



PSI Working Group meeting on **Safe and Effective Staffing for Health**

Background Brief

London, 11-12 May 2015, UNISON

Setting the Scene

The purpose of the meeting is to bring together unions to exchange views on the range of safe staffing issues and the various means to achieve safe and effective staffing,

as well as to propose policy options and approaches for PSI and its affiliates.

The goal for safe and effective healthcare worker staffing: a working definition

Health worker staffing is considered safe and effective when it results in the recruitment, assignment and retention of a health workforce of sufficient quantity and

quality to create positive impacts for patients and the organization's effectiveness, delivered within a context of decent work (Lawless and Lowe, 2015).

Safe and effective staffing and the overall PSI agenda for Health and Social Care services

PSI work on safe and effective staffing is linked to the broader PSI programme for Health and Social Care:

1. staffing is highly related to quality of service and to the mission of Quality Public Services
2. staffing is central to advocacy for better working conditions for healthcare workers
3. staffing can be made central to accreditation systems for healthcare structures themselves
4. staffing can be linked to wage differentials between the public and private sectors and the gap in access to occupational health and safety protections between the two sectors
5. staffing for healthcare workers can be compared with standards for social care workers when they benefit from quotas, notably in childcare and in work with older persons; and working conditions for the entire workforce of health and social care workers can be advocated and promoted together
6. staffing can be used to influence international regulation, notably on issues such as health worker migration and health tourism, and in connection with social dumping
7. staffing monitoring requirements can be included in the indicators developed to measure progress on the health goals of the Sustainable Development Goals for health, notably on SDG 3.c *Substantially increase health financing and the recruitment, development, training and retention of the health workforce in developing countries.*

Establishing unions' interest in the safe & effective staffing agenda

Issues around the adequacy of healthcare staffing are high on the agenda of trade unions representing health workers around the globe. We ask why that is, given that the appropriate provision and disposition of human resources for health are the responsibility

of an employing organization, including - for public service workers – the responsibility of national and local governments? This discrepancy can in part be explained by the following model.

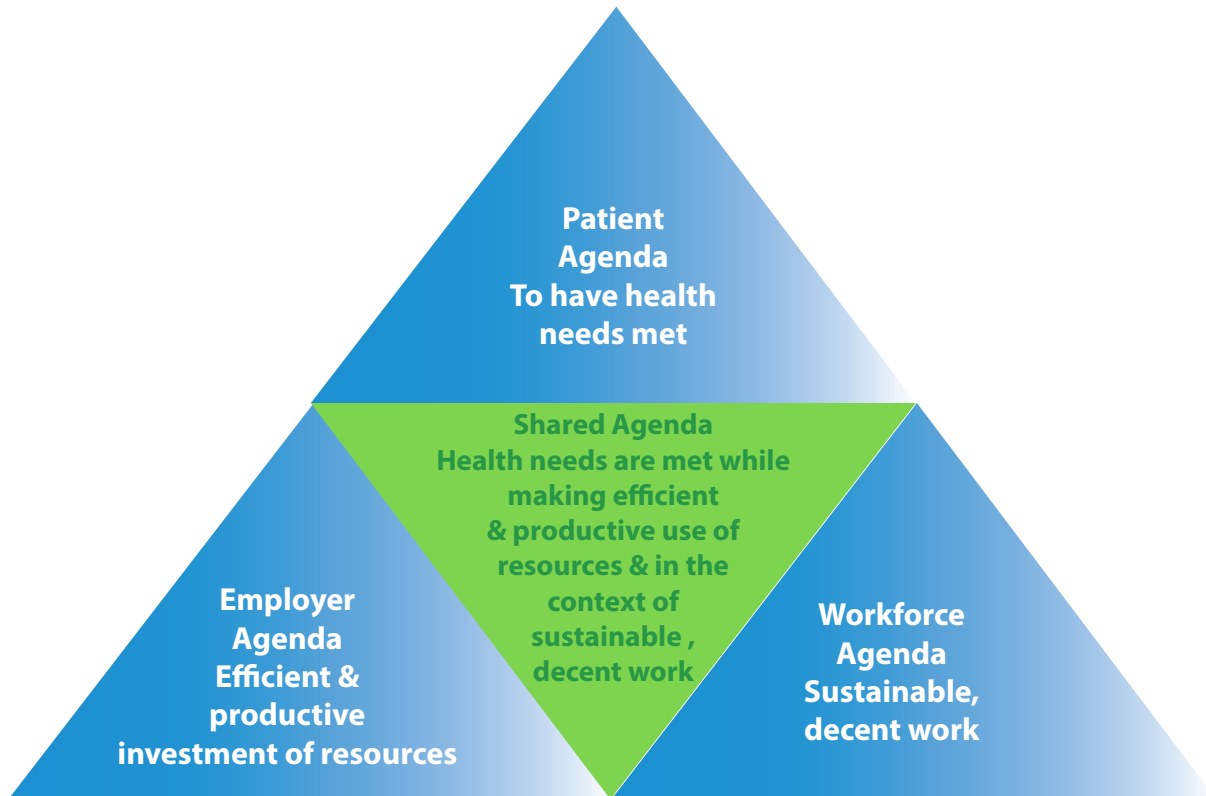


Figure 1: Lawless, 2015

The main actors in the health system are the patient population, healthcare workers and healthcare delivery organizations. The shared agenda is for patients to have their health needs met in a way that makes efficient and productive use of resources and which is achieved in the context of sustainable, decent work.

Whereas healthcare workers have a vocational interest in the wellbeing of patients as well as a shared interest in the delivery of an efficient and effective health system, they also have an equally legitimate interest in the achievement of sustainable, decent work. These factors - patient wellbeing, efficiency and decent work - need to coexist as mutually important, not as a hierarchy in which decent work becomes a goal that is pursued only after the other two have been achieved.

The provision of effective levels of staffing is integral to the definition and achievement of the shared agenda for some very practical reasons:

1. Without effective levels of staffing, the health needs of patients will not be met
2. Without effective levels of staffing, the system will not be optimally efficient or productive
3. Without effective levels of staffing, the health workforce will be the subject of unreasonable pressures that will negatively affect their health and wellbeing, and thereby their ability to deliver care effectively and productively
4. Without effective levels of staffing, the health workforce will be subject to pressures that threaten the sustainability of the overall healthcare resources.

On the face of it, these facts suggest that the provision of effective staffing levels is the logical thing to do. Unfortunately, health systems are subject to multiple competing pressures; when faced also with limited resources, decision-making on the allocation of those

resources no longer follows a single logic and ceases to be straightforward. Health worker staffing, which is most often the largest budget item of health structures, is therefore contested.

The role of healthcare workers and their unions in the staffing agenda

Even if unions that represent healthcare workers' interests have a legitimate interest in ensuring the provision of sufficient levels of staffing to get the work done effectively, neither the workers nor their unions are responsible for ensuring sufficient levels of staffing, nor are they in the position of directing how resources will be allocated.

This means that healthcare workers and their unions seek an outcome over which they generally have little control, which leaves them in the position of needing to find ways to influence the outcome. They can collaborate with, lead, pressure and on occasion leverage healthcare organizations to provide optimum staffing configurations that:

1. Maximize the likelihood of a successful outcomes for patients
AND
2. Require reasonable work effort from staff to complete the required work
AND
3. Take place in environments that have the physical resources required for healthcare workers to successfully carry out their work
AND
4. Are, in the end, efficient and productive.

The responsibilities of healthcare workers and their unions in the staffing agenda

The first point to consider is the primary relationship between healthcare workers and patients. It is best represented as a social compact whereby society recognizes healthcare workers' professions, patients 'allow' themselves to be nursed and cared for, and the healthcare workers bring their full skill, attention, compassion and effort to each encounter and each act.

The second point is the relationship between healthcare workers and their employing organizations. The healthcare worker is responsible for practising effectively and ethically and upholding the standards and values of the organization, whereas the employer is responsible for providing a context in which healthcare can be practised

successfully and which meets the parameters of 'decent work'. Conflict arises where and when healthcare workers consider that an organization is not supporting them to meet their vocational responsibility for the welfare of patients, or the organization is breaching their right to decent work.

The negotiation and advocacy required to support healthcare workers in relationships with their employers that can be simultaneously collaborative and conflictual is the domain of trade unions. This brings the fourth important relationship to play in the apparent "triumvirate" of patients, healthcare workers and employing organizations.

Trade unions are uniquely placed to make things happen

Trade unions are formed by workers for the primary purpose of protecting and advancing the rights and interests of their members. Unions are frequently invested with a range of rights and responsibilities that are enshrined in legislation. Unions enable more effective collaboration, lobbying, protection and pressure to be applied than if each member were advocating individually on his or her own behalf.

Many members of many unions have clearly signalled that staffing is an area that requires attention and action. Unions globally have found themselves drawn

into discussions, debate and action on the issue. Unions are promoting and advocating for the need for safe and effective staffing levels, and increasingly have been attempting to influence policy, legislation and regulation, and to negotiate specific requirements for staffing into collective agreements. These are legitimate types of action, but there are two additional points for consideration:

1. When a union is negotiating for specific requirements that influence staffing, it is advisable for the union to have confidence that the



intervention can be shown to have a net benefit, i.e. will result in safe and effective staffing or at least be a measureable improvement on the current situation. This gives the union credibility as well as confidence. The union can build its reputation to work in other areas on this strength.

2. It is also advisable for unions to consider unintended consequences, for example potential effects on other terms and conditions, or the fact that resources invested in one part of the

healthcare system are not available to other parts of the healthcare system, with the consequent risk of displacing rather than resolving deficiencies. Foresight enables the union to plan ahead and ensure that safe and effective staffing does not come at a price that is a surprise and a new burden. In other words, unions need to understand the financial and operational structures of the employer.

Framing the agenda for health unions

Healthcare workers' unions have a legitimate interest and role in the staffing agenda on behalf of their members. This is accompanied by the responsibility to act in ways that will have a net benefit and which are designed to avert potential unintended consequences. We suggest that these will be achieved when unions address four requirements:

1. The need to utilize and contribute to the generation of sound evidence to support actions
2. The need to ensure that any proposed method to support staffing is fit-for-purpose
3. The need to leverage the system by using the full range of available strategies
4. The need to ensure that the union's structure and capacity to maintain gains are sufficiently robust.

Framework for union action on safe & effective staffing

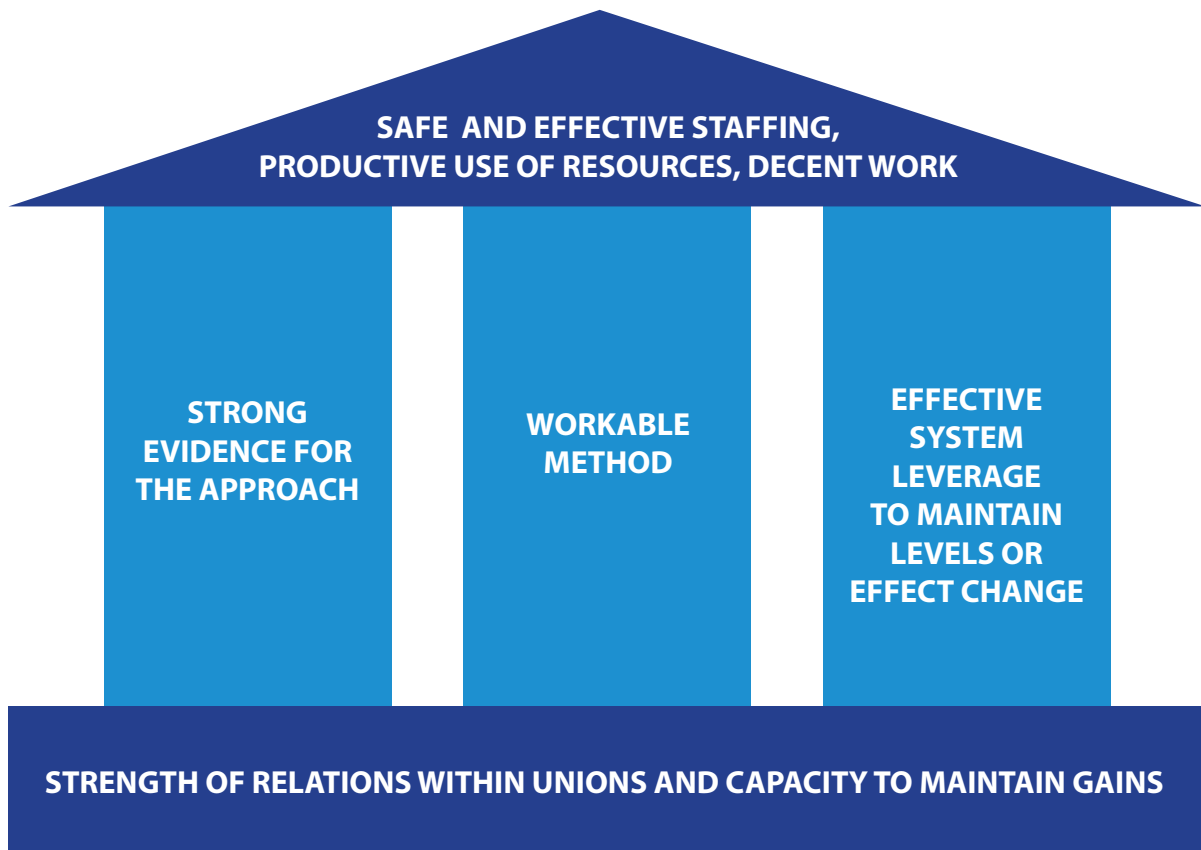


Figure 2: Safe & Effective Staffing Pillars Model (Lawless, 2015)

