Classification of Healthcare Professionals

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Abstract. To be able to compare job titles in healthcare, a proposal for a classification of healthcare professionals was developed. The proposed LEP classification for healthcare professionals is suitable for Switzerland, Germany and Austria and includes nurses, midwives, social workers and other professionals.

Keywords. Occupation, Classification, Healthcare Professionals

1. Introduction

Optimally allocating tasks to healthcare professionals based on their educational background is a key focus of healthcare management [1]. For such analyses, data on the healthcare interventions and on the health care providers are needed [2]. For the measurement of healthcare interventions, LEP 2 classifications can be used; for healthcare professionals, ISCO3 was found to be lacking in specificity for such analyses in the healthcare sector [3]. In order to be able to analyze more specific data on services and service providers, a proposal is presented for a classification of healthcare professionals.

2. Method

First, a literature review and unstructured interviews with four experts were conducted on the current status of professional education and continuing training in the healthcare sector in Switzerland, Germany and Austria. Subsequently, a model (Figure 1) was created to systematically capture the different levels of education and training.

Figure 1. Model of the structure of the healthcare professions for task allocation.

The basis is the professional education, which results in the job title. The job title can be modified or supplemented by further education or training. Function refers to the

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2 Leistungserfassung in der Pflege, “documentation of nursing activities”
3 International Standard Classification of Occupations
tasks which are related to the job title and are carried out on an everyday basis. The tasks are dependent on the job title. Courses can influence the function, but they are not relevant for the job title. With the attribution, the function can be further specified. Currently, for example, the level of education or training can be specified, e.g. first semester or onboarding. In a further step, the different levels of education and training were assigned to the occupational titles in healthcare that were researched and a proposal for the classification of occupations was created. Finally, the proposed classification for healthcare professionals was reviewed by two other experts.

3. Results

The proposed LEP classification for healthcare professionals includes nurses, midwives, social workers and the category “other professionals”. The LEP classification is structured according to four hierarchical criteria based on levels in a mono-hierarchical structure. The four hierarchical levels are referred to as increasing levels of aggregation. The classification of professions can be used as a master catalogue for international comparisons. Due to the division into sub-catalogues, country specifics such as those pertaining to Switzerland, Germany and Austria can be taken into account (Table 1).

Table 1. Proposed LEP classification for healthcare professionals, with four hierarchical levels, master- and sub-catalogues

<table>
<thead>
<tr>
<th>Level</th>
<th>Master</th>
<th>Sub-sub-catalogue (Switzerland)</th>
<th>Sub-sub-catalogue (Austria)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Social workers</td>
<td>Social workers</td>
<td>Social workers</td>
</tr>
<tr>
<td>2</td>
<td>Higher Vocational Education</td>
<td>Master of Arts</td>
<td>Master of Arts</td>
</tr>
<tr>
<td>3</td>
<td>Master of Arts</td>
<td>Master of Arts</td>
<td>Master of Arts</td>
</tr>
<tr>
<td>4</td>
<td>Master of Arts in Social Work</td>
<td>Master of Arts in Social Work</td>
<td>Master of Arts in Social Work</td>
</tr>
</tbody>
</table>

4. Discussion and Conclusion

This LEP classification for healthcare professionals, integrated in the electronic health record and the personnel deployment planning system, could help healthcare managers to establish an overview or the comparability of resource distribution by analyzing services (health care interventions) and service providers (professionals). As a next step, this proposed classification for healthcare professionals must be implemented in a software application (electronic health record, personnel deployment planning system). This would allow it to be tested to show whether the classification can be used in clinical practice and adequately support statistical analyses or whether additional classification elements need to be considered in future developments. The key question is the applicability of this classification in the clinical setting.

References