

Retention and Recruitment of Healthcare Professionals in The Netherlands

Prospects for central
government steering
strategies

Laura Elizabeth Verhage
SNR: 2022243
Academic year 2021-2022
Bachelor's thesis Public Governance
Course code 630502-B-12
Supervisor : Prof. dr. Ton Wilthagen
Bachelor Public Governance
Tilburg Law School
Tilburg University
Word count: 11623

Dutch minister for Long-term Care and Sports:

'I am really busy thinking, together with the Minister of Social Affairs.

"What can we do to do the best things in the labor market?"

Interviewer: 'Busy thinking, but when will something concrete come along?'

(Goedemorgen Nederland, 2022, May 18)

Table of Contents

1	Introduction.....	3
1.1	Motivation.....	3
1.2	Problem statement and research goal.....	4
1.3	Research question(s).....	6
1.3.1	Main research question.....	6
1.3.2	Sub-questions.....	6
1.4	Scientific and societal relevance.....	7
2	Theoretical Framework.....	9
2.1	Main Concepts.....	9
2.2	Operationalization.....	10
2.3	Current state of the literature.....	11
2.4	Typology based on the literature.....	11
3	Methodology.....	15
3.1	Research strategy and method.....	15
3.2	Search and selection strategy.....	16
3.3	Analysis strategy.....	17
4	Current situation of staff shortages in the healthcare sector.....	18
4.1	Current situation in the Dutch healthcare sector.....	18
4.2	Current situation in the Flemish healthcare sector.....	19
5	Analysis.....	21
5.1	The Netherlands: policies to help retain and recruit healthcare workers.....	22
5.2	Flanders: policies to help retain and recruit healthcare workers.....	27
6	Description of Results.....	30
7	Conclusion and Discussion.....	34
7.1	Conclusion.....	34
7.2	Methodological discussion.....	35

7.3	Theoretical discussion	35
	Bibliography.....	37

1 Introduction

1.1 Motivation

Eurofound (2021) reports an unmet rising demand for workforce across Europe between 2013 and 2019. In terms of vacancies, the most significant shortages exist in Czechia, followed by Belgium, the Netherlands and Austria (Eurofound, 2021). At the start of 2022, almost all European member states report a staff shortage in their healthcare sector (EPSU, 2022). Both the Netherlands and Belgium report a significant outflow of healthcare staff due to work pressure and dissatisfaction with working conditions (Ministerie van Volksgezondheid, Welzijn en Sport, 2020a; Vlaams Parlement, 2021). At the same time, the Dutch Ministry of Health, Wellbeing and Sports reports that the demand for workers is growing because of an aging population (Ministerie van Volksgezondheid, Welzijn en Sport, 2020a). On top of that, the COVID-19 pandemic is worsening the already existing shortage of healthcare workers (VN, 2021).

The healthcare sector is suffering, especially now as a consequence of the COVID-19 crisis because it is generally not set up in such a way to cope with pandemics. According to the Dutch Ministry of Health, Wellbeing and Sports (2020): “The corona crisis has irrefutably shown that all policy plans about good care start with people who can provide this care. And while we have been struggling with staff shortages for years, it seems like we needed this crisis to really let this realization sink in.” (Ministerie van Volksgezondheid, Welzijn en Sport, 2020a).

Our problem at hand is the staff shortage in the Dutch healthcare sector. The statistics of *Arbeidsmarkt Zorg en Welzijn* (2021) show that the Netherlands is coping with a significant outflow. In Flanders as well, the inflow is insufficient and the outflow is high (Federgon, 2020). Reducing the outflow of personnel is an important strategy to tackle the staff shortages in the healthcare sector (Estryn-Behar, van der Heijden, Fry, & Hasselhorn, 2010). Retention and recruitment of healthcare workers is of great importance to sustain quality healthcare and to limit costs and difficulties for healthcare organizations. To retain and recruit staff, better and innovative policies are needed, focused on the future of healthcare. This research dives into the use of central government steering strategies to support and facilitate the retention and recruitment of healthcare staff by the Dutch and Flemish central government. The objective is to present new possibilities for central government steering from a theoretical perspective, specifically in the area of retaining and recruiting healthcare professionals. This way, we can find out whether there is room for alternatives and improvements for the use of steering strategies to help retain and recruit healthcare professionals by the Dutch central government.

1.2 Problem statement and research goal

The use of steering strategies by central governments to retain and recruit healthcare professionals remains underexposed in academic literature, while consideration can lead to a renewed perspective on the role and effects of government steering strategies. We do not know which steering strategies and why certain steering strategies are being used by governments, more specifically by the Dutch and Flemish central government, to retain and recruit healthcare workers, and why policymakers choose a certain approach. Studies of and between countries and regions on the retention and recruitment of healthcare workers have been conducted, but have not yet been connected to the scientific literature of government steering strategies, or can be considered outdated because of the major role of the COVID-19 crisis. Because of a lack of information on how steering strategies currently evolve and are put to use in specific policy domains, sectors, countries and regions, this research is aimed at filling this gap in the literature.

The labor market is first and foremost the domain of employers, employees and their representatives such as employers' organizations and trade unions. It is acknowledged that there are many organizations in between government and healthcare professionals that play a great role in staff retention and recruitment, but in this research the focus is on the efforts and contributions of the central government specifically. An important point to take into account is the multi-levelness of government. Action can be taken at all levels of government, from the local to the European and even the global level. The focus of this research will be on what is exactly done by the central government, and thus how the central government tries to support and facilitate the retention and recruitment of healthcare workers through steering strategies in The Netherlands and Flanders. Subsequently, this research focuses on the role and management of the central government in tackling staff shortages in the healthcare sector. The question is how the government steers and what possibilities it has, in addition to what social partners, labor market intermediaries, and training and education institutions are primarily doing. This paper does not look into what the government does as an employer in the health care sector, but rather how the central government regulates and influences the labor market of the healthcare sector. Although the government or the public sector itself is a very large employer, employers, employees and representatives are the primary actors in the labor market. The (central) government can therefore steer only with preconditions, and thus indirectly rather than directly. This effectively limits the actions the central government can take. For example, the central government cannot take direct actions within healthcare organizations, such as adjusting employment contracts or determining working hours. The central government can for example stimulate research and development to reduce work pressure, encourage the choice for studies in healthcare by reducing tuition fees, inform and encourage students to choose studies that

lead to a job in healthcare, provide a bonus for full-time employees or facilitate labor migration through so-called green card systems.

It will now be discussed what is being done in this research, followed by the formulation of the research goal. First, the problem statement will be theoretically guided with a typology of government steering strategies that can possibly be put into practice to retain and recruit workers in healthcare. Next, the policies and initiatives by the central government in the field of retaining and recruiting healthcare professionals in the Netherlands and Flanders will be inventoried. For this, a number of policy papers and reports are analyzed in order to find out the policy agenda in this area. This concerns policies and initiatives that are not older than 2020, so that the major role of the COVID-19 crisis is taken into account. In this way, the steering strategies used by the central government in practice can be related to our theory of steering strategies, which is the typology set out in the theoretical framework. The typology provides an overview of what, according to the theory, is possible in terms of government steering. Researching the policies in Flanders can be seen as 'a trip to Flanders' to gain inspiration and insights ('learning from the neighbors') that can contribute to improvements of the policy issue in the Netherlands. What we are looking at is how the government is steering towards solutions to retain and recruit healthcare workers. This study is not a country comparison in the general sense, but rather a look into a comparable country using a policy learning approach. Using this approach, the Dutch case is the basis of this study. Policy learning is a much discussed concept in academic literature. Scholars have conceptualized policy learning in several different ways. Policy learning can be simply explained as the description of obtaining new policy-relevant knowledge and skills (Cairney, 2019, p. 207). Policy learning does not necessarily lead to policy change, but it is one of the factors that can lead to policy change (Bekkers et al., 2017).

The steps described lead us to an overview of the ways in which the Dutch and Belgian central government steer, and also the ways in which it is not yet steering. It will be discussed whether there is sufficient awareness of the possibilities and limitations that the central government has for steering in this policy area. This research offers insights on how various types of steering strategies discussed in academic literature are applied or could be applied in reality. If we know which strategies are applied, how they are applied and what their possibilities and limitations are, we can critically look for solutions, such as new, different or improved possibilities for steering. Therefore, the research goal is to present new possibilities for central government steering from a theoretical perspective, specifically with respect of the wicked problem of retaining and recruiting healthcare professionals, while also taking into account the limitations faced by the central government as a policy actor. This will lead us to provide an answer to the following research question(s).

1.3 Research question(s)

1.3.1 Main research question

“How can the Dutch central government influence decisions and behavior on the labor market through steering strategies, and is there room for policy alternatives and improvements for the use of steering strategies to help retain and recruit healthcare professionals from a theoretical perspective?”

1.3.2 Sub-questions

Introductory question:

“What is the current situation regarding the staff shortages in the Dutch and the Flemish healthcare sector?”

THE NETHERLANDS

Analytical sub-question:

“What steering strategies to help retain and recruit healthcare professionals in the Netherlands are currently being adopted by the Dutch central government?”

FLANDERS

Analytical sub-question:

“What steering strategies to help retain and recruit healthcare professionals in Flanders are currently being adopted by the Flemish central government?”

Theoretical-conceptual question:

“Which further steering strategies to retain and recruit healthcare professionals are possible from the theoretical perspective and what are the pro’s and con’s of those strategies?”

Analytical sub-question:

“Can the use of steering strategies to retain and recruit healthcare professionals by the Flemish government inspire Dutch policy-makers with new insights or different strategies that can contribute to improvements in steering towards solutions to retain and recruit healthcare professionals?”

1.4 Scientific and societal relevance

This research examines which options for central government steering are possible according to the literature, what the theory says about how governments can influence decisions and behavior, and how this theory is applied in practice in the labor market, specifically in the area of retention and recruitment of healthcare professionals. In this way we can distinguish and present new possibilities for central government steering from a theoretical perspective while also considering the limitations faced by the central government. This allows for discussion on whether there is room for improvement or new ways of steering by the central government. The research contributes to the understanding and the development of the theory on government steering strategies.

Retaining and recruiting healthcare workers is urgent and topical due to major staff shortages in the healthcare sector. These staff shortages fit the box of a wicked problem and are discussed in the media on a daily basis. It can lead to reduced quality of healthcare, higher costs and other disruptions within healthcare organizations. This problem is distressing to this day, which is why it is important to keep working on solutions. Recruiting and retaining staff is often addressed by healthcare organizations, employers and employer organizations themselves. The central government is limited in what it can and cannot do. Therefore, it is not always recognized what contribution the government can make to tackle this problem. However, the central government can play a major role by mediating between stakeholders, investing in areas where it is needed, and deliberating processes and arrangements that cause barriers. Therefore, the role of the central government in this area should not be underestimated. This research tries to make a social contribution by exploring possibilities for the central government to steer on this policy issue. The results can be valuable for a varying audience, along with governments, scholars, policymakers, and healthcare professionals.

Researching the policy issue in the Netherlands and Belgium with a focus on Flanders is relevant as they are neighboring countries dealing with the same problem, a major shortage of healthcare workers. The Netherlands and Flanders are near similar in terms of the labor market and the economy. This invites us to take a look at how this issue is addressed by the central government of Flanders. The Dutch central government and other stakeholders can learn about the Flemish approach using a policy learning strategy to obtain new insights and possible approaches towards the issue of staff shortages.

2 Theoretical Framework

This section first defines important concepts from the research question on the basis of relevant literature to clarify what certain concepts mean or refer to. This is followed by the operationalization. Subsequently, the current state of the literature and the knowledge gap will be addressed. Finally, a typology of government steering strategies is introduced in the theoretical framework. The typology is based on relevant literature related to the problem statement.

2.1 Main Concepts

Central Government

In order to analyze the policy agenda of the Dutch and Flemish central government, it is important to specify what the central government entails. The Dutch central government refers to the ‘Rijksoverheid’, consisting of the government (regering), the twelve ministries, the first chamber and the second chamber (Overheid.nl, 2022). The Ministry of Health, Welfare and Sports is most involved in this area, so the attention will be on policies of this ministry in particular.

Belgium is a federal state consisting of three communities (gemeenschappen) and three regions (gewesten). The three regions are the Flemish Region, the Brussels-Capital Region and the Walloon Region (Belgische Federale Overheidsdiensten, 2022). The regions have legislative and executive bodies, which are the regional parliament (gewestparlement) and the regional government (gewestregering). Flanders has one parliament and one government (regering) because the community and regional institutions have merged. The Flemish central government therefore consists of the Flemish parliament and the Flemish government (regering) (Belgische Federale Overheidsdiensten, 2022).

Government Steering Strategies

Policy programs by governments serve to influence societal changes or issues given a specific context in a desired or intended way (Bekkers et al., 2017). The act of steering in a specific context therefore implies the capability and willingness to influence societal challenges by guiding people’s choices and behavior (Bekkers et al., 2017). Cambridge Dictionary (2021) defines strategy as “the way in which a

business, government, or other organization carefully plans its actions over a period of time to improve its position and achieve what it wants.” Consequently, ‘government steering strategy’ refers to how the government plans its actions over a period of time to achieve what it wants by influencing societal challenges and guiding people’s choices and behavior (Bekkers et al., 2017; Cambridge Dictionary, 2021). Various terms in the literature of policy research define the same idea of the options the governments has for steering, examples are ‘governance strategies’, ‘governing instruments’, ‘policy tools’ and the ‘tools of government’ (Howlett, 2019).

Employee Retention

Employee retention can be defined as “the act of keeping and encouraging employees to remain or stay in an organization for a longer period of time” (Bidisha & Mukulesh, 2013). In light of the research question, government steering strategies can be a means to achieve employee retention.

2.2 Operationalization

Steering strategies and its policy instruments are discussed in various scientific publications. The same concepts are often synonymized in the literature. Different forms and explanations of government steering exist, and they are conceptualized in different ways. This requires a formulation and justification of the conceptualization used to prevent concepts from sounding abstract and to make them ‘measurable’. Because I work with existing materials that are not written with my research question as a starting point and do not always use the concepts that are central to this research, I will also look into materials using different conceptualizations. This allows to distinguish the main steering strategies that apply to the research question and to develop a typology accordingly. The analysis approach is to inventory concrete policies or actions that are adopted by the Dutch and Flemish central governments, and to examine which ones prevail. The policies will be linked to the typology of steering strategies presented in the theoretical framework.

2.3 Current state of the literature

Strategies for the retention and recruitment of healthcare workers in different countries, regions and occupations have been studied over the past years. The existing literature contributes to advising effective policy approaches to limit workforce shortages and other negative effects resulting from those shortages. Steering strategies and policy instruments have been debated thoroughly in academic literature. We know in which ways a government can steer, but they are not always well understood. Studies that are similar to this research have been conducted, but have not yet been connected to the scientific literature of steering strategies, or can be considered outdated because of the major role of the COVID-19 crisis. For example, the European Commission (2015) conducted eight case studies, including The Netherlands and Belgium, on topics addressing the recruitment and retention of health professionals in Europe. Given the COVID-19 crisis, there is a need for an innovative and renewed approach. Also, most studies are based on the idea that this policy issue is more or less the exclusive domain of employers, employees and their representatives, and do not emphasize the role of the central government. Because of the lack of information on how government steering strategies currently evolve and are put to use in specific sectors, countries and regions, this research is aimed at filling this gap in the literature.

2.4 Typology based on the literature

This section sets out a typology of possible strategies for central government steering based on what the theory mentions on how the government can influence decisions and behavior. Governments can try to influence people's choices and behavior using policy instruments. To understand government steering, the question on how to steer with regard to the possible instruments that the government can choose from needs to be addressed. The literature on policy instruments is very complex as numerous classifications have been developed. A classical model distinguishes three types of policy instruments for behavior change. Bemelmans-Videc et al. (1998) propose a typology of three categories to structure the field of policy instruments. "Carrots" entails economic instruments, "sticks" refers to legal instruments, and "sermons" refers to instruments involving communication and information (Bemelmans-Videc et al., 1998). Tummers (2019) adds "Nudge" to this typology, where behavior change can be achieved through choice architecture.

Regarding the question of which strategies for government steering are possible and what the theory mentions on how the government can influence decisions and behavior (specifically on the labor market), *Public Policy in Action* by Bekkers, Fenger and Scholten (2017) provides a good basis of steering arrangements and classifications of policy instruments. The book elaborates on

classifications by well-known scholars such as Hood, Howlett, etc. The following typology is derived from Bekkers et al. (2017) as it appears a suitable starting point for the typology necessary to answer the research question.

Bekkers et al. (2017) describe five types of steering arrangements, of which one, steering as command and control, will be left out in our typology because it is not desirable and not feasible in the context of policies for the retention and recruitment of employees, at least not in the Netherlands and Belgium. The act of steering is defined as the ability and willingness to influence societal challenges, whereby policy programs are a means to influence societal challenges in a desired way (Bekkers et al., 2017).

Our first steering strategy, **steering on input and output parameters**, entails that the government trusts that society has self-regulation capacities that can be used to achieve desired outcomes. However, certain input and output parameters have to be met (Bekkers et al., 2017). Policies of this type thus require certain input and output parameters to be met. An example of input parameters could be a budget provided by the government to support education for certain professions. To qualify for support through this budget, candidates must comply with agreements that lead to the output that must be realized, namely new or retrained employees in a certain profession. Stakeholders still have the freedom to make their own decisions as long as the output goals are being met. Not being able to meet the output requirements might result in measures coming from the legal family of policy instruments, “Sticks” (Bekkers et al., 2017).

Steering by making use of incentives entails persuading society to develop a certain kind of behavior that a government wants to pursue, while still allowing actors to make their own decisions (Bekkers et al., 2017). Steering by making use of incentives can be done using different types of incentives such as material incentives, economic incentives, or nudging (Bekkers et al., 2017). The government can respond to what drives and motivates people to work in the healthcare sector. Initially, incentive steering was mostly associated with economic incentives, but recently the discussion about “nudging” resulted in revived interest for steering through incentives (Bekkers et al., 2017). Nudging is a much-discussed concept which is not easy to demarcate. A nudge is defined as “any aspect of the choice architecture that alters people’s behavior in a predictable way without forbidding any options or significantly changing their economic incentives.” (Thaler & Sunstein, 2008, p.6). Thaler and Sunstein (2008) argue for self-conscious efforts to steer people’s choices in directions that make them better off. The government should not apply these instruments without support from society (Tummers, 2019). When refraining from forcing or manipulating people, and from giving material or financial incentives, there are still many options for the government to steer (Hausman, 2018). In our

case, there is a response by government to what drives and motivates people to work in healthcare. Examples of incentive steering are economic incentives such as increased wages, the Dutch “care bonus”, or nudges that attract and motivate people to work in healthcare. The use of economic incentives is part of the economic family of policy instruments, “carrots” (Bekkers et al., 2017). Nudging would better fit in “the sermon” category of policy instruments, as this instrument involves communication and information (Bekkers et al., 2017; Bemelmans-Videc et al., 1998).

Steering through the structuration and proceduration of relationships, or the institutional design, is a strategy in which the government uses self-regulation forces in a certain sector. The government can choose to intervene by altering positions that certain actors have when dealing with a policy problem (Bekkers et al., 2017). Goodin (1998) describes the institutional design as “interventions in any of the arrangements that coordinate the behavior of individuals in society”, whereby government is engaged with the procedure of “examining existing arrangements to see if they are satisfactory and of altering them where necessary” (p. 55). Bekkers et al. (2017) explain that “through the structuration of the positions and roles of the involved actors and through the proceduration of the interaction between them, specific outcomes may be achieved.” (p. 141). Public tenders are an example of this steering strategy (Bekkers et al., 2017). When the government intends to ease staff shortages in healthcare, a public tender can be used to invite stakeholders with a common objective, so that they can formulate plans to achieve the common goal of easing staff shortages. Here, the communicative family of tools, “the sermon”, is leading, which provides information and facilitates dialogue (Bekkers et al., 2017). This steering strategy is a way for governments to steer societal actors in a specific sector and make use of regulation to create a level playing field. A ‘level playing field’ enables actors to make their own choices, and implement their own strategies or collaboration arrangements, but at the same time they have to realize specific outcomes (Bekkers et al., 2017). As was mentioned, this strategy can for example take place in the form of public tenders, where the government invites stakeholders with a common goal (Bekkers et al., 2017). After the government brings the stakeholders together, the next step is facilitate shared understanding.

This brings us to the final steering strategy, **steering as the development of shared understanding**. Steering as the development of shared understanding or “network governance” entails that the government aims to bring all relevant stakeholders together to facilitate a process of shared understanding between them. The government bring different frames together with the aim to align them into a common frame that can serve as a basis for collaboration, which is generally the basis for a joint policy program (Bekkers et al., 2017). Through communication, negotiation and bargaining, a deliberation process to reach a common output is debated. In this case, the deliberation is between

private and public relationships. This could be achieved by creating networks as it facilitates and supports communication and negotiation between a great number of actors (Bekkers et al., 2017). The government tries to bring together all relevant stakeholders and frames together in order to align them towards a common frame, or a solution (Bekkers et al., 2017).

3 Methodology

3.1 Research strategy and method

The main research question is a descriptive and explanatory question to analyze the use of government steering strategies by the Dutch and the Flemish central government, and to find out if there is room for policy alternatives and improvements for the use of steering strategies by the Dutch central government to help retain and recruit healthcare professionals from a theoretical perspective. Additionally, we want to know if the approach of the Flemish central government can inspire Dutch policy-makers with new insights or different strategies that can contribute to improvements.

The research strategy is a desk study by means of analyzing existing materials. This method of desk research is suitable since the data we are concerned with can be found simply in online databases. The analysis will be guided by the theoretical framework presented in chapter two. The use of steering strategies in The Netherlands and Flanders are studied because they are neighboring countries that are pretty similar and quite comparable in this regard, and because they have joint interests in this area. Dutch perspectives on the retention and recruitment of healthcare workers can be broadened by gaining new insights through policy learning.

The research method is a secondary analysis, involving the use of already existing, or secondary (qualitative) data. The data is found mostly in online databases and books which are publicly available. The materials include books, scientific articles, policy documents, newspaper articles, etc. A secondary analysis is suitable as secondary data provides a rich supply of information that can be found effectively. Academic literature on government steering strategies in the form of books and articles are used to introduce a suitable typology in the theoretical framework. Government websites, reports and other publications provide information about the policy agenda. Additionally, I have sought advice from Flemish researchers for additional sources on the policy agenda of the Flemish government. By comparing the typology of steering strategies, introduced in chapter two, with the policy agenda of the Dutch and Flemish central governments, the various steering strategies that they adopt can be inventoried. The main way to link the policies to the steering strategies is to see which policy instruments are applied and whether the policy meets the description and key characteristics of the steering strategy.

Time is in essence when analyzing steering choices since time implies change in the context, and the effects of a policy may be different across time (Peters & Fontaine, 2020). The time frame of the study will be from the start of 2020 till may 2022. In other words, from the start of the COVID-19 crisis until the time this study was carried out. This time frame is chosen because the healthcare

sector is facing increasing staff shortages as a consequence of the COVID-19 crisis. The COVID-19 pandemic is worsening the shortage of healthcare workers, resulting in a need for better and innovative policies focus on the future of healthcare services.

3.2 Search and selection strategy

Academic literature to develop the typology of government steering strategies introduced in the theoretical framework is searched for on Google Scholar, the library catalog *Worldcat* provided by the university, academic journals, books, and other scientific publications. The search strategy is on the basis of keywords such as “government steering, steering choices, steering strategies, governance tools, policy instruments, healthcare workers, retention, retainment, outflow, etc.”. The selection strategy is to read globally whether the publication can contribute to my research. If so, useful parts are selected, after which they are combined into the typology presented in the theoretical framework.

In order to answer the main research question, policies or actions that are adopted by the Dutch and Flemish central government need to be inventoried, after which they will be linked to the typology of steering strategies. To research the policy agenda of the central governments, publicly available data from official government websites, such as policy documents, publications and reports are collected. Government publications provide information about their policy agenda regarding the retention and recruitment of healthcare workers.

As our topic is currently much-discussed, a close eye will be kept on news related to the research question. A disadvantage of secondary data is that it can be outdated. Therefore, the publication date will always be taken into consideration. The main focus is on materials that were published no earlier than 2020 as the COVID-19 crisis has had a great influence on our policy issue.

The following key sources were used to analyze the policy agenda of the Dutch and Flemish central government. These findings will be supplemented by further online searches into the policies and initiatives specified in these sources.

Dutch central government

- *Reactie SER advies ‘Aan de slag voor de zorg; een actieagenda voor de zorgarbeidsmarkt’.*
- *Vierde voortgangsrapportage programma Werken in de Zorg.*

- *Zesde Vlaams Intersectoraal akkoord van 30 maart 2021 voor de social/nonprofitsectoren voor de periode 2021–2025 (No. VIA6).*
- *Conceptnota voor nieuwe regelgeving: over denkpistes om het personeelstekort in de zorg, in het bijzonder in de woonzorgcentra, op te vangen.*

3.3 Analysis strategy

The framework presented in chapter two serves to analyze the collected data to provide an overview of the policies to support retention and recruitment of healthcare workers by the Dutch and Flemish central government. It is necessary to specify when a certain measure or policy is indicative of a type of steering strategy. First, a suitable typology of steering strategies was introduced in the theoretical framework. The typology sets out characteristics of different types of government steering strategies. The specific characteristics can be recognized in the concrete policies adopted and therefore can be matched to a specific type of steering strategy. These characteristics are set out at the beginning of chapter five, the analysis.

To preserve a clear overview I keep track of my collected material in a document using different categories. Supplementing the materials is done by using the keywords mentioned, using the reference lists and rereading the collected materials since it can reveal something that has been overlooked.

4 Current situation of staff shortages in the healthcare sector

This chapter shortly describes the situation and context with regard to the staff shortages in the Dutch and Flemish healthcare sector. This outlines an idea of why employee retention and recruitment is currently of crucial importance in order to tackle the staff shortages in the healthcare sector.

4.1 Current situation in the Dutch healthcare sector

During the COVID-19 crisis and the lockdowns, the structural staff shortage on the labor market was temporarily covered. After the COVID-19 crisis, a shortage crisis arises in the labor market, which could continue for a long time due to the aging and dejuvenation of the Dutch population (Wilthagen, 2021). Employers cannot fill vacancies and companies and institutions are therefore unable to provide sufficient services and products. For the healthcare sector, this means that patients will have to wait longer for receiving healthcare (Wilthagen, 2021).

In the Netherlands, the healthcare sector is currently one of the sectors with the largest staff shortages. As early as 2019, employers in the healthcare sector indicated that 70 percent of vacancies were difficult to fulfill. In May 2022, there are 61,000 vacancies that cannot be fulfilled (RTL news, 2022). The introduction cited that “The corona crisis has irrefutably shown that all policy plans about good care start with people who can provide this care. And while we have been struggling with staff shortages for years, it seems like we needed this crisis to really let this realization sink in.” (Ministry of Health, Welfare and Sport, 2020a). However, while the COVID-19 crisis has made us realize how vulnerable the healthcare system actually is, the situation has only worsened due to rising staff shortages and increasing workloads (RTL news, 2022).

In the Netherlands, significant shortages exist among caring staff in nursing homes, nurses in hospitals and general practitioners (Ministerie van Volksgezondheid, Welzijn en Sport, 2020a). Despite the fact that many healthcare workers find working in healthcare a wonderful career, many decide to leave and find another job (Ministerie van Volksgezondheid, Welzijn en Sport, 2020a). In the Netherlands, nurses and healthcare professionals leave because they lack career opportunities and are not satisfied with the quality of healthcare. Another reason is the high workload and lack of support from colleagues (Damen & Jacobs, 2020). Kox et al. (2020) explain that starting nurses in the Netherlands leave the profession because of a lack in challenge, passion, perceived competence, work capacity and feeling of belonging.

According to the Dutch Ministry of Health, Welfare and Sports (2020a), the high outflow in the healthcare sector is even more problematic because the sector is characterized by structural staff

shortages that already existed before the COVID-19 crisis. Reasons for these shortages include a very high sickness absence rate, an increasing aging population among healthcare employees and a large number of part-time workers (Ministerie van Volksgezondheid, Welzijn en Sport, 2020a). Also, it is attractive for individual care providers to become a freelancer as it can provide them with more control and flexibility in their job. The increasing amount of freelancers causes issues regarding cohesion and collaboration between employees when care organizations fail to respond to this trend (Ministerie van Volksgezondheid, Welzijn en Sport, 2020a). These issues include a higher workload because scheduling becomes more complex and an increase in policy and administrative tasks for the permanent employees (Ministerie van Volksgezondheid, Welzijn en Sport, 2020a).

4.2 Current situation in the Flemish healthcare sector

Since the sixth state reform of Belgium in 2011, the Flanders region ('gewest') has been responsible for policies on care provision inside and outside health care institutions, preventive health care and the recognition of health care professions (Agentschap Zorg en Gezondheid, 2022; Vlaamse Overheid, 2022).

A concept note for new regulations by the Flemish Parliament (2021) mentions that "The healthcare sector has been struggling for years with a rising staff shortage, which increases the workload among staff and puts pressure on the quality of care." (Vlaams Parlement, 2021). Flanders is, just like the Netherlands, struggling with a structural deficit of healthcare professionals that was intensified by the COVID-19 crisis. The pandemic confirmed the structural deficit of healthcare professionals the sector has been struggling with for a longer period (Federgon, 2020). Aging population leads to growing demand for healthcare services, and at the same time healthcare workers are aging and retiring. An increasing number of healthcare workers are falling out temporarily because of burnout or illness. On top of that, there is a general shortage on the Belgian labor market, meaning that there is a great number of vacancies that cannot be fulfilled (Federgon, 2020).

In Flanders, many healthcare professions belong to the so-called 'bottleneck professions' meaning that vacancies are not fulfilled and that there are too little students in health care studies (Verso, as cited in Averens et al., 2022). Today, more than half of the intensive care nurses are thinking about resigning because the COVID-19 crisis has worsened existing problems (Meeussen, 2022). Just like the Netherlands, Flanders struggles with major staff shortages in nursing homes. Since January 2021, the professions of 'caregiver', who helps with the daily care of people in need, and 'nursing assistant', who have additional training to perform tasks on behalf of a nurse, are labeled as bottleneck professions (Vlaams Parlement, 2021).

Reasons for outflow are similar reasons as found in The Netherlands. Healthcare employees leave the profession due to higher workloads and increased work pressure. In Flemish hospitals, residential care centers and home care, there is a growing sickness absence rate (Vlaams Parlement, 2021). Also, in light of the pandemic, employees are temporarily out of work due to burnout, contamination with COVID-19 or quarantine (Vlaams Parlement, 2021).

5 Analysis

According to the theory discussed in the theoretical framework, the central government can steer in four ways; it can steer on input and output parameters, steer by making use incentives, steer through the structuration and proceduration of relationships and steer as the development of shared understanding (Bekkers et al., 2017). The next step is to inventory, on the basis of the given policy documents, what the Dutch and Flemish central government are doing in the field of retaining and recruiting healthcare workers. The approach to link the concrete policies to the steering strategies is to distinguish which policy instruments are applied and whether the policy meets the description and key characteristics of the strategy. In the typology, the characteristics and the instruments of the different strategies were set out. The following table summarizes the characteristics and the instruments of the steering strategies. On the basis of these key points, we can incorporate the policies into the steering strategies.

Table 1: main characteristics and instruments of the steering strategies

STEERING STRATEGIES	CHARACTERISTICS
STEERING ON INPUT AND OUTPUT PARAMETERS	<ul style="list-style-type: none"> • Self-regulation capacities of society • Input and output parameters • Policy instrument: stick
STEERING BY MAKING USE OF INCENTIVES	<ul style="list-style-type: none"> • Address drivers and motivations • Material incentives • Economic incentives • Nudging • Policy instrument: carrot
STEERING THROUGH THE STRUCTURATION AND PROCEDURATION OF RELATIONSHIPS	<ul style="list-style-type: none"> • Invite stakeholders with common objective • Self-regulation forces of the sector • Altering positions of stakeholders • Interventions in existing arrangements • Create level playing field • Policy instrument: sermon
STEERING AS THE DEVELOPMENT OF SHARED UNDERSTANDING	<ul style="list-style-type: none"> • Networks • Bring stakeholders together to facilitate shared understanding • Collaboration • Communication, negotiation, bargaining • Align different frames towards a common frame • Deliberation process towards common goal • Joint policy programs • Policy instrument: sermon

Table derived from (Bekkers et al., 2017; Bemelmans-Vidéc et al., 1998)

5.1 The Netherlands: policies to help retain and recruit healthcare workers

This chapter provides an overview of the policies to help retain and recruit health care that are currently being adopted by the Dutch central government in relation to our typology of steering strategies.

Steering on input and output parameters

Self-regulation capacities and input and output parameters

The 'Stagefonds Zorg' (Care Internship Fund) is responsible for financing internship supervision (Ministerie van Volksgezondheid, Welzijn en Sport, 2021b). With the subsidies from the fund, financed by the Ministry of Health, Welfare and Sports, healthcare providers can offer students more internships and improve internship supervision (Ministerie van Volksgezondheid, Welzijn en Sport, 2022c). Putting students into practice earlier and longer through internships and on the job training is one of the actions Wilthagen (2021) proposes. The central government influences this by offering subsidies to make more internships available and to finance the costs of internship supervision. The input parameter is the subsidies provided by central government, the output parameter is an increased availability of internships with quality supervision. Next to more qualitative internships, the government provides education subsidies with enforceable agreements. During the corona crisis, numerous initiatives were taken for a national reserve of healthcare staff, including the 'Nationale Zorgklas' (National care class) (Ministerie van Volksgezondheid, Welzijn en Sport, 2021b). In 2020, learning trajectories through an online modular learning environment were quickly developed to make people with and without experience in healthcare employable via training by the National Care Class (Ministerie van Volksgezondheid, Welzijn en Sport, 2020c; Ministerie van Volksgezondheid, Welzijn en Sport, 2022b). The Ministry of Health, Welfare and Sports was part of this collaboration, in addition to numerous stakeholders (Ministerie van Volksgezondheid, Welzijn en Sport, 2022b). Participants have the opportunity to follow a work-study program with the aid of subsidies. This involves accelerated training whereby students can obtain MBO certificates (junior college education). This initiative is a solution for staff shortage that contributes to reducing the deficit during the corona crisis, but is not seen as a long-term solution (Ministerie van Volksgezondheid, Welzijn en Sport, 2020c; Ministerie van Volksgezondheid, Welzijn en Sport, 2022b).

'SectorplanPlus' is one of the instruments from the 'Werken in de zorg' (Working in Healthcare) programme (Ministerie van Volksgezondheid, Welzijn en Sport, 2020c). It is a subsidy provided by the

Ministry of Health, Welfare and Sports for healthcare employers to stimulate training projects aimed at new employees, employees threatened with redundancy, training within healthcare organizations, or training for supervisors. There is a requirement implying an output parameter, that subsidy applicants must meet a retention of 50 percent with regard to the amount of the subsidy for the completed projects (SectorplanPlus, 2022). Providing education subsidies with enforceable agreements in the form of for example return of service is a measure the government can use to recruit healthcare workers (Bekkers et al., 2017; World Health Organization, 2010). The input parameter is the budget that covers the costs of education, whereas the output parameter is that the educational institution, healthcare organization or student has to fulfill agreements regarding the output that has to be realized (Bekkers et al., 2017).

Steering by making use of incentives

Economic incentives: reduce tuition fees

The central government can stimulate study choice for healthcare by reducing tuition fees and offering job guarantees (Wilthagen, 2021). In recent years, a growing amount of resources have been made available for subsequent education in healthcare, financed by The Ministry of Health, Welfare and Sports. For example, 'Sectorplanplus' has made a budget of 420 million euros available between 2018 and 2021 for guidance, lateral entrants and refresher courses for healthcare staff (Ministerie van Volksgezondheid, Welzijn en Sport, 2021b).

Nudging: Campaigns to promote working in healthcare

Campaigns provide information without obligation. The government organizes campaigns to present the benefits of working in the healthcare sector in order to make people curious and enthusiastic about a job in healthcare (Ministry of Health, Welfare and Sport, 2022).

'Ontdekde zorg.nl' (discover healthcare) is an instrument from the 'Werken in de Zorg' (Working in Healthcare) action programme (Ministerie van Volksgezondheid, Welzijn en Sport, 2020c). It is a collaboration between the Ministry of Health, Welfare and Sports, the healthcare sector, and employee and employer organizations which organizes campaigns to let people discover their options and possibilities for working in the healthcare sector (Ontdekde zorg.nl, 2022). Part of this is

the public campaign 'Ik Zorg', or 'I care', intended to make people enthusiastic about working in healthcare and welfare by offering a positive image such as the diversity of the sector (Ministerie van Volksgezondheid, Welzijn en Sport, 2022a). The 'Werken in de Zorg' action program has also been expanded to regional approaches such as the 'Regionaal Actieplan Aanpak Tekorten' (Regional Action Plan for Addressing Shortages, RAAT) in Southeast Brabant. The RAAT program is a collaboration between numerous stakeholders to attract potential employees, to organize staff placement in a smarter way, and to inform and support interested people in their search for opportunities to work in the healthcare sector through the 'Ik Zorg' contact point (Transvorm, 2022).

Steering through the structuration and proceduration of relationships

Interventions in existing arrangements

Collective labor agreements (cao's) consist of arrangements between employers and employees that are established in such an agreement. The government is not in a position to interfere with collective labor agreements, but it has the opportunity to contribute to consistency of financial employment incentives. To enable competitive salary development, the cabinet provides an annual 'government contribution in the labor cost development' (Ministerie van Volksgezondheid, Welzijn en Sport, 2021b). The government contribution to labor cost developments ensures that wages in the healthcare sector remain at the same level with wages in the market and the public sector to ensure a scope for employment conditions in conformity with the market. This way the parties engaged with collective labor agreements can make market-conform collective labor agreements for the healthcare sector (Ministerie van Volksgezondheid, Welzijn en Sport, 2021b).

Investments in technology are made through 'ZonMw', a funding organization for innovation and research in healthcare, financed by The Ministry of Health, Welfare and Sports. The objective of 'ZonMw' is to design programs and finance research and innovation projects in healthcare (ZonMw, 2022). Technologies such as robots, artificial intelligence, automation and digitalization can increase labor productivity and reduce workload in order to create better working conditions (Wilthagen, 2021). 'ZonMw' is working towards this through numerous projects in the field of e-health (ZonMw, 2022). By inviting stakeholders with a common objective, they can achieve the common goal of easing staff shortages through investments in technology which can help reduce workloads. Creating this level playing field, actors can make their own choices, and implement their own strategies or

collaboration arrangements, but at the same time they should realize specific outcomes (Bekkers et al., 2017).

Steering as the development of shared understanding

Collaboration, facilitation of shared understanding and deliberative processes,

The initiative 'Nationale Zorgreserve' (National Care Reserve) of the foundation 'Extra ZorgSamen' (Extra Care Together) focuses on a structural provision in the form of a national care reserve (Ministerie van Volksgezondheid, Welzijn en Sport, 2021b). This is partly a result of crisis initiatives such as 'Extra Handen voor de Zorg' (Extra hands for Healthcare). Via 'Extra Handen voor de Zorg', professionals who no longer work in the healthcare sector can register to return temporarily (Ministerie van Volksgezondheid, Welzijn en Sport, 2020c). The initiative has now been discontinued (Extrahandenvoorde zorg, 2022). The National Care Reserve is planning to build on the crisis initiatives towards a more structural provision (Extrahandenvoorde zorg, 2022). The Ministry of Health, Welfare and Sports subsidizes the National Care Reserve program in order to be able to continue to make use of the offer of former healthcare employees in future crisis situations. The National Care Reserve is developing regional communities of (former) care professionals that are available to work at health organizations in need of a helping hand (Nationale Zorgreserve, 2021). The care reservists are students, work elsewhere or are retired. With regard to students and retirees, this is a way of getting unused labor potential to work through collaboration (Extrahandenvoorde zorg, 2022).

The government tries to foster the influx of healthcare workers by mobilizing unused labor potential. The declaration of intent "Working in care and welfare. Better use of people at a distance from the labor market" focuses on people with a distance to the labor market. The Ministry of Health, Welfare and Sports sits together with a large number of parties to discuss how the influx of people with a distance to the labor market can be structurally improved. The Ministry of Health, Welfare and Sports collaborates with the Ministry of Social Affairs and Employment to achieve awareness and share knowledge around job creation (job carving) (Ministerie van Volksgezondheid, Welzijn en Sport, 2020c).

The Ministry of Health, Welfare and Sports, together with the Dutch Organization for Scientific Research, is the client of 'ZonMw'. As was mentioned previously, the mission of 'ZonMw' is designing programs and financing research and innovation projects in healthcare (ZonMw, 2022). In 2021, two million euros was made available within the ZonMw program to strengthen the professionalism of

nurses in the area of control (Ministerie van Volksgezondheid, Welzijn en Sport, 2021b). Through this organization, various stakeholders work together on complex health issues.

The '[Ont]regel de Zorg' ([Dis]rule the care) program is intended to reduce the perceived regulatory pressure in the care sector. It focuses on internal rules, prevailing organizational culture and quality guidelines for professionals (Ministerie van Volksgezondheid, Welzijn en Sport, 2021b). At the initiative of the Ministry of Health, Welfare and Sports, the approach has been made concrete in the 'Action Plan [Ont]Regel de Zorg', which provides an overview of a total of 155 concrete action points (Ministerie van Volksgezondheid, Welzijn en Sport, 2020d). The government brings the relevant stakeholders together to facilitate dialogue on the issue of red tape.

The Ministry of Health, Welfare and Sports supports initiatives by labor unions and professional associations to help healthcare organizations that want to increase employee participation and the involvement of employees by initiating and facilitating dialogue. The aim or common goal is to set up trajectories in healthcare organizations which assist them in increasing employee involvement and reducing the outflow of workers (Ministry of Health, Welfare and Sport, 2020c). The Ministry of Health, Welfare and Sports also facilitates dialogue between healthcare organizations, healthcare buyers and regulators to strengthen the role of healthcare buyers and regulators and to improve employership (Ministry of Health, Welfare and Sport, 2020c).

Networks and Joint policy programs

In recent years, various initiatives have been launched to bring together knowledge and expertise, such as the 'Actie Leer Netwerk' or Action Learning Network (Ministerie van Volksgezondheid, Welzijn en Sport, 2021b). The Action Learning Network is part of the 'actieprogramma Werken in de Zorg' or the Working in Healthcare action program by the Ministry of Health, Welfare and Sports. In light of the COVID-19 crisis, the cabinet decided to continue the Working in Healthcare action program that was intended to end in 2021 (Ministerie van Volksgezondheid, Welzijn en Sport, 2020c). The Action Learning Network makes the connection between the action programme, the professional field and education organizations in order to facilitate and support parties that want to tackle staff shortages with new initiatives (Actie Leer Netwerk, 2022).

5.2 Flanders: policies to help retain and recruit healthcare workers

This chapter provides an overview of the policies to help retain and recruit health care workers that are currently being adopted by the Flemish central government in relation to our typology of steering strategies.

Steering on input and output parameters

Self-regulation capacities and input and output parameters

The Flemish Parliament aims to offer courses to nurses who are currently not employed in the healthcare sector. This way, more nurses could return to the sector through refresher courses. The target group still has the freedom to decide, but is being motivated by the training offered by the government (input parameter). The output parameter is more nurses returning to healthcare organizations (Vlaams Parlement, 2021).

Steering by making use of incentives

Economic incentives

Through the 'Sixth Flemish Intersectoral Agreement (VIA) for the social/nonprofit sectors' (VIA 6), almost 120 million euros are made available in order to improve wages and accordingly make the care professions more attractive (Vlaams Parlement, 2021; Vlaamse Regering, 2021).

Also, the Flemish Parliament wants to extend the flexi-job scheme which already exists in the catering and retail sectors to the healthcare sector. People who work 80% full time or retirees can do an extra job without paying taxes on this extra income. At the same time, they have the benefit of building up social rights. The employer is also advantaged because it pays a reduced rate of 25 percent employer contributions on wages (Vlaams Parlement, 2021).

Interventions in existing arrangements and self-regulation forces

The Flemish Government recognizes the challenges the healthcare sector faces and wants to provide structural measures through the 'sixth Flemish Intersectoral Agreement (VIA) for the social/nonprofit sectors' to increase the purchasing power of the staff, reduce work pressure, and increase the inflow of workforce into the sector (Vlaamse Regering, 2021). The Flemish Intersectoral Agreements (VIA) are agreements between the Flemish Government and employee and employer organizations in the Flemish socio-cultural sector, with the aim of optimizing the working conditions of employees. The Flemish government is responsible for subsidizing the organizations that implement the measures of the agreement (Sociare.be, 2020; Vlaamse Regering, 2021). In the sixth Flemish Intersectoral Agreement (VIA) for the social/nonprofit sectors, agreements were made in numerous areas of the sector such as purchasing power measures, extra staff, quality measures, (lateral) influx, digitization, innovation, etc. (Vlaamse Regering, 2021). All these measures are intended to improve working conditions of people working in the healthcare sector.

The following policies entail interventions to facilitate the existing arrangements, and can thus contribute to a greater workforce and reduced work pressure in the healthcare sector. The Flemish Parliament wants to focus on hybrid care in the healthcare sector so that hospitals can be relieved by dismissing patients earlier. The Flemish Parliament also wants to relieve nurses from tasks that do not require medical training (Vlaams Parlement, 2021). Logistics employees have not received any care training, but can take over various supporting, practical tasks from nurses. In this way, healthcare staff can focus on their core task (Zorgnet-Icuro, 2021). To this end, the 'decree of 18 July 2008 on care and assistance' should be adapted. This amendment gives non-medical staff in residential care centers legal certainty with regard to their work (Vlaams Parlement, 2021). From 1 July 2021, residential care centers can apply for subsidies for the recruitment of 'certified logistics employees' (Zorgnet-Icuro, 2021). In another attempt to reduce work pressure, the Flemish government wants to adjust subsidy decisions to give care institutions the opportunity to employ more freelancers. In this way, this measure becomes structural (Vlaams Parlement, 2021). The Flemish Parliament also wants to abolish diploma conditions when recruiting personnel so that employers have the option of offering employees on-the-job training through which they can later obtain a certificate (Vlaams Parlement, 2021).

Steering as the development of shared understanding

Collaboration, facilitation shared understanding and deliberative processes

The policies described in the previous section, which are interventions to facilitate existing arrangements result in deliberative processes. Once the arrangement is satisfactory, a deliberative process is achieved for those arrangements. These deliberations in this case are more hybrid care, relieving nurses by delegating non-medical tasks, recruiting logistic employees, facilitating the process of hiring flexible employees such as freelancers and people with a flexi-job, and offering on-the-job training (Vlaams Parlement, 2021).

6 Description of Results

Table 2: Placing the policies next to the steering strategies (NL= the Netherlands, F= Flanders)

STEERING STRATEGIES	CHARACTERISTICS	POLICIES BY THE DUTCH AND FLEMISH CENTRAL GOVERNMENT
STEERING ON INPUT AND OUTPUT PARAMETERS	<ul style="list-style-type: none"> • Self-regulation capacities of society • Input and output parameters • Policy instrument: stick 	<ul style="list-style-type: none"> • ‘Stagefonds Zorg’: subsidies for financing internship supervision (NL) • ‘Nationale Zorgklas’ and ‘Sectorplanplus’: education subsidies with enforceable agreements (NL) • Financing refresher courses (F)
STEERING BY MAKING USE OF INCENTIVES	<ul style="list-style-type: none"> • Address drivers and motivations • Material incentives • Economic incentives • Nudging • Policy instrument: carrot 	<ul style="list-style-type: none"> • Economic incentive: reduce tuition fees through budgets for education (NL) • Nudging: Campaigns to promote working in healthcare (NL) • Economic incentive: budget to improve wages (F) • Economic incentive: flexi-job scheme (F)
STEERING THROUGH THE STRUCTURATION AND PROCEDURATION OF RELATIONSHIPS	<ul style="list-style-type: none"> • Invite stakeholders with common objective • Self-regulation forces of the sector • Altering positions of stakeholders • Interventions in existing arrangements • Create level playing field • Policy instrument: sermon 	<ul style="list-style-type: none"> • Annual ‘government contribution in the labor cost development’ for competitive salary development (NL) • Financing ZonMw, funding organization for innovation and research in healthcare to create level playing field (NL) • Structural measures in existing arrangements through the ‘sixth Flemish Intersectoral Agreement (VIA) for the social/nonprofit sectors’ to optimize working conditions. (F) • Interventions to increase workforce and reduce work pressure → facilitate hybrid care, subsidies to recruit certified logistics employees, adjust subsidy decisions to employ more freelancers, abolish diploma conditions by offering on-the-job training. (F).
STEERING AS THE DEVELOPMENT OF SHARED UNDERSTANDING	<ul style="list-style-type: none"> • Networks • Bring stakeholders together to facilitate shared understanding • Collaboration • Communication, negotiation, bargaining • Align different frames towards a common frame • Deliberation process towards common goal • Joint policy programs • Policy instrument: sermon 	<ul style="list-style-type: none"> • ‘Nationale Zorgreserve’ program: structural provision of a national care reserve (NL) • Declaration of intent “Working in care and welfare. Better use of people at a distance from the labor market” to mobilize unused labor potential (NL) • Collaboration with the Dutch organization of Scientific Research as the client of Zon Mw (NL) • Action plan ‘(Ont)regel de zorg’ to reduce red tape (NL) • Support stakeholder initiatives by initiating and facilitating dialogue to set up trajectories to increase employee involvement and reduce outflow (NL) • Facilitate dialogue between healthcare organizations, healthcare buyers and regulators to strengthen the role of healthcare buyers and regulators and to improve employership. (NL) • Action Learning Network to support parties that want to tackle staff shortages with new initiatives. (NL) • Interventions resulting in deliberative processes. (F) → deliberations facilitating hybrid care, relieving nurses by delegating non-medical tasks, recruiting logistic employees, facilitating the process of hiring flexible employees such as freelancers and people with a flexi-job, and offering on-the-job training.

Table 2 serves as the completion of table 1, so that the steering strategies with their main characteristics are placed side by side with the policies of the Dutch and Flemish central government. In this way the results can be presented to explain which steering strategies are insufficiently used and which improvements are possible.

This chapter will first discuss whether further or improved steering strategies to retain and recruit healthcare professionals are possible from the theoretical perspective, followed by the pro's and con's of those strategies. This flows into an answer to the question whether the use of steering strategies to retain and recruit healthcare professionals by the Flemish government can inspire Dutch policy-makers with new insights or different strategies that can contribute to improvements in steering towards solutions to help retain and recruit healthcare professionals in the Netherlands.

What do we have?

According to the theory, there are four steering strategies through which the central government can steer. The analysis of the policies shows that both the Dutch and Flemish central government currently apply all four steering strategies in the area of retaining and recruiting healthcare professionals. A general observation is that the focus of the use of steering strategies is considerably different. The central governments seem to have a preferences when adopting certain steering strategies and policy instruments. The Dutch central government is more actively involved in steering as the development of shared understanding. The Flemish central is more actively involved in deliberative processes and concrete facilitating actions such as changing laws, which is part of steering through the structuration and proceduration of relationships (Bekkers et al., 2017).

Possibilities for further or improved steering strategies

Although the Dutch central government applies all four steering strategies in this policy area, it still has room for policy alternatives and improvements within the steering strategies themselves.

Regarding steering by making use of incentives, one of the policies by the Flemish central government is a budget to improve wages as an economic incentive. The Flemish central government believes that wage increases can make the professions in healthcare more attractive (Vlaams Parlement, 2021; Vlaamse Regering, 2021). In the Netherlands, an increase in wages does not seem desirable because wages are not thought to be a main reason for outflow (Ministerie van Volksgezondheid, Welzijn en Sport, 2021b). Also, because the healthcare sector is very large, wage increases are an expensive matter, which means that financial cuts have to be made elsewhere or taxes have to be raised (Ministerie van Volksgezondheid, Welzijn en Sport, 2021b). Improving wages is a policy that can help to fight the staff shortages by making a job in the healthcare sector more

attractive. However, increasing wages is not a guarantee because it can result in competition with other sectors (Wilthagen, 2021). In other words, economic incentives can help to solve several problems, but they do not necessarily lead to recruiting more workers. Differences of this nature invite Dutch policy makers to consider whether increasingly steering through (economic) incentives such as wage increases can nevertheless contribute to reducing staff shortages.

On that note, the Dutch central government is engaged in competitive salary development through the Annual 'government contribution in the labor cost development' (Ministerie van Volksgezondheid, Welzijn en Sport, 2021b). This policy entails steering through the structuration and proceduration of relationships. It is important to create a level playing field or consistency of financial employment incentives and similar stimuli as they can contribute to easing the shortage of workforce in the healthcare sector. Fiscal and financial incentives for employment must be consistent for people inside and outside healthcare organizations (Federgon, 2020). A 'level playing field' enables actors to make their own choices, strategies or collaboration arrangements, but at the same time they have to achieve specific outcomes (Bekkers et al., 2017). This example shows that the policies do not always fit a specific steering strategy, therefore it is important to find a balance in adopting the various options for steering.

As mentioned before, The Flemish central government is more actively involved in deliberative processes and concrete facilitating actions as part of steering through the structuration and proceduration of relationships (Bekkers et al., 2017). An opportunity that emerges from the theory as well as the Flemish case is for the Dutch central government to focus more on facilitating existing arrangements, such as rules for access to the healthcare labor market. The government can focus on a target group-oriented deliberative process in order to reduce barriers. These barriers may be related to administrative or practical difficulties for migrant workers, financing training, diploma requirements, etc.

The policy agenda of the Netherlands does not seem to mention any concrete initiatives related to labor migration. The government can help healthcare organizations to attract healthcare professionals from abroad by offering good working conditions and guaranteeing good living conditions (Wilthagen, 2021). The government can only control this to a limited extent by facilitating the process of labor migration. However, labor migration is politically sensitive and should not be at the expense of other countries or regions. Gheasi & De Lange (2020) state that "unbalanced mobility of healthcare workers may pose significant challenges such as overcrowding effect of healthcare personnel in some regions at the cost of difficulties in serving better the health needs of people in others." The government could attract healthcare professionals from countries that have a surplus of

healthcare professionals. This can be achieved by increasingly steering through the structuration and proceduration of relationships.

Investing in technology to reduce workload is a possible policy the central government can adopt to help retain healthcare workers. Investments in this area could be confused with material incentives. However, in this case it is not directly a material incentive but rather an indirect way to decrease the outflow. As we know, work pressure is one of the main reasons for outflow of employees in the healthcare sector. Technologies such as robots, artificial intelligence, automation and digitalization can increase labor productivity and reduce workload in order to create better working conditions (Wilthagen, 2021). This can for example take place the form of public tenders where the government invites stakeholders with a common goal (Bekkers et al., 2017).

Joint policy programs entail the development of shared understanding and can be found in the field of the retention and recruitment of healthcare workers. An example is 'Stay at Z', a joint project of numerous partners in the Netherlands and Flanders, financially supported by Interreg Flanders-Netherlands (van de Veerdonk, 2021). In this steering arrangement, providing information and facilitating dialogue is the main goal (Bekkers et al., 2017). A collaboration of this nature between the Dutch and Flemish central government can inspire Dutch policy-makers with new insights or different strategies that can contribute to improvements in steering towards solutions to retain and recruit healthcare professionals in the Netherlands.

Based on a number of findings and examples from the analysis in chapter five, we have discussed which possibilities the Dutch central government has for further or improved steering strategies to retain and recruit healthcare professionals, including a number of pro's and con's of those strategies. These possibilities emerge from the theoretical perspective and are inspired by new insights of the use of steering strategies to retain and recruit healthcare professionals by the Flemish government. Because the steering strategies are not all used equally intensively, there could be more awareness of the possibilities that the Dutch central government has for steering in this policy area. Staff shortages are a cause for great concern and every opportunity should therefore be fully exploited. By attaching importance to the possibilities presented by the theory and by finding a balance in applying all steering strategies to help retain and recruit healthcare professionals, it can contribute to improvements in steering towards solutions to retain and recruit healthcare professionals in the Netherlands.

7 Conclusion and Discussion

7.1 Conclusion

An overview was made of the ways in which the Dutch and Flemish central governments steer, and the ways in which it is not yet steering in the area of retaining and recruiting healthcare professionals. It was discussed whether there is sufficient awareness of the possibilities and limitations that the Dutch central government has for steering in this policy area. This research offers insights on how various types of steering strategies discussed in academic literature are applied in reality in order to present possibilities and limitations for central government steering from a theoretical perspective, specifically on the labor market and in the area of retaining and recruiting healthcare professionals. Subsequently, this leads us to an answer on the main research question. *“How can the Dutch central government influence decisions and behavior on the labor market through steering strategies, and is there room for policy alternatives and improvements for the use of steering strategies to help retain and recruit healthcare professionals from a theoretical perspective?”* In chapter 2 of this study, a typology of steering strategies was established. This typology explains how the Dutch central government can influence decisions and behavior on the labor market through steering strategies. This explanation is reinforced by the analysis in chapter 5, which is also summarized in table 2. The policies of the Dutch and Flemish central government to support and facilitate the retention and recruitment of healthcare professionals are linked to the steering strategies in order to present the results. By using the theory as a tool to analyze the use of steering strategies by the Dutch central government in the field of supporting and facilitating the recruitment and retention of healthcare professionals, we can conclude that the Dutch central government adopts all four steering strategies presented in the theoretical framework. Room for policy alternatives and improvements for the use of steering strategies to help retain and recruit healthcare professionals emerge from the theoretical perspective as well as from analyzing the Flemish case. Given the extent of the problem of staff shortages, every opportunity to steer the retention and recruitment should be fully exploited by the Dutch central government. It was found that not all steering strategies are used equally intensively. It is important to find a balance in adopting all options for central government steering in order to tackle the problem in all possible ways. In addition to the policies the Dutch central government has implemented to help the retention and recruitment of healthcare professionals, the Dutch central government can consider the possibilities as presented above. By being aware of the possibilities the theory presents and learning from how the Flemish central government addresses these opportunities, the Dutch central government can contribute even more to reducing the shortage of workforce in the healthcare sector.

7.2 Methodological discussion

This section presents a number of criticisms on the methods used and discusses possible consequences of using these methods. First, by drawing up a typology of the central government's steering strategies in the field of retaining and recruiting healthcare workers, it is possible that certain options for steering have been overlooked. Therefore, it is likely that further research on this topic distinguishes other kinds of steering strategies (to help retain and recruit health care workers) by the central government. Secondly, Linder and Peters (1989) highlight a bias in the selection of policy instruments in different sectors and countries. Countries have a great deal of complexity concerning political, social, and economic circumstances (Peters & Fontaine, 2020). Institutional, political, demographic, budgetary, etc. differences can therefore influence steering choices. This research is not a comparative study, but a look into a similar country, or rather region, using a policy learning approach. Using this approach, the Dutch case is the basis of this study. Because this is not a comparative study, it is possible that these institutional, political, demographic, budgetary, etc. differences have an influence on steering choices. Thirdly, when looking for the policies adopted by the Dutch and Flemish government, the focus was on analyzing the policy agenda from march 2020, when the COVID-19 crisis started, until May 2022. There were few publicly available policy documents, publications and reports by the Dutch and Flemish central governments. More extensive analysis of the policies adopted could provide more detailed insights into the use of steering strategies.

7.3 Theoretical discussion

The existing literature and theory development on government steering strategies and policy instruments is very complex as numerous classifications have been developed. Scholars have conducted extensive research on this topic, but do not always explain how the theory applies in practice. The typology as presented by Bekkers et al. (2017) proves a good basis to study how the central government can influence decisions and behavior on the labor market through steering strategies, and can be applied in the context of the use of steering strategies to retain and recruit healthcare professionals. In general, this typology of steering strategies and policy instruments was in line with the practice of government steering. However, it was necessary to ignore 'steering as command and control' as it would be a non-desirable and unfeasible steering mechanism in this context. In further research it can be investigated why the differences between the choice and the use of certain steering strategies by the Dutch and Flemish central government exist. This can be done with the note of Linder and Peters (1989) as a starting point, that there is a bias in the selection

of policy instruments in different sectors and countries due to political, social, and economic circumstances on steering choices (Peters & Fontaine, 2020). It can be studied how certain institutional, political, demographic, budgetary, etc. differences influence steering choices by central governments.

Bibliography

- Actie Leer Netwerk. (2022, March 31). *Rol Actie Leer Netwerk*. Retrieved April 27, 2022, from <https://www.actieleernetwerk.nl/>
- Agentschap Zorg en Gezondheid. (2022). *Beleid*. Zorg en Gezondheid. Retrieved April 21, 2022, from <https://www.zorg-en-gezondheid.be/beleid>
- Averens, T., Van den Broeck, K., & Franck, E. (2022, februari). *Voorspellers van uitstroom en behoud van zorgverleners op organisatie en teamniveau: een literatuurstudie*. <https://www.provincieantwerpen.be/content/dam/provant/dese/economie/zorg/Literatuurstudie%20voorspellers%20van%20uitstroom.pdf>
- Arbeidsmarkt Zorg en Welzijn. (2021). *Arbeidsmobiliteit*. Dashboards.Cbs.Nl. Retrieved December 5, 2021, from <https://dashboards.cbs.nl/v3/AZWDashboard/>
- Bekkers, V., Fenger, M., & Scholten, P. (2017). *Public Policy in Action*. Edward Elgar Publishing.
- Bemelmans-Videc, M. L., Rist, R. C., & Vedung, E. (1998). *Carrots, Sticks & Sermons*. Macmillan Publishers.
- Belgische Federale Overheidsdiensten. (2022, April 26). *België, een federale staat | Belgium.be*. Belgium.be. Retrieved May 13, 2022, from https://www.belgium.be/nl/over_belgie/overheid/federale_staet
- Bidisha, L. D., Mukulesh, B. (2013). Employee Retention: A Review of Literature. *Journal of Business and Management*, 14, 8-16.
- Cambridge Dictionary. (2021). *Strategy definition*. Dictionary. Cambridge.Org. Retrieved December 7, 2021, from <https://dictionary.cambridge.org/dictionary/english/strategy>
- Cairney, P. (2019). *Understanding Public Policy*. Macmillan Publishers.
- Damen, L., & Jacobs, M. (2020, September). *Onderzoek: Oorzaken uitstroom van hbo-verpleegkundigen*. Avans Hogeschool. <https://www.avans.nl/binaries/content/assets/nextweb/over-avans/nieuws-en-pers/avans---wise-up-rapport--oorzaken-van-uitstroom-van-recent-afgestudeerden.pdf>
- EPSU. (2022, January 25). *Staff shortages in health increase across Europe*. EPSU. Retrieved May 14, 2022, from <https://www.epsu.org/article/staff-shortages-health-increase-across-europe>
- Estryn-Behar, M. , van der Heijden, B. I. , Fry, C. & Hasselhorn, H. (2010). Longitudinal Analysis of Personal and Work-Related Factors Associated With Turnover Among Nurses. *Nursing Research*, 59 (3), 166-177. doi: 10.1097/NNR.0b013e3181dbb29f.

- Eurofound (2021), Tackling labour shortages in EU Member States, Publications Office of the European Union, Luxembourg. <https://doi.org/10.2806/363602>
- European Commission. (2015). *Recruitment and Retention of the Health Workforce in Europe*. European Commission. <https://doi.org/10.2818/430223>
- Extrahandenvoorde zorg. (2022, March 10). *Extra handen voor de zorg | Verbinden van personeel aan zorgorganisaties*. extrahandenvoorde zorg.nl. Retrieved April 27, 2022, from <https://www.extrahandenvoorde zorg.nl/>
- Federgon. (2020). *Een plan voor de zorg*. https://federgon.be/fileadmin/media/pdf/nl/COM202071_Federgon_-_Een_plan_voor_de_zorg.pdf
- Gheasi, M., & de Lange, A. H. (2020). Healthy Healthcare from a Labour-Market Economic Perspective: Taking Mobility and Aging in Regions into Account. *Integrating the Organization of Health Services, Worker Wellbeing and Quality of Care*, 159–169. https://doi.org/10.1007/978-3-030-59467-1_7
- Goedemorgen Nederland. (2022, May 18). Goedemorgen Nederland Wo 18 mei 07:40 - Seizoen 2022 Afl. 88. www.npostart.nl. Retrieved May 20, 2022, from https://www.npostart.nl/goedemorgen-nederland/18-05-2022/POW_05262291
- Goodin, R. E. (1998). *The Theory of Institutional Design*. Cambridge University Press.
- Hausman, D. M. (2018). Nudging and other ways of steering choices. *Intereconomics*, 53(1), 17–20. <https://doi.org/10.1007/s10272-018-0713-z>
- Howlett, M. (2019). *Designing Public Policies* (2nd ed.). Taylor & Francis. <https://doi.org/10.4324/9781315232003>
- Knack. (2021, October 21). *Wouter Beke wil met Zorgambassadeurs personeelstekort in Vlaamse zorgsector aanpakken*. www.knack.be. Retrieved March 16, 2022, from https://www.knack.be/nieuws/belgie/wouter-beke-wil-met-zorgambassadeurs-personeelstekort-in-vlaamse-zorgsector-aanpakken/article-news-1792277.html?cookie_check=1647438065
- Kox, J., Groenewoud, J., Bakker, E., Bierma-Zeinstra, S., Runhaar, J., Miedema, H., & Roelofs, P. (2020). Reasons why Dutch novice nurses leave nursing: A qualitative approach. *Nurse Education in Practice*, 47, 102848. <https://doi.org/10.1016/j.nepr.2020.102848>
- Linder, S., & Peters, B. (1989). Instruments of Government: Perceptions and Contexts. *Journal of Public Policy*, 9(1), 35-58. doi:10.1017/S0143814X00007960
- Meeussen, C. (2022, May 20). Bijna helft verpleegkundigen op intensieve denkt aan stoppen. De Standaard. Retrieved May 20, 2022, from https://www.standaard.be/cnt/dmf20220519_97761884

Ministerie van Volksgezondheid, Welzijn en Sport. (2020a). *Applaus is niet genoeg*. Advies | Raad voor Volksgezondheid en Samenleving.
<https://www.raadrvs.nl/documenten/publicaties/2020/11/10/applaus-is-niet-genoeeg>

Ministerie van Volksgezondheid, Welzijn en Sport. (2020b, October). *Monitor Actieprogramma Werken in de Zorg*. <https://open.overheid.nl/repository/ronl-30278f58-5a18-4524-b71b-cc60baa12931/1/pdf/monitor-actieprogramma-werken-in-de-zorg.pdf>

Ministerie van Volksgezondheid, Welzijn en Sport. (2020c). *Vierde voortgangsrapportage programma Werken in de Zorg*. Rijksoverheid.NL. Retrieved April 21, 2022, from <https://open.overheid.nl/repository/ronl-3b05f272-61c1-4b7f-942b-fd948e5d102d/1/pdf/kamerbrief-over-vierde-voortgangsrapportage-programma-werken-in-de-zorg.pdf>

Ministerie van Volksgezondheid, Welzijn en Sport. (2020d, February 13). *Over ORDZ*. (Ont)Regel de Zorg. Retrieved April 27, 2022, from <https://www.ordz.nl/over-ordz>

Ministerie van Volksgezondheid, Welzijn en Sport. (2021a). *Commissie Werken in de Zorg*. Ministerie van Volksgezondheid, Welzijn en Sport | Rijksoverheid.nl. Retrieved January 14, 2022, from <https://www.rijksoverheid.nl/ministeries/ministerie-van-volksgezondheid-welzijn-en-sport/organisatie/organogram/diensten-en-instellingen/commissie-werken-in-de-zorg>

Ministerie van Volksgezondheid, Welzijn en Sport. (2021b). *Reactie SER advies 'Aan de slag voor de zorg; een actieagenda voor de zorgarbeidsmarkt'*. Retrieved April 21, 2022, from <https://open.overheid.nl/repository/ronl-d6099f42-6988-46f9-ad7e-a8b238e5f574/1/pdf/kamerbrief-over-actie-ser-advies-aan-de-slag-voor-de-zorg-actieagenda-voor-de-zorgarbeidsmarkt.pdf>

Ministerie van Volksgezondheid, Welzijn en Sport. (2022a, February 3). *Werkgelegenheid in zorg en welzijn*. Werken in de zorg | Rijksoverheid.nl. Retrieved April 21, 2022, from <https://www.rijksoverheid.nl/onderwerpen/werken-in-de-zorg/werkgelegenheid-in-zorg-en-welzijn>

Ministerie van Volksgezondheid, Welzijn en Sport. (2022b, March 16). *Evaluatie mbo-certificaten via de Nationale Zorgklas*. Rapport | Rijksoverheid.nl. Retrieved April 27, 2022, from <https://www.rijksoverheid.nl/documenten/rapporten/2022/01/20/evaluatie-mbo-certificaten-via-nationale-zorgklas>

Ministerie van Volksgezondheid, Welzijn en Sport. (2022c, February 8). *Stagefonds Zorg*. Subsidie | Dienst Uitvoering Subsidies aan Instellingen. Retrieved April 27, 2022, from <https://www.dusi.nl/subsidies/stagefonds-zorg>

Nationale Zorgreserve. (2021, November 30). *Nationale Zorgreserve?* Retrieved April 27, 2022, from <https://nationalezorgreserve.nl/nationalezorgreserve-2/>

Ontdekde zorg.nl. (2022). *Download campagne materiaal*. Ontdek zorg en welzijn. Retrieved April 27, 2022, from <https://www.ontdekde zorg.nl/download-campagnemateriaal>

Overheid.nl. (2022). *Wie vormen de overheid? | Overheid.nl*. Retrieved May 13, 2022, from <https://www.overheid.nl/wie-vormen-de-overheid>

Peters, B. G., & Fontaine, G. (2020). *Handbook of Research Methods and Applications in Comparative Policy Analysis*. Edward Elgar Publishing.

RTLnieuws. (2022, May 19). *Ook jij gaat het merken: vijf vragen over het personeelstekort in de zorg*. RTL Nieuws. Retrieved May 20, 2022, from <https://www.rtlnieuws.nl/nieuws/nederland/artikel/5309421/zorg-personeelstekort-thuiszorg-mantelzorg-vergrijzing>

SectorplanPlus. (2022). *Home - SectorplanPlus*. Retrieved April 27, 2022, from <https://www.sectorplanplus.nl/>

Sociare.be. (2020, August 28). *Teksten VIA-akkoorden*. Sociare. Retrieved April 30, 2022, from <https://www.sociare.be/kennisbank/teksten-via>

Sunstein, C. R. (2015). The Ethics of Nudging. *Yale Journal on Regulation*, 32(2), 413–450. <https://digitalcommons.law.yale.edu/yjreg/vol32/iss2/6>

Thaler, R. H., & Sunstein, C. R. (2008). *Nudge* (Vol. 1). Amsterdam University Press.

Transvorm. (2022). *RAAT Zuidoost-Brabant - Transvorm.org*. Transvorm.org. Retrieved May 18, 2022, from <https://transvorm.org/producten-en-diensten/basisaansluiting/raat/zuidoost-brabant>

Tummers, L. (2019). Public Policy and Behavior Change. *Public Administration Review*, 79(6), 925-930. DOI: 10.1111/puar.13109

van de Veerdonk, W. (2021). *Blijf aan Z*. Thomas More. Retrieved January 14, 2022, from <https://www.thomasmore.be/blijf-aan-z>

Vlaams Parlement. (2021). *Conceptnota voor nieuwe regelgeving: over denkpijlers om het personeelstekort in de zorg, in het bijzonder in de woonzorgcentra, op te vangen*. <https://docs.vlaamsparlement.be/pfile?id=1780077>

Vlaamse Overheid. (2022). *Staatshervorming*. www.vlaanderen.be. Retrieved April 21, 2022, from <https://www.vlaanderen.be/staatshervorming>

Vlaamse Regering. (2018). Conceptnota aan de leden van de Vlaamse Regering betreft: Actieplan 4.0 Werk maken van werk in Zorg en Welzijn. <https://www.zorg-en-gezondheid.be/>. https://www.zorg-en-gezondheid.be/sites/default/files/atoms/files/Actieplan%204.0_conceptnota.pdf

Vlaamse Regering. (2021, March). *Zesde Vlaams Intersectoraal akkoord van 30 maart 2021 voor de social/nonprofitsectoren voor de periode 2021–2025* (No. VIA6).
<https://www.sociare.be/files/Downloads/Kennisbank/Regelgeving-en-akkoorden/Wetgeving/VIA6-definitief-20210330.pdf>

VN. (2021, May 18). *COVID-19-pandemie vergroot tekort aan zorgpersoneel*. Verenigde Naties.
Retrieved May 14, 2022, from <https://unric.org/nl/covid-19-pandemie-vergroot-tekort-aan-zorgpersoneel/>

Wilthagen, T. (2021). Een top tien als actieplan in de strijd tegen de kraptecrisis. *Brabants Dagblad*, 10-11.

World Health Organization. (2010). *Increasing Access to Health Workers in Remote and Rural Areas through Improved Retention: Global Policy Recommendations*. World Health Organization.

ZonMw. (2022). *Over ZonMw - ZonMw*. Retrieved April 27, 2022, from <https://www.zonmw.nl/nl/over-zonmw/>

Zorgnet-Icuro. (2021, December 22). *Meer flexibele personeelsinzet mogelijk in de ouderenzorg*. Retrieved May 13, 2022, from <https://www.zorgneticuro.be/nieuws/meer-flexibele-personeelsinzet-mogelijk-de-ouderenzorg>