Workforce Planning for the Future: An Integrated Planning Approach

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INTRODUCTION

Currently within health, there is a major emphasis on the delivery of services to meet the needs of the patient population (Duckett, 2005). It is within this context that an opportunity presents not only to plan the future directions of health care services but also to plan for workforce needs. Key to any discussion on workforce planning is the concept that the clinical workforce is dynamically and directly linked to the present and future shape of clinical services. One approach is to utilise integrated service planning. This combines workforce and service planning to provide a strategic solution for ensuring that the future workforce aligns with the direction of clinical services. To provide an example in practice, this paper will describe the issue of an ageing workforce in nursing at the Hunter New England Area Health Service (HNEAHS).

THE HNE NURSING WORKFORCE PROFILE AT 17/9/07

Table 1 describes the active employee head count of HNEAHS nurses on 17 September 2007. The data provide an insight into the current age range of active nursing staff.

Table 1: Nursing Workforce by Age Group and Employment Type

<table>
<thead>
<tr>
<th>Employment Classification</th>
<th>&lt; 20 yrs</th>
<th>20 - 24 yrs</th>
<th>25 - 29 yrs</th>
<th>30 - 34 yrs</th>
<th>35 - 39 yrs</th>
<th>40 - 44 yrs</th>
<th>45 - 49 yrs</th>
<th>50 - 54 yrs</th>
<th>55 - 59 yrs</th>
<th>60 - 64 yrs</th>
<th>65 - 69 yrs</th>
<th>70 - 75 yrs</th>
<th>&gt; 75 yrs</th>
<th>SUM</th>
<th>Percentage population / employment classification</th>
</tr>
</thead>
<tbody>
<tr>
<td>Casual</td>
<td>7</td>
<td>122</td>
<td>151</td>
<td>127</td>
<td>236</td>
<td>202</td>
<td>257</td>
<td>278</td>
<td>154</td>
<td>112</td>
<td>33</td>
<td>8</td>
<td>1687</td>
<td>23.6%</td>
<td></td>
</tr>
<tr>
<td>Full Time</td>
<td>7</td>
<td>147</td>
<td>241</td>
<td>194</td>
<td>279</td>
<td>288</td>
<td>553</td>
<td>564</td>
<td>353</td>
<td>124</td>
<td>25</td>
<td>7</td>
<td>3</td>
<td>2785</td>
<td>40.0%</td>
</tr>
<tr>
<td>Not Known</td>
<td>5</td>
<td>21</td>
<td>33</td>
<td>22</td>
<td>8</td>
<td>7</td>
<td>6</td>
<td>8</td>
<td>2</td>
<td>1</td>
<td></td>
<td></td>
<td>113</td>
<td>1.5%</td>
<td></td>
</tr>
<tr>
<td>Part Time</td>
<td>47</td>
<td>124</td>
<td>234</td>
<td>392</td>
<td>442</td>
<td>509</td>
<td>428</td>
<td>229</td>
<td>117</td>
<td>28</td>
<td>7</td>
<td>3</td>
<td>2557</td>
<td>35.8%</td>
<td></td>
</tr>
<tr>
<td>SUM</td>
<td>14</td>
<td>321</td>
<td>537</td>
<td>588</td>
<td>929</td>
<td>940</td>
<td>1326</td>
<td>1276</td>
<td>744</td>
<td>355</td>
<td>87</td>
<td>22</td>
<td>6</td>
<td>7142</td>
<td></td>
</tr>
</tbody>
</table>


Across the profession, the average age of nurses is increasing. The mean age of a nurse employed in HNEAHS is approximately 46 years. This figure is consistent with the Australian Institute of Health and Welfare (AIHW) Nursing and Midwifery Labour Force Supply (2005) report that states the average age for nurses employed in NSW was 43.1 years. The current ageing cohort of nurses (those 45 years and over) entered the profession in the 1960s and 1970s (Goodin, 2003). At that time a lack of other career opportunities, particularly for women, led to increased numbers of school leavers seeking employment in nursing. As the inequity of job availability in other employment sectors reduced, there has been a steady decline in numbers of students enrolling in nursing programs (Goodin, 2003; DEST, 2002).

An ageing workforce is not in itself detrimental to service provision because as staff retire recruitment action is undertaken to fill vacancies, ensuring continued service provision (Australian Nursing Federation, 2004). However, the ageing of the nursing workforce does pose significant issues to clinical practice, workforce supply and capability of the nursing workforce. Older employees who have long term tenure often possess corporate memory and understanding of change drivers, contributing significantly to organisational stability (Brooke, 2003). This is especially true in health, where staff turnover is a problem in many clinical areas. The stability brought by older staff can enable consistency in patient care that is often lost in units with high staff turnover (Antonazzo, Scott, Skatun & Elliot, 2003). By utilising corporate knowledge, clinical knowledge and experience, older staff members become integral to the development of junior staff capabilities (Cowin & Jacobsson, 2003). However, there can be problems inherent in retaining a more mature workforce. Most apparent is the decreased tolerance for manual labour (Auerbach, Buerhaus, & Staiger, 2007; Australian Nursing Federation, 2004; Schofield & Beard, 2005). In addition, family pressures and work flexibility can cause tension between organisational requirements and the older worker (Australian Nursing Federation, 2004; Schofield & Beard, 2005; Goodin, 2003). The retirement of large numbers of nurses poses a problem for nursing as a profession and for health service organisations. Stability, capability, clinical and corporate expertise are likely to be lost without adequate planning. To meet this challenge, the HNEAHS Workforce Planning unit is using an integrated service planning methodology to plan for the expected reduction in nursing numbers.
An integrated planning methodology employs a patient-centric / client-based model, developing strategic workforce plans simultaneously within the clinical services planning process (O’Brien-Pallas, Birch, Bauman & Murphy, 2001). This approach to workforce planning enables a comprehensive strategic workforce review process that utilises the principles of right as its basis. These are: the right service, in the right place, at the right time, with the right staff, with the right capabilities, and using the right technology (Wang, 2005). The principles ensure a methodological holism within an integrated service planning paradigm. Therefore, where a service has employees who lack the capability to do the work required or the tools required to do their job, access to care may be affected. These principles provide an insurance mechanism in planning workforce strategies. Ensuring that a potential employee is employed in the correct service, in the correct unit, at the right time (that is, when there are positions to fill), with the right team, with the right skills and education, with the right tools are essential to maintaining adequate service levels into the future (NSW Premiers Department, 2003). Employees who do not meet the five rights criteria may incur the organisation added cost, decreased efficiency, decreased service provision and adverse impacts on patient care. Therefore, when planning for the inevitable retirement of nurses, thought must centre on meeting the five rights principle to ensure adequate replacement of capability.

Planning strategic workforce initiatives such as determining retirement intentions, succession planning within clinical streams and capability development, to coincide with expected staff retirements enables maintenance of access to care. Using the principle, staff capabilities can be planned for, specific tools identified to assist service provision, and staff numbers adequately assessed to ensure effective and ongoing service provision. For example, the need of the older nurses for more flexible working hours, decreased manual labour and development of capability surround this shift in role. Thus, the potential effects of staff retirement can be effectively managed, allowing continued standards of service provision. Strategic planning within the current health context is essential. Integrated service planning provides a methodology to simultaneously plan for workforce and clinical services holistically to reduce risk. As demonstrated in the ageing nursing population example, this risk is readily apparent but not necessarily insurmountable. Using the principle of rights ensures an holistic planning process, providing the best chance to maintain service delivery as the staffing population ages.

There is an urgent need to act within the next decade to offset the extreme shortage that will occur with the retirement of nursing’s “baby boomer” (those born between 1946 and 1961) workforce. Use of strategic workforce planning tools such as retirement intention surveys, succession planning options and staff capability development will go some way to offsetting the impact on health service provision. However, what is essential in workforce planning is clarifying the local context, and planning accordingly. Integrated service planning gives the HNEAHS the best chance to meet its future employment needs.

References


NSW Premier’s Department. (2003). Workforce Planning: A guide. NSW Premier’s Department, Public Employment Office, Sydney, NSW.

