Living Panel Summary

Addressing the Politics of the Health Human Resources Crisis in Canada

9 December 2022

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 involves 14 to 16 citizens from all walks of life. Citizens share their ideas and experiences on a particular issue, and learn from research evidence and from the views of others. A citizen panel helps us to understand the values that citizens think are important when making decisions about the issue, and reveals new understandings about the issue and how it should be addressed.

This panel summary

On 9 December 2022, we convened a citizen panel addressing the politics of the health human resources crisis in Canada. This summary highlights the views of panellists 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.

The citizen panel did not aim for consensus. However, the summary describes areas of common ground and differences of opinions among panellists and (where possible) identifies the values underlying different positions.

Exploring the problem

Discussing solutions

Identifying barriers and windows of opportunity to moving forward

Summary of the panels

In the first interaction of the 'living' citizen panel convened in December 2022, a group of 17 citizens from across Canada – diverse in terms of age, gender, geographical location, ethnocultural background and socio-economic status – brought their unique perspectives to bear on the problems related to the politics of the health human resources crisis.

Exploring the problem

While panellists generally agreed about the influence of both 'big P' and 'small p' politics on impeding our ability to resolve the crisis, they also raised a number of challenges that are most important to them: 1) patient experiences are suffering due to the crisis; 2) health workplaces do not seem to be managed responsibly and respectfully; 3) personal and professional interests seem to be guiding health-system leaders; 4) health workers seem to be rarely engaged in policy and organizational decisions; 5) some health workers are affected differently by the crisis; and 6) there is a decline in trust in health-system leaders, which is fostered in part by their lack of accountability for solving the crisis. These challenges were framed by panellists as both consequences of the crisis and drivers of the crisis (in that they are creating a feedback loop reinforcing each other).

Discussing solutions

After discussing the challenges, panellists were invited to reflect on three solutions to address the politics of the health human resources crisis in Canada. The proposed solutions were: 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; and 3) ensuring citizens hold (and are supported to hold) organizations accountable for adhering to these core values.

Panellists identified several core values to consider (solution 1), but two were emphasized as key: plan now for the system we want and make workplaces better for health workers.

Panellists spent less time to identify concrete actions to be taken to ensure health-system leaders adhere to these core values (solution 2). However, while they agreed on the importance of these core values, a few panellists emphasized that we need to be flexible in how they will be operationalized by provincial and territorial health systems.

With respect to how citizens can hold organizations accountable to adhere to these values (solution 3), panellists focused on mechanisms that could increase transparency (about health human resources policies and decisions, and their impact) and that could support greater citizen engagement (to ensure citizens' values and insights shape health human resources policies and decisions).

Identifying barriers and windows of opportunity

After discussing the three solutions, panellists examined potential barriers and facilitators for moving forward. The discussion generally focused on two key barriers: 1) health-systems leaders have failed to make improvements for more than three decades (and many citizens have lost hope that we could resolve the crisis); and 2) it is difficult to align federal/provincial/territorial priorities and interests.

When turning to potential facilitators to moving forward, panellists identified two windows of opportunity: 1) the COVID-19 pandemic put the spotlight on the health human resources crisis across the country (and has created a sense of urgency to address it); and 2) most of the needed 'resources' already exist and we need to redesign the system to make the most optimal use of these resources.

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

Panellists noted that citizens have unique vantage points to observe the health human resources crisis, whether as patients and caregivers, or as friends or acquaintances of health workers who often share their professional experiences.

Panellists generally agreed that the lack of conducive politics (both 'big P' and 'small p' politics) impede our ability to resolve the health human resources crisis. More specifically, they identified six challenges that are either consequences of the crisis or drivers of the crisis (in that they are creating a feedback loop reinforcing each other):

- patient experiences are suffering due to the crisis
- health workplaces do not seem to be managed responsibly and respectfully
- personal and professional interests seem to be guiding health-system leaders
- health workers seem rarely engaged in policy and organizational decisions
- some health workers are affected differently by the crisis
- there is a decline in trust in health-system leaders (which is fostered in part by their lack of accountability to solve the crisis).

Challenge 1. Patient experiences are suffering due to the crisis

The discussion initially focused on the impact of the health human resources crisis on patient experiences. Panellists talked about their "trials and tribulations" as patients and caregivers, including the lack of timely access to care, long wait times, the lack of continuity of care, the fragmentation of care (and poor information sharing), and the trouble of navigating the system (among other things).

Several panellists indicated that the crisis is contributing to the depersonalization of care (meaning that care is deprived of the sense of personal identity). Some panellists talked about constant staff turnovers and others indicated that their family physicians moved or retired without being notified. These examples illustrated the depersonalization of care, and the weakening relationships between patients/caregivers and their care providers.

Challenge 2. Health workplaces do not seem to be managed responsibly and respectfully

The discussion then shifted to workplace challenges that exacerbate the health human resources crisis. Panellists generally agreed that health workplaces do not seem to be managed responsibly and respectfully.

Panellists talked about the very long shifts being done by health workers (without the capacity to eat or go to the washroom) and mandatory overtime, which led to burnout and poor employee/employer relationships. As one panellist said: "There are staff that have no work-life balance. They cannot plan their lives, childcare, vacations, personal days, etc., because of the way they are being mandated to work and all the forced overtime." A second panellist added: "Good healthcare outcomes are impossible without well-rested, happy and healthy employees, from the lowest paid to the highest paid (health workers)."

Challenge 3. Personal and professional interests seem to be guiding health-system leaders

A common theme throughout the discussion was how personal and professional interests appear to be guiding health-system leaders, and that it constitutes a major barrier to managing health human resources collaboratively.

Referring to the 'big P' politics, panellists mentioned that elected officials are obsessed by the four-year election cycle and are thus focused on short-term gains. This encourages the adoption of "band-aid solutions," as opposed to long-term care planning to address the health human resources crisis.

As for the 'small p' politics, panellists indicated that managers and professional groups are often stuck in power struggles and zero-sum thinking (meaning that one group's gain would be another's loss). Ultimately, it takes a toll on population health. As one panellist said: "[We have] various professions defending their turf, which leave the healthcare consumer out in the cold."

Challenge 4. Health workers seem rarely engaged in policy and organizational decisions

Panellists emphasized that health workers are dedicated people who can provide insightful input to address the health human resources crisis. However, they felt that they were rarely engaged in policy and organizational decisions. As one panellist said: "Some of these people are brilliant. Whether they are orderlies, personal-support workers or janitors, these people have ideas. […] It's not just administrators that have brilliant ideas. It's also people that are doing the groundwork."

Challenge 5. Health workers are affected differently by the crisis

An important element of the problem that requires further discussion is how the health human resources crisis may affect differently certain groups of health workers.

Panellists focused on three groups during the discussion:

- immigrant workers
  - foreign graduates who are facing lengthy and complex processes to be integrated in health systems in Canada (and many are giving up working in the health sector)
  - immigrant workers who are provided with time-limited opportunities in the system to address acute crises, but who are not supported to pursue a lifelong career in health systems (for example, asylum seekers who provided care in long-term care facilities during the pandemic to obtain permanent residency)
- health workers in rural and remote communities who are facing unique challenges that can contribute to additional stress and burnout (for example, working in resource-constrained settings)
- female health workers making up a large proportion of the health workforce, and in particular, making up the majority of the lower paying health professions (for example, personal-support workers are often women from racialized communities).

Challenge 6. There is a decline in trust in health-system leaders

The last challenge emerging from the discussion is the decline of public trust in health-system leaders. As one panellist said: "There is no longer a broad universal trust. If we're going to move forward, we have to identify where and how to build back trust. […] How do we establish trust at various levels, both the 'big P' politics and 'small p' politics, because unless we overcome that, everything we suggest is going to be seen with a bit of mockery and certainly disbelief."

Panellists also pointed out that trust cannot thrive without accountability. Many felt that they had limited leverage to hold health-system leaders accountable to solve the crisis (with the exception of elected officials who can be voted out of office every four years).

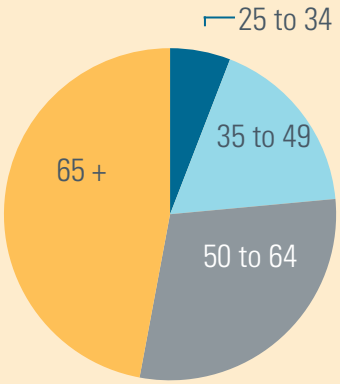
Box 1: Key features of the citizen panels

The virtual citizen panel about addressing the politics of the health human resources crisis had the following 11 features:

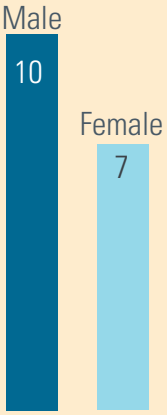
- it addressed a high-priority issue in Canada
- it provided an opportunity to discuss different features of the problem
- it provided an opportunity to discuss solutions for addressing the problem
- it provided an opportunity to discuss key barriers and windows of opportunity to move forward
- it provided an opportunity to talk about who might do what differently
- it was informed by a pre-circulated, plain-language brief
- it involved a facilitator to assist with the discussions
- it brought together citizens affected by the problem or by future decisions related to the problem
- it aimed for fair representation among the diversity of citizens involved in or affected by the problem
- it aimed for open and frank discussions that preserved the anonymity of participants
- it aimed to find both common ground and differences of opinions.

Box 2: Profile of panellists

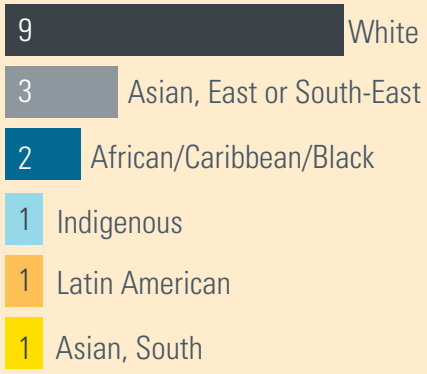
The virtual panel engaged a diverse group of **17 citizens** – in terms of age, gender, ethnocultural background and socio-economic status – from across Canada.



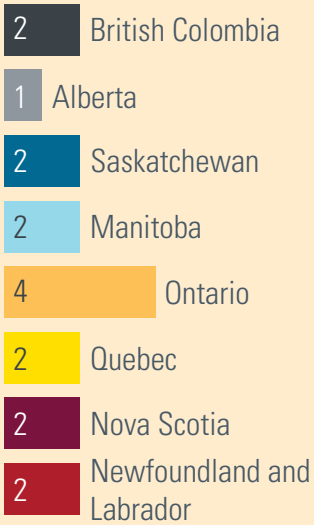
Age group



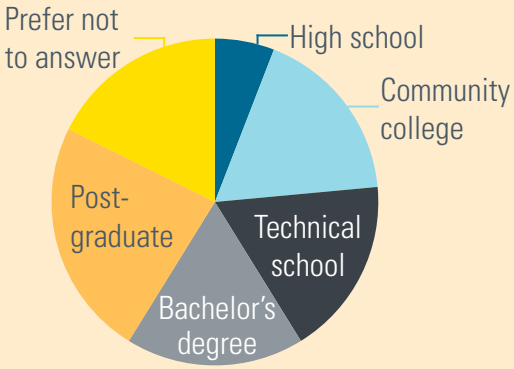
Gender



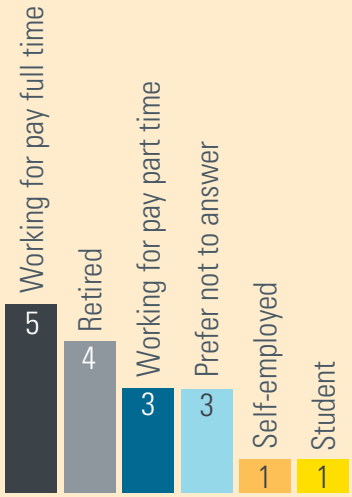
Racial and ethnic identity



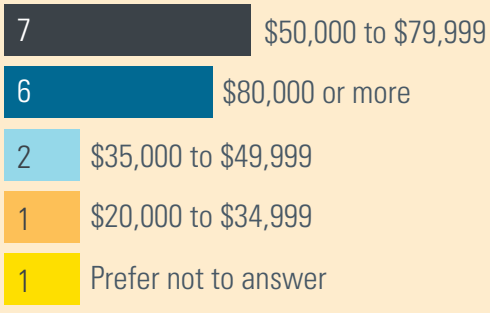
Provinces/territories



Highest level of education completed



Work status



Income categories (before taxes and deductions)

***Note that the graphs are not connected, and thus each graph is colored independently.*

Discussing solutions

After discussing the challenges, panellists were invited to reflect on three solutions to address the politics of the health human resources crisis in Canada. The proposed solutions were:

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 describe below areas of common ground and differences of opinions among panellists and (where possible) identify the values underlying different positions.

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

This solution aims to identify the core values that decision-makers across the country must follow to manage health human resources (and resolve the crisis).

We present below the emerging list of core values that should be considered as a starting point from which to build upon (see Table 1). Some of these core values were identified during a recent stakeholder dialogue in which 20 government policymakers, organizational leaders, professional leaders and researchers participated. Other core values were identified during the citizen panel. Others emerged during both the dialogue and panel.

Table 1. Core values that emerged during the stakeholder dialogue and citizen panel

Core values	Core values identified during...	
	Stakeholder Dialogue	Citizen Panel
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, as well as to develop policies that can lead to widespread transformative change	x	
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 • The health human resources crisis requires comprehensive solutions, not 'band-aid solutions' • 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	x	x

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Table 1. Core values that emerged during the stakeholder dialogue and citizen panel (cont'd)

Core values	Core values identified during...	
	Stakeholder Dialogue	Citizen Panel
Make workplaces better/healthier for health workers • Make workplaces that value quality, respect and excellent practices the driving force for health human resources improvements • Without respect, there can be no trust between employees and employers • As one panellist said: "Everyone has a right to go to work and come home safe and sound, that includes their mental health."	x	x
Share data • Mandate that everyone who is able contribute data that can be added to a common health human resources database for their province or territory and, where possible, later bring them together into a pan-Canadian database	x	
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	x	
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	x	
Solutions to the health human resources crisis must align with Canadians' support for universal access to medically necessary care • Panellists indicated that potential solutions to the crisis should strengthen universal access to medically necessary care (not undermine it)		x
Use an equity, diversity and inclusivity lens • The management of health human resources (and the solutions to address the crisis) must use an equity, diversity and inclusivity lens • Making healthcare training more accessible for low-income individuals (for example, we do not want to miss out on talents due to their inability to pay for training) or for people from historically disadvantaged or marginalized communities • Includes 'ways in' for equity-deserving groups to become health workers		x
Shared accountability • Without accountability, there can be no trust between citizens and health-system leaders • Health-system leaders at all levels must be transparent and held accountable on resolving the crisis		x
Citizens should inform policy and organizational decisions • There is a need to harness the insights and experiences of citizens (for example, as taxpayers, patients, caregivers, family members) to resolve the crisis • Without engagement opportunities, there can be no trust		x

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Table 1. Core values that emerged during the stakeholder dialogue and citizen panel (cont'd)

Core values	Core values identified during...	
	Stakeholder Dialogue	Citizen Panel
Health workers should inform policy and organizational decisions • There is a need to harness the insights and experiences of health workers to resolve the crisis • Without engagement opportunities, there can be no trust		x
Flexible health human resources practices • A 'one-size-fits-all' approach to health human resources is not the answer • Identifying employees who want more hours and others who want fewer hours; and some who want to work from home (if possible), and others who want to job-share, etc.		x
Variability in operationalization of the core values across provinces and territories • While provinces and territories can identify common core values, we must expect variability in the operationalization of these core values		x

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

This solution aims to identify concrete actions that can be taken at various levels to ensure that health-system leaders adhere to our core values.

We present below examples of actions that can be taken at multiple levels to show adherence to these core values (see Table 2). These examples were identified during the recent stakeholder dialogue and citizen panel.

Table 2. Actions that can be taken at different levels to show adherence to the core values

Value Statements	Levels at which actions can be taken	Examples of the actions taken
Use a crisis footing as an opportunity to improve many aspects of the health system	Federal, provincial and territorial government policymakers	Federal government should make healthcare funding depend on the provinces developing pan-Canadian standards and cooperation Federal government could use its capacity to withhold funds to ensure great pan-Canadian collaboration As one panellist said: "I think perhaps it's time for the federal government maybe to withhold funding and say to the provinces you get together and come up with solutions. Define pan-Canadian standards and cooperate with each other and we will fund it." Establish "new rules of the game" or a new social contract of federalism
Recruit health workers ethically	Provincial and territorial government policymakers	Prohibit the active offer of incentives to recruit health workers to move to your jurisdiction Find ways to compensate organizations who lose from recruitment practices
Share data	Leaders of health authorities/organizations providing strategic direction and oversight for care delivery	Package data in ways that can be used to tell compelling stories about the health human resources crisis
Plan now for the system we want	Leaders of health workplaces and practices (for example, hospitals, long-term care facilities, primary-care practices)	Foster a culture of team-based care as opposed to solo physicians, enable health workers to deliver the full range of services they are trained for, find appropriate balance between in-person and virtual care
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)	Adopt measures to make it easy for regulated health workers to move and work in your province/territory (for example, automatically recognizing the licences from other provinces/territories)
Make workplaces better/healthier for health workers	Leaders of health workplaces and practices (for example, hospitals, long-term care facilities, primary-care practices)	Give priority to both work-life balance and manageable workloads Use new technologies optimally to reduce workload, to reallocate resources, or to redesign services
Build on provincial and territorial wins for the benefit of all Canadians	Federal, provincial and territorial government policymakers	Clarify the few domains where pan-Canadian action is truly required or where federal support is needed

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Table 2. Actions that can be taken at different levels to show adherence to the core values (cont'd)

Value Statements	Levels at which actions can be taken	Examples of the actions taken
Solutions to the HHR crisis must align with Canadians' support for universal access to medically necessary care	Provincial and territorial government policymakers	None identified
Use an equity, diversity and inclusivity lens	All	Making healthcare training more accessible for low-income individuals (for example, we do not want to miss out on talents due to inability to pay for training) or for people from historically disadvantaged or marginalized communities Includes 'ways in' for equity-deserving groups to become frontline health workers
Shared accountability	All	Need to establish clear standards and indicators to assess performance
Citizens should inform policy and organizational decisions	All	See examples discussed for solution 3
Health workers should inform policy and organizational decisions	All	None identified
Leverage technologies to reduce workload	Leaders of health workplaces and practices (for example, hospitals, long-term care facilities, primary-care practices)	Leverage new technologies (including artificial intelligence) to support health workers, care plans and clinical care
Health workers should be able to work in any province/territory	Provincial and territorial government policymakers Leaders of organizations focused on specific categories of health workers (for example, regulatory colleges, education/training bodies)	Support pan-Canadian licensure As one panellist said: "There needs to be a universal set of policies or rules where a health worker in one province can easily work in all provinces."
Flexible health human resources practices	Leaders of health workplaces and practices (for example, hospitals, long-term care facilities, primary-care practices)	Identifying employees who want more hours and others who want fewer hours; and some who want to work from home (if possible), and others who want to job-share, etc.
Variability in operationalization of the core values across provinces and territories	Provincial and territorial government policymakers	None identified

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

This solution aims to find ways for citizens to hold health-system organizations accountable about their efforts to bring about change (and resolve the health human resources crisis).

The discussions about accountability focused on mechanisms that could **increase transparency** (about health human resources policies and decisions, and their impact) and that could **support greater citizen engagement** (to ensure citizens' values and insights shape health human resources policies and decisions).

Panellists emphasized the need to translate these core values into a performance framework and measurable indicators. This would then allow health-system organizations to publish public reports and scorecards allowing citizens to monitor progress.

They also indicated the need to develop surveys that could capture patients/caregivers' experiences with the quality of care and their views about how organizations adhere to the core values. As one panelist said: "Healthcare consumers should be a critical component of any feedback loop which is designed to give a fulsome and unbiased assessment of how well the 'system' is delivering on core value targets." These surveys should go to an independent organization to feed public reports and scorecards.

Lastly, they indicated the need to engage citizen or patient ambassadors at all levels at which actions can be taken to ensure adherence to the core values. In addition, there is a need to support greater public dialogues about the health human resources crisis. Panellists indicated that citizens must understand the multiple facets of the crisis (and not just the supply/shortage issues as commonly portrayed in the media).

Identifying barriers and windows of opportunity to moving forward

Regarding the second barrier, while most panellists saw the value of identifying common core values and pan-Canadian solutions to address the HHR crisis, a few panellists were skeptical about the capacity to achieve this in our federal system. These panellists reminded the group about the difficulty of aligning federal/provincial/territorial priorities and interests,

Health-systems leaders have failed to make improvements for more than three decades (and many citizens have lost hope that we could resolve the crisis)

It is difficult to align federal/ provincial/territorial priorities and interests.

and the many jurisdictional boundaries that could impede collaboration. As one panellist said: "This is the biggest barrier because there is some sort of a common understanding that there is a basic necessity for everyone to come together. Let's face it, if you don't come together, you're not going to get anywhere." A second panellist added: "I think it's regional interests too. Here, in northwestern Ontario, the interests are far different than other parts of Ontario. And frankly, I don't think that the Ontario Health Minister cares one bit what my fellow citizens in Newfoundland think about healthcare."

When turning to potential facilitators to moving forward, panellists identified two windows of opportunity:

The COVID-19 pandemic put the spotlight on the health human resources crisis across the country (and has created a sense of urgency to address it)

Most of the needed 'resources' already exist and we need to redesign the system to make the most optimal use of these resources.

Acknowledgments

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