DO REGISTERED NURSES WORKING IN THE PUBLIC HEALTH SYSTEM CONTEXT VALUE HUMAN RESOURCES MANAGEMENT PRACTICES

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Background

◦ Cross-sectional survey of 7,000 registered nurses were randomly sampled in 2012.

◦ 918 questionnaires returned – response rate 13%.

◦ Sample was representative of nursing workforce in gender with 92.4% identifying as female and 6.3% identifying as male. This is consistent with NZ nursing workforce data.

◦ Sample covered registered nurses from different employment settings ranging from acute to community settings and independent/self employed health practitioners.

Registered Nurse settings

○ As can be noted in the table one third of the responses were from the DHB acute settings

○ One sixth of the responses came from the Primary health care setting

○ Next biggest group of responses at just under 10% was rest home/residential care RNs

Variables	Frequency (N = 918)	%
Organisation		
DHB (acute)	313	34.1
Primary Health Care (PHO)/Community service (non DHB)	136	14.8
Self Employed	8	0.9
Government Agency (MOH, ACC, prisons, defence force, etc)	11	1.2
DHB (Community)	60	6.5
Maori Health Service Provider	4	0.4
DHB (Other)	64	7.0
PHO Rural	4	0.4
Pacific Health Service Provider	1	0.1
Private Hospital	60	6.5
Rest Home/Residential Care	84	9.2
Educational Institution	21	2.3
Nursing Agency	6	0.7
• Other (Please specify)	79	8.6

So why did we do the research?

◦ Aim or purpose of the research was to try and understand how registered nurses view human resource management and human resource management practices in their organisations

◦ The questionnaire comprised three sections.

◦ This analysis and discussion focuses on the qualitative sections Q22 and Q24

What do we know about Human Resources Measurement – what does it look like

The Importance of Measurement Cannot be Over Emphasized

"If you can't measure it - you can't understand it.
If you can't understand it - you can't control it.
If you can't control it - you can't improve it."
James Harrington

Improvement
Control
Understanding
Measurement

HUMAN RESOURCE KPI DASHBOARD %
EMPLOYEE TURNOVER 54
RECRUITING 78
RETENTION 66
TRAINING AND DEVELOPMENT 24
Total Performance 57%

Employee turnover | Recruiting | Retention | Training & Development

The qualitative questions

◦ Question 22 –

In many organisational reports the Chief Executive is quoted as saying that "….

People are our most valuable asset." With this statement in mind how would

you define measuring human resources? Please describe what you think is

meant by this in your organisation?

Question 22

◦ This question asked nurses to comment on whether they:

   (1) agreed with the statement about employees being a valuable resource and

   (2) what they thought the practice by Human Resources of measuring employees outputs/outcomes meant

MEASURING EFFICIENCY

value that the human resources function adds to the company with the cost that the function incurs

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What did we find? – Question 22

- 84 responses received

- Three (3) main descriptors/themes emerged from the responses:
  - 50% provided responses that were worded emotively
  - 30% provided responses that were linked to functional objectives
  - 15% provided responses that were linked to strategic objectives

Q 22 Themes

■ strategic ■ Functional ■ Emotive
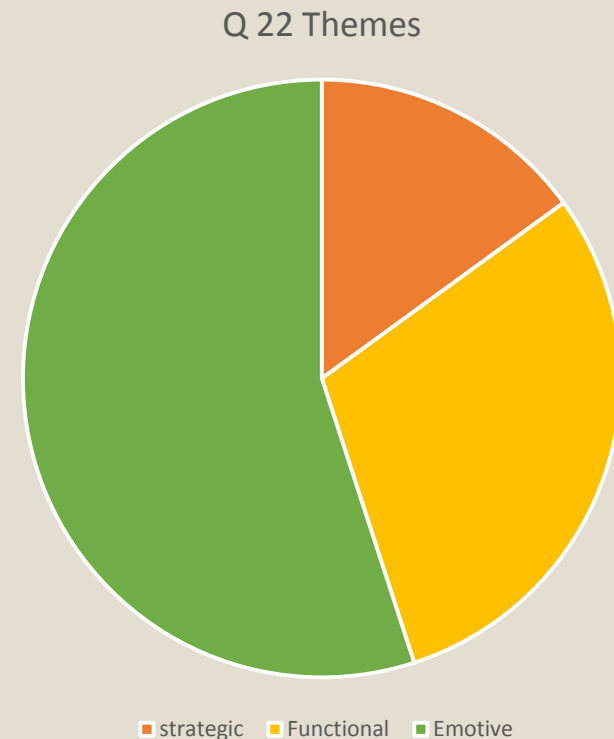
This is what some of the responses looked like

◦ "paying lip service"

◦ "a glib statement"

◦ "costs and not assets"

◦ "RNs are at the bottom of the heap"

◦ "people not valued with a higher priority given to shareholder requirements"

◦ "unsafe staffing"

◦ "mostly told what will happen and when"

The qualitative questions

◦ Question 24 –

asked participants to explain why they believed their organisation thought measuring registered nurse human resources was important or not important as an HR practice.

What did we find? – Question 24

◦ 888 responses

◦ 4 main themes emerged:
  ◦ Majority workforce
  ◦ Functional HR practices
  ◦ Lack of voice
  ◦ Service/contractual requirements

Perceptions of HR measurement of nurses work
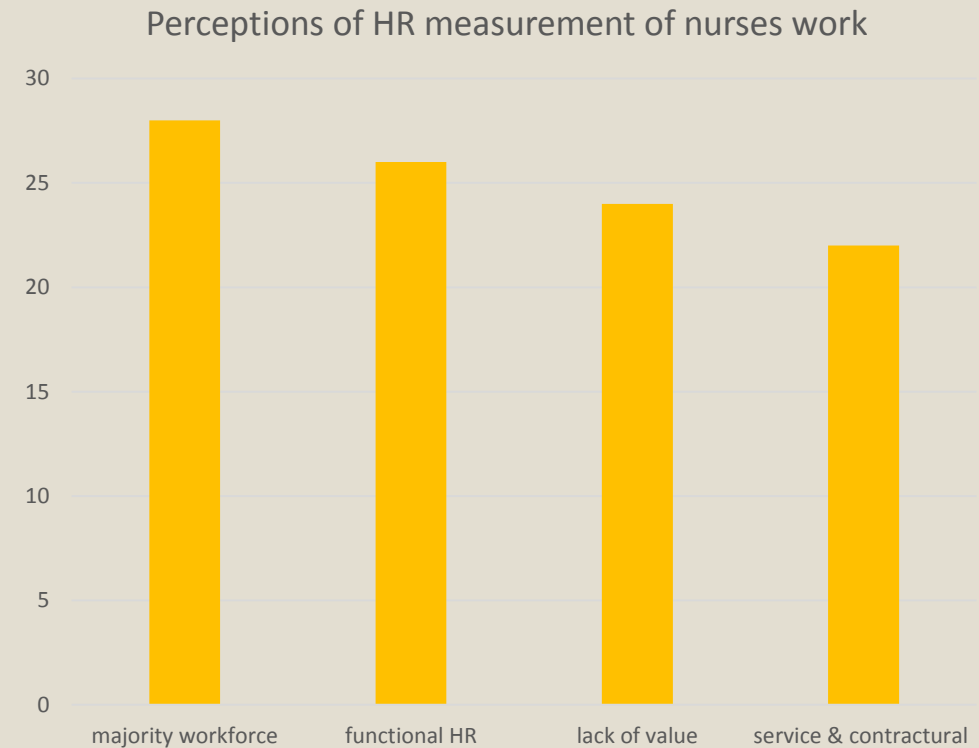
Responses from this question looked like this:

◦ "without people [the organisation] won't achieve anything"

◦ "nurses are major workforce[numbers] in the organisation – mostly costly in terms of salaries"

◦ "Nurses are the largest workforce in the DHB"

◦ "The RNs are the backbone of the organisation as without them there is no service"

◦ "Without this resource [RNs} the programme will not run"

◦ "RNs are a major cost to the organisation – therefore a productive, efficient and engaged workforce is essential"

And so........ Metrics & Targets…..

So what did the analysis reveal?

◦ Q22 and 24 responses overlapped thematically in terms of responses

◦ The biggest issue identified was that nurses felt that there was a lack of understanding of nursing work and subsequently a lack of value placed on this work

◦ Challenges arising from this were around nurses feeling disempowered and having little or no voice

◦ The organisations primarily focussed on economic throughputs and targets rather than people

What have we done with this information?

◦ Currently the data has been analysed using Nichii et al' (2008) typology of HR attributes

◦ Using this analysis framework we can look at the organisational climate and ascertain what is potentially occurring.

◦ The two key aspects that arise from the typology framework are framed around intent and implementation.

◦ Nurses understand and see meaning in the strategic **intent** of HR measurement and practices – that the practices and measurement are necessary to gather information provide a baseline and make improvements.

◦ Where the weaknesses are perceived is in the implementation of HR practices and measurement where delivery is often ambiguous, does not occur or misrepresented.

◦ An anecdotal example of this is care capacity demand and Trendcare

What does this mean going forward

◦ Nurses lack confidence in HR practices and the HR process of measurement as the intent and implementation differ

◦ The ambiguity has led to the perception that nurses have little voice and reduced autonomy

◦ The climate in the organisation is often therefore seen as exploitative and controlling

Some potential thoughts on how can we as nurses change this?

◦ Identify what is within your sphere of control and not within your control – sometimes just being able to identify what you cannot control brings a sense of calm and an ability to problem solve what is in your control

◦ Break the challenges down and create a proactive plan – negotiate time to work through ongoing practice/ward/clinic issues – I know this is easier said than done

◦ In doing this try to gain some quick wins – tick off some smaller goals rather than the bigger goals

◦ Embrace flexibility and adaptation – unfortunately change is a constant

◦ Ensure there are good collegial networks and sounding boards – like minds and many hands make light work

◦ Always go into meetings prepared – read all the memos and know what you are talking about both from a clinical perspective and an economic perspective

What next?

◦ To try and drill down and get an even greater understanding of what is happening in your workplaces I would like you to fill in a fairly small questionnaire which I will collect from you just before morning tea finishes.

◦ Participation is entirely voluntary and all data collected remains anonymous

◦ There are only 14 questions

◦ Once analysed I will provide feedback back to the NZNO Nurse managers group on their website and also to any education forums that come up in 2019

◦ I am currently reviewing and redrafting the postgrad leadership paper for 2019 and so any strategies that I come across and can offer as support for Nurse Managers I will provide to the group

Any questions/responses/ideas?