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Maintaining Work Coping Ability Among Older Nurses

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In view of ongoing demographic change, it is becoming increasingly important to adapt jobs to accommodate the needs of an ageing workforce. This is particularly true of the psychological and physical sides of nursing. Rather than developing special programmes to “shelter” older staff, hospitals must re-evaluate and refine their work processes and technologies and, not least, their institutional attitudes and corporate culture.

Measures aimed at providing an appropriate working environment for an ageing workforce should focus on maintaining the work (coping) ability of staff throughout their working lives. The concept of work coping ability (WCA) is proving to be a very useful model for understanding effective human resource management, particularly in nursing and elderly care, and has emerged as an important foundation on which to build a strategically focused human resource policy.

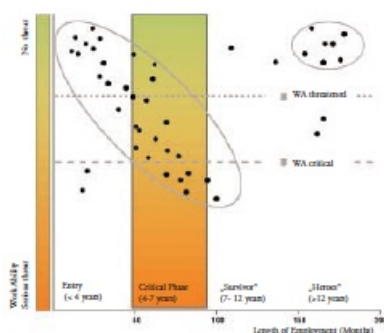
Studies show that the WCA model is best placed to achieve four core objectives of human resource management. Managers who are guided by the WCA concept in their daily routine:

_ find better qualified staff in a tightening labour market because improved working conditions are conducive to good health and their organisation comes to be viewed as attractive by healthcare staff;

_ are able to limit staff turnover, create greater staff loyalty to the workplace and gain long-term benefits from the valuable skills of their employees;

_ are able to limit expenditure on human resource management, thus improving efficiency; and

_ can improve quality assurance in nursing, specifically by avoiding disruption to the team’s workflow and making better use of the specific skills of older nursing staff.



The concept of work coping ability acts as a valuable early warning system by setting off alarm bells at the right time and indicating to management whether intervention is required (e.g. before an employee takes long-term leave of absence or, in the worst case, experiences burnout). WCA also provides solutions that deliver measurable improvements in the quality of the working environment.

The first step in the work ability process is to ask two questions:

1. What is the organisation’s current approach to the work coping ability of its staff?
2. Is action – possibly preventative measures – required?

The answers to these questions determine the organisation’s “individual fingerprint”, which can be easily mapped. Each member of staff (= ð) is
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represented on the “fingerprint” (see Figure 1 for an example) by plotting on a graph his or her work ability (vertically) and length of employment in the organisation (horizontally).

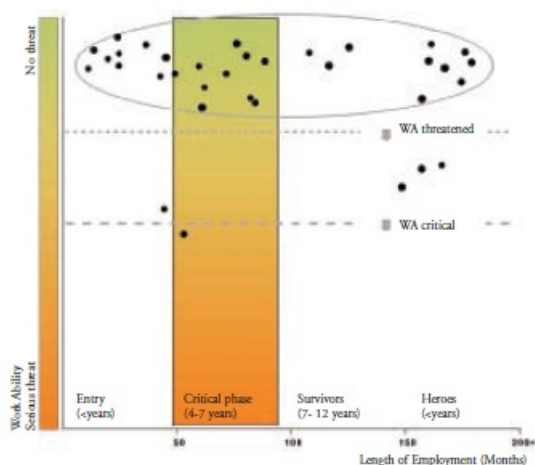
Figure 1 on page 16 shows the typical fingerprint of an organisation that has neglected to maintain the work ability of its employees (Type II).

In the entry phase (period of employment < 4 years) the work ability of most nurses is still in the “green area”, in other words, it is not under threat. Nurses starting a new job tend to be full of drive and therefore report high work ability scores. This applies equally to younger and older nurses, including those with considerable employment experience.

The entry stage is followed by the “critical phase” (period of employment of between approximately four and seven years). This phase is characterised by the emergence of a “steep incline” and it is here that slippage in the work ability of many nurses becomes evident. The longer a nurse has worked in an organisation and the older she becomes, the more her work ability will be impaired. The critical level is reached after at most seven years.

A range of indicators shows that, at the end of the “critical phase”, many nurses with significantly impaired work ability (extending as far as burnout) have the intention to resign. The decision they face is whether to leave their employer, change profession or become a “survivor” by joining a small band of so-called “heroes”, a group of staff, predominately in older age brackets, who maintain their work ability despite their age and time in the job.

Organisations that manage to maintain and strengthen the work ability of staff (Type I) (-> Figure 2) have completely different fingerprints from type 1 organisations. Most members of staff in the type II organisation feature in the scatter diagram cluster, which shows a stable, horizontal trend. The WCA of nurses in this organisation is maintained at a high level, even among older staff and those employed for upwards of ten years, despite the fact that conditions are broadly in line with those in the type I organisation.



The hospital in Figure 2 spares its nursing staff the physical and psychological costs associated with progressive impairment of WCA, while saving itself the inescapable costs associated with removing the “sand in the organisational wheels“ (high turnover rates, absenteeism, problems with duty rosters and so forth) and addressing risks to the quality of care.

Assuming the objectives of the hospital are to ensure that nursing staff can manage their work over the long term (“fit until retirement”) and offer the organisation high quality and consumer focused skills, and that its strategy is to develop sustainable human resource policies which enhance work coping ability, it must first identify what hospital-specific action is needed. It then draws on the findings of this exercise to develop and introduce a series of focused measures.

Staff Empowerment is the Cornerstone of the WCA Audit

The WCA audit is the instrument of choice for completing this task. It identifies the work coping ability of staff and the most important measures, from a staff perspective, for reducing workload. The empowerment of staff is the cornerstone of the exercise. It seeks to maintain and employee work ability, who are particularly prone to burnout (in the nursing and care professions). The WCA audit is carried out using a questionnaire. In order to guarantee anonymity and confidentiality, the hospital should commission an external body to conduct the survey and produce an audit report. Many factors play a role in determining the level of threat to staff work ability. Every hospital has its own unique set of circumstances – its “individual fingerprint”. The audit provides an insight into how the organisation currently utilises staff work ability and – in so far as required – deduces measures that will optimise and create best-fit working conditions. The WCA audit, like other audits, can also be used as a tool for risk and quality management.

An information brochure on the WCA audit for nursing, including references to other literature on the topic can be requested from the author.

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