



The Future of Nursing in a Value-Based Healthcare System: Review

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Abstract

Background: The transition to value-based healthcare (VBHC) aims to improve patient outcomes while ensuring efficient resource allocation. Despite its potential benefits, the impact of VBHC on healthcare professionals' well-being and job satisfaction remains underexplored. This study investigates how VBHC influences healthcare workers and their experiences within this evolving framework.

Methods: A literature review was conducted using a three-pronged search strategy aligned with the PICO framework, focusing on healthcare professionals and the outcomes of VBHC.

Results: The findings reveal that VBHC encompasses diverse value-enhancing activities that alter healthcare professionals' roles and workflows. Ten key behaviors were identified, including prioritizing patient-centric care, engaging in shared decision-making, and collaborating within teams. While VBHC can enhance job satisfaction and engagement by aligning professionals with their roles, it also introduces new demands and pressures, leading to potential job strain and emotional challenges.

Conclusion: This review highlights the dual impact of VBHC on healthcare professionals, showcasing its potential to improve job satisfaction while simultaneously presenting new challenges. To optimize outcomes, organizations must provide robust support systems that facilitate the transition to VBHC. Future research should focus on the long-term effects of VBHC implementation on professionals' well-being and organizational dynamics.

Keywords: Value-Based Healthcare, Healthcare Professionals, Job Satisfaction, Employee Well-Being, Systematic Review.

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1. Introduction

Healthcare systems are progressively adopting "value-based healthcare" (VBHC), to enhance the quality and performance of treatment and ensure the fair, sustainable, and transparent allocation of resources. A universally accepted definition of VBHC is currently absent. However, a common trait across most VBHC programs is their multimodal approach, which emphasizes patient-reported quality and performance measures in addition to clinical results. Examples of these include "Patient Reported Outcome Measures" (PROMs) and "Patient Reported Experience Measures" (PREMs) (2).

The first proponents of VBHC assert that, alongside enhancing health value, the well-being of employees must be integral to the priorities of healthcare companies, given the pivotal position of healthcare professionals in VBHC. This corresponds to the quadruple purpose of (1) improving patient health outcomes, (2) boosting patient experience, (3) enhancing healthcare worker experience, and (4) decreasing costs. Compared to conventional care methods, VBHC may alter professionals' roles by introducing new, or refocusing on, value-enhancing care activities and collaborative care. These activities include engaging in value discussions with patients, facilitating shared decision-making, enhancing knowledge, refining practices based on quality and performance metrics, and delivering care via established routes (7–9). While these activities may not be entirely novel, the distinction lies in their current use as instruments for value generation rather than as ultimate objectives. VBHC diverges from conventional treatment and necessitates new competencies among professionals (11). Psychosocial aspects in the workplace refer to the interaction between work-related elements, such as the work environment and job content, and human attributes, including an individual's competence and expectations, which influence employee experience and well-being. Consequently, we might anticipate alterations in professionals' well-being as Value-Based Healthcare (VBHC) continues to gain momentum.

Currently, information from research adopting a psychosocial perspective on Value-Based Healthcare (VBHC), particularly regarding the contributions of professionals to VBHC and its impact on their well-being, remains fragmented. The majority of research on Value-Based Health Care (VBHC) is primarily on patients and clinical outcomes (14–16) and is informed by findings from implementation science [e.g., (17–19)]. Previous evaluations of healthcare professionals and Value-Based Health Care (VBHC) examined education (20) and strategies to mitigate low-value practices (21). Contemporary research indicates that Value-Based Health Care (VBHC) aligns with professionals' interests by delivering value to patients and enhancing their job experience. Nonetheless, the correlation between Value-Based Health Care (VBHC) and the interests of professionals, as well as the impact of VBHC on their work experience, has not been conclusively shown. Contemporary study suggests a correlation between Value-Based Health Care (VBHC) and diverse employment demands and resources, including work pressure, emotional needs, and autonomy (23). The research indicates both beneficial and detrimental relationships between VBHC and professionals' well-being, including enhanced involvement (24) and possible anxieties around responsibility and value-based competition on outcomes (1).

This literature review synthesizes empirical data focusing on the topic, "How does Value-Based Health Care (VBHC) relate to healthcare professionals and vice versa?" The evaluation seeks to provide a thorough analysis of professionals' responsibilities in value-based health care (VBHC), the experienced employment demands and resources, and the influence of value-based work on professionals' well-being. This study may

help alleviate or prevent negative psychosocial variables in the workplace for healthcare workers at VBHC and promote positive psychosocial elements.

2. Methods

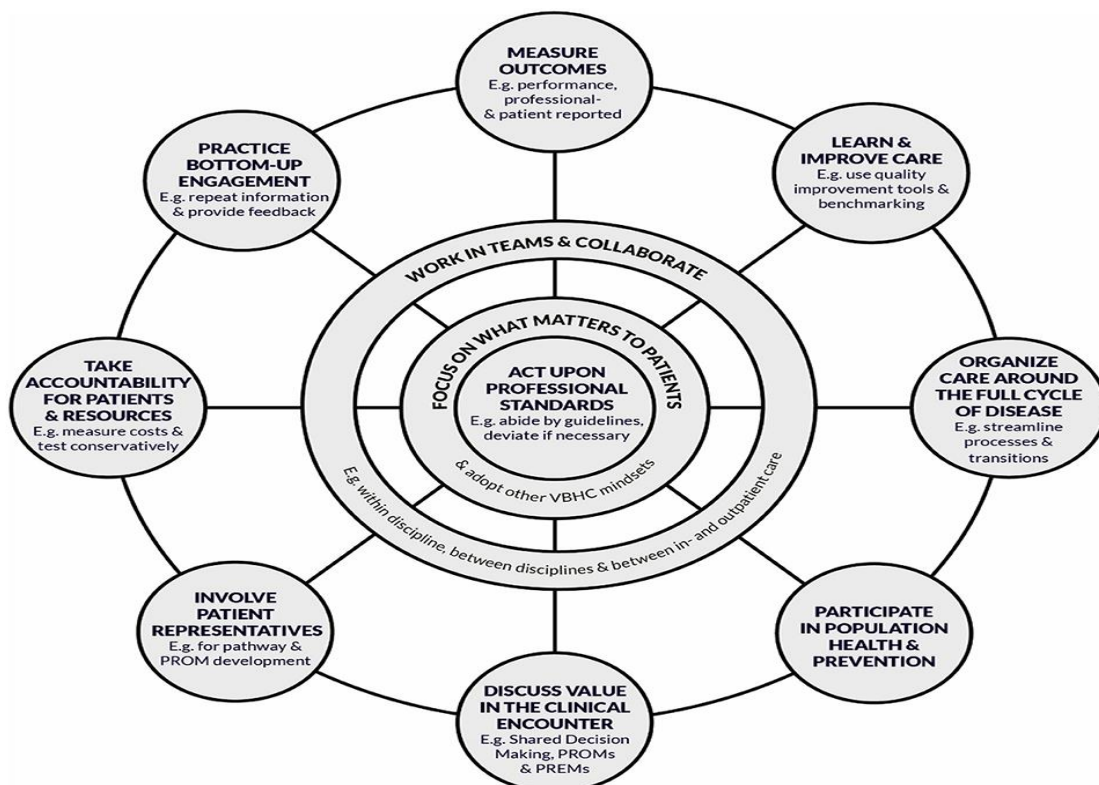
A comprehensive three-pronged search approach was devised in collaboration with the Erasmus Medical Center's Medical Library. The search string adhered to the PICO framework by using terms that delineate (1) the population, namely healthcare professionals, their teams, or specific vocations, (2) the intervention, namely VBHC, and (3) outcomes, particularly the influence of the population on VBHC or vice versa.

The first segment of the search string included broad descriptors of professionals or care teams, including terms such as "professional," "staff," "nurse," and "clinician," with particular professions sourced from the International Standard Classification of Professions ISCO-08 (26). Occupations in both hospital and other healthcare environments were considered.

3. Results

The creators of VBHC assert that professionals are integral to VBHC, thus contending that employee well-being must be a priority for firms alongside enhancing health value (1). Currently, the understanding of the implications of VBHC for healthcare practitioners remains fragmented. This study consolidates findings from 45 included papers about the relationship between Value-Based Healthcare (VBHC) and healthcare professionals, and vice versa.

This review indicates that the term VBHC encompasses a range of value-enhancing activities. Therefore, the conduct of experts in VBHC may vary according to the nature of the activity undertaken. The thematic analysis identifies ten distinct behaviors that healthcare professionals engage in within Value-Based Healthcare, in addition to adhering to their professional norms. The interrelated and mutually reinforcing behaviors illustrated in Figure 1 include: prioritizing patient-centric concerns and embracing other value-based healthcare (VBHC) paradigms, assessing outcomes, enhancing and refining care, structuring care around the comprehensive disease continuum, engaging in population health and preventive measures, addressing value during clinical interactions, incorporating patient representatives, assuming



responsibility for patients and resources, fostering grassroots engagement, and ultimately collaborating and functioning within teams.

Figure 1. The interrelated and mutually reinforcing behaviors.

4. Job Demands-Resources in Value-Based Health Care

This study verifies that VBHC "transforms the current landscape by introducing novel or altered roles for individuals, distinct workflows or processes, and new tools or previously utilized ones from other contexts, or a combination of all these elements" (27). These alterations affect the work demands and resources encountered by professionals in VBHC, thereby influencing their well-being and job strain. This research indicates that healthcare professionals in Value-Based Healthcare (VBHC) may encounter 16 work resources and/or demands, four constructs about their well-being, and five constructs associated with job strain.

The highlighted employment resources indicate that VBHC aligns professionals with their roles and interests, fostering an appreciation for VBHC as a caregiving method. Professionals indicate more significance in their profession, along with greater patient interaction, collaboration, and communication. Nevertheless, the adoption of VBHC also demands effort from specialists. While several studies indicate a decrease in administrative burden within Value-Based Healthcare (VBHC), other research suggests an increase in workload associated with VBHC. This disparity, along with the assessment of other job aspects, may be somewhat elucidated by the diversity in professionals' work environments, including the degree of organizational support, as shown below. Professionals may encounter additional work pressures such as role strain, initial difficulties associated with the transition to Value-Based Health Care (VBHC), and overarching obstacles prompted by change. Moreover, inside their business, professionals seem to encounter a deficiency of sufficient IT resources, authorization to execute VBHC, and time to familiarize themselves with VBHC. Professionals also indicate challenges in communicating charges to patients. The latter is notable since there is a lack of literature recommending that professionals engage patients in discussions about prices within the framework of Value-Based Healthcare, apart from assuming responsibility for the prudent use of resources. Consequently, this mismatch may indicate that the task of communicating prices with patients is superfluous.

This evaluation indicates that enhanced work resources from the implementation of VBHC may elevate professionals' engagement, vitality, enthusiasm for practice, and job satisfaction, aligning with previous results on clinician engagement amid organizational change (28). The employment pressures experienced by experts in VBHC might lead to exhaustion, unpleasant feelings, lack of concentration, and anxiety. This study indicates that work demands may influence employee engagement and satisfaction in practice, as stated in JD-R literature (29). The beneficial impact of work resources on job strain, as outlined in the literature, is not addressed in the research included in this study. The studies examined only provide qualitative analyses of employee well-being and weariness, despite the availability of quantitative measuring tools, such as those contained in the JD-R questionnaire (30).

The above-indicated work demands, job resources, and outcomes associated with employee well-being and job strain exhibit parallels with prior studies on job demands and resources in healthcare settings but are sometimes articulated with somewhat different terminology. This suggests that VBHC encompasses many existing psychosocial components rather than introducing fundamentally novel elements that need our focus. Nonetheless, the findings from this research may be too optimistic, given that VBHC initiatives too far may have concentrated on easily attainable outcomes. Furthermore, the detected parameters may pertain to certain VBHC components and be somewhat context dependent. This indicates that the findings from this analysis are not anticipated to be universally applicable to all experts and should thus be evaluated cautiously.

5. Organizational Support as a Facilitator

This evaluation effectively differentiates between work resources and job demands arising from VBHC content and the context in which VBHC occurs. For instance, professionals who see that Value-Based Health

Care (VBHC) requires more effort regard this as a demand arising from VBHC. Professionals experiencing pressure from the speed of implementation are seen as facing a demand arising from the work environment, contingent upon how companies design and promote VBHC. This differentiation aligns with the notion of psychosocial aspects in the workplace, which differentiates between job content, work environment, and organizational circumstances as elements influencing employee well-being (13).

This analysis reveals that several job demands arise from businesses' poor management of VBHC, namely accelerated VBHC deployment, suboptimal workforce composition related to care routes, and inadequate organizational resources and ability. This finding emphasizes the need for firms to boost employee support by supplying essential resources and establishing suitable organizational frameworks and actions to alleviate job demands and augment job resources. This may subsequently enhance professionals' contributions to VBHC via better employee well-being. This is particularly pertinent considering studies linking employee experience and well-being to organizational success metrics, such as workforce participation in healthcare development. The mere personal involvement of professionals is inadequate, as demonstrated by the following quote: “[They] recognize that HV3C [high-value, cost-conscious care] practices depend in part on the patient population, available resources, and organizational structure [...] Although they initially aimed to provide HV3C, under external pressure their pro-HV3C aspirations waned” (31).

The perspective that Value-Based Health Care (VBHC) is a collective obligation necessitating multi-tiered assistance is substantiated by the modified JOINT model (32). This paradigm delineates five layers: (1) individual layer, (2) interpersonal layer, (3) job level layer, (4) organizational layer, and (5) national layer. Each of these levels is posited to influence nurse absenteeism and turnover (42). Multi-layered support may mitigate adverse psychosocial work factors in VBHC, hence preventing sickness and dysfunction within the workforce, while simultaneously fostering good psychosocial work factors that enable professionals to thrive. At the organizational level, support is most effectively shown via a “top-guided bottom-up” strategy. In a centrally organized top-guided bottom-up method, the actions of professionals, particularly teams, are coordinated. Organizations provide their workers a supporting infrastructure, tools, and resources, which include allocated time, pertinent data, staff training, and administrative and analytical assistance.

6. Constraints

This research exhibits five biases. The identified results of VBHC on professionals' experiences and well-being may not be universally applicable to all professionals in a VBHC environment for three reasons. Scholars may use varying criteria to assess whether their interventions align with VBHC, studies provide diverse combinations of VBHC activities, and this research finds that experiences may be somewhat contingent upon the work environment. A second bias is that research addressing high-value care and cost-effective care is generalized, despite potential nuanced distinctions between both care models.

Consequently, we might anticipate that professionals would exhibit varying behaviors across various care models, which may subsequently elicit distinct experiences and results. This evaluation fails to differentiate between the sort of healthcare worker and their educational qualifications. Clinicians, nurses, and residents, as the primary demographics in the included research, may assume distinct responsibilities in Value-Based Health Care (VBHC) and thus are likely to have varied experiences and confront diverse personal consequences.

As a result of this assessment, it is infeasible to implement targeted treatments for certain groups. The temporal nature of the results is ambiguous, since some experiences and outcomes may be more closely associated with implementation efforts than with enduring attributes of VBHC. Assessing whether VBHC has integrated into standard practice is complex since this perspective seems to differ across professionals (24). Finally, evaluating whether a job requirement or resource pertains to Value-Based Health Care (VBHC), or the surrounding environment is a nuanced endeavor that requires specific interpretative skills, since all care actions occur within a contextual framework. This suggests that several interpretations of the resultant summary of task needs and resources are feasible.

7. Pragmatic Consequences

Recognizing that healthcare workers may lack the necessary expertise to effectively seek value in care, we highlight the need for enhanced assistance for these professionals. Offering sufficient instruction is particularly crucial when professionals assume a significant role in VBHC (1), which corresponds with our results. Furthermore, value-enhancing practices among professionals, such as collaborative decision-making, are progressively becoming legal mandates (33, 34). The ten behaviors outlined in this study (Figure 1) may provide a foundation for this instruction. This review suggests additional behaviors, in addition to those aligning with Porter's value agenda (35). This study proposes the inclusion of behaviors to "learn and improve care" and to "discuss value in the clinical encounter" as supplementary components to Porter's value agenda (7). This research emphasizes the need for professionals to "embrace suitable mindsets for VBHC," particularly by prioritizing what is important to patients. This study also emphasizes the need for teamwork and collaboration, engaging patient representatives, assuming ownership of patients and resources, practicing bottom-up involvement, and participating in community health and preventative initiatives.

This study not only provides advice for professionals but also assists firms in enhancing employee welfare and pursuing a sustainable Value-Based Healthcare strategy. This research demonstrates how firms might apply a psychosocial model, such as the JD-R, to enhance and manage employee well-being, as previously recommended to Human Resource Management (HRM) (36). Employee care is not just a moral need and advantageous for business success but also a legal requirement in Europe (37). Organizations may aim to use VBHC not just to mitigate and prevent its negative impacts on professionals but also to enhance positive psychosocial elements in the workplace. Organizations may augment employment resources, such as "meaning in work," by increasing the visibility of VBHC results.

Organizations may use a top-down, bottom-up strategy to effectively assist their staff in Value-Based Health Care (VBHC). This method necessitates focus on the pre-implementation and delivery phases of VBHC to avert professionals from encountering unnecessary unfavorable experiences. The International Labour Organisation (13) examined common omissions and errors in the implementation of workplace reforms. This study indicates that both technical and psychological preparation are essential before implementation. For VBHC, this necessitates the proper establishment of PROM technologies and care pathways, together with ensuring that workers are fully educated and trained. Secondly, throughout the implementation of VBHC, professionals should get assistance tailored to their requirements.

In addition to using PROMs and PREMs, there exists a chance to regularly assess psychosocial elements in the workplace and use these findings for enhancements. Third, organizations should prioritize the implementation of VBHC at a speed deemed satisfactory by experts, since they have expressed feelings of pressure. Moreover, companies must guarantee that professionals possess the requisite power to execute and provide Value-Based Health Care since the absence of such authority has been identified as a barrier to its implementation. By preventing staff shortages, allocating dedicated time for VBHC, and optimizing team composition, organizations can alleviate or prevent increases in professionals' workload and leverage VBHC to diminish administrative burdens while enhancing job resources such as meaningful work, comfort, and collaboration.

8. Conclusion and Future Directions

This research makes two significant contributions to the literature. This study enhances JD-R research by acknowledging that job demands and resources may arise from both the inherent characteristics of the job and the influence of environmental actors in shaping it. Future studies using the JD-R paradigm should investigate the antecedents of job demands and resources since this enables targeted interventions at the source. Precedents reported in previous studies on psychological aspects in the workplace may provide insights (13). This study enhances the VBHC literature by redirecting focus to the professional. This research elucidates several behaviors that professionals engage in to attain value in care, the work demands and resources encountered in Value-Based Health Care (VBHC), and the subsequent effects on employee well-being and job strain.

Additional study to assess the impact of VBHC on healthcare personnel is necessary. Initially, it is advisable to use current theories and frameworks, since just one study in our review has done so. This study outlines the aspects that influence the professional's delivery of VBHC, both favorably and adversely. Future research may explore the essential and sufficient circumstances for the successful implementation of VBHC, including robust leadership, a culture of continuous improvement, and enhanced team-based care. Third, further research may concentrate on personal resources in Value-Based Health Care since they seem to be inadequately explored. Personal resources, including optimism and self-efficacy, may influence an individual's functioning and are thus included in the JD-R model (38).

A further possibility for future endeavors centers on established care practices that have been revitalized under Value-Based Health Care (VBHC), including initiatives to enhance care and the use of Patient-Reported Outcome Measures (PROMs). This evaluation is predicated on the premise that these care techniques are seen differently when used as mechanisms to enhance value in care, rather than fulfilling distinct objectives or serving as ultimate goals. Future study is essential to corroborate this notion. Ultimately, given the complex nature of VBHC, researchers may seek to examine how, and to what extent, each element of VBHC, along with potential interactions among these elements, influences work satisfaction and employee well-being. Impact assessments of VBHC implementation programs across various hospitals will facilitate the generation of insights among healthcare experts. The current shift from conventional healthcare delivery to Value-Based Healthcare (VBHC) facilitates the assessment of VBHC's efficacy for work satisfaction and employee well-being by contrasting traditional care methods with value-based care approaches.

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الملخص

الخلفية: تهدف الانتقال إلى الرعاية الصحية القائمة على القيمة (VBHC) إلى تحسين نتائج المرضى مع ضمان تخصيص موارد فعالة. على الرغم من فوائدها المحتملة، إلا أن تأثير VBHC على رفاة العاملين في مجال الرعاية الصحية ورضاهم الوظيفي لا يزال غير مستكشف بشكل كافٍ. تهدف هذه الدراسة إلى التحقيق في كيفية تأثير VBHC على العاملين في الرعاية الصحية وتجاربهم ضمن هذا الإطار المتطور.

الطرق: تم إجراء مراجعة منهجية للأدبيات باستخدام استراتيجية بحث ثلاثية تتماشى مع إطار PICO، مركزًا على العاملين في مجال الرعاية الصحية ونتائج VBHC.

النتائج: تكشف النتائج أن VBHC تشمل مجموعة متنوعة من الأنشطة التي تعزز القيمة والتي تغير أدوار وأعمال المهنيين في الرعاية الصحية. تم تحديد عشرة سلوكيات رئيسية، بما في ذلك إعطاء الأولوية للرعاية المتمحورة حول المريض، والمشاركة في اتخاذ القرار المشترك، والتعاون ضمن الفرق. بينما يمكن أن يعزز VBHC رضا الموظف والانخراط من خلال توافق المهنيين مع أدوارهم، فإنه يقدم أيضًا متطلبات وضغوط جديدة، مما قد يؤدي إلى ضغط وظيفي وتحديات عاطفية.

الختامة: تبرز هذه المراجعة الأثر المزدوج لـ VBHC على المهنيين في مجال الرعاية الصحية، مما يُظهر إمكاناته في تحسين رضا الوظيفة مع تقديم تحديات جديدة في الوقت نفسه. لتحسين النتائج، يجب على المنظمات توفير أنظمة دعم قوية تسهل الانتقال إلى VBHC. يجب أن تركز الأبحاث المستقبلية على الآثار طويلة الأمد لتطبيق VBHC على رفاة المهنيين وديناميات المنظمة.

الكلمات المفتاحية: الرعاية الصحية القائمة على القيمة، العاملون في مجال الرعاية الصحية، رضا العمل، رفاة الموظف، مراجعة منهجية.