Living Citizen Brief

Addressing the Politics of the Health Human Resources Crisis in Canada

9 December 2022

Version 1

McMaster University | HEALTH FORUM

EVIDENCE >> INSIGHT >> ACTION

McMaster Health Forum

The McMaster Health Forum's goal is to generate action on the pressing health and social issues of our time. We do this based on the best-available research evidence, as well as experiences and insights from citizens, professionals, organizational leaders, and government policymakers. We undertake some of our work under the Forum banner, and other work in our role as secretariat for Rapid-Improvement Support and Exchange, COVID-19 Evidence Network to support Decision-making (COVID-END), and Global Commission on Evidence to Address Societal Challenges.

Citizen panels

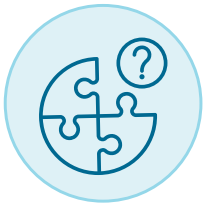
A citizen panel is an innovative way to seek public input on high-priority issues. Each panel brings together 14 to 16 citizens from all walks of life. Panel members share their ideas and experiences on an issue, and learn from research evidence and from the views of others. A citizen panel can be used to elicit the values that citizens feel should inform future decisions about an issue, as well as to reveal new understandings about an issue and spark insights about how it should be addressed.

This citizen panel about how to address the health human resources crisis in Canada will meet twice between December 2022 and February 2023.

This brief

This is the first version of a living citizen brief that will inform a citizen panel about how to address the health human resources crisis in Canada. This brief will be updated before each panel to capture changes to the political context, issues, and actions being taken to respond to the evolving context and issues.

Reviewing the context



Exploring the problem

Discussing solutions

Identifying barriers and windows of opportunity to moving forward

Reviewing the context

Most citizens experience difficulties in getting timely access to the care they need, which can include trouble finding a primary-care provider (like a doctor or nurse practitioner), getting a referral to a specialist, getting access to home care, rehabilitation or follow-up care, and more generally having to deal with very long wait times.

The root cause of many of these difficulties is the health human resources crisis, which is caused in part by:

- high rates of burnout among health workers
- high rates of resignations
- high rates of reduction of hours worked.(1)

For 30 years, health-system leaders in Canada have collectively acknowledged the problem, agreed on the policy solutions, but haven't made progress yet because of the politics.(2)

This document aims to support discussion about **'addressing the politics of the health human resources crisis in Canada'**. More specifically, it includes information about:

- the challenges of addressing the politics of the health human resources crisis in Canada
- possible solutions to address these challenges
- potential barriers and windows of opportunity to move forward.

Key terms used in this brief:

- **Citizens:** We use the word 'citizen' here to mean: 1) citizens – whether as taxpayers or voters or in other roles, and regardless of their formal citizenship status; 2) patients in the usual sense of those receiving care in the health system; and 3) families of and caregivers to these patients.
- **Health human resources:** All of the people who deliver or assist in the delivery of health services, or help operate health organizations. In Canada, there are more than 30 health professionals (including dentists and dental hygienists, dietitians, occupational, and physical therapists, nurses, orderlies, optometrists, paramedics, personal-support workers, midwives, pharmacists, physicians, psychologists, and many more).
- **Health-system leaders:** Government policymakers, organizational leaders, health professional leaders, advocates with lived experiences (as patients, families or caregivers), community leaders, and researchers.
- **Politics:** Politics can take different forms. On the one hand, it refers to the set of activities that are associated with making decisions in groups (for example, making decisions in a government or debates among elected officials, which we refer to as big "P" politics). On the other hand, it can refer to other forms of power relations among individuals and groups, such as the distribution of resources and authority (which we refer to as small "p" politics).
- **Values:** Beliefs that motivate people to act one way or another. Values serve as a guide for how people behave.

Reviewing the context

What do you know about the health human resources crisis and how it relates to the challenges you have experienced in the system?

In the following pages...

...we will look at the challenges of addressing the politics of the health human resources crisis in Canada. Then, we will look at potential solutions to foster more conducive politics to bring about change. We will ask you about the pros and cons of each solution (and give you an opportunity to think about other solutions too).

Why is it challenging to address the politics of the health human resources crisis in Canada?

- A group of 20 health-system leaders recently met in a dialogue about addressing the politics of the health human resources crisis in Canada.
- There was broad agreement that politics – both big "P" politics and small "p" politics – are a key reason for a lack of progress in addressing many aspects of the health human resources crisis in Canada.
- Politics play out at many different levels (see Table 1).

Table 1. Politics at various levels of health systems

Levels		Examples
Big "P" politics	Elected politicians of federal, provincial and territorial jurisdictions	• Federalism, and in particular the division of power between governments that grant provinces and territories authority over health-system decision-making, including over health human resources, within their own jurisdictions • There is little (if any) integration of health-system decision-making across provincial/territorial boundaries • Federal/provincial/territorial health ministers are not putting themselves on a crisis footing to use the many tools available to them immediately • There are confrontational relationships (often about funding) between the federal government and the provincial/territorial governments ○ In November 2022, provincial and territorial premiers walked away from the federal/provincial/territorial meeting where they were supposed to talk about pan-Canadian solutions to the health human resources crisis (3)

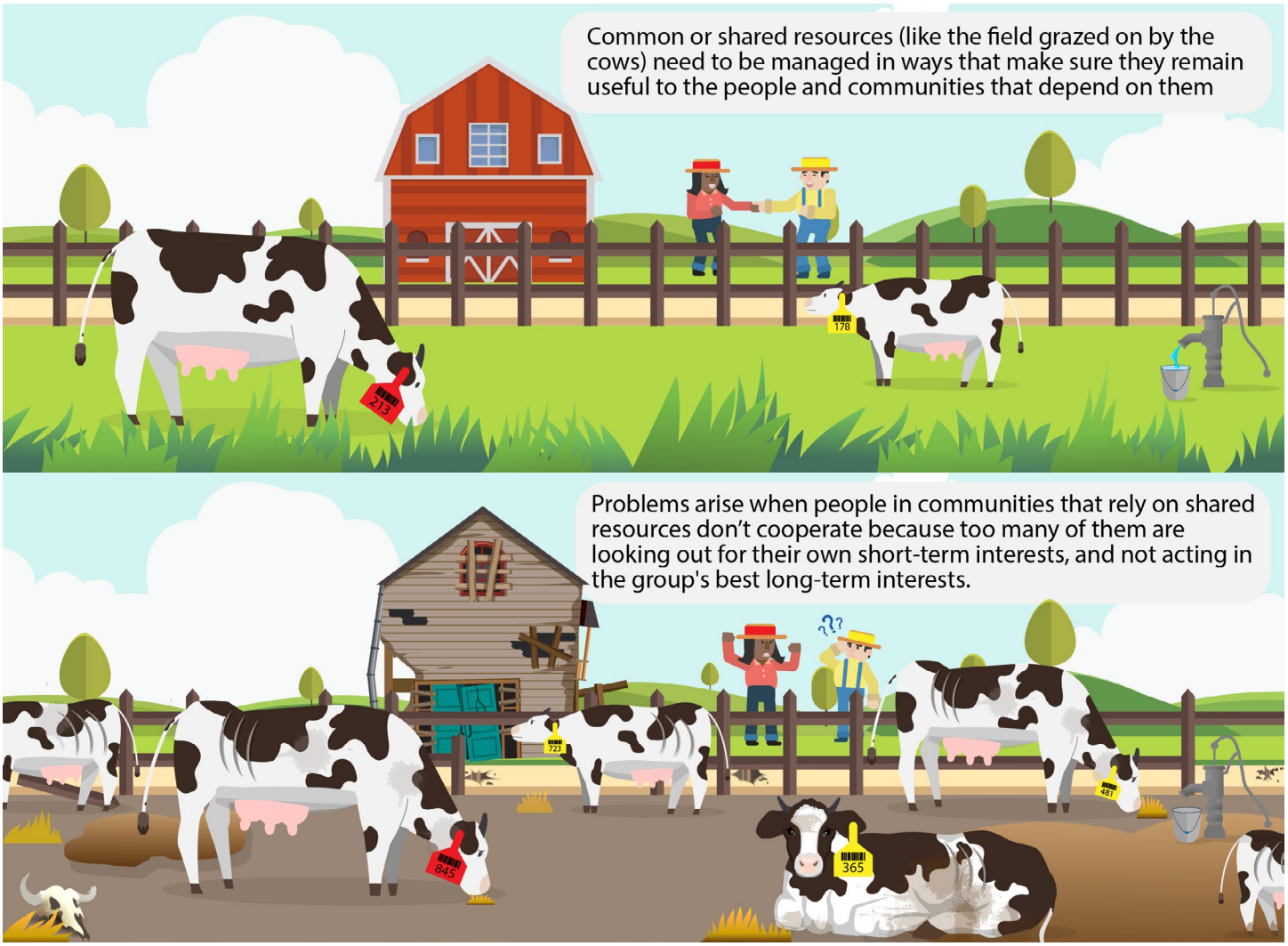
Small "p" politics	Leaders of health authorities/ organizations providing strategic direction and oversight for care delivery	• They are not providing clear direction about what the future health system needs to look like (hence what health human resources will be required)
		  ○ This would require them to make winners and losers of different parts of the system
		• They are not ensuring that they have the data necessary to actively plan and manage the workforce in their jurisdiction
		  ○ This would require them to mandate and fund many organizations to provide high-quality data, and to do so in a way that is acceptable given existing or future privacy legislations

	Leaders of health workplaces and practices (for example, hospitals, long-term care facilities, primary-care practices)	• Many organizations are not putting staff well-being and manageable staff workload at the centre of their organizational mandate ○ They often deflect blame by saying that they need more funds to do so, or that they have other priorities to pursue
	Leaders of organizations focused on specific categories of health workers (for example, regulatory colleges, education and training bodies)	• Each regulatory body often puts the needs of its own category of health workers ahead of the needs of other categories of health workers, and ahead of the needs of patients

Exploring the problem (cont'd)

- Regarding the big "P" politics, what matters most are the decisions made by the elected politicians in provinces and territories.
  - Most provinces and territories have a majority government, many of them right-leaning and conservative, with more than two years before the next election (although all governments would have to align on the need to pursue pan-Canadian initiatives to address the crisis).
  - Elected politicians in provincial and territorial jurisdictions can choose to take action in their own right in virtually all aspects of the health human resources crisis. They can also choose to work together with fellow elected officials from across the country to advance pan-Canadian solutions.
- Regarding the small "p" politics, what matters most are the decisions made by the leaders of various organizations in provincial and territorial jurisdictions.
  - They can also choose to collaboratively manage health human resources for individual and collective benefits.
- It is also important to remember that some rural and remote regions, or smaller jurisdictions, will always rely on common or shared resources (for example, to train new health workers or to get access to specialist care).
- The image of a common grazing pasture can be used to illustrate the importance of collaborating to manage common or shared resources (see Figure 1).(4) In this figure, managing the common grazing pasture represents managing health human resources, with the first image showing a collaborative approach and the second one showing a non-collaborative approach.

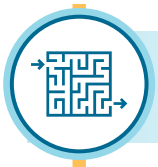
Figure 1. The challenge of managing common or shared resources



The crisis may have disproportionately affected some health workers

- An important element of the problem that requires further discussion is how the health human resources crisis may disproportionately affect certain categories of health workers.
- For illustrative purposes, we have identified three groups that may have been particularly affected by the crisis:
  - Young health workers who have different conceptions of what they want from their jobs as compared to older workers (for example, younger workers may prefer higher hourly pay and more control over work schedules as opposed to a salary with benefits and pensions and very little control over their schedule)
  - Female health workers who make up a large proportion of the health workforce, and in particular, make up the majority of the lower paying health professions (for example, personal-support workers are often women from racialized communities) (5-6)
  - Health workers who are provided with time-limited opportunities in the system to address acute crises, but may not be supported to pursue a lifelong career in the system (for example, asylum seekers who provided care in long-term care facilities during the pandemic to obtain permanent residence).(7)

Exploring the problem (cont'd)



Do the challenges presented here – the big "P" politics and small "p" politics – resonate with you?

What gives you hope that we can turn the tide and develop politics that are conducive to action?

Do you think some categories of health workers have been disproportionately affected by the health human resources crisis?

Discussing solutions

To promote discussion about the pros and cons of potential solutions, we have selected three solutions that could help address the politics of the health human resources crisis in Canada.

Many solutions could be selected as a starting point for discussion. We have selected the following three solutions for which we are seeking your input:

1. Identifying core values that decision-makers across the country and at all levels within health systems must follow to manage health human resources
2. Ensuring that actions taken at all levels of the health system to address the health human resources crisis adhere to these core values
3. Ensuring citizens hold (and are supported to hold) organizations accountable for adhering to these core values

We want to hear from you about the pros and cons of each solution (and give you an opportunity to think about other solutions too).

We present below the three solutions and look at what we know so far about them based on the best evidence we found. If you want to learn more, we included a technical appendix at the end of this document. It describes how we found the evidence and provides more details about each solution.

Solution 1: Identifying core values that decision-makers across the country and at all levels within health systems must follow to manage health human resources

Imagine that citizens (including patients, their families and their caregivers) identified the core values that decision-makers across the country must follow to manage health human resources (and resolve the crisis).

We searched the literature to find research evidence about establishing collaborative processes where various stakeholders come together to identify core values.

- We found three evidence syntheses about collaborative processes and the development of values. Two of the syntheses identified the types of values that could be considered, including utility and efficiency, justice and equity, autonomy, solidarity, participation, sustainability, transparency, and accountability.(8-9)
- The other synthesis provided a list of factors that can help collaborative decision-making, including communication, trust, respect, mutual acquaintanceship, power, shared goals and consensus, patient-centredness, task characteristics and environmental factors, particularly when these are formalized).(10)

We propose below an emerging list of core values that should be considered as a starting point from which to build upon (see Table 2). These core values were identified during a recent stakeholder dialogue in which 20 government policymakers, organizational leaders, professional leaders and researchers discussed the same issues included in this brief. Using the table below, help us identify up to five more core values to consider.

Table 2. Core values that decision-makers across the country must follow to manage health human resource

	Examples of value statements
	• **Use a crisis footing as an opportunity to improve many aspects of the health system** ○ Use a crisis footing to motivate action, both to address current challenges like those with health human resources issues, as well as to develop policies that can lead to widespread transformative change
	• **Plan now for the system we want** ○ Plan now for the health system we want in each province and territory in future, including its health human resource needs ○ For example, fostering a culture of team-based care as opposed to solo physicians, enabling health workers to deliver the full range of services they are trained for, finding appropriate balance between in-person and virtual care
	• **Make workplaces better for health workers** ○ Make workplaces that value quality and excellent practices the driving force for health human resource improvements
	• **Share data** ○ Mandate that everyone who is able contribute data that can be added to a common health human resource database for their province or territory and, where possible, later bring them together into a pan-Canadian database
	• **Recruit health workers ethically** ○ Engage in ethical recruitment of new health workers from other sectors within a province or territory, from other provinces or territories, and from other countries ○ Find ways to compensate organizations who lose from recruitment practices
	• **Build on provincial and territorial wins for the benefit of all Canadians** ○ Seek wins in resolving the workforce crisis in each province and territory and, where possible, later bring them together into pan-Canadian efforts ○ Clarify the few domains where pan-Canadian action is truly required or where federal support is needed

Solution 2: Ensuring that actions taken at all levels of the health system to address the health human resources crisis adhere to these core values

Imagine that we have the list of core values as described in solution 1. Now, we want to make sure that health-system leaders adhere to these core values in the actions that they take to address the health human resources crisis.

We searched the literature to find evidence about how health-system leaders can adhere to core values. However, we found no relevant evidence.

We propose below examples of actions that can be taken at multiple levels to show adherence to these core values (see Table 3). These examples were also identified during the recent stakeholder dialogue in which 20 government policymakers, organizational leaders, professional leaders and researchers discussed the same issues included in this brief. Using the table below, help us identify other actions that can be taken and that would adhere to our core values.

Table 3. Actions that can be taken at various levels

Value statements	Levels at which actions can be taken	Examples of the actions taken
Recruit health workers ethically	Provincial and territorial government policymakers	Prohibiting the active offer of incentives to recruit health workers to move to your jurisdiction
Share data	Leaders of health authorities/organizations providing strategic direction and oversight for care delivery	Packaging data in ways that can be used to tell stories
Plan now for the system we want	Leaders of health workplaces and practices (for example, hospitals, long-term care facilities, primary-care practices)	Giving priority to both work-life balance and manageable workloads
Build on provincial and territorial wins for the benefit of all Canadians	Leaders of organizations focused on specific categories of health workers (for example, regulatory colleges, education/training bodies)	Adopting measures to make it easy for regulated health workers to move and work in your province/territory (for example, automatically recognizing the license from other provinces/territories)

Solution 3: Ensuring citizens hold (and are supported to hold) organizations accountable for adhering to these core values

Imagine that citizens were able to hold health-system organizations accountable about their efforts to bring about change (and resolve the health human resources crisis).

For example, citizens could:

- Join advisory bodies to influence decisions being made by these health-system organizations
  - for example, many organizations across the country have advisory bodies such as the Patient Voices Network in British Columbia, Alberta Health Services Provincial Patient and Family Advisory Council, the Patient and Family Advisory Councils in many organizations in Ontario, the Consultation Forum of the Health and Welfare Commissioner in Quebec, the Patient, Family and Public Advisory Council in Nova Scotia, and much more
- Call for the creation of such advisory bodies if health-system organizations do not have ways to engage citizens
  - for example, creating such advisory bodies in organizations that oversee or advocate for health professionals (the Canadian Medical Association created the Patient Voice, which is a group of patients who lend their perspectives and experience to their advocacy work)
- Join patient-led organizations that can advocate for change (for example, Imagine Citizens Network in Alberta, or Patient Advisors Network)
- Call for making mandatory public reporting of how organizations are adhering to the core values (and making progress to resolve the crisis)
- We searched the literature to find evidence about public accountability mechanisms. We found a recent review about approaches to report health-system performance that are effective at driving continuous improvement and accountability. (11)
  - Health-system performance is commonly reported through health-system report cards, balanced scorecards and/or reporting dashboards to internally present organizational accountability measures.

Discussing solutions (cont'd)

  - Findings about the impact of public reporting of health-system performance were mixed, with two reviews finding that it can stimulate care quality by focusing on transparency and accountability which supports the engagement in activities to improve care quality, but others reported that it makes little to no difference to healthcare utilization by healthcare consumers or professionals, or to professional performance.
- There is a growing body of literature about the importance of citizen engagement in health-system governance, particularly as a way to support greater accountability,(12) and also for citizens to act as 'value consultants' to guide decision-makers.(13)
  - We found several systematic reviews about promising citizen engagement models, including citizen panels, consensus conferences, deliberative polls, and much more.(14-19)
  - These reviews generally found a lack of evidence about what citizen-engagement methods are most effective in what context, due to the limited number of robust evaluations.(19)
  - However, these reviews revealed potential instrumental benefits of citizen engagement (for example, integrating citizen values and preferences in policies and decisions) and developmental benefits (for example, raising public awareness and improving citizen understanding of complex policy issues).(14-19)

What do you think about the core values presented here?

What additional core values do you think should guide decision-makers across the country to manage health human resources (and resolve the crisis)?

Discussing solutions (cont'd)

What additional actions could be considered at all levels that could address the health human resources crisis (while adhering to these values)?

What other ways could citizens hold (or be supported in holding) organizations accountable?

What other solutions could help to address the politics of the health human resources crisis?

Of everything that you have heard about the proposed solutions …:

- What do you like?
- What do you wish?
- What do you wonder?

Identifying barriers and windows of opportunity to moving forward

Solutions are great, but only if they can be put into action. There are often barriers in the way. Some of these barriers can be overcome. Others might be so big that we might need to rethink the solution. We have outlined some potential barriers below in Table 4. Help us identify up to three more barriers for each solution.

Table 4. Potential barriers to move forward

	Solution 1. Identifying core values that decision-makers across the country and at all levels within health systems must follow to manage health human resources	Solution 2. Ensuring that actions taken at all levels of the health system to address the health human resources crisis adhere to these core values	Solution 3. Ensuring citizens hold (and are supported to hold) organizations accountable for adhering to these core values
Examples of barriers	• It may be challenging to achieve a consensus on a list of core values given the diversity of beliefs and experiences among the public (and health-system leaders)	• The 'breakdown' of negotiations among federal, provincial and territorial health ministers in early November indicates the challenges of achieving consensus on (and adhering to) a common set of core values (3)	• Some organizations may be hesitant to publicly release reports that document their capacity to 'collaboratively' manage health human resources

Solutions can benefit from a window of opportunity to make them happen. A window of opportunity could be an event that brings an issue into the forefront (a news story, a crisis, a new public opinion poll, an election, etc.). We have outlined some potential windows of opportunity below. Help us identify up to three more for each solution in Table 5.

Identifying barriers and windows of opportunity to moving forward (cont'd)

Table 5. Potential windows of opportunity to moving forward

	Solution 1. Identifying core values that decision-makers across the country and at all levels within health systems must follow to manage health human resources	Solution 2. Ensuring that actions taken at all levels of the health system to address the health human resources crisis adhere to these core values	Solution 3. Ensuring citizens hold (and are supported to hold) organizations accountable for adhering to these core values
Examples of windows of opportunity	• There have been efforts in recent year to better understand Canadians' attitudes and values toward their health system (and we could build on these efforts)(20)	• All governments in Canada are implementing at least some actions that are focused on addressing the health human resources crisis and, in general, such efforts have been expanded due to additional pressures placed on health systems across Canada by the COVID-19 pandemic	• There are growing calls among the public for greater health-system accountability

Identifying barriers and windows of opportunity to moving forward (cont'd)

What might be the **biggest barrier** to these solutions?

What might be the **biggest window of opportunity** for these solutions?

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Acknowledgments

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Technical appendix

Identification, selection and synthesis of evidence presented in this brief

- Whenever possible, we describe what is known about each element based on systematic reviews.
- A systematic review is a summary of all the studies that looked at a specific topic.
- A systematic review uses very rigorous methods to identify, select and appraise the quality of all the studies, and to summarize the key findings from these studies.
- A systematic review gives a much more complete and reliable picture of the key research findings, as opposed to looking at just a few individual studies.
- We identified systematic reviews in three databases that are the world's most comprehensive databases of evidence on health and social systems, as well as evidence on interventions to respond to the COVID-19 pandemic:
  - Health Systems Evidence (www.healthsystemsevidence.org)
  - Social Systems Evidence (www.socialsystemsevidence.org)
  - COVID-END (www.covid-end.org)
- A systematic review was included if it was relevant to one of the elements covered in the brief.
- We summarize below the key findings from all the relevant systematic reviews.

Solution 1: Identifying core values that decision-makers across the country and at all levels within health systems must follow to manage health human resources

Category of finding	Summary of key findings
Benefits	None reported in the systematic reviews found
Harms	None reported in the systematic reviews found
Cost and/or cost-effectiveness	None reported in the systematic reviews found
Uncertainty regarding benefits and potential harms	None reported in the systematic reviews found

Key characteristics if it was tried elsewhere	• Two systematic reviews identified the types of values that could be considered in different decision-making contexts, including:
	  ○ utility and efficiency
	  ○ justice and equity
	  ○ autonomy
	  ○ solidarity
	  ○ participation
	  ○ sustainability
	  ○ transparency
	  ○ accountability (8-9)
	• Another systematic review provided a list of factors that can help collaborative decision-making, including:
	  ○ communication
	  ○ trust
	  ○ respect
	  ○ mutual acquaintanceship
	  ○ power
	  ○ shared goals and consensus
	  ○ patient-centredness
	  ○ task characteristics
	  ○ environmental factors (particularly when these are formalized) (10)

Stakeholders' views and experiences	None reported in the systematic reviews found

Solution 2: Ensuring that actions taken at all levels of the health system to address the health human resources crisis adhere to these core values

We found no reviews that were relevant to solution 2.

Solution 3: Ensuring citizens hold (and are supported to hold) organizations accountable for adhering to these core values

Category of finding	Summary of key findings

Benefits	**Reviews about citizen engagement**
	• A medium-quality review found benefits for the use of public deliberation methods (e.g., citizen panels and juries, consensus conferences, planning cells) in:(21)
	  ○ bringing insights into social values
	  ○ improving understanding of complex issues (particularly ethical and social dilemmas)
	  ○ enhancing civic-mindedness
	• A medium-quality review found benefits for public involvement in healthcare policy, such as:(15)
	  ○ enhancing awareness and understanding of healthcare issues
	  ○ enhancing competencies among lay participants
	• A recent and medium-quality review found some evidence that the use of citizen juries in health policy decision-making allowed citizens to engage with evidence, deliberate and advise (18)
	• An older medium-quality review found several benefits related to patient engagement in the planning and development of healthcare, which include:(14)
	  ○ improved self-esteem for patients
	  ○ rewarding experience for healthcare staff
	  ○ production of updated/improved patient-information resources
	  ○ improved healthcare services
	  ○ improved organizational attitudes that are supportive of patient involvement

Harms	None reported in the systematic reviews found
Cost and/or cost-effectiveness	**Reviews about citizen engagement** • An older and low-quality review found that costs related to public engagement activities are rarely reported, but noted that well-structured processes range from tens of thousands of dollars to $1 million or more for large scale events (17)

*continued on next page

Solution 3: Ensuring citizens hold (and are supported to hold) organizations accountable for adhering to these core values *(continued from previous page)*

Category of finding	Summary of key findings
Uncertainty regarding benefits and potential harms	**Reviews about citizen engagement** • Several reviews found a lack of evidence about the impact of public and patient engagement on healthcare policies (15-16;19;22) and healthcare priority setting,(17) most likely due to a lack of formal evaluations as well as clear outcomes and indicators of success **Reviews about public reporting** • Findings about the impact of public reporting of health-system performance were mixed, with two reviews finding that it can stimulate care quality by focusing on transparency and accountability which supports the engagement in activities to improve care quality, but others finding that it makes little to no difference to healthcare utilization by healthcare consumers or providers, or to provider performance (11)
Key characteristics if it was tried elsewhere	**Reviews about citizen engagement** • A medium-quality review outlined that the mechanisms used for public engagement need to be adapted according to the context of policy development around the issue (for example, by forming the group in ways that are sensitive to the type of topic, history of the issue and possible power dynamics) (22) • A medium-quality review reported on a diverse set of methods used for eliciting public values (for example, ranking of services or programs, rating of options, making explicit choices between options, individual interviews, a Delphi process, focus groups, citizen juries and town hall meetings) to inform resource allocation decision-making, and noted that no single approach can be defined as the gold standard, and suggested that instead selection of an approach should be completed after considering population-specific factors (23) • A medium-quality review found that special attention should be paid to recruitment, independent oversight, jury duration and moderation when using citizen juries in health policy decision-making (18) **Reviews about public reporting** • Health-system performance is commonly reported through health-system report cards, balanced scorecards and/or reporting dashboards to internally present organizational accountability measures • In Canada, a variety of reports are released to the public on a frequent basis, including information on health indicators, international comparisons, and tools specific to different areas of care
Stakeholders' views and experiences	**Reviews about citizen engagement** • A medium-quality review found that those who participate in well-designed interactive public-engagement processes report high levels of satisfaction across different components of the process (for example, communication of objectives, adequacy of the information materials provided to inform discussions and the logistics and management of the deliberation), as well as increased levels of topic-specific learning (22)

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