Trinity College Dublin
Coláiste na Tríonóide, Baile Átha Cliath
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Using crises as catalysts for change: Legacies and resilience amidst shocks to the health care system

Dr Liz Farsaci, Centre for Health Policy and Management, Trinity College Dublin

Transforming Health System Resilience into Health Reform:
Annual research seminar of the RESTORE project
29 March 2023

Aim:
Examine & compare qualitative data from two crises
Reflect on learnings in order to build health system resilience

Structure of presentation

- Shock model – a recap
- Resilience & sustainability
- Qualitative findings
- Reflections & questions

RESTORE team: Prof Steve Thomas (PI), Dr Padraic Fleming, Ms Catherine O'Donoghue, Dr Arianna Almirall-Sanchez, Dr Liz Farsaci

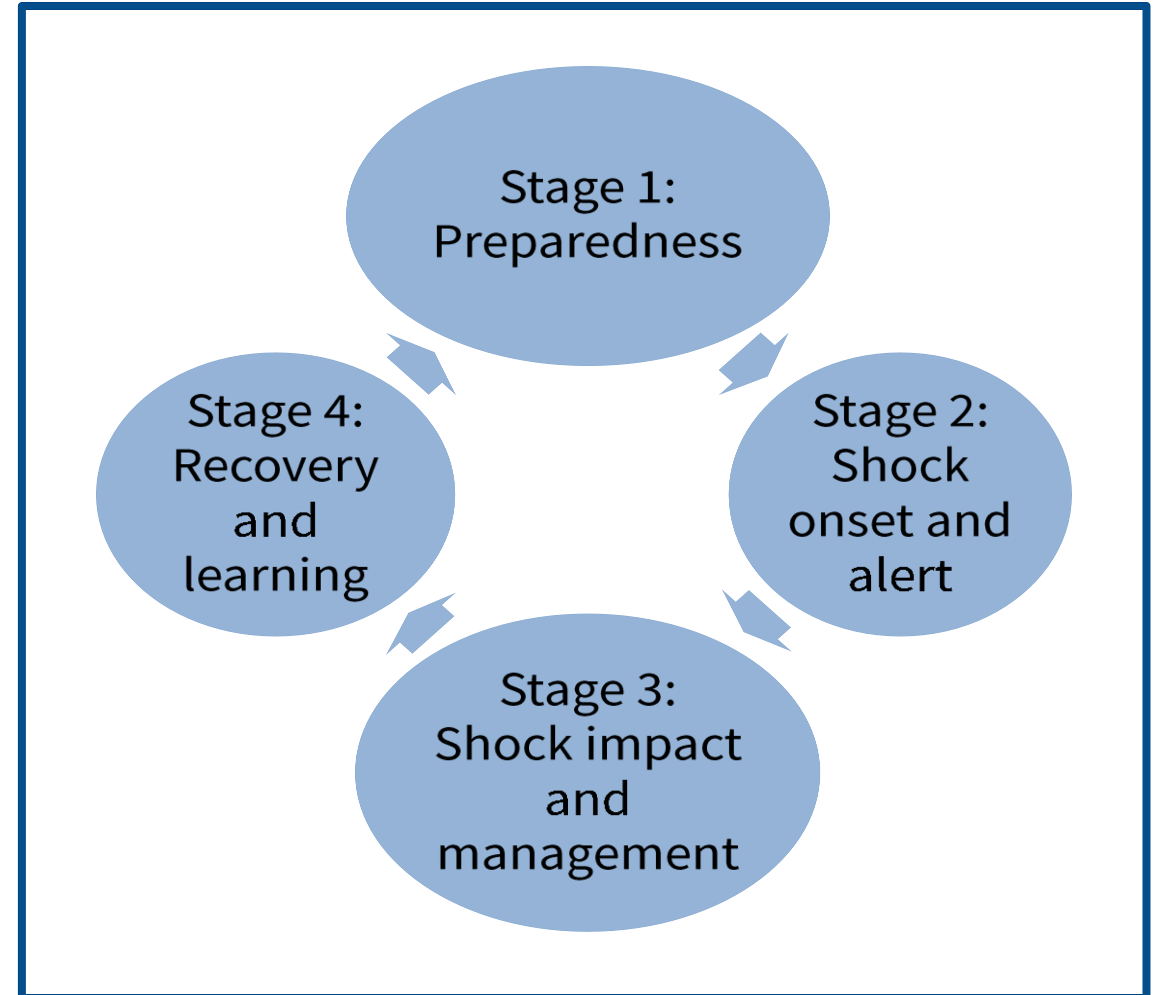
https://www.tcd.ie/medicine/health_policy_management/research/current/restore/

The shock cycle, resilience and sustainability: A recap

Resilience: A health system's ability to prepare for, manage (absorb, adapt and transform) and learn from shocks

- This sets resilience in the context of a dynamic shock cycle
- Not just the ability to respond to acute shocks but "everyday resilience" (Barasa et al 2017)

Sustainability: A health system must be able to continually deliver its key functions of stewardship, generating resources and providing services, in pursuit of improved population health



Based on Thomas et al 2020

Qualitative Findings – Contrasting responses to crises

- Economic shock: The 2008 financial crisis and austerity years
  - **Financial constraint** & impact on capacity and infrastructure
  - Shift in governance / Blaming Brussels
  - Workforce shortages and low morale

- Health shock: The Covid-19 pandemic
  - Legacies that remained from austerity
  - **Financial injection**
  - Agile and flexible decision-making
  - New pathways of care and increased access

Austerity:
Financial constraint

‘That period, the [austerity] period, was a period of massive extraction of resources from healthcare.’ – Participant 4

‘I think the [financial] crisis did delay a series of reforms that we needed. ... the investments that were needed were delayed during the financial crisis ... in primary care, integrated care, on infrastructures, on better conditions for professionals.” – Participant 2

Austerity: Shift in governance/Blaming Brussels

‘I think the civil servants, I think the politicians were grateful for Troika because Troika allowed them to do things that would not be palatable on a national level. And **blaming Brussels was a very useful thing**.’ – Participant 2

‘The Troika hosted the roundtable meetings and it was always very clear that while the external parties were doing their own analysis and coming forward with some interesting, well informed, objective analysis on some strengths and weaknesses of our spending controls … **the meetings were largely being used by DPER to drive its agenda [which] could then be blamed on the Troika**.’ – Participant 4

‘I think the experience was too over-centralised, and that puts **too much of a burden on the centre that was too far removed from service** and disables decision-making locally … I think the net effect really is to disconnect people from, **there's a danger that you create an insensitivity to the patient and service user experience, because an incapacity to cope**.’ – Participant 3

Austerity: Workforce

‘An awful lot of leaders left the system. I think people struggled or had a huge emotional impact, which has left quite a lasting legacy.’ – *Participant* 4

‘I think 2010 was a time when we lost 2,000 people within a six-week period, as I recall, and that in its own way was both a service and an emotional shock to the system.’ – *Participant 3*

‘Our health workforce is not holding, and mental health issues are rampant. I think that is an inheritance of the financial crisis, with the additional huge pressures of Covid.’ – *Participant 2*

https://ijhpm.com
Int J Health Policy Manag 2023;12:7420
doi 10.34172/ijhpm.2022.7420

IJHPM
International Journal of Health Policy and Management
Systematic Review

How International Health System Austerity Responses to the 2008 Financial Crisis Impacted Health System and Workforce Resilience – A Realist Review

Padraic Fleming[1*], Louise Caffrey[2], Sara Van Belle[3], Sarah Barry[1], Sara Burke[1], Jacki Conway[4], Rikke Siersbaek[1], David Mockler[5], Steve Thomas[1]

Abstract
Background: The Great Recession, following the 2008 financial crisis, led many governments to adopt programmes of austerity. This had a lasting impact on health system functionality, resources, staff (numbers, motivation and morale) and patient outcomes. This study aimed to understand how health system resilience was impacted and how this affects readiness for subsequent shocks.
Methods: A realist review identified legacies associated with austerity (proximal outcomes) and how these impact the distal outcome of health system resilience. EMBASE, CINAHL, MEDLINE, EconLit and Web of Science were searched (2007–May 2021), resulting in 1081 articles. Further theory-driven searches resulted in an additional 60 studies. Descriptive, inductive, deductive and retroductive realist analysis (utilising excel and Nvivo) aided the development of context-mechanism-outcome configurations (CMOCs), alongside stakeholder engagement to confirm or refute emerging results. Causal pathways, and the interplay between context and mechanisms that led to proximal and distal outcomes, were revealed. The refined CMOCs and policy recommendations focused primarily on workforce resilience.

Article History:
Received: 27 May 2022
Accepted: 19 November 2022
ePublished: 24 December 2022

Fleming *et al. Human Resources for Health* (2022) 20:48
https://doi.org/10.1186/s12960-022-00747-8
Human Resources for Health
RESEARCH Open Access

Implications for health system reform, workforce recovery and rebuilding in the context of the Great Recession and COVID-19: a case study of workforce trends in Ireland 2008–2021

Padraic Fleming[1*], Steve Thomas[1], Des Williams[2], Jack Kennedy[2] and Sara Burke[1]

Abstract
Background: Workforce is a fundamental health systems building block, with unprecedented measures taken to meet extra demand and facilitate surge capacity during the COVID-19 pandemic, following a prolonged period of austerity. This case study examines trends in Ireland’s publicly funded health service workforce, from the global financial crisis, through the Recovery period and into the COVID-19 pandemic, to understand resource allocation across community and acute settings. Specifically, this paper aims to uncover whether skill-mix and staff capacity are aligned with policy intent and the broader reform agenda to achieve universal access to integrated healthcare, in part, by shifting free care into primary and community settings.
Methods: Secondary analysis of anonymised aggregated national human resources data was conducted over a period of almost 14 years, from December 31st 2008 to August 31st 2021. Comparative analysis was conducted, by professional cadre, across three keys periods: ‘Recession period’ December 31st 2008–December 31st 2014; ‘Recovery period’ December 31st 2014–December 31st 2019; and the ‘COVID-19 period’ December 31st 2019–August 31st 2021.

Covid: Legacies from austerity

'The negative side is that the health system went into Covid very much diminished and under huge pressure, and morale was low and finances were tight.' – *Participant 1*

Covid: Financial injection & agile decision-making

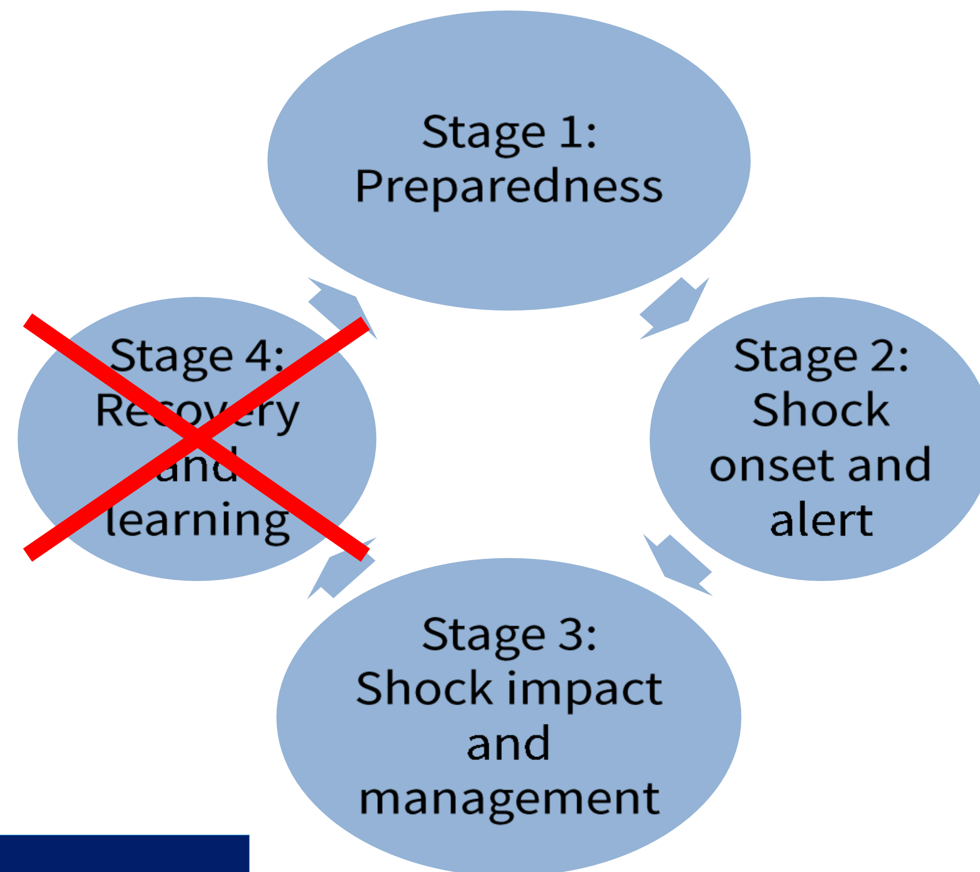
'And the pandemic period has been a period of massive and rapid injection of resources in the healthcare field' – *Participant 4*

'And since Covid, the budget has been completely a work of fiction because the Covid part of the budget is not included in the main line. **So you're told essentially to spend what you need to spend then come back to us and then negotiate to get it back**. So the financial controls have got weaker because with Covid there is no reality in the core budget you have.' – Participant 1

'For the times in which they made the decisions they were prudent decisions … Did they communicate effectively? Yes, they did. **Did they make decisions at speed and apply resources to their priorities?** I think they can see that in the vaccination process, and many other examples. There is no criteria, however, that says you have to get everything right. **Because if you take long enough to be certain that the decisions you're making are right, then you've taken too long**.' – Participant 4

Looking to the future: Permacrisis or the "slow shock"?

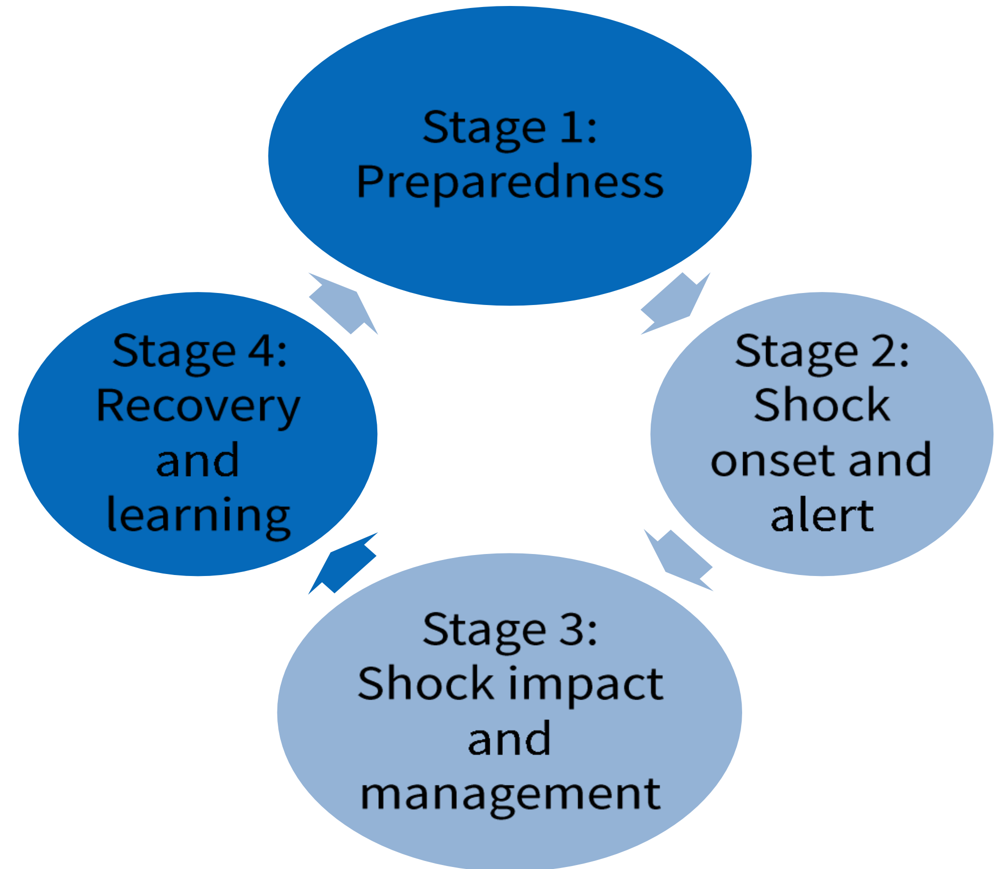
'What I mean is, I suppose [this is] a slower [shock], as opposed to Covid, which was a very dramatic thing that happened, and the economic crisis was also, the financial crisis was very dramatic. And I think the cost-of-living crisis has just sort of happened, with a more stealthy, sort of slow onset.' – Participant 7



Are we facing a future with no time for reflection and learning?

Reflections & questions

- It takes a shock to highlight weaknesses AND provide opportunities for change
  - What do the contrasting financial approaches teach us?
- If we face a future of permacrises, how do we ensure and protect health system resilience and sustainability?
  - Do we need a new module for the shock cycle?
  - Does the cycle need to be re-weighted (focus on Stages 1 & 4)?
  - We have to be future-facing in Stage 3 if we no longer have the luxury of Stage 4



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Thank you