

## 9.R. Health workforce

### Satisfaction with Public Health Residency Program from the Perspective of Residents in Slovenia

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#### Background

The aim of the study was to determine the level of satisfaction with residency program in public health in Slovenia, investigate relationships between medical residents in public

health (MRPH) and mentors, and survey opinions and experiences of MRPH with public health residency in Slovenia.

#### Methods

An attitude survey was performed using an original questionnaire addressing MRPH experiences during the year 2016. Attitudes were assessed by categorical selection with the free-form comments option. The questionnaire was distributed online among all MRPH in Slovenia in January 2017. The data were collected in March 2017. Data were extracted from online forms and analysed using descriptive statistics.

## Results

Out of 16 MRPH, 13 completed the questionnaire. Among them were 10 female and 3 male MRPH. 9 started the residency in year 2015 or later. 36 different rotation placements were evaluated with the mean knowledge attainment score of 3.9 on a scale from 1 (lowest) to 5 (highest). Goals specific to the rotation were set at the beginning and achieved by the end of the majority of placements (83% and 81% respectively). Among the different rotations, the 2-semester postgraduate public health course was graded with the heaviest workload (4 out of 9 reported workload being too heavy) which translated to a high mean knowledge attainment (4.3). Results show that MRPH are satisfied with their mentors' accessibility and support (3.9 and 4.0 respectively). According to free-form comments, an all-embracing residency program that does not allow subspecialisation according to residents' interests was the origin of most discontent among MRPH.

## Conclusions

MRPH in Slovenia are generally satisfied with the residency program. Feedback provided with presented study holds a great value for further improvement of the residency program in public health.

## Key messages:

- Present study gives crucial information on MRPH satisfaction with the residency program and is an important foundation for future measures to improve the residency.
- The Association of Public Health Residents of Slovenia will continue with its activities to better the public health residency program in cooperation with the residency coordinators.

## Folkhälsokollen - a new tool for displaying local public health data in Stockholm

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## Issue/problem

In order to conduct public health work, and to know whether efforts are creating desired change, we need to know the state and development of population health and its determinants. However, finding proper indicators from reliable sources can be difficult. Folkhälsokollen ([www.folkhalsokollen.se](http://www.folkhalsokollen.se)) provides an easily accessible, free of charge, comprehensive way of understanding the health of the population in different social groups and in different areas in Stockholm over time. This approach may be of relevance in other countries or regions.

## Description of the problem

With access to many different data sources (health registers, population surveys and administrative data), as well as expertise, the Centre for Epidemiology and Community Medicine (CES) was commissioned by Hälso-och sjukvårdsförvalningen (HSF) to present data in a web tool, in order to serve health services, municipalities and the general population. The aim was to provide an overview of health determinants and outcomes, presented at local level and by social groups, visualizing them in pedagogic ways, providing links to more information and relevant sources.

## Results

The tool was developed in 2016, and focus groups were conducted during the design phase to adapt it to the needs of users. Important lessons were learnt on the interface and presentation of data, as well as the level of specificity needed (i.e. sex, age groups, subareas within municipalities, educational level).

## Lessons

Folkhälsokollen is continuously updated with new indicators and data. The tool is now being presented to policy makers,

and is used in education of nurses and doctors, to understand what influences health in different areas. It can also be used for more elaborate analyses as data can be downloaded. Users would like it to be developed to allow for analysis at finer local level, and to include geodata to provide maps on the distribution of community services.

## Key messages:

- Folkhälsokollen may be used to improve population health through enabling dialogue between actors, support in planning interventions, and as a basis for comparison and cross-sectoral collaboration.
- Users express that the tool provides a functioning platform for displaying public health data and can be used without prior knowledge in the subject or in statistics.

## Interprofessional education in hypertension: foundation for a team-based care culture

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## Background

Hypertension, a major cause of death and morbidity in European countries including Switzerland, is poorly controlled. Due to ageing populations, busy clinical workloads, and shortage of physicians in most healthcare systems, several agencies recommend involving nurses and pharmacists to improve hypertension management. This change in approach of care calls for interprofessional education (IPE). Since 2015, La Source, School of Nursing Sciences of the University of Applied Sciences of Western Switzerland and the Faculty of Biology and Medicine of the University of Lausanne developed IPE for undergraduate nursing and medical students.

## Objectives

Our objectives are to describe the principles, contents and challenges of the IPE in hypertension care. The aims of the course entitled 'Hypertension from A to Z' are to acquire knowledge and develop common competencies in hypertension care, and to build the value of working in interprofessional team.

## Results

A team of nurses, physicians, and a pharmacist were involved in the design of the curricula and in the teaching. Sessions with participative methods and workshops are devoted to the team-based management of hypertension. Most students experienced for the first time an IPE. They often expressed not knowing the role of other healthcare professionals. Teachers also experienced for the first time IPE teaching. One major challenge was to be clear on the role of each healthcare professional in the management of hypertension and on their degree of independence, while building a team-spirit. Another challenge was to develop a course fitting in both nursing and medical curricula.

## Conclusions

Improving the management of chronic disease such as hypertension requires a change in health model of care. Interprofessional education can help sharing skills and knowledge among future healthcare professionals. It also helps building a team-based care culture.

## Key messages:

1. Improving the management of chronic disease such as hypertension requires a change in health model of care and health professional education.
2. Interprofessional education for nursing and medical student can help promote a team-based care culture.

## Young Medical Residents' Scientific Cooperation Made Easy - EuroNet Platform

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Public Health (PH) is a cross-cutting speciality but the education of residents in Europe doesn't really include any of it. Moreover, educational and training programs vary significantly from one country to another, even inside Europe. Medical Residents are often willing to participate in - or even start - research works and produce scientific papers. Lack of time and difficulties in finding national and European research partners as well as resources often prevent them from launching a research project or involve themselves into already existing research teams, especially when this research is led in a field outside their own speciality. We now know that the promotion of PH among health care professionals is essential - if not mandatory - to improve the health of our society. The sooner this education is started, the better the outcomes are. EuroNet MRP (the European Network of Medical Residents in PH) examined the factors restraining the residents from participating in research, and that process as well as results led to the creation of an online platform, Euronet Platform, which enables sharing knowledge between European colleagues around PH research projects. Users will be able to create a profile describing their skills, apply to different projects created by other residents from any discipline, or start one. Thanks to the platform they will be able to learn on the field, guided by the experience of their colleagues, and to share freely their knowledge. A pilot platform is now being tested out, and we have started to partner with institutions, universities and ministries, and initiated a crowdfunding campaign to fund the Platform development and start-up. Euronet Platform is an innovative solution to promote PH culture and research among young doctors, who are the future of our healthcare systems. Enabling them to work on health problems under a PH approach will create a new generation of professionals, more passionate and concerned with PH and its promotion.

### Key messages:

- Promotion of Public Health topics and methodology, among healthcare professionals of all specialties, is essential - if not mandatory - to improve the health of our society.
- Euronet Platform is an innovative IT solution promoting Public Health culture, topics and methodology in medical research among young doctors of all specialties around Europe.

## Development of a User-Friendly Self-Assessment Tool for Testing Community Medical Surge Capacity

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### Background

The ongoing threat of terrorist attacks, natural disasters, and large infectious disease outbreaks require healthcare systems everywhere to prepare for sudden influxes of patients, some with critical injuries. Typically, exercises to test such responses are burdensome and lack realism.

### Objectives/Methods

RAND (a non-profit, nonpartisan research organization) worked collaboratively with hospitals and healthcare coalitions in the U.S. to develop a peer assessment tool for no-notice, real-time testing of responses to medical surge situations. The tool tests cooperation among health care systems public health, civil protection, and others. The 5-hour exercise is simulated evacuation of up to three hospitals or other patient care

facilities. While facility evacuations are perhaps not the most common type of surge situation, they can occur during natural disasters and usually involve enough patients to stress entire communities, which is a key purpose of this exercise. The tool, which generates immediate quantitative and qualitative feedback for exercise participants, was pilot tested in 4 communities representing a mix of urban and rural setting.

### Results

Peer assessors found the tool easy to use and that it reduced exercise preparation time from weeks to days. Moreover, participants found that the real-time and no-notice aspects of the tool provided an unusual degree of realism. Post-exercise "hotwash" discussions generated lessons and actionable insights for improving preparedness and response that participants regarded as helpful.

### Conclusions

Exercise-based tools such as this provide a mechanism for reducing the costs and burdens associated with exercises. By providing a mix of standardized and customized performance feedback they help create the conditions for diffusion of ideas and innovation across communities, thus supporting Decision No. 1082/2013/EU's goal of strengthening the capacity to coordinate responses to health emergencies.

### Key messages:

- The tool reduces the costs associated with no-notice, real-time exercising of health system response.
- The tool provides high-quality, real-time performance feedback that supports system improvement at the community and cross-community levels.

## Strategy for Safe & Disaster Resilient Communities in Lebanon: Critical Look via a Public Health Lens

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Disaster Risk Reduction (DRR) strategies adopted worldwide are accused of neglecting health-focused approaches in their design and implementation. Adopting a collaborative health-focused approach which incorporates health considerations into decision-making in DRR strategies is essential to increase community resilience. This study evaluates the incorporation of a collaborative health-focused approach in the implementation of the Lebanese Red Cross (LRC) strategy for "Safe and Disaster-Resilient Communities in Lebanon". A checklist that contains two tools to qualitatively assess the content of the strategy implementation tools and process in a pilot community in South Lebanon was created. The checklist was derived from 4 key elements of the Health in All Policies (HiAP) approach: (1) health, equity and sustainability, (2) inter-sectoral collaboration, (3) stakeholder engagement and (4) structural and procedural changes; and based on the researchers' experience in the DRR field. The tools reflected the integration of those 4 key elements as bases for health-focused approaches into the strategy. Guided by the checklist, the tools were reviewed, and the process was observed and analyzed. Gaps in integrating a health-focused approach were later identified; (A) Vulnerability, capacity and hazard assessment tools used ignore the social, economic and individual elements necessary to achieve resilient communities (B) Equity and sustainability concerns are not well considered in the community selection process (C) Lack of a collaboration framework that explains the goal of LRC partners in the strategy and recognizes their expertise and resources (D) Lack of processes and tools required to sustain a health focused approach across all LRC departments. In conclusion, the enhancement of the LRC strategy implementation to better integrate a comprehensive understanding of health, based on the gaps identified is needed to build safe, healthy and resilient Lebanese communities.

**Key messages:**

- A health-focused approach that emphasizes inter-sectoral collaboration in the LRC Strategy for “Safe and Disaster-Resilient Communities” implementation is required to increase community resilience.
- A health-focused approach that ensures the inclusion of equity and sustainability in the LRC strategy for “Safe and Disaster-Resilient Communities” implementation process is essential.

**What influences uptake of behavioural science by public health decision makers and practitioners?**

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**Background**

In times of austerity and rising prevalence of non-communicable disease, evidence based health behaviour change services are needed. This study explores factors affecting uptake of behavioural science evidence by public health decision makers and practitioners for design and delivery of health improvement services.

**Methods**

Twenty semi-structured interviews were conducted with public health decision makers and practitioners across a range of health improvement fields (e.g. weight management). The interview schedule and analysis of responses were guided by two behavioural science tools: Theoretical Domains Framework (TDF) and Capability, Opportunity, Motivation, Behaviour (COM-B) model. Deductive thematic analysis was applied.

**Results**

Application of behavioural science evidence was limited. Limited comprehension of behaviour change, challenges identifying specific behaviour change strategies and translating research into practice were prevalent. Some decision makers perceived research evidence may stifle innovation and overwhelm practitioners. Both groups reported low confidence in their ability to apply research evidence to their decision making and practices. Potential facilitators of research use included: ease of adoption for front-line services, improved format of behavioural science guidance; making use compulsory to the commissioning process and; evidence of value for money. The strong impetus for local evidence and achieving outcomes was cited as barriers to research uptake. Environmental challenges involved political, service provider, and commissioning environments and journal article accessibility.

**Conclusions**

Embedding behavioural science systematically into public health improvement programmes requires a multi-level approach. Changes are required throughout the public health system, including organisational support, training for service providers, commissioning support tools and adaptations to the way behavioural science is disseminated.

**Key messages:**

- Novel application of two behavioural science tools permits a deeper understanding of the determinants of decision makers’ as well as practitioners’ research uptake within public health.
- Embedding behavioural science systematically into public health improvement programmes requires a multi-level approach throughout the public health system.

**Development of a Public Health Preparedness Competency Model for EU Member States**

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**Background**

Public Health Emergency Preparedness (PHEP) systems vary considerably between EU Member States.

Currently no framework exists that describe standard training for experts working in PHEP at the national level.

Definition, harmonization and dissemination of common competencies could therefore positively impact on EU coordination in case of cross-border public health emergencies.

**Methods**

Under the lead of the European Centre for Disease Prevention and Control (ECDC), an international research team initiated a medium-term project aimed at designing competency-based training curricula in PHEP within the EU.

A logic model intended to describe training needs in PHEP was preliminary developed.

It included four groups of capacities and five categories of response capabilities: (1) Detection and assessment; (2) Policy development, adaptation, and implementation; (3) Health services; (4) Coordination and communication; (5) Emergency risk communication.

A list of competencies and knowledge and skill statements for each capabilities category was then drafted and sent for a revision to a panel of over 200 practitioners with experience in PHEP. The consultation process was conducted from November 2016 to February 2017 through an online modified DELPHI method with questionnaires on the platform EUSurvey.

**Results**

A total of 28 individuals agreed to be part of the consultation. Each capability area was reviewed by at least seven consultants and 53 questionnaires returned.

Globally, 100 competencies and 289 knowledge and skill statements in PHEP were identified and integrated into a Competency Model.

**Conclusions**

The Competency Model is the first tool aimed at filling PHEP gaps in the EU by translating capabilities identified in a systemic logic model into competencies, knowledge and skills statements for individuals who work in the PHEP system.

Development and pilot testing of curricula built on the EU PHEP Competency Model are expected to be completed by 2018.

**Key messages:**

- To improve PHEP in the EU, common competency-based training programs and curricula for health professionals are needed.
- The EU PHEP Competency Model identifies a set of competencies and knowledge and skill statements for PHEP workforce.

## Public health residents and internships in Europe – an analysis of EuroNet MRPH internship requests

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### Background

The European Network of Medical Residents in Public Health (EuroNet MRPH) is a network of national associations of public health residents. EuroNet MRPH liaises between its member countries' medical residents in public health (MRPH) and prospective European internship opportunities. MRPHs can submit an "internship request" through a form offered on EuroNet MRPH's website ([www.euronetmrph.org](http://www.euronetmrph.org)). EuroNet Internship Lead then liaises between the requester and the prospective host institution. An analysis of internship requests was performed as a part of an evaluation of the project.

### Methods

We analysed data from internship requests received during the period between June 2013 and October 2016. Data was extracted from online forms filled by the requesters and analysed using descriptive statistics.

### Results

57 internship requests were submitted by 27 residents from 8 different countries of training. Nine applied for more than one host institution. Two thirds of requesters were doing their training in Italy (11), Spain (5) and France (4). Around half (14) of the requesters had an MPH degree or were enrolled in a MPH programme at the time of submitting the request. Requesters were mostly in their second year of residency training. Of 57 requests, the majority were interested in internships in France (25), the United Kingdom (11) and Portugal (11). The exact desired hosting institution was specified in 51 of 57 internship requests. Internship requests were made for an average stay of 6 months.

### Conclusions

There is an interest among European MRPHs for international internship opportunities. Residents are mostly interested in doing a semester-long internship in mid training at a specific desired institution. In order to improve the intermediary work of EuroNet MRPH, a follow up survey with individual requesters is planned. Results will be used to gain a better understanding of how many internships were realised and what were the success and failure factors.

### Key messages:

- European Public Health residents recognise the benefits of doing an internship in a country different from their original country of training.
- EuroNet MRPH, in line with its strategic objectives, aims to become an even better intermediary between European MRPHs and potential institutions offering internships.

## Assessment of level of social skills among Public Health students of Warsaw Medical University

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### Background

Social competence, i.e. ability to manage themselves in social situations, is highly appreciated by employers and constitutes an important part of professional development of Public Health students.

### Aim

The study aimed to measure and compare the level of social skills among Public Health students.

## Materials and Methods

The study enrolled a total of 110 students of Public Health at the Faculty of Health Science, Warsaw Medical University (the return rate was 91.8%). The study group comprised the first-year students of the first-cycle programme (n=52) and the second-year students of the second-cycle programme (n=49). A standardised PROKOS questionnaire was used in the study. Diagnostic items made up five sub-scales that measured the following skills: assertive skills (A), cooperative skills (K), sociable skills (T), community-focused skills (S), and social resourcefulness (Z). The study was voluntary and anonymous and was conducted using a PAPI method. Raw results were referred to the population norms and were expressed as sten scores (1-10). For the comparative analysis, the significance level was established at  $\alpha < 0.05$ .

### Results

The study participants had a very low level of social competence (sten 1). In addition, similar results in particular sub-scales were observed, regardless of the cycle of degree programme (U test,  $p > 0.05$ ), with the lowest results obtained for the K and Z sub-scales (sten 1). Slightly better outcomes were produced in the case of the A and T sub-scales (sten 3). However, a relatively best level of competence was found for the S sub-scale (sten 4), which, in relation to the population norms, produced scores below average.

### Conclusions

Owing to the fact that the level of social competence was very low in both groups, courses that would enhance and develop soft skills and social competence need to be added to the curricula.

### Key messages:

- Starting from the academic year 2017/2018, a module comprising the 'Development of Social Skills' course will be added to the curriculum for the Public Health at Warsaw Medical University.
- Students will improve their communication skills, cooperation within a team, time- and self-management skills in stressful situations, networking, and intercultural competences.

## Integrating Public Health Education with the local Public Health Workforce

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### Background

The University of Salford is set in one of the 20% most deprived districts in England, where life expectancy is considerably lower than UK averages. At the same time austerity and welfare reform are significantly affecting local government funding, impacting progress to reduce inequality and poverty. These challenges are not unique to the UK and call for innovative ways of training the future public health workforce and for universities to share their skills and knowledge more freely with existing public health providers to enhance their ability to be effective.

To address this an integrated MSc Public Health curriculum was designed. The model works in three ways: from the 'outside in' - drawing on external skills and knowledge from the wider public health workforce; from 'within' - research led teaching and input from student practitioners, and from the 'inside out' - providing skills and knowledge to the wider community through students carrying out Applied Research Projects (in place of a dissertation), e.g. evaluating local health interventions.

### Objectives

To explore the impact of an integrated MSc public health curriculum on students and local stakeholders.

**Results**

Stakeholder reflections were collected from students undertaking the programme, and the public health workforce who deliver on the programme and benefit from student research projects. Key findings were: the currency practitioner involvement brought to the programme, particularly the application of theory to practice; the opportunity for students to have 'hands-on' experience through carrying out applied research projects; and enhanced employability skills for the students.

**Conclusions**

Integrating the curriculum into the local public health workforce has added value to the programme and enabled the university to contribute into the community. It has also allowed international students to gain practical experience of public health in a different setting.

**Key messages:**

- Value can be added to Public Health programmes by building close links with the public health workforce, to enhance skills and future employment opportunities.
- Practical elements can be incorporated in a one-year Masters programme (to some degree) without the need for formal placements, which can be challenging for international students.

**A measurement scale for the psychological capital of medical staff in China**

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Contact: ear@iscte.pt**Background**

As the reform of the health care system in China deepens and the competition in the medical sector becomes increasingly fierce, medical staff is faced with more pressure and challenges. As a result, they need strong internal motivation. Medical staff's job satisfaction is closely linked to their performance, so hospital managers also need to raise job satisfaction of their staff. Existing research on psychological capital (PsyCap) demonstrates that it brings returns to the organisation. The study on the PsyCap of medical staff adds a new path to human resources management of hospitals and provides a new perspective in the management and training of medical staff.

**Methods**

This study develops a scale for the measurement of PsyCap of medical staff in China based on a standard scale development process: in-depth interviews, open-ended questionnaire, reliability and validity evaluation with exploratory and confirmatory factor analyses. The final questionnaire was applied to a sample of 140 doctors, 160 nurses and 100 technicians working in 11 AAA-hospitals in Hangzhou.

**Results**

Results revealed a 39-item measurement model with two latent dimensions (Interpersonal and Task-based PsyCap) and nine sub-dimensions, with good reliability and validity: Optimism & Hope, Diligence, Perseverance, Calmness, Confidence & Braveness for Interpersonal PsyCap; Tolerance & Forgiveness, Humility & Honesty, Devotion & Thankfulness, and Respect & Politeness for Task-based PsyCap.

**Conclusions**

Currently job satisfaction of medical staff in China is not high, negatively influencing job satisfaction and the quality of the health care services. The raise the Interpersonal and Task-based PsyCap of medical staff is not only needed to cope with the ever-increasing doctor-patient conflicts, but also necessary in realizing medical staff's individual value and satisfaction with job.

**Key messages:**

- The study on the PsyCap of medical staff has added a new path to the Human Resources Management of hospitals and provided a novel perspective in the management and training of medical staff.
- This study explores the dimensions of PsyCap of medical staff in China and validates a measurement scale with two latent dimensions (Interpersonal and Task-based PsyCap) and nine subdimensions.

**Co-creating Future-oriented Health Promotion Study Programmes for Workforce Development**

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Skills are a key part of the economy's infrastructure. Choices made by policymakers, enterprises, schools and individuals on investment in education for right skills can help drive economic development. Providers of professional education must foresee those trends to be able to provide future professionals with skills fit for a fast-changing labour market. HPP ([http://hpp.tlu.ee/en\\_US/](http://hpp.tlu.ee/en_US/)) project conducted a survey (target group: health promotion professionals and interested parties from Estonia and Finland) about the training needs and future skill demands in the health promotion sector based on focus group interviews in Estonia and Finland, previous studies as well as professional competences and standards defined by IUHPE. The project (2016-2019) consists of 3 stages: 1. conducting a survey, 2. creating new study programmes, 3. implementing and testing.

Based on the future skill needs identified in the survey, at least 16 new aligned Health Promotion study programmes will be developed (10 for higher education and 6 for vocational education) to improve the existing curricula. New programmes will be tested, evaluated and, after improvements, made available for all interest groups in Estonia, Finland and elsewhere. Some of the programmes will be implemented as e-courses.

The Baltic Sea region is still considered an area of considerable disparities in health and social conditions. By investing in joint health promotion, the economic gain will come through reduced spending on health and social services. It is important to better identify and provide the required skills, competences and qualifications, and to help prevent skill gaps and mismatches. Our project responds to that need through research and evidence based study programme development and alignment.

**Key messages:**

- Practical insights and research findings of the future (about 10 years from now) skill demands in health promotion.
- Aligned and future-fit health promotion programmes in the Baltic Sea region made available to a wide professional audience.

**Public Health Wales International Health Strategy: Nationally Focused, Globally Responsible**

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**Issue/problem**

In a complex global landscape, Public Health Wales (PHW) recognises that protecting, improving and promoting health and well-being cannot be achieved in isolation. It requires

strong international partnership and global cooperation. Wales' commitment to global health and to implement the Well-Being of Future Generations Act urges public bodies to adopt globally responsible, strategies and practices.

**Description of the problem**

PHW has developed an active international role and collaboration. Through the International Health Coordination Centre, it also supports global health work across the National Health Service. To ensure organisational and national coherence, coordination, efficiency and maximising the impact of international partnerships, a strategic approach is needed. Over the past 12 months PHW has developed an international health strategy through an extensive consultation, supported by a literature review and mapping across the organisation.

**Results**

Three strategic priorities were identified for the next ten years: 1) Maximise applied international learning and support innovation for public health; 2) Develop globally responsible people and organisations; and 3) Strengthen Wales' global health approach. These will be achieved through six objectives: networks and partnerships; change and innovation; reputation

and visibility; governance and coherence; capacity and sustainability; culture and environment. The strategy implementation includes a sound governance, monitoring and evaluation structure.

**Lessons**

In a rapidly changing world, there are imposing global threats and exciting, innovative opportunities, both of which have major repercussions for public health. PHW, as a national public health agency, has demonstrated global responsibility and national leadership in supporting, consolidating and maximising the impact of international collaboration to protect, improve and promote health and well-being and reduce inequalities across Wales and beyond.

**Key messages:**

- A strategic approach to international collaboration ensures coherence, efficiency and maximum impact for public health.
- Public Health Wales is developing as a globally responsible organisation.