Workforce risks and opportunities: Working time practices in nursing and midwifery

CENTRE FOR WORKFORCE INTELLIGENCE

The University of Manchester

WORKFORCE RISKS AND OPPORTUNITIES: WORKING TIME PRACTICES IN NURSING AND MIDWIFERY

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April 2011

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EXECUTIVE SUMMARY

This briefing paper considers some key workforce risks, opportunities, monitoring, and research needs related to working time practices in nursing and midwifery.

Implications for workforce planners and HR managers in the NHS include:

- Longstanding workforce organisation issues around part-time and other flexible forms of working continue to be important to recruitment, retention, and career advancement within the nursing and midwifery workforce.
- Despite these persistent challenges, there is a risk that the current economic climate will reduce the impetus for work-life balance policies.
- The nursing and midwifery labour force remains predominantly female and issues around combining paid-work and parenthood persist.
- Assumptions regarding work-life balance being a 'motherhood issue' or something confined to the primary carers of children should be challenged. A greater focus on work-life balance amongst both older women and men, for example, could help utilise the skills and experience of people seeking a gradual transition into retirement, or encourage workforce re-entry.
- Workforce redesign is increasing in its prominence as an issue in other areas of the NHS. The increased feminisation of the medical workforce may provide new opportunities to modernise work organisation around interdependencies between medical and nursing roles.

CONTEXT

The Centre for Workforce Intelligence (CfWI) workforce risks and opportunities project sets out the major risks and opportunities facing the health and social care workforce in 2011 and beyond. The University of Manchester is providing specialist knowledge to CfWI through an integrated approach across a range of disciplines. This is one of a series of briefing papers to provide managers and workforce planners with evidence to inform their choices when addressing short, medium, and long-term workforce challenges.

The 2011 series focuses on:

- Labour substitution and efficiency in health care delivery: general principles and key messages
- Recession, recovery and the changing labour market context of the NHS
- Workforce risks and opportunities: working time practices in nursing and midwifery
- The policy context for dentistry skill mix in the NHS in the UK
- Identifying the risks and opportunities associated with skill mix changes and labour substitution in pharmacy
- What is the evidence that workload is affecting hospital pharmacists' performance and patient safety?
- Managing people in networked organisations: identifying the challenges for health and social care

INTRODUCTION

This research brief considers the workforce risks, opportunities, monitoring, and research needs related to working time practices in nursing and midwifery. The nursing and midwifery workforce plays a central role in quality service delivery and patient care. Effective work organisation in nursing and midwifery, as in many professions, is also important to workforce recruitment and retention. In this report we raise further concerns for the career advancement opportunities of part-time and other flexible workers.

The changing economic context and health care reforms may present new challenges to work organisation. At the same time, long-standing issues related to work-life balance and flexible working are likely to remain important to future workforce development. As the vast majority of nursing and midwifery roles are undertaken by women, a central focus is placed on gender and parenthood. However, work-life balance issues are not confined to women or the undertakers of domestic care. For example, work-life balance may also be important to older workers seeking a gradual transition into retirement or retirees being encouraged back into the labour market. The final section of the report draws out research and monitoring priorities, summarising key workforce risks and opportunities in relation to working time organisation identified through the review. Although focussing on nursing and midwifery, many of the issues raised apply to wider sections of the NHS workforce.

1 TRENDS IN WORK ORGANISATION

In recent decades, the organisation of working time in the western world has changed considerably in terms of the flexibility in how, when, and where people work. [1] These changes have largely been stimulated by an increased drive for competitiveness, technological advancement, and globalisation, as well as a related focus on the customer as central to work organisation and product and service delivery. Important to these trends has been the changing organisation and definition of 'standard' and 'non-standard' working time and between 'social' and 'unsocial' hours. Through establishing standard working days and working hours, the employment relationship historically placed time-related limits on the relationship between the wage or reward package that people receive and the effort or labour required in order for them to earn this. These limits were also placed on the share of an employee's time that was under the control of the employer. More recently, the growth in what has been termed the '24/7 economy', has been interpreted as efforts by employers to extend the times of the day, week, and year they can ask staff to work. It is also interpreted that this new flexibility is then scheduled in a way that is most productive for employers.[2]

The diminishing distinction between unsociable and sociable hours has further been witnessed through the increased withdrawal of unsocial hours payments.[3] An implication of these changes to work organisation is that in many workplaces the definition of standard employment has shifted from a time-based (a fixed duration) definition to a task-based definition (an unfixed duration according to the time it takes to complete a specified set of tasks).

Many aspects of nursing and midwifery have always involved antisocial hours or non-standard working, and in particular shift-based organisation, although arrangements vary considerably between roles and settings. At the same time, health care reform and the customer service orientation to make the NHS 'patient-led'[4] has created similar pressures within the NHS. In this context, there may be increased demands for part-time work to be organised to meet the needs of employers to reduce costs and increase work intensity, as well as to match the time preferences of 'consumers' for the provision of services. This approach

promotes a fragmented and variable pattern of working that is often at odds with the need to reconcile the demands of work and family life. [5]

Importantly, changes to the definition and structuring of full-time work may create or exacerbate organisational issues around part-time work. Case study work conducted by Manchester Business School (MBS) suggests such problems may include: [6]

- restrictions on opportunities to work part-time due to difficulties in integrating such employment into the full-time work hours schedule
- increased pressure on part-time workers to work a greater number of additional hours, potentially negating the reasons for choosing part-time work in the first place
- part-time jobs being reorganised into different career structures from full-time jobs, constraining opportunities for employment advancement amongst part-time workers
- problems around the arrangement of training and development activities for part-time workers, for example where such activities occur outside usual working hours.

Given the vast majority of nurses and midwives are women, work organisation and work-life balance issues remain an overarching issue for the entire workforce and career interruptions for childrearing are common. In the context of an ageing workforce, work-life balance issues may further be prominent for those seeking a gradual entry into retirement or reduced labour market participation.

2 JOB RETENTION AND CAREER ADVANCEMENT

Routes into the NHS nursing and midwifery workforce include entry through educational/vocational pathways and re-entry from outside of the labour market or from other occupations or the independent sector. Conversely, outflows from the workforce include retirement, temporary or longer-term exits due to maternity or parental reasons, short or long-term exits due to sickness, poor health or disability, and transitions into other occupations or the independent sector. From this, it can be seen that work-life balance issues shape decision-making around many of the inflow and outflow routes to the workforce. For example, problems with combining paid work and parenthood may be a reason for women moving to another job that better matches their requirements, or for reducing the number of working hours provided. On the other hand, the relative attractiveness of work-life balance policies within the nursing and midwifery professions compared to other occupations or the independent sector could attract qualified workers back into NHS nursing and midwifery jobs. Although this is important to women and the primary carers of children, the impacts on job retention are not confined to them. For example, the presence or absence of opportunities for flexible working may shape both retirement decisions and decisions to re-enter the labour market following retirement.

Career development opportunities are also important to attracting and retaining skilled staff[7] Despite greater efforts to increase work-life flexibility in the NHS, part-time nurses still concentrate in basic clinical posts. Research indicates that career penalties around part-time working may reflect the attitudes or perceptions of managers regarding the work-commitment or career orientation of part time staff.[8] However, career penalties may also occur through indirect discrimination through the organisation of part-time and full-time work into different career paths. Lane (2000) argues that career advancement in the nursing profession has predominantly been based around a model of full-time continuous employment or what has been traditionally a 'male' career pattern. [9]

In challenging assumptions regarding the career orientations of part-time workers, it is also important to note that despite part-time employees typically being discussed as a distinct group to full-time workers, many of today's part-

time workers are tomorrow's full-time staff. Part-time employment is something more likely to be undertaken at certain life stages. Lack of career aspirations can equally reflect the adaptation of preferences in response to a lack of opportunity.

A key challenge to modernising nursing and midwifery work organisational practices rests on providing greater opportunities for career orientated women to combine family life with employment, together with stronger career progression opportunities. Increased labour market attachment and levels of education amongst the broader female population are further likely to increase pressures on employers to make such provisions, as may the conversion of nursing to a graduate entry occupation. There is also a need to recognise the needs and aspirations of other groups of workers, such as men and older workers.

3 FLEXIBLE WORKING PRACTICES IN NURSING AND MIDWIFERY

In addition to part-time employment, formal flexible working practices may include job share, term time employment, compressed week, time off in lieu, flexitime, annualised hours, self-rostering, shift swapping, and sabbaticals.[10] Within the context of nursing and midwifery, the term flexibility is also used in relation to bank or temporary nurses,[11] which have been used as a source of flexible labour for both employers and employees. As well as through formal flexible working arrangements, work-life balance is also facilitated by other work benefits such as childcare provision (e.g. crèche facilities) and state subsidy (e.g. Tax Credits). Within the NHS, flexible working has developed over time through a number of initiatives. For example, through the Improving Working Lives Standard,[12] NHS managers are expected to achieve a standard that enables staff to manage a healthy balance between their work and their commitments outside of work.[13]

Formal flexibility refers to explicitly stated contractual arrangements or dimensions of work organisation such as part-time working or flexitime. Informal flexibility refers to situations where employees are able to alter planned working time on an ad hoc basic at short notice, or agree personal start and finish times to apply on a routine basis to accommodate commitments outside of work.[14] This form of flexibility may be agreed at a local level with a line manager without the need for senior management, HR specialists or amendments to working contracts. Line managers thus play an important role in facilitating or conversely inhibiting work-life balance.

From an employer or line manager perspective, the challenge of increasing the flexibility of employees' working arrangements is that it can create organisational complexity and inflexibilities, as well as increased pressures on balancing the interests of different members of staff. The work organisation requirements of staff are also subject to the primacy of care quality, continuity and patient-focussed service delivery. The specifics of service provision in some roles may further restrict the extent and types of flexible working practices that can realistically be implemented. However, the assessment of this should arguably be

systematically and empirically determined rather than by undemonstrated assumptions or the discretion of individual line managers.

Where such measures are implementable, positive outcomes of work-life balance initiatives and enhancing choice in working patterns may include reduced nurse turnover,[15] lower sickness and improved wellbeing,[16] and employee/employer perceptions of greater work effort.[17] Self-rostering trials have also led to high satisfaction amongst staff. [18] Findings from the RCN Working Well Initiative survey indicate that employers who value staff views and needs and consult them about how work is organised, are more likely to have staff who exhibit greater job satisfaction and psychological health. [19]

Heavy workloads and high amounts of overtime are common contributory factors to low job satisfaction amongst nurses, although this problem is not confined to the UK.[20] Poor management practices at the ward level such as poor rota management and the ineffective use of flexible working can lead to an excessive reliance on temporary nursing staff, with associated increases in staff costs.[21] However, the use of bank nursing has reduced temporary agency staff related costs.[22]

A shortage of flexible working practices such as job shares and crèche facilities arguably has constrained nurses from escaping low status part-time work.[23] Although government initiatives have sought to improve flexible working and work-life balance, considerable variation still exists in the prevalence of flexible working between different areas of nursing and midwifery and between settings. A key question concerns the extent to which such differences reflect unavoidable rigidities in specific roles or services constraining the implementation of flexible working or work-life balance practices, or the relative lack of modernisation of work organisation in comparison to other comparable areas of the workforce.

4 CHALLENGES AND PROSPECTS

Justifications for implementing flexible working have often centred on the 'business case' around recruitment and retention difficulties, [24] or the knowledge that dissatisfaction with hours of work is a major cause of employee turnover. [25] As a result, the current economic and policy climate may present new challenges to maintaining the drive or impetus for work-life balance and flexible working, particularly where financial tightening restricts resources for new (or old) initiatives or where in the face of labour surplus, retention and staffing issues become less acute.

At the same time, the healthcare workforce remains female dominated, and workforce planning takes place in the context of longer-term demographic trends. These include the higher employment rates and increased labour market attachment of women, as well as the equalisation of educational attainment by gender. The re-positioning of nursing as a degree entry vocation may further increase the intake of qualified and more career orientated women. In the context of an ageing workforce, a focus on the work-life balance aspirations of older workers may further aid the retention of staff or encourage labour market re-entry amongst the retired.

The current economic situation is unlikely to reverse longer-term trends towards increased demand for employment that allows a combination of career opportunities and wider life beyond paid-work. HR practices therefore should continue to build on the opportunity to develop strong internal labour market structures for women with career ambitions, but also recognise the potential workforce benefits of a broader approach to work-life balance policies reaching beyond issues of parenthood. In the context of an ageing workforce, there is likely to be greater demand from older workers to use flexible working as a transition into retirement. Consequently, there is a need for the longer-term case for defending the value of flexible working and work-life balance arrangements to be made. This should be done not only from the perspective of recognising employee legal rights, but also for longer-term recruitment and retention strategy, and for other potential positive impacts on service delivery as discussed above. This is important to avoid short-termism or surrendering longer-term modernisation of work force organisation to immediate fiscal priorities.

5 ISSUES FOR IMPLEMENTATION

Work organisation issues within nursing and midwifery do not take place in a vacuum but reflect interrelationships with wider service provision. In this manner, the overall work organisation in hospitals is often detrimental to the career interests of women or other workers seeking greater flexibility.[26] Improving work-life balance provision within nursing and midwifery requires integration of work organisation into wider service delivery or care pathways. For some roles, historically work organisation issues have partly reflected a lack of synchronisation between the demands of a predominantly male medical staff and a predominantly female nursing workforce. However, current increases in the proportion of the medical workforce that is female mean that it is likely that there will be further growth in the demand for part-time and flexible working within the medical profession.[27, 28] These developments are important as they may provide new opportunities for a simultaneous examination of work organisation of roles within nursing and midwifery and within allied healthcare professions and other sectors of the workforce.

An ongoing challenge concerns removing or mitigating barriers to the implementation and take up of work-life balance policies. Barriers identified to flexible working include concerns on the impact of career progression and its identification as a 'women's issue',[29] a lack of understanding of what is available or possible, limited procedures for requesting flexible working, organisational culture and concerns about the effects on service delivery or associated targets,[30] and the role of line managers.[31] A key issue concerns balancing the interests of different groups of staff. For example, older staff may see themselves as having to compensate in order to facilitate work-life balance amongst younger staff that may have greater child domestic care demands.

In relation to flexible working being identified as a 'motherhood issue', it is notable that the demand for flexible working is not confined to issues of parenthood. For example, it may also be high amongst older members of the workforce seeking a more gradual transition between employment and retirement, or amongst those who have other domestic care responsibilities such as for a parent, partner, or other family member. Reductions in state support for childcare or social care could lead to further increased demands for such provisions or employer–based solutions.

6 GAPS IN RESEARCH AND MONITORING

Variation in the prevalence of flexible work arrangements between different areas of nursing and midwifery creates identifiable research needs:

- Rather than treating these professions as a whole, this research would benefit from drawing out key differences and barriers across different roles, workplace settings, and care pathways.

- Contrasting practices between different dimensions of service provision or settings could raise important questions regarding the causes of inflexibility or other work organisation issues.

- Where problems around work-life balance are found to be concentrated, it would be useful to determine whether these are unavoidable, for example due to the nature of a given service role, or the result of other factors such as poor organisational practices.

- Further information is required on the reasons for non-take up of formal work-life balance policies and mitigating practices to reduce take up gaps for formal flexible working practices and how these differ between roles and settings.

- There is also a lack of information on the forms of flexibility that employees value the most, given their job context including the reasons for their preferences. [32]

- Further research is also required on how work organisation can be undertaken to mitigate the impact of part-time and flexible working on career progression.

- The work-life balance auditing of different roles may also help provide clearer information for people to make decisions on entry into their careers regarding the specialism they choose. It may also help by improving information for people currently working in nursing and midwifery who may be seeking greater flexibility through alternative opportunities to their current post. This may be directed towards helping

reduce the number of people leaving nursing and midwifery to seek greater flexibility in other occupations. For example, women or primary carers often seek areas of work that have more planable work schedules, and greater information on this may aid decision-making around alternative employment opportunities at key life-stages.

- Differences in decision-making on the organisation of services and employment between foundation trusts may affect the opportunity for coherent and integrated policy across trusts.[33] One risk of this is that the localisation of information and policy responses within specific settings inhibits the distribution of information on wider employment alternatives; something which information sharing could seek to remedy.

Although context specific research is required, at the same time large-scale survey data such as the UK Labour Force Survey can be used to identify work organisation trends and the characteristics of people holding nursing and midwifery qualifications who currently work outside these professions. This information currently remains underutilised and may be used to draw insights into reasons for leaving and characteristics of people leaving the nursing and midwifery workforce. [34]

In terms of reducing retention problems, further information is required on the role work organisation practices play in recruitment and retention problems. Studies of employee turnover generally focus on economic factors such as pay levels, labour demand and supply, job alternatives, or psychological factors such as employee perceptions of their working environment, and the impact on the motivation to leave. [35] One limitation identified within this literature is that these studies largely focus on reasons for leaving, rather than seeking to also understand the reasons why people stay or return to a given job or profession.[36] Although these reasons may be related, they are not necessarily identical or given the same level of dominance in decision-making at different life stages.[37] Where HR managers devise retention policies based on reasons for leaving, without understanding reasons for staying, one risk is this may reduce the impact of interventions. [38]

Less work has been undertaken to understand informal as opposed to formal flexibility in nursing and midwifery. Informal flexibility may be an important and valued component of flexibility, such as the extent to which nursing teams can control and organise their working arrangements.[39] Informal flexibility highlights the role of effective and responsive line management in work organisation. The

benchmarking and monitoring of demand and staffing levels and needs within work settings, whether internally or against other similar trusts, could facilitate such roles. [40] This work may further help in identifying the training or wider needs of line managers where performance falls below comparable standards or the need to develop standards.

7 IMPLICATIONS FOR WORKFORCE PLANNING

7.1 Workforce risks

- Longstanding workforce organisation issues around part-time and other flexible forms of working continue to represent key issues around recruitment and retention within the nursing and midwifery workforce. Part-time work also remains concentrated amongst lower clinical grades, and this partly reflects a lack of integration of part-time roles into career structures that seem to be organised around full-time employment.
- Despite these ongoing challenges, there is a risk that in the light of the current economic situation and government austerity, that the 'business case' for work-life balance policies will attenuate, particularly where labour shortages or retention issues become less acute or resources for initiatives are cut.
- At the same time, the Nursing and Midwifery workforces remain female dominated and contextualised in wider trends in increased female labour. In today's labour market, the female workforce is more qualified and has greater labour market attachment, which increases the demand for work that allows a combination of career and wider domestic roles.
- Work-life flexibility and career progression opportunities remain important reasons why people enter, remain, exit, or return to a given occupation or job, and so are important determinants of labour supply. Issues of work-life balance remain central to meeting the long-term staffing needs of the public healthcare sector and to attracting and retaining a skilled and capable workforce.
- Although work-life balance concerns are key to women's labour supply and employment decisions, they are not confined to women or to providers of domestic care. One risk that requires management is that flexible working and work-life balance policies are usually considered as female or motherhood issues.
- An important further issue relates to managing or harnessing the flexible work demands of an ageing workforce moving towards retirement. Reductions in

state provision for child care or social care may also increase demands for flexibility or employer-based work-life balance solutions.

- A focus on continuity of care may further conflict with work-life balance objectives. However, in the longer term, higher turnover from a lack of work-life balance in itself may impact negatively on continuity.

7.2 Workforce opportunities

- A key opportunity to modernising nursing and midwifery work organisational practices is to provide greater opportunities for more career orientated women to combine family life with employment offering strong career progression opportunities. Increased labour market attachment and levels of educational attainment amongst the broader female population are likely to increase future pressures on employers who wish to utilise female skilled labour to make such provisions. The change of nursing to a degree entry profession may further increase such demands.
- A greater focus on work-life balance amongst older members of the workforce could help utilise labour amongst this group through encouraging continued participation or encouraging retirees back into the labour market.
- Workforce redesign is increasing in its prominence as an issue in the NHS. For example, the increased feminisation of the medical workforce may provide new opportunities to modernise work organisation around interdependencies between medical, nursing and other roles.

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on full-time contracts are increasingly expected to match the flexibility of part-time workers through results based approaches to employment, where the hours of work are defined as those required to undertake a bundle of tasks that constitute the job rather than by a fixed number of hours.

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