CSIRO PUBLISHING
Australian Health Review, 2016, 40, 33–35
http://dx.doi.org/10.1071/AH14192

Is health workforce planning recognising the dynamic interplay between health literacy at an individual, organisation and system level?

Lucio Naccarella[1,4] PhD, Senior Research Fellow
Brenda Wraight[2] MEdPsych (Hons), Director
Des Gorman[3] BSc, MBChB MD, PhD, Executive Chairman, Professor

[1]The University of Melbourne, Health Systems and Workforce Unit, The Centre for Health Policy, Melbourne School of Population and Global Health, Level 4, 207 Bouverie Street, Carlton, Vic. 3053, Australia.
[2]BKWraight Consulting, Wellington, 6011, New Zealand. Email: bstar.nz@gmail.com
[3]The University of Auckland, Auckland, New Zealand. Email: d.gorman@auckland.ac.nz
[4]Corresponding author. Email: l.naccarella@unimelb.edu.au

Abstract. The growing demands on the health system to adapt to constant change has led to investment in health workforce planning agencies and approaches. Health workforce planning approaches focusing on identifying, predicting and modelling workforce supply and demand are criticised as being simplistic and not contributing to system-level resiliency. Alternative evidence- and needs-based health workforce planning approaches are being suggested. However, to contribute to system-level resiliency, workforce planning approaches need to also adopt system-based approaches. The increased complexity and fragmentation of the healthcare system, especially for patients with complex and chronic conditions, has also led to a focus on health literacy not simply as an individual trait, but also as a dynamic product of the interaction between individual (patients, workforce)-, organisational- and system-level health literacy. Although it is absolutely essential that patients have a level of health literacy that enables them to navigate and make decisions, so too the health workforce, organisations and indeed the system also needs to be health literate. Herein we explore whether health workforce planning is recognising the dynamic interplay between health literacy at an individual, organisation and system level, and the potential for strengthening resiliency across all those levels.

Received 20 October 2014, accepted 23 April 2015, published online 30 June 2015

Introduction

The growing demands on the health system to adapt to constant change have led to investment in health workforce planning agencies and approaches. Health workforce planning agencies (e.g. Health Workforce Australia (HWA), Health Workforce New Zealand (HWNZ), UK Centre for Workforce Intelligence (CfWi)) are tasked with predicting and modelling workforce supply and demand. Reviews of workforce planning approaches conclude that no-one is doing workforce planning well[1] and that alternative planning approaches are required.[2] HWNZ initiated a Workforce Service Forecasts process[3] within topic-specific areas to develop a vision of the relevant health service, workforce for 2020 and models of care. The UK CfWi focuses on integrating workforce planning, education, training and development, and has developed a workforce planning framework incorporating horizon scanning with big picture challenges that will impact on the health and social care system.[4] Within Australia, workforce planning approaches and reports have been prepared by HWA,[5] and also critiqued.[6,7] Alternative evidence- and needs-based health workforce approaches have been developed.[2,8] Despite investment in alternative workforce planning approaches, we question whether the health literacy of patients, the workforce, organisations and indeed the system is being recognised.

Health literacy is recognised as key to supporting people to better manage their own health and patient experiences, and has the potential to improve health-related outcomes.[9] Health literacy is defined as an individual trait, as the knowledge, motivation and competencies of a consumer to access, understand, appraise and apply health information to make effective decisions and take appropriate action for their health and health care.[10] Health literacy is now recognised as a dynamic multilayered system issue, the product of the interaction between individual (patients, workforce)-, organisational- and system-level health literacy.[10–12] Health professionals lack adequate awareness and understanding of health literacy issues[13] and do not routinely use health literacy practices.[14] Although patients require a level of health literacy that enables them to navigate and make decisions in the health environment, so too the workforce, organisations and indeed the system also needs to be health literate.

The US Institute of Medicine has advocated that system- and organisation-level changes are needed to better align health care demands with an individual's skills and capabilities, and has published 10 attributes of a health-literate healthcare organisation[15] with Attribute 3 emphasising 'Preparing the workforce to be health literate and monitoring progress'.[15] Within Australia, national health literacy assessments[16] have occurred and a National Statement on Health Literacy has been released by the Australian Commission on Safety and Quality in Health Care.[17] The Statement separates health literacy into two components, namely individual health literacy and the health literacy environment, and proposes a coordinated approach to health literacy based on embedding health literacy into systems, ensuring effective communication and integrating health literacy into education.[17] Multiple health literacy initiatives exist, including the NSW Health Literacy Chronic Disease Network,[18] Centre for Culture, Ethnicity and Health, Health Literacy Training[19] and the Victorian Ophelia research and service initiative.[20] The New Zealand Ministry of Health acknowledged that health literacy is an organisational value that should be considered core business, incorporated into all levels of service planning and even the way health centres and hospitals are laid out.[21] The New Zealand Health Quality and Safety Commission has initiated health literacy projects.[22] Educational efforts targeting health professionals also exist.[23,24]

The growing demands on the health system to change has also led to a growing focus on health system resiliency, defined as the capacity of the system to absorb disturbances and reorganise while undergoing change so as to maintain its functions, structures and identity.[25] Others suggest that resiliency refers to how individuals, teams and organisations monitor, adapt to and act on failure in high-risk situations.[26] The concept of resiliency also implies a degree of intuition, situational awareness and an ability to access and quickly use knowledge, tools and resources to mediate (or sometimes prompt) change. Considered across multiple domains, including individual, workforce, financial, regulatory, organisational and service, it offers a system-based approach allowing us to understand what contributes to or erodes our ability to adapt to change and, importantly, how we promulgate good practice and effective solutions.

The growing importance in health literacy and health system resiliency requires health workforce planners and planning approaches to move beyond identifying, predicting and modelling health workforce supply and demand, and to focus on building health system literacy and resiliency using system-based approaches and focusing on the individual, organisational and system level.

Different health literacy and resiliency perspectives and priorities exist at the individual level (e.g. different patient ability to read and understand health information or to speak or to interact with a health professional; different workforce authorisation (formal, tacit and opportunistic) to apply knowledge, skills, competencies and be able to interact with other professionals to perform their roles within and across sectors, settings, organisations and systems), organisational level (e.g. different authorising environments, governance and operating structures to enable the workforce to perform their roles) and systems level (e.g. different legislative, regulatory and financial systems and policy imperatives).

Health literacy and resiliency are dynamic multilayered system issues; thus, it is not possible to simply build health literacy and resiliency approaches into health workforce planning agency approaches in isolation from how we prepare, support and sustain the health workforce. System-based approaches are required, which assumes a connectedness between individual, organisational and health system health literacy and resiliency. These approaches need to transcend organisational structures in order that they are themselves resilient to the numerous structural changes that are inherent in any health system.

The ideas above raise multiple questions:

- What does a health-literate and resilient system look like?
- Which of the component parts (individual, organisational and system) is most critical?
- What benefits accrue when all interconnected parts connect and which benefits are critical to whom and why?
- What factors influence a health literate system and for how long are the benefits of a health-literate system sustainable?
- How does health literacy contribute to system-level resiliency, efficiency and productivity?
- What strategies (workforce planning and development; patient quality and safety) work best to build health system literacy and resiliency, and how can this be measured?

Underpinning, these questions is the recognition that despite receptivity to health literacy and health system resiliency, there is limited evidence to date about their affect on patients, workforces, organisations and indeed systems. The concepts are not new; however, the discourse among health workforce funders, planners, educators and regulators remains disconnected. Recognising and articulating the many elements of resilient systems that already exist, such as policies and programs aimed at increasing individual, workforce and organisational health literacy, are essential first steps. Transitioning to a more integrated space also requires analysis of the potential roadblocks and systemic issues, as well as the incentives that could liberate thinking and conventions.

Planners and policy makers have a critical role to play in articulating a compelling narrative and tangible actions that assist in building stronger, more productive and adaptable systems. They also have a responsibility to mitigate the counterfactual.

Literacy and resiliency are akin to the chemical links that connect the synapses. They act as both the stimulus and the moderator, keeping the system in balance. If you plan for and nurture the connections with the right stimulus you promote fluidity, interchange of thought, new ideas and action, as well as strength and resilience.

Competing interests

None declared.

References

1 Curson JAS, Dell ME, Wilson RA, Bosworth DL, Baldauf B. Who does workforce planning well? Workforce review team rapid review summary. *Int J Health Care Qual Assur* 2010; 23: 110–19. doi:10.1108/09526861011010712

2 National Health Workforce Planning and Research Collaboration. Alternative approaches to health workforce planning final report. Adelaide: Health Workforce Australia; 2011. Available at: http://www.ahwo.gov.au/documents/Publications/2011/Alternative%20Approaches%20to%20Health%20Workforce%20Planning.pdf [verified September 2013].

3 Health Workforce Advisory Committee. Fit for purpose and for practice: a review of the medical workforce in New Zealand (consultation document). Wellington: New Zealand. Health Workforce Advisory Committee; 2008. Available at: http://www.hwac.govt.nz/publications/hwac-fitforpurposeconsultationdocument.pdf [verified January 2012].

4 Centre for Workforce Intelligence. Big picture challenges for health and social care: implications for workforce planning, education, training and development. 2013. Available at: http://www.cfwi.org.uk/publications/big-picture-challenges-for-health-and-social-care-implications-for-workforce-planning [verified September 2013].

5 Health Workforce Australia. Health workforce planning reports. 2012. Available at: https://www.hwa.gov.au/our-work/health-workforce-planning/health-workforce-2025-selected-health-occupations [verified September 2013].

6 Mason J. Review of Australian Government health workforce programs. Commissioned by the Australian Government, Department of Health and Ageing. 2013. Available at: http://www.health.gov.au/internet/main/publishing.nsf/Content/4380F33E53A5A065CA257B7400795BE0/$File/Review%20of%20Health%20Workforce%20programs.pdf [verified September 2013].

7 Naccarella L. Generalism workforce planning. *Aust Fam Physician* 2014; 43: 69–72.

8 Segal L, Bolton T. Issues facing the future health care workforce: the importance of demand modelling. *Aust New Zealand Health Policy* 2009; 6: 12. doi:10.1186/1743-8462-6-12

9 Barrett SE, Puryear JS, Westpheling K. Health literacy practices in primary care settings: Examples from the field. The Commonwealth fund. 2008. Available at: http://www.commonwealthfund.org/~/media/files/publications/fund-report/2008/jan/health-literacy-practices-in-primary-care-settings–examples-from-the-field/barrett_hltliteracypracticesprimarycaresettingsexamplesfield_1093-pdf.pdf [verified September 2013].

10 Sørensen K, Van den Broucke S, Fullam J, Doyle G, Pelikan J, Slonska Z, Brand H. Health literacy and public health: a systematic review and integration of definitions and models. *BMC Public Health* 2012; 12: 80. doi:10.1186/1471-2458-12-80

11 Brach C, Dreyer B, Schyve P, Hernandez LM, Baur C, Lemerise AJ, Parker R. Attributes of a health literate organization. Washington, DC: Institute of Medicine; 2012. Available at: https://www.iom.edu/~/media/Files/Perspectives-Files/2012/Discussion-Papers/BPH_HLit_Attributes.pdf. [verified September 2013].

12 Koh HK, Berwick DM, Clancy CM, Baur C, Brach C, Harris LM, Zerhusen EG. New federal policy initiatives to boost health literacy can help the nation move beyond the cycle of costly crisis care. *Health Aff* 2012; 31: 434–43. doi:10.1377/hlthaff.2011.1169

13 Macabadco-O'Connell A, Fry-Bowers EK. Knowledge and perceptions of health literacy among nursing professionals. *J Health Commun* 2011; 16: 295–307.

14 Coleman CA, Hudson S, Maine LL. Health literacy practices and educational competencies for health professionals: a consensus study. *J Health Commun* 2013; 18: 82–102. doi:10.1080/10810730.2013.829538

15 Institute of Medicine. Organizational change to improve health literacy: workshop summary. Washington, DC: The National Academies Press; 2013. Available at: http://www.healthliteracy.umd.edu/institute-of-medicine-summarizes-workshop-on-organizational-change-for-health-literacy/ [verified January 2014].

16 Australian Bureau of Statistics. Adult literacy and life skills survey, summary results, Australia. 2006. Available at: http://www.abs.gov.au/AUSSTATS/abs@.nsf/Lookup/4228.0Main+Features12006%20%28Reissue%29?OpenDocument [verified August 2014].

17 Australian Commission on Safety and Quality in Health Care. National statement on health literacy. 2014. Available at: http://www.safetyandquality.gov.au/wp-content/uploads/2014/08/Health-Literacy-National-Statement.pdf [verified August 2014].

18 NSW Health Literacy Chronic Disease Network. 2013. Available at: http://sydney.edu.au/perkins/research/nodes/health-literacy-2.shtml) [verified August 2014].

19 Centre for Culture, Ethnicity and Health. Health Literacy Training Course. 2013. Available at: http://ceh.org.au/about/projects/health-literacy-training-2013-the-pilot.html [verified June 2013].

20 Victorian Ophelia Health Literacy Initiative. 2013. Available at: http://www.deakin.edu.au/health/research/phi/OPHELIA.php [verified June 2013].

21 New Zealand Ministry of Health. Request for proposal. Proposals for a review of health literacy environments in hospitals and health clinics. 2012. Available at: http://www.gets.govt.nz/default.aspx?show=HomePage [verified September 2013].

22 New Zealand Health Quality and Safety Commission. Three steps to better health literacy – a guide for health care professionals. 2015. Available at: http://www.hqsc.govt.nz/assets/Consumer-Engagement/Resources/health-literacy-booklet-3-steps-Dec-2014.pdf 201 [verified May 2015].

23 Health Workforce New Zealand. Cultural competency tool. 2012. Available at: http://www.health.govt.nz/news-media/news-items/cultural-competency-training-tool-available [verified August 2014].

24 Workbase. Literature review of health literacy education, training tools and resources for health providers. 2013. Available at: http://www.hqsc.govt.nz/our-programmes/consumer-engagement/publications-and-resources/publication/835/ [verified February 2014].

25 Thomas S, Keegan C, Barry S, Layte R, Jowett M, Normand C. A framework for assessing health system resilience in an economic crisis: Ireland as a test care. *BMC Health Sci* 2013; 13: 450. doi:10.1186/1472-6963-13-450

26 Jeffcott SA, Ibrahim JE, Cameron PA. Resilience in healthcare and clinical handover. *Qual Saf Health Care* 2009; 18: 256–60. doi:10.1136/qshc.2008.030163