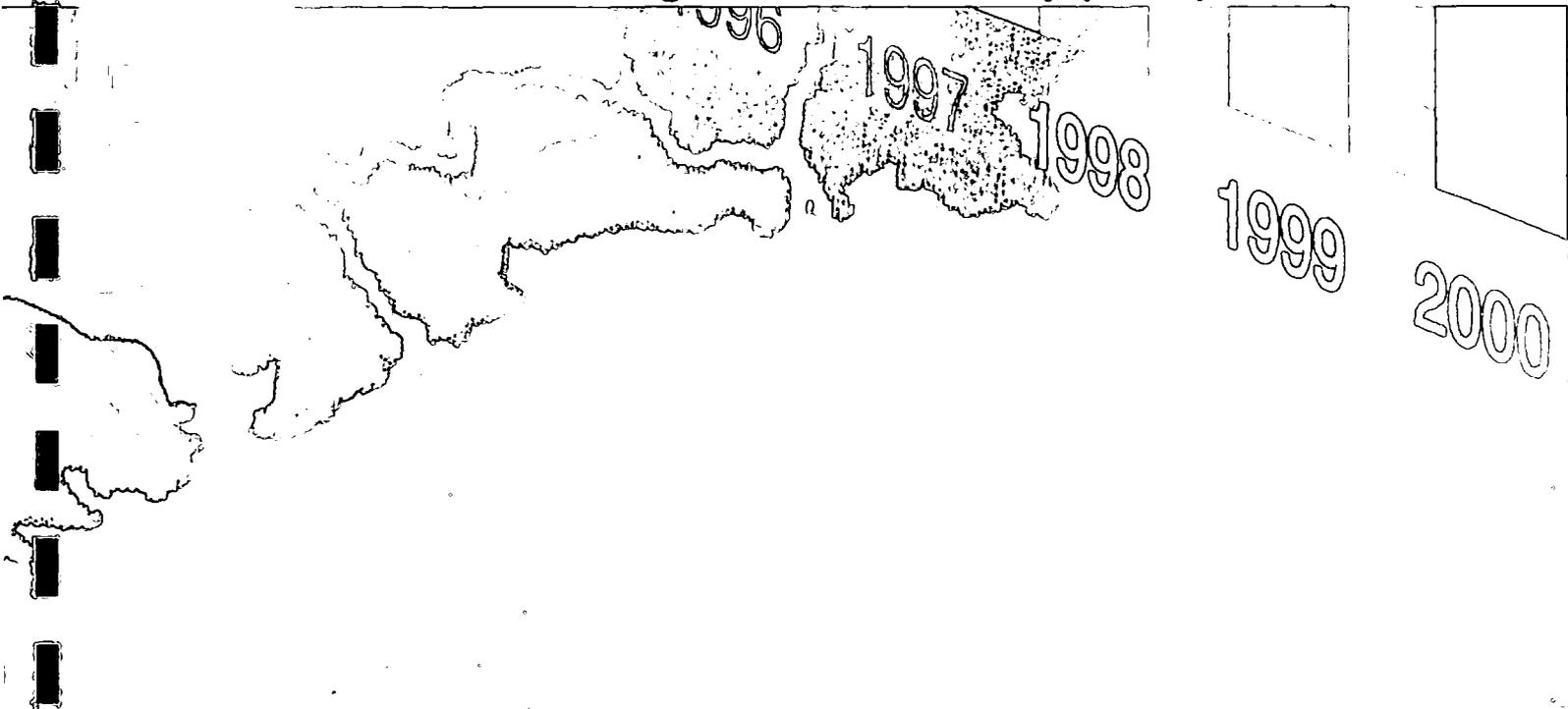
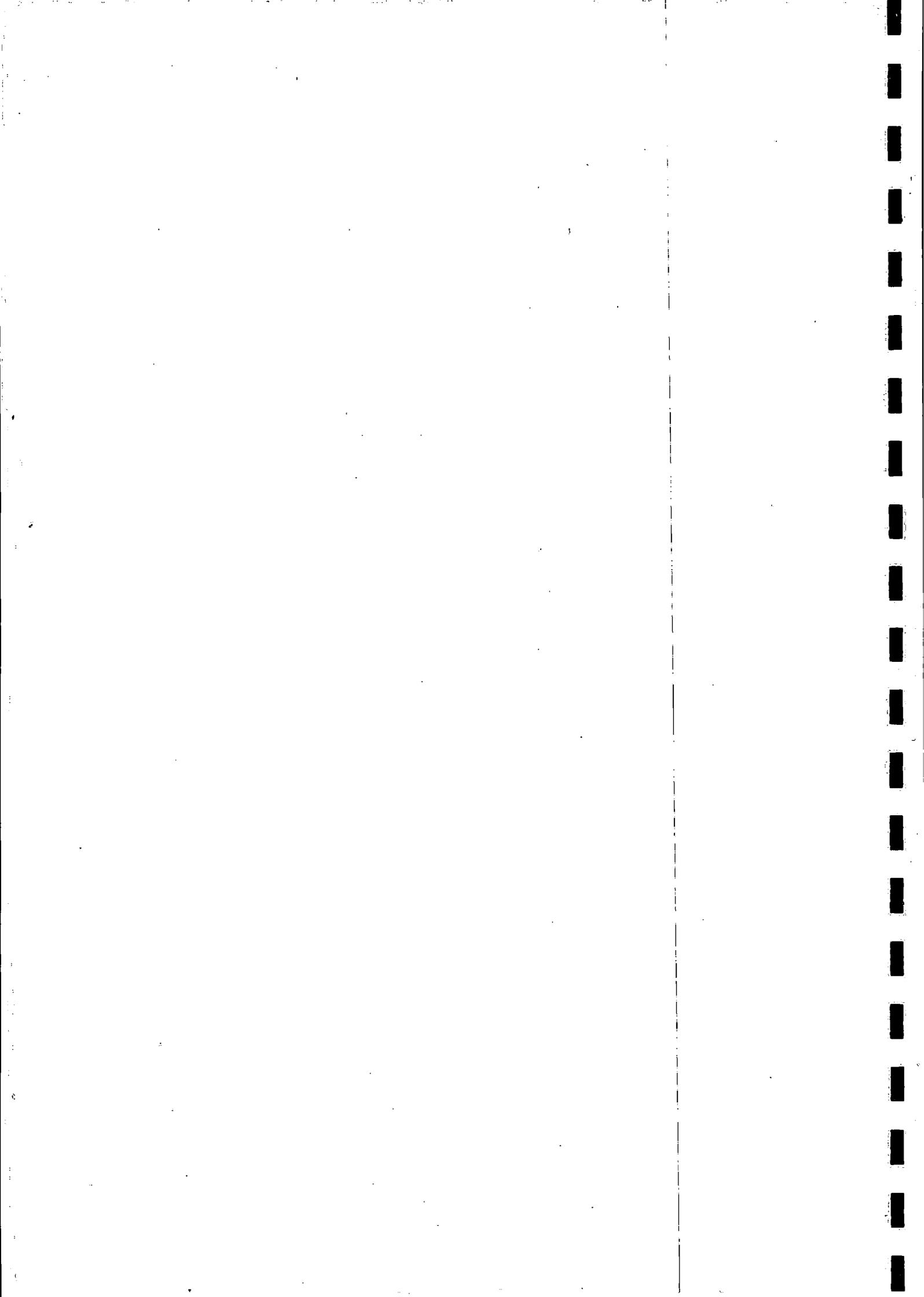


210114



Human Resource Strategy to address the
Shortage of Nurses
in the Eastern Regional Health Authority (ERHA)





Human Resource Strategy To Address the
Shortage of Nurses
in the Eastern Regional Health Authority (ERHA).

Prepared by
The Directors of Nursing in General, Public Health Nursing and Mental Health Services.
May 2000

Table of Contents

	Page
Executive Summary	3
1 Introduction	4
2 Aim	4
3 Initial Analysis	4 - 5
Numbers of Nurse vacancies in the ERHA	
Lack of consistency in defining a nursing vacancy	
Forward Planning	
Labour shortages	
Factors involved in nursing vacancies	
Student Nurses	
Other Factors	
4 Effect of Nursing Shortages	6
Organizational Effects	
Effects on Planned Services	
Effects on Staff Satisfaction and Development	
Management of current situation at individual organization level	
Measures taken by the E.H.B./ERHA to alleviate the current situation	
5 Recruitment	7
Promotional Activities	
6 Marketing and Recruitment Approaches for Nursing Staff in the ERHA	8
7 Retention and Development of Staff	8
Retention Approaches	9
8 Recommendations	10 - 11
Strategic Level	
Within the ERHA	
9 Conclusion	12
Appendix I	

Executive Summary

The Directors of Nursing (DONs) of the Eastern Regional Health Authority (ERHA) have collaborated to produce this document. It attempts to portray the situation of nursing shortages in the ERHA. It outlines the reasons for current staffing difficulties. It looks at the effects of nursing vacancies in the ERHA and it describes measures taken to alleviate the current situation. The document explores issues surrounding the recruitment, retention and development of nursing staff in the ERHA and concludes with an extensive list of recommendations. Most importantly this document demonstrates the commitment of the DONs to work together to address this serious problem and to seek solutions. This work marks the beginning of a process of interdisciplinary collaboration between the nursing specialties. Through an ongoing process of networking the DONs will strive to achieve the underlying principles of equity, quality of service and accountability as outlined in the health strategy document "Shaping a Healthier Future".

1. Introduction

Nursing shortages are a reality in most of the developed world. This phenomenon is new to Ireland and the occurrence of shortages is both challenging and difficult. It is imperative that the DONs look at creative and innovative approaches to the situation and find solutions to the difficulties in staff recruitment and retention. In order to develop these approaches the DONs undertook an analysis of the situation as it pertains in the ERHA.

2. Aim

The aim of this report is to highlight the nursing shortages and to make recommendations to help find solutions to this serious problem

3. Initial Analysis

3.1 Number of Nurse Vacancies in the ERHA

In January 2000 the Health Services Employers Agency (HSEA) issued a report on nursing vacancies based on data received from Hospitals and Health Boards on the 30th of September 1999. This national report demonstrates that the shortage of nurses is concentrated almost exclusively in the Greater Dublin Area. There were 413.9 vacancies identified in acute hospitals and homes, mental health services and learning disability services. The information now available demonstrates a deteriorating situation as the level of vacancies had increased to 435 in the first three months of 2000.

The reported vacancies in the Acute Hospitals and Homes for Older Persons demonstrate a slightly improving situation but still presents a level of 217.25 vacancies. Some centres are more adversely affected than others and will require special efforts to procure nursing staff.

Although Community Nursing Service vacancies were not included in the HSEA report, there were 39 vacancies in July 1999 in the former E.H.B. region. Some of these vacancies were filled in a temporary capacity by a mixture of temporary Public Health Nurses and Registered General Nurses.

Interestingly six Health Boards reported no shortage and the North-Eastern Health Board reported eight vacant posts. Emerging information shows that this situation is now altered and depicts a rising level of nurse vacancies.

3.2 Lack of consistency in defining a nursing vacancy

The definition of a vacancy as defined by the Study of Nursing and Midwifery Resource, Department of Health and Children is as follows "permanent, temporary, or locum staff nurse post for which the hospital has financial resources but cannot fill at present due to lack of ". It would appear that this is not the definition from which many services are working. The psychiatric services are working from this definition and the staff allocation includes a complement that allows for holiday relief and other locum cover. This is not the case for the general hospital or community services. This anomaly leads to difficulties in interpreting data. There is a definite discrepancy in how the data is compiled and returned from the various hospitals in the general and community services. Some areas are reporting their permanent sanctioned whole time equivalent posts whereas others are also reporting their temporary and locum vacancies. This means that there is under-reporting of actual nursing vacancies required to deliver the service. It is imperative that a uniform system is in operation to ensure that a true picture of nursing shortages emerges.

3.3 Forward Planning

The Nursing Policy Division of the Department of Health and Children is currently undertaking a study of the Nursing and Midwifery Resource. The focus of this work is on long term planning. The results of this study will help strategic planning for future nurse manpower needs based on demographic profiles, health needs and changing patterns of disease.

3.4 Labour Shortages

There are major labour shortages in all employment sectors in the Greater Dublin Area due to, amongst other things, the buoyant economy. It appears that public sector vacancies are particularly difficult to fill. The ERHA is experiencing great difficulty in filling ancillary, para-medical and clerical vacancies as well as nursing vacancies.

3.5 Factors involved in nursing vacancies

3.5.1 Student Nurses

The reduction in the intake of student nurses in the late 1980's.

The reduction in numbers trained for Public Health Nursing.

The introduction of a reduced payment to student nurses making nurse training less attractive as a career option.

Career guidance teachers' lack of knowledge of nurse training especially knowledge of Learning Disability Nursing.

The removal of student nurses from the workforce and the introduction of the Diploma Programme leading to registration has increased the need for registered nurses to provide patient care on the wards.

The improving economy increases career choice for school leavers and opportunities for registered nurses to leave the profession.

3.5.2 Other Factors

Demographic changes, disease patterns, health promotion initiatives and legislative changes have required the creation of additional services requiring extra nursing input.

Child care provision and the tax system does not encourage mothers who are nurses or those who have left nursing for many years to come back into the service. It is acknowledged that recent tax changes have improved the situation.

Economic considerations in the Dublin area, cost of housing, traffic congestion and parking costs reduces the attractiveness of taking a nursing post in Dublin.

The closure of many Psychiatric hospitals may have given the impression of shrinking career options.

Negative publicity, both from internal sources and external sources, may have reduced the perceived attractiveness of nursing as a career option.

The weakness of the Irish currency in relation to the U.K. and U.S. currencies is also a negative factor and may deter nurses from re-locating.

Temporary nurses recruited locally have to wait too long for permanent competitions to upgrade their employment status from temporary to permanent.

4 Effects of Nursing Shortages

Nursing Shortages have wide reaching effects that spread into many areas of healthcare delivery.

4.1 Organisational Effects

There is anecdotal evidence that the nursing shortage is causing great stress at all levels of organisations. Tensions exist because the core staff is under extreme pressure working with agency staff. The core staff must take the greater burden of care and continually orientate unfamiliar staff to the care environment. Nursing Management uses an unacceptable amount of time with the difficult task of finding replacement staff to cover shortages. This prevents developmental work taking place. The effect on patient care and outcomes is unmeasured. There is also concern that many agency staff may not have Garda clearance. The increased use of overseas staff makes reference checking more difficult for agencies and is a worry for nursing management. Levels of English and cultural differences may also compromise the care given to vulnerable patients.

4.2 Effects on Planned Services

The shortage of nursing staff is leading to the curtailment of planned services. There are 174 beds closed throughout the hospitals and homes in the ERHA. Closure of beds puts pressure on community services and causes difficulties in acute services transferring to less acute areas. Patients who should have moved on to tertiary facilities occupy beds in acute services. This leads to inappropriate placement of patients both from a cost perspective and the well being of the patient. The difficulty in finding suitable accommodation for clients in extended care facilities is also placing strain on already overstretched community services.

4.3 Effects on Staff Satisfaction and Development

Lack of available nurses to cover annual leave can mean that there is a reduction of choice in annual leave. Difficulties in finding replacements for study leave can mean that development of nurses through education is inhibited. This has a detrimental effect on staff retention and staff satisfaction. Lack of educational opportunities will lead to underdevelopment of the services and inadequate development of skills.

4.4 Management of the current situation at individual organisational level

Despite the shortage of nurses exhaustive efforts are made to ensure continuing service delivery. In the ERHA agency nurses fill the majority of vacancies with overtime playing a lesser role. Nurses working through the agencies are often nurses who work on a full time basis elsewhere and are using agency work to supplement their income. Care Assistants are also used to replace some nursing shortages in the Care of Older Persons services. This has been undertaken in an ad hoc manner. In some services there is a large reliance on overtime to provide essential services. In a profession that is physically and psychologically demanding working additional hours is not the ideal solution. It is also a costly solution. The effect on the Working Time Act is also an important consideration. However all of the approaches used to provide cover are valuable when no suitable alternative exists.

5 Measures Taken by the EHB/ERHA to Alleviate the Current Situation

Before the inauguration of the ERHA, the Eastern Health Board had addressed the developing situation in a proactive manner.

5.1 Recruitment

Extensive efforts to recruit staff have already been made. In 1998 a Working Group including Directors of Nursing and Chief Nursing Officers was established to examine the problem. Various recruitment initiatives, including interviews, took place in London, Birmingham and Glasgow. The objective was to encourage nurses living abroad to return home to fill vacant posts. These initiatives were successful in bringing approximately 50 nurses into the system. A similar initiative in 1999 was markedly less successful. Only 5 nurses have taken up positions although processing is still taking place. This demonstrates that Great Britain as a site for recruitment has only limited potential and that re-evaluation of approaches used must be undertaken to increase success. Establishing formal links with universities and colleges have been initiated but should be further developed.

The recruitment of permanent nurses in the ERHA is a protracted process, which can at times spread over many months. In 1999 the Personnel Department advertised over 100 times for candidates for nursing posts. However, because of lack of applicants for the advertised posts, many had to be re-advertised.

Experiences in this area have shown that although there may be applicants for posts they do not turn up for interview. Some candidates having been offered posts do not take up positions.

At the present time the ERHA is examining the process of recruitment. It is actively considering the utilization of extra staff and specialist staff in this area. A designated person is needed to manage a nurse recruitment service in recognition of the important pivotal role of the nurse in the ERHA and in recognition of the difficult situation that obtains. The use of specialist external recruitment agencies has commenced and DONs see this as a positive step in the authorities recognition of the urgent need for new recruitment procedures.

The process of recruitment, has in the recent past, been devolved to the three acute general hospitals in the ERHA. This has caused challenges but is a welcome development. In smaller units there would not be adequate clerical support to undertake this activity. Recruitment of temporary staff at local level is responsive and provides immediate staffing when candidates are available. It is a huge advantage that employers can now offer temporary nurses incremental credit up to the 9th point from January 2000. The experience of actually getting the incremental credit can be time consuming and a source of dissatisfaction to the newly employed nurse. It is accepted that a record of service can take time to retrieve from previous employers but strategies need to be developed that can give ready proof of past experience.

5.2 Promotional Activities

In 1998 the EHB extended its commitment to nurse training following a very disappointing intake of students in 1997. This involved the production of a video that is shown to school-leavers to encourage them to pursue a career in psychiatric nursing. It is encouraging to see success in this area but it will take some time for the increased numbers to have a positive impact in the system.

Over the last few years the EHB took promotional stands at Recruitment Fairs and DONs collaborated with this activity.

6. A Marketing and Recruitment Approach for Nursing Staff in the Eastern Regional Health Authority:

A strategic approach to marketing and recruitment is necessary. The ERHA must develop a more proactive and dynamic approach in the whole area of recruitment. The marketing strategy of targeting Dublin as an attractive location for nurses could take advantage of the current international awareness of our city. To achieve this DONs and Chief Executive Officers must work collaboratively to develop appropriate strategies. The strategies chosen must be innovative and daring in order for Ireland, as a new entrant into the arena of international procurement of nurses, to attract nurses who are a scarce resource internationally. The Eastern Region of Ireland has many competitive advantages to offer and to supply leverage in attracting and retaining nurses. These include quality of life issues such as low crime rates, good salaries, good educational opportunities and also a well developed system of nursing care delivery. However there are areas of weakness, which could act as a disincentive. These include availability and high cost of housing, transport difficulties, the weakness of the Irish currency and the tax system.

7 Retention and Development of Staff

Efforts taken to recruit staff must be complimented by activities associated with their development in order to retain them in employment. Equally important is the need to ensure satisfaction of staff remaining in the service. Dissatisfied staff can have a negative impact and may even be the cause of other staff leaving. The opportunities available to nurses, nationally and internationally, are such that intensive efforts are needed to retain a satisfied and productive workforce. To identify the most effective measures it is necessary to know what causes dissatisfaction. Using recognized approaches such as Maslow's Hierarchy of Needs to design a questionnaire, nurses in the ERHA could be circulated to find out what satisfies or dissatisfies them in their jobs. (See Appendix 1)

In using the results of such a survey Senior Management in the ERHA must understand and accept the following principles:

There should be an appreciation of what is being examined.

The results must be accepted.

The results should be acted on strategically and negative reactions avoided.

The required changes must be promoted and implemented by Senior Managers and DONs.

Appropriate resources must be allocated to create an environment for staff development.

Information gathered and analysed would allow for action planning to retain staff and increase their satisfaction. It would also act as a tool to improve staff development. To undertake this activity a dedicated team is required to manage the project. The DONs will work closely and in collaboration with this team.

7.1 Retention Approaches

Following analysis areas for action could include the following approaches:

Job Customisation: Designing the job to suit individual needs.

Task Specialisation: Restructuring the job into areas that are meaningful and self-motivating.

Job Enlargement: Enlarging the work place role.

Rotation: Richer experiences provided by allowing rotation through different areas of work.

Quality of Life Issues: Quality circles where management and staff meet regularly to consider means of improving the quality, productivity and other aspects of work design.

High Performance Work Design: Redesign of work to foster a more inclusive approach involving individual contribution in the work place.

Staff Appraisal: A well designed process between the manager and worker to help inform and motivate for better and more fulfilling performance.

Golden Handcuffs: Enticements to stay given after fixed periods of employment. This could involve end of year bonus or other innovative approaches.

Social Ties: Fostering the development of strong social ties to reduce staff turnover. This could include social clubs or nights out.

Golden Hellos: A signing on bonus could be offered to new staff.

Location: Considering the availability of housing and transport in planning new services. Existing services should also be examined for solutions to these problems.

Mentoring: Encouraging this approach will foster the idea of supportive senior individuals encouraging the growth and development of new employees.

Job Coaching: The skills of specialists will be used to help inexperienced staff reach a higher level of job skill.

Loan Packages with Building Societies: The organisation could use its considerable influence to negotiate special loan rates and types with mortgage lenders.

Transport/parking: The provision of parking and transport solutions would reduce staff dissatisfaction.

8 Recommendations

If the ERHA is to continue to maintain nursing services at a safe and acceptable level and to develop new services it must urgently address the staff shortage problem. DONs cannot continue to guarantee the safety of staff or patients while continuing to deliver services with a diminishing number of health care professionals and a diminishing number of ancillary staff. The problems of labour shortages must be addressed at strategic and local level.

Strategic Level

- 8.1.1 A Dublin weighting allowance would help in this area.
- 8.1.2 Tax incentives to relocate to Ireland may encourage nurses to return from abroad.
- 8.1.3 An Bord Altranais needs to develop more responsive and innovative systems to fast track the registration process.
- 8.1.4 The Department of Health and Children must utilise information obtained from the Nursing and Midwifery Resource Study for manpower planning.
- 8.1.5 The ERHA should act as a government-lobbying agency to promote these approaches.

8.2 Within the ERHA

- 8.2.1 A top-level company with a proven track record in international recruitment must be employed to manage an intensive recruitment programme in overseas locations. Its efforts should be concentrated in areas where it can be proved that an adequate nurse resource exists.
- 8.2.2 There must be dynamic and exciting advertising campaigns using modern methods incorporating cutting edge technology. The recruitment process should combine Open Days in high quality hotels with the possibility of offering nurses employment on the spot. (Permanent appointments may not be necessary or desirable at this stage. Once incremental credit can be offered, temporary posts may be as desirable to overseas candidates.)
- 8.2.3 Nurses who have left the service should be targeted and encouraged to re-enter the healthcare area through an intensive media campaign. This campaign should give up to date information on salaries, incremental credit, promotional opportunities and the recent tax changes.
- 8.2.4 A skill mix analysis of health care workers in the ERHA'S Homes, Hospitals and Community Services is required to evaluate the various roles and restructure them if necessary. The development of a Programme of Training for Care Assistants is well advanced at the Department of Health and Children. DONs have a responsibility and a right to direct the strategic approach to initiatives in this area.
- 8.2.5 A designated senior person is needed to manage nurse recruitment and ensure it is an effective, responsive service

8.2.6 Initiatives need to be taken at local level to increase the attractiveness of the ERHA as an employing body.

These initiatives could include the following.

- Flexible Working - Models should be developed that offer nurses the opportunity to choose the area they would most like to work in by facilitating mobility between acute hospitals, older person care and community care. Movement between specialties would allow nurses to gain experience and to make more informed career choices. Flexibility in types of part time work must be made available.
- Increased availability of job sharing, permanent part time positions and family friendly policies must all be used.
- Permanent Posts - Permanent posts should be made more accessible and techniques designed to speed up the process as happens in Voluntary Hospitals. The current complexity is unmanageable and unacceptable
- Innovatively designed Return to Nursing courses must be more available and widely advertised. Nurses on these courses should be paid. The possibility of providing distance learning courses supported by information technology combined with clinical experience should be explored.
- Crèche and Older Person Care Facilities - The ERHA should become more proactive in the provision of crèche facilities. Consideration must be given to the need for facilities to care for older relatives of prospective employees.
- Educational Support - The ERHA must continue to demonstrate commitment to the personal and career development of nurses. Advertisements can be used to attract nurses who are anxious for support to undertake degree courses.
- Career Pathway Development - Information and support must be available to allow candidates make choices for their future careers in the areas of:
 - Clinical Nurse Specialist
 - Advanced Nurse Practitioner
 - Research
 - Education
 - Management.
- Transport must be made available for staff working in areas that are at a distance from the city centre and have minimal public transport.
- Information on how to access incremental credit must be given at recruitment. This should speed up the process and ensure that nurses are paid correctly as quickly as possible.
- Appropriate short-term accommodation must be made available to nurses if the ERHA wishes them to take up posts immediately after selection.

Conclusions

The DONs of the ERHA are committed to working on the areas discussed in this document. There is a clear awareness of the cost implications of many of the suggestions involved. It is intended to use this document as a focus for discussion and action planning to help find solutions to our current problem of recruiting and retaining staff. The document will also act as a strategic approach to the challenges that will continue to emerge in a shrinking labour market. Every effort must be made to appropriately staff Community Services, Hospitals and Homes in the ERHA with professional nurses so that healthcare needs can be met safely, cost effectively while not compromising quality.

Appendix I

Gallup in the U.S.A used a questionnaire of the type proposed. The results were used to improve work place satisfaction of over 100,000 workers. Twenty percent of these work in the health care area. This survey highlighted the important role that front line managers have in the development and retention of staff. This questionnaire examined the commitment and motivation of the work force. Questions were asked which correlated with all areas of Maslow's Hierarchy of Needs.

The questions were:

1. Do I know what is expected of me at work?
2. Do I have the materials and equipment I need to do my job right?
3. At work, do I have the opportunity to do what I do best everyday?
4. In the last seven days, have I received recognition or praise for good work?
5. Does my supervisor or someone at work seem to care about me as a person?
6. Is there someone at work who encourages my development?
7. At work does my opinion seem to count?
8. Does the mission of the organization make me feel my work is important?
9. Do I have a best friend at work?
10. In the last six months have I talked with someone about my progress?
11. At work have I had the opportunity to learn and grow?