Human: Solving the global workforce crisis in healthcare

Book review

Management Learning
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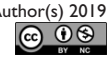

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Mark Britnell, *Human: Solving the global workforce crisis in healthcare*, Oxford University Press: Oxford, 2019. 216 pp., £14,99 (hardback), ISBN: 9780198836520.

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In *Human: Solving the Global Workforce Crisis in Healthcare*, Mark Britnell takes a global and country-level look at the workforce challenges facing health systems in an era of increasing demand and finite capacity. The central premise is that without serious efforts to reshape our existing models of care, develop our skills base and capitalise on available innovations, most health systems have only around 10 years before they collapse. Alongside this stark warning, Britnell outlines some of the strategies that are being adopted to address the health workforce gap in different countries and proposes several approaches that he believes could significantly increase capacity.

Leaders in all sectors are coming to recognise the value of strategic workforce management and planning, including the role of technology as an enabler, as illustrated by recent books on workforce planning by Facebook's Ross Sparkman (2018) and workforce analytics by IBM consultant Nick Guenole et al. (2017). While these provide valuable insights into how corporations are handing these challenges, these may be difficult to apply in the public sector, which can be highly complex, particularly in healthcare (e.g. Tursunbayeva, 2018).

In *Human*, Britnell draws on his experience in economics, management, Human Resources (HR), organisational strategy, health systems science, public sector and corporate leadership to create a rich picture of health workforce challenges in context.

Written in a refreshingly accessible style, while still having the depth of a more academic piece and an ample bibliography, *Human* speaks to multiple audiences interested in why health systems are failing and what can be done about it. It is divided into 20 relatively short chapters, which the author suggests can be read separately and in any order.

- *Chapter 1 describes the author's motivation* for writing the book and why he thinks a 20 percent increase in capacity is within our grasp if we adopt 'ten large-scale changes to tackle the global health workforce crisis', which are unpacked in the remaining chapters. Setting the scene, he outlines the need for a shift in thinking about workforce supply – from a focus on sufficiency and pay to a focus on productivity, calls for the inversion of entrenched clinical hierarchies to adapt to the rise of chronic disease and reflects on his own epiphany that 'worthy' approaches like process redesign and Lean will fail to impact productivity and quality without organisations having the right balance of clinical skills in the first place. He also takes a stab at broader problems like the uneven benefits of globalism, arguing that decent healthcare can heal the societal fractures that foster populism and points out that 'change is a contact sport'.

- *Chapter 2 analyses the link between health, productivity and wealth*. Revealing the integrated thinking that characterises the book, Britnell describes the health workforce as part of a broader, interconnected picture around national capacity building and the economy. He cautions that productivity is not the same as cost-efficiency and the key is 'working smarter, not harder'. He notes that the growth in productivity in healthcare has been about half that in other sectors and calls for more research to understand this. He also expresses frustration that the moral, ethical and societal benefits of healthcare are often misused as an excuse to shut down discussions about productivity.

The majority of the remaining chapters focus on describing some of the strategies, tactics and innovations used in various countries, together representing around half of the world's population. Each of these chapters begins with a generic introduction to the country's health system and health workforce management challenges, before describing how governments are tackling these hurdles and how this is translating into economic and societal benefits or has potential to do so.

- *Chapter 3 focuses on India*, a large and densely populated country where 70 percent of health professionals are employed in the private sector and trained doctors practice alongside traditional healers. In 2018, the government committed to providing state-funded healthcare for 100 million+ families, presenting unprecedented workforce challenges.
- *Chapter 4 spotlights Israel*, a country heavily dependent on foreign-trained doctors, many of whom are close to retirement and which lacks workforce data for effective planning. This contrasts with the country's prioritisation of digital health innovation.
- *Chapter 6 analyses China*, challenged by having the world's largest population, an immense and diverse geography, weak primary care, concentration of health professionals in cities and relatively few doctors and nurses, alongside corruption and violence against health professionals. Pressure on the health workforce is set to rise as the one-child policy of 1979–2015 translates to fewer carers for the elderly.
- *Chapter 8 examines the Netherlands*, celebrated for its strong focus on primary care, which has established a national sophisticated demand-led workforce planning model for doctors, although applying this has not been straightforward.
- *Chapter 9 concerns Germany*, the European nation with one of the largest ageing populations and a heavy emphasis on consumer choice in healthcare provision.
- *Chapter 13 explores Australia*, where medical professionals report high levels of satisfaction with pay and work–life balance, but which nevertheless faces workforce challenges, mostly linked to geographical factors.
- *Chapter 14 concentrates on the United Kingdom*, where the sustainability of the National Health Service has been threatened by the global financial crisis, the ageing population, problems with workforce retention and over-reliance on costly agency staff. The impending 'Brexit' is also testing the system's resilience by discouraging European Union migrant workers.
- *Chapter 16 centres on Japan*, whose population and healthcare workforce are both ageing, placing services under critical strain while also catalysing innovations such as assistive robots.
- *Chapter 17 considers the United States*, challenged by geographical, cultural and political heterogeneity, myriad medical specialties, inequalities in healthcare access and poor regulatory alignment that hinders workforce mobility.
- *Chapter 19 examines Brazil*, which has risen to the challenge of providing the world's largest system of state-funded healthcare through investing in training, embracing primary healthcare and recruiting doctors from across the region.

The remaining chapters examine broader strategies and innovations for workforce strengthening:

- *Chapter 5 looks at the role of Governments* in addressing the health workforce deficit, and the stakeholders they should be interacting with in order to achieve this.
- *Chapter 7 emphasises the role of patients and citizens* as allies in illness prevention, quality improvement and cost control, with families and communities likened to 'renewable energy'. It also examines the ethical and societal challenges of task-shifting from health services to carers and relatives.
- *Chapter 10 tackles the need to deploy HR better*; in particular, by releasing clinical staff from menial and administrative tasks to focus on care delivery, supported by redesigned care pathways, clear guidelines, continuous staff development and innovative technologies. Britnell recognises that such changes can threaten established roles and resources and calls for 'clever strategic workforce planning that understands these tensions'.
- *Chapter 11 argues that good systems of HR management* can help health professionals to feel 'more loved and cared for'. In line with the thinking of many of contemporary HR leaders (e.g. Derven, 2017), it discusses how these processes – traditionally performed for individual employees – now also need to become centred on teams.
- *Chapter 12 examines the representation and roles of women* in the health workforce, as well as issues around gender equity and work–life balance.
- *Chapter 15 analyses the opportunities presented by technology*, including automation to reduce administrative burdens, machine learning to aid clinical diagnostics and prediction, blockchain for improving the trustworthiness and security of medical records, and technology-enabled care pathways to improve the patient experience. Britnell also points to the need for responsible and safe innovation – advocating the 'move slow and don't kill people' mantra, rather than Silicon Valley's 'move fast and break things'.
- *Chapter 18 examines the challenge of Universal Health Coverage* (*UHC*), contrasting countries' efforts in financial planning with their neglect of the essential workforce planning needed to achieve this (World Health Organization, 2016). Britnell acknowledges that achieving UHC requires a collective willingness to face the global health workforce crisis, as well increased transparency, expertise and mutual accountability in both the public and private sectors. He also recommends learning from 'frugal' and technology-assisted healthcare innovations in lower income countries, such as described in the chapters on India and Israel.
- *In the concluding Chapter 20*, titled 'Why some rabbits outrun foxes', Britnell reemphasises the complacency that has surrounded workforce planning, compared with more glamorous clinical priorities, and the considerable societal risks of failing to address the coming crisis.

What is striking about *Human* is the even balance of experiential learning and evidence, offering a reassuring sense of earned wisdom and systems thinking, without forcing the reader to agree with all of the author's opinions and interpretations. Throughout the book, Britnell raises interesting and salient points about historical and current healthcare policy, leadership and strategy, while the case examples from different countries tell valuable stories about political, cultural and economic influences on the health workforce and their role in addressing the challenges that lie ahead.

It is also a mark of Britnell's philosophy that issues around caring and empathy, such as burnout, the need for integrated and continuous care, and 'loving' your workforce are highlighted, which are often overlooked in the quest for efficiency. The recognition of ethical and cultural issues is also reassuring, likewise the importance of the public service ethos in motivating and retaining healthcare workers.

Overall, *Human* provides a compelling, informative and accessible overview of the capacity challenges facing healthcare systems, the need for bravery in process redesign and technological

innovation, and how to avoid the 'productivity paradox' that often accompanies transformational change. Given our own backgrounds, we were drawn to the narrative around digital health and found it particularly striking to read the descriptions of innovative approaches in so many different countries written from a first-person perspective; few people have the same breadth of global experience to draw on and this greatly enriches the chapters. Gaps in available workforce data are referred to in several places, as are the opportunities presented by analytics, for which high quality data is needed. In light of this, the section on HR Information Systems in Chapter 10 seems somewhat slim, although this may reflect our own bias as researchers in this area (Tursunbayeva et al., 2017, 2018).

Inevitably, Britnell was only able to cover a selection of the 77 countries in which he has worked. Notable gaps are Eastern Europe, the Middle East (excepting Israel) and the 'Asian Tigers'.

Written by an experienced practitioner with the aim of influencing policy and practice, the book is lighter on theory and jargon than comparable academic publications and reads more like a manifesto in places, with Britnell's strong support for UHC and primary care providing an unashamed declaration of his values. Nevertheless, the concrete examples provided, and the judicious and appropriate referencing of original sources strike a comfortable balance and should encourage the book's uptake in policy circles.

Human should also be considered an invitation to the academic community to treat these health workforce challenges as important research problems; undertake the empirical studies needed to evaluate some of the remedial strategies proposed; and develop the theories, frameworks and evidence-base necessary for healthcare strategists and managers to act on these. Although many of the suggested solutions have been offered elsewhere, this is the first book which brings them together, to consider how strategic, systematic and comprehensive planning at the national and supranational levels can ameliorate the global health workforce crisis.

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