

Addressing “Stress” in the Health Care Workforce (Human Resources for Health)

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Workforce Problems and Solutions

- ❖ The problems are usually defined as **National** (e.g. a national shortage of nurses).
- ❖ The impacts are very **Local** (a facility cannot operate effectively, care is not available).
- ❖ **States and Institutions** are often left to find the solutions.

Current Research in HRH

- ❖ **To verify the national situation and interpret it. Stress = Shortage**
 - Shortage of numbers
 - Shortage of prestige
 - Shortage of organization
- ❖ **“Inconvenient Truths” from Economics**
 - The same work can be done by different professions
 - There are less expensive ways to prepare professionals



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Uncomfortable truths conflict with...

❖ Practice Acts for Healing Arts

➤ (a.k.a. “Fighting Words”)

❖ Professional Identities

➤ Commitment, compassion

❖ Awkward occupational impulses

➤ Hypercredentialism

➤ Growing fluidity in labor markets



Old line of Research Products

- ❖ **Shortage of Numbers and organization (EngagedResearch®)**
- ❖ **Shortage of Prestige (AdvocacyResearch©)**
- ❖ **Inconvenient (and frankly ugly) Truths (PureResearch™)**

New, Needed Product Line

**Evidence-Based
Context-Sensitive
Policy-Relevant
Workforce**

© ® TM

RESEARCH



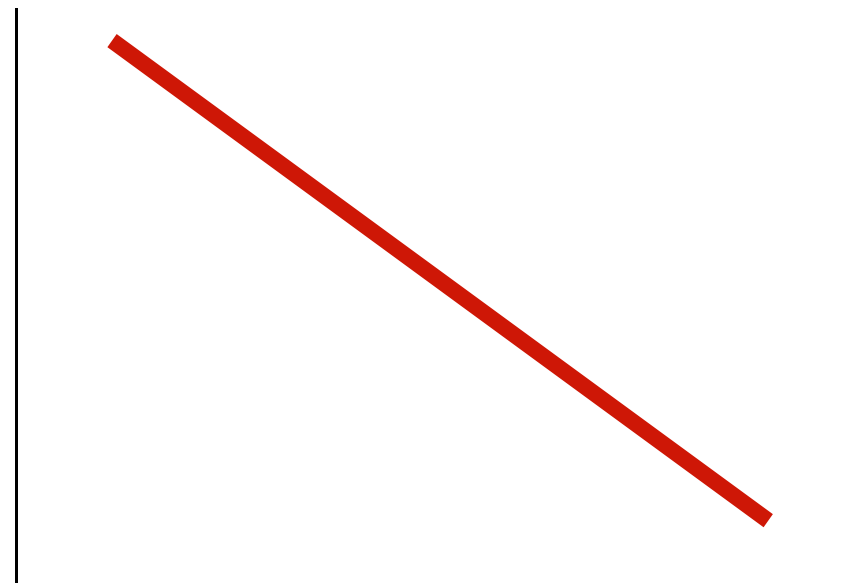
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The missing data

- ❖ Regularly collected inventories that yield timely projections of supply and need

Rhetoric
of Shortage



Reliability of Data



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The missing policy

- ❖ **Support for independent, ongoing, longitudinal research capacity in health workforce.**
- ❖ **Yes, money.**

Questions we need to get (and sometimes do)

- ❖ What is the proper mix of _____
necessary to provide _____ ?
 - Practitioners Access;
 - Services Cost-effective Care
 - Providers Capacity to Meet Demand

- ❖ How will directly paying _____ affect
_____ ?
 - Nurses Overall Costs
 - Other professionals Access to Care



Questions we always get

❖ **What will a _____ cost?**

➤ Medical School

➤ Dental School

➤ Expanded Ph.D. Nursing Program

Part of our SiloResearch™
Product Line



Questions that are emerging

- ❖ Is there a “BIG TENT” for health workforce policy making
 - And, by extension, research.

Example *TITLE VII* support to health workforce

- ❖ **NOW**: a mix of related programs with little ability to show impact.
- ❖ **FUTURE**: Coordinated policy with measurable outputs and impacts.



The Political Economy of Underservice in the Safety Net

- ❖ **Current system depends on rigid definition of local underservice**
- ❖ **Underservice is in demand....!**
- ❖ **RESEARCH Question: How can we optimally allocate resources?**
 - **Safety net**
 - **System and organization**



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Questions I wish we would ask...

- ❖ Can we train for *efficiency* as well as we train for *proficiency*
- ❖ What makes an *interdisciplinary* team work well?
- ❖ How can we evaluate programs like Title VII and VIII in a *Fair and Balanced™* way.



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And the kickers...

❖ Who actually takes care of sick people?



❖ Who actually keeps people well?

First steps to wisdom

- ❖ **How many practitioners are there?**
- ❖ **When do they enter and leave practice?**
- ❖ **Where do they practice?**
- ❖ **What do they practice?**

fin



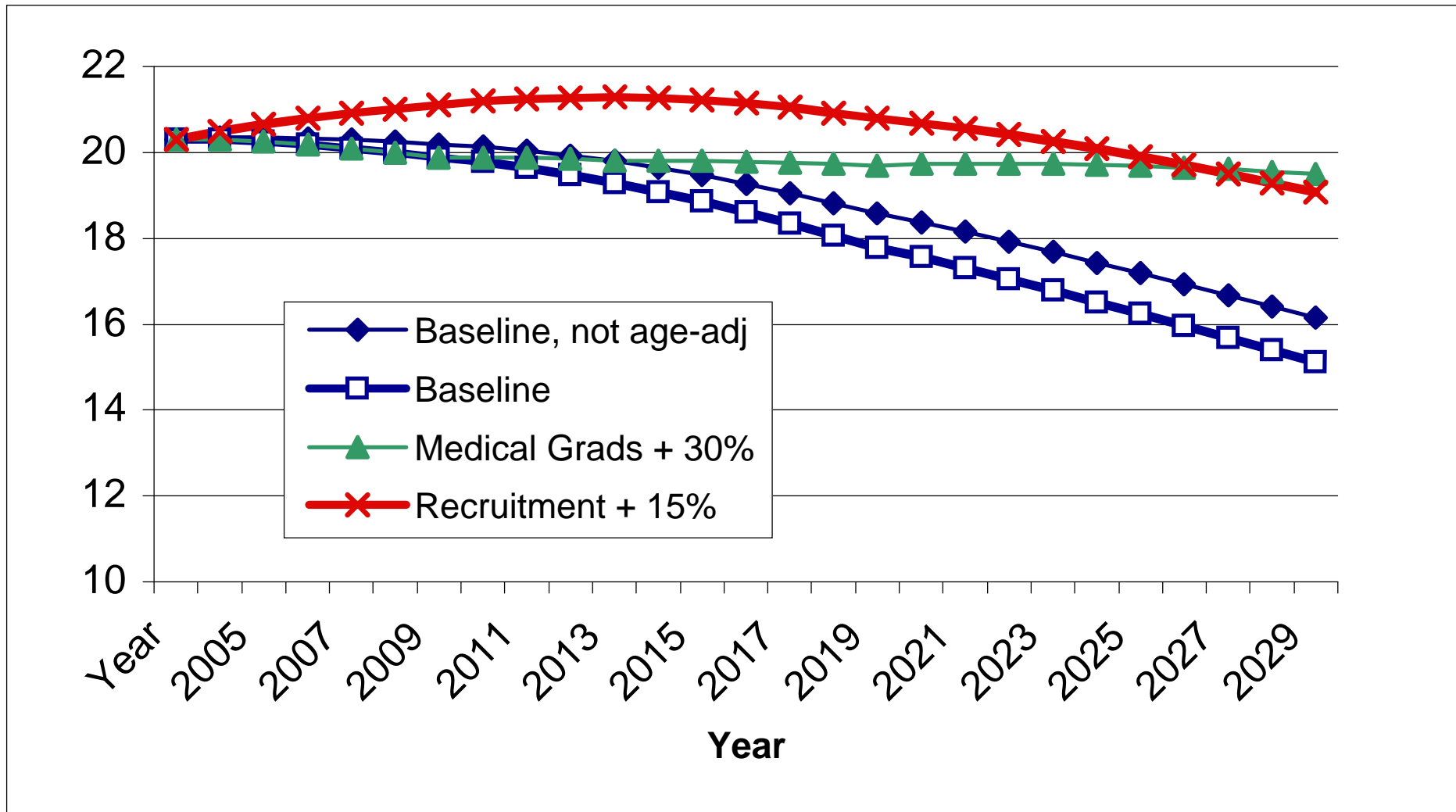
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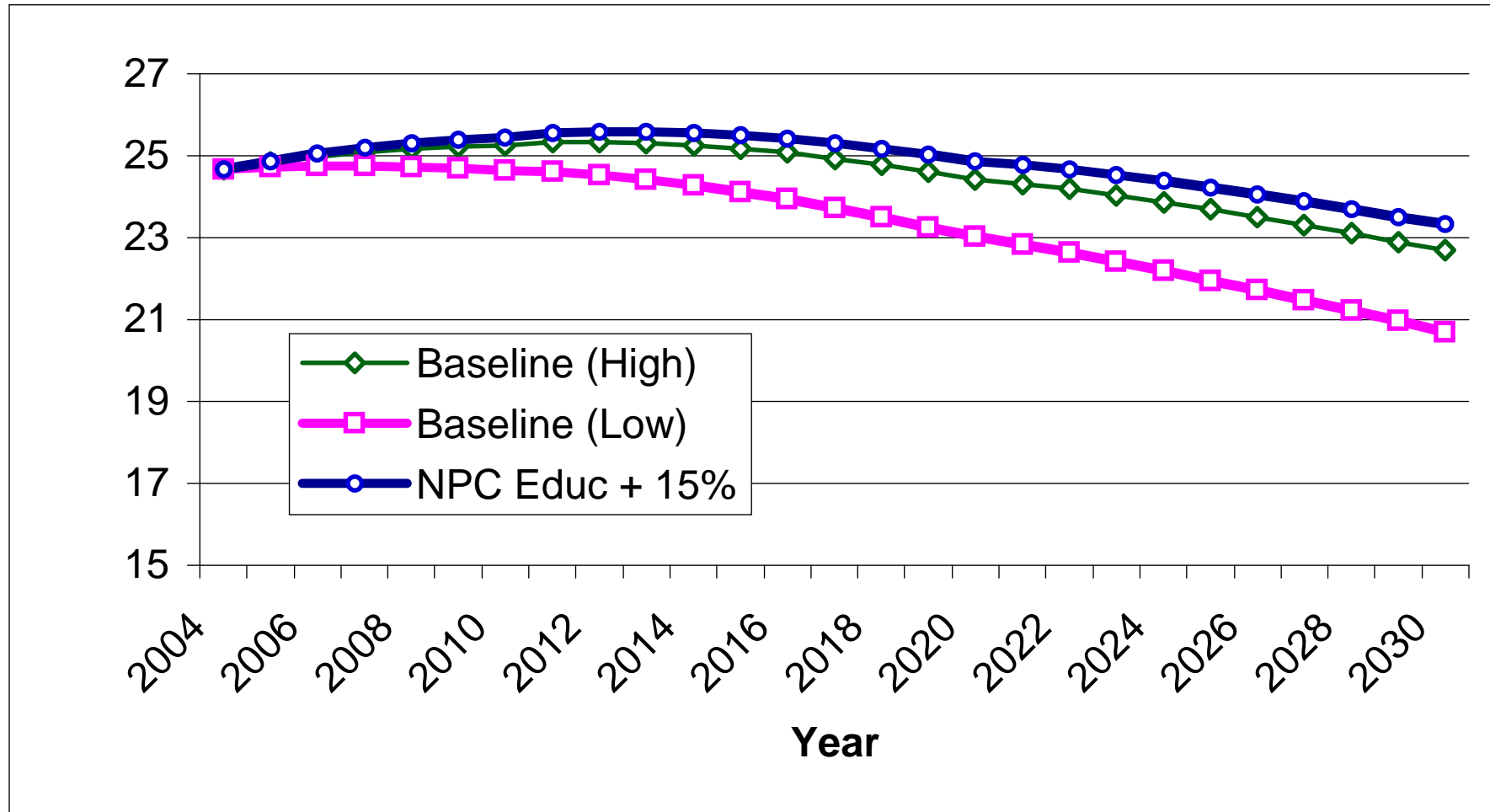
Components of Change, Physicians, 2001-2005



Projections: Physicians

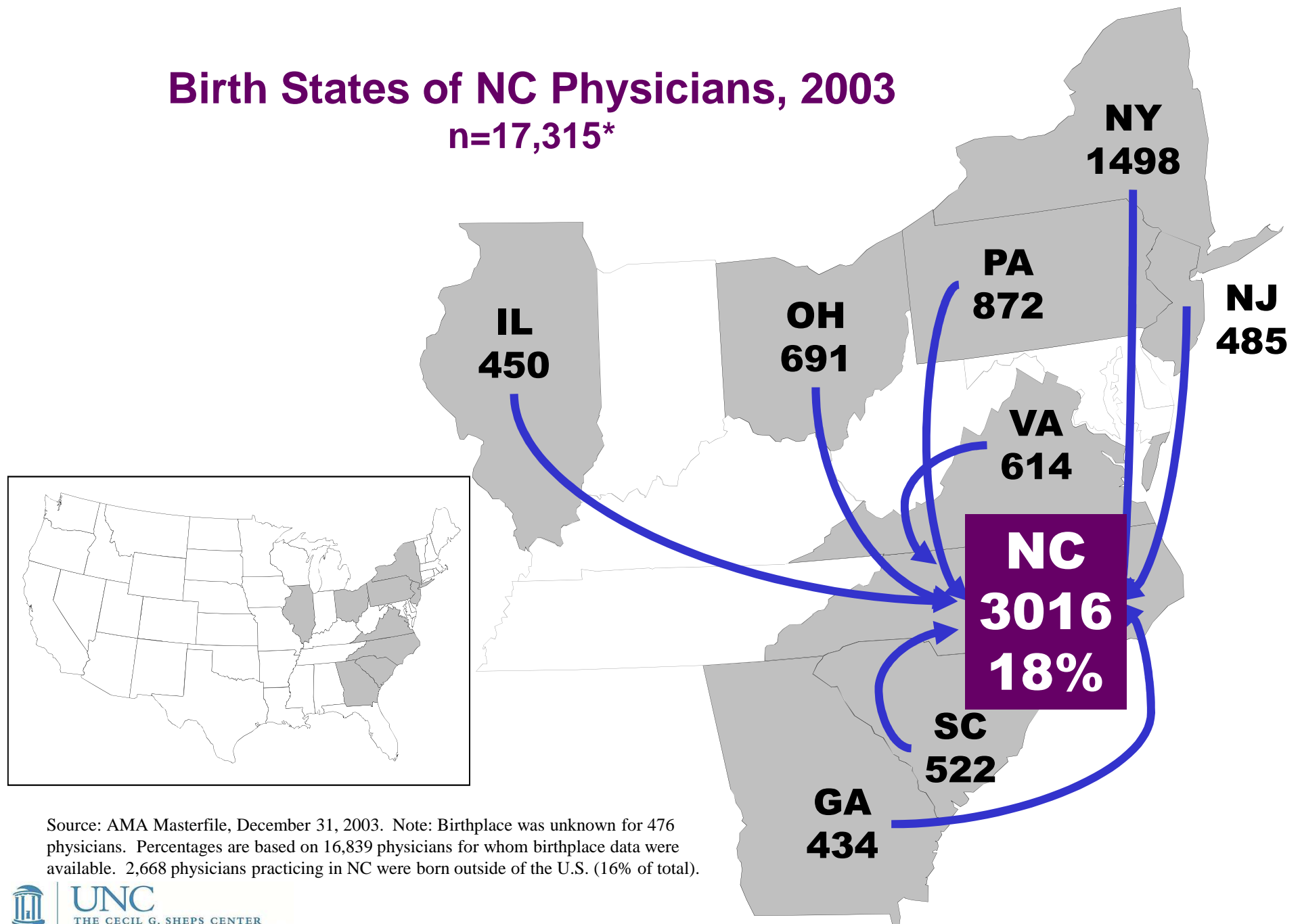


Projections: All Practitioners



Birth States of NC Physicians, 2003

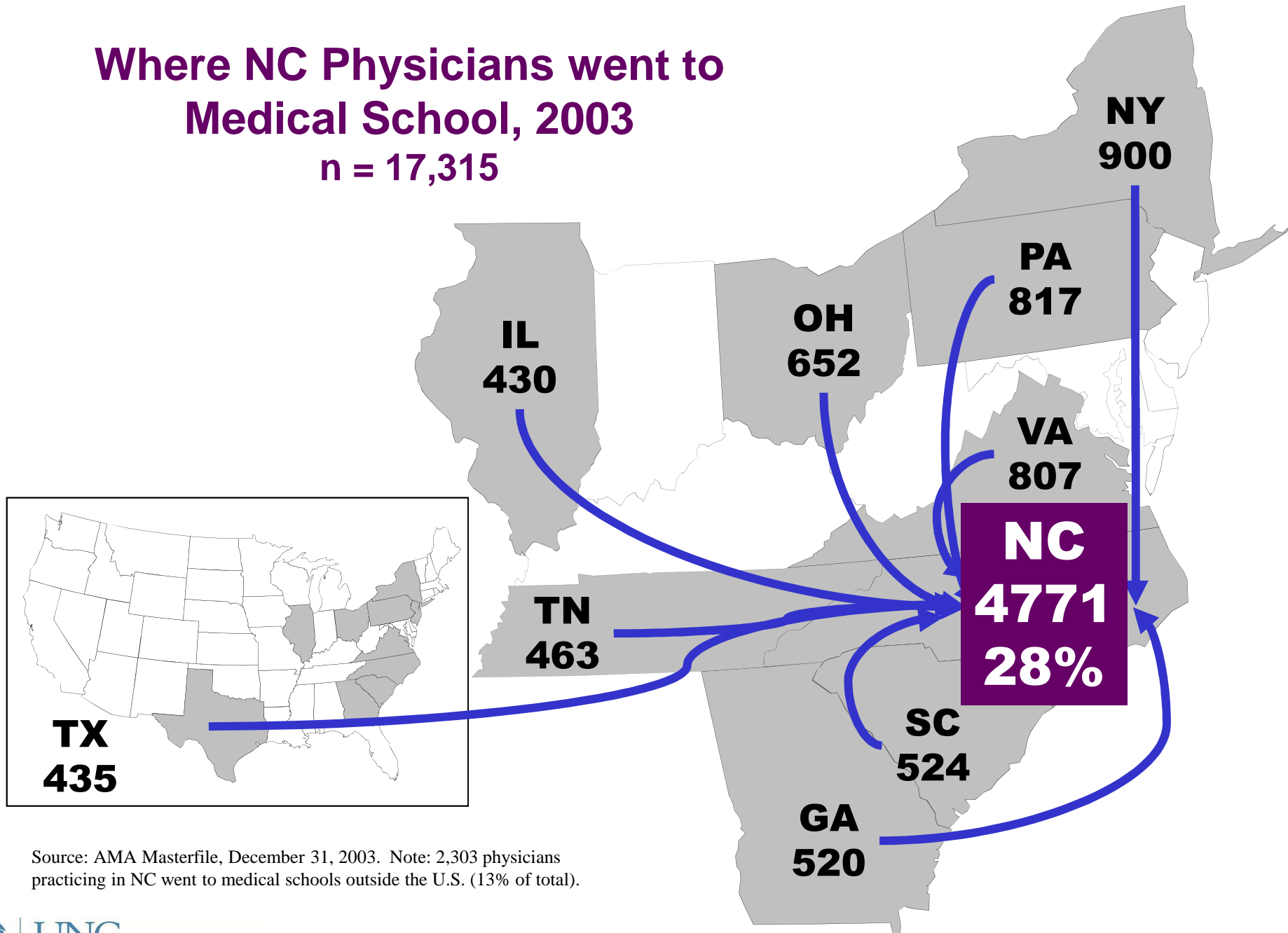
n=17,315*



Source: AMA Masterfile, December 31, 2003. Note: Birthplace was unknown for 476 physicians. Percentages are based on 16,839 physicians for whom birthplace data were available. 2,668 physicians practicing in NC were born outside of the U.S. (16% of total).

Where NC Physicians went to Medical School, 2003

n = 17,315

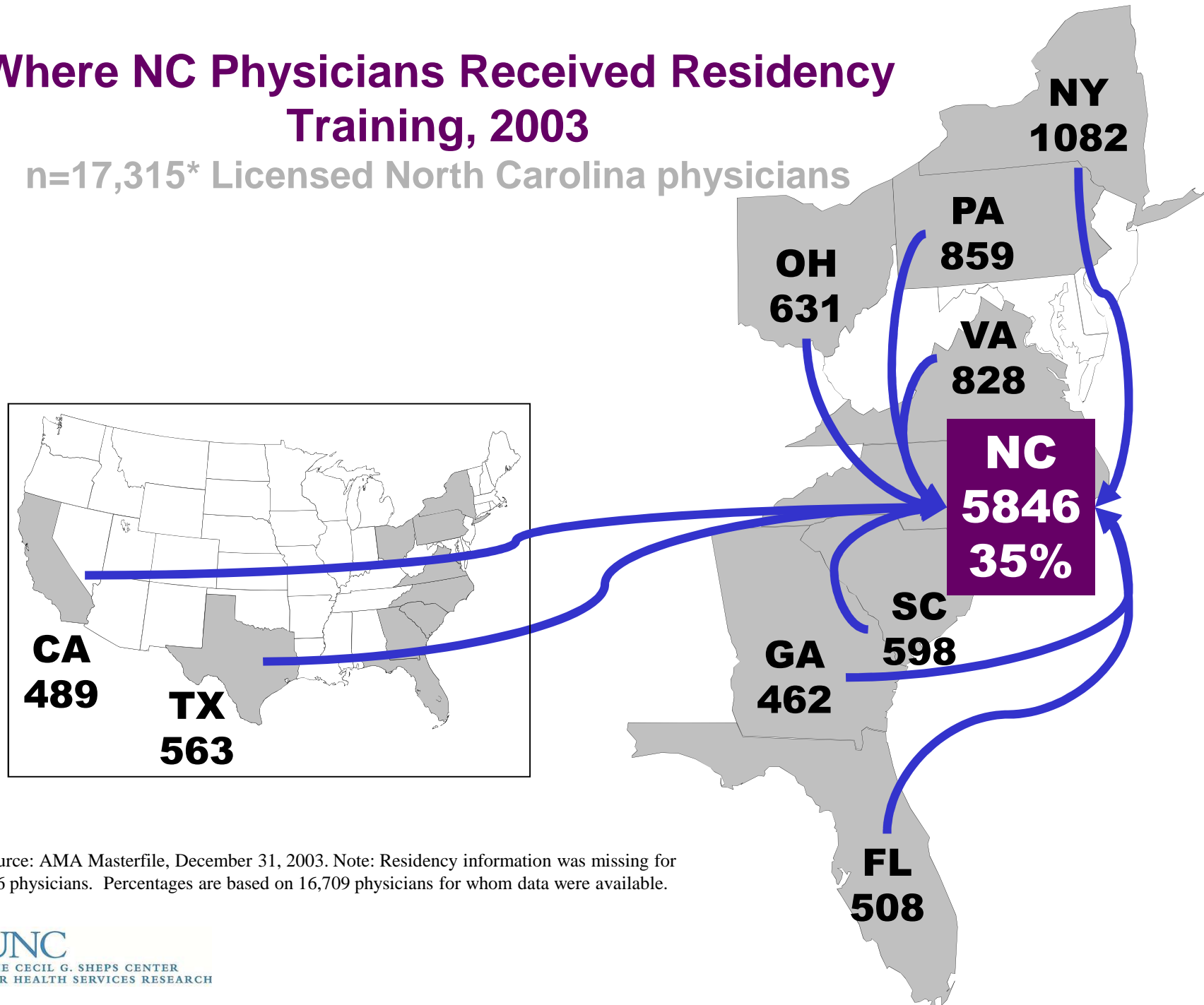


Source: AMA Masterfile, December 31, 2003. Note: 2,303 physicians practicing in NC went to medical schools outside the U.S. (13% of total).



Where NC Physicians Received Residency Training, 2003

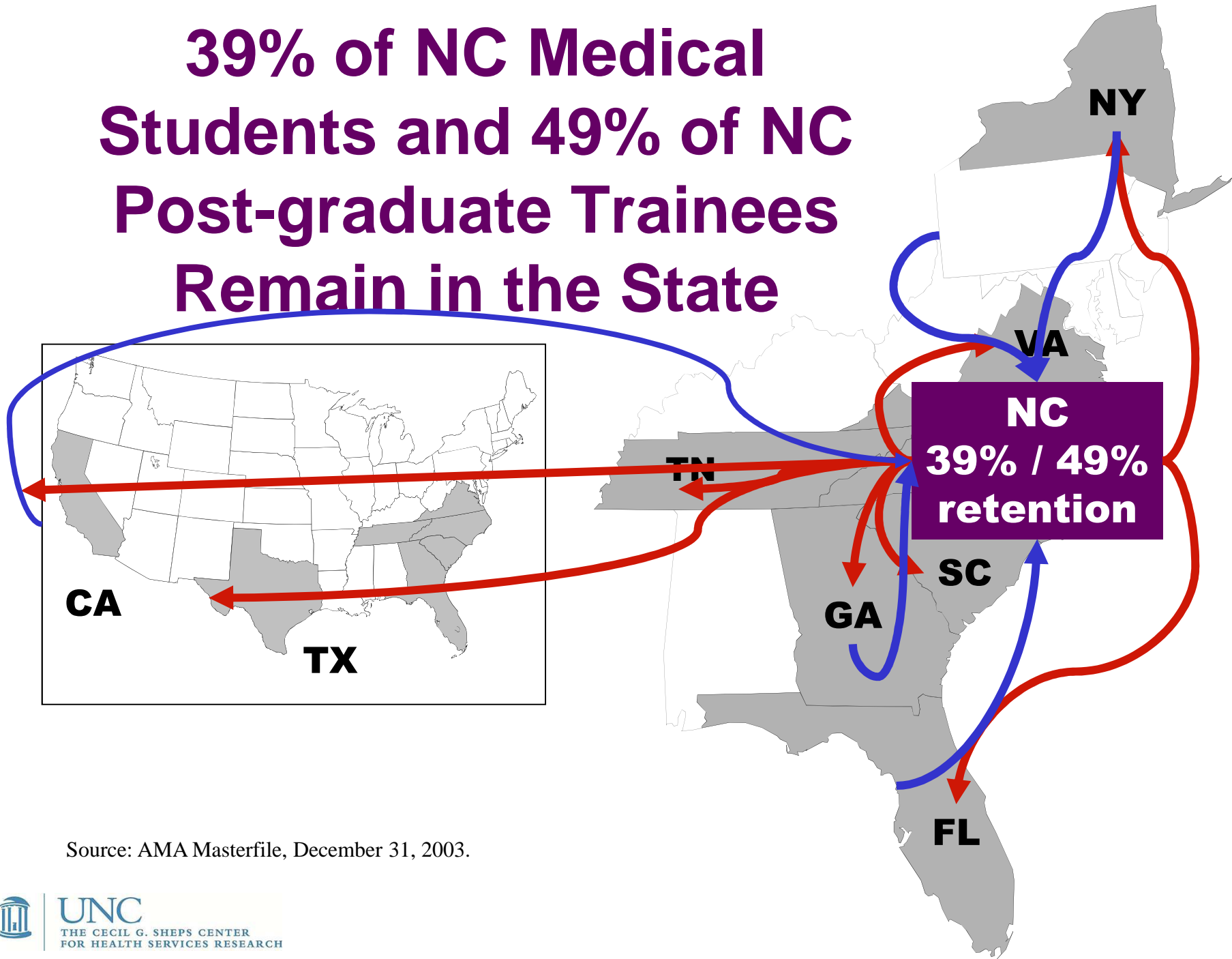
n=17,315* Licensed North Carolina physicians



Source: AMA Masterfile, December 31, 2003. Note: Residency information was missing for 606 physicians. Percentages are based on 16,709 physicians for whom data were available.



39% of NC Medical Students and 49% of NC Post-graduate Trainees Remain in the State



Source: AMA Masterfile, December 31, 2003.