

# Workforce-Centered Health Practice Models In Emerging Medical Systems: A Narrative Review And Policy-Oriented Framework

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## Abstract

Emerging medical systems are undergoing rapid transformation due to demographic shifts, epidemiological changes, technological developments, and institutional reforms. The health workforce fulfills a pivotal role in determining system performance and resilience through its capacity, distribution, competencies, and well-being. Workforce-centered health practice models center on the workforce in care delivery design, emphasizing skills optimization, team-based practice, supportive work environments, and management structures that align with evolving service requirements.

This narrative review integrates global policy systems and contemporary evidence to develop a structured typology of workforce-centered health practice models appropriate to emerging medical systems. Drawing on international human resources strategies and peer-reviewed literature, five interrelated model domains are identified: skills-mix and task-sharing models; team-based integrated care models; digitally enabled workforce models; workforce well-being and retention-centered models; and workforce governance models. The paper proposes an implementation-oriented framework linking these models to measurable health system outcomes, including service coverage, quality, equity, efficiency, and workforce sustainability.

The findings show that workforce-centered models are not ancillary human resource interventions yet foundational mechanisms for health system strengthening. Embedding workforce considerations into care redesign is key to achieving sustainable, resilient, and high-performing medical systems in quickly evolving contexts.

**Keywords:** health workforce; workforce-centered care; emerging health care systems; task sharing; health systems strengthening; public health practice.

## 1. Introduction

Health systems internationally are facing unprecedented pressures resulting from population aging, the growing burden of non-communicable diseases, recurrent public health emergencies, and rising expectations for standard and accessibility of care. In response, many countries are pursuing large-scale health system reforms characterized by expanded service coverage, care integration, and rapid adoption of digital health technologies. These dynamics are especially evident in emerging medical systems—systems experiencing rapid growth, modernization, or structural transformation.

Across these contexts, the health workforce has developed as a decisive determinant of system performance. Shortages, maldistribution, skills mismatches, high turnover, and workforce burnout increasingly constrain the capacity of health systems to translate investments within infrastructure and technology into improved population health outcomes. Global evidence consistently shows that without a capable, motivated, and adequately supported workforce, reforms in financing, governance, and service delivery fail to achieve their intended impact.

Workforce-centered health practice models respond to this problem by positioning the workforce as a central component of care design rather than a downstream implementation concern. Such models recognize that how health workers are trained, deployed, supported, and governed directly shapes the accessibility, quality, and sustainability of care. This paper seeks to advance conceptual clarity in this area by addressing the following question: How can workforce-centered health practice models support the performance and resilience of emerging health care systems?

## 2. Methods: Narrative Review Approach

This study adopts a narrative review and policy synthesis methodology. A structured search strategy was used to identify relevant literature published between 2015 and 2025. Sources included peer-reviewed articles indexed in PubMed and Scopus, as well as authoritative policy documents from international organizations such as the World Health Organization (WHO) and the Organisation for Economic Co-operation and Development (OECD).

The review focused on literature on health workforce development, task sharing, team-based care, digital health competencies, workforce well-being, and administrative frameworks in the context of health system transformation. Sources were screened for relevance to emerging medical systems and workforce-centered models of practice. Thematic synthesis was used to develop a conceptual typology and an implementation-oriented framework. Due to the policy and systems focus of the study, no formal quality appraisal or meta-analysis was conducted.

## 3. Conceptualizing Workforce-Centered Health Practice Models

A workforce-centered health practice model is a care-delivery approach that treats workforce configuration, competencies, and working conditions as the primary drivers of health system performance. In contrast to traditional human resource management approaches, workforce-centered models include workforce considerations into clinical pathways, organizational design, and system governance.

Core elements of workforce-centered models include:

1. Optimization of skills mix and scope of practice
2. Interprofessional and team-based service delivery
3. Encouraging work environments that promote retention and well-being
4. Persistent learning and digital enablement
5. Governance mechanisms that correspond to workforce planning with system goals

These elements correspond with global workforce strategies that stress building, optimizing, and sustaining the health workforce as prerequisites for achieving universal health coverage and system durability.

## 4. Human Resource Challenges in Emerging Medical Systems

### 4.1 Workforce shortages and distribution

Despite global increases in the number of health workers, significant gaps continue, notably in rapidly expanding health systems. Shortages are often compounded by geographic maldistribution, with undersupplied regions experiencing limited access to skilled professionals. These imbalances reduce effective service coverage and worsen health inequities.

#### **4.2 Skills mismatch and evolving care needs**

Emerging healthcare systems regularly encounter a mismatch between current workforce competencies and evolving population health needs. As care increasingly focuses on chronic disease management, preventive services, and community-based models, traditional training pathways may not adequately equip health workers with the necessary competencies.

#### **4.3 Workforce well-being and sustainability**

High workloads, rapid organizational changes, and limited opportunities for career progression contribute to workforce dissatisfaction and burnout. Evidence demonstrates that workforce well-being is closely associated with patient safety, service quality, and organizational performance, signaling the necessity for structural interventions rather than individual-level solutions.

### **5. Typology of Workforce-Centered Health Practice Models**

#### **5.1 Skills-Mix Optimization and Task-Sharing Models**

Skills-mix optimization involves redistributing clinical and non-clinical tasks among health workers in line with competency and policy guidelines. Task sharing allows health systems to expand service capacity by enabling appropriately trained non-physician providers to deliver specific services under supervision. When supported by standardized training and governance, these models enhance access while maintaining quality and safety.

#### **5.2 Team-Based and Integrated Care Models**

Team-based models prioritize multidisciplinary collaboration across primary, secondary, and community-based services. Multidisciplinary teams with shared accountability improve care continuity, reduce fragmentation, and strengthen chronic disease management. These models are most effective when included within robust primary medical systems.

#### **5.3 Digitally Enabled Workforce Models**

Digital health technologies can enhance workforce capacity by enabling telehealth, improving clinical decision-making, and enabling remote monitoring. Their effectiveness, however, relies on workforce digital competencies, user-centered design, and suitable governance structures. Digitally enabled workforce models include technology training into professional development and workflow redesign.

#### **5.4 Workforce Well-Being and Retention-Centered Models**

Retention-centered models focus on workload management, occupational safety, career progression, and leadership development. By improving working conditions and professional satisfaction, these models decrease turnover and promote employee stability, which is necessary for maintaining service quality during periods of rapid system change.

#### **5.5 Workforce Governance and Planning Models. Effective**

Workforce governance aligns education, regulation, financing, and deployment with health system priorities. These governance models stress workforce intelligence, ethical recruitment, and long-term planning to ensure sustainability. In systems that depend on international recruitment, ethical mobility frameworks are vital to address global workforce inequities.

### **6. Implementation Framework for Emerging Medical Systems**

The effective adoption of workforce-centered models requires a structured implementation approach. Initially, systems should identify workforce-related bottlenecks using data-driven analysis. Subsequently, appropriate model combinations must be selected according to system priorities. Enabling infrastructure, including regulation, education, financing, and digital systems, should then be established. Finally, continuous monitoring and learning mechanisms must be integrated to facilitate ongoing adaptation.

Key outcome indicators comprise service coverage, care quality, equity of access, efficiency, workforce retention, and employee well-being. Including these indicators into performance management systems supports data-driven decision-making.

## **7. Discussion**

### **7.1 Consequences for health system performance**

Workforce-centered models illustrate that investments in the workforce are fundamental determinants of system effectiveness rather than merely supportive functions. Aligning workforce design with care delivery objectives improves system coherence and responsiveness.

### **7.2 Workforce-centered models and system durability**

Health system durability is strongly influenced by workforce flexibility, surge capacity, and well-being. Workforce-centered practice models strengthen resilience by supporting rapid role adaptation, cross-training, and ongoing performance during crises.

### **7.3 Policy and research gaps**

Although the importance of the workforce is progressively recognized, evidence regarding integrated workforce-centered models remains fragmented. Future research should prioritize comparative assessments, long-term outcomes, and the surrounding factors that influence successful implementation in emerging systems.

## **8. Conclusion**

Workforce-centered health practice models provide an all-encompassing strategy for strengthening emerging medical systems. Integrating workforce considerations into care design, governance, and continuous learning enables health systems to improve performance and ensure workforce sustainability. Policymakers and system leaders are recommended to prioritize workforce-centered strategies as essential elements of health system transformation.

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