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RURAL HEALTH COMPASS

RURAL HEALTH IN EUROPE

Navigating Rural Health and Policy

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By Veronika Rasic

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This issue will focus on the rural health workforce in Europe. Why is it important? What do we know about it? How do we nurture the rural health workforce to ensure a healthy and thriving rural Europe?

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RURAL HEALTH & POLICY EXPLORATION

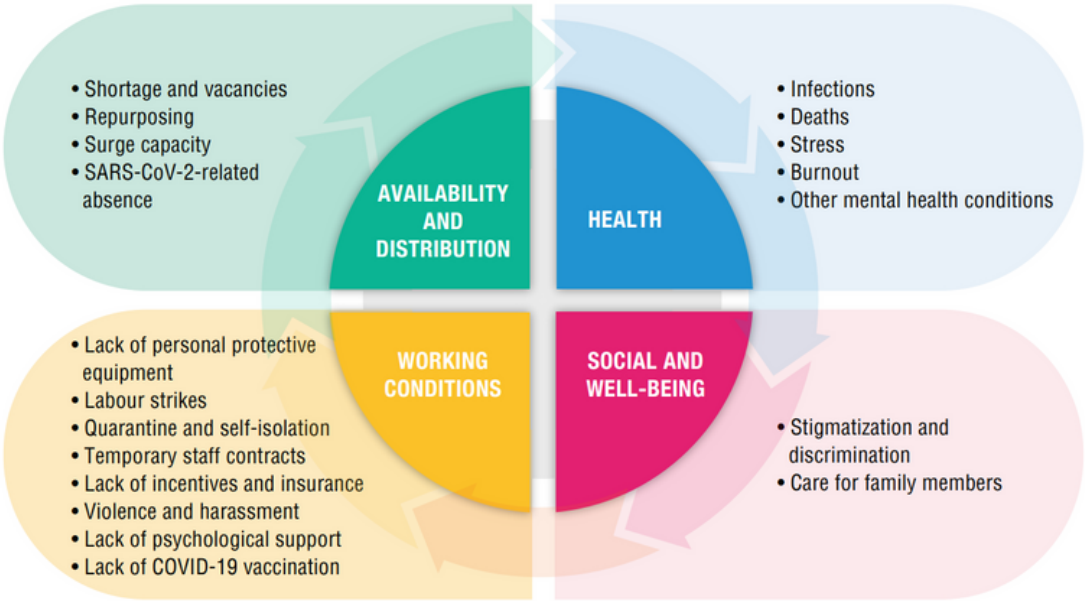
RURAL HEALTH WORKFORCE

By Dr Veronika Rasic

There has been a growing recognition of the health workforce crisis facing us as a global community. These shortages of essential health workers are often felt most acutely in rural and remote areas. In Europe there is a growing number of areas that have been named “medical deserts”. This term is used to describe the situation where there are not enough healthcare workers (HCW) to meet the growing health needs of the local population, this then leads to inadequate access to healthcare and worsening health inequalities.

In the current context it is important to take into consideration the impact of the COVID-19 pandemic and the process of recovery which is still ongoing. The image below is taken from the World Health Professional Alliance and WHO joint report - What the COVID-19 pandemic has exposed: the findings of five global health workforce professions (2023).

Figure 2: Multidimensional factors related to COVID-19 that affect HCWs



The report highlighted the urgent need to protect and safeguard HCWs with a particular focus on mental health and psychosocial support. Additionally, it highlighted the importance of HCWs having representation at the highest levels of decision making stating that: “ deliberate and immediate engagement with HCWs at the national planning, policy and finance levels should occur”. The report also recognizes the need for data particularly in regard to equity stratifiers such as gender, age, education level and sector of employment to better describe and understand the lived experience of HCWs. This granularity of data is of particular importance when we are talking about rural areas and the rural health workforce. Rural HCWs should also be represented at the highest decision making levels if we are to address “medical deserts” in Europe.

The experience of HCWs during the pandemic left them feeling underappreciated and undervalued as the systems did not put in place appropriate measures to ensure their safety during the COVID-19 pandemic. Many HCWs were not provided with appropriate PPE and faced increased levels of violence and harassment during the pandemic. This has contributed to a new trend that is becoming more apparent - “quiet quitting”. This includes HCW reducing their hours, working to contract (not going beyond what is required), retiring early or pursuing alternative careers. These behaviors could be seen as a response to the breaking of the “social contract” between HCWs and the health system. HCWs are now “working to live” not “living to work”. Recent events in Europe show that many HCWs are unhappy with their working conditions, with many countries experiencing strike action by HCWs.

In 2023 the WHO published the Bucharest Declaration which aims to address the health workforce crisis in Europe. Within the global context it is important to recognize that the European region has the highest number of healthcare workers in its history, however it is still struggling to meet the health needs of its population. The declaration mentions rural areas under its call for improved recruitment and retention: “paying special attention to retaining and attracting health and care workers in rural, remote and other underserved areas”. This follows on from the WHO Europe “Time to Act” report where 10 actions are proposed to strengthen the healthcare workforce in Europe. Action 4: “Develop strategies that attract and retain health workers in rural and remote areas”.

Three key actions where identified at the 5th Global Forum on Human Resources for Health (2023):

1. Protect: to protect the current HCWs and reduce attrition by providing safe, supportive and dignified working environments.
2. Prioritize investment: make sure that the action is taken to keep the healthcare workforce at the top of the agenda and emphasize the health and socio-economic gains that can be made by investing in HCWs.
3. Global solidarity: acting in line with the WHO support and safeguard list guidance when recruiting HCWs and collaborating across sectors.

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RESEARCH & REPORTS

THE WORKFORCE CRISIS IN HEALTHCARE: MOVING THE DEBATE TO BRIDGE EVIDENCE AND POLICY

E. KUHLMANN ET AL. (2024)

"The 'human face' of the HCWF crisis - the impact on working conditions, mental health and the individual needs of HCWs - is still not understood, or simply ignored despite available evidence."

"One important finding across different countries, topics and levels of research is the profound impact of policy and governance failures on HCWF issues, echoing the centrality of governance in healthcare at large. Governance gaps and policy failures at macro- and meso-levels are especially visible when looking at the inequitable geographical distribution and mismatches between need, demand and supply of HCWs. They are also responsible for poor attention to equity measures and persisting gender inequalities, as well as for the missing support for new nursing roles and mental health needs of HCWs."

"Addressing the HCWF crisis demands a shift towards transformative policies and multi-level transsectoral governance, coupled with increased attention to the individual needs of HCWs. Prioritising a resilient HCWF and ensuring the wellbeing of HCWs, based on evidence and international recommendations, requires deep-cutting changes in the public policy arena thereby challenging politics and power relations. Effective solutions will only be possible, if HCWF policy is elevated to a more prominent position on the public policy agenda and within
institutional frameworks. An important pre-requisite would be the establishment of HCWF policy research as a recognised academic field."

HOW TO SOLVE THE WORKFORCE CRISIS: LISTEN TO WHAT HEALTH PROFESSIONALS WANT FROM THEIR CAREERS

N. AZZOPARDI-MUSCAT (2024)

"Medical deserts are part of the broader issue of rural development. It's about depopulation of rural areas. We're seeing far more urbanisation, and you then have older people stuck in these rural areas without access to care. We see the model of care changing, with traditionally male GPs retiring and not having anyone to hand over the practice to. Young people don't want to work in solo practices—they want to work in teams, and they're not ready to be 24/7 committed to providing care. And unless you have access to diagnostics and medicines and you're digitally linked to the expertise of a hospital, young people would feel unable to provide the care that they'd like to."

"The health sector has an important role to play in rural development strategies, and it needs to be part of the planning. People won't stay in rural areas unless they have access to healthcare services, but people won't work in those areas unless there are other things going on. There are some initiatives to tackle this… It's possible with telemedicine and technology to do far more [with less] than was possible in the past."

HEALTHCARE WORKFORCE EQUITY FOR HEALTH EQUITY: AN OVERVIEW OF ITS IMPORTANCE FOR THE LEVEL OF PRIMARY HEALTH CARE

M. SANTRIC MILICEVIC ET AL. (2023)

"No guidelines or regulation were available for monitoring and measuring HCWF equality in a comprehensive manner, considering different dimensions of equity in healthcare systems. This study proposed a set of indicators to serve multiple HCWF equity dimensions measurement."

"Health workforce crises often stem from healthcare workforce inequities.
Health workforce equity indicators help target health inequities.
Equity indicators assist in evaluating workforce crisis mitigation strategies.
Health workforce equitable policies require a clear set of indicators."

"Achieving population health equity requires optimising the roles and activities of various HCWF, for which monitoring equity in HCWF education, planning, and management is crucial. By implementing indicators of HCWF diversity to encounter rural and underrepresented communities, PHC managers can effectively plan the reduction of their unmet needs and minimise avoidable referrals."

"The study shows that HCWF equity indicators can inform policies addressing HCWF crises and strengthen health equity. To make this happen, setting a dashboard of HCWF equity indicators in an institutional information system is a critical task for PHC managers. Further research is necessary to determine where additional evidence is needed to develop effective intervention strategies against HCWF inequity."

HOW CAN COUNTRIES RESPOND TO THE HEALTH AND CARE WORKFORCE CRISIS? INSIGHTS FROM INTERNATIONAL EVIDENCE

B. MCPAKE ET AL. (2023)

"There has been chronic underfunding of the health and care workforce globally.
More resources are needed to strengthen the quality of education.
Skill mix reforms are needed to deliver effective team-based primary care.
Investing in retention is critical to overcome HCWF challenges."

"Diversity not just in skill-mix but inclusive of race/ethnicity, gender, socioeconomic status, rural background and other minoritised communities, can also help repair trust in health systems and meet population health needs."

"While PCTs are an efficient and effective way to deliver primary care, more physicians, mid-level cadres and allied health professionals are needed to meet population health needs. Other challenges identified in implementing a PCT approach include traditional hierarchies where physicians are trained to manage patients individually rather than collectively. Strategies to improve the diversity of the HCWF (strategy #1) and to transform health professional education and training to promote collaboration (strategy #3) are therefore inextricably linked to strengthening primary and preventative care."

"Evidence also supports greater investment in the creation of rural schools which recruit people with rural backgrounds and educate them in a rural context. A Cochrane systematic review concludes that a rural background is the factor most strongly associated with rural practice.

There is also evidence, from both high-income countries and LMIC that HCWs end up practicing close to their training sites, which offers support for investments in community-based and rural training sites."

"Random allocation systems miss the opportunity to post those who are happiest to serve in rural or remote positions and who in turn are likely to have higher morale, better performance, less absenteeism and a lower rate of attrition once posted to them. The global community needs to rethink these employment and deployment systems which rely on compulsory posting and instead promote the use of financial and non-financial incentives. While there are few accounts of the effectiveness of these policies, the evidence available indicates that relatively large increases in salary are required to attract staff to remote areas. Indonesia's incentive system that provided for up to four-fold basic salary increases for 'very remote' service resulted in 536 doctors applying for the 55 posts available in West Java Province and doctor vacancies in very remote health centres roughly halved during a four-year period."

"If HCWs are not supported, are overworked and burnt-out, and feel undervalued, they will not perform optimally and may drop-out of the workforce entirely. Competitive salaries and benefits packages, flexible working arrangements, professional development and career advancement opportunities are all important investments to improve retention. It is also vitally important to ensure safe working environments, where healthcare workers can deliver services effectively. This includes ensuring access to proper equipment and supplies, adequate workplace facilities (e.g. for breaks), workplaces free from harassment and discrimination, and support for mental health and well-being."

UPCOMING EVENTS

13TH EURIPA RURAL HEALTH FORUM

LINCOLN, UK | 20-22 JUNE 2024

This event will be a great opportunity to learn more about rural health in Europe and to meet with colleagues working in rural health.

There are **4 bursaries** available for students and early career health professionals to support them in attending the forum. You can find more information about this on the forum website.

Abstract submission is open until the **7th of April.**

UBUNTU 2024

CAPE TOWN, SOUTH AFRICA | 10-13 SEPTEMBER 2024

An global conference bringing together Rural WONCA and the Network Towards Unity for Health.
Abstract submission is open until 31st March.

The theme is People, Place and Policy for Community Wellness.

Bursaries are available to support those form LMICs. **Applications close 12th May.**

More information can be found on the website.

RURAL ROAD TO HEALTH PODCAST

Rural Road to Health

Find out more about the EURIPA Forum and Ubuntu 2024 on the Podcast.

You can also learn more about:

- P5 Digital Medical Centre in Portugal
- Go Rural Program in Czechia
- Social Prescribing in Scotland