
This is going to hurt

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Our public health service is struggling. The employees must be treated as the scarce commodity they are.



Photo: Sturlason

A growing number of doctors and other healthcare personnel are leaving the public health service. The high pressure of work they have to deal with is nothing new. However, the warning signs that are coming thick and fast from many different parts of the sector indicate a change of pace (1–3). The health service is being stretched to its limit. The underlying question is: Who is going to stay in the health service for the long haul? Because things are going to get worse.

In February, the Health Personnel Commission presented a foretaste of the future (4). The public health service must be equipped for a radical transformation. There are going to be even more patients per healthcare worker, and it is not a situation that can be solved by recruiting more staff or buying our way out. An expansive gap already exists between the population's expectations and the services offered, and this is only going to widen. But it is not just the population's expectations that need to be adjusted. According to the Health Personnel Commission, a change in attitude is also needed among healthcare personnel and politicians: the supply and demand in healthcare services both need to be reduced. For doctors and other healthcare personnel, this means lowering their expectations in terms of what they can do for patients.

«The supply and demand in healthcare services both need to be reduced»

We are already seeing the first consequences of this development. The goal of always providing world-class treatment is no longer realistic. That was the management's message to the employees in Oslo University's Department of Paediatric and Adolescent Medicine in January (5). An attempt was made to modify the statement in a follow-up email, but such signals nevertheless cast the staff into unknown territory. Because where should they draw the line now? Should they follow national guidelines that reflect good practice but never offer anything beyond that? Or has the time come to adapt the work according to the professional standard, which is the legal minimum standard? The answers must be communicated clearly, with clarification of what this entails in practice. If healthcare personnel are to stand in the breach of this change in attitude, they need the hospital management and politicians to set out clear priorities so they know what to let fall by the wayside. To imagine that employees can face a long series of limited choices without such support and a comprehensive approach is pure utopia. The apparent lack of involvement of the medical community in the decision-making is another paradox.

According to the Health Personnel Commission, the reduced number of hands per patient will also highlight the need for both specialist and general competence among healthcare personnel. This has been discussed by the CEOs at Oslo University Hospital and South-Eastern Norway Regional Health Authority (6). The former have previously stated that 'flexibility will become just as important as a high skill level and the ability to super-specialise' (7). Employees' willingness to be flexible is highlighted as a key factor for the future success of the public health service.

«With increasingly tighter parameters and diminishing autonomy, it is no wonder that many are seeking greener pastures»

Flexibility sounds positive. From an employee perspective, flexibility is a good thing. It entails a degree of autonomy in terms of working hours and the choice of tasks. However, these privileges are not afforded to most healthcare personnel. Many services require staff around the clock. Shifts must be covered, and redeployment to meet urgent needs is relatively common. On the flip side, there seem to be few limits to the degree of adaptability that employers expect from staff. Flexibility in this context is therefore not a two-way street. The signals that even more flexibility may be required mean that, quite simply, future senior consultants with niche expertise will have to be included in junior staff's shift rotas. Apparently resources can be stretched even further.

A strong medical community and the desire to provide a robust public health service will not be enough to retain the most skilled personnel. With increasingly tighter parameters and diminishing autonomy, it is no wonder that many are seeking greener pastures. Society, directors of public health, politicians and the general population must treat healthcare staff as the scarce commodity they actually are. If not, the situation will go from bad to worse.

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