

## **Chapter 4: Findings & Analysis**

### **4.1 Introduction**

The chapter will be used to introduce the secondary research conducted on the National Health Service by way of journal articles, as well as books, newspapers and organizational websites with credible information related to the topic of this dissertation. It will be ensured that all of the material used from these sources has been reviewed by an individual or a group of individuals who have been involved with a study or have performed extensive research within an area which is directly or indirectly related to the main question of this dissertation.

Additionally, a total of six of these articles will be assessed under the critical appraisal skills program. This critical appraisal will be used to determine the relevancy of various issues related to the research and the methodology of its survey techniques.

### **4.2 Findings from Secondary Research**

#### **4.2.1 Research Questions with respect to Critical Review Analysis**

The objective of this study is to evaluate the job criteria of people employed in healthcare organizations and thereby enabling the healthcare organizations to determine the levels of implementation on pay equity principles. In order to answer the research questions, an in depth analysis of six articles has been performed and each article, along with the literature review, contributed significantly to the findings.

Judging by the analysis performed, it can be concurred that NHS really performs job evaluations to assist in the pay equity of its hospitals. From articles such as *Designing a Comparable Worth Based Job Evaluation System: Failure of an a Priori Approach* by Jonathan Tompkins, Joyce Brown and John H. McEwen, and *Critical analysis of Job and Work Evaluation* by Robert L. Heneman, it is evident that NHS makes extensive use of job evaluation

in its hospitals and also attempts to incorporate enhanced levels of pay equity through the performance of the same. However, the study also suggests that there is a significant degree of research required into the area in order to make the effective implementation of job evaluation systems in NHS possible because the current setup is not delivering standards that a system of a magnitude of scale in NHS requires.

With regard to the research question that pertains to the tendency of NHS to promote job equity in the projects that it forms under public-private partnership, it can be concurred that NHS tends to exercise measures in order to promote job equity but the measures are far from satisfactory and require improvements in numerous areas of implementation.

The third and slightly more general question that the research addressed was one that pertained to the implications of pay equity on working conditions. Since the NHS was used as an example and numerous research studies were utilized to acquire an understanding of the implications of pay equity on working conditions, it was observed that if effectively implemented, pay equity could actually serve to bring about improvement in work conditions. However, as elaborated in the critical literature review above, articles such as *Designing a Comparable Worth Based Job Evaluation System: Failure of an a Priori Approach* by Jonathan Tompkins, Joyce Brown and John H. McEwen, and *A Critical Analysis of Job Evaluation for Clinical Nursing by implementing the NHS JE System* by Emin Khaya and Nurtel Oral – present the perspective that if pay equity is implemented inappropriately, work conditions will experience negative implications. Derivations such as these were also observed in *First Steps of the Journey: Job Evaluation for Agenda for Change* by Angela Watts and Simon Green.

#### **4.2.2 Findings with respect to the Critical Appraisal Test**

From the application of the Critical Appraisal Test, it is acceptable to conclude that the trends in the research subject of this study – the need for extensive research and insight – is still profound. However, this does not imply that the previous research is flawed or useless in any way but it means to suggest the adoption of alternative methods to carry out research in the area of job evaluation and its implications on pay equity. The Critical Appraisal Test also suggests that the research in this area will have to be of certain nature such that it encompasses a significant magnitude of scenarios. This concurrence is based on the fact that the larger share of research on the subject of discussion is qualitative; while qualitative analysis is allowing for a thorough insight to be acquired into the research, there is a significant need to develop research studies that yield to findings which can then be generalized and are not limited in their application to the cases that they take as their foundations for qualitative analysis.

The research performed through the implementation of the Critical Appraisal Test has also shown that while the NHS job evaluation system is one that is unlike any other and has evolved significantly, it is far from a system that can be considered to have pioneered job evaluation in healthcare settings. This is because of the fact that job evaluation techniques being employed require significant degrees of refinement and standardization, in order to allow for a uniform and comprehensive job evaluation, there is a procedure across all NHS facilities where pay equity has to be promoted in the work place.

#### **4.2.3 Job Evaluation with Regard to Nursing**

In the job evaluation system of the National Health Service, nurses are employed to only 13 unique positions within the organization. These positions are attributed to each commonly occurring task in a hospital. However, it must be said that the duties of these nurses are variable

in terms of physical exertion, responsibilities, as well as monetary and human resources. It is according to the occupational responsibilities of these nurses that they are assigned points. The increased number of points affords them a higher pay band with the NHS.

A study that was conducted to compare various factors which were present within each nursing service with the standard variables for physical, mental exertion and responsibility, found that the collected results and the standard factors established by the NHS were comparably similar (Khaya and Oral, 2007).

#### **4.2.4 Nurses in the Public Sector**

Since the inception of the program in 2001, the National Health Service has endeavored to improve the working conditions of its employees and to meet their expectations in terms of providing proper working environment and job satisfaction. However, despite their efforts and reassurances, the NHS has not implemented any successful plan which includes such promises (Skinner, Saunders and Duckett, 2004). As mentioned before, it has been observed that the pay grade for nurses in the public sector is quite low in terms of the work required of them. This is due to a low outlier which is associated with their profession. The inconceivable matter in considering this is that the nursing profession is by far the one in which individuals are exposed to the most hazardous and unpleasant situations within hospitals (Savage, 2004).

A recent study conducted in 2005 regarding the perception of nurses toward their working environment found that nurses who were associated with the National Health Service experienced higher levels of stress than those who were in the private sector. Additionally, the study also found a correlation between the increased stressors on nurses working in the public sector and low levels of satisfaction with their working environment, as well as negative experiences at work (Working Well Initiative, 2006). Other studies found similar results with 65

percent of nurses who were dissatisfied with their positions and intending to quit. Their main dissatisfaction in this case however was with the promotion and training opportunities rather than workload or pay. Recent policies have been instituted by the National Health Service to improve the compensation of these nurses, but such methods have been considered to be ineffectual in terms of their retention (Shields and Ward-Warmedinger, 2001).

Another study conducted on the topic of nurse satisfaction within the public sector found that the most important elements which brought about nurse satisfaction comprised of the quality of working relationships, adequate staff on hand with the expertise to cope with their workload and also to a lesser extent, achieving advancement in both their professional and personal lives. However, unequal nursing experiences such as the disparity of nurses with ward managers, increased pressure and managerial responsibilities for ward managers, and fewer responsibilities for nurses with lower grades are all contributing not only to the dropping level of healthcare, but also to the decreasing level of job satisfaction within the NHS (Adams and Bond, 2000).

#### **4.2.5 Standard of Care**

As an organization, the National Health Service has always been one that has endeavored to serve the public. It has introduced several new quality initiatives and practices which are indicative of macro and micro level support toward the betterment of quality healthcare (Ritchie, 2002). However, with increasing costs and decreasing quality of healthcare provided, it is inevitable that the National Health Service would take on certain corporate tactics in order to safeguard its interests. One of these is the implementation of costing systems in the United Kingdom. Costing systems are similar to the payment for performance systems which exists in the Health Maintenance organizations of the United States. However, measuring performance

only seems to work to a certain extent and the costing systems do not completely measure the non-monetary factors involved (Druker, 2003).

Despite all the measures which have been put in place by the National Health Service to provide a better quality of service in the healthcare industry, their efforts may not have shown the desired results. Two newspaper articles which date back to 2004 have found that less than half of the hospitals under the National Health Service have a good or excellent rating of cleanliness (Meikle, 2004). The issue is even more profound taking into account that there is no health legislation in place to close down hospitals which have a 15-count higher rate of infection more than the next safest country, which costs the National Health Service one billion pounds a year (Sergeant, 2003).

Another news item shows that reforms made to simplify the pay structure of dentistry within the National Health Service have not only caused dentists to boycott the new contract but also found fewer patients who saw a dentist on the introduction of the contract, as compared to two years prior it (Smith, 2008). Additionally, despite the National Health Service's drive toward establishing quality service within its organization, it has not shown any positive results from its previous efforts (Gainsbury, 2009). Even proposals to cut costs have met limited success, with little or no increase in productivity (Bowcott, 2009).

Nevertheless, there have been other proposals which started within the NHS that have shown promise. The advent of the Nursing Development Officer has created a significant contribution within the NHS, especially toward increasing the performance and skills of nurses inhabiting the lower working grades. It has been found that the introduction of NDO's has significantly improved the healthcare performance of nurses working in other grades as well (Webb, 1998).

On the other hand, there have been several studies with conflicting reports regarding both the positive and negative effects of clinical supervision within the NHS. Studies have shown that with the increasing cost of healthcare, it may be more prudent for the NHS to concentrate its supervision of nurses on junior grade nurses rather than any other grade in order to provide much need guidance and support during their early years as practitioners (Teasdale, Brocklehurst and Thom, 2000).

Additionally, the development of assistant/associate practitioners within the NHS has helped the organization cope with increasing future demands for well-trained individuals who can be a part of their patient focused workforce. The cost effective nature of the associate practitioners' role within the organization has made them a valued unit. The positive nature of these positions is also creating an increase in support for these individuals to inhabit fully qualified positions (Leach, 2009).

Other proposals that have been set forth include the advent of primary care mental health workers who are primarily trained to treat mental health as a part of an individual's primary healthcare package. The line of thinking behind this idea is that majority of the issues associated with primary healthcare in medicine are directly related to mental health, thus the creation of such a position creates a method to improve services. Despite concerns regarding inter-professional tensions and quality of healthcare, the program has shown to be quite successful with the only problematic factor of the retention rate among primary mental health workers (Harkness, Bower, Gask and Sibbald, 2005).

#### **4.2.6 National Health Service Public Private Partnerships**

The private sector has always worked alongside the National Health Service since 1948. In 1997, 12 million people in the United Kingdom were covered by companies such as insurance

companies, friendly societies and cash plan companies—with 7 million people being covered by private health insurance (Doyle and Bull, 2000). In an effort to deliver better quality healthcare to its constituents, the National Health Service has outsourced some of its services to private organizations, allowing them to take up the tasks and the risks associated with them (Akintoye, Beck and Hardcastle, 2003). The National Health Service not only make contracts to private providers, they also engage with various psychiatric services which encompass the needs of the elderly, women who have had their pregnancy terminated, as well as waiting list initiatives. Other services outsourced quite recently include several wellbeing centers for elderly individuals and for those with mental health issues such as dementia (Department of Health, 2009). The Medicines Information Project has been outsourced to private companies. The task within the project required the establishment of an online medicine guide with links to information about the conditions and various treatment options available. Surveys, in relation to its success, have found that 88 percent of individuals find the information useful and 85 percent find it trustworthy (Pharmaceutical Forum, 2008).

#### **4.2.7 Working Conditions in the National Health Service**

The National Health Service and its fundamental public structure differ in several ways from the private sector. The main differences from the private sector mainly occur in a managerial policy for financial incentives. Workers within the National Health Service do not receive as many benefits as in the private healthcare system and cannot opt to challenge their contracts in order to receive more benefits. This is due to the fact that an NHS staff position must keep abreast with the standardized salary within their organization and to pay within range of it. Private companies allow individuals to act as autonomous bodies who can negotiate for better rates, benefits and private health insurance policies. Additionally, there are also other benefits

offered by private companies that the National Health Service simply does not offer such as access to training programs, an opportunity for pro bono work as well as access to better facilities (Private Health Advice, 2009). Despite all these factors, it does not mean that the organization does not recognize the need for recruitment and retention of their staff as well as to reward them for their efforts. The National Health Service has set out several strategies in order to improve the working conditions of their employees. This includes, but is not limited to, offering childcare support, flexible timings, an option for reduced hours, career support, annual hour arrangement, and team-based employee self-rostering. They have also committed creating a more organic working environment by having better arrangements, practices and managers for their staff (Department of Health, 2000). However, their actions have not reflected their intentions especially in the case of minorities. In an editorial for a British medical journal, Esmail and Carnall have written that there is still widespread discrimination in the medical profession which is permeated in every facet from examinations to job applications (cited in Fearfull and Kamenou, 2007).

Another study which considered the experiences of African women in the United Kingdom National Health Service found that they had an overall negative experience working in the said country. They found themselves to be victims of discrimination in pay, in terms of responsibilities and were also exploited by their supervisors (Likupe, 2005).

#### **4.2.8 Critical Overviews**

On the 4<sup>th</sup> of October 2007, the Department of Health published a report known as *Our NHS, Our Future: Next Stage Review: Interim Report*. This publication spoke about the findings on the National Health Service reform and detailed various changes which were dedicated toward a 10-year vision for the National Health Service. The vision was shaped from the

responses received by the staff and their patients in order to lead to a fairer and more personal survey version of the healthcare system which places more responsibility in the hands of the NHS staff (Department of Health, 2007).

However, there are continued efforts on the part of the National Health Service to establish equality of pay while ensuring a constant high standard of healthcare within the system. There are several unions in the United Kingdom which are against government set pay ranges. These individuals may feel that with the current rate of inflation and economic downturn, such wages do not reflect their employment conditions and requirements within the National Health Service. Members of this union have voted 53 percent in favor of the strike and 76 to 23 percent in favor of the action which comes just short of going on strike (BioPortfolio, 2008).

To combat this, the National Health Service is currently undergoing a system of pay modernization where most of its staff is seeing increases in basic pay so as to increase recruitment and retention of its employees. However, with the budget for the NHS increasing every year, there is a consensus that the NHS will not be able to award a pay increase greater than 2.5 percent (GMB, 2005). The increasing costs can be attributed to various reasons which include, but are not limited to the growing cost of new medical technologies. The ever-increasing budget of the National Health Service has also led them to propose cuts in several areas of healthcare such as one in the region of Heatherwood and Wrexham Park NHS Trust, where they have reduced available services to two Medical Wards, one Gynecology Ward and one Walk-In Medical Assessment Unit (GMB, 2009).

Despite these issues, the NHS has endeavored to put several proposals in place in order to ensure that a high rate of retention remains among its staff. Recently, a study found that the National Health Service Trust has begun encouraging nurses who left their positions because of

domestic matters to return to work full time. The increased shortages within the nursing sector have led to the creation of various returns to practice programs which have shown a generally positive outlook on the part of the returning nursing staff (Barriball, Coopamah, Roberts and Watts, 2007).

With the latest NHS dentistry bill plummeting the standards of care and patient inflow within the organization, the National Health Service has created a review aimed at not only providing quality care for its patients but also at a compatible level of pay for its doctors and nurses. The review itself spoke of the current dismal state of the NHS dentistry and how providing access to the quality healthcare for patients and fair pay for its employees has become an issue over the last few years (Department of Health, 2009).

With these issues facing the National Health Service in the future, it has been predicted that the National Health Service would undertake in an enterprise that is focused toward Market based healthcare. Meaning, they would outsource more from companies in the private sector. Secondly, they may provide a more tightly regulated healthcare distribution system or finally, they may have a selective market for providing healthcare with various services being planned to offer only sustainable care pathways (Lewis and Dixon, 2005).

### **4.3 Summary**

This chapter will discuss secondary research findings using the National Health Service as a case study. The secondary sources discussed will use all relevant material such as books, journal articles, publications from the National Health Service website and newspaper articles that have been reviewed by an individual or a group of individuals who are involved with a study or have performed extensive research within an area which is directly or indirectly related to the main question of this dissertation.

The use of job evaluations in the NHS did not begin until the establishment of the First Job Evaluation Working Party in 1992. Although the use of kite marking schemes was not successful, it allowed the NHS to realize that they must tailor their schemes to their own organization. In an effort to ensure pay equity, they have launched several programs in the last few years. The inception of these programs has not improve the working conditions and general satisfaction among employees of the organization and it has even led to a decrease in the quality of healthcare and reliance on outsourcing to private companies.

It is possible that with its increasing budget, the National Health Service will change its mode of operations to a market driven, tightly regulated or selection-based healthcare provision system. It has brought about several new proposals and positions within its organizations to ensure better quality of healthcare and a well-established work force within its organization. Positions such as those of the associate practitioner, primary care mental health worker and nursing development officer have brought positive changes within the healthcare quality of the organization. Though, it must be observed that job satisfaction is still a huge issue within the organization especially in the case of nurses who now experience greater levels of stress due to shortage of nurses in the public sector.

These factors and others such as discrimination of foreign workers within the NHS necessitate a system that is created to work more toward the retention of its staff and improving healthcare rather than appeasing stockholders.