



EXAMINING HEALTH WORKFORCE GOVERNANCE THROUGH THE LENS OF THE PROFESSION

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Background

Professions exert influence over policy and may act to promote or impede that which legitimises or challenges their status or power within an institutional setting.

(Burrage, Jarasch, & Siegrist, 1990)

Thus, understanding the orientations of professions, their power to influence and their positions on various workforce issues is helpful for devising implementable health workforce policies.

(Khulmann & Burau, 2018)

New Zealand's health system is unusual in that hospital services are free at entry, but Primary Health Care (PHC) has a range of patient fees.

(Gauld et al, 2019)

Many NZ PHC general practices are owner operated.

(Greatbanks, Doolan-Noble, & McKenna, 2017)

Ownership and fees present issues with respect to workforce governance and to develop quality primary care.

(Goodyear-Smith & Janes, 2008)

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Method

Applied Burrage et al.'s (1990) actor centred framework consisting of four actors that enables systematic analysis of these actors' interactions.

The four actors of Burrage et al.'s framework are: (i) Practicing professionals; (ii) University-based professionals; (iii) Organised users, consisting of the employers and third party payers of professions; and (iv) the State, as regulator and policy maker.

Procedures

Used data from Rees et al.'s (2018) seven actor study of New Zealand's health workforce.

Recomposed the respondents to align with Burrage et al.'s categories using Rees & MacDonnell's (2017) actor data aggregation procedures.

Data entered into the actor analysis software MACTOR (Godet, 1990).

Two models analysed (i) Burrage et al.'s (1990) 4 actor model and (ii) a 5 actor model with professional actor divided into Medical and Nurse subgroups to enable comparison.

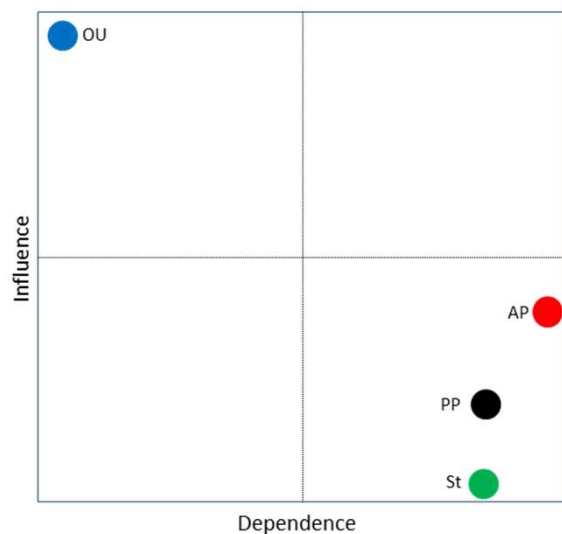
Model data for MACTOR Analysis

4 Actor Model		Constituents
●	Practicing Professionals (PP)	2 Professional bodies & 4 Representative bodies
●	The State (St) as a regulator, policy maker and funder	4 Government entities 2 Regulatory bodies
●	Organised Users (OU) as employers and 3 rd party payers	4 Health provider bodies 2 Government entities
●	Academic Professionals (AP) as professionals in teaching and research positions	5 Education providers

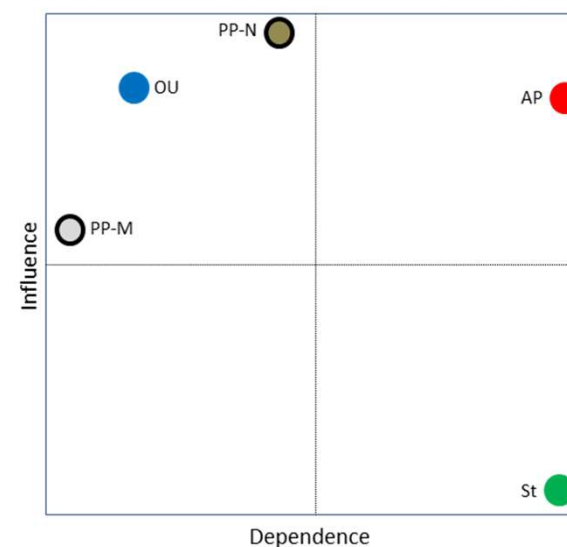
5 Actor Model		Constituents
○	Practicing Professionals Medical (PP-M)	1 Professional body & 2 Representative bodies
○	Practicing Professionals Nurse (PP-N)	1 Professional body & 2 Representative bodies
●	The State (St)	4 Government entities 2 Regulatory bodies
●	Organised Users (OU)	4 Health provider bodies 2 Government entities
●	Academic Professionals (AP)	5 Education providers

Results: Actor power diagrams

4 Actor Model
Map of Influences and Dependencies between Actors



5 Actor Model
Map of Influences and Dependencies between Actors



The top LH quadrant are dominant actors who are able to exert pressure over others, while those in the bottom RH quadrant are those with less influence and subjected to pressure.

Those in the RH top quadrant are influential but subject to influence also.

The OU actor group contains employers that may also be PP (practitioner owned businesses).

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Results: Actor relations over workforce issues

4 Actor Model

Intensity	Convergence		Divergence	
	Actor pair	Index	Actor Pair	Index
Strong	PP - OU	36	St - OU	20
Moderate	OU - AP	12.8	OU - AP	9.3
			PP - OU	7.3
			PP - AP	7.3
Weak	St - OU	8.8	St - PP	6.7
	St - PP	8.5		
	PP - AP	5.4		
	St - AP	4.3		

5 Actor Model

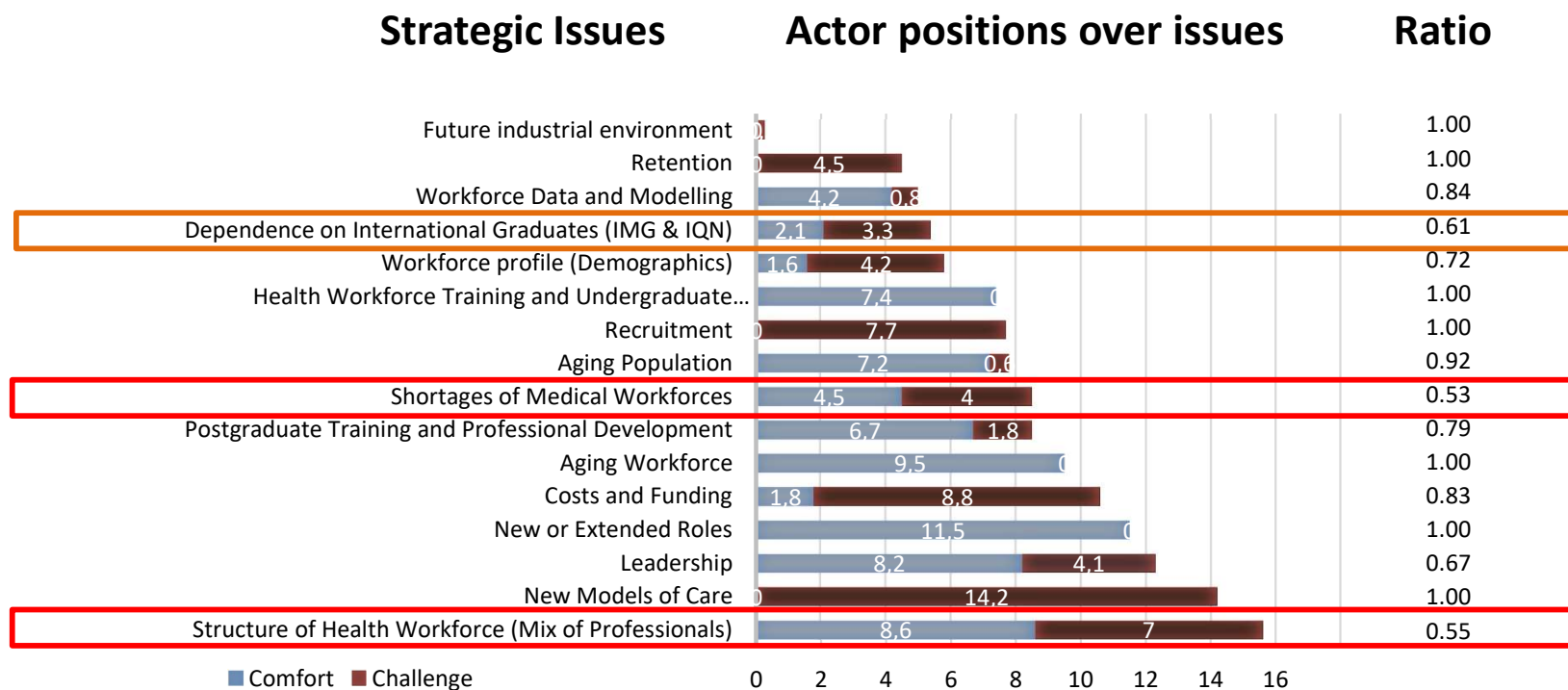
Intensity	Convergence		Divergence	
	Actor pair	Index	Actor Pair	Index
Strong	PPM - OU	23.5	PPN - OU	10.4
	PPN - OU	15.5	AP - OU	10.0
			PPM - St	9.3
Moderate	PPM - PPN	13.5	PPM - AP	7.3
	PPM - AP	10.8	St - OU	7.2
			PPM - PPN	6.7
Weak	St - PPN	10	PPN - AP	4.9
	St - OU	8.5	PPM - OU	3.6
	AP - OU	7.9	St - AP	3.0
	St - PPM	7.0	PPN - St	2.3
	PPN - AP	6.3		
	St - AP	5.0		

Actor pairs that show coherence (strong/weak or weak/strong convergence and divergences) are likely to be stable in their relations or have issues in common e.g. St-OU in the 4 Actor model or PPM-OU in the 5 Actor Model.

Those with simultaneous strong or weak Convergence and Divergences reveals that actors may align on some issues but be opposed over others.

This means that these actors may not be relied upon to agree on all workforce issues, rather it is important to pinpoint over which issues the actors converge and diverge.

Results: Actor positions on workforce issues



Ratios of 0.50 to 0.60 are considered divisive and reveal potential conflict between actor over the issue.

Those ratios of 0.60 to 0.80 show moderate opposition and may also indicate conflict particularly if it affects a powerful actor's strategies or position. Ratios of 0.80 to 1.00 are considered to be a consensus.

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Results: Actor positions on the divisive workforce issues

5 Actor Model

Workforce issue	Comfort	Challenge
Shortages of medical workforces	The State (St) Practicing Professionals Nurse (PP-N)	Practicing Professionals Medical (PP-M) Academic Professionals (AP)
Structure of health workforce (Mix of professionals)	Organised Users (OU) Practicing Professionals Medical (PP-M)	Academic Professionals (AP) The State (St) Practicing Professionals Nurse (PP-N)
Dependence on international graduates	Practicing Professionals Medical (PP-M)	Academic Professionals (AP) The State (St)

Positions of the powerful actors on these issues is influenced by:

Workforce policies such as the introduction of new roles e.g. nurse practitioner and specialist nurses and broadening the practice nurse scope of practice in response to shortages of general practitioners.

The introduction of specialty practices for GPs has meant the retention of key diagnostic and patient decision making tasks, though relative tensions still exist over changes to the doctors role.

Problems attracting medical trainees to PHC roles.

The use of overseas sourced locums is commonplace in NZ PHC to reduce GP shortages, though this creates tensions for the State in terms of funding and sector stability.

Discussion

Actor convergence over issues implies that these policy solutions may be easier to implement. Sector structure also influences actor positions and objectives. E.g. the oppositional nature of organised users and nurse professionals may stem from pay parity issues, while medical professionals, some of whom may be organised users as practice owners, may share the same strategic objectives over a particular workforce issue.

The divergence between professionals over particular workforce issues, implies that deeper thought must be put into policy solutions for these to retain broad-based professional support.

Study Strengths & Weaknesses

Enables an analysis of influence and power not available from traditional stakeholder exercises and reveals a range of actor position complexities, with some actors in agreement and others opposition.

As a re-analysis of past data, these results study may not reflect changes since data collection.

Including other professions in this type of analysis would make for a richer picture.

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