

Sustainable HR management in healthcare: input from the SCOHPICA open comments

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Presentation plan

- Sustainable management of HR what are we talking about?
- Sustainability and professionals' retention
- SCOHPICA inputs: method
- SCOHPICA inputs: results
- How do we move forward?



Sustainability in organizations



In the 80s \rightarrow initially, need to develop systematic and long-term management models with an economic and ecological focus

Social aspect introduced by UN in 1987 (World Commission on Environment and Development, Brundtland Commission 1987)



Social aspects have become predominant with new terms appearing: «Corporate social responsibility» or «Corporate sustainability» (Dyllick and Hockerts, 2002)

Debate around HR practices → Wilkinson et al., 2001

«How can we redefine the ways organisations use their human resources in order to ensure human sustainability?»

«To what extent do corporations need to exercise social responsibility as well as economic responsibility?»

"How can employers balance the interests of different stakeholders in organisations while maintaining a sustainable work environment for employees?"



Different complementary approaches \rightarrow employees at the center

- Human potential: Developing people in a professional context (Calisti & Karolewicz, 2005)
- Considering sustainability with a holistic approach (Mazur, 2015)

• Through several perspectives: economic, environmental but also individual, social and strategic (UN, 1999; Hahn & Figge, 2011; Liang, Taddei, Xiao, 2024; De Prins, 2011)



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"As a proverb says: give a man a fish and you feed him for a day. Teach a man how to fish and you feed him for a lifetime.

However, sustainability is not about learning 'how to fish' but about understanding what the fish itself needs to grow and reproduce itself - and to make sure that these conditions are sustained."

Ehnert & Harry 2012

Professionals' retention as a challenge

Why is it important integrate HR sustainability in healthcare today?





«a survival strategy» (Ehnert & Harry 2012)

ORIGINAL ARTICLE

Journal of Clinical Nursing

Solving nursing shortages: a common priority

James Buchan and Linda Aiken

Aims and objectives. This paper provides a context for this special edition. It highlights the scale of the challenge of nursing shortages, but also makes the point that there is a policy agenda that provides workable solutions.

Results. An overview of nurse:population ratios in different countries and regions of the world, highlighting considerable variations, with Africa and South East Asia having the lowest average ratios. The paper argues that the 'shortage' of nurses is not necessarily a shortage of individuals with nursing qualifications, it is a shortage of nurses willing to work in the present conditions. The causes of shortages are multi-faceted, and there is no single global measure of their extent and nature, there is growing evidence of the impact of relatively low staffing levels on health care delivery and outcomes. The main causes of nursing shortages are highlighted: inadequate workforce planning and allocation mechanisms, resource constrained undersupply of new staff, poor recruitment, retention and 'return' policies, and ineffective use of available nursing resources through inappropriate skill mix and utilisation, poor incentive structures and inadequate career support.

Conclusions. What now faces policy makers in Japan, Europe and other developed countries is a policy agenda with a core of common themes. First, themes related to addressing supply side issues: getting, keeping and keeping in touch with relatively scarce nurses. Second, themes related to dealing with demand side challenges. The paper concludes that the main challenge for policy makers is to develop a co-ordinated package of policies that provide a long term and sustainable solution.

Relevance to clinical practice. This paper highlights the impact that nursing shortages has on clinical practice and in health service delivery. It outlines scope for addressing shortage problems and therefore for providing a more positive staffing environment in which clinical practice can be delivered.

Key words: nurses, nursing, workforce issues, workforce planning

Accepted for publication: 17 April 2008

Professionals' retention as a challenge

Why is it important integrate HR sustainability in healthcare today?

- > A crisis context
- > The paradox of crisis management (Ehnert 2013)

Tendency in crisis situations to overexploit some resources while undermining others; e.g. use of temporary workers or foreign workers

Sustainable retention



- Finding long terme solutions by adopting a global perspective
- Understanding the professionals' needs
- Understanding the sustainable conditions required to meet these needs

Professionals' retention as a challenge

Why is it important to work on HR sustainability in healthcare today?

- > A crisis context
- > The paradox of crisis management (Ehnert 2013)

Tendency in crisis situations to overexploit some resources while undermining others; e.g. use of temporary workers or foreign workers

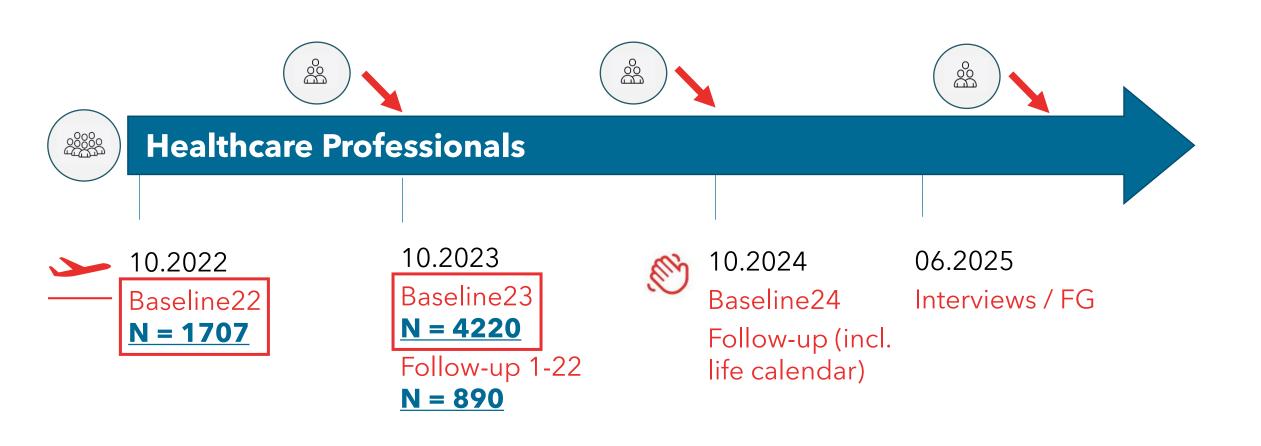
Sustainable retention



How SCOHPICA data can help us understand professionals' needs and identify sustainable strategies for retention?

→ the most informative results = open comments





- Intention to stay in job/profession/health domain
- Well-being
- Career trajectories
- Socio-demographic & socio-professional characteristics
- Determinants of intention to stay and well-being: Work-life conflict, possibilities for professional development, staffing and resource adequacy, burnout, preparedness to work reality, perceived quality of care, & others (see next slide)



Name	Nb	What is measured	References
Perceived workload	5	Time allotted and number of tasks to be completed	Quantitative workload inventory (adapted from Spector, 1998)
Control over working time	5	Flexibility in managing absences / breaks / vacations	COPSOQ (adapted from Burr, 2019)
Resource (adequacy)	5	Adequacy of human, logistical and material resources	PES-MWI (adapted from Lake, 2002)
Possibilities for professional development	3	Use and development of skills	COPSOQ (adapted from Burr, 2019)
Work-life conflict	5	Encroachment (psychological or emotional) of work on private life	COPSOQ (adapted from Burr, 2019)
Transformational leadership	7	Assessment of the transformational leadership of line managers : benevolent leadership, listening, questioning, inspiring, etc.	Transformational leadership scale (adapted from Carless, 2000)
Influence at work	7 in 2023 6 in 2022	Perceived level of influence on tasks (type, quantity, speed, means, etc.)	COPSOQ (adapted from Burr, 2019)
Sense of community at work	3	Perceived atmosphere among colleagues and sense of cohesion	COPSOQ (adapted from Burr", 2019)
Interprofessional collaboration	7 in 2023 14* in 2022	Evaluation of interprofessional collaboration practice regarding information or task sharing	Intensity of Interdisciplinary Collaboration, sub- dimensions sharing of activities (Sicotte, 2002) *SIPEI (Wagner 2019)
Recognition at work	18 in 2023 12 in 2022	Evaluation of the level of recognition received from colleagues, hierarchy and patients	Recognition at work scale (adapted from Fall, 2015)
Preparedness to work reality	2	Assessment of whether the training has prepared for the reality of the work and whether the full scope of practice is being used	Questions prepared by the project team and expert panel (2022)
Meaning of work	2	Evaluating the meaning and importance of work	COPSOQ (adapted from Burr, 2019)
Self-reported health	1	Global measurement of perceived health status	SF12's first question (adapted from McHorney, 1993)
Burnout	1	Measure enabling respondents to position themselves on a scale describing states of exhaustion	Single item to measure burnout in primary care staff (adapted from Dolan, 2015)
Job satisfaction	1	Overall measure of job satisfaction	COPSOQ (adapted from Burr and al., 2019)
Perceived quality of care (from 2023 on)	14	Assessment of whether work organization promotes quality of care + overall quality assessment Evaluation of non-compliance with procedures in terms of management / transmission of information and errors	NWI_R (adapted from Aiken, 2002; adapted from Shanafelt, 2002)
Perceived stress (from 2023 on)	1	Measure enabling respondents to assess their level of stress symptoms	Single item of Stress symptoms (adapted from Elo, 2003)
Moral resilience (only in 2022)	9		Rushton moral resilience scale (adapted from Heinze, 2021)
Intolerance to uncertainty (only in 2022)	6		IUS (adapted from Carleton, 2007)

Open comments section :

what else do want to tell us about your job or your intent to stay?



Open comments analysis -> increasingly used, e.g. in PREMS

- Access to expériences of a large sample of respondents
- Concrete insignts
- Provide researchers with field-driven suggestions

Content analysis with a computer-assisted technique (IRaMuTeQ)

- Identification of themes and sub-themes
- Structure between themes and sub-themes
- Interpretation with two researchers



66.5%

59.2%

40.4%

Inputs from SCOHPICA: Results

Satisfied at work

High meaning at work

Who let comments?

1'811 comments
over 5'927
respondents

30.6%

Age 79.8% 31.1% 35.6% > 36 - 50 ≤y. 26.3% **Managers** > 50 y. 28.1% Longevity **Comment language** 21.9% 52.6% FR **≤ 5 y.** 43.1% 33.6% > 6 - 15 ≤ y. DE 4.3% > 15 y. 43.8% 62.9% **Intent to stay**

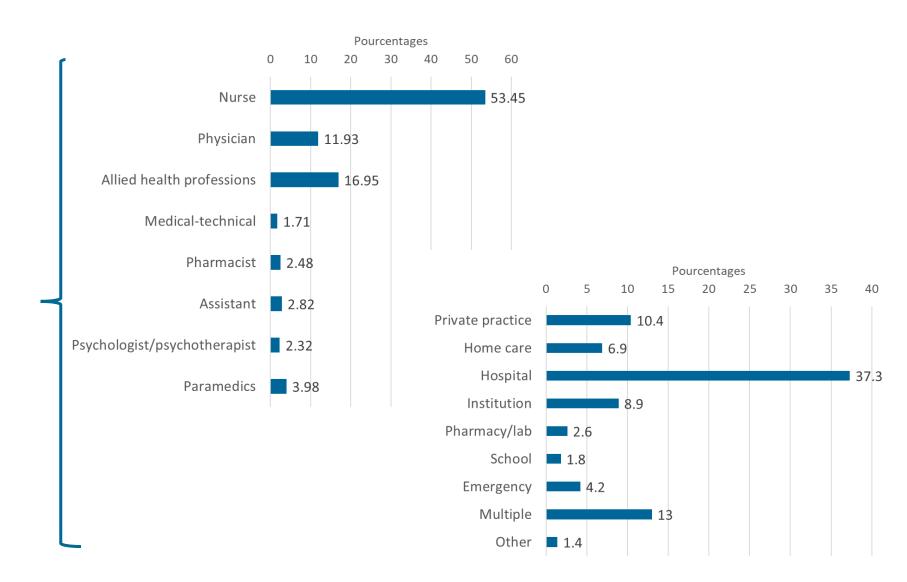
With moderate to high burnout symptoms



Who let comments?

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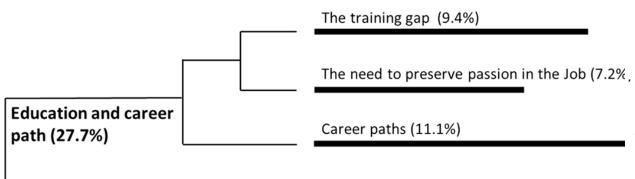
Education and career path (27.7%)

Three main themes

A failing system (57.0%)

Working schedules (15.3%)





A failing

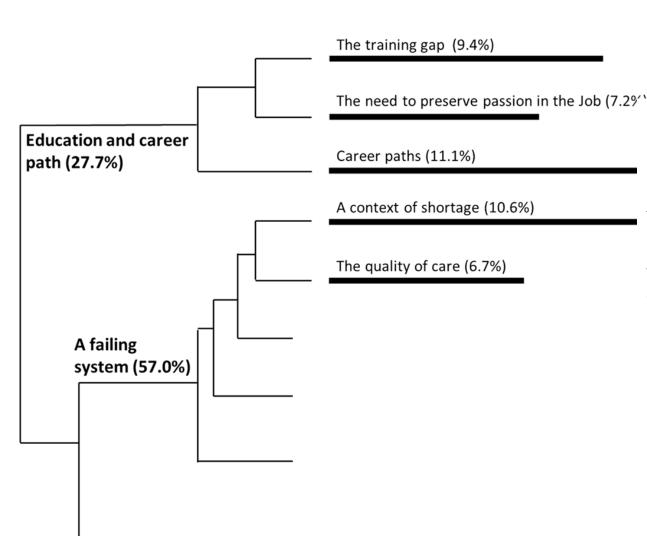
system (57.0%)

"Training institutions neglect basic knowledge, whereas the 'unnecessary' is taught in the BSc [...]. Large discrepancy between training and professional activity resulting in professional withdrawal or burnout"

"In my opinion, generational conflicts are increasing, and the gap is bigger and bigger, which complicates relationships between colleagues and the care provided to patients, because some young people [...] they don't have the passion for the job"

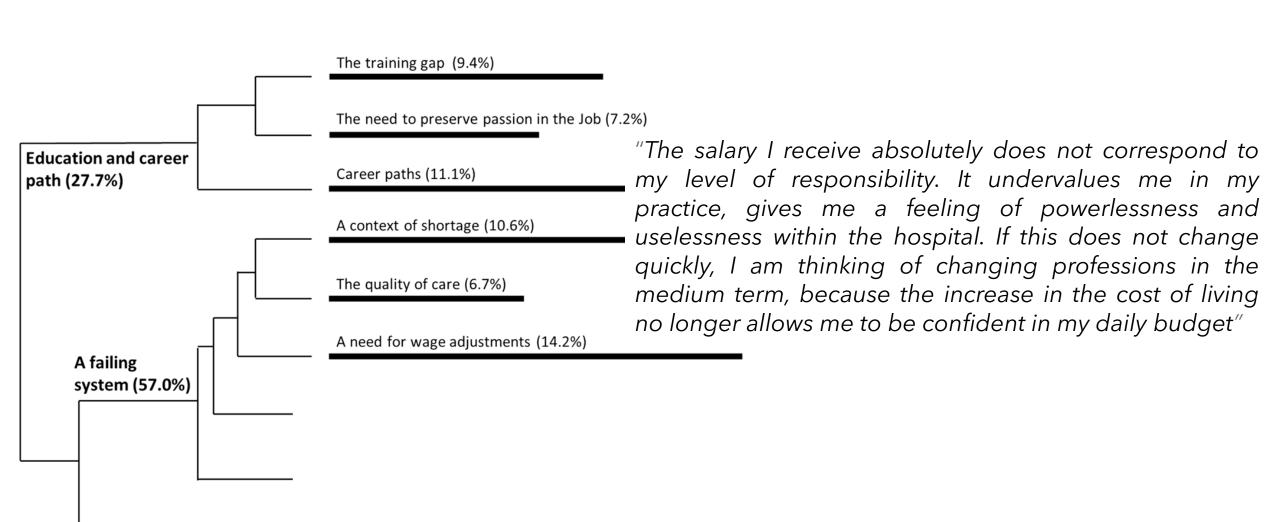
"I have experienced a massive change in healthcare and in my professional duties over the last 35 years"



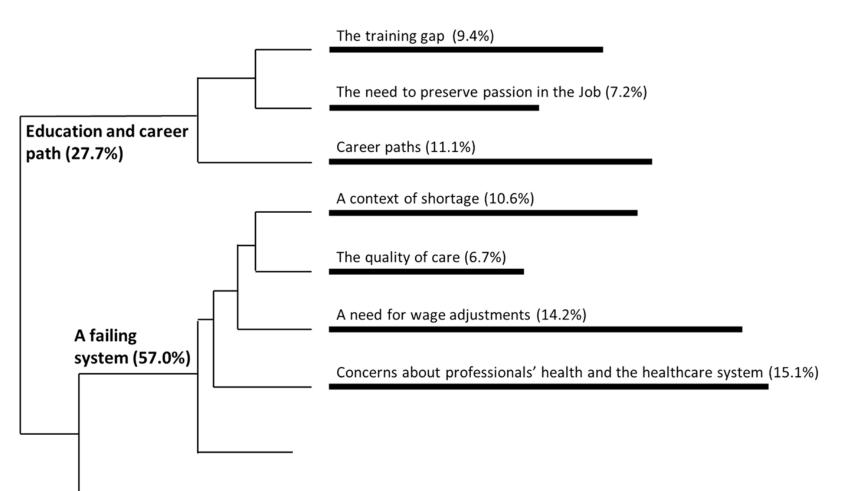


"However, due to lack of resources (time and staff) the quality of these side duties deteriorates because they are not recognised by the governing bodies who only seek to save money. As a result, the working environment deteriorates, motivation decreases and a let go dynamic sets in, which ultimately undermines the quality of care and patient safety"



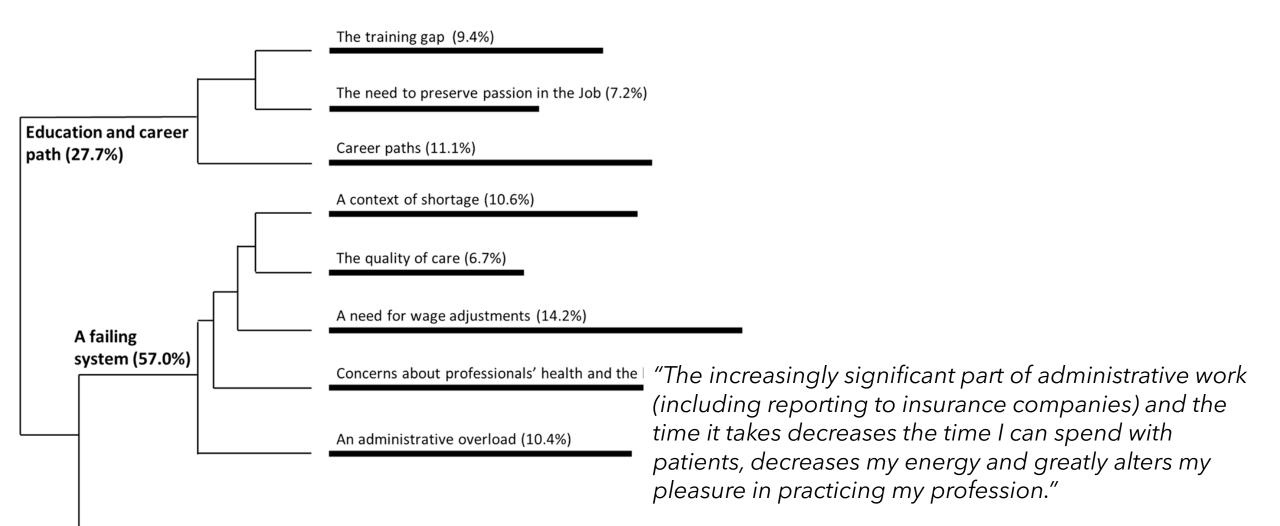




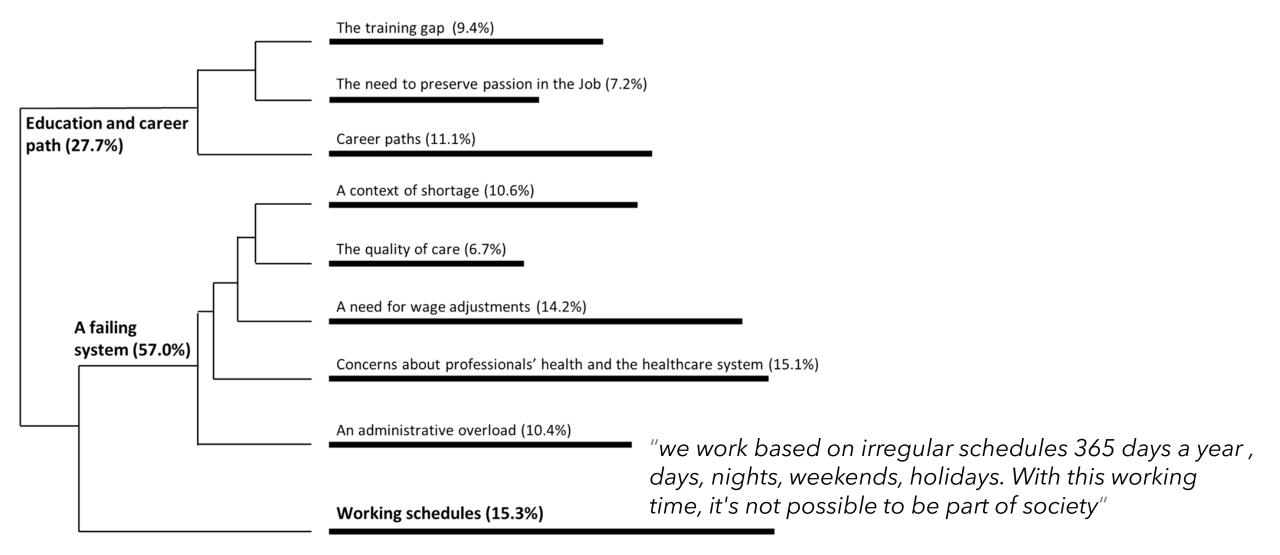


"I feel that the system is collapsing and despite my commitment to professional policy, I feel powerless, and this especially impacts on my health"











What's new?...

- The importance of salary and financial \rightarrow already present in the literature, but increasingly important.
- Strong sense of powerlessness → «quiet quitting» (Miller & Jhamb, 2022)
- The perception of gaps or ruptures at different levels ...
 - > In education and training
 - > Between professionals (association between responsibilities salary)
 - ➤ At the system level → Trust in the system
- ...and a situation of anomie (Côté & Denis, 2024)

«anomie develops when cultural goals and institutional means are in conflict, i.e. when individuals are unable to achieve socially valued cultural goals because of inadequate institutional means»



How moving forward?

Education

- Making young professionals aware of the impact of the profession on socialization fostering sharing and discussions around work-life balance management
- ➤ Generalizing transition programs in partnership with schools and institutions (Lavoie-Tramblay et al. 2020)

Meaning of work and resources

- > Rethinking the organization and the way we work
- Building on heterogeneous skills, professions and diversity (Peters, 2023)
- Supporting managers (leadership, generational conflicts mangement, change, co-construction etc.)

Empowerment - values / professional culture

➤ Enhancing co-production (Côté & Denis, 2024) → encouraging the involvement of professionals in policy development and systemic thinking



La Source. Institut et Haute Ecole de la Santé



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Soutien















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Partenaires

UNIL | Université de Lausar

Faculté des scient



De nombreux partenaires l

Antenne des diététiciens genevois (ADiGe), Arsanté, ARTISET, ASDD Groupe d'intérêt romand Groupe régional Vaud, Association Jurgesienne de hysiothérapie, Association Neuchâteloise des Psychologies et Psychologies Careum Psychothérapeutes (ANPP), des Assistantes Médicales (ARAM), Association Spitex privée Suisse (ASPS), ARTISET (AVASAD), Association vaudoise des médecins de famille (mfv), Assoziation Schwe Association vaudoise d'aide (BFH), BENU Apotheken, Berner Fachhochechule (BFH), BGS, Bündner Ärzteverein, Careum, Psychotherapeutinnen und Psychotherapeutinnen Centre hospitalier universitaires vaudois (CHUV), Der Schweizerische Verband de Gen mit Schwerpunkt Uro-Gynäkologie und BGS (ASPUG-PP), ErgotherapeutInnen-Verband Schweiz (EVS), E band Schweiz (EVS) - Sektion Wallis, mfe et de médecine de l'Université de Lausanne (FBM, UNIL), Factor sociales et politiques de l'Université de eudois (FHV), Fédération des prestataires de services de soins et d'aide à la personne (FEDEPS), الا), Fédération des Föderat A der Schweizer Psyche ogen (FSP), Freiburger Apotheker Gesellschaft (FApG), H+, Haus- und Kinderärzte **FHV** Schweiz (mfe), Haute école de tra té Lausanne (HETSL) - Filière ergothérapie, Kantonale Oste : Valais ginnen und Psychologen (ZüPP), Pharmacieplus, Physio Ticino, (KOG-VS), Kantonalverband der Zürch H+physioSwiss, physiovalais-wallis, physiovaud, Réseau Delta, Salveo - pharmaci Schweizer Berufs und Pflegefachmänner (SBK), Schweizer Forum für Integrierte Versorgun lemie der Medizinischen wissenschaften **PharmaCH** (SAMW), Schroizerische Gesellschaft für Gastroenterologie (SGG), Schwe ynäkologie und Geburtshilfe (SGGG), ellschaft für Infektie he Gesellschart für noiogie (SGK), Schweizerische Gesellschaft für senesuisse weizerische d SGP), Schweizerische Neurologische Gesellschaft (SNG), Schweizerischen SBK / ASI sberater/innen (5varer Apothekeverband (pharmaSuisse), Schw enverband (SHV), swissANP Schweizensener Osteopathieverband, Schweizerischer Verand der freiberuflichen Physiotherapeutinn en (SVFP), Scuola universitaria professionale della Svizzera italiana (SUPSI), senesuisse, Société médicale du canton du Jura, oise de Médecine, (SVPh), SPITEX Region Schwyz, SPITEX Schweiz, SPITEX SG/AR/AI, SPITEX Verba Baselland (SVBL), SPITEX Société Vaus SPITEX Verband Graubünden DE Regiogruppe Region Bodensee), swiss ANP, Swiss Learning Health Verband ve.ch, Unia, Verband Bild Sentren Gesundheit Schweiz (BGS), cience Foundation (SC System (Verbindung der Schweizer Arzamen und Ärzte (FMH) Tessin und Moesano, Vereinigung SPITEX sanitäter S Unia Rettungssanitäter Wallis (VRW), VPOD, Walliser Ärztege Zürcher Hod e Wissenschaften (ZHAW).



To participants!!!!!

Data collection continues!!!

Next recruitment campaign: NOW!!!!



https://scohpica.ch/

Please help us and share #SCOHPICA with your linkedin contacts





Thank you for your attention

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