



Inside this Issue

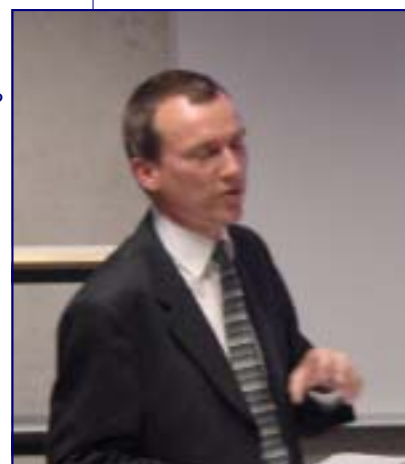
Attracting and Keeping Nurses and Allied Health Professionals? An NHS Study	1
Microsoft Outlook: A Tool Designed for the Knowledge Worker	4
American Children don't get the Quality of Care they deserve	5

Attracting and Keeping Nurses and Allied Health Professionals? An NHS Study

For many New Zealanders Loughborough University in England is known as a leader in physical education research and development but little else. However, Auckland members who attended our April seminar now know far more. It was our first chance to visit the almost completed School of Population Health on the University of Auckland Tamaki campus and listen to Professor John Arnold from the Business School at Loughborough University presenting on "Lessons from a Large-Scale Study of Potential Recruits and Returners."

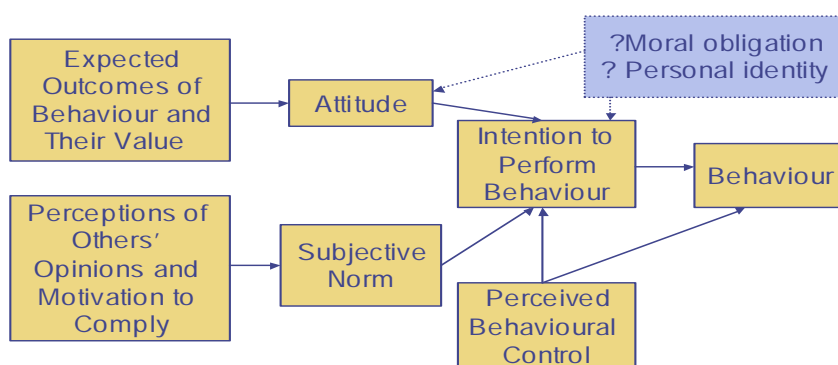
The Loughborough project, conducted in 2001/2, was funded by the UK Department of Health as part of their Human Resource Research Initiative. The study looked at decisions made by nurses and allied health professionals on whether or not they would work in the National Health Service. The objective was to answer the key question, how can the NHS attract and keep nurses and allied health professionals? Health services all over the western world are seeking an answer to variations on this same question.

This project was set in the background of an existing NHS Plan with its associated HR strategies for boosting nursing/AHP numbers. While there had been some success in expanding training places and applicants for them and in other recruitment, too many nurses and allied health professionals are retiring and/or working for agencies, or the private sector, or leaving nursing. Previous Research showed that nurses were admired but not envied. Both nursing and allied health professionals were seen as 'caring occupations' but nursing was seen as hard, dirty work. Survey respondents perceived nursing as having low pay and high pressure, but one positive was a perception of job security. Financial and other pressures in training were deterrents for mature entrants to the profession and hours, pay and childcare issues discourage the return of trained staff.



John Arnold

The Theory of Planned Behaviour



(Continued on page 2)

(Continued from page 1)

The research was based on the theory of planned behaviour and divided into two phases of data collection. The first stage in 2001 involved qualitative interviews with 231 people from six different groups - School pupils; people undertaking Access and Open University courses; students in training; health care assistants; qualified agency staff; and qualified independent sector staff. In the first stage people's opinions were sought on: how they saw the NHS as an employer; nursing as a profession, the best and worst things about being a nurse in the NHS; what changes would most improve things; and what other people think.

The second stage involved a structured quantitative questionnaire applied to 1125 people from both the earlier groups and general higher education students; staff working in the NHS; 'qualified others' and 'unqualified others'. People's opinions were canvassed on: the nature of work; barriers to work; what other people think; moral obligation (to work in the NHS); identification with the NHS; and attitude and intention. Statistical connections were drawn between these constructs. They found major similarities between information collected from the different professional groups.

Images of the NHS as an organisation focussed more on its perceived operational difficulties (e.g. staff shortages) than its core mission, with probable consequences for its reputation as an employer. The four most dominant themes were: the continuing staff shortages and work pressure; lack of funds and other resources; the desire for health provision for all, free at the point of use; and waiting lists, commonly described as high or long. Other common themes included poor pay, the rewards of helping and curing people and hospitals being big and impersonal. At the same time respondents valued the opportunities for teamwork, high job security and high job availability.

The ten groups varied quite a lot in the extent to which they had positive attitudes and/or intentions to work for the NHS. The research authors found the results somewhat surprising. Others working in health services may see them, as they would expect.

In spite of some negative images of the NHS, many people had very high expectations of the nature of NHS work as a qualified nurse of allied health professional. Some of these were quite extreme, for example, a mean of well over 6 on a 1-7 scale. While this can be seen positively as a good antidote to the NHS's employment image, but it is also a lot to live up to. The strongest expectations were: working as part of a team; helping people get better; clear policies on equality; a rewarding career; a secure job; and variety in work. On the other hand, there are strong expectations of working under a lot of pressure and working somewhere that is understaffed.

The things survey respondents attached most importance to were: helping people to get better; working as part of a team; getting to know patients; having a secure job and a rewarding career. Respondents looked to avoid working for low pay in understaffed situations, but did not find avoiding pressure and unsociable hours of major import. Respondent's intentions to work for the NHS are more influenced by the extent to which they believe good things about NHS work than bad things. They valued relationships with other NHS staff and with patients and saw pressure and understaffing as threats to those relationships.

The qualification process (especially the financial cost) is a big barrier for NHS assistants and unqualified others (especially for nursing). For some people, not only people with children, flexible hours are important. The perceived opinions of family and friends seem to influence both attitude and intention. On the whole those perceived opinions are positive, especially about nursing. There are differences between images of three professions. Nursing is seen as hard work, caring and poorly paid. Physiotherapy has a lack of visibility and recognition, sport and individual care. Radiotherapy also has a lack of visibility and recognition, coupled with high workload and teamwork.

Pay is always cited as a work motivator yet the study found what most of us would believe, pay matters but on the whole it is not one of the stronger influences on intentions to work for the

(Continued on page 3)

<i>Rank</i>	<i>Group</i>	<i>Score (%)</i>
1.	Students on Access courses	81
2.	Students in training*	79
3.	General HE students	78
4.	In NHS and qualified*	75
5.	School/college students	74
6.	Unqualified others	73
7.	NHS assistants	63
8.	Qualified agency staff	58
9.	Qualified others	50
10.	Qualified independent sector staff	40

* = *Intention much stronger than attitude*

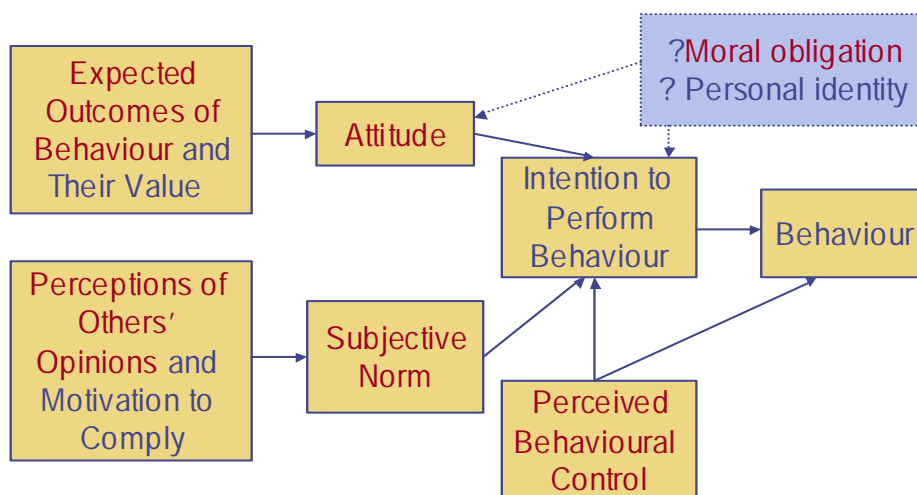
(Continued from page 2)

NHS. More importantly, the starting pay in three professions was often under-estimated but rarely over-estimated. Fifty three percent of respondents underestimated nurses starting pay with 29% and 32% underestimating physiotherapy and radiography starting rates. On the other hand, the percentages overestimating those starting rates were only 4%, 5% and 6% respectively.

In Great Britain and probably in New Zealand, men and women agree that “caring” is generally seen as women’s work and as not earning a “breadwinner” wage. However, amongst the study’s respondents, men and women showed very few differences in their own perceptions. Perhaps not surprising as the respondents were either working or considering working in the health sector. Amongst the respondents, ethnic minority people showed more intention to work for the NHS, placed a higher importance on equality and had more sense of obligation to work for the NHS. Enthusiasm for NHS work diminished with age. Thirty was something of a break point.

As a result of the survey findings the study authors revisited the theory of planned behaviour. The bits they feel that matter are shown in red.

The Theory of Planned Behaviour revisited (bits that matter in red)



As the key objective of the study was - how can the NHS attract and keep nurses and allied health professionals – what answers did it come up with? They found that it will take hard work and a very persuasive message to continue to get qualified people back in to the NHS. Unqualified enquirers are well worth pursuing hard. There is value in emphasising how increases in resources already made to the NHS can help staff to get to know and care for patients (and each other) better. They suggest hospitals consider ways to organise staff to allow deeper relationships to develop.

The use of realistic job previews is important to overcome the gap between expectation and reality. It is worth directing positive information about working for the NHS to everyone, not just targeted groups. In this regard the moral obligation angle (to work for the NHS) could be used as long as it was carefully done. Linking personal identity to the NHS was seen as not working.

As well as the caring and teamwork, recruitment publicity could emphasise (or continue to emphasise): Job security and availability; Structured career paths (and pension?); Starting pay levels; Financial and other support for qualification; Male role models; Flexible working opportunities; Refresher training; Non-hospital services; “You don’t have to be superhuman!”

The Loughborough study is useful as far as the data confirms what our everyday experience would suggest. Unfortunately, in light of our aging nursing pool it does not offer any easy answers for attracting and retaining the over 30s. To look at the study in more detail, the full 440 page report is available at www.lboro.ac.uk/departments/bs/lookinggood/

Microsoft Outlook: A Tool Designed for the Knowledge Worker

Our March seminar was advertised with the intriguing title "Psychology and technology converge with you and I." The sub title – a demonstration on using Microsoft Outlook for individual effectiveness – gave a better indication on what we were going to become more informed. Our presenter, Jim Huse from Huse Hill Associates, took some 15 minutes to set the scene, in the process demonstrating the fragility of our organisation's mission statements.

Getting down to the heart of his presentation, Jim advanced the proposition that today the whole concept of business planning should be centred on the customer and the key tools for this are: data, information, knowledge and wisdom. Microsoft developed Outlook as a tool designed for the knowledge worker. While it would be nice to believe that Outlook has been installed on our computers through the wisdom of some senior manager, IT or otherwise, the reality is that it has come bundled with our Office program. Jim's job was to whet our appetites to the many things Outlook can do to help us work more effectively and in particular manage our customer relations. While the word customer may cause some working in health care to jibe a little, the reality is that everyone we have contact with is either a customer or supplier of some sort.



All speakers would like this sort of attention

Outlook presents many challenges. The first and most obvious is the never-ending deluge of e-mails that pour in. Using Outlook rules will not stop the deluge but it will sort the inward mail into manageable chunks. For example, set up a CC folder and then a rule that all incoming messages for which you are a CC addressee are to be automatically directed to the CC folder. The presumption being that if you have been cc'd, the e-mail is informational only and can be dealt with at some convenient time. Rules have more than one level. A general rule can be sub divided by exceptions, for example, a rule to move all cc messages to a folder could have an exception to exclude messages from a particular person – like your boss. The first rule might be followed by a other rules, such as, if not opened after x days - delete.

Jim suggests four courses of action for incoming mail. Do it now; date activate it; delegate it; or dump it. Do it now and dump should require no further explanation. Date activate is simply achieved by left mouse clicking and dragging to the Task bar. Outlook immediately opens a window where you can set the date and time when you want to action the e-mail.

What happens to the original e-mail? Well you can delete it, but Jim offers a different solution – one that leads on to the heart of the presentation – using Outlook as a Customer Relations Management program. He suggests dragging the e-mail onto a File created under the Inbox, so that it remains in the PST file on the computer and can be accessed in the future. How do you do that? Quite simply, open a contact and click the activities tab. All the activity between you and that person will be displayed. You can then click on the desired message and it will be opened. One can do the same with files you have created by sending via the "send to" button on the File menu.

The key to working effectively has not changed since the industrial age, get rid of 're-work'. The answer is not a clear desk. Rather, it is to follow the four D rules, which allows you to sort incoming mail only once and prioritise your work. Jim said, some hospitals are being run on Outlook because it enables data mining of all contacts."

When Jim mentioned the little yellow icon on the Contact folder he drew a blank response. It is a link to an Internet map book. Click on it and it will bring up the map relevant to the address of the contact you are looking at. The one proviso is that the address book must be very correct.



Nibbles and networking are an important activity at Branch seminars

Jim's presentation was, by his own admission, no more than a whiz through some of the many features of Outlook. His session ended in a buzz of conversation amongst attendees. His company offers intensive all day courses with lots of individual hands on attention and/or in house tuition specifically designed to your business and operation. See more at www.husehill.co.nz/EffectiveIndividual.html



**New Zealand Institute
of Health Management**
A Branch of the Australian
College of Health Service
Executives

For all inquiries re Branch
activities or membership contact
admin@nzihm.org.nz or
(09) 577 5477 Phone/Fax



Inform Editor Bruce Parkes

Seminar Programme

May 3rd

@ Cap Gemini ,18th Floor, 41
Shortland St

5:30p.m. for 6p.m.

A Culture to Effectively Manage Risk

**Raewyn Anderson, Specialist
Assurance Services Manager,
Audit New Zealand**

Non Members Welcome

Cost

Members \$20

Non Members \$25

Eurest support our seminar
programme



American Children don't get the Quality of Care they deserve

Despite a number of noted successes, American children largely don't get the quality of health care they should, with up to three-quarters of children and adolescents not receiving care scientifically proven or recommended, according to a new overview of children's health care released today by The Commonwealth Fund.



The review, **Quality of Health Care for Children and Adolescents: A Chart Book**, available at www.cmf.org,

shows a number of clear advances in children's health care and improved outcomes on a series of measures. But it also notes that one-third of children with asthma don't get appropriate controller medications and three-fourths of children with severe mental health problems don't get evaluation or treatment. In addition, it illustrates ongoing racial disparities in care and inadequate attention to widely effective preventive measures.

"Given that we spend far more on health care than other countries, we should be doing better for our children," say the authors. "The report shows the dangerous lapses in patient safety, substantial shortcomings in providing effective and recommended care, persistent racial and ethnic disparities in care, and widespread failure to provide needed preventive services to teens.

The chartbook does illustrate dramatic progress in some areas, such as reduced hospital acquired infections in some paediatric intensive care units. It describes efforts that have improved the quality of care, as well as better health promotion for adolescents. There is clear evidence that significant improvements in quality are possible with careful study to identify deficiencies and implement well designed interventions to improve the delivery of services.

Distilled from a review of 500 studies, the report illustrates through 40 charts and commentary the quality of care children receive in numerous categories, such as preventive care and treatment of chronic conditions. The chartbook was produced by Sheila Leatherman, research professor at the University of North Carolina School of Public Health, and Douglas McCarthy, president of Issues Research, Inc., based in Durango, CO, in consultation with national experts in child and adolescent care quality.

The report is the second in a series on the quality of health care in the United States. The first, **Quality of Health Care in the United States**, published in 2002, reviewed the quality of care for the population as a whole. A third will look at the quality of care in the Medicare population.

Contributions Welcome

1. The Auckland Branch welcomes contributions to **Inform** on subjects of interest to managers in the health and disability sector. Articles may be longer researched contributions, comments on current practice, or shorter notes and/or reviews. The range of possible subjects is very wide.
2. The maximum length is generally 3000 words. Shorter contributions are very welcome. Please include an e-mail address so authors can be contacted and a brief list of key points or an abstract.
3. Copy should be provided by e-mail or on a computer disk.
4. Contributions may be passed to the Editorial Committee for consideration.
5. Make submissions or contact the Editor for more information at admin@nzihm.org.nz