FROM GREAT ATTRITION TO GREAT ATTRACTION: COUNTERING THE GREAT RESIGNATION OF HEALTH AND CARE WORKERS

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Summary: Health workforce shortages in Europe could escalate dramatically if immediate steps are not taken to retain existing health and care workers. This article examines the reasons for attrition amongst the health and care workforce. It then moves to offer solutions as to how countries can move from having high attrition rates to attracting and retaining health and care workers. We conclude by stressing that the time to act is now if we want to address these challenges with minimal future consequences.

Keywords: *Health and Care Workforce, Health and Care Workers, Attrition, Retention, Human Resources for Health*

> #EHFG2023 – PLENARY 2:
Great Attrition or Great Attraction? Addressing healthcare workforce challenges

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Introduction

Over the last decade, the number of health and care workers (HCWs) working in the European region has increased. When considering the global context, the World Health Organization's (WHO) European region has the highest density of HCWs among all the regions in the world (37 doctors and 80 nurses per 10,000 population in 2020) [1] and no country is defined as having a critical shortage of HCWs as per the definition in the recently published WHO safeguard list.[2] Moreover, the European region, especially Western European countries, have more HCWs than ever. During the past ten years, there has been a 13.5% and an 8.2% increase in the availability of doctors and nurses and a 37% and 26% increase in the training of doctors and nurses in the European region (15.3 regional average graduate doctors and 36.6 nurses per 100,000 population in 2020).[1]

Despite these increases, a deficit remains. In 2013, the WHO estimated that the overall shortage of HCWs was 1.6 million in Europe, which the study estimated would require an average annual exponential growth of 2% to offset the trend. Seeing as this growth rate has not yet been reached within the 27 Member States of the European Union (EU), a shortage of 4.1 million by 2030 (0.6 million physicians, 2.3 million nurses and 1.3 million other healthcare professionals) is projected, despite having a historically high availability of doctors and nurses as mentioned above.[1,2] These figures are conservative and not generally applicable to the entire European

region. In addition, HCW shortages are especially prominent in rural, remote, and underserved areas.[1]

This deficit of HCWs is the result of the COVID-19 pandemic, supply and demand discrepancies, and a lack of planning and forecasting.

> projected to reach a shortage of 4.1 million by 2030

COVID-19. The COVID-19 pandemic has exacted a high toll on HCWs in terms of mortality and physical and mental strain. HCWs across the European region feel undervalued, overworked, and burned-out, and their disaffection and lack of trust in the systems they work in and people that employ them is progressively increasing.[1,3,4] Multiple strikes across countries in the region have been seen, where HCWs are demanding improved working conditions, more respect, appreciation and protection.

Supply and demand discrepancies. Even before the COVID-19 pandemic, European countries were experiencing health and care personnel shortages because the demand for services is increasing much faster than the availability of HCWs. This surge in demand is due to a progressively ageing population, an increase in chronic diseases and multi-morbidities, and the population's expanding expectations of health services. Rising backlogs accumulated during the COVID-19 pandemic are further exacerbating this problem.

A lack of planning and forecasting. Being able to specify what health systems need in terms of the health and care workforce is key and requires: strengthened and resourced data collection, analysis and reporting to the public domain; improved forecasting and scenario planning for health and care services and all public health functions, including emergency preparedness and response; linking data to models of care and explicit reform goals; breaking down needs in terms of competencies, practice activities, distribution and aims.[5]

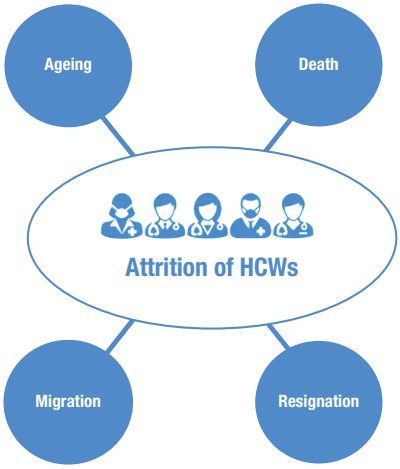
The health and care workforce shortages are likely to get worse because of the impact of COVID-19 and increasing rates of attrition in some countries. The European region has experienced an unprecedented health and care workforce crisis over the last decade, culminating in the COVID-19 pandemic. Because of this, the region has seen the attrition rate amongst HCWs increase at the same time as demand for health services has increased. Given these growing challenges, this article looks at reasons for attrition in Europe and suggests how this can be tackled.

In this article, we define attrition as the number of HCWs who have left the health workforce due to retirement, death, outward migration, or resignation over a given period of time (**see Figure 1**). While there is currently only a limited amount of data available in support of increasing attrition rates during and post-pandemic, there is reason to believe that these attrition rates will increase if challenges (retirement, mortality, outward migration and resignation) leading to attrition are not dealt with.

Four potential reasons for attrition amongst health and care workers

The first reason why the attrition rate amongst HCWs is so high can be attributed to retirement. The increasing number of retiring health workers, particularly doctors, is a significant area of concern (**see Figure 2**). Italy is leading the region with almost 60% of medical doctors over the age of 55 with Israel, Latvia and Estonia following close behind. In 13 of the 44 countries in the European region providing data, at least 40% of the doctors are over 55 and will retire within the next ten years. If we look at the average of all 44 European region countries providing data, 30% of the doctors in the region are over 55 years of age.[1] **Figure 3** indicates that the regional average of medical doctors over the age of 55 between 2010 and 2021 has increased by around 5%. If this trend continues, there will be a "tsunami" of attrition over the next ten years caused solely by retirement.

Figure 1: Main dimensions of health and care worker attrition

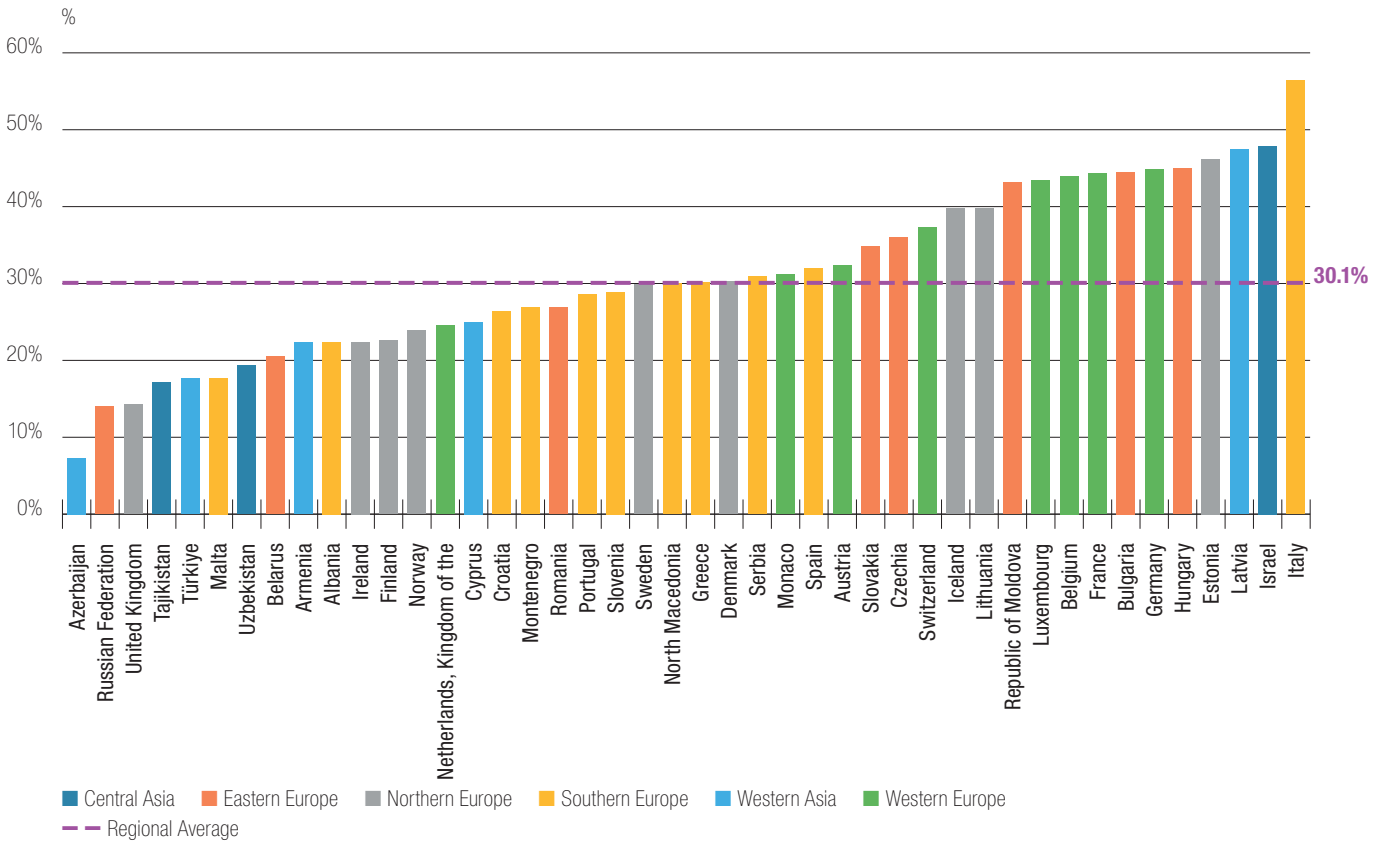


Source: authors' own.

The second reason points to the death toll amongst HCWs during the COVID-19 pandemic. HCWs were at a higher risk for COVID-19-related hospitalisations than non-HCWs, although the case-fatality ratio was only 1.8% amongst HCWs compared with 8.2% amongst non-HCWs.[8] While HCWs had comparatively lower deaths rates from COVID-19, potentially as a result of early access to treatment or the healthy worker effect*, the number of HCW deaths increased during the COVID-19 pandemic. It is estimated that globally around 115,000 health workers died due to COVID-19, 49,374 of them in the European Region alone with only the Americas having a higher population based estimate at 60,380.[9] Every single human resource that died represents an invaluable loss not only on a personal level but also for the health and care system. Furthermore, absences and deaths during the pandemic created gaps in rotations and shifts, which in turn placed additional stress on those HCWs still in the system,

* This implies that workers often exhibit lower overall death rates than the general population because the severely ill and chronically disabled are often excluded from employment or leave employment early.

Figure 2: Percentage of medical doctors aged 55 and older, 2020 or latest



Source: [6]

thereby contributing towards a vicious circle of stress, burnout, resignation and potentially even death.

> vicious circle of stress, burnout, resignation

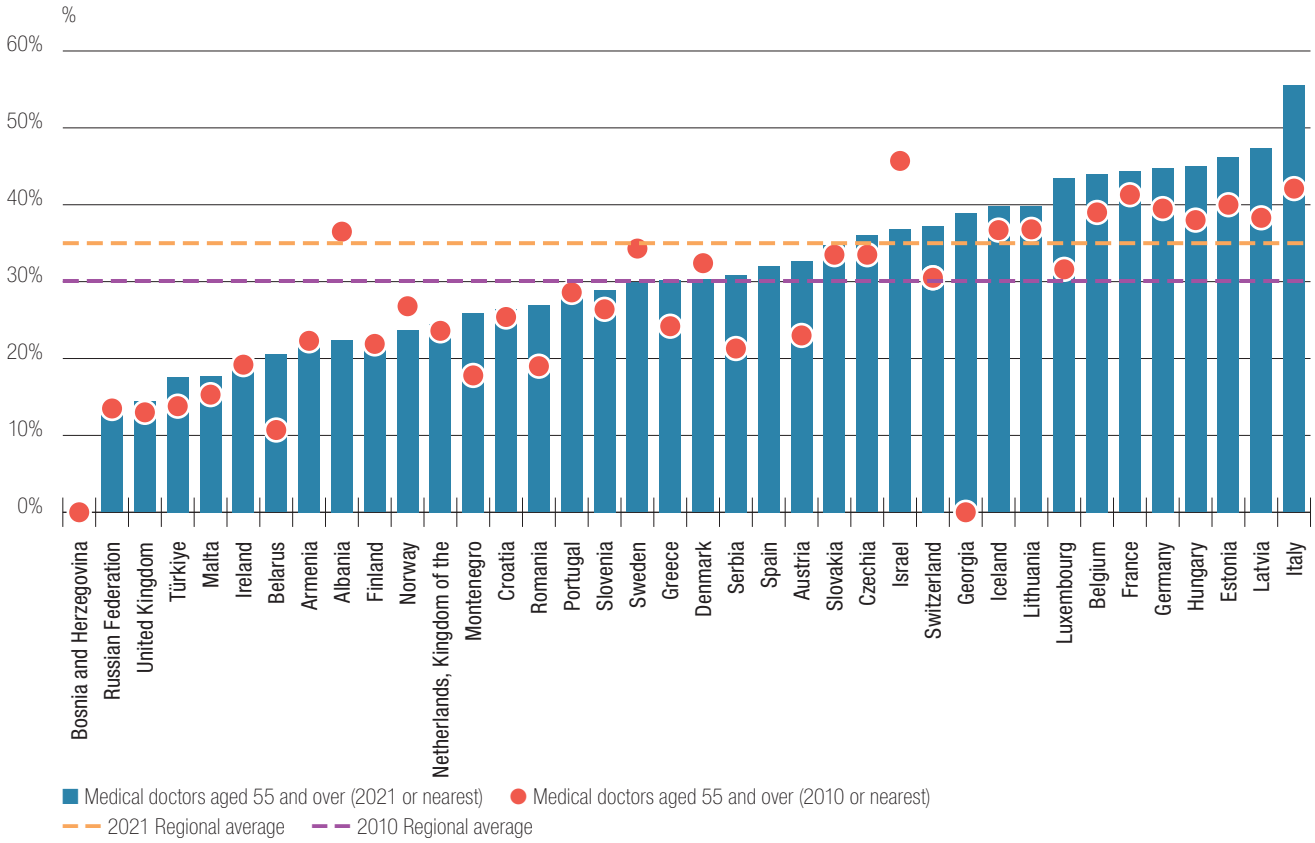
A third reason for attrition can be attributed to the outward migration of HCWs. Because of points one and two, resulting in the scarcity of HCWs in some European region countries, very aggressive recruitment tactics from countries in Europe and from outside have ensued. For example, looking at the changes in the percentage of foreign-trained medical doctors between 2000–10 and 2011–21, Switzerland increased significantly, moving from around 25% to almost 40%. Similarly, in the United Kingdom, the percentage of foreign-trained nursing personnel increased from just over 10% to almost 20%.[2] HCWs are recruited from multiple countries outside and inside the European region. Some countries have active recruitment strategies to recruit long-term care professionals from Eastern Europe and EU candidate countries. Thus, European region countries such as Romania, Bulgaria and Poland are facing high attrition rates due to this type of outward migration.[10]

The fourth reason contributing to the increase in attrition is resignation due to poor working conditions and poor work-life balance. HCW absences during the pandemic skyrocketed by 62%, and the WHO European region received reports that 9 out of 10 nurses considered quitting their jobs.[11] The reasons for leaving or thinking about leaving the profession include psychological distress and mental health issues resulting in increasing rates of burnout amongst HCWs.[1] Multiple countries within the region report around 52% of HCWs feeling burned-out, and it is one of the main contributing factors for increased attrition. Psychological stress, fatigue, anxiety, and depression due to increased workload, long working hours, workplace violence and inadequate on the job resources are positively correlated to an increased propensity to burnout and intention to leave.[12] [13]

Moving from attrition to retention

The health workforce crisis in Europe is mainly caused by an increasing gap between the availability of HCWs and the increased demand for health services. Some of this gap is due to attrition due to high rates of burnout, and increasing intention to leave rates may lead to a significant wave of resignation amongst HCWs in the coming years. If immediate steps are not taken to retain existing

Figure 3: Change in percentage of medical doctors aged 55 and over, between 2010 and 2021



Source: authors' own.

Note: Analysis of OECD's data on health worker migration[7] indicates that there is an increase in the average inflow of foreign trained doctors and nurses to OECD countries during COVID-19 (2020–21) as compared to the pre-COVID-19 period (2017–19).

HCWs, the problem of attrition could escalate, undermining the functioning of health systems. So, what can be done?

Stabilising and reversing the attrition rates of HCWs through retention strategies is currently the highest priority within the European region.[14] The WHO report "Health and Care Workforce in Europe: time to act" highlights ten concrete actions to strengthen the HCW in the region. Several of these actions aim to reduce the attrition of HCWs as summarised below:[1]

- **Improving working conditions**. This includes reducing the excessive workload that many HCWs are exposed to, especially after the COVID-19 pandemic; offering more flexible working arrangements leading to a better work-life balance (this is an essential factor in increasing the attractiveness of the profession); providing adequate equipment, infrastructure and the introduction of digital health technologies for the delivery of quality health services; and offering continuous professional development as well as mentorship opportunities.
- **Offer fair remuneration**. Financial compensation is not the most crucial factor, but it is a pre-condition to improve retention rates and make the profession more attractive to newcomers.
- **Protect against violence**. Violence against HCWs has increased during the COVID-19 pandemic and often results in stress, burnout, and physical harm, solidifying intentions to leave. Policies and laws to protect HCWs should be enacted and enforced, and communication strategies and media campaigns should be developed to improve public awareness and sensitivities. Furthermore, integrating violence prevention in education and training is necessary, as is the improvement of the monitoring and reporting systems.[4]
- **Care for health workers**. Although care against stress, depression and burnout of HCWs has increased during the COVID-19 pandemic, policies and interventions to provide individual care to protect HCWs' mental health and well-being are necessary. In addition, systems wide measures such as the one mentioned above are also needed to prevent and address mental health and well-being problems of the health and care workforce.[13]
- **Increase focus on rural, remote and underserved areas**. Retaining HCWs in rural areas is incredibly challenging. As per the latest WHO guidelines on health workforce development,[15]

attraction, recruitment, and retention in rural areas requires a bundle of coordinated interventions on education, regulation, financial incentives and support interventions.

- **Improve health workforce data**. There is a paucity of data on attrition of health workers implying that one cannot extrapolate from a few isolated studies. Strengthening human resources for health information systems that include mechanisms to record attrition from a quantitative and qualitative point of view to understand why they are leaving is urgently needed.
- **Change employment and recruitment strategies**. Improved HCW planning and forecasting is required to address the retirement wave of HCWs within the European region and plan for increased recruitment. Short-term solutions could include introducing voluntary policies that are adequately incentivised to extend the practice of HCWs beyond the retirement age.

> “paucity of data on attrition of health workers

The time to act is now

The current health and care workforce crisis in the European region requires country-determined policy actions to strengthen national health systems making them more resilient to future crises and equipping them to effectively deal with current and future population needs whilst also regaining trust in political leadership and decision-making.[1,16]

As reinforced during the Bucharest Declaration on the health and care workforce in Europe, comprehensive and urgent actions to strengthen Europe’s health and care workforce are needed now.[16] Sarah Abrams, a junior doctor in the United Kingdom, underlined the urgency of action, stating that “the workforce retention crisis numbers are truly staggering, and anecdotally many of my friends are planning to leave. Of the eight juniors, I started my training with, only two of us are definitely planning to continue in the NHS.” Financing the existing workforce is one of the best investments that can be made. If HCWs are not supported, are burnt-out, overworked and feel undervalued, they will not be able to perform optimally and may drop out of the workforce entirely. This is a failure on behalf of employers.[17]

Immediate and priority policy actions to improve the retention of HCWs are needed to stop the attrition and the intention to leave amongst this professional group. The WHO has declared the health and care workforce a five-year policy priority and will present its framework for action to strengthen Europe’s health and care workforce at the Regional Committee in Astana in October 2023. The framework not only addresses attrition issues but has put the retention of HCWs at the core of its framework. In addition, the Tallinn health systems conference on “Trust and transformation” will be held in December 2023, which will include results from a series of consultations with patients, health workers, and politicians on HCW retention and creating resilient and sustainable health systems for the future.[18]

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