

4 EASY STEPS TO WORKFORCE PLANNING

NZNO NURSE MANAGERS NZ
CONFERENCE 2018

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Capital thinking. Globally minded.

1. BRING
2. US
3. MORE
4. STAFF



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NURSING WORKFORCE PLANNING - WHAT IS THE SOLUTION?

“Can you tell me which road to take?” said Alice

“Where do you want to go?” responded the Cheshire cat.

“I don’t know,” Alice answered.

“Then,” said the cat, “it doesn’t matter.”

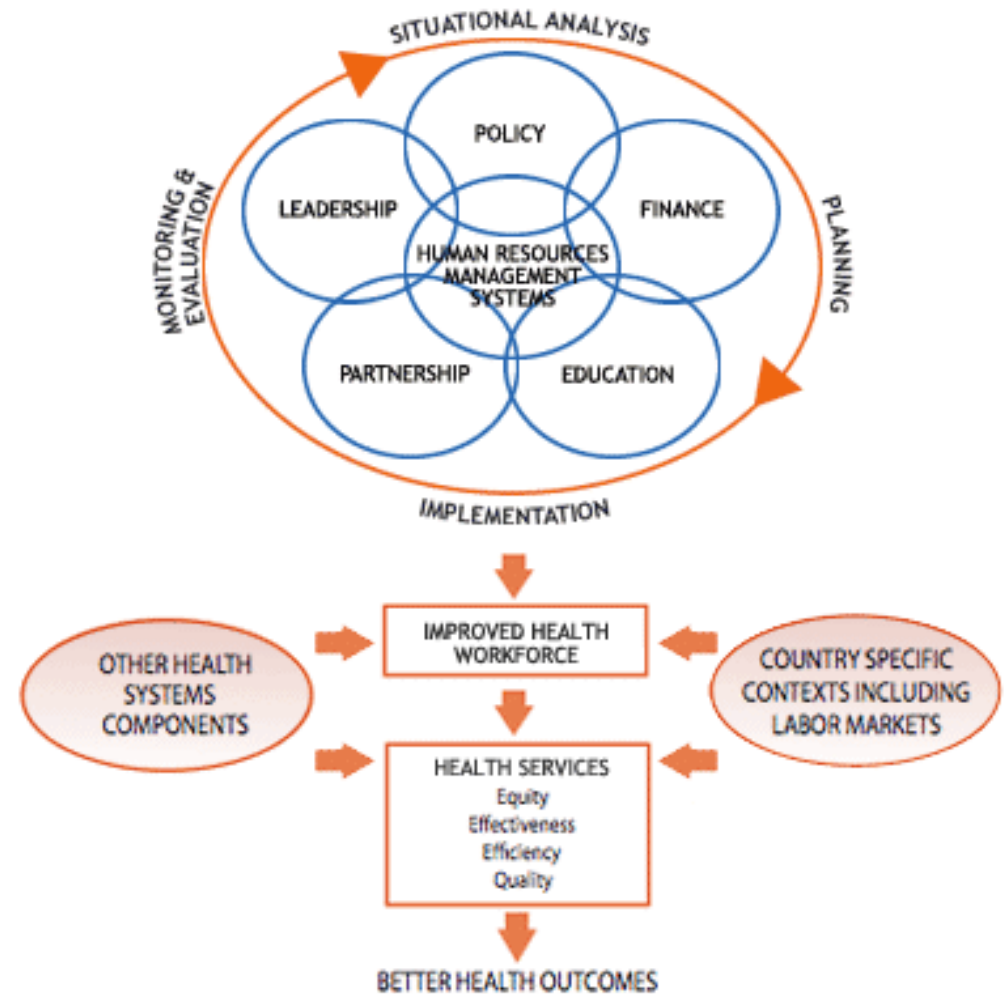
(Alice in Wonderland by Carroll & Davis, 1932)



HEALTH ORGANISATI ON

HUMAN RESOURCES FOR HEALTH ACTION FRAMEWOR K

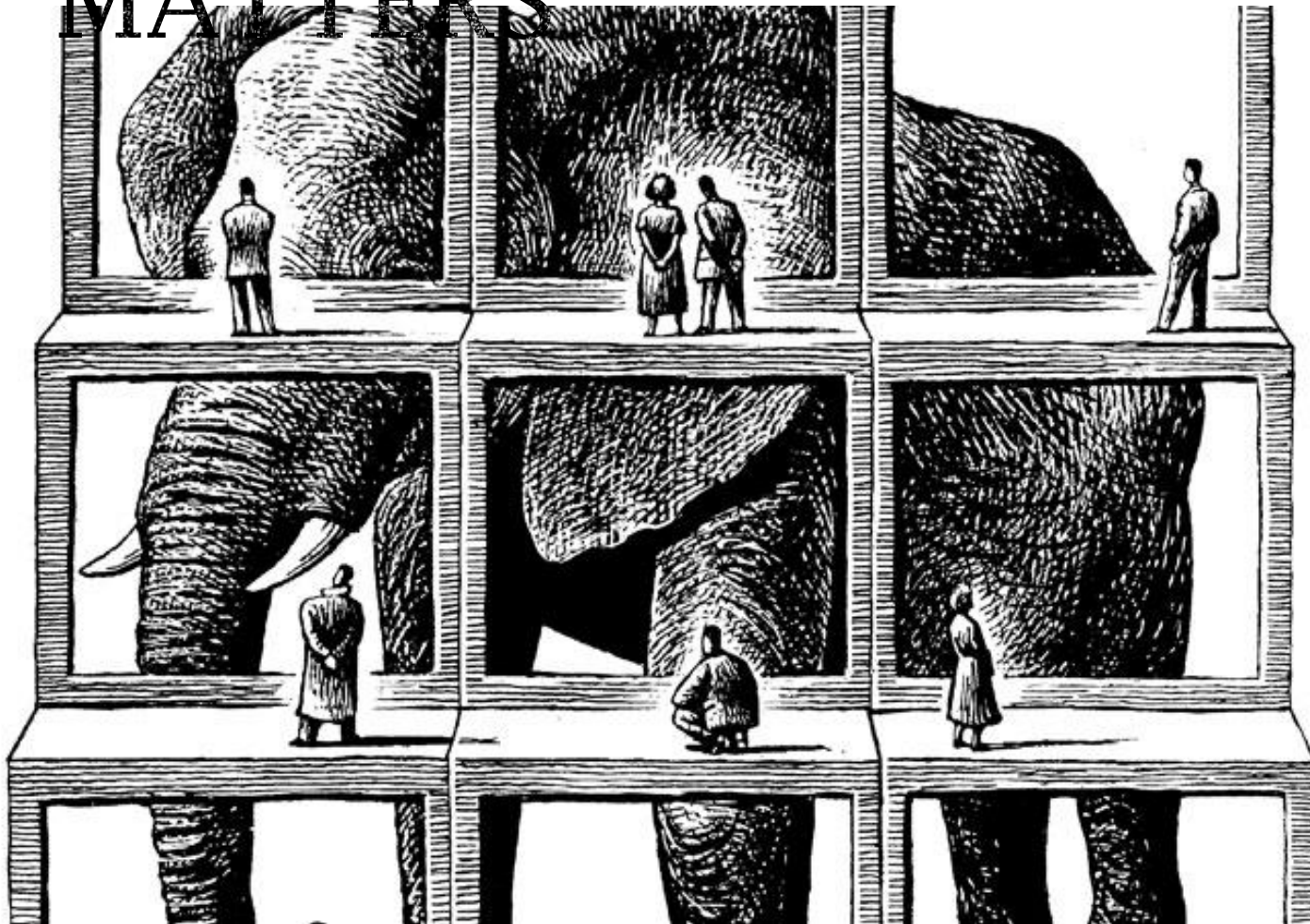
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CONTEXT

MATTERS



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WHAT IS THE BUSINESS OF NURSING?

- The primary commitment to society of the profession of nursing is the practice of nursing: all other functions are secondary.

Hildegarde

Peplau, 1965

- Nurses and nursing seek to achieve significantly improved health outcomes for our most vulnerable citizens through addressing inequalities in health.

NZNO 2020

Vision for Nursing, 2011

- Nurses are in the Transformation Business and the Making a Difference Business.

Philip Darbyshire, 2013

WHAT ARE THE CONTRIBUTION POINTS FOR NURSING SERVICES?

- Nurses are the common thread linking all components of a patient's care, and are therefore also the key to advancing a less complex, less costly health care system. The development of new roles for nurses is seen as an important strategy to improve access to health services
(IOM 2013 *Better Care at Lower Cost*)
- Registered nurses who have undertaken a validation of their specialist clinical knowledge are associated with improved patient outcomes within their specialty area

(Kendall Gallagher, Aiken, Sloane, & Cimiotti, 2011)

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NEED FOR INCREASED USE OF NURSES AND NURSE-LED PRACTICES

IOM's 2011 *The Future of Nursing* Report.

- Nurses should practice to the full extent of their education and training.
- Nurses should achieve higher levels of education and training through an improved education system that promotes seamless academic progression.
- Nurses should be full partners, with physicians and other health professionals, in redesigning healthcare
- Effective workforce planning and policy-making with better data collection and information

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NZ NURSING SHORTAGE RECRUITMENT/RETENTION ISSUES

NEW ZEALAND / HEALTH

NZ could soon be short of up to 1000 aged care nurses

8:28 am on 7 August 2018



Karen Brown, Health Correspondent
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Te Kaunihera Tapuhi o Aotearoa
Nursing Council of New Zealand

The Future
Nursing Workforce

Supply Projections 2010 – 2035

Moloney et al. *Human Resources for Health* (2018) 16:45
<https://doi.org/10.1186/s12960-018-0312-x>

Human Resources for Health

RESEARCH

Open Access



How to keep registered nurses working in
New Zealand even as economic conditions
improve

Willoughby Moloney^{1*}, Des Gorman^{2,3}, Matthew Parsons¹ and Gordon Cheung⁴

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International
Nursing Review



Original Article | [Free Access](#)

Early nurse attrition in New Zealand and associated policy
implications

L. Walker PhD, J. Clendon RN, PhD

First published: 28 November 2017 | <https://doi.org/10.1111/inr.12411>

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Conflict of interest No conflict of interest has been declared by the authors.

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Te Ao Māramatanga
New Zealand College of Mental Health Nurses



Te Kaunihera o Ngā Neehi Māori
National Council of Māori Nurses

National Nursing Organisations

Many roles – one profession



Te Kaunihera Tapuhi o Aotearoa
Nursing Council of New Zealand

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WHAT DO YOU NEED TO DO?



WITH AWARENESS COMES CHOICE

WHAT ARE WE TALKING ABOUT?

At its simplest, effective workforce planning ensures you will have a workforce:

- *of the right size*
- *with the right skills and diversity*
- *organised in the right way*
- *within the budget that you can afford*

to deliver the services you need to provide the best patient care.

(NHS Education Scotland)

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DIFFERENT LEVELS OF PLANNING

- **Short term** - ensuring there is sufficient staff to cope with the expected workload, i.e. rostering
- **Medium term** - small adjustments i.e. re-evaluate your requirements for any vacancy, e.g. skill mix
- **Long term** - planning whereby decisions are taken in the longer term regarding staffing i.e. due to service change or development for a new model of care

WORKFORCE PLANNING APPROACHES

- **The health worker to population ratio**
- **The utilization and demand approach**
- **The service–target approach**
- **The health and service needs approach**

(Dussault et al., 2010)



S. GROSS

"It sort of makes you stop and think, doesn't it."

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FINALLY..... THE FOUR EASY STEPS TO EVIDENCE BASED WORKFORCE PLANNING - CONSIDER

1. Who is the population to be served?
2. What are the key characteristics of the population and sub populations? Level of need
 - Level by All, Many, Some and Few
3. What levels of health care service does the population need to support optimal health? Level by All, Many, Some and Few
4. What mix and quantity of health workforce competencies and skills does delivering that service require? Level by All, Many, Some and Few

IDENTIFYING YOUR POPULATION



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LEVEL OF NEED?

WHAT
YOU
NEED

IDENTIFYING NEED VS DEMAND

Health care need otherwise known as the need for clinical health care is

- generated by the population to be served
- Viewed in the context of the overarching principles and practices of the specific health care system e.g. use of technology, commitment to equity of access.

McDonnell (2010)

(Masnick and

IDENTIFYING NEED VS DEMAND

Demand for health care reflects the preferences of patients of whether to visit a health care provider, which is in turn determined by their cultural health beliefs, income, education and lifestyles (Scott et al., 2011).

Important point to remember:

Not all people who have a need for health care will demand it and some will demand care without obvious need. This distinction between need and demand is important, because demand for health care is not independent of supply

e.g. as supply increases so can demand

SERVICES REQUIRE



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Clinicians / A / Assessments, guidelines, pathways

Assessments, guidelines, pathways

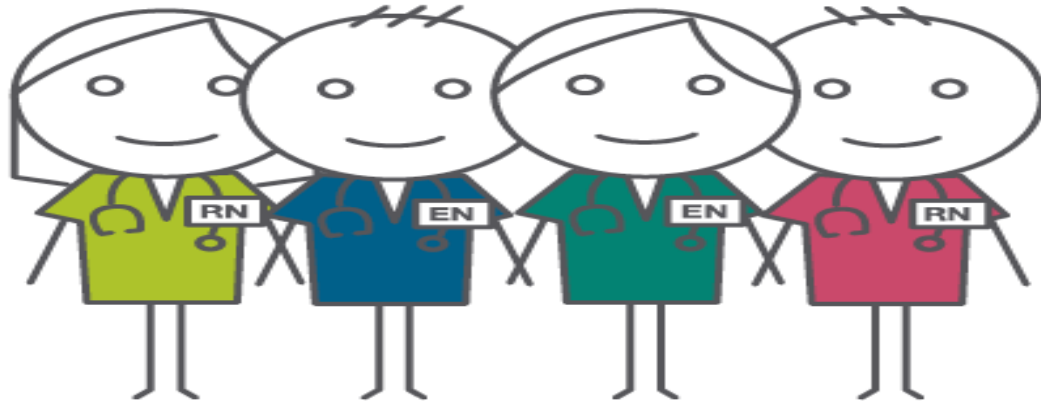
AAA PRINT

Overview

With your help, we are building a library of the wide range of assessment tools, clinical pathways and guidelines.

Clinical guidelines, care pathways & assessment tools

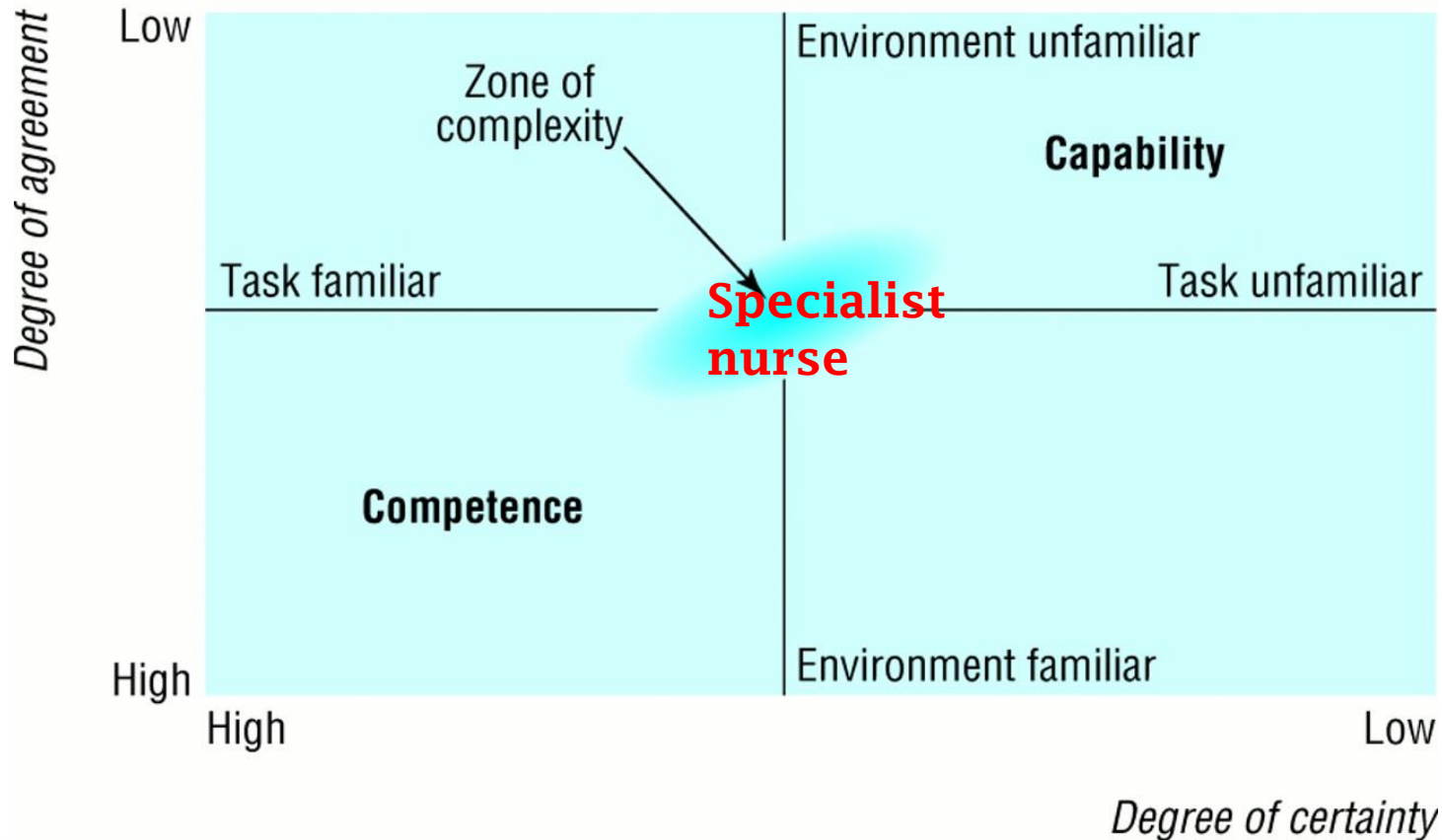
WHO ARE YOUR NURSING WORKFORCE?



SKILL LEVELS

- National Nursing Organisation glossary for New Zealand developed in 2009 to clarify language and revised in 2011
 - Specialty is the **area** of practice
 - Specialist is the **level** of practice
 - Advanced practice can occur within the RN scope
- Glossary endorsed by New Zealand national nursing organisations and publicly available

SOME THOUGHTS ABOUT COMPETENCE



COMPETENCE OR CAPABILITY

- Competence is typically concerned with fitness **for** purpose
(or getting the job right),
- Capability infers concern also with fitness **of** purpose
(or making judgements about the right job to do). (Lester & Chapman, 2000)

COMPETENCE OR CAPABILITY

- **Competence** is
 - what individuals know or are able to do in terms of knowledge, skills, attitude
 - socially situated and job referenced
- **Capability** is
 - the extent to which individuals can adapt to change, generate new knowledge, and continue to improve their performance
 - individually situated and profession referenced

(Eraut 1998, Fraser & Greenhalgh

2001)

LAST WORDS

*“Knowing is not enough; we must
apply.
Willing is not enough; we must do.”*

Goethe (1749-1832)

REFERENCES

References available on request

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Thank you for listening

Any questions?

