

Factors when planning recruitment in health and socialcare nursing essay



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Introduction

Employment of individuals in health and social care organisations is a challenge given the complex nature of the goals of quality patient care and efficient utilisation of the resources, variety of professionals working in such organisations and different motivation needs of the employees

(Benson-Dundis, 2003). Appropriate Human Resources (HR) strategies and leadership and management style can address the issues of staff recruitment and

retention in the health and social care organisations (Price, 2003). The following essay aims to critically analyse these factors which should be taken into consideration to recruit and retain individuals in these organisations.

The essay begins by understanding the process of recruitment and the HR

strategies which can ensure that appropriate individuals are employed for the job position. This is followed by a discussion on team working in the health

and social care organisations and the manner in which effective team working can be achieved. Next, the essay will discuss the manner in which the

organisations can address the staff's needs of learning and professional development and the final section of the essay will discuss the role of appropriate form of leadership and management style in retaining the employees and ensuring their job satisfaction.

Recruitment in Health and Social Care

Recruitment in the health and social care is the process of identifying and engaging appropriate individuals who can help the organisation to meet the health and social care needs of quality and efficiency (Buchan, 2000).

However, Eaton (2011) argues that organisations which only focus on developing

better recruitment and filtering strategies adopt a very constricted view of Human Resources Management (HR). He mentioned that the organisations should be

also concerned about retention of these individuals who were selected, hired, trained and imparted the crucial experiential knowledge. This understanding

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guides the discussion to value the two pillars of recruitment and retention in health and social care HRM. The aspects of retention and meeting the motivational needs of the staff will be discussed later in the essay. At this point, it is essential to consider the factors which are indispensable while employing individuals in the health and social care organisations.

The relevant literature supports that the job vacancy should be sufficiently advertised through appropriate sources which will inform the target set of individuals with desirable skills and knowledge about the prospects of potential employment (Den Adel et al, 2004). However, Price (2003) mentioned that

the recruitment officials should be able to respond to the fast-paced nature of the Information Technology (IT). He mentioned that along with advertisements in newspapers, healthcare magazines, agencies and recruitment consultants, the HR staff should also demonstrate the ability to engage the

potential employees through e-recruiting. For instance, recent graduates could be informed about the vacancy through their preferred means of communication, such as social networking and e-mails (Truss et al, 2012). Job advertisement should be able to provide concise and comprehensive form of

information to the candidates by appropriately describing the role, job description and person specification. Michie and West (2004) supported that this

form of information is helpful for the organisations, HR teams and the candidates and should include duties and responsibilities, job purpose, location,

type of contract, working hours, wages and benefits.

At the same time, Kabene et al (2006) highlighted the importance of skill matching the candidate with the responsibilities of the job position. For

instance, Buchan (2000) mentioned that while recruiting health and social care managers, the recruiters should ensure that the candidate is aware of the

national health and social care policies legislations and national targets.

Similarly, while recruiting nurses, the recruiters should ensure that the

candidate is equipped with the 6Cs principle comprising of nursing skills of care, compassion, courage, communication, competence and commitment

(O'Brien-Pallas et al, 2001). However, Buchan (2000) highlighted the aspect of the recruiters own knowledge and awareness of the recruitment policies

and fair practice. He mentioned that the recruiters should demonstrate adherence to the national employment laws which lay the foundation of equality and

diversity at workplaces. Dubois et al (2006) also supported that the recruiters should be able to explicitly demonstrate the fairness and transparency of

the recruitment process and any practices of favouritism should be appropriately addressed with immediate actions.

The legislative and policy frameworks act as the common reference of guidance for the recruiters in health and social care organisations. The Equality law

consisting of the Equality Act 2010, The Maternity and Parental Leave Regulations 1999 and Work and Families Act 2006 prohibits discrimination on the

grounds of colour, race, gender, religion, disability, sexual orientation, ethnic origin, nationality and marital status (Truss et al, 2012). The National

Health Services (NHS) organisation in the UK has set out its mission statement of aiming to employ a diverse workforce who reflects the communities and

groups using the NHS services (Price, 2003). Health and social care organisations in the UK aim to utilise the Individual Merit Principle which directs the

recruiters to employ candidates only on the basis of their knowledge, skills and experience (Truss et al, 2012). However, the recruiters also have to

consider the factors which ensure adherence to the ethical HR practices such as protection of the information of the employees and candidates. The Data Protection Act 1998 guides the HR staff to maintain the confidentiality of the information of the employees and candidates (Truss et al, 2012).

Employees' and candidates' personal data should be obtained only for the lawful purposes relevant to the employment (Price, 2003). Similarly,

the Freedom of Information Act 2000 guides the recruiters to maintain transparency of the process of recruitment (Truss et al, 2012). The recruitment of

the overseas nationals should be undertaken while adhering to the UK immigration policies of right to work in the UK (Price, 2003).

The trio of paper or online application, interview and references is the most common framework followed by the recruiters of the health and social care organisations (Hongoro et al, 2004). However, it is argued that in order to ensure that the most appropriate individuals are employed in the health and social care organisations, the recruiters should aim to use a mix of various recruitment approaches (O'Brien-Pallas et al, 2001). These approaches are online questionnaires, aptitude tests, interview performance, assessment centre performance, personality profiles, appraisals for internal candidates

and references (Michie & West, 2004). Some authors (Hongoro et al, 2004) mentioned that candidate selection on the basis of interview can be misleading

as the candidates are highly likely to provide biased responses which might not necessarily reflect the actual thoughts and personality of the candidate.

Despite this criticism of interview-based selection, interviews still remain one of the most popular, feasible and economic form of candidate selection

(Michie & West, 2004). Eaton (2011) supported interviews as the means of providing information to the candidate, addressing the candidates'

queries related to the job position and verifying the assumptions made by the recruiters when they evaluated the candidates' application and

Curriculum Vitae (CV). Similarly, recruiters in the recent years are also acknowledging the importance of the psychometric tests in order to identify any

attitude or behaviour-related differences between the candidates and in order to predict their future behaviours while working in the organisation (Hongoro

et al, 2004). The recruiters should then undertake the procedure of candidate assessment and comparison. Candidate assessment is the procedure where each

candidate is evaluated for the specified job and comparison is the practice of identifying the individual whose skill, knowledge and experience meet the job specification (Truss et al, 2012).

Team Working in Health and Social Care

In order to understand the manner in which teams work in health and social care, it is first essential to identify the importance of group interaction.

Atwal and Caldwell (2005) supported that in a typical health and social care organisation, the groups perform the five important roles of forming,

storming, norming, performing and adjourning. In the forming stage, individuals within a team start the process of knowing each other which is followed by

storming where these individuals start understanding each other in order to develop a bond and a feeling of mutuality. In the norming stage, the

individuals attempt to relate themselves with the internal group values, beliefs and norms and focus on the aim of the team. In the performing stage, these

individuals act in order to meet the team goals by following the relationship-oriented leadership style and in the final stage of adjourning, the team

members address the issues of closure after achieving the team goals. These five stages of team interaction provide a general overview of the team

relationships in health and social care; however Baker et al (2006) argued that team interaction is a highly complex subject and any single theory cannot

capture the level of this complexity. They supported this argument by highlighting the different types of leadership and its impact of the motivation levels of the team members.

Teams are comprised of leaders and followers who perform in their respective roles in order to meet the overall goals of the team (Nishii-Ozbilgin, 2007).

In health and social care, leadership is defined as an organisational role responsible for achieving a structured form of relationship amongst the team members and is able to exert influence in order to derive expected employee performance (Mullins, 2007). Another definition of leadership supported that leadership is an entity which is responsible for removal of the social barriers and is able to meet the highest level of the members' motivational needs (Mullins, 2007). These two definitions show the two most prominent styles of leadership, the first definition is reflecting an autocratic form of leadership and the second definition is describing a democratic view of leadership. Followership is a more recently studied phenomenon and the two types of

followers are described as active or passive followers where the former believes in creative thinking and the latter likes to follow the provided instructions (Nishii-Ozbilgin, 2007). The types of leadership and followership add to the complexity of team interaction which makes every team in the health and social care organisations unique in their functioning and team relationships.

Health and social care organisations have a variety of teams with their unique set of knowledge, skills, relationship and experience (Cadman-Brewer, 2001).

Some of the common teams are patient handling teams, representatives, carers, campaigning teams, teams of doctors and nurses, management teams and health

and hygiene awareness promoters and caterers (Baker et al, 2006).

However, Atwal and Caldwell (2005) argued that despite the variety of teams in health and

social care, there are certain common factors which should be addressed in order to allow these teams to work effectively. These factors are team collaboration, stability, composition, leadership, senior leadership support, clinical specialist leadership and the members' knowledge and

experience of quality improvement (Nishii-Ozbilgin, 2007). Effective team working in health and social care can be developed by allowing the members to

present their diversity of skills, developing inter-team understanding and bonds and maintaining an honest approach (Mullins, 2007). Similarly, Atwal and

Caldwell (2005) highlighted the importance of communication between the team members by mentioning that the diversity of skills would not be appropriately

utilised in the absence of communication. Many authors (Buchan, 2000; Mullins, 2007; Price, 2003) have identified leadership as the catalyst for effective

team working in health and social care and Baker et al (2006) supported that the organisations should invest in leadership development sessions. At the same time, Atwal and Caldwell (2005) mentioned that effective team working can be developed by identifying the individuals' training and development

needs of the members.

Staff Training and Development

Eaton (2011) mentioned that the team members' training needs can be identified by collection of feedback from individuals through one-on-one and

group discussions. Similarly, Adams and Bond (2000) support that along with discussion-based feedback collection, the organisations should also aim to obtain objective data in the form of questionnaires and information on skills and knowledge provided by the employee on their CV. On the other hand, Benson

and Dundis (2003) supported that the data on staff's learning needs and development can be collected through observation of their performance. The use of SWOT (Strengths, Weaknesses, Opportunities and Threat) analysis framework is supported by other authors (Mullins, 2007) for specifically identifying

the future learning needs of the employees. The role of staff brainstorming sessions on the subject of future skill acquisition and development is supported by Benson and Dundis (2003).

Following the identification of the training needs, the health and social care managers should undertake measures for continuous professional and personal

development of the employees. The organisations can promote academic knowledge acquisition of the experienced staff by funding their advanced academic

programmes, such as post-graduation (Buchan, 2000). Similarly, Adams and Bond (2000) mentioned that the organisations should also aim to organise regular

staff training and education sessions. The role of the external educators is highlighted by Dussault and Dubois (2003) as they mentioned that often external educators are able to deliver a newer perspective on the quality improvement issues. Benson and Dundis (2003) further mentioned that the organisations can ensure staff learning and development by providing them access to the library resources where the staff can consult the journals in order

to update their clinical knowledge and competency. This also allows the staff to reflect on their performance and identify future action-plans (Eaton, 2011). Reflection is a crucial component of nursing professional development and therefore organisations should promote this practice (Benson-Dundis, 2003). In addition to reflection-based learning, the junior and relatively less experienced members of the staff should be guided by a practice-based mentor who can identify the various learning needs of these employees (Eaton, 2011).

Based on these strategies and identification of the staff's learning and professional development needs, the organisations should implement the Staff

Development Programme (SDP) which will enable the employees to become competent practitioners. The managers should gather the information of the number of

staff members to be enrolled in the programme and this knowledge can be obtained by requesting the target group of staff to submit the SDP application form

(Eaton, 2011). Thereafter, the nature of the programme should be taken into consideration; SDP should be feasible, economical and comprehensive in nature

(Eaton, 2011). The delivery of the SDP should be meticulously planned so that it meets the initial aims of staff development and learning (Price, 2003).

The SDP should also include the assessment system so that the effectiveness of the programme can be evaluated and future SDP improvement goals can be

identified (Benson-Dundis, 2003). Most importantly, Adams and Bond (2000) supported that the staff should be adequately informed and engaged during the

planning and delivery of the SDP so that the programme can gain from the staff feedback.

Based on this understanding, I will attempt to evaluate the effectiveness of the Staff Nurse Development Programme (SNDP). The programme lacked a

comprehensive approach in its design as the programme did not include the development of additional competencies. However, the programme adequately

informed the staff by providing a set of guidelines for the staff and the assessors, structure of the programme, core competencies, assessment framework,

literature on the source of evidence, implementation, review forms and personal development plan. The staff's feedback was collected after the

completion of the programme and most of the members of the staff expressed that the programme was effective and helped them to identify areas of competency

development.

Leadership in Health and Social Care Organisations

As mentioned previously, there are two principle forms of leadership, autocratic and democratic. The present health and social care organisations understand the importance of using democratic form of leadership as the way of promoting strong organisational culture and staff engagement (RCN, 2005).

Based on these two forms of leadership, the literature on leadership has identified the relevant styles of leadership, transactional and transformational

(Mullins, 2007). A transactional leader believes in reprimanding sub-standard results and rewarding good performance (Sullivan-Decker, 2009). Similarly, a transformational leader concentrates on staff relationships as the means of collectively addressing the organisational goals (Sullivan-Decker, 2009). A transformational leader utilises his/her exceptional communication skills in order to encourage the staff to engage in the decision-making process and express their concerns (White, 2012). On the basis of these characteristics and traits, a transformational leader is supported as more suitable for leading

staff in health and social care. This is because a transformational leader will be able to derive better collaborative working amongst different professional groups, such as doctors and nurses (RCN, 2005).

Working relationships in health and social care organisations can be managed by change in the organisational culture (White, 2012).

Organisational culture

is a form of umbrella term which includes the perceptions, behaviours and actions of individuals in an organisation (Michie-West, 2004). In order to achieve an effective Multi-Disciplinary Team (MDT) working , the leadership roles should address the issues of employee job dissatisfaction, lack of staff

communication and knowledge sharing (Atwal-Caldwell, 2005). A transformational leader should organise interactive sessions where the employees should be

motivated to express these aspects (Mullins, 2007). The management should respond to these concerns and change its existing autocratic style of managing

the employees and develop a participative and collaborative organisational culture (RCN, 2005). The understanding of the different management approaches

has contributed to my professional and personal development. I have observed that in the bottom-up management practices, the employees are included in the

decision-making process and feel valued by the organisation. On the other hand, in the top-down management approach the staff is not included in the crucial organisational decisions and feels more concerned about their own position rather than the organisational goals of quality and efficiency in health

and social care.

Conclusion

The essay critically discussed the factors to be considered for planning recruitment in health and social care organisations. The essay discussed that the

job vacancies should be adequately advertised and should include concise and comprehensive form of information on job description and person specification.

The HR recruiters should have updated knowledge on the UK employment and other relevant laws such as the Equality Act 2010, Data Protection Act 1998, Work

and Families Act 2006 and Freedom of Information Act 2000. The recruiters should utilise the different recruitment approaches such as personality profiles,

aptitude tests, online questionnaires, interviews, assessment centre performance appraisals for internal candidates and reference to select the most

suitable candidates.

Thereafter, the relevant theories of effective team working such as the five stages of team interaction and leadership and followership were discussed.

Some of the common teams in the health and social care organisations are patient handling teams, representatives, carers, campaigning teams, teams of

doctors and nurses, management teams, health and hygiene awareness promoters and caterers. Effective team working can be achieved by addressing the factors

of team collaboration, stability, composition, leadership, senior leadership support, clinical specialist leadership and the members' knowledge and experience of quality improvement. The staff training needs can be identified through workplace observations, collection of feedback and SWOT analysis.

Employees' continued professional development can be ensured by funding for their advanced education, providing access to library resources, conducting education sessions and providing practice-based mentors for the junior staffs' learning needs. A transformational leader is more suitable for leading the staff in health and social care because a transformational leader will be able to derive better collaborative working amongst the different

professional groups, such as doctors and nurses. My own understanding and experience support that a bottom-up management style is more successful in

achieving a better staff participation and commitment towards the organisational goals.

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