

Staff crisis and retention issues in the nhs



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How to Survive the Staff Crisis: Recruitment, Motivation and Retention

Introduction

The United Kingdom's National Health Service (NHS) had its 70th anniversary in 2018. It has made great achievements in providing people with medical service, however, it is also known that the NHS is facing a staffing crisis caused by low recruitment and poor retention. According to *People Management*, "one in 10 of all nurses now quit every year, and from July to September 2017 only one nursing vacancy in seven was successfully filled." (Eleanor Whitehouse, 2018)

The purpose of this essay is to give advice from an HR perspective to help NHS through this difficulty. The essay is structured as follows. The first section analyses the general situation of NHS, focusing on the recruitment of both permanent employees and temporary medical staff. The second part presents ways to motivate workers in terms of job design and employee engagement. And the final section considers how to keep employees in NHS by enhancing job embeddedness.

1. Recruitment Strategy

Confronting a situation of staff shortage, how to recruit sufficient employees, on the premise of remaining the quality of workers, has become a major concern. According to The Guardian, the NHS is spending almost £1.5bn a year on temporary nursing staff to cope with shortages.[1]As a result, this section discusses recruitment in two parts. The ideal solution is to hire the right level of permanent employees. Failing that, NHS could consider recruiting temporary staff to fill job vacancies.

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1. 1 Permanent Employees

When there are vacancies in NHS, HR could recruit employees from two layers: internal labour market and external labour market. In regards to internal labour market, lateral movement could be a choice. In addition, HR could promote or even rehire skillful employees because they know the organisation better and are more likely to have person-organisation fit, defined as “ the compatibility between people and organisation” (Kristof, 1996), which would benefit the organisation, including low turnover (Andrews et al., 2010; Gregory et al., 2010).

The second solution is hiring from external labour market. Due to the large amount of job vacancies, HR, considering time cost, needs to shorten the time required for hiring. Based on historical data, HR should predict and provide information of time at which vacancies occur to specify the number and type of job vacancies. An effective recruitment strategy not only requires diverse recruitment channels, but also the time plan to minimise possible loss led by vacancies.

1. 2 Temporary Staff

If NHS could not take enough permanent workers into employment, hiring temporary staff could be its second option. Although it could be easier than the first way, the hidden challenge is to transfer temporary staff into permanent employees, thus keeping them in NHS. Compared with temporary staff, permanent employees are more devoted in the organisation. With the increasing time they are employed, they are more likely to have commitment with the organisation, which could be of huge benefit. To

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achieve this goal, the core consists in employer branding, signifying “ a set of attributes and qualities – often intangible – that make an organisation distinctive, promise a particular kind of employment experience and appeal to people who will thrive and perform their best in its culture.” (Walker, 2007) The positive relation between employer branding and influence on employees has been revealed by Dell (2001), who pointed out that the one of objectives of employer branding is attracting potential employees.

Moreover, Corporate Social Performance (CSP), usually defined as the organization’s commitment to principles, policies, and practices relating to its social responsibilities and relationships with stakeholders (Wood, 1991), has a causal effect on organisational attractiveness (Jones, et al. 2014). In other words, job seekers are more attracted to the organisations that they perceived as having stronger CSP (Jones, et al. 2014). As stated by signaling theory (Rynes, 1991), signals and information sent by organisations would also influence applicant attraction. As consequence, HR should build its employer branding and CSP to broaden its appeal, such as nurturing its culture, treating candidates like customers, hence sending signals to labour market, which would help recruit more employees and transfer temporary staff into permanent workers.

2. Intrinsic Motivation

2.1 Job Redesign

As claimed by Hackman and Oldham in 1976, five core job characteristics (i. e. skill variety, task identity, task significance, autonomy, and feedback) would influence individual work outcomes through critical psychological

states. Working in NHS, task significance and feedback, which are positively correlated with work motivation and performance (Grant et al., 2007), seem more important because their work is closely linked to people's health and they have more chance to get in touch with their "customers".

For this reason, HR should enable staff, no matter they are clinical staff or not, to know how their contributions influence patients so that they could feel like their work is meaningful. When they could realise their task significance, they are more likely to increase their motivation. Besides, with the aim of giving staff an evaluation of their performance, HR should open up channels for them to communicate with their patients to ultimately get direct or indirect feedback, which could in turn improve their work quality.

Furthermore, job autonomy is more required among junior doctors and nurses. Karasek (1979) put forward the job demand-control model, articulating that low decision latitude (control) and high psychological demands would bring high strain, while high control and high demands would lead to "active" performance. Medical service is considered as an "active" job, for that it necessitates high demands but also extensive latitude of decision-making. HR needs to take positive actions to create conditions for doctors to achieve their maximum impact and to improve their job satisfaction. For instance, HR should start on job crafting, stripping administrative tasks from medical staff work, which would help them concentrate on tasks that only professional workers can do.

2. Employee engagement

Employee engagement, which always goes hand in hand with intrinsic motivation, can be composed of job engagement and organisation engagement. An engaged employee usually desires to make their contribution to the organisation, which also motivates them. The survey in the NHS showed that employee motivation at work reflects the extent of employee engagement (The BMJ, 2018). For the purpose of improving employee engagement, HR should take a series of measures: First, they could establish a communication mechanism for managers and medical staff to figure out what motivates them. Then, HR should talk with doctors about their career path and work together on a plan. Besides, if HR could explain some organisational changes to medical staff, they would feel more involved in NHS. All these actions could enhance perceived organisational support for staff, which has positive effect on employee engagement (Saks, A., 2006; Rich, B., 2010). As consequence, employee engagement can bring about job satisfaction, organisational commitment and reduce turnover rate (Saks, A., 2006), accordingly increase productivity of NHS.

3. Retention

As claimed by unfolding model (Lee et al., 1996), most people make decision to quit following one of four psychological paths: three of them are initiated by shocks, which mean precipitating events, and one of them is caused by job dissatisfaction. To further explain, it is quite possible that turnover, which follows the first three paths, is more likely to be avoided by improving job embeddedness whereas turnover due to job dissatisfaction, which is decision-path four, may be solved through managing working environment. HR should have different emphases according to different situations.

3. 1. Job Embeddedness

For the first three paths, HR could improve job embeddedness in two ways: one is, from traditional perspective, to improve job embeddedness (JE) by affective reactions; the other is from non-work perspective, for instance, community commitment (Lee et al., 1996). There are three key dimensions of JE: an employee's link, fit and sacrifices, which could all occur on and off the job.

In terms of links, NHS could encourage communication among employees, providing chances to develop good interpersonal relationship. The staff would feel closely tied to NHS when they have high JE in dimension of fit, which requires HR to recruit and to train employees based on fit with NHS culture. In addition, both tangible and intangible organisational rewards positively influence JE (Nguyen, V. et al., 2017). The more profits employees receive from the organisation, the more the potential sacrifices they will experience when quitting. HR could take notice to pay level and growth opportunities of employees to increase their quitting cost.

Considering off-the-job aspect, HR could care employees more in their daily life, for example, allowing a relatively flexible working time to promote their work-life balance, or providing school bus for their children. Turning to the issue of community links, some community-based service could be considered, even starting sports teams.

3. 2. Job Satisfaction

Staffing adequacy, teamwork between nurses and physicians, medical care practice are positively associated with self-reported satisfaction and negatively associated with intention to quit (Richter, J., 2018). HR should adjust medical staff-to-patient ratio to keep workers from overburdening, which could lead to turnover cognitions based on exhaustion. Besides, as what was said earlier, teamwork and cohesion could be developed to create a more stable working environment, therefore to diminish turnover rate. Highlighting medical care practice may satisfy staff needs for autonomy, generating a sense of responsibility to treat patients.

No matter the reason, there are two key time periods for turnover: one is the time between shocks or dissatisfaction and leaving decision, the other is time between turnover cognition and actual leaving (Mitchell, T. et al. 2001). HR should assess the time it is taking people to leave and act positively in order to reduce the avoidable turnover.

Conclusion

In conclusion, NHS needs a set of HR strategies, from recruitment to retention, to mitigate its problem of staff shortage even to address it. In the process of recruitment, NHS HR should focus on employer branding. When applicants become members of NHS, HR should turn to improving employee engagement and raising job embeddedness to remain them in their jobs, at the same time to boost productivity. Overall, the whole strategy could not maximise its function without any of these three steps.

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[1](the Guardian, 2019)