GLOHRA Academy Series
For early career researchers

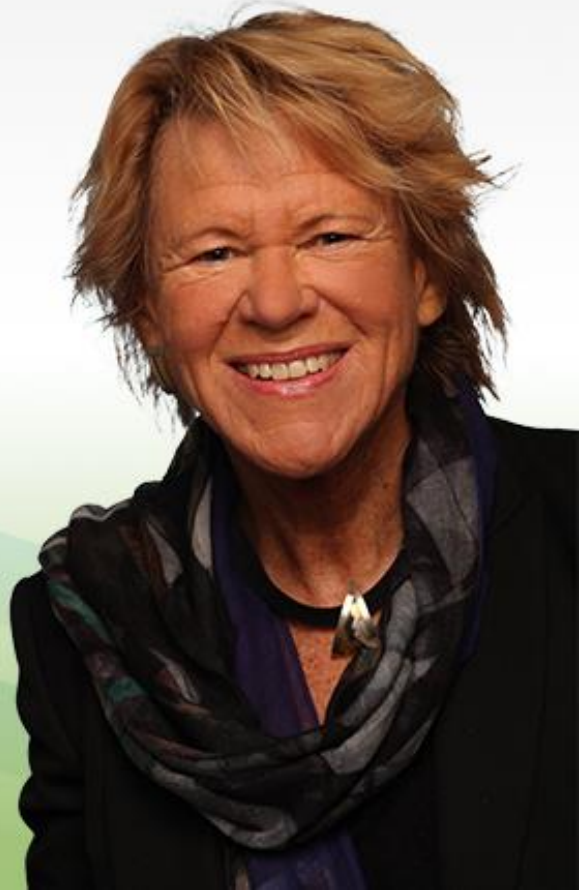
GLOHRA
globalhealth.de

Dr. Ellen Kuhlmann

Health workforce research: why we need global health and feminist approaches

6 December 2022
17:00 - 18:00 CET
online via Zoom

Please register in advance



Health workforce research

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Background

The COVID-19 pandemic exacerbated stress of healthcare workers (HCWs), staff shortages and social inequalities.

There is now greater attention to the healthcare workforce (HCWF) and health labour market policy.

However, the needs of HCWs, the ‘human face’, and the role of the HCWF for health system resilience are not understood.

Editorial. Health labour markets and the human face of the health workforce: resilience beyond Covid-19’. *European Journal of Public Health*, 30, Supplement 4, iv1-iv2; DOI:10.1093/eurpub/ckaa122

Why we need to act now and how to innovate HCWF policy

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- **Why global health approaches?** Support the needs of migrant HCWs and EU HCWF policy.
- **Why feminist approaches?** Stop sexual violence against HCWs; support the awareness week and #healthtoo campaign.

PROTECT

Protect migrant healthcare workers: closing a gap in Germany's pandemic preparedness and global health policy

- This interdisciplinary pilot project pays **attention to the social dimensions** of the pandemic and the **needs of HCWs.**
- The study connects health policy/systems and actor-centred approaches.
- It investigates **perceptions and needs** of health professionals/high-skilled **migrant HCWs during the COVID-19 pandemic**; the focus is on Romanian physicians as the largest group of foreign-born/-trained physicians in Germany.

The aims

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The project **aims to improve migrant HCW protection and pandemic preparedness,** contribute to **effective health workforce policy,** and **European/global responses to HCW shortage** and health workforce resilience.

https://www.mhh.de/en/kir/research/project-protect

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Collaborating universities

Medizinische Hochschule Hannover

UNIVERSITÄTSMEDIZIN GÖTTINGEN UMG

Public Health
Babeș-Bolyai University

Methods

The study applies a **mixed-methods** approach and comprises three work packages.

- WP1: **survey data** from two **COVID-19 studies** gathered at Hannover Medical School (MHH).
- WP2: in-depth qualitative interviews with Romanian **physicians in Germany.**
- WP3: development of **policy solutions.**

Interpofessional collaboration: why?

- Maximises available data and resources.
- Supports data and knowledge sharing.
- Creates new and deepens existing knowledge.
- Contributes evidence-based research to support pandemic protection and health workforce policy.

How? Examples from PROTECT

Align clinical studies and survey data: MHH COVID-19 projects as examples

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Secondary analysis of data from the DEFEAT (Long COVID) project was undertaken to compare national- and foreign-born HCWs.

- Selected medical items, e.g. vaccination, SARS-CoV2 infection, and a score (IMET) based on psycho-social items.

NO significant differences between national and foreign-born HCWs **for medical items** and for the sample composition.

BUT: the psycho-social score shows **disadvantages** of migrant HCWs.

Survey data from MHH COVID-19 projects

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Table 1. DEFEAT project, survey data, September 2022

Items	Total sample	Foreign-born	National-born	P value
Number of participants (n)	1068 (100.0)	68 (6.4)	1000 (93.6)	
Gender n (%)				0.948[1]
Female	910 (85.2)	59	851	
Male	154 (14.4)	9	145	
Diverse	2 (0.2)	0	2	
Not answered	2 (0.2)	0 (0.0)	2	
Age (years)/ median, 25th–75th percentile	42.0 (32.0–51.5)	39.5 (32.0-47.25)	42.0 (32.0–52.0)	0.307[2]
Not answered n (%)	1 (0.1)	0 (0.0)	1 (0.1)	
Education				0.243[1]
High school	711 (66.6)	49	662)	
Middle school	328 (30.7)	15	313	
Secondary school	27 (2.5)	4	23	
No school graduation	1 (0.1)	0 (0.0)	1 (0.1)	
Not answered	1 (0.1)	0 (0.0)	1 (0.1)	
Fully vaccinated* against SARS-CoV-2 overall n (%)				0.365[3]
Yes	833 (78.0)	50 ()	783 ()	
No	235 (22.0)	18 ()	217 ()	
SARS-CoV-2 Infection				0.705[3]
Yes	621 (58.1)	38	583	
No	447 (41.9)	30	417	
Preexisting diseases				0.223[3]
Yes	612 (57.3)	36	576	
No	417 (39.0)	27	390	
Not answered	39 (3.7)	5	34	
EQ-5D Health status median, 25th–75th percentile	76.0 (52.0-91.0)	76.0 (52.0–91.0)	71.0 (51.0–92.0)	0.908[2]
Not answered	15 (0.2)	3	12	
IMET median, 25th–75th percentile	19 (7.5–41.0)	31.4 (13.25–51.0)	19.0 (7.0–40.0)	**0.017[2]**
Not answered	57 (5.3)	6	51	

[1]Chi square test, [2]Wilcox Test, [3]Fisher exact Test

DEFEAT survey data

Further analysis of the IMET score was undertaken for relevant items.

- **Social activities**: national born 3.514360 (SD 3.245341) vs. foreign-born 4.768116 (SD 3.593887) **p=0.004121**
- **Stress/ burdens**: national-born 4.403478 (SD 3.080694) vs. foreign-born 5.029412 (SD 3.236778), **p=0.1238**

Social activities show strong disadvantages and stress seems to be slightly higher for migrant HCWs.

Survey data from the Corona Contact study (CoCo)

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Background, findings including all HCWs at MHH

Low infection risk during the first and second wave, largely in the range of the general population in the region, including for HCWs with SARS-CoV-2 patient contact.

- However, HCWs estimated their risk 15-20 times higher than the medically approved risk. Fear of infection and stress scored high, both at the workplace and in the private sphere.

- Results are published; Exploring the gap between healthcare workers' perceptions and medically approved infection risk. Frontiers Public Health, 2022; **DOI:10.3389/fpubh.2022.8980**
- Details and publications, https://www.cocostudie.de/Loginsitzung/Login?URL=/

Connecting CoCo and PROTECT projects

Secondary analysis of CoCo data is used to explore differences in the risk estimations and perceptions, comparing three categories of HCWs:

- national-born,
- foreign born/ EU-country other than Germany,
- foreign-born/ non EU country.

The sample size is small but data provide new information on migrant HCWs, that may inform health policy.

DEFEAT and CoCo projects
Information and publications

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DEFEAT: https://www.defeat-corona.de/

CoCo: https://www.cocostudie.de

Contact:

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GLOHRA member and co-chair PROTECT;
email: jablonka.Alexandra@mh-hannover.de

Transnational/ EU research collaboration: How to get access to migrant HCWs?

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- Qualitative interviews (21) were carried out in September-November 2022, based on a semi-structured topic guide.
- Access to the field was arranged mainly through **personal networks and snowball sampling.**
- **Collaborating** with **Romanian colleagues** from Cluj University served as door opener.

Identifying opportunities for transnational European solutions

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Two migration patterns were identified as most relevant for '**circular migration**' policies between countries and **transnational European** employment and training agreements:

- the '**cosmopolitan**' and the
- '**open door**' physicians.

The cosmopolitan (EU/ international) physician

- Highly flexible, aiming for the best training, work and living conditions. Medical-technical standards and fair career chances (“free of corruption”) are key criteria, but social environments and political contexts are also relevant.

The integrated physician with ‘open future’

- “The dream to return home is still there”; “a door to return is kept open”, a physician integrated in Germany.
- “I want to give my country a chance”, a physician who returned but kept connections with the German employer.

Acknowledgements

GLOHRA team:
Ellen Kuhlmann, Alexandra Dopfer-Jabonka, Leonie Mac Fehr, supported by Anne Cossmann, Sandra Klawitter, Marie Mikuteit (Hannover Medical School)
Frank Müller, Nancy Thilo (University Medicine Göttingen)
Marius Ungureanu, Monica Brinzac (Babes-Bolyai University)

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Funding

GLOHRA
German Alliance for Global Health Research

SPONSORED BY THE
Federal Ministry of Education and Research

PROTECT is supported by the German Alliance for Global Health Research – GLOHRA (https://globalhealth.de/funded-projects.html) with funds from the German Federal Ministry for Education and Research – BMBF

Supporting the awareness weak and #healthtoo: stop gender-based and sexual violence in the HCWF

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International Day for the Elimination of Violence against Women begins on 25 November and runs through International Human Rights Day on 10 December, supported by the United Nations and civil society.

The background

During the COVID-19 pandemic, violence against HCWs strongly increased.

Violence is no gender-neutral threat! Women are more often than men affected by gender-based and sexual violence.

Gender also intersects with ethnicity/race and other dimensions of social inequality.

Pandemic policy and recovery plans as well as research and politics largely ignore the problems.

Violence against healthcare workers is a political problem and a public health issue: a call to action. *European Journal of Public Health*, doi: 10.1093/eurpub/ckac180

Why we need to act now

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Sexual violence against HCWs:

- threatens the health and wellbeing of individual women and some men (most likely, with intersectional effects) in the HCWF and increases the risk of burn-out,
- threatens workplace safety,
- worsens recruitment and retention of HCWs,
- exacerbates HCW shortages,
- weakens healthcare and health system resilience.

How to break the silence

Breaking the silence and making sexual violence visible is an important first step.

- Align the topic to **awareness** days (against sexual violence/ 25 November; HCWF violence/ 12 March 2023).
- Improve **research**, data and evidence to inform policy.
- Enhance **policy** dialogue and public debate.
- **#healthtoo**, campaign by Women in Global Health; https://womeningh.org/healthtoo/

Visioning global health and health workforce research

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Align global health and health workforce research

- Develop HCWF policy based on EU solidarity and global health needs.
- Explore opportunities for circular migration policy and stop care and brain draining.

Integrate gender-sensitive approaches in research and policy; stop all forms of violence against HCWs.

Introducing the EUPHA Health Workforce Research (HWR) section

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EUPHA
EUROPEAN PUBLIC HEALTH ASSOCIATION
HEALTH WORKFORCE RESEARCH

Everybody welcome to sign up (free of charge):
https://eupha.org/health-workforce-research

See also, EUPHAnxt, network of early career researchers/students

THANK YOU!

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PROTECT

https://www.mhh.de/en/kir/research/project-protect