15.1 Introduction

Sustainable and accessible health care services substantially depend on their workforce, in terms of both availability and quality (Dubois, Nolte & McKee, 2006). With shortages of health professionals projected by the European Commission to reach nearly 1 million in the EU by 2020 (cited in Sermeus & Bruyneel 2010, p. 11), gaps in the health workforce are expected to have a significant impact on the future organization and quality of health care delivery. Although these shortages affect some regions, hospitals or health professions more than others, this is an issue of importance for the health systems of every Member State across the EU.

Health workforce issues have gained increasing attention from EU policymakers in recent years, with major research projects, council conclusions and the start of Joint Action on Workforce Planning early in 2013. The accent of the debate on professional mobility at European level has often been on the flows of health professionals from one Member State to another at the macro-level. However, as the debate has developed, the discussion has expanded to include the role of employers at local organizational level. This has also been mirrored in the growing body of EU-funded research on the health workforce. As the PROMeTHEUS project has progressed, the results (particularly from the policy dialogues) have pointed towards the importance of action at local organizational level for professional mobility, and specifically the need to
develop organizations that convince workers to stay. In line with this, the 12-country Registered Nurse Forecasting (RN4CAST) study has shown that there is promising evidence that improving work environments can improve both nurse retention and quality of care (Aiken, 2011; Sermeus et al., 2011). A review in 2010 on improving access to health workers in remote and rural areas carried out by the WHO has highlighted the importance of human resource management and organizational capacity, and the need for “individuals with strong management and leadership skills, particularly at the facility level” (WHO, 2010, p. 15).

Taken together with the increasing attention for the organizational level, these studies pose a number of questions. What do we know about retention at organizational level and measures to improve it? What are health care organizations in Europe doing to respond to the challenges of staff retention? And where can action at different levels of the health system add most value? Building on the existing literature, this chapter looks at a broad sweep of measures to retain staff through case studies from three different hospitals in the public sector, with a particular emphasis on nursing retention. To give context to these case studies, the chapter starts with a look at the literature (focusing on Europe, but also drawing on relevant North American studies), pulling together some findings from existing research. The chapter also seeks to provide suggestions for some potential pathways for action at EU, national and local levels in these areas.

15.2 What do we know about retention strategies in health care?

15.2.1 Insights from the literature

Staff turnover is a natural and necessary process in all health care organizations. However, when turnover reaches high levels it can have a detrimental effect on quality of care (Gray & Phillips, 1996; Tai, Bame & Robinson, 1998; Shields & Ward, 2001; Gunnarsdóttir et al., 2009; Buchan, 2010; Simon, Müller & Hasselhorn, 2010), as well as being costly (Bland Jones, 2004; Waldman et al., 2004; O’Brien-Pallas et al., 2006). Further problems arise when employees leave not only the organization but the health workforce itself. In a sector that is already suffering from shortages, employees are often difficult to replace. For the sake of clarity, we use the term “turnover” for employees leaving the organization and “attrition” for employees leaving the health workforce. As the chapter focuses at organizational level, the emphasis is on initiatives to maintain appropriate levels of turnover. However, where strategies to prevent attrition overlap with strategies to manage turnover, these are reflected in the
Creating good workplaces: retention strategies in health care organizations

The chapter focuses on the health professional (and particularly nursing) workforce rather than the health workforce in general because of the weight of current research evidence on which the case study framework has been built.

15.2.2 Influencing staff retention: causes and responses

The literature identifies a range of factors that are reported to have an impact on retention within the health workforce (WHO, 2010). Within this wider scope of recommendations, which includes interventions in education (e.g. Frenk et al., 2010) and regulation, this section focuses on interventions on an organizational level, and hospitals in particular as evidence shows the positive effect of good working environments on retention (Hinno, Partanen & Vehvilainen-Julkunen, 2011). From this perspective, differentiation is usually made between external factors (e.g. the general economic situation and the labour market), individual factors (e.g. educational level, length of service, non-professional commitments) and organizational factors (those relating to the way in which a health care organization is managed) (Hayes et al., 2006); the last is the main focus of this chapter.

To provide a framework for the case studies, the organizational factors are divided into three dimensions, based on the work of Wiskow, Albrecht and De Pietro (2010) (Table 15.1):

- employment quality
- work quality
- organizational quality.

Wiskow, Albrecht and De Pietro (2010) recognized employment and work quality, while organizational quality and a number of elements resulting from the literature review have been added here. The dimensions are chosen to focus on interventions on an organizational level. Employment quality refers to the contractual relationships between employer and employee, work quality the material characteristics of the tasks that employees carry out and the work environment in which they act, and organizational quality the measure wherein the organization is able to adapt to changes in the outside world.

Employment quality

Studies show that although wages are often seen as one of the most obvious factors influencing staff retention, it is difficult to draw firm conclusions on the effects of improving remuneration. For nurses, an OECD Working Paper concluded that: “the impact of pay increases on the nurses’ labour market is
not easy to define … The least what [sic] can be said is that the pay increases had a favourable effect on the number of new potential entrants in nursing education” (Buchan & Black, 2011, p. 4). Tai, Bame and Robinson (1998) concluded that higher salaries are rarely a successful measure for retention although there is some indication from some studies on nurse supply of a weak positive correlation between wage and labour supply (Antonazzo et al., 2003; Chiha & Link, 2003; Shields, 2004).

Health care professionals often undertake shift, night and weekend work, with evidence suggesting that professionals carrying out this type of work often suffer from increased levels of stress and fatigue (Costa, 2003; Schernhammer & Thompson, 2010). This has been associated by Aiken et al. (2002) with threats to patient safety. Irregular working hours also impact the work–life balance of health care professionals, particularly for female employees, with women still carrying the major part of family responsibilities (van der Heijden, Demerouti & Bakker, 2008).

Social benefits are an important part of the employment quality dimension. Contractual relationships that allow for pension schemes, flexible retirement policies, childcare provisions, and so on have shown to be factors influencing job quality (Wiskow, Albrecht & De Pietro, 2010; Muñoz de Bustillo et al., 2009). Carraher and Buckley (2008), however, found only a weak relationship

### Table 15.1 Organizational factors for case studies

<table>
<thead>
<tr>
<th>Dimension</th>
<th>Elements</th>
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<tbody>
<tr>
<td>Employment quality</td>
<td>Wages</td>
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<tr>
<td></td>
<td>Type of contract, e.g. permanent, temporary</td>
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<tr>
<td></td>
<td>Working hours, including work schedules and family–work balance</td>
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<tr>
<td></td>
<td>Social benefits</td>
</tr>
<tr>
<td>Work quality</td>
<td>Professional development (training and skills development)</td>
</tr>
<tr>
<td></td>
<td>Work organization, including teamwork, division of work, staffing adequacy, administrative burden</td>
</tr>
<tr>
<td></td>
<td>Safety</td>
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<tr>
<td></td>
<td>Pace of work and stress</td>
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<td></td>
<td>Social work environment</td>
</tr>
<tr>
<td></td>
<td>Access to technology/appropriate facilities to get one’s job done</td>
</tr>
<tr>
<td>Organizational quality</td>
<td>Leadership (management, participation in decision-making processes)</td>
</tr>
<tr>
<td></td>
<td>Culture</td>
</tr>
<tr>
<td></td>
<td>Quality (improvement programmes, complaints committees, innovation)</td>
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<td></td>
<td>Appropriate professional autonomy</td>
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</tbody>
</table>

Source: adapted from Wiskow, Albrecht & De Pietro, 2010.

This chapter considers management as being the organization and coordination of the activities of an organization in order to achieve defined objectives; leadership is the activity of leading a group of people or an organization.
between attitudes towards benefits (although these are not clearly defined) and turnover. Although contract type is sometimes included in retention typologies, there was little evidence in the literature surveyed on the impact of different types of contract (e.g. permanent or temporary) on retention.

**Work quality**

The definition of work quality most often used at European level is that of Muñoz de Bustillo et al. (2009, p. 14): “how the activity of work itself and the conditions under which it takes place can affect the well-being of workers: the work intensity, social environment, physical environment, etc.”

Work quality, therefore, includes a number of variables around inappropriate or unsafe work. For example, high levels of administrative burden (such as non-patient care duties for clinical staff) have been shown to have a negative effect on retention (Aiken et al., 2001). In addition to this, there are many studies on the negative effects of work-related stress in health care, particularly from high workload. Empirical studies have found burnout rates of around 35% and of job dissatisfaction of 35% (the average of a sample of nurses from nine countries; Aiken et al., 2009). Studies show that the consequences of continued high levels of stress for health care professionals include not only absenteeism, reduced productivity, accidents and errors but also high staff turnover (European Agency for Occupational Safety and Health, 2009; van Wyk & van Wyk, 2010).

The impact of health and safety incidents on affected staff is similar to that of stress: resulting in high staff turnover (Di Martino, 2002). Needlestick injuries, heavy physical work (such as lifting patients), physical violence or intimidation and exposure to patients with communicable diseases are but a few of these risks. In a study by Estryn-Behar et al. (2008), 22% of nurses reported exposure to frequent violent events from patients or relatives, and those exposed to violence also had higher levels of stress and burnout and reported more intentions to leave the profession or organization. Initiatives addressing the safety and health of health care professionals, in addition to being a moral and legal responsibility, can, therefore, be significant in improving retention of staff.

The literature also suggests that the social working environment (such as support from colleagues or nurse–doctor relations; Gunnarsdóttir et al., 2009) may also be of some importance to retention, although evidence is not as complete as for some other factors (van der Heijden & Kuemmerling, 2003). Rosenstein (2002) found that nurse–doctor relationships play an important role in nurse satisfaction and retention. Tai, Bame and Robinson (1998) have proposed that

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1 The European Agency for Occupational Safety and Health defines work-related stress as the inability of the worker to cope with or control the demands of the work environment.
an increased perceived climate of personal and work group support reduces the likelihood of turnover. In particular, their research found that high levels of support from supervisors were shown to be strongly inversely correlated with turnover.

The importance of CPD (the opportunities organizations provide to their employees to continuously evolve professionally and personally, such as training, mentoring and lifelong learning), was also represented in the literature. In particular, Shields and Ward (2001) found that dissatisfaction with promotion and training opportunities has a stronger impact on nurse turnover than workload or pay.

Lastly, a number of typologies suggest that access to technology and appropriate facilities (availability of resources for effective working; Wiskow, Albrecht & De Pietro, 2010) is an important factor in retention. Although the literature surveyed for this study did not identify strong evidence for or against this, the focus groups carried out in the framework of the PROMeTHEUS study (see Chapter 7) support this suggestion.

Organizational quality

In the domain of organizational quality, the literature on retention has a particular emphasis on the relationship between leadership and staff satisfaction. Indeed dissatisfaction with management styles has been shown to be a major driver in nurse job dissatisfaction and turnover (Bratt et al., 2000; Hayes et al., 2006). On the one hand, health professionals have reported dissatisfaction with their level of influence over their work, the perception of not being heard, disconnection between management and the work floor, lack of shared decision-making and lack of recognition (OECD, 2008). On the other hand, participation in decision-making processes, where representation in management is ensured (e.g. through a nurse advisory committee), has been found to enhance job satisfaction (Jones et al., 1993; Nakata & Saylor, 1994; Moss & Rowles, 1997; Yeatts & Seward, 2000). In a similar vein, a facilitative rather than directive management style has positive effects on retention, as does a leadership style that values staff contribution (Hayes et al., 2006). Aiken, Smith and Lake (1994) and Buchan (1994) have found positive effects of a decentralized organizational structure on retention. For doctors, evidence from Janus et al. (2008) suggests that decision-making and recognition is particularly important.

Along these lines, a number of studies have also argued that professional autonomy, the “freedom to act on what one knows” (Gunnarsdóttir & Rafferty, 2006), is a central factor for job satisfaction. Employer–worker arrangements such as self-governance, self-control, appropriate freedom and control over
resources can give health professionals enough room to “act on what they know” and improve their perception of empowerment (Hayes et al., 2006). Kramer and Schmalenberg (2003) have found a strong relationship between the degree of nurse autonomy and ratings of job satisfaction (exact definition varying in the literature) and quality of care. Levels of job satisfaction are again correlated with intention to leave (which is associated with levels of turnover; Irvine & Evans 1995; Coomber & Barriball, 2007), although a direct link was not established in the study by Hayes et al. (2006). Table 15.2 summarizes possible interventions with a positive effect on staff retention.

**Table 15.2** Possible interventions with a positive effect on staff retention

<table>
<thead>
<tr>
<th>Issue</th>
<th>Recommended interventions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employment quality</td>
<td></td>
</tr>
<tr>
<td>Wages</td>
<td>Fair wages using wage grids recognizing different education/experience levels; renegotiate work terms following skills upgrading</td>
</tr>
<tr>
<td>Type of contract (e.g. permanent, temporary)</td>
<td>Monitor individuals’ wishes; allow for decisions on individual level</td>
</tr>
<tr>
<td>Working hours, including work schedules and family–work balance</td>
<td>Flexible working hours with family-oriented core times; maternity and parental leave; child-care provisions; reduction of work recalls; national policies on working times and flexibility, restrictions on work during night shifts; self-scheduling strategies</td>
</tr>
<tr>
<td>Social benefits</td>
<td>Leave and compensation benefits; health insurance schemes; pension schemes; flexible retirement policies</td>
</tr>
<tr>
<td>Work quality</td>
<td></td>
</tr>
<tr>
<td>Professional development (training and skills development)</td>
<td>Career development programmes; mentorship programmes; make professional development part of budget planning</td>
</tr>
<tr>
<td>Appropriate autonomy</td>
<td>Allow for organizational units (e.g. wards) to shape their work based on direct feedback from staff, possibly varying from organizational line</td>
</tr>
<tr>
<td>Work organization (including teamwork, division of work, staffing, administrative burden)</td>
<td>Task shifting; work reorganization; job redesign; interdisciplinary staffing; adapted workload levels for pregnant workers and the older workforce</td>
</tr>
<tr>
<td>Health and safety</td>
<td>Violence: training, better teamwork; zero-tolerance policies; support programmes</td>
</tr>
<tr>
<td></td>
<td>Injuries: awareness-raising, protective equipment; designing ergonomically sound work environments</td>
</tr>
<tr>
<td>Pace of work and stress</td>
<td>Caseload management database; make use of support personnel</td>
</tr>
<tr>
<td>Social work environment</td>
<td>Open and timely communication within team and between employer and worker; improving nurse–physician relationships</td>
</tr>
<tr>
<td>Access to technology/appropriate facilities/resources</td>
<td>To allow the job to get done</td>
</tr>
</tbody>
</table>
In order to explore retention approaches and strategies at organizational level, interviews were carried out with staff from three hospitals: Canisius Wilhelmina Ziekenhuis (CWZ), Nijmegen, the Netherlands; Landeskrankenhaus Feldkirch (LKH), Austria, and the Children’s Hospital, Vilnius, Lithuania (Table 15.3). The aim was to find hospitals active in working to retain staff but doing so within their existing resources. None were in receipt of specific funding from external sources to develop retention strategies except for some limited funding for CPD in Lithuania through the European structural funds. The hospitals were chosen to illustrate approaches to retention in diverse health system contexts, and in particular to reflect different professional mobility contexts. As the case studies carried out through the PROMeTHEUS project have shown (Wismar et al., 2011), the Netherlands is typically a destination country for health professionals, Lithuania is typically a source country, and Austria is both a source and destination country. The hospitals in Austria and the Netherlands are located in semi-urban rather than urban areas and are located close to a border (Switzerland and Liechtenstein and Germany, respectively).

These case studies are not intended to provide comparative material but rather to test findings of the literature review against practise within health care
organizations. The case studies explore both the underlying motivations behind why hospitals have a focus on retention, and also the types of approach and strategy used.

Within these three hospitals, human resources managers and general directors were interviewed (four interviews in total) by the authors using a structured interview approach. The template used consisted of a number of sections covering the three dimensions identified in the literature review: motivations for retention strategies, characteristics of the strategy, outcomes and the capacity to implement.

15.3.2 Case 1: CWZ, Nijmegen, the Netherlands

The CWZ is a top clinical hospital with 649 beds, 200 medical specialists and 3698 other staff (detailed numbers for other groups such as nurses not publicly available). The annual budget is €227.4 million. In 2010, CWZ had 73,271 clinical admissions and 366,500 outpatient visits. The interviewees for CWZ were a human resources manager and adviser.

The health workforce situation

Staff turnover in 2010 was 4.5% (corrected for short-term personnel, e.g. holiday staff). In the Netherlands, there was an annual gross mobility of nurses of 10–12% in the period 2002–2009, with 6% moving to another organization in the sector and 6% moving out (Arbeidsmarkt Zorg en Welzijn (Labour, Health and Welfare research programme)). Competition in the local labour market is relatively low: the only other hospital in Nijmegen is a large academic hospital with a very different profile to CWZ.

Approaches to retention

In the previous three to four years, CWZ had paid increasing attention to turnover and staff retention. In 2010, a new strategy was developed by the hospital to focus on personalizing patient care, which in terms of human resources strategy was translated to give a focus on “bind and captivate”. In the view of CWZ, high-quality care is a mean of attracting and retaining personnel. The strategy, developed with employees’ input, was particularly targeted at nurses and medical support staff – core functions where there were typically shortages in the labour market – and groups that have high turnover within the organization. Parallel to the development of this strategy, CWZ developed the “excellent care programme” with six other hospitals in the Netherlands. This programme focuses on the quality of patient care as well as the quality of the working environment, and it promotes individual career development pathways; direct, near real-time, feedback of relevant patient outcomes to
clinical staff; and evidence-based working. The initiative allows data and learning experiences to be shared and compared between the participating hospitals.

**Characteristics of the strategies employed**

**Employment quality**

The hospital’s approach to retention is not particularly focused on many of the “classic” dimensions of employment quality. For example, wages are oriented at what is normal in the market and there is no particular innovation in contracts. CWZ provides some minor social and fiscal benefits but these are not considered the focus of the strategy.

**Work quality**

By contrast, CWZ has invested significantly in elements with a positive impact on work quality. Continuous training is offered and career development plans are in place. Nurses are considered to have “room to influence” their work rather than full autonomy, while feedback of patient outcomes in near real-time gives significant information on performance that allows nurses to have more control over their practice. The hospital also has a “flex office” with employees that provide additional support to departments experiencing peaks in workload. If a team or department shows higher levels of absence because of sickness, actions are taken in the organization and workload of the team. Regarding technology, the hospital does not focus per se on primary technological innovations but rather on the smart application of technology that has proven itself elsewhere. Having introduced several technological innovations as the first hospital in the Netherlands, CWZ also sees itself as a frontrunner in this matter.

**Organizational quality**

In addition to actions that impact on work quality, CWZ has a particular focus on organizational and care quality. The core values and strategy of the hospital were developed together with hospital personnel. This engagement of staff is also carried into governance of the hospital; for example, nurse representatives act as an advisory body and also chair the Excellent Care Programme. Although it remains difficult to draw clear causal links between quality of care and attractiveness for personnel, in an evaluation of personnel satisfaction CWZ scored higher on loyalty and recognition of company values than any other hospital in the review. The hospital has consistently scored the top ranking in quality rankings of Dutch hospitals.
15.3.3 Case 2: Landeskrankenhaus, Feldkirch, Austria

LKH Feldkirch (Federal Academic Teaching Hospital Feldkirch) is part of a holding of public hospitals in the State of Vorarlberg. The hospital has a budget of €185 million and 606 beds. Its staff consists of 276 physicians, 110 medical assistants, 753 nurses and 387 technicians and administration: a total of 1526. On average annually, 38 000 inpatients spend 166 500 nights in the hospital. It covers the treatment of 60 000 outpatients with 150 000 visits per year. The annual staff turnover rate is 7.5%. The Administrative Director of LKH was interviewed for the case study.

The health workforce situation

Although Vorarlberg is wealthier than other Austrian regions, it borders prosperous Switzerland and Liechtenstein. It is, therefore, in competition for staff with these countries. LKH started to experience workforce shortages from 2007, finding it harder to fill vacancies and to replace retiring doctors and nurses. In 2010, LKH commissioned a specific study that confirmed projected shortages, particularly of doctors and recommended that specific steps be taken to retain and attract staff.

Approaches to retention

Following the identification of workforce shortages, LKH management carried out a survey of all staff to identify retention factors. Five areas were particularly highlighted: adequate and fair compensation, working hours/work–life balance, childcare, CPD and other benefits such as housing or staff cafeteria facilities.

Characteristics of the strategies employed

Employment quality

It is difficult for LKH to intervene on some of the key elements of employment quality, particularly wages. As a public employer, LKH is obliged to follow official wage tables that are negotiated and agreed through a political and administrative process at the state level. LKH senior management have, therefore, been working with the state government to influence necessary adjustments. However, in other areas LKH has more freedom of action. As the largest hospital within the holding, LKH has considerable influence over policies at holding level (e.g. working hours and CPD) as well as policies decided at hospital level (e.g. childcare facilities and local housing). LKH owns residential properties and facilities that it can offer to existing or incoming staff at subsidized prices or for free (for a short time). LKH provides in-house childcare facilities.
Work quality

The interviewee highlighted that for LKH staff work quality is strongly related to provision of childcare facilities and management of the family–work balance. The trend of increasing female preponderance of the clinical workforce (Medizin wird weiblich) was underlined as a strong impetus for tailored support. LKH has, therefore, undertaken targeted surveys with young female professionals to identify issues affecting employment quality.

Organizational quality

In order to devise and implement its retention strategy, LKH management engaged in a series of consultations with clinical staff. Clinical staff have been supportive of the initiatives and participated in a number of informal work groups that operated in addition to the formal structures for employee participation, such as the clinical advisory council (Ärztlicher Beirat) or the medical chamber (Ärztekammer). Work groups met to deal with particular issues and when these had been resolved the groups were disbanded.

15.3.4 Case 3: Children’s Hospital, Vilnius, Lithuania

The Children’s Hospital Vilnius (Affiliate of Vilnius University Hospital Santariskiu Klinikos) has a budget of approximately €26 million and is staffed by 280 doctors and 530 nurses. The hospital has more than 25 000 inpatient admissions and around 140 000 outpatient consultations every year. The hospital is a specialist paediatric hospital located in Lithuania’s capital city. The head of the human resources department and the hospital’s deputy management director were interviewed for the case study.

The health workforce situation

Although Lithuania is considered a source country for health professional migration, the interview highlighted internal migration over migration to other EU Member States. Most nurses had moved to work for other hospitals within Lithuania in order to benefit from higher wages. Despite these pressures, the Children’s Hospital has succeeded in retaining most of its staff.

Approaches to retention

Because of time and resource pressures, the Children’s Hospital has taken a step-by-step approach to dealing with retention issues, using an ad hoc approach rather than developing an overall strategy. It was recognized within the interview that a cohesive strategy would add value as it would “allow setting a long-term policy rather than a ‘one problem at a time’ approach”. However, resources available for retention interventions were generally low. The hospital retention
interventions have also focused more on nurse retention than doctors because the hospital experiences more nurses leaving the workplace than doctors.

**Characteristics of the strategies employed**

**Employment quality**

The Children's Hospital is free, within a given framework, to set wages. According to the interviewee, this has been instrumental in retaining staff, both keeping them at the Children's Hospital rather than moving to other hospitals and, perhaps, stopping them from leaving the sector altogether. The hospital’s focus on wages can be further explained by the choice of many nurses to work more than one full-time equivalent as a single wage is considered insufficient.

**Work quality**

As a consequence of its links to the university, the Children’s Hospital emphasizes CPD. Each employee has 10 paid days per year for CPD; the courses are organized by the university and hospitals and are sometimes financed through the European structural funds. The CPD courses include how to cope with stress and manage conflict, a course established to address workload issues specifically for staff in accident and emergency and intensive care units.

**Organization quality**

There is evidence of senior management working to create a culture of shared problem solving and agenda setting with staff. Hospital management tries to address upcoming issues in cooperation with internal representatives including in areas such as improving staff safety, for example in the context of an increasing risk of hepatitis. The interview also underlined the hospital’s reputation as an academic centre, which has had the consequence of both attracting and retaining staff.

**15.3.5 Analysis of the case studies**

The diversity of practice illustrated in the case studies highlights the importance of local context for understanding how to retain staff. However, when taken together, the case studies confirm and complement a number of findings within the literature review.

On employment quality, the case studies reflect the diversity within the literature on the importance of wages. These ranged from an environment where it was one of the most significant retention factors (Lithuania) through to Austria, where wages were in part an issue (but difficult to change on an organizational level), to the Netherlands, where changes to wages were not a
strategic focus. There are indications that the difficult economic conditions facing the Children's Hospital in Lithuania may have made wages particularly important, given that almost half the hospital staff worked more than one full-time equivalent (the reported average was 1.25 full-time equivalents worked). The importance of wages was also strongly driven by the specific local context of the hospitals: in the case of LKH this was a cross-border wage competition; for the Children's Hospital in Lithuania most wage competition reported for nurses was with other Lithuanian hospitals. Concerning the question of family–work balance, the hospitals took different approaches. In line with findings from van der Heijden, Demerouti & Bakker (2008), LKH had identified pressure on family–work balance, particularly for women, as a central issue and had deployed specific initiatives in response. However, the other hospitals had not specifically targeted women or family–work conditions, with CWZ, in particular, focusing more on work quality in general.

On work quality, all three hospitals saw CPD as an important factor in retention. At LKH, it was one of the top five priorities, and CWZ had instituted individual career development pathways. At the Children's Hospital, the 10 paid days for CPD for staff members ensured that it was a strong priority, with courses specifically tailored to support the working environment. There was, however, a mixed approach to the question of autonomy despite its strength in the literature. Of the three hospitals, CWZ offered the most immediate near real-time feedback to nursing staff, allowing nurses to shape their practice and perhaps giving a greater element of control. The other hospitals did not highlight autonomy, which is interesting given that it is considered an important factor in the literature. How hospitals can best translate concepts of professional autonomy into practice remains an area for exploration.

On organizational quality, in line with findings from the literature, all three hospitals had invested significant time in developing participatory styles of management and leadership. Although their exact strategies differed, early and meaningful participation from staff, monitoring and addressing emerging issues, and creating a culture of deliberation with staff were regarded as highly important for staff retention in all three hospitals. The CWZ and the Children's Hospital both noted that their organization had a particular “brand” vis-à-vis other hospitals. For the Children's Hospital, this was attributed to well-respected professors who have their names connected to the institution, which according to their staff attracts health workers. The CWZ shares the “market” with a university hospital but argues that they do not need to compete for staff as some people prefer not to work for this university hospital given its specific patient population and more hierarchical organizational structure.
Either intentional or not, “branding” of hospitals may be an important factor in creating a culture with which staff workers can identify themselves.

Moving beyond individual factors, the hospital case studies raise questions on how strategies are developed at organizational level, how national and regional policies frame these strategies, and the role of robust research evidence in shaping them. At LKH, an external analysis had been undertaken and priorities assessed with staff; at CWZ, the strategy had been likewise developed with staff members. At the Children’s Hospital, an ad hoc approach was taken, although the value of a strategic approach was recognized. However, none of the interviewees mentioned access to policy recommendations (e.g. WHO, 2010) or external evidence on the effectiveness of different interventions or cost–benefit analysis. From the case studies, it is clear that the input from health workers is of key importance, which implies the importance of input mechanisms to include their input.

Organizational strategies and actions might also illustrate the view of hospital managers on workforce challenges, which remains limited to their local situation, and each of the interviewees considered different challenges important to them. CWZ linked actions to the improvement of patient quality in a coherent strategy that linked to the emerging evidence on the relation between patient quality and staffing adequacy and quality; LKH felt the pressure of regional mobility while the Children’s Hospital Vilnius was trying to control emerging issues that were in their scope of action. In all three cases, hospitals appear to succeed by applying a range of managerial responses; however, this range of action is subject to national and regional policy frameworks.

15.4 Discussion and conclusions

Recognition of the role of retention within workforce mobility debates has increased significantly in recent years. The findings from recent EU research further emphasize the importance of moving beyond knowledge of how many health care professionals move and where they move to. Increasing understanding of why people leave, or stay in, organizations or the profession gives a broader and necessary frame for local management and national policy-makers to develop appropriate responses for recruitment and retention. Possibilities and options for successfully changing conditions and working environments are possible responses at organizational and policy level to mitigate the impact of an ageing workforce and reducing workforce shortages.
**15.4.1 Research gaps**

Attempting to push beyond an analysis of individual retention factors towards analysing their impact and developing strategic approaches reveals significant gaps in current knowledge. Although the literature is strong in identifying a wide variety of factors, there is relatively little literature evaluating the impact of particular retention initiatives, particularly their cost-effectiveness (also seen in findings of the WHO-commissioned realist review and synthesis of retention studies for health workers in rural and remote areas; Dieleman et al., 2011). Indeed the literature rarely discusses strategic approaches to retention (i.e. combining different initiatives tailored to a health care organization’s particular need). While it is one thing to identify factors that have a large impact on retention, it is another to develop coherent retention strategies. Coherent organizational strategies, however, have the potential to align with policy “packages” that are required to address workforce challenges (WHO, 2010), which would allow for better interaction between policy initiatives and organizational practice. Even focusing on the literature on nurse retention, which is significantly more developed than for other health professions, there is only limited material on coherent strategies that specifically aim at retaining personnel.

There is, therefore, a need for research studies that move beyond looking at individual factors and possible responses to strategic approaches that link and prioritize interventions, evaluating their impact. Research that explores the interaction between factors is needed, not only for decision-makers at organizational level (as their scope of action is limited as well) but also for policy-makers setting the frameworks in which organizations operate. With most policy-makers and managers facing difficult decisions on priorities and an increased squeeze on resources, it is particularly important that cost-effectiveness is considered.

If these knowledge gaps are substantial at hospital level, there are even more substantial gaps in looking at the non-medical workforce and beyond hospitals into primary care. The emerging policy drive to shift care away from hospitals and into community or primary care settings also suggests that retention outside of hospital environments will become increasingly important in order to manage potential workforce shortages.

**15.4.2 Organizational level interventions**

As this chapter has demonstrated, action at the organization level is central. Although some actions are often carried out at other levels (e.g. wage agreements), a number of critical elements that affect staff retention, including
organizational and work quality, are primarily located at organization level and many interventions can only work if they are enacted locally.

Developing the existing typologies for assessing retention factors, both the literature and the case studies underline the importance of “organizational quality”: the framing governance and management of organizations that shape the environment in which employees work. In particular, the case studies emphasize the need to know what employees want and to develop participatory leadership and management models that engage with staff and preserve an ongoing culture of deliberation and discussion. It is interesting to note that these changes do not necessarily imply significant extra resource investment, although culture change is not in itself without difficulty.

15.4.3 Regional and national level interventions

Although there is much that can be done at organization level, the literature and case studies suggest that there are particular domains where regional and national levels are of primary importance. In many EU Member States, wages are set not within the organization but beyond it, and there is a need for regional and national governments to engage (possibly through workers’ representatives) with local employers, perhaps by allowing border regions experiencing considerable pressure from mobility to adapt their wages. In addition to bargaining higher wages, regional or local governments can also play an important role by supporting health providers and their staff with other social benefits, including reduced housing costs or childcare, and setting a retention-supporting context and framework in which organizations can operate. Regional and national levels also have a potential role in developing programmes that support organizational quality. In the Netherlands, for example, the In voor Zorg! (In for Care!) programme, an initiative from the Dutch Ministry for Health, Science and Sport and Vilans (Centre of Expertise for Long-term Care), aims to support care providers to make their work processes supportive to health workers: making knowledge available on existing solutions and providing support for organizations to run change projects.

15.4.4 EU interventions

The EU has a number of potential avenues available for increasing knowledge on retention and for facilitating the exchange of good practice at national, regional and organizational level. First, the EU’s research programme Horizon2020, which includes funding for health services research projects, may support workforce research that gives organizations knowledge on effective strategic approaches to retain their staff. This will be an important component
of strengthening the health workforce for the future, safeguarding quality of care even within times of resource constraint and higher demand for services. Second, the European Commission’s Public Health Programme also offers potential ways to support and strengthen workforce retention, for example through the exchange of good practice in implementing retention measures, particularly through coherent strategies. Lastly, the revision of the structural funds programme provides a potential opportunity to support retention in order to ensure staffing adequacy as a priority within the funding for health. In particular, the structural funds may allow regions to direct resources to local levels to encourage the development of effective training and CPD, factors shown through this chapter to be of high importance for hospitals addressing retention issues across very different health system contexts.

References


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