thing remains constant – health care is first and foremost a people business. The quality of care is dependent on having the right professionals with the right skills in the right place at the right time. Health care professionals are the biggest asset in any health care system and represent a significant investment which need to be managed strategically and supported holistically.

Footnotes

4. HSE national staff survey 2016 included over 15,000 HSE staff, including 9,000 respondents from the acute hospital sector. High level findings can be downloaded http://www.hse.ie/eng/staff/staffsurvey/
6. From Triple to Quadruple Aim: Care of the Patient Requires Care of the Provider. Annals of Family Medicine, 2014
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