

Reflecting on the Interconnectedness of the Global Health Workforce:

WHAT CAN YOUR SYSTEM DO TO BOLSTER THE INTERNATIONAL WORKFORCE?

A global health care worker shortage — worsened by factors such as the COVID-19 pandemic, burnout, violence and an aging workforce — is the focus of a recent report. Its intent is to initiate meaningful dialogues among ministry leaders as they grapple with persistent workforce challenges within the context of the ministry’s deep-rooted tradition of global solidarity and the common good.



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“The Future of Health Workforce Discussion Paper: Insights and Opportunities to Transform International Health Workforce Recruitment and Capacity” also discusses challenges in recruiting local health care workers, the adverse effects of “brain drain” and an excessive reliance on international recruitment.

On behalf of CHA’s member-led Working Group on Global Health Workforce, I encourage you to read it by using the QR code on this page or at chausa.org/globalhealth. The report — developed in collaboration with Accenture Research and released in 2023 — furnishes real-world case studies and underscores the pivotal role that U.S. Catholic health care leaders play in advancing an equitable and globalized health care workforce. It also proposes a framework for ministry leaders to support ethical international recruitment.

Aligned with the overarching purpose of this research, I am pleased to have Rachelle Barina, senior vice president and chief mission officer at Hospital Sisters Health System, share her perspective on how this paper can guide Catholic health care to align more fully with our shared mission and values.

Furthermore, the discussion continues with the viewpoints of Sylvain Trepanier, chief nursing officer at Providence; Scott McConnaha, president and CEO at Franciscan Sisters of Christian Char-

ity Sponsored Ministries; and Kelly Stuart, vice president of ethics at Bon Secours Mercy Health, in a brief series of reflection questions.

Rachelle Barina, PhD

Senior vice president and chief mission officer at Hospital Sisters Health System

“The Future of Health Workforce” offers ample insights about which experts in global health, community development, nursing and human resources should opine. I leave the commentary on such areas to those with expertise. As a mission leader and ethicist, I wish to offer one overarching observation — namely, that questions around the health workforce can offer Catholic health care leadership the opportunity to advance a *global health paradigm* that puts our money where our mouth is.

Here, as the saying goes, the rubber meets the road: We face a test of the degree to which we tangibly engage in discernment with the concepts and principles of Catholic social doctrine; we find ourselves at the crossroads of theory (all that we learn in ministry formation) and practice (our tangible actions as a business). What a magnificent opportunity this is for Catholic health care to become more fully the ministry we say we are.

There is more than one paradigm animating the engagements of faith-based communities in



Read the paper at chausa.org/globalhealth or by scanning the QR code.

global health affairs. One operative paradigm is that of altruism. People have a right to basic necessities like food, shelter and health care, and those who are able can extend help, charity and aid to alleviate the suffering of our brothers and sisters. Albeit oversimplified, the altruism paradigm could be summarized as: *We are here with resources, and you are there without. As people of faith, we want to give of what we have in order to help you have what you are rightfully owed as human persons with innate dignity and warranting basic rights. Who amongst us is in need of help, so that we can come to serve?*

This white paper models an alternate paradigm for global health engagement: *We all have less than we believe we need. And when we take action that may enable some to enact their right to migration, we may in fact be detracting from the common good. Where are the win-wins, so that we can take responsibility for intentionally generating improvements in health system capacity across all nations and communities?* Of course, these two paradigms are not intrinsically in conflict or mutually exclusive. Yet, each paradigm offers a different emphasis and orientation.

Catholic health care holds tremendous power within worldwide health care affairs. We have a continual responsibility to ensure that our actions as U.S. health systems mitigate harm in low- and middle-income countries and contribute to a strengthening of “the good of all and each individual.” We must take responsibility for all within our scope of influence, from the ways we develop a local workforce development pipeline to the international recruitment tactics we enable. With a focus on the influence we hold, this paper directs health care leaders to recurrent discernment, continual oversight and ongoing reevaluation of our tactics. This is hard work that requires creativity and recurrent collaboration, not a one-time “check the box” analysis. But as a ministry committed to acting with integrity, we know that “[g]oodness, together with love, justice and solidarity, are not achieved once and for all; they have to be realized each day.”¹

Grounded in the values that unite Catholic health care, leaders must take seriously the spirit of this white paper and the ethical responsibility to pursue tactics and decisions that mitigate harm to vulnerable countries and communities. We must step up to take responsibility for the influence and impact we have within a global ecosystem.

Member Reflections

What did the paper reinforce from your experience and/or what did you learn about the significance and interconnectedness of the current global health care workforce shortage from the report?

Scott McConaha

President and CEO, Franciscan Sisters of Christian Charity Sponsored Ministries

Staffing shortages have mostly been met with pragmatic solutions. We increase pay, incentivize hard-to-fill shifts, offer sign-on bonuses, pay for education and training, invest in the work environment and utilize, as temporarily as possible, agency staffing. Recruiting international workers is another staffing solution my system has pursued with favorable outcomes. What hadn’t crossed my mind until reading this paper, however, is the very real possibility that our favorable outcomes might be someone else’s burden. I am now keenly aware that the potential for contributing to other countries’ “brain drain” must be part of our ethical decision-making process when it comes to international recruiting.

Sylvain Trepanier, DNP, RN, CENP

Chief nursing officer, Providence

I appreciate the global perspective offered in this report. As people of this planet, we are all connected, and every decision we make can impact another country across the world. I am reminded to discern all decisions regarding global impact.

How can we best work together as Catholic health care and with others for a fair and globalized health care workforce that promotes sustainable health care delivery?

Kelly Stuart, MD, MPH, MTS

Vice president of ethics, Bon Secours Mercy Health

Awareness, collaboration and standards are key to ensuring a sustainable global workforce in health care. Our leaders are responding to a legitimate workforce crisis in the U.S. by recruiting health care professionals from abroad. Still, many U.S. health systems are not aware that most low- and middle-income countries have been dealing with “crisis” levels of staffing, training and leadership in their own countries for a very long time.

Low- and middle-income countries are understandably protective of their workers as both

valuable resources and integral community members. If our recruiting efforts are too competitive and siloed, we can easily deplete their bench strength, training capacity and social support systems in a short time. This would not serve them or high-income countries well.

Catholic health systems in the United States cannot fix the global health workforce crisis alone, but we can (and many do) intentionally screen recruiting companies for sustainable practices. We can also work with recruiting companies, international workforce development organizations, and low- and middle-income countries' leadership to create reciprocal training efforts that promote a better cultural fit and sustainable workforce.

What insights did you gain about the importance of ethical international recruitment practices from the report?

Scott McConnaha

For starters, we should be more deliberate in how we articulate a need for ethical practices by the recruiting agencies who bring us international workers. As with any vendor, our expectations must be stated clearly upfront. I am happy to know, thanks to this paper, that there are already practice codes to which we can hold recruiters accountable. Success in this area will require all of us to work together, especially when it comes to demanding accountability.

Kelly Stuart

There are two issues that I find particularly troubling. First, the problems in America of workplace violence and burnout are no surprise, and I believe there are serious efforts underway in the U.S. and in other high-income countries to improve the systemic causes. Certainly, Catholic health care recognizes that these problems require transformative investment and change, and it is important for high-income countries seeking to recruit workers from abroad to prepare workers for these and other U.S. working challenges. Let's set them up for success.

What is most disturbing to me is that, regardless of our intentions, international recruiting practices continue to take a toll on low- and middle-income countries' workforce, training capacity and social support systems. Considering the extent of global recruiting over time, we cannot expect long-term success if we are not encouraging and assisting these countries to develop and

retain talent. Although workforce shortages are now creating real problems for high-income countries, it is important that we think and plan beyond our immediate need in order to improve and sustain a viable global workforce for the future.

What elements in the report for ministry leaders in the Catholic health ministry did you find most disturbing?

Scott McConnaha

Prior to this report, I hadn't given much thought to the impact our recruitment of international health care workers has on those workers' home countries. The goal has simply been to solve our staffing issues. The discussion paper makes clear that our efforts to remain appropriately staffed so that we're able to continue providing quality care may negatively impact others' ability to do the same. The prospect of low- and middle-income countries' suffering because of our gain must be part of any further decision-making around possible staffing solutions.

Sylvain Trepanier

I find it disturbing to see that many of the countries noted on the WHO Health Workforce Support and Safeguard List are in Africa (67%).²

SUPPORTING MEANINGFUL CHANGE

By engaging with the content of this paper and pondering these questions, we can all contribute to a more just, equitable and sustainable global health care system. Please consider using these as a catalyst to start a workplace discussion around the report and its recommendations for meaningful change that ensures our actions align with our values and the common good. Together, we can make a positive impact on the world of health care.

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NOTES

1. Pope Francis, *Fratelli Tutti*, paragraph 11, https://www.vatican.va/content/francesco/en/encyclicals/documents/papa-francesco_20201003_encyclica-fratelli-tutti.html.
2. "WHO Health Workforce Support and Safeguards List 2023," World Health Organization, <https://iris.who.int/bitstream/handle/10665/366398/9789240069787-eng.pdf?sequence=1>.

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