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LETTER

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How should support for hospital staff during health shocks be improved? A discussion from Japan's experience during the COVID-19 pandemic

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Abstract: Human resources for health are at the center of healthcare service delivery and play an important role in ensuring the resilience of health systems. Utilizing the results from a case study examining hospital resilience during COVID-19, this article draws on the experience of individual hospital staff during the first and second waves of the pandemic, briefly describes government responses to support human resources for health during the early stages of the pandemic, and argues the importance of constructive discussions about strategies to create an enabling work environment for healthcare providers, both clinical and non-clinical, during future health shocks.

***Keywords*:** human resources for health, health system resilience, enabling work environment

Since the COVID-19 pandemic commenced, human resources for health have been challenged in their roles as caregivers at the frontline of healthcare service delivery. We conducted a case study in Japan as part of a multi-country study investigating hospital resilience, and undertook an in-depth analysis at two hospitals to determine how the hospitals overcame the disruptions caused by COVID-19 in the early stage of the pandemic (*1*).

The case study found that, during the first two waves of the COVID-19 pandemic, there were insufficient clinical staff available to care for patients due to: a rapid increase in patient numbers; infection control measures taking more time than with usual patients; and hospital staff being required to undertake additional tasks on top of their usual work. To increase the number of clinical staff available to provide care to COVID-19 patients, hospitals: *i*) temporally recruited medical doctors from other hospitals, particularly to provide care to patients with severe COVID-19 symptoms at the beginning of the first wave; *ii*) redeployed clinical staff to departments caring for COVID-19 patients, and provided care using staff from multiple hospital departments (task-sharing between different departments); and *iii*) introduced task-shifting for administrative staff and nurses (*i.e.*, tasks usually undertaken by other professional groups were re-distributed to administrative staff and nurses), particularly after the suspension of non-clinical services and services delivered by external providers.

Throughout the first and second waves of the pandemic, the staff at healthcare facilities providing COVID-19-related services operated under significant pressure. The underlining causes of the stress experienced by healthcare facility staff included: heavy workloads and additional responsibilities; unfamiliar methods of providing care due to new and increased infection control measures; insufficient community understanding of COVID-19 and healthcare providers; fear of infection through work; and continuing pressure for individual healthcare providers to remain uninfected by COVID-19. In addition, at the onset of the pandemic, constantly changing information about the 'unknown' virus and lack of clear evidence for the response to the pandemic increased fear and confusion at the frontline of healthcare service delivery.

Support provided to human resources for health during the first and second waves of pandemic

In response to the increased workload, fear, and stress experienced by frontline healthcare providers due to COVID-19, many countries introduced additional support measures for health workers. The measures included: *i*) mental and well-being support, mainly through newly-established helplines or remote counselling sessions for healthcare workers; *ii*) financial compensation, often in the form of one-time bonuses or temporary salary increases paid to both individuals and

facilities to recognize the efforts of healthcare providers; and *iii*) practical support to enable health workers to keep working, including keeping schools open for the children of health workers when closed to other members of the public (*2,3*).

The policy responses for issues relating to human resources for health during the first and second waves of the COVID-19 pandemic in Japan are summarized in Table 1. The Japanese Government, through local governments, introduced one-off payments for individual healthcare providers and the health facility staff who directly provided services to COVID-19 patients, with payments ranging from JPY 50,000 to JPY 200,000, depending on the facility type (*4*). Subsidies were also provided to healthcare facilities to improve the working conditions, including salaries, of staff providing clinical services to COVID-19 patients (*5*). The Government provided financial support to health facilities offering in-facility nursery care for the children of staff and attempted to facilitate childcare options for healthcare providers during temporary school closures (*6,7*). In addition, the Government created a mechanism to contribute part of the premiums for private occupational injury insurance for healthcare professionals working at facilities providing care to COVID-19 patients (*8*). As Table 1 shows, the policy measures that were introduced to address issues associated with human resources for health in the early stages of the COVID-19 pandemic in Japan focused on financial payments and practical support.

Table 1. Policy responses to protect individual healthcare providers during the first and second waves of the COVID-19 pandemic in Japan

Date	Policy response	Objective	Beneficiary of response
Mar. 4, 2020	Securing places for the children of healthcare workers by using in-house childcare centers in response to the temporary closure of schools aimed to prevent novel coronavirus infection (request) (Ministry of Health, Labor, and Welfare (MHLW) administrative communication)	To enable health professionals with school age children to continue to work during temporary COVID-19 related closures of schools so that the healthcare system could continue to function.	Healthcare professionals
Mar. 4, 2020	Notes on the priority use of after-school childcare in response to temporary school closures that aim to prevent the spread of coronavirus (MHLW Administrative Communication)	To prioritize access to after-school childcare and healthcare services for children with parents working in the social sector during temporary closures of primary schools due to the COVID-19 pandemic.	Those working in social service sector, including medical and nursing care staff
Mar. 11, 2020	Emergency support for medical institutions accepting COVID-19 patients (including those delivering COVID-19-related services)	To support healthcare professionals working in health facilities that accepted COVID-19 patients, and to strengthen COVID-19 related service delivery.	Those involved in COVID-19 related services, including both clinical and non-clinical staff
Apr. 17, 2020	Response to the new coronavirus in daycare centers for children of healthcare workers and others (MHLW Administrative Communication)	To prepare for a reduction in the size of nursery schools or temporary closure of nursery schools and ensure that medical personnel are not forced to stay at home, take a leave of absence or leave their jobs due to a lack of places for children in childcare during the COVID-19 pandemic; and to ensure that there is no prejudice or discrimination against healthcare professionals and their children, such as refusal to care for the children of healthcare workers.	Healthcare professionals
Jun.16, 2020	Support grant/bonus for the novel coronavirus response workers	To provide a financial bonus for services provided by healthcare professionals and health facility staff, who were under considerable physical and mental strain as a result of their role in the COVID-19 pandemic. The medical personnel and staff working at the healthcare facilities that were assigned by local government to provide medical treatment for COVID-19 patients and those in direct contact with patients receive JPY 200,000 as a bonus payment (JPY 100,000 if there is no acceptance of COVID-19 cases at the health facility). Medical personnel and staff in other health facilities who had contact with COVID-19 patients receive JPY 50,000.	Medical personnel and staff working at medical facilities designated by local governments to provide medical care for COVID-19 patients and who had contact with COVID-19 patients Medical personnel and staff who work in non-COVID-19 treating health facilities and who had contact with COVID-19 patients
Dec. 10, 2020	Thorough handling of the response to the novel coronavirus in day-care centers for the children of health-care workers (MHLW Administrative Communication)	To address the misconception towards healthcare professionals and their children and avoid the case in which preschools refuse the attendance of children due to parental occupation/workplace.	Healthcare professionals and those working in the social sector
Apr. 1, 2021	Support for workers at the health facilities responding to novel coronavirus infection to join the workers' compensation insurance scheme and obtain additional worker compensation benefits	Government to subsidize insurance premiums for qualified healthcare professionals who work at healthcare facilities providing COVID-19 related services when joining a private insurance scheme that provides additional benefits in the event of COVID-19 infection.	Qualified healthcare professionals who work at healthcare facilities providing COVID-19 related services

Adequacy and effectiveness of the support for healthcare providers – points for future consideration

The supportive policy measures provided to the human resources for health during the first and second waves of the pandemic in Japan were often implemented as issues arose and the effectiveness of these measures has yet to be thoroughly evaluated (*2*). While a comprehensive assessment is required of both the support provided to human resources for health during the early stages of the pandemic and how supportive policy measures were actually implemented, the findings from the case study in Japan indicate the following should be considered to improve support for healthcare workers:

i) Equitable provision of financial support: while maintaining hospital operations during a pandemic occurs due to the collective efforts of all hospital staff, financial support was only given to the (mainly clinical) staff involved in the direct delivery of COVID-19 related services. To achieve equity, some hospitals rotated the staff delivering COVID-19 related services so that most clinical staff received financial compensation and benefits were not limited to small group.

ii) The impact of temporary salary increases: the provision of temporary salary increases to those involved in COVID-19-related healthcare services can produce unexpected effects (*9*). The incentive signal created by short-term salary increases should be carefully considered for future improvements in the provision of financial support during health shocks.

iii) Examination of gaps in understanding the types of support needed during health shocks: Although the measures to support human resources for health were developed in response to the unexpected COVID-19 pandemic, in Japan, in some areas, broader health system support was lacking, such as support for mental health. It is vital to identify the types of support that were valued by individual healthcare workers during the COVID-19 pandemic in order to adequately deliver healthcare services during future health crises.

Human resources for health are at the centre of healthcare service delivery and play an important role in ensuring the resilience of health systems (*10*). This letter article is based on an examination of the early stages of the COVID-19 pandemic in Japan. As the pandemic has continued to evolve since the study was undertaken, the challenges encountered by human resources for health have changed and it is imperative to continue to examine the support required for people at the frontline healthcare service delivery so the health system can function appropriately. Constructive examination of the effects of supportive measures on human resources for health during the COVID-19 pandemic, and identification of the types of support most valued during the COVID-19 experience will inform strategies to create enabling environments for healthcare providers, both clinical and non-clinical, in future health shocks.

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References

1. Ridde V, Gautier L, Dagenais C, et al. Learning from public health and hospital resilience to the SARS-CoV-2 pandemic: protocol for a multiple case study (Brazil, Canada, China, France, Japan, and Mali). Health Research Policy and Systems. 2021; 19:76.
2. Winkelmann J, Webb E, Williams GA, Hernández-Quevedo C, Maier CB, Panteli D. European countries' responses in ensuring sufficient physical infrastructure and workforce capacity during the first COVID-19 wave. Health Policy. 2022; 126:362-372.
3. Williams GA, Scarpetti G, Bezzina A, Vincenti K, Grech K, Kowalska-Bobko I, Sowada C, Furman M, Gałązka-Sobotka M, Maier CB. How are countries supporting their helath workers during COVID-19? Eurohealth. 2020; 58-62.
4. Ministry of Health Labour and Welfare. Support grant/ bonus for the novel coronavirus response workers. *https://www.mhlw.go.jp/content/10800000/000640500.pdf* (accessd July 20, 2022). (in Japanese)
5. Ministry of Health Labour and Welfare. Subsidy for emergency support project for medical institutions accepting COVID-19 patients]. *https://www.mhlw.go.jp/stf/seisakunitsuite/bunya/kenkou_iryou/kenkou/kekkaku-kansenshou18/index_00015.html* (accessd July 20, 2022). (in Japanese)
6. Ministry of Health Labour and Welfare. Securing places for the children of healthcare workers by using in-house childcare centers in response to the temporary closure of schools aimed to prevent novel coronavirus infection (request) *https://www.pref.fukushima.lg.jp/uploaded/attachment/373631.pdf* (accessd July 2022). (in Japanese)
7. Ministry of Health Labour and Welfare. Notes on the priority use of after-school childcare in response to temporary school closures that aim to prevent the spread of coronavirus. *https://www.mhlw.go.jp/content/11920000/000604481.pdf* (accessd July 20, 2022). (in Japanese)
8. Ministry of Health Labour and Welfare. Support for workers at the health facilities responding to novel coronavirus infection to join the workers' compensation insurance scheme and obtain additional worker compensation benefits. *https://www.mhlw.go.jp/stf/seisakunitsuite/bunya/0000098580_00006.html* (accessd July 20, 2022). (in Japanese)
9. European Observatory on Health Systems and Policies, Sagan A, Webb E, Azzopardi-Muscat N, Mata Idl, McKee M, Figueras J (2021). Health systems resilience during COVID-19: Lessons for building back better. World Health Organization. Regional Office for Europe. *https://apps.who.int/iris/handle/10665/348493?locale-attribute=en&* (accessd July 20, 2022).
10. Thomas S, Sagan A, Larkin J, Cylus J, Figueras J, Karanikolos M. Strengthening health systems resilience:

Key concepts and strategies [Internet]. Copenhagen (Denmark): European Observatory on Health Systems and Policies; 2020. *https://www.ncbi.nlm.nih.gov/books/NBK559803/* (accessd July 20, 2022).

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