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Executive Summary

Author

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SANDRA MEADOWS

Orders

GREAT TO BE GREY

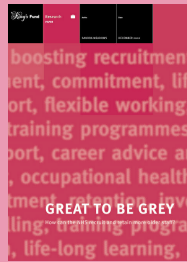
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GREAT TO BE GREY

How can the NHS recruit and retain more older staff?

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11–13 Cavendish Square
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About the research

Great to be Grey examines a key aspect of NHS staffing: that of the loss of experience from the health service as older staff, who are valuable and much needed, leave early in ever-increasing numbers.

With a workforce where about 150,000 of the one million employed are aged 50 or over – and therefore eligible for early retirement – there is an urgent need for a more sensitive and imaginative approach to encouraging older staff not to leave work earlier than planned, and to recruit older people to health service posts. This research paper outlines what form this approach might take. It examines:

- the numbers of older staff leaving the NHS early
- the reasons why they are leaving
- what can be learned from other sectors regarding the recruitment and retention of older people
- current Government policy
- how investment in human resources can support these new Government initiatives.

The research was conducted via:

- a review of existing literature and research since the early 1990s on the ageing of the workforce
- focus groups with older NHS staff (aged 45 and over)
- semi-structured interviews with senior managers from other sectors
- semi-structured interviews with other major stakeholders within the NHS.

Findings

Why older staff leave the NHS early

The overwhelming explanation for older people wanting to leave the NHS at the earliest possible opportunity was the toll of too much pressure. A number of contributing factors were identified:

Increased workload. Staff felt under continual pressure to do more with the same or fewer resources.

Lack of recognition. Many believed that their status in society and within the health service had been significantly eroded over time. They felt they were given no recognition for their experience, expertise and professionalism or indeed their ‘caring’.

Long hours working culture. Many clinicians were concerned about the hours worked in the NHS and yet felt that in a number of key areas it would be impossible to provide an

acceptable level of service to patients if staff were not prepared to work excessively long hours.

Compromises to the quality of patients' experience. There was real concern that more mistakes were occurring and the quality of patients' experience of health services was being compromised. This was because staff did not have enough time to reflect on their practice, to give the necessary support and development time to junior colleagues and, most importantly, to give sufficient time to patients to meet their needs effectively.

Lack of staff. There was strong agreement that more staff, and in particular more nurses, were needed.

Lack of support. A number of people interviewed regretted that they no longer considered the NHS to be a safe and caring environment in which to work. Everyone felt under so much pressure that they were unable to support colleagues adequately, and colleagues appeared to be under too much pressure to support them.

Physical wear and tear. The data regarding early retirements on ill-health grounds suggests that the health of some NHS staff is being damaged by the work they do, which adds to the number of those leaving employment early for other reasons.

A rigid career structure. Staff, in particular clinicians, expressed frustration at the rigidity of the career structure in which they found themselves.

Significant changes in a person's role. Concern was expressed that, without access to lifelong learning, keeping up to date can become a burden rather than an important aspect of doing the job. Also, in some cases, job and process redesign can leave clinicians stripped of the 'hands-on' caring part of their role.

Continual change. The constant change and the requirement to meet objectives that are not seen as being important to patient care is leading to significant disillusionment.

'NHS bashing'. The general consensus was that the NHS is significantly better than how it is portrayed by the media and, although there is great room for improvement, the prevailing attitude of politicians, which fuels media perspectives, can only add to the demoralisation of staff.

How solutions from other sectors could be adapted for the NHS

Concepts that have proved successful in other sectors were tested with the focus groups and other major stakeholders within the NHS to see whether they thought that these would help to both recruit and retain older workers. The responses to the initiatives were as follows:

Lifelong learning. Generally, older staff did not feel discriminated against regarding access to training. The real difficulty is access to training that allows movement within and across

professional boundaries. In addition, although a number of development opportunities are funded, the replacement costs are not. This means that a number of staff miss out on these opportunities, because they cannot be spared.

Flexible working and flexible approaches to retirement. Options relating to more flexible working proved very attractive to participants. However, they were all concerned about who would cover their work while they were working flexibly, and were worried that this would add to the pressure on their already overworked colleagues.

Effective occupational health support. It was felt that the NHS needed a proactive occupational health service whereby somebody who is incapacitated is assessed to find out what they are still able to do rather than emphasising what they cannot do, which makes retirement on ill-health grounds the only option.

Wider access to training programmes and recruitment geared to older workers. Participants thought that the accreditation of previous learning and experience is minimal and that access to training programmes is generally geared to the requirements of school-leavers and university graduates.

Career advice, career counselling and life planning. With so many changes and so much pressure in the system, people felt they had little opportunity to look at future options. They also thought that the current pre-retirement courses within the NHS concentrated on life outside the service and did not highlight other options that would allow staff to continue to contribute to the health service.

Occupational pension schemes geared to flexible retirement. The NHS Pensions Agency is a European leader with respect to the new flexibilities in its pension scheme, but the health service is still not making a range of flexible retirement options available to staff, which would allow them to benefit from these advantages.

Focus on the employment needs of older people, particularly those caring for dependants. The care issues that are more likely to concern older workers than younger staff are having enough time with teenage children, caring for ageing parents and looking after grandchildren. If the NHS wishes to recruit and retain older staff, it must take these differences into consideration.

The way forward

The major barriers revealed by this research appear to be:

- unwillingness to confront the managerial complexities of implementing these kinds of initiatives
- lack of investment in human resources
- inflexibility built into a number of structures and processes within the NHS.

There are ways to overcome these barriers, and this paper offers key messages for moving forward:

Staff are the lifeblood of the NHS and recruiting and retaining them must be a major priority on every board agenda. With so many initiatives being launched by the Government and so many targets to be met, raising staffing issues high on the board agenda is the only way of ensuring that adequate resources are channelled into the recruitment and retention of all staff, particularly experienced older staff.

If the NHS wishes to solve not only problems regarding older workers but also its other staffing issues, then the capability to manage staff creatively must be developed in all managers, not just human resource managers. To facilitate this, objectives relating to staffing issues must form a major part of the appraisal process for all managers.

Human resource practices within the NHS must be modernised, particularly regarding the diversity of the workforce, for example by designing policies to attract and retain older workers.

Many of the problems outlined in this paper are not new and the solutions are not difficult, yet progress has been extremely patchy. The Government's *HR in the NHS Plan*, published in 2002, is an essential move in the right direction.

The 2001 national census revealed that, for the first time, there are more people over 60 than under 16, so it is imperative that the NHS focuses on older workers as key contributors in the NHS workforce. It is only with sustained commitment from the Government and local NHS management, investment of both time and money, and making 'people issues' central to the performance-management framework, that the recruitment and retention of these older workers will become an effective part of ensuring NHS capacity to meet the Government's modernisation agenda. Only then will older staff feel that their experience is valuable and that it is 'great to be grey' in the NHS.