Funded by
the Health Programme
of the European Union

WP2 Stakeholder Analysis version 3 D023
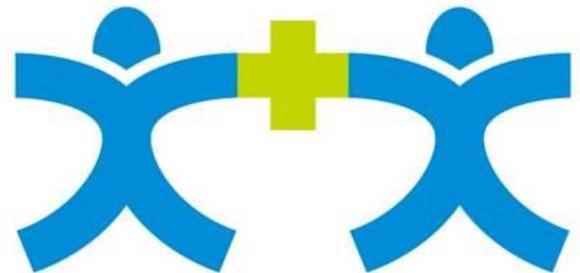
Joint Action Health Workforce
Planning and Forecasting

Michel Van Hoegaerden, Programme Manager of the Joint Action
Zuzana Matlonova, WP2, Ministry of Health of the Slovak republic
Paul Giepmans, WP2, EHMA
Judith van den Broek, WP2, EHMA
David Smith, WP2, EHMA

Ministry of Health of the Slovak Republic
European Health Management Association

www.healthworkforce.eu

TABLE OF CONTENTS

EXECUTIVE SUMMARY

The goal of the stakeholder analysis was to identify stakeholders in the Member States involved in the Joint Action (JA) on health workforce planning, and to understand their interests in the Joint Action's outputs. This analysis contains information obtained through a network of In-country knowledge brokers especially to list all key stakeholders at national level and identify their interests, exchange knowledge on preferred ways of interaction, figure out preferred dissemination channels, get in touch with stakeholders and involve them actively in JA happening. Furthermore, the Joint Action provides a platform for communication between EU member states on health workforce planning, as this topic has gained importance with the imminent deficiency of health workers in Europe.

This document presents methodology used in the three phases of analysis, explaining approach to the analysis, its elaboration and implementation process and initial data processing. While processing, the stakeholders were divided into three basic levels: Political, Strategic and Implementation, further processing of data and analysis respected this basic division. Every stakeholder level was described and so were the organization types relating to each level of basic division.

The analysis of stakeholders' interests varied. 45.5 % of the stakeholders responded that their interest to JA was high to very high. A large majority of the responding 70.4% stakeholders showed from medium to very high interest. The issue with this number is that those who made an effort to respond to the questionnaire were more likely to have an interest in the Joint Action, but otherwise these results are very promising.

The lowest interest was with the stakeholders categorized in the 'implementation group'. Almost 30% had a low to very low interest in the Joint Action. Different (possibly complementary) hypotheses could explain these numbers: stakeholders on this level had a lower interest in the Joint Action and its results because the results were not directly useful to them, and/or the stakeholders on this level need to be better informed about how the Joint Action can produce results in their benefit.

The analysis further indicated that the highest motivation with regard to the three level divisions was at the political level. Furthermore there was a significant correlation between the stakeholder level and their interest. However, there was no correlation between interest in the Joint Action and the country stakeholders came from.

Additionally, the most dominant motives per stakeholder level were gathered and divided up into four groups based on dominant topics: networking & expertise, information & data, European Union context, and local & national effects. This analysis

also included an overview of the differences and similarities across respondent levels. This information brought forth the conclusion that both the political and implementation level emphasize the importance of the development and dissemination of EU-level strategies that can guide national strategies.

1   INTRODUCTION

The primary objective of the Joint Action on Health Workforce Planning was to provide a platform for collaboration and exchange between EU Member States. In the near future, Europe is facing significant shortages of health workers. Demand, need and supply of the health workforce are influenced by multiple factors like ageing population, ageing workforce, rising care use and rising costs in a context of budget constraints. The Joint Action supports and develops Member States' capacity to take effective and sustainable measures. Various tools have been developed to help countries implement planning mechanisms or to enhance the current planning processes, in particular the improvement of data collections and planning methodologies in Europe.

The Joint Action was supported by a number of work packages that facilitated the effective management and supported the research being conducted. Work Package 2 ensured that both external and internal communication was coherent, effective and sustainable. In order to make sure this objective was achieved, the Work Package conducted a survey. This survey formed the basis of a stakeholder analysis to identify participants in the Member States involved in the Joint Action ('stakeholders') and assess their specific needs and interests. This enabled the Work Package to tailor its dissemination plan and communication strategies to suit Member States' needs and successfully engage stakeholders in the work of the Joint Action.

Within this action, a designated dissemination team supports and facilitates coherent, effective and sustainable external and internal communication of the Joint Action, in order to ensure that its objectives, activities, results and deliverables are known to all identified stakeholders and wider audiences on European, national and regional levels. The goal of this stakeholder analysis was to identify stakeholders in the Member States involved in the Joint Action (JA) on health workforce planning and to assess their interests in the Joint Action's outputs. It is the cornerstone of the dissemination work strand (work package 2).

The Joint Action on health workforce planning sought to extend its impact beyond the relationship between ministries and departments of health. As effective health workforce planning involves a range of stakeholders varying across the EU (Matrix, 2012; Wismar et al, 2012), it is important to inform these stakeholders of the JA's results and activities, and where possible to actively involve them.

In order to support this interaction, the purpose of the stakeholder analysis was to:
- List all key stakeholders at national level;
- Exchange knowledge on preferred ways of interaction;

- Identify the interests of stakeholders;
- Find the effective dissemination channels for each stakeholder group;
- Get in touch with stakeholders and involve them in actively promoting JA outputs and results at national level.

The European Health Management Association, the Slovakian Ministry of Health and the Belgian Federal Public Service for Health, Food Chain Safety and Environment have gathered a vast amount of information through surveying the In-country Knowledge Broker Network. This Knowledge Broker Network has been developed within the framework of the Joint Action for the purpose of information collection and dissemination.

This data has been used to form the basis for a Stakeholder Analysis which consists of three distinct parts.

- Part 1 of the stakeholder analysis identified the stakeholders according to their scope within the Joint Action. It recognised stakeholders according to the categorisation, differentiating between the political level, strategic level and implementation level. Results identified that the highest proportion of stakeholders fall in the implementation level (42.54%) while relatively few (18.42%) categorised as within the strategic level with the political level (34.65%) and 'non-classified' (4.39%) filling the remaining classifications.

- Part 2 of the stakeholder analysis used a Push analysis which showed the deeper linkage between the Joint Action and appointed stakeholders. It identified stakeholders desired exchange mechanisms that could be utilised by the in-country knowledge brokers and the Joint Action representatives to maximise the impact of the findings and their dissemination.

- This report, which forms part 3 of the stakeholder analysis, identified the motivation of specific stakeholders. The primary goal of this analysis was to identify the reasons why stakeholders should join the initiative of Joint Action on Health Workforce Planning and Forecasting. This task was of grave importance and thus special attention was paid to research the motivations of the stakeholder groups. The In-Country Knowledge Brokers conducted interviews with all of the stakeholders listed in part one of the analysis. This report analyses the findings from these interviews and concludes by identifying the needs and motivations of the Joint Action potential stakeholders.

The stakeholder analysis conducted in the three parts outlined above contributed significantly to the management of the Joint Action on Health Workforce Planning and

Forecasting dissemination. Conclusions draw from this process have aided the JA in ensuring that there is two way dissemination and engagement with key stakeholders in each of the three categories outlined below. Through dissemination activities, WP2 have maintained that communication is a two way process focusing not only on what stakeholders wish to gain from the JA but also how key stakeholders can influence and add to the research conducted by the Join Action.

2 METHODOLOGY

2.1 INTRODUCTION AND AIMS

Stakeholder analyses can be carried out in different ways supporting different objectives. Reed et al (2009) differentiate normative and instrumental approaches to stakeholder analyses as a key distinction. Normative approaches seek to involve key or representative stakeholders to legitimize decision making. As such this approach is linked to bargaining and co-decision making processes, and the identification of actors' (possibly conflicting) perspectives and goals. The instrumental approach is linked to actively managing the behavior of stakeholders to achieve desired outcomes. Considering the objectives of the Joint Action on health workforce planning, the initiative should benefit from a normative approach to the stakeholder analysis, as it will allow for disseminating information in different ways adapted to different groups (Johnson et al 2004).

The following steps were identified as essential:
- the mapping of stakeholders in health workforce planning processes in the involved Member States;
- learning about stakeholders interests, perspectives and goals within these processes.

In addition, the stakehodler analysis sought to gain insight to potential differences across the three stakeholder levels: political, strategic and implementation level. Political level includes mostly ministries and decision making bodies. The strategic level is represented by statistical and data offices and quality institutes. Wheareas implementation is represented by professional organisations and medical chambers.

2.2 APPROACH TO ANALYSIS

After initial discussions, it was agreed to adopt a pragmatic approach which has been used successfully by the Belgian Federal Public Service for Health, Food chain safety and Environment.

In order to ensure consistency, both quantitative and qualitative methods were developed for data collection, supported by guidelines and an example.

The stakeholder analysis consists of four parts. The first part aimed at listing the most important stakeholders. Knowledge Brokers (KBs) were asked to include a brief description with provided links to stakeholders' web pages (preferably in English). There were no limitations in the amount of stakeholders KBs could list. Possible limitations in this approach relate to the knowledge, preferences and relations of KBs, which could lead to a selection bias. In order to mitigate this effect, professional bodies on a European level were invited to review the mapping.

The second part included the so-called 'push analysis', which aimed to explore the relation between the Joint Action and listed stakeholders. Push analyses refer to communicating with stakeholders that are not directly involved in an action. The group of stakeholders was larger, but less interested as compared to directly participating partners. Push communications refer to information that should be sent to this group – from the perspective of the sender. (http://www.stakeholdermap.com/stakeholder-engagement.html).

At this stage, KBs were asked what, from their perspective, Joint Action representatives (e.g. work package leaders that lead the different work strands within the initiative) could share with stakeholders to the benefit of both groups. Two questions were central to acquiring this knowledge: (1) what do we want to exchange with this stakeholder, and (2) to achieve which kind of goal?

The third part of the analysis aimed at identifying the motivation of stakeholders. The primary objective of this part was to learn about the possible motives of stakeholders to join the Joint Action or to use its results ("What is the motivation of this SKD to take an active part to a planning action?"). Supported by a questionnaire developed by programme manager Michel Van Hoegaerden, KBs interviewed stakeholders and ranked their views and interests using a 5-point scale as follows:

- 1 – very low interest
- 2 – low interest
- 3 – medium interest
- 4 – high interest
- 5 – very high interest

The fourth part of the analysis asked directly after stakeholders' preferred communication channels. A matrix was developed to this end.

2.3 IMPLEMENTATION PROCESS

The process of implementation started in June 2013. KBs received a package including methodology guidelines with predefined structured tables, including an example of the Slovakian stakeholder analysis that was conducted prior to sending the instructions to KBs as a 'pilot study'. The methodology was also tested with the Belgian Knowledge Broker.

As the start of the analysis coincided with the summer holidays, KBs were asked to work on parts 1, 2 and 4 first, before conducting the resource intensive part 3 that requires feedback from different stakeholders. This approach allowed for early feedback and initial analysis.

Table 1: Country overview of incoming SKD analyses with respect to timing

Country	Part I	Part II	Part IV	Part III
Belgium		September 2013		May 2014
Bulgaria		May 2014		No input received
Finland		September 2013		May 2014
Hungary		August 2013		October 2013
Greece		No input received		No input received
Iceland		August 2013		October 2013
Italy		September 2013		October 2013
Netherlands		August 2013		October 2013
Portugal		May 2014		No input received
Romania		No input received		No input received
Slovakia		September 2013		May 2014
Slovenia		August 2013		May 2014
Spain		September 2013		April 2014
UK		August 2013		April 2014
Germany		September 2013		October 2014*
Poland		September 2013		No input received
Malta		September 2013		October 2014
France		No input received		No Input received
*Date of latest update – other input was provided earlier				

2.4   DATA

2.4.1   Data Collection

The aim of the stakeholder analysis with regards to the quantitative analysis was to find (somewhat) common groups within the larger pool of identified stakeholders, in order to learn about their specific interest in the Joint Action.

To make further analysis more useful, stakeholders were grouped into three sets: the political, the strategic, and operational level.

The first target group, organizations on political level, was represented by the high policy level national representatives/ national policy bodies, policy makers, decision makers who are responsible for decisions in policy making and policy implementation with regard to human resources in health care systems on national level. These include high level national representative bodies as Ministries of Health, Secretaries of state level, Public Health Bodies, etc. The organizations on the political level should improve the acceptance of the JA on the national level, to plan the future needs of the health labor market, to develop the planning strategies and methodologies and ensure its proper implementation. The political level organization should be as well able to support actions on horizon scanning and improve the planning of future structure of medical personnel as well as make sure that there is sufficient money inflow into the health care planning processes. In terms of education, the political representatives should be able to strengthen the link between HWF professionals' needs and training capacity of the universities.

Political level – policy makers, decision takers included:
- Ministry of Health
- Ministry of Finance
- Ministry of Education
- Public Health Bodies
- Regulatory bodies

The second target group was of strategic level that provided essential data and information on current health workforce flows. This target group included statistical offices, national public bodies, health information centers, health workforce centers, health insurance companies, quality institutes etc. The organizations on strategic level should provide the information on statistical data collection and data sources in terms of number of health workforce and mobility issues, furthermore be able to produce health statistics that is relevant, reliable and comparable.

Strategic level – health information, data and statistics organizations included:
- Statistical offices
- Health information centres
- Health insurance companies
- Quality institutes

The third group was at operational level and included health chambers and associations, health professional organizations, hospitals, colleges and universities, etc. A strong relation with these stakeholders was built to ensure that the results and outputs of the JA were being properly implemented and used. Indeed, considering that EU has no formal mandate to enforce national HWF, it is up to each country/ region that will potentially make sure to implement health workforce planning and forecasting on its territory.

Operational level – implementing policy implications organizations included:
- Health chambers and associations

- Health professional organizations
- Medical schools and universities
- Hospitals

The focus of this report was on the categorising the stakeholders into three levels and consequently on the analysis of quantitative data. Additionally, the report focused on the analysis of qualitative data. Both the quantitative and qualitative data were collected through surveys/ questionnaires that were distributed to the stakeholders of the Joint Action via the network of the In-Country Knowledge Brokers. The in-country Knowledge Brokers network that was developed for this Joint Action was used as a linking pin between the Joint Action and the relevant stakeholders. The stakeholders listed in the Stakeholder analysis Part I were all addressed with the prepared questionnaire survey and were interviewed by KBs. On the basis of these survey questionnaires/interviews, KBs then filled in Customer analysis as important part of Stakeholder analysis that reflects the opinions and motivations of the stakeholders towards the Joint Action goal and activities. This interview excercise lasted from October 2013 to May 2014. KBs were regularly reminded to repeatedly reach to the non responsive stakeholders.

To sum it up, the Push analysis was filled in by In-country Knowlege Brokers while Customer analysis was filled in according to the stakeholders views presented via the survey questionnaire. The survey questionnaire is attached to this document as Annex I.

The part of the survey that was used in this report consists of the answers of the respondents on questions related to positioning in the health workforce planning and on the other hand on investigating the stakeholders' needs. The survey consisted of 5 open questions and one multiple choice question.

2.4.2 Overview of respondents (per country and level)

In table 1, an overview of the stakeholders per country and per level that answered the question relevant for this analysis is provided. As this table shows, several countries and stakeholder levels are missing. That is because they did not hand in the Stakeholder analysis. Therefore, they could not be included in the analysis.

Table 1: Number of respondents per country and level

Stakeholder country	Political	Strategic	Implementation
Belgium	5	2	10
Bulgaria	1	3	4
Finland	5	3	5
Germany	3	3	13
Hungary	3	6	8

Iceland	4	2	11
Italy	23	0	4
Malta	6	5	8
Netherlands	3	3	
Poland	4	1	5
Portugal	5	2	5
Slovakia	4	5	10
Slovenia	2	1	3
Spain	5	0	4
United Kingdom	6	6	7

2.5   DATA ANALYSIS

The data from the target group analysis were gathered in Microsoft Word files and were interpreted and coded into Microsoft Excel sheets. All countries received a 'country code'. The same process was applied to the political levels (both for the countries and political levels cases a nominal measure was used). Levels of expressed interest in the Joint Action were included as well using a scale measure. These basic entries were then copied into 'GNU PSPP' which is a programme for statistical analysis of sampled data and an open source alternative to software such as SPSS. The 228 entries were then analysed, using the descriptive and analytical functions included in the software. The results of these processes are included in the section N.N.

In order to analyse the data from respondents, we opted for a systematic approach based on common qualitative data analysis methods (e.g. Silverman, 2010). Following several scholars, we used different coding steps to reduce the data in order to be able to compare the dominant motives across respondents (e.g. Babbie, 2007; Mortelmans, 2007; Silverman, 2010). With coding, concepts in the data are identified and labelled. The amount of data to be analysed is not very large compared to full-length interviews or documents, so we opted for a more concise approach to coding the data that often applies to more lengthy data sets. The first step in the coding procedure we followed required the labelling of each separate idea in the data using codes. These codes will be referred to as the subthemes in this study. After that, we grouped similar or related subthemes and developed a label for this overarching theme. Finally, we reformulated several labels in order to make them more comprehensible. In this study, this coding process resulted in four overarching themes with several subthemes. These themes and subthemes will be used to structure the findings section of the report.

3   PRESENTATION OF RESULTS AND FINDINGS

In this section, the findings are presented. The list of stakeholders and their different interests are presented first. Secondly, the motives that were revealed by the data are presented, followed by an overview of the most dominant motives per stakeholder level, i.e. political, strategic and implementation level, are presented.

3.1 LIST OF STAKEHOLDERS

This section shows insights in the listed stakeholders per country and level. There is a large variation in the listed number of stakeholders, with some numbers raising questions for further inquiry. For example, currently Iceland (centralized country, less than half a million inhabitants) has listed more stakeholders than a large, decentralized country such as Spain. The full list of countries and number of stakeholders per each country is shown in the table below.

Table 1: Number of stakeholder on each of the levels per country

SKD Country	Political level	Strategic level	Implementation level	Total
Malta	6.00	5.00	8.00	19.00
	31.58%	26.32%	42.11%	100.00%
Spain	5.00	.00	4.00	9.00
	55.56%	.00%	44.44%	100.00%
Netherlands	3.00	3.00	.00	6.00
	50.00%	50.00%	.00%	100.00%
Germany	3.00	3.00	13.00	19.00
	15.79%	15.79%	68.42%	100.00%
Slovakia	4.00	5.00	10.00	19.00
	21.05%	26.32%	52.63%	100.00%
Slovenia	2.00	1.00	3.00	6.00
	33.33%	16.67%	50.00%	100.00%
Hungary	3.00	6.00	8.00	17.00
	17.65%	35.29%	47.06%	100.00%
United Kingdom	6.00	6.00	7.00	19.00
	31.58%	31.58%	36.84%	100.00%
Italy	22.00	1.00	4.00	27.00
	81.48%	3.7%	14.8%	100.00%
Iceland	4.00	2.00	11.00	17.00
	23.53%	11.76%	64.71%	100.00%
Belgium	5.00	2.00	10.00	17.00
	29.41%	11.76%	58.82%	100.00%
Finland	5.00	3.00	5.00	13.00
	38.46%	23.08%	38.46%	100.00%

SKD Country	Political level	Strategic level	Implementation level	Total
Poland	4.00	1.00	5.00	10.00
	40.00%	10.00%	50.00%	100.00%
Portugal	5.00	2.00	5.00	12.00
	41.67%	16.67%	41.67%	100.00%
Bulgaria	1.00	3.00	4.00	8.00
	12.50%	37.50%	50.00%	100.00%
Total	56.00	42.00	93.00	191.00
	29.32%	21.99%	48.69%	100.00%

Concerning the different levels, stakeholders on implementation level were listed most often. As this group includes professional groups this is not a surprise. Given the classification of political and strategic stakeholders, it also should not come as a surprise that political stakeholders make up a group twice the size of the strategic stakeholders.

Table 2: Number of stakeholders assigned to each level in %

	Frequency	Percent
Implementation level	97	42.54
Political level	79	34.65
Strategic level	42	18.42
Missing classifications	10	4.39
Total	228	100.0

Figure 1: The share of basic levels on the total number of stakeholders
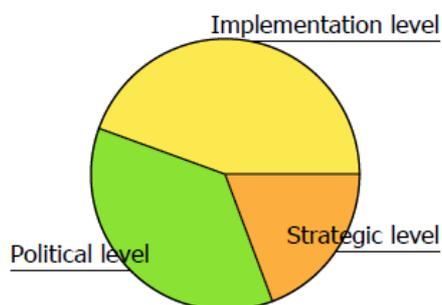
3.2   INTEREST OF THE DIFFERENT STAKEHOLDERS

The results presented in this section relate to the motivation of stakeholders in the Joint Action. It is worth emphasizing that these are the views of the stakeholders

themselves, rather than ideas of Knowledge Brokers or the Joint Action partners. As KBs were not able to contact all listed stakeholders the number of missing entries is very high (56%).

Table 3: Number of stakeholders in relation to each ranking level

	Frequency	Percent	Percent of responders
Medium	25	10.96	24.75
High	23	10.09	22.77
Very high	23	10.09	22.77
Low	19	8.33	18.81
Very low	9	3.95	9.91
Missing	129	56.58	
Total	228	100.0	100.0

Stakeholders that responded with interest in the Joint Action and its results was high to very high (45.5%). A large majority of the responding 70.4% stakeholders showed from a medium to very high interest. The issue with this number is that those who made an effort to respond to the questionnaire were more likely to have an interest in the Joint Action, but otherwise these results are very promising.

Figure 2: Share of motivation ranking categories to total number of all returned Customer analysis
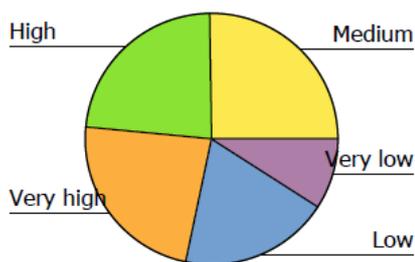
The very next table shows the share of stakeholders' motivation ranking at each level respecting the scale from 1 to 5 as explained in Chapter 2.2 Aproach to the analysis.

Table 4: The share of motivation ranking at three levels

SKD Level	Very low	Low	Medium	High	Very high	Total
Political level	.00	4.00	12.00	5.00	12.00	33.00
	.00%	12.12%	36.36%	15.15%	36.36%	100.00%
Strategic level	1.00	4.00	4.00	7.00	5.00	21.00
	4.76%	19.05%	19.05%	33.33%	23.81%	100.00%
Implementation level	8.00	11.00	9.00	11.00	6.00	45.00

SKD Level		Very low	Low	Medium	High	Very high	Total
		17.78%	24.44%	20.00%	24.44%	13.33%	100.00%
Total		9.00	19.00	25.00	23.00	23.00	99.00
		9.09%	19.19%	25.25%	23.23%	23.23%	100.00%

Table 5: The correlation between the stakeholder level and their interests

		SKD Country	SKD Level	SKD Interest in JA
SKD Country	Pearson Correlation	1.00	.01	-.03
	Sig. (2-tailed)		.85	.81
	N	201	191	87
SKD Level	Pearson Correlation	.01	1.00	-.30
	Sig. (2-tailed)	.85		**.00**
	N	191	218	99
SKD Interest in JA	Pearson Correlation	-.03	-.30	1.00
	Sig. (2-tailed)	.81	**.00**	
	N	87	99	99

Table 4 indicates that the highest motivation with regard to the three level divisions is at the political level, while table 5 shows that the correlation between the stakeholder level and their interest is significant. However, there is no correlation between interest in the Joint Action and the country stakeholders are coming from.

This should not come as a surprise as the Joint Action is most visible to stakeholders acting on this level. The same explanation could be applied to the interest of strategic level stakeholders; a majority of these stakeholders showed a high to very high interest in the Joint Action (57%). Results and output of the Action are most useful to the stakeholders acting on these levels.

The lowest interest is with the stakeholders categorized in the 'implementation group'. Almost 30% has a low to very low interest in the Joint Action. Different (possibly complementary) hypotheses could explain these numbers: stakeholders on this level have a lower interest in the Joint Action and its results because the results are not directly useful to them, and/or the stakeholders on this level need to be better informed about how the Joint Action can produce results in their benefit.

3.3   DOMINANT MOTIVES

From the available data, 4 dominant topics could be derived that represent the main motives reported by the respondents. These motives are discussed in this section.

3.3.1   Networking & Expertise

The first motivation to be involved in the Joint Action according to many respondents is related to Networking & Expertise. Three main elements of this motivation can be distinguished. First of all, the opportunities the JA provides to gain *access to experts and expertise* related to health workforce forecasting and planning is considered to be important. Respondents feel this supports their own efforts related to health workforce planning and forecasting. Secondly, the importance of the *networking opportunities* provided by the JA are stressed. In particular, the JA is seen as a great opportunity for sharing good practices across countries and to compare planning and forecasting systems across countries. The third aspect related to Networking & Expertise is related to *participation and involvement*. Several respondents indicated that they considered it to be important to be involved in state-of-the-art initiatives related to health workforce management.

3.3.2 Information & Data

Information & Data is the second topic that was derived by the data. First of all, this topics focuses on *the access to data and information* that is relevant for health workforce planning and forecasting and delivered by the JA Work Packages. Secondly, insights in *data collection methods* appeared to be an important motivating factor for the engagement of several respondents in the JA. Furthermore, respondents indicated that the *opportunity to request information they find valuable* themselves would stimulate their involvement in the JA.

3.3.3 European Union Context

Furthermore, some motivations appeared to be closely related to the European Union context in which the JA is organised. Many respondents referred to the JA as an opportunity for European Union level initiatives to guide local policies and strategies. In particular, the influence of the JA on *local strategies related to planning and forecasting* and *recruitment and retention* were mentioned. In addition, some respondents value the possibilities the JA offers *to enhance the degree of alignment across the European Union*. In particular, the alignment of *professional qualifications across the EU* is mentioned in this respect.

3.3.4 Local & National

Besides the influence of EU-level policies, practices and guidelines on the local level, as discussed above, some motives that were explicitly related to the local and national context were mentioned. First of all, the importance of *policy recommendations for the national level* resulting from the JA was stressed here. Secondly, respondents were motivated to participate in the JA in order to be able to *improve the quality of care and planning and forecasting strategies* in their own country. Furthermore, the importance of the JA for *assessing national and local training needs* was mentioned several times.

In table 2, an overview is provided of the 4 main topics and the subtopics related to these main topics.

Table 2: Overview of main and subtopics

SUBTOPICS	MAIN TOPICS
Access to Experts and Expertise, Support	**Networking & Expertise**
Networking, Collaboration, Knowledge Sharing & Country Comparisons (Exchange of good practices)	
Participation & Involvement	
Access to Information and Data	**Information & Data**
Data Collection methods and capacity	
Request information	
EU Guiding Local Planning & Forecasting Strategies	**European Union Context**
EU Guiding Local Recruitment & Retention Strategies	
Alignment Across Europe (Incl. Professional Qualifications)	
Policy Recommendations	**Local & National Strategy**
Develop Local Strategy, improve quality of care	
Training Needs Analysis & Strategies	

3.4   DOMINANT MOTIVES PER STAKEHOLDER LEVEL

In addition to the overview of the dominant motives in general, the differences and similarities across respondent levels were also analysed. The same three respondent levels (political, strategic, and implementation).

In the subsequent table 3, these findings are presented. Some interesting findings based on this analysis will be discussed. First of all, Networking & Expertise appeared to be a dominant motivation for respondents at both the political and the strategic level. This does not come up as a surprise as the overall aim of the Joint Action was to share knowledge and expertise on the field of health workforce across Member States. Access to knowledge and expertise and the opportunities provided by the JA for collaboration and the exchange of good practices were highly valued by these groups. In addition, Information & Data access and tools for data collection are aspects that were considered to be important by the political and strategic level too. While the implementation level also stressed the importance of access to knowledge and expertise, they differ from the strategic and political level. This difference manifests itself when the implementation level mentions the importance of information from the JA contributing to enhancing the quality of care and the quality of health professionals in their own countries.

Finally, both the political and the implementation level stressed the importance of the developments and dissemination of EU-level strategies that could guide national strategies, while this was not a relevant interest of the strategic level.

Table 3: motives per stakeholder level

LEVEL	DOMINANT MOTIVATION
Political level	1. Access to expertise, knowledge (Networking & Expertise) 2. Data collection, access to data (Information & Data) 3. EU strategy to guide national strategy (European Union Context) 4. Collaboration, exchange good practices (Networking & Expertise)
Strategic level	1. Collaboration, exchange good practices (Networking & Expertise) 2. Access to expertise, knowledge (Networking & Expertise) 3. Data collection, access to data (Information & Data)
Implementation level	1. Quality of care and healthcare professionals (Local & National Strategy) 2. Access to expertise, knowledge (Information & Data) 3. EU strategy to guide national strategy (European Union Context)

4   CONCLUSIONS AND NEXT STEPS

This deliverable is the final version of the stakeholder analysis conducted for the Joint Action. It shows a large interest in the Joint Action across Europe, in particular with political and strategic stakeholders. There seems to be a lower interest in the Joint Action coming from stakeholders involved in the implementation of workforce planning, including professional groups. As they constitute an important element in good workforce planning processes, it is recommended to explore how interest can be increased.

Preliminary recommendations are as follows:
1. Explore the relatively low interest of stakeholders involved in the implementation of workforce planning mechanisms, and
2. See whether (and if so; how) this interest could be increased by better communicating the benefits of the Joint Action to this particular group.
3. Given the short time frame of the Joint Action, it is advised not to await the results of this possible exploration, but to increase focus on professional groups and other related stakeholders.

The conclusions presented in this section give a final overall picture of the next steps and improvements the Joint Action can implement. Four key themes of action have emerged, that state that the Joint Action must:

1. Deliver opportunities for knowledge exchange, networking and sharing good practices
2. Foster links between European Union context and local/national context
3. Consider the difference in motives between the three levels
4. Provide contact details for responding to information requests about the JA

These themes are explained below with calls to action and examples of how they can be used to actively engage with stakeholders.

Deliver opportunities for knowledge exchange, networking and sharing good practices:

Results of the stakeholder analysis in this report show that there is perceived lack of opportunities to exchange knowledge and network on health workforce issues, particularly planning and forecasting. The Joint Action needs to consider how this can be addressed and what can be done to facilitate further discussion. There are, however, a number of options available. One simple example would be to enhance the reputation, frequency and content provided to the Knowledge Brokers networks. An enhanced network would provide Knowledge Brokers with a platform to exchange experiences in their own countries while also providing them with innovative good practices which can filter down to further stakeholders within their countries. Additionally, discussion and panel forums during conferences and other face-to-face meetings would help to exchange good practices and give an opportunity to network and facilitate knowledge exchange in a more personal environment.

Foster links between European Union context and local/national context:

It is important for all work packages within the Joint Action to consider how the impact of their findings could affect local and national policies. The analysis in all three stakeholder reports shows a lack of understanding among the respondents as to how EU level findings can help local/national policies and strategies. It is necessary to make Joint Action deliverables accessible to countries at a local level. Work package leaders should consider making different versions of the management summaries of the deliverables to address the needs of each group (such as giving more attention to consequences of deliverable outcomes for local situations when communicated to the implementation level stakeholders).

Consider the difference in motives between the three levels:

- *Political and Strategic* – These two levels require further networking opportunities to exchange best practices within their specific levels. Additionally, these levels want access to data and evidence that can inform 'state-of-the-art' planning and forecasting methods.

- *Implementation* – The Joint Action must understand the importance of local issues such as quality of healthcare professionals and training needs. The second Stakeholder Analysis (M2.2) identified that at this level interest could be increased by better communicating the benefits of the Joint Action to this particular group. It is, therefore, vitally important to communicate the specific linkages between EU-level and local level that have been identified throughout the deliverables.

WP2 will assess the Dissemination Plan in order to address the issues which may help to engage these different groups by tailoring the information they get and the meetings organised to these motives. An example of this would be to arrange webinars on exchanging best practices for in-country knowledge brokers and on experiences with linking it to local level needs with professional knowledge brokers, as mentioned earlier.

Provide contact details for responding to information requests about the JA

The Joint Action must ensure that stakeholders at all levels understand who is responsible for each deliverable and where they can get relevant information for any queries they may have. The first point of contact should be with WP2 and this will be communicated to stakeholders again. WP2 will continue to act as a linking pin between stakeholders/knowledge brokers and the Joint Action team.

REFERENCES

Babbie, E. (2007). The practice of social research. Belmont: Thomson higher education.

JAHWPF (2014). WP2 Milestone M.2.2 Stakeholder analysis.

Johnson, N., Lilja, N., Ashby, J.A., Garcia, J.A., 2004. Practice of participatory research and gender analysis in natural resource management. Natural Resources Forum 28, 189–200.

Matrix Insight (2012). EU level collaboration on forecasting health workforce needs, workforce planning and health workforce trends: a feasibility study, revised final report. London, Matrix Insight, Centre for Workforce Intelligence (http://ec.europa.eu/health/workforce/docs/health_workforce_study_2012_report_en.pdf)

Mortelmans, D. (2007). Handboek kwalitatieve onderzoeksmethoden: Acco.

Reeda MS, Graves A, Dandy N, Posthumus H, Hubacek K, Morris J, Prell C, Quinn CH, and Lindsay C. Stringer (2009). Who's in and why? A typology of stakeholder analysis methods for natural resource management. Journal of Environmental Management 90; 1933-1949

Silverman, D. (Ed.). (2010). Qualitative research. Sage.

Wismar M et al., eds. (2011). Health professional mobility and health systems. Evidence from 17 European countries. Copenhagen, WHO Regional Office for Europe on behalf of the European Observatory on Health Systems and Policies.
http://www.euro.who.int/__data/assets/pdf_file/0017/152324/e95812.pdf?ua=1)

Funded by
the Health Programme
of the European Union

ANNEXES

ANNEX 1: Stakeholder analysis – Customer analysis – Questionnaire survey

To the attention of XXXX

Subject :   Stakeholder interview within the Joint Action of European Health Workforce Planning & Forecasting.

Dear President/ Representative of XXXX,

Your organisation has been identified as stakeholder of the Joint Action of European Health Workforce Planning & Forecasting.

The Joint Action started in April 2013, and aims at sharing and exchanging best practices in quantitative and qualitative health workforce planning between EU member states (hereinafter MS), furthermore Joint Action aims at creating a network of experts and improving consistent data collection and its analysis. These concrete actions will support MSs capacity to perform HWF planning at a higher standard.
Please, find more details at: www.euhwforce.eu

As stakeholder, we assess your participation as highly valuable and therefore we wish to conduct a written interview to recognize your needs, increase mutual communication and make sure we give the appropriate follow up.

We would be grateful if your organisation would fill in the following questionnaire and return it to xxxxx@xxxxx.xx by dd.mm.yyyy.

On behalf to the Joint Action of European Health Workforce Planning & Analysis,
XXXXXX XXXXXX
In Country Knowledge Broker

Funded by
the Health Programme
of the European Union

Joint Action of European Health Workforce Planning & Forecasting
Stakeholder Analysis - Written Interview

STAKEHOLDER POSITION REGARDING HEALTH WORKFORCE PLANNING	
Does your organisation have a formal position on health workforce planning issues?	YES / NO If yes, please provide references regarding these position papers (preferably download link): - -
	If yes, please provide a 100 words maximum summary of this position, in English if possible, that you would accept to be registered within the Joint Action papers. Text :
Does your organisation participate in national projects regarding health workforce planning issues?	YES / NO If yes, please provide references regarding these projects: - -
Does your organisation participate in international projects regarding health workforce planning issues ?	YES / NO If yes, please provide references regarding these projects: - -

www.healthworkforce.eu

Funded by
the Health Programme
of the European Union

STAKEHOLDER NEEDS	
What are the expectations of your organisation regarding a implementation of national strategy on health workforce planning and forecasting?	Answer:
What are the expectations of your organisation regarding a strategy on health workforce planning and forecasting at EU level?	Answer:
Are you interested in feedback from the Joint Action on the following items?	<u>Cross the bullets:</u> o Data Collection o Health Workforce Migration o Planning methodologies o Forecasting methodologies using quantity & quality criteria o Policy recommendations o Network of experts on HWF planning & forecasting