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Comparative approach at the European level of the human resources management of the health system

Kanellopoulos Dimitrios^{a*}

^a *phd student Academy of Economic Studies, Bucharest, Romania*

Abstract

The current article treats in the evolution, the problematic issue of the human resources in the health system at the European level. The approach takes into account the evolution during the last years and the tendencies manifested at the human resources level in the health system. The current article is divided into four parts with the role in presentation of the current situation and evolution estimation in the future. During the last period of time, many significant changes took place in the structures of public and private systems at the level of each European state. In the health system, the changes are large with a long term impact. Any decision regarding human resources influence the long term system, because the human resources of the health system cannot be drawn or rejected in a rhythm desired by the system, this because the human resource in the health system needs very many years to be formed. This paper presents the evolution and the dynamics of human resources in the European Union states and presents the way the situation appears to be evolving. This work paper contributes to the improvement of knowledge in the human resources domain in health by the synthesis of certain general information of interest in the health system.

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1. Introduction

The European Union (EU) enlargement in the last decade has seen a rapid evolution that implies the need for harmonization between the Member states at all levels, including the human resources. As new members appeared, the EU diversity has increased. This created additional problems that should be eliminated.

As shown in figure no. 1, the appearance of one additional member provokes the increment of the links between the existing members. We are moving from ten links between five team members to fifteen links by the appearance of one additional member. So, as the Union expands, the number of links that are established between common entities is growing at an accelerated rate. In these conditions it is required a unified approach of the links that are established between the states.

Kanellopoulos Dimitrios Tel.: 0040728790843

E-mail address: KanellopoulosDimitrios@yahoo.com

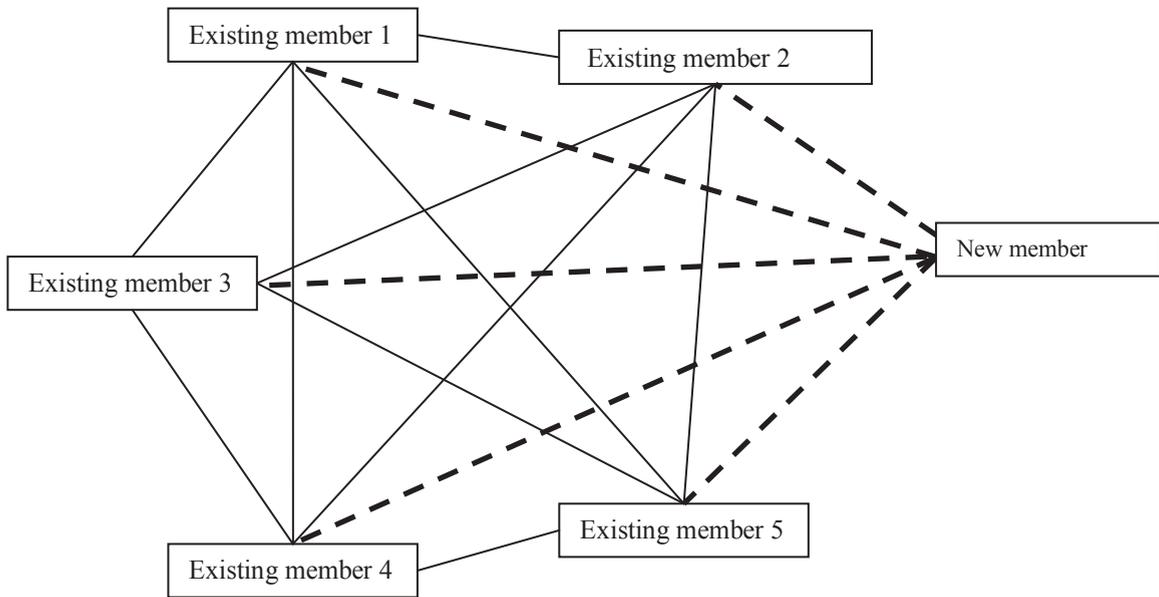


Figure no. 1 – Rate of growth of the interactions, that are provoked by the introduction of new members in EU.

In addition to these specific factors of integration, human resources analysis must take into account the specific national, regional, geographic, demographic, cultural and social characteristics of each state. This is necessary because all the factors listed above are major factors that influence individuals and can be barriers to the communication and the acceptance of the behavior of others.

Human resources in health care should consider that the development of the European Union has increased the mobility of citizens and members. Travel in other European countries entails interaction with the medical system. This requires a change in human resource management in the health system, as human resources of the health system now interact with more citizens from other states.

2. The current level of knowledge

Currently, most European countries are looking for a national approach for human resources management (HRM) in the health system.

However, as every citizen has the freedom to move freely in the EU, and to work in any other EU country, public systems, but especially the health care system must be adapted to the customers' needs and be more accessible for everyone.

Human resource management in the health system within each state, should become more open, more flexible, more focused on services and be provided to citizens from different cultures. This is extremely important because the health system interacts with the patient-citizen, and the service is based on communication between doctor and patient. The culture of the patient and his origin influence, the result of the health service they would receive. The interaction between patient and physician is a key factor in developing and implementing health services. The human dimension of medical care can not be removed from the health system, at least for now.

2.1. *Human resource management (HRM) in the health system in the European context.*

Europe has seen a redirection from a strong orientation on "personnel management" to a "strategic management" that ensures that the workforce is made up of employees with appropriate scope and with the appropriate level of competence.

Health systems in Europe have, in general, a Human Resources Management Manual. This document can take various forms. These manuals tend to have a common goal to promote a common understanding of requirements and processes.

There may be differences in the range of topics that are included in textbooks, but generally it includes a manual of procedures such as: the recruitment and selection, performance appraisal, and career management.

2.2. *Human resource management in the health system at a national level*

In the present context, the legal framework for HRM is well developed and defines critical factors, like requirements that should be met, responsibilities and functions of institutions, and specific activities that should be undertaken.

The development of the legal framework of countries has led to best practices, however there is room for the further consolidation of HRM in the EU.

Human Resource Management addresses some difficulties, such as:

- The challenge of reaching a common understanding of legislative requirements;
- The challenge of developing and improving the competence of HR (human resource).

People are the most important resource of an organization. HR procedures in the health system are designed to ensure the maximum potential development of all staff, to ensure their reward according to their performance and to establish a working environment that meets the employees' motivational needs.

Human resource management procedures in the health system are designed to facilitate a systematic approach for the coordination and the implementation of human resource management activities. A critical feature of a systematic approach of human resource management is the interdependence of the various procedures that make up the system.

Human resource management follows an annual cycle of activity where the updating function tasks and the performance standards take place at the beginning of the cycle and the conduction of evaluations and the development of individual training plans take place towards the end of the cycle.

If we analyze the global performance of national health systems in the international context and take into account the concept of performance of WHO, which focuses on three pillars: 1. health amelioration; 2. responsiveness to people's expectations; 3. equity in terms of financial contribution; We will see that the situation in EU Members [France (1- The first position in the world ranking according to WHO, 2000), Italy (2), Malta (3), Austria (4),, etc] is better than in other states: Albania (55), Corea (58), Russian Federation (130), China (144), Sierra Leone (190) (WHO, 2000)

Indicators of infant and maternal mortality, which have a strong correlation with health system performance, place Eastern Europe in the last places in the European Union. The main causes of death in Eastern Europe are represented by cardiovascular diseases, followed by tumors, digestive diseases, injuries, poisoning and respiratory diseases.

It should be noted that, unlike the tendency to reduce cardiovascular disease mortality in Western EU, in Eastern Europe there is a tendency of increment. It is remarkable that we have many avoidable deaths in Eastern Europe, which is a direct indicator of the inadequacy of the health system to the real needs of the population. We should also say that in Eastern Europe morbidity and mortality patterns have undergone significant changes in recent decades.

EU analysis on preventable deaths due to health system shows, that although the trend of preventable deaths is significantly decreased in all other EU countries, in Eastern Europe it is being reduced only a little (in the case of women) or have remained constant (in the case of men).

Not only comparisons of health indicators are unfavorable but so is comparisons of those indicators relating to the access to basic health services. The citizens of Eastern Europe have some of the most reduced indicators to issues such as: the number of doctors, the number of pharmacists or nurses, and the number of consultations on population. Disparities in health status and access to health services do not refer only in comparisons with other countries, but also in different regions and parts of Eastern Europe. The largest discrepancy is found in rural areas, where the number of medical personnel in general and doctors in particular are several times lower than in urban areas.

An inefficient health system remains responsible for major problems of health in Eastern Europe. The Eastern European model focuses on curative care in the hospital, and not at the primary care. With half of the population living in rural areas where functional hospitals are practically nonexistent, this leads to major problems in accessibility to basic health services.

The financing of the health system continues to be inadequate and money is used in an inefficient way. Despite an increase in total health spending, the financing of health systems in East Europe remains low, compared with the EU average and this problem becomes greater if we take in account the long period of chronic under funding and the lack of investment in health. In addition to under funding we can observe other problems such as the arbitrary use of resources and the inefficient and unfair allocation of resources between different regions.

They are not made and they are not used cost-effectiveness studies for the allocation of the resources. The allocation is not done in a transparent way and it is not based on clear criteria. This situation makes it difficult to implement effective management systems that reward efficient management.

There are also inequities in access in health services, the main differences being recorded between rural and urban areas. Crude mortality rate in rural areas was almost two times higher than in urban areas, both because of a higher degree of aging, but also because of deficiencies in providing the needed health services. The insurance of people in rural areas with doctors is three times lower than the average insurance with physicians in urban areas, with many locations without any doctor.

Human resource management in the health sector is weak, given that compared to western European countries; the insurance of population with doctors and nurses is lower. Besides the uniform territorial distribution of medical staff it is also noted and a lack of specialized personnel.

Some important problems in HRM in the health sector are as follows: 1) The lack of incentives for medical careers, 2) poor organization of the process of training of doctors, 3) low wages and 4) lack of connection between health and income performance. There are also major disturbances in the process of planning and training of medical personnel, the main reason is that political institutions do not have a coherent and coordinated policy in the field.

Another problem is the lack of integration of health services in the system that will ensure the continuity of care. The East European health system works with other independent sectors. Primary care is not functionally related with the hospital care and the health promotion and disease prevention with the curative.

The Eastern European Model that involves the specialization of services and the absence of interdisciplinary teams leads to the non-inclusion of patients in an integrated approach. In this context the long-term care, the home care, and the social services are poorly developed.

The mismanagement of the health information (there are several parallel systems information conducted and controlled by different owners, accompanied by the absence of standards) has a major negative impact on the health system functionality. Lack of functional health information makes impossible the existence of a viable quality of health services at all levels of health care.

The evaluation of the policy impact of other sectors on health is a very useful tool that is strongly recommended by international organizations but unfortunately is not practiced in the East EU.

The percentage of Medical staff in hospitals in Eastern Europe represents one of the lowest percentages reported to EU average and this will be deteriorated further through the emigration of young doctors. (OMS, 2004). Other important imbalances are observed in the distribution of medical staff. There are also observed cases, where hospital level is one physician for a section that has the important role to ensure continuity of care for all patients admitted, which obviously could not happen.

One of the reasons often invoked for the shortage of medical personnel is the method of pay, that is unattractive both in terms of income and because it does not stimulate staff performance.

Finally we should say that although the resource allocation from the Ministries to hospitals is based on a relatively clear and transparent algorithm, there are still important differences between the costs reimbursed for the same type of intervention at different hospitals (rate per Weighted Case - TCP).(Who,2007).

3. Trend that must be followed: The creation of a standardized European system.

The different health systems represent a problem concerning the established liberality within the EU. It is planned to create more harmonization. We are, however, still far away from a standardized European health system. In a standardized European health system, human Resource Management Department has the responsibility to support the human resource management function with specific management activities and to achieve specific professional duties. HR activity is coordinated and is supported by the HR department and is implemented by the managerial staff of the health system.

Thus, senior managers, in an integrated European healthcare system, have the important role:

- to administrate a HR information system
- to select the appropriate employee
- to evaluate the individuals performance
- to identify training needs
- to motivate employees

The managerial staff has the responsibility to support employee's career in the health system by rapid promotion, using the following methods:

- a) by participating in the development of skills, abilities and knowledge of subordinate employees.
- b) by establishing the training needs of employees with professionalism and efficiency.

Human resources duties in an integrated European healthcare system involve:

- The development of a HR information database,
- Making proposals for the preparation of HR tools and documents that could be used by management staff in their daily activities
- Supporting the organization of the selection, promotion and training
- Participating in the human resource management processes (recruitment and selection, career management, planning and implementation of training, etc..)

4. Conclusion

In conclusion, we can say that a change in health management in Europe is a necessity. The appropriate changes will ensure the sustainability of the system. The adoption of a conservative management which avoids the application of changes and that prevents the system to be adapted faster to the needs of the society, does nothing more than to seriously affect the long term sustainability of the system.

In this sense management aims to monitor environmental trends continuously, to monitor the symptoms of the health system, to prepare adaptation measures and to be adapted to the new system requirements.

During the crisis, managers should pay particular attention to human resources, which directly or indirectly are affected by the crisis (from the reduction of wages or from the risk of losing their job). Thus is recommended the treatment of human resources as partners of the organization and must be shown that, the health system consider the medical staff as a long term partnership. In order to stimulate productivity it is extremely important for the employees to feel that they belong to the health care system.

The main objective is the creation of basic conditions for the use of IT solutions, the harmonization of legislation, and the creation of a common technical infrastructure.

Future changes require a number of commitments of the actors involved at national and local level, in the provision of health services at the European level.

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