



Research & Knowledge **EXCHANGE**

NOTES FROM A MEETING OF THE **RESEARCH & KNOWLEDGE EXCHANGE ON HEALTH HUMAN RESOURCES** NOVEMBER 28, 2023 1:30PM TO 3:00PM NT

The following is a summary of an exchange in which participants in the Research Exchange Group on Health Human Resources discussed knowledge gaps in the field of HHR. At the group's previous meeting, we heard about the current policy landscape for Health Human Resources Recruitment and Retention in Newfoundland and Labrador. Now that we have a stronger sense of those policies, the group can work on mapping areas where more knowledge/ research/ collaboration may be required. On November 28th, the group responded to questions around issues related to HHR where potential future presentations and collaborative research might be useful to help us collectively develop a better understanding and to support evidence-informed policy making:

Q1

What do you think might be missing from current policy directions in HHR? Are there particular areas of HHR research or policy making that you think decision makers may want to be aware of?

Leadership is critical. NL will need policies that support developing leadership skills and sustainable leadership/governance structures in healthcare.

- Good leadership is essential to building a culture of care and a more positive work culture.
- Structural change will not help us retain workers if we fail to address issues of governance.
- Leaders in healthcare have high numbers of direct reports to manage. Skilled and competent managers may have too many people and too many locations to manage. To improve working conditions for frontline staff, managers need to be visible and seen, which is a challenge. How many management positions will be required to support a new province-wide health authority? How do we support the growth of effective leadership, structurally, so we keep the leaders who are doing well?
- We need policies that foster building leadership competencies and improving managerial skills, including what are often called "soft skills" such as compassion, active listening, recognition, building/championing leadership potential in all staff.

- Leaders are promoted based on the ability to get things done, but as they move higher into the organization, they need to understand the importance of other skills such as empathy and the ability to build capacity within your team, to be self-aware to build relationships and to be effective communicators.
- Strong mentorship programs are an important aspect of leadership development.
- How do we develop guidelines or policies to evaluate the competencies of leaders, not just their clinical skills, but their leadership/management skills? Developing leadership guidelines will be important as numbers are not always the right way to look at leadership issues.
- Public opinion tends to see the system as being “over-managed” but we need to develop good leaders who are supported and supportive within the system- and not just managerial positions, but also union leadership and front line staff in an effort to create a sense of connection among staff and the people they look up to, some of whom are formal leaders, some of whom will be mentors, and others of whom will have informal connections to their work – we have to pay attention to all these forms of leadership if we hope to improve working conditions for everyone.
- NLHS has a program called [Learning Leaders](#) which is recognized by the College of Health Leaders and also offers management development for emerging leaders.

Workplace Culture/ Working Conditions need to improve and we will need research and policy making that supports those improvements

- Concerns with healthcare workplace culture have been noted in the past in large-scale workplace surveys and the same issues have arisen and been noted for years; and yet, we have not drilled down in the areas we’ve learned about to effect real change in working conditions and workplace culture. We do not need to research the core issues as we have plenty of data outlining the challenges we face, which include:
 - Diversity and inclusion in leadership (with a focus on international recruitment, how do we build inclusive leadership? What does “inclusive” mean?)
 - Building a culture of teamwork
 - Improving interpersonal skills, civility and respect in the workplace
 - Addressing the lack of resources/ supports needed for workers to achieve healthy work-life balance.
- With the transformation underway, we have an opportunity to re-evaluate workplace culture and build better work environments where employees can feel safe, engaged, inspired and productive.
- Healthcare systems deal with high turnover. Research to uncover how turnover is linked to workplace culture and leadership would be of benefit.

A culture of recognition develops engaged and loyal employees. Making employee appreciation integral to workplace culture in NL healthcare through intentional practices and policies will be critical.

- Employee recognition has long been a cornerstone of effective management. As competition for skilled workers escalates, the ways a healthcare organization can demonstrate that they value their employees have become more important than ever.

- Many people go into health care because they want to make a difference. A lot of people are not feeling that they're making any difference right now. This intrinsic value of healthcare work is often not appreciated or recognized. How can we get better at providing workers with feedback and recognition of jobs well done? How do we help demonstrate appreciation for the difference their work is making in the lives of others?
- Colleagues across the disciplines have reported feeling disrespected and undervalued- how can we improve morale, whether through improving overall working conditions or recognition?

Scope of Practice. Optimal use of the health workforce is essential for managing the increasing demand for services.

- Collaboration needs to include developing an understanding of what healthcare professionals are authorized to do— their different scopes of practice to inform planning and policies around resource use and efficient models of care. In NL this is especially important in the context of Family Care Teams.
- The scope of an individual healthcare professional’s practice is influenced by many factors including client needs, individual competence, employer policies, and professional and regulatory standards.

Rural Healthcare Recruitment. What are the factors that influence health professional students’ decisions to practice in rural NL?

- A study published in the Journal of Rural Medicine by a research team led by Dr. Monica Kidd ¹ surveyed medical students in NL and found that at the start of residency, roughly 80% of students intended to practice in Newfoundland but that ultimately, one third of those people did not end up practicing in the province. [Link to Study](#)
- Some gaps in the findings included that an intention to practice in Newfoundland is not necessarily an intention to practice in *rural* Newfoundland.
- Ashley Hurley is now conducting research to learn about the perspectives of new graduates and their experience with recruitment. What did that process look like for them? Had they intended to practice rurally in family medicine? At what point did that change? Why did it change?
- As this issue is a knowledge gap in the literature, Ashley Hurley is hopeful that her study will help fill that gap and that the findings could ideally influence some of the policy going forward when we look at the recruitment of rural family physicians.

Other Areas of Interest in Policy Making

These issues were not discussed at the meeting but were taken from member input provided before the meeting:

- Using resources wisely to optimize health system productivity
- [Integrated capacity management systems](#)
- Electronic Scheduling Models
- Change Management

¹ Kidd M, Fairbridge N, O’Keefe A, Farrell G. Results of a mixed-methods study on barriers to physician recruitment in Newfoundland and Labrador. Can J Rural Med. 2023 Jul-Sep;28(3):116-122. doi: 10.4103/cjrm.cjrm_56_22. PMID: 37417042.

Q2

What strategic directions, forecasting, HHR policies, educational strategies, etc. do you see as being critical to improving HHR in this province?

Potential Educational Opportunities to Review:

- NLHS may wish to consider reigniting participation in the [EXTRA Fellow Program](#). Launched in 2004, the EXTRA program is a team-based leadership development, quality and patient safety improvement fellowship grounded in leading and managing change, and sustaining gains, in healthcare and social services environments. Many current leaders in NLHS are EXTRA Fellows. ARTC, the Atlantic Regional Training Center for Applied Health Services Research, was involved in delivering the program in the past and it might be worthwhile to reinstate this pathway for emerging leaders.
- University education for healthcare providers could benefit from a strong focus on building collaborative core competencies, developing behaviors and strategies for health workers to collaborate effectively. It will be especially important for members of family care teams to be grounded in an understanding of how effective interprofessional collaboration works and to understand the behavioral changes needed to actually work in teams.
- It was noted that Collette Smith, Vice President Clinical Services and Human Resources at NLHS is beginning the process of looking into training opportunities.
- Training in an area of knowledge acquisition is one thing; but systems need to recognize the importance of how that training permeates within an organization - culture does not change simply by providing training, information or addressing knowledge gaps- it is a larger issue of workplace culture. All education and training should be supplemented by mentoring or other facilitative mechanisms.
- Training in compassion and building a compassionate response to how people in the organization are feeling and helping everyone in healthcare to develop compassionate leadership and leaderful abilities will be needed.

We need to develop strategic directions that recognize retention as a core principle in healthcare transformation.

- While we recognize there are HR vacancies throughout the system (clinical and non-clinical), we have introduced some good solutions to solve those problems through recruitment, which can paradoxically create other problems, such as recent issues with travel nurses. Most strategies have been focused around recruitment without enough focus on retention. In the long-term, it will be better for our system to hold on to the people we have now and also to retain the newcomers we are attracting in our recruitment work.
- There is a strong need to establish strategic policies that see the integration of all government and community partners working together to create a culture of wellness in the province- making Newfoundland and Labrador a place where workers want to live and stay.

- Worker needs are not limited to the workplace itself. Increasingly workers are demanding work-life balance and overall quality of life- they recognize the importance of having a good life outside of the workplace. Policies that look at community experience, opportunities for spouses to work, housing needs, transportation access, good childcare and schools, social connections, leisure activities, etc. – all will be important strategic factors in making a workplace location attractive. The approach that we support health in all policies needs to foster communities in NL that promote wellness and support workforces inside and outside the healthcare system.
- The work being done on the population growth strategy is connected to these issues and ties in with healthcare workforce issues. If we are seeking to recruit workers internationally, we need to create a culture that welcomes them and supports their integration into the fabric of our communities. The welcoming part is important – we need to build a province where people will want to come and work with us. And then we have to sustain that support so they will remain here.

Forecasting strategies and approaches

- We are noting vacancies as they arise and recruiting to fill them but we are perhaps not doing enough to forecast long-term needs and attrition. We are going to lose a lot of expert people to retirement in the coming years (A 25% rate of retirement is forecast in allied health in the next two years, for example). We will need a way to forecast future recruitment needs and to look at longer term positions and filling management positions now versus simply recruiting to backfill positions / hiring only short-term contracts- need to expand the recruitment strategy beyond filling present gaps.
- More flexibility will be helpful for recruitment to be strategic- being too strict in filling a name into a position number and only adhering to current budgetary restrictions can create long-term challenges. Having the flexibility to fill vacancies on a permanent basis is better than stopgap measures to backfill roles. Employment relations in the province are often the result of collective agreements and union/ management relationships. Strategic planning in how to work together within collective bargaining to achieve that kind of flexibility in hiring will be warranted.
- Forecasting approaches tend to be very quantitative, only considering issues in terms of numbers (e.g., we need 4 people to fill this service gap). Such forecasting lacks nuance and would benefit from higher-level thinking and being more strategic. As an example, forecasting could determine how roles might be coupled together or look at worker/ skills combinations that could meet needs equally rather than the basic analysis: we need x number of workers on this date and in this location. “Out of the box” thinking is called for in strategic forecasting.

Changing the tone of labour relationships

- How do we initiate a different tone in conversations between unions and management? If we were to have a dialogue between health workforce unions and employers to uncover what they would want the health care system to look like, we expect there would be plenty of overlap. How can we move away from the adversarial tone of these discussions to support more flexible

approaches that support workers and workplace health and enable flexible approaches that ensure that both sides feel respected and supported?

Planning for Community Care

- To align with policies of age-friendly communities and aging in place we need community-based workers (home support, allied health, private practitioners in a variety of professions) who are well trained and capable. How do we create public policy that supports private companies in the provision of this workforce?

Future Presentations/ Meeting Topics

1. **Leadership.** We will invite [Dr. Kara Arnold](#) who is a professor in organizational behaviour and human resource management at the Faculty of Business Administration at Memorial University. Dr. Arnold's research focuses on leadership in organizations. Her work has been published in a number of leading journals and presented at international conferences. She also consults and delivers management training to private and public sector organizations on leadership, women in leadership, team building and healthy work. We will ask Dr. Arnold to speak to leadership challenges and best practices for building effective leadership in healthcare organizations.
2. **Workplace Culture and Recognition.** The group is interested in exploring this area in future and could seek an expert presenter to talk about workplace culture issues and how to effect positive cultural change. The following are some potential resources related to healthcare workplace culture we could draw on in support of this discussion:
 - Joanna Barclay of Ottawa, Ontario is a Corporate culture change expert and leadership consultant. [Link to biography, videos and podcast](#)
 - Authors of this article in the National Library of Medicine: [Analysis of organizational culture factors that influence the performance of healthcare professionals: A literature review](#)
 - Trainers from the Patient Safety Education Program of Canada | [Organizational Culture: Essential to Patient Safety](#)
3. **Retention of workers.** What factors/issues are critical to retaining healthcare workers? What barriers and opportunities can support workforce retention in NL?
4. **Rural Recruitment.** Authors of study on Rural Medicine Recruitment Study (Kidd, et. al) and researcher Ashley Hurley will be invited to present on recruiting rural family physicians.
5. **Primary Care/Community care/ Team-based care/Family Care Teams.** We could host a group discussion of research needs, including key challenges and opportunities in developing team-based models of care in NL.
6. **Community-Based Services.** We could host a discussion about the needs for supportive services that will enable people to age in their communities and the workers needed to provide those services. Someone from Community Sector Council could be asked to speak about community organizations and private organizations that are providing care in communities. And

the group can explore how we can support community-based work and private practice. How is leadership supported? Where are we with planning and forecasting in those areas?

7. Using Resources Wisely/ Integrated Capacity Management/ Optimizing health system productivity

8. Change Management

9. Forecasting: Thinking Outside the Box

The group will reconvene in January to cover the questions we did not address in this meeting which were:

1. As a healthcare worker or administrator, what gaps or challenges have you seen in your lived experience within the NL health workforce?
2. Let's talk about community healthcare! What are the key issues facing community organizations and care providers? Private practitioners? Families? Patients? Caregivers?
3. What gaps in healthcare service do you encounter or hear about most often? Are there ways you foresee collaboration or research as helping improve service gaps?
4. What gaps in HHR knowledge or research have you noticed when investigating HHR or working in this area? Do you have any ideas for research topics related to addressing these gaps in HHR?