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HEALTHCARE HUMAN RESOURCE POLICY & NURSE WELL-BEING

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Abstract

Recent policy debates surrounding issues regarding health service delivery and escalating costs have come to the fore within political and policy discourses. Indeed within the current economic climate this debate has broadened to include several areas of the public sector. What is the human cost involved in delivering adequate and efficient health services to a population currently exceeding four million? This paper will aim to illustrate how current policy connects with the practice of human resource management in health. It will look at the context of health services and the direction of Irish health policy. The relevance of looking at the role of HR specifically in this context in order to contribute meaningfully to enhancing the lives and work of health employee's is then explored. The paper will look at nurses as a core employee health group, and the question of whether HR policies and practices can potentially influence employee well-being is asked.

Introduction

Research within the healthcare sector especially in the area of human resource management should be contextualised within a broad framework including political, economic and social policy arenas. This needs to incorporate both a European and a national perspective. Legislation in areas such as health, employment and business all impact on how health services can and are delivered to users. Together these combine with the management structures of health services in place at a national and local level to determine the impact services have on the whole populations health "Health services are labour-intensive, and provide employment for about 10% of European workforce. HRH usually form the largest single cost element in any health system, as much as 60-80% of total recurrent expenditure" (WHO, 2006:5). This paper will give an overview of the health services context in which HRM operates in Ireland and will look at what HRM should achieve from the employee's perspective. The paper will focus on nurses and the potential role of HRM practices in the promotion of their well-being.

Health Services Context

The HSE is the largest employer in the State with 84,074 employees as at the end of 2008 who work in a range of different services. This translates into over 72,695 Whole Time Equivalent (WTE) employees (HSE: 2009). The majority of employees are front line staff who directly provide patient care. The budget for this organisation is the largest of any other public sector organisation at almost twelve billion euro. The most recent comparable data on Irish Health spending from the OECD outlines that "Total health spending accounted for 7.5% of GDP in Ireland in 2007, almost one and a half percentage points lower than the average of 8.9% across OECD countries" (OECD, 2009). Wiley (2005) estimated that health expenditure over the 1990-2002 period, increased over 300% from around 2 billion euro in 1990 to over 8 billion euro in 2002. However it is from 1996 onwards that the rate of growth in health

expenditure began to see a sharp increase. The very establishment of the Health Service Executive in 2005 illustrates the biggest programme of change ever undertaken in the Irish public service. The Department of Health and Children is the other element of the Irish health structure which involves itself more with the overall strategic and policy issues facing the Irish health system. Combined, these form the two main organisational structures delivering our health service with huge numbers of employees at various levels. There have been a number of reports published analyzing the health structures and the health system in place in Ireland. Some of these include the *Report of the National Taskforce on Medical Staffing* (2003), *Audit of Structures and Functions in the Health System – Putting Strategy to Work* (2003) and the *Report of the Commission on Financial Management and Control Systems in the Health Service* (2003). There have also been a number of strategy documents setting out the plans for the future direction of Health Services. These include *Quality and Fairness; a Health System for You* (2001), *Quality & Fairness; Primary care- a new direction* (2001), *Action Plan for People Management in the Health Service* (2002), *Health Information – A National Strategy* (2004) and the *Health Services Partnership Agreement* (2006). The national social partnership agreements since 1987 all make specific references to health services. The current agreement, *Towards 2016; Ten year Framework Social Partnership Agreement 2006-2015*, includes specific commitments for improvements in health outcomes for all the population.

Direction of Irish Health Policy

Since the 1980's there has been a change in focus in health policy with a reduced emphasis on institutional and hospital based care to a greater emphasis being placed on preventive health policies and community based services. This can be seen clearly with the publication in 2001 with a new policy document to improve primary care services entitled *Quality and Fairness; Primary care- a new direction*. There is also evidence of this shift in the first HSE employee handbook where it states "at an operational level the biggest challenge facing the HSE is the speed with which reliance on hospitals can be reduced and capacity to deliver care within the community setting can be built" (2009:4). Harvey (2007) explains that in general the objectives of health policies are agreed by policy makers, health professionals and the non-governmental community. The main areas of disagreement however concern how these policies are implemented and how resources are allocated. The great disparity in funding between hospitals and institutions and community based services is one of these areas. Wiley states that "within the Irish system, formula based approaches to resource allocation have not been applied; rather, a significant historical dimension can generally be seen to underlie the determination of health service budgets broadly determined by demographic factors, commitments to service provision, national pay policies and general economic guidelines such as projected inflation rates, which are applied to the public service as a whole" (2005:58). In recent years, as can be seen from the Department of Health and Children's Corporate Plan 2008 there has been a shift in health policy to promote the provision of private health. The proposed co-location policy is seen as a positive move forward. This will allow use of public sites near public hospitals to build private hospital facilities. This is seen as a way of strengthening public health delivery systems and freeing up private beds in public hospitals. What does this mean for the overall delivery of health services? Will this result in reduced work pressures for public sector employees or will employees move from working in the public sector to the private? What influence will varying HR strategies have on employees work life?

The HRM Mission

“The importance of an effective personnel policy to ensure the satisfactory functioning of the health services is widely recognised.....the task confronting those involved in personnel issues in the health services is formidable in view of the number and variety of grades” (Hensey, 1988:168). This fact still remains true and the task is even of greater importance when there is widespread change taking place. As Kebene et al. (2006) states that since all health care are ultimately delivered by people, effective human resources management will play a critical role in the success of health sector reform. He reiterates that all health care is ultimately delivered by and to people and so therefore a strong understanding of the human resources management issues is required to ensure the success of any health care program. Human resource policies and practices contribute to organisational success and this has been shown the case for the healthcare sector by Bartram et al., 2007; Carney, 2006; Keating & McDermott, 2008 and Khatri et al., 2006.

The National Service Plan for 2009 sets out a number of challenges for the Human Resource function within our health system at both local and national level. The main aim is ensuring the protection of patient care at all times using the resources available. The HR mission is seen as ensuring that there are capable people working together to deliver safe and efficient healthcare services every day. The Department’s of Health and Children’s Corporate Business Plan 2008 which runs until 2011 sets out as major points of strategic action a set of key objectives: promoting better health for everyone; providing responsive and appropriate care; ensuring fair access and putting in place a high-performing system. The support of the social partners and liaising with health care staff is seen and given as a priority in the ongoing development of health services. One of the key principles underpinning the partnership approach includes “skills development, training, and personal development planning to improve job satisfaction, career prospects and services in line with the ‘high trust, high skill, high quality workplace’ principle” (Health Services Partnership Agreement, 2006:6). The National Joint Council (NJC) will continue to be the primary forum for managing industrial relations in the health service as is set out in the most recent partnership agreement *Towards 2016*. The continuation of the employment control framework is set out as important to ensuring maintenance of service provision within budgetary guidelines. It is also seen as aiding the skill mix agenda. This is again supported in the national partnership agreement where it states “appropriate skill mix supports all professionals to expand their roles to meet the demands of changing service requirements arising from the implementation, for example, of the European Working Time Directive. There will be co-operation with the introduction of specific new skill mix initiatives, for example, Therapy Assistants and Theatre Assistants, and the mainstreaming of earlier initiatives”(2006:123). In addition to the performance management relationship which exists between the individual and the line manager, a strategic and integrated approach to teamwork, called Team Based Performance Management (TBPM) is being implemented. This is further supported by the National Development Plan where it states “the necessary shift towards a greater team-based provision of services in all aspects of health care will be supported” (2007:214). Nurses form a large cohort of health staff and are key health team members in the delivery of our health services. They are critical to successful front line service delivery and are represented and organised by a number of professional bodies.

Nurses as a Core Employee Group

This body of professionals are represented by a number of organisations and groups to represent their interests and regulate the profession at a national level. An Bord Altranais or the Nursing Board is the regulatory body for the nursing profession in Ireland. It was established by the Nurses Act in 1950 taking over the functions of the Central Midwives Board and the General Nursing Council. The Nurses Act in 1985 saw the functions of the Nurses

Board altered and expanded and they continue working under these rules. Its main functions are to maintain a register of nurses, to provide for the education and training of both nurses and student nurses, to make enquires into alleged misconduct or fitness to practice of registered nurses and to give guidance to the profession and to manage the Nursing Careers Centre. The National Council for the Professional Development of Nursing and Midwifery was established in 1999. This body has responsibility for the continuing education and professional development of nurses and midwives. Its role is to monitor changes in practice and service. The Irish Nurses Organization was established in Dublin in 1919 and is currently the largest professional union for both Nurses and Midwives in Ireland with about 40,000 members. It is the fourth largest trade union in Ireland. 34% of all staff employed by the HSE are in the nursing category at the end of December 2008 as is set out in the *Integrated Employee and Well-being strategy 2009-2014* (HSE:2009). In addition the most recent ratio published of practicing nurses in 2007 in Ireland is an average of 15.5 nurses per 1000 population which was significantly above the OECD average of 9.6.(OECD, 2009). Despite this Ireland has needed to rely on international recruitment of nursing staff to fulfil service requirements in recent years. Buchan (2009) illustrates that in 2006 a total of 82,576 nurses were registered with An Bord Altranais and of these 65,000 were on the active register. This left 17,000 on the inactive register or currently not in practice. Humphries et al. (2009) highlight specifically that migrant nurse's play a significant role in the Irish Health System. This research illustrates from unpublished data from the Irish Nurses Board that 40% of all nurses newly registered in Ireland between 2000 and March 2009 were from outside of the European Union. This is a critical human resource planning issue but also calls for specific human resource management practices to ensure employee integration. Employee welfare policies are critical for all employees to ensure employee well-being within an organisation and policies which promote a good quality of working life. Without this their ability to carry out their role within the organisation will be severely undermined.

Human Resource Management and Well-being

"Well-being refers to the psychological and physical health of the employee" (Edwards, 1992:252). A definition put forward by an Australian academic states "subjective well-being (SWB), known colloquially as happiness, is described as a positive state of mind that involves the whole life experience" (Page & Vella-Brodrick, 2008:443). In a review of the Gallup Studies it is noted that people spend as much as a quarter or a third of their lives in work. It is therefore critical that we look specifically at how our workplaces can promote well-being. *Working to Our Advantage- A National Workplace Strategy (2005)* sets out that a good quality of working life has to define future workplaces. It lists a number of factors which influences this, the first of which is "health and well-being at work" (2005:32). Employees working in all environments are susceptible to stress and ill health but ensuring employee well-being within the health sector needs to be made a priority. It should go beyond basic implementation of health and safety measures. The way work is organised and the overall work system in place needs to be looked at in order for the impact of HRM policies to be fully understood and evaluated (see appendix figure 3). "Work systems-choices about what work needs to be done, about who will do it, and about where and how they will do it – are fundamental to both operations management and human resource management in organisations" (Boxall & Purcell, 2008:140). This is especially true for the organisations involved in health care delivery. The type of work systems in place has a significant impact on employee well-being. How workers are deployed to carry out their role all impact on worker well-being (Boxall et al., 2007). Research by Barker (1993) is cited as stating "furthermore, the particular nature and strength of behavioural norms developed by highly cohesive self-managed work teams may impact negatively on both performance and the well-being of individual team members" (Boxall et al., 2007:201).

Therefore the way work facilitates employees to create a work/life balance and to be supported in a work environment that promotes teamwork can all impinge on worker well-being. The need to look at the link between HRM and employee well-being has been recognised in the literature by Bach (2005) who cites research by Guest (1999) and by Peccei (2004). The importance of HR policy in improving the quality of employees working life is being given increased attention. Korczynski cites research to show the link with improved customer satisfaction. "There are also a number of statements made regarding correlations between customer views of quality and 'a climate for employee well-being'. Schneider and Bowen (1993) argue that their research supports the existence of a relationship between the two factors..... Benjamin Schneider and David Bowen have shown that both a climate for service and a climate for employee well-being are highly correlated with overall customer perceptions of service quality" (2002:32). In the management of health services this is a prime objective. Patients although not viewed as customers traditionally still need to be satisfied with the service that is provided to them. Boselie et al. (2003) looked at HRM in a number of settings one of which included hospitals using control versus commitment theory in combination with New Institutionalism. They conclude that one cannot view control and commitment as a single dimension and in reality must be viewed in two dimensions. They elaborate that "work systems aimed at strengthening commitment and empowerment need at the same time to be embedded in a control system" (Boselie et al., 2003:1424). They further acknowledge that not all employees seek more responsibility and autonomy and that sometimes senior management use employee participation and decentralization schemes as a way to control costs by reducing numbers in middle management.

The *Integrated Employee and Well-being strategy 2009-2014* (HSE: 2009) is aligned to the HSE Corporate Plan 2008 and the HR Strategy. This is the first such plan developed for the HSE. This strategy signals the recognition that the well-being and welfare of employees is a central component in delivering quality health services. It aims to provide a framework for understanding and addressing employee well-being and welfare priorities so as to ensure that the HSE is service oriented and a better organisation to work within. It has been recognised that due to the recent period of high economic growth rates, services benefited from increased resources but that with the slowdown in the economy this is going to negatively impact on resource expansion. The HSE Integrated Employee Well-being Strategy explains that 'this is having a severe impact on the human side of the organisation, not only in terms of employee numbers and resources available for service delivery, but also in terms of the effect on employee morale. It is also necessary to recognise the effect that limited resources, allied to an expectation that existing levels of service will be maintained will have on employee well-being and welfare'(2009:8). In the HSE survey which they carried out in preparation of the strategy document over half (52%) said that their performance had been affected by work overload. Approximately a third of respondents said that their performance had been affected by emotional demands of service users (32%) and by conflict in the workplace (31%) (2009:20). Korczynski calls on research by Aiken and Sloane's (1997) to illustrate "The basic pattern was that nurses who worked in less hierarchical settings where they had greater say on how to do the work suffered less burnout - even when compared with nurses not constantly caring for dying patients" (2002:145). This highlights that the way work is organised should be assessed at a managerial level so as to ensure employee well-being and also optimum service delivery. This needs to be placed high up on managerial agendas. How can HRM help in achieving employee well-being? How can this be measured by either employees or their managers? Baptiste (2008) views employee well-being from an HRM perspective that looks after the quality of working life of employees by promoting attitudes and behaviours such as commitment, job satisfaction and work-life balance. He explains that through the promotion of these, continuous development and increased performance can be achieved.

Within the Irish health services context it is agreed among the parties of the partnership agreement to improve the quality of working life of employees (*Towards 2016:86*). Looking at nurses within an Irish context we see that the majority of nurses (92%) are female (Buchan, 2009:8). In addition 58% of all HSE staff is aged between 18-45 years of age (HSE, 2009). This is of particular relevance to HR policy makers within an organisation as many of their employees may well be combining their work with caring responsibilities outside of the organisation. HR policies therefore need to be flexible and adaptable to not alone ensuring the organisation is operating effectively and efficiently but also ensuring that the needs of their employees are being met. This form of strategic human resource management needs to be practiced regardless of the economic climate in which it is operating. In fact by not practicing such policies, a further drain on resources due to increased rates of absenteeism amongst staff and decreased levels of efficiency will result. This will subsequently affect patient outcomes. Michie & West (2004) illustrate a number of studies which link increased job satisfaction and reduced stress of employees in the hospital sector with improved patient outcomes. Proper relevant human resource practices with coherent and sustainable policies have to work towards the goals of positive employee outcomes as well as positive organisational and societal outcomes. This view is illustrated by Beer et al. (1984) in what is referred to as the Map of HRM territory (see appendix figure 1). These authors further illustrate two themes emerging in models “the theme of the first model (A), which is still the prevailing one used in blue-collar and clerical work, is a direct focus on efficiency and control. In contrast, the theme of the emerging model B is to build human commitment by direct attention to the integration of individual needs and organizational requirements and to achieve control and efficiency as a second- order consequence” (Beer et al. 1984:168). They refer to this as achieving a ‘high commitment work system’. The dual aims of achieving efficiency and control while still promoting the needs of employees has to be addressed within many organisations but most especially in health services due to the type of work involved in this sector. Baptiste (2008) further points to the need for organisations to be responsive to their employee needs and that this has to form part of the organisations overall corporate social responsibility policy. He states “however, the attainment of the company’s mission cannot be materialized until the key stakeholder’s (employees’) well-being is promoted and maintained as a socially responsible behaviour by the organization” (2008:156). He draws on research by Purcell & Kinnie 2006 to make the point that employee responses to HRM practices are what lie at the heart of all HRM performance models because the link between employee reactions and their subsequent behaviour is what is critical.

To conclude then it is necessary to focus on employee responses to HRM practices in particular. With regard to health services personnel there is a need to analyse the influence of current HRM practices and evaluate outcomes such as the promotion of employee well-being or not as further research may show. The practices which promote such positive outcomes will also influence the achievement of other organisational goals. In a health context, an efficient, cost- effective health service, available to those who need it at any time. There is a need to evaluate variations in human resource practices across public and private sectors. The external and internal political and economic influences in both sectors should however be first considered, as these alone will impact on the potential HR has in achieving the promotion of employee well-being. Together research on these areas will further inform us of the extent of the role, the human resource function has in delivering health services.

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International Centre for Human Resources in Nursing:

<http://www.ichrn.org/>

Appendix

Fig 1: A Map of the HRM territory (Source: Beer et al. 1984)

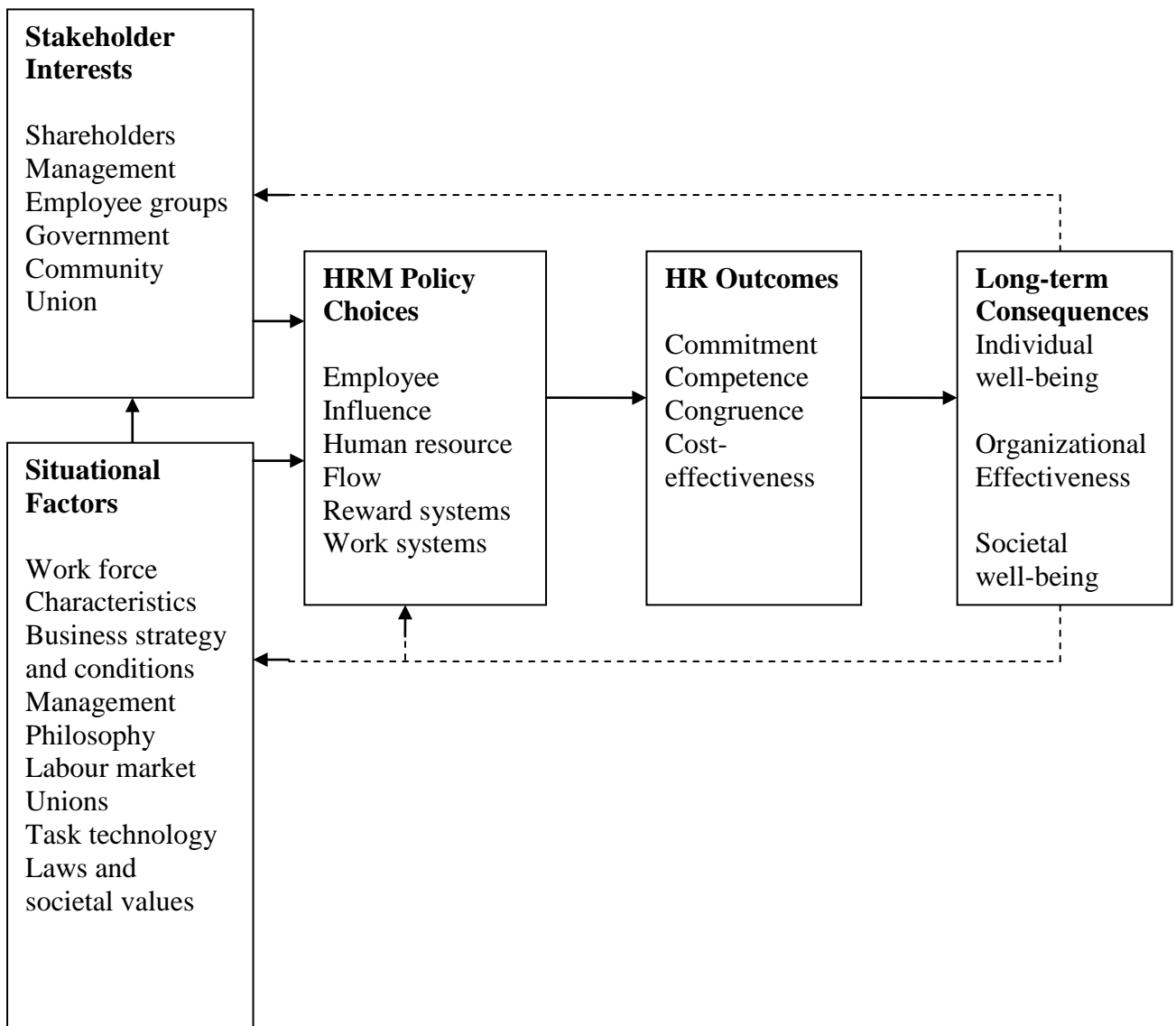


Fig 2: The Organisation of a Work System (Source: After Beer et al.1985)

